

Areas of risk to persons served and to the organization are identified based on services, supports, treatment or care offered including:

Non-Reportable Incidents

A). Issues are identified

- 1) Of 82 individuals funded by the Department of Behavioral Health and Developmental Disabilities in the 2nd quarter, 4 files were reviewed on August 15, 2014. Files (656), (2007), (3798), and (6135) were present and well organized. There were 2 admissions in the 2nd quarter.
- 2) Non-Reportable Incidents targeted were Self-Abuse, Aggression, Physical Restraint, Seizures, Injuries and Falls.
- 3) 11 individuals had non-reportable incidents during the 2nd quarter: April, 2014 through June, 2014.
- 4) 5 Individuals (987), (2412), (2685) (4574), and (5734) have had more than 5 non-reportable incidents in a month during the 2nd quarter. Individual (987) had 5 aggression occurrences in June. Individual (2412) had 15 in April, 16 in May and 9 in June self abuse occurrences and had 4 aggression occurrences during the months of April through June. Individual (2685) had 45 in April, 21 in May and 17 in June self-abuse occurrences and had 87 aggression occurrences during April through June. Individual (4574) had 16 in April, 27 in May and 29 in June of aggression occurrences. Individual (5734) had 5 seizures in June. The internal Behavior Support Plan that was implemented on July 2013 for individual (2685) is still in place and with his change of environment (classroom) this has resulted in decreased behaviors.

B). Solutions are implemented

Individual (987) was admitted on June 16th and has now adjusted to her new day program. Individual (2412) did not have a circle of support scheduled before she left the country to spend time with her grandmother, when she returns another baseline will be obtained and then a circle of support if needed. Individual (2685) self abuse and aggression behaviors are continuing to decrease due to the effectiveness of the Behavior Support Plan. Individual (4574) had a medication reduction, his behaviors are trying to be managed through positive behavior supports, he also has a crisis plan in place and is learning to communicate and self calm. Individual (5734) continues to be monitored for his seizures by his physician.

C). New or additional issues are identified and managed on an ongoing basis

The QI minutes reflects the 2nd quarter reporting for the review of Department of Behavioral Health and Developmental Disabilities individuals and their services. Subsequent minutes will demonstrate the ongoing follow up and management of issues through their resolution.

D). Internal structures minimize risks for individuals and staff

- 1) On-going staff training and focus groups are provided on reporting incidents and protection from harm.
- 2) Non-reportable Incident forms are available on the intranet for all staff to report any behaviors, accidents, or issues that occur.
- 3) Day Program staff track incidents monthly and summarize all significant occurrences quarterly.

E). Processes used for assessing and improving organizational quality are identified

- 1) QI Committee meets quarterly to review all incidents and make recommendations.

More than 5 incidents each month for any quarter results in follow-up review and documentation

Reportable Incidents

1). Issues are identified

There was 0 Reportable Incident in the 2nd quarter.

2). Solutions are implemented

None

3). Any new or additional issues identified

None

4). Internal structures minimize risks for Individuals and staff

None required

5). Processes used for assessing and improving organizational quality are identified

The Incident Management Committee is used to review all reportable incidents and to ensure there is no further action to be taken for the incident.

Accidents

There were 3 non reportable accidents to report for the 2nd quarter of April, 2014 through June, 2014. Individual (3798) fell at home on June 27th unsupervised and was discovered by Orange Grove staff who

called 911 for an ambulance, the individual was hospitalized for two weeks. Individual returned home with a home health nurse and will receive physical therapy until she returns to Orange Grove. Classroom staff noticed during toileting individual (1512) had several bruises on her stomach, back and inner thighs, caregiver was contacted and explained that she may have fallen or it was from a new medication. A nurse completed a body chart and took pictures, may be implementing a communication notebook. Individual (3876) slipped on a piece of paper and fell on her right knee, hands and mouth while working in document destruction, she told staff she was not hurt and continued working. Staff followed up, no injury reported.

Complaints

There were no complaints to report for the 2nd quarter of April, 2014 through June, 2014. An informal complaint was made from a mother of an individual to the coordinator about an individual who receives services regarding “yelling out” behaviors that is upsetting to her son, the coordinator is communicating with both families to resolve this issue.

Grievances

There were no grievances to report for the 2nd quarter of April, 2014 through June, 2014.

Individual Rights Violations

There were restrictive interventions in the 2nd quarter that needed to be reviewed by the Human Rights Committee. Individual (2685) use of a safety vest on the bus, received a temporary extension through Human Rights until July 31, 2014, at which it will be reviewed at that time for re-approval.

Practices that limit freedom of choice or movement

1) Issues are identified

There were no issues identified in the 2nd quarter for Individual (5734), who wears a lap belt and gait belt. Individual (2685) has arm guards and wears mittens due to self abuse and aggression issues.

2) Solutions are implemented

Individual (2685) continues to be under supervision of a Behavior Analyst.

3) New or additional issues are identified and managed on an ongoing basis.

There are no other issues that have occurred.

4) Processes used for assessing and improving organizational quality are identified

The Human Rights Committee monitors the restriction of freedom of movement. The decision of continued approval for the gait belt and lap belt will be based on the information documented in the daily notes and tracking forms. The decision of continued approval for the protective devices will be based on the behavior data.

Medication Management

Medication Administration Records were reviewed by the RN Nurse and no medication variances were found for the 2nd quarter of April, 2014 through June, 2014.

Infection Control

There were no Infection Control issues for the 2nd quarter of April 2014 through June, 2014.

Behavior Support Plan Tracking and Monitoring

1 Individual served (2685) continues to have a Behavior Support Plan in place during the 2nd quarter April, 2014 through June, 2014

Breaches of Confidentiality

There were no known breaches of confidentiality for the 2nd quarter of April, 2014 through June, 2014.

Health and Human Rights of persons with Developmental Disabilities

1) Issues are identified

- a. In the 2nd quarter of April, 2014 through June, 2014 there were 87 incidents of aggression in April (38), May (39) and June (10) from Individual (2685), the individual continues to have medical issues but it is decreasing. Individual (4574) had 72 aggression incidents in April (16), May (27) and June (29). Individual (2412) had 4 incidents of aggression in April (1), May (3) and June (0).
- b. There were 163 incidents of physical aggression noted in the 2nd quarter.

2) Solutions are implemented

Behavior Support Plan that was implemented continues and the environment change continues to be working in the 2nd quarter.

A crisis plan continuation.

Baseline data will be collected determining if a circle of support is needed.

3) New or additional issues are identified and managed on an ongoing basis

The QI minutes reflect the 2nd quarter reporting for the review of the Department of Behavioral Health and Developmental Disabilities individuals and their services. All issues cited in these minutes are either new or continuation of existing issues. Subsequent minutes will demonstrate the ongoing follow up and management of issues through their resolution.

4) Internal structures minimize risks for individuals and staff

- a. Non-reportable Incident forms are available on the intranet for all staff to report any behaviors, accidents, or issues that occur.
- b. Day Program staff track incidents monthly and summarize all significant occurrences quarterly.

5) Processes used for assessing and improving organizational quality are identified

- a. QI Committee meets quarterly to review all incidents and make recommendations.
- b. More than 5 incidents each month for any quarter results in follow-up review and documentation

Indicators of Performance

1). There was 4 Individuals, (987), (2412), (2685) and (4574), who had more than five (5) incidents in one month in the 2nd quarter.

- a. Data collection will continue to occur via non-reportable incident forms and the Monthly Tracking Logs.
- b. Measurements will be tabulated during the quarterly summaries and by the QI Committee.
- c. QI Committee will evaluate data quarterly and make recommendations to the appropriate staff/stakeholders.
- d. Issues will be reported on and followed through resolution. Goals and expectations will be documented in QI minutes quarterly.

2). No additional outcomes are needed.

