

March 2012 Quality Council Selection of Priority Quality Improvement Areas

Health and Safety			
Quality Council Recommendations	Level of Effort/Status	High Priority 2012	Lower Priority 2012
2012 I.B: Create system for seamless transition for services that have funding change at age 21			
2012 I.C: Crisis Triage			
2012 I.D: Define crisis to families	letter from APD		
2011 I.E: Include language in handbook about driver license and violation checks	Requires handbook rule change.		
2011 I.F: Medication administration makes it a problem to get validated; need more practical rule with easier validation. 2011 I.G: Standardize steps for validation.	Requires handbook rule change and changes to Chapter 393. Would be part of Rule Revