

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 3rd quarter, 4 files were reviewed on November 11, 2014. Files (8405), (7715), (2298), and (4972) were present and well organized. There were 0 admissions in the 3rd quarter.
- 2) Non-Reportable Incidents targeted were Self-Abuse, Aggression, Physical Restraint, Seizures, Injuries and Falls.
- 3) 12 individuals had non-reportable incidents during the 3rd quarter: July, 2014 through September, 2014.
- 4) 5 Individuals (1183), (1512), (2685), and (5734) have had more than 5 non-reportable incidents in a month during the 3rd quarter.

Individual (1183) had 13 in August and 9 in September self abuse occurrences, also had 6 in August and 11 in September aggression occurrences.

Individual (1512) had 8 in August and 6 in September self abuse occurrences.

Individual (4574) had 23 in July, 23 in August and 39 in September aggression occurrences.

Individual (5734) had 6 seizures in August and 7 seizures in September.

Individual (2685) had 5 in August and 7 in September self abuse occurrences, also had 16 in August and 6 in September aggression occurrences. The internal Behavior Support Plan that was implemented on July 2013 for individual (2685) is still ongoing and with his change of environment (classroom) this has resulted in decreased behaviors.

B). Solutions are implemented

Individual (2412) has not returned from being out of the country, therefore there has not been a circle of support scheduled until she either returns or otherwise, at that time 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 3rd 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

On-going staff training and focus groups are provided on reporting incidents and protection from harm.

Non-reportable Incident forms are available on the intranet for all staff to report any behaviors, accidents, or issues that occur.

Day Program staff track incidents monthly and summarize all significant occurrences quarterly.

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

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 3rd 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 2 non reportable accidents to report for the 3rd quarter of July, 2014 through September, 2014. Individual (1048) had 2 fall occurrences happen on July 3rd (lost balance when she got up from her chair but was caught by staff and did not fall to the floor) and on September 4th (she was holding onto the rail coming down the ramp and fell to the floor, she was transported to Memorial Hospital with a knot on her head, she was absent the next day.

Complaints

There were no complaints to report for the 3rd quarter of July, 2014 through September, 2014.

Grievances

There were no grievances to report for the 3rd quarter of July 2014 through September, 2014.

Individual Rights Violations

There were restrictive interventions in the 3rd quarter that needed to be reviewed by the Human Rights Committee. Individual (2685) use of a safety vest on the bus, received an extension through Human Rights.

Practices that limit freedom of choice or movement**1) Issues are identified**

There were no issues identified in the 3rd 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 3rd quarter of July, 2014 through September, 2014.

Infection Control

There were no Infection Control issues for the 3rd quarter of July 2014 through September, 2014.

Behavior Support Plan Tracking and Monitoring

1 Individual served (2685) continues to have a Behavior Support Plan in place during the 3rd quarter July, 2014 through September, 2014

Breaches of Confidentiality

There were no known breaches of confidentiality for the 3rd quarter of July, 2014 through September, 2014.

Health and Human Rights of persons with Developmental Disabilities

1) Issues are identified

In the 3rd quarter of July, 2014 through September, 2014 there were 124 incidents of aggression. Individual (2685), had 22 incidents, the individual continues to have medical issues but it is decreasing. Individual (4574) had 85 incidents and continues to use self calming techniques. Individual (1183) had 17 incidents.

There were 162 incidents of physical aggression noted in the 3rd quarter.

2) Solutions are implemented

Behavior Support Plan that was implemented continues and the environment change continues to be working in the 3rd 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 3rd 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

Non-reportable Incident forms are available on the intranet for all staff to report any behaviors, accidents, or issues that occur.

Day Program staff track incidents monthly and summarize all significant occurrences quarterly.

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

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

Indicators of Performance**1). There was 5 Individuals, (1183), (1512), (2685), (5734), and (4574), who had more than five (5) incidents in one month in the 3rd quarter.**

Data collection will continue to occur via non-reportable incident forms and the Monthly Tracking Logs.

Measurements will be tabulated during the quarterly summaries and by the QI Committee.

QI Committee will evaluate data quarterly and make recommendations to the appropriate staff/stakeholders.

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:**

Individuals served or their representatives as indicated

Organizational staff

Board of Directors

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.

Data collection will continue to occur through the daily notes and monthly tracking form

Measurements will be tabulated during the quarter summaries, by the Human Rights Approval Forms and the QI Committee

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

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.

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 3rd quarter of July, 2014 through September, 2014 there were several activities including: July 4th off day, water day w/Cigna volunteers-Day of Sharing, payday dances, September to Remember (Bingo, Scavenger Hunt, Slow Bicycle Race, Cake Walk, Annual Department Basket Giveaway) , Fall Festival, Staff Appreciation Cookout, Braves game, Chili Cook-off, OGC Got Talent, OGC Chorus performances for United Way at Bessie Smith Hall, BCBS and The McDaniel Building, OGC Chorus performance for GoFest at Warner Park Zoo, Bowling practices at Brainerd Holiday Bowl, Movie days (3)-Captain America, Frozen and Hotel Transylvania, Internal Job Fair in ACT Atrium, OGC/United Way Kickoff Breakfast, Hope for the Holiday, Staff Volleyball Tournament in gym, Individual Picture day.

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 – On August 19th, the Ga keynote speaker for the individuals, Darla Crabtree, spoke about how she would like to go to the Braves game and she did on September 23rd and the Apple Festival, which is planned in October, she hopes to one day go to an Alabama game, and to see the lights at Pigeon Forge/Gatlinburg.

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 Third Quarter:

Several individuals participated in Special Olympics bowling practices and tournaments. Management staff attended lean management training to help support our individuals in work environments. Georgia Coordinator and the Georgia Job Developer went to several supported employment meetings (Family Cafe-Shine). Individual (2288) continues volunteering for the Chattanooga Area Food Bank. Georgia Coordinator hired new staff for the georgia office. We continue researching laundry services to be started soon for the georgia office. Adult Services Director, Georgia Job Developer and the Assistant Director of Community Services attended Supported Employment Meetings. Continue volunteering with YMCA for their Summer Kids Program, packing lunches and snack bags. Volunteer Appreciation Day, Fall Prevention Training, Dementia Training, 2 individuals laundering the towels for Angelinas Salon, Individual reads to the head start class at Heritage, Negotiating prospective Armguard job from Roper, Continuing Recycling Express pickups at several businesses.

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