3). QI minutes are distributed quarterly by posting them on our website and making them available in writing to anyone that desires they not be in electronic form. This ensures the following has access to this report:

- a. Individuals served or their representatives as indicated
- b. Organizational staff
- c. Board of Directors
- d. Other Stakeholders

4). Human Rights restriction continues to be addressed on 2 individual, (5734) and (2685), due to the restrictions of their freedom of movement.

- a. Data collection will continue to occur through the daily notes and monthly tracking form
- b. Measurements will be tabulated during the quarter summaries, by the Human Rights Approval Forms and the QI Committee
- c. Human Rights Committee continues with the approval for the gait belt and lap belt for a period of time they deem acceptable not to exceed 1 year and the data will be evaluated quarterly by the QI Committee
- d. Human Rights Committee continues with the approval for the protective devices, a safety vest, for a period of time they deem acceptable not to exceed 1 year and the data will be evaluated quarterly by the QI Committee.
- e. The target goal will be to reduce the act of self abuse and physical aggression for (2685) by the use of protective devices and the behavior support plan.

The organization's practice of cultural diversity competency is evident

- a. Staff articulates an understanding of the social, cultural, religions, other needs and differences unique to the Individuals.

All staff working with Individuals have completed the cultural diversity training through the College of Direct Support and/or classroom training. This training is documented.

- b. Staff honoring these differences and preferences (such as worship or dietary preferences) in the daily care of the individual

Differences and preferences have been honored as evident by the individual supports being provided as outlined in ISPs.

c. The inclusion of cultural competency in Quality Improvement Processes

During this 2nd quarter of April, 2014 through June, 2014 there were several activities including: Practices for Track & Field on April 3 – every Tuesday and Thursday, Easter Egg Hunt on April 11, Payday Dance on April 11 and April 25th, Special Olympics Track & Field on April 26, Spirit Squad rehearsals started in May, Talent Show was in May, Payday Dance on May 9th and May 23rd, GG Camp in June, Payday Dance on June 6th and June 20th.

Each quarter the QI Committee will present an activity that demonstrates cultural diversity to the staff and individuals. This will be a learning opportunity and an appreciation for others.

The organization has an advisory board made up of citizens, local business providers, individuals and family members

a. Meets at least semi-annually –Nothing to report this quarter.

Review of items such as but not limited to:

- i) Policies
- ii) Risk Management Reports
- iii) Budgetary issues

b. Provides objective guidance to the organization

The Orange Grove Center Board of Directors is very active and meets monthly as a Board as well as members of the Board meets regularly with Program Committees. The Board of Directors maintains an excellent relationship with the staff and Individuals served.

Additional Quality Improvement in the Second Quarter:

Five individuals participated in Special Olympics bowling practices and tournaments. Management staff attended lean management training to help support our individuals in work environments. Started volunteering on May 13th with the Friends of the Festival to help out with Riverbend 2014, packing backpacks with books and goodies for children who attended. Georgia Coordinator and the Georgia Job Developer went to a supported employment meeting on May 14th. Individual (2288) began volunteering for the Chattanooga Area Food Bank. Georgia Coordinator attended the Catoosa County Chamber of Commerce Graduation Luncheon on May 29th. We continue researching laundry service as a future business line for North Georgia, we have acquired equipment hookups. Continue volunteering opportunities with NCIC located at Ringgold United Methodist where individuals pack weekend meals and snacks for two elementary schools until summer vacation. Georgia individuals received services until June 10th, through Northwestern Technical College in Rock Springs, GA, getting

their hair washed, trimmed and styled or getting manicures and pedicures or all if they desire, each service cost \$2.00. In June, more individuals were transferred from ITC (Industrial Training Center) to the Georgia Services of Orange Grove located in Ringgold Georgia. Adult Services Director, Georgia Job Developer and the Assistant Director of Community Services attended a Supported Employment Meeting in Cartersville. Started volunteering with YMCA for their Summer Kids Program, packing lunches and snack bags.

Those present for the First Quarterly meeting of 2014 were Tera Roberts, Jenny Foster, Cathy Durham, Darcy Owens, John Tompkins, Jasmine Seals and Shannon Witt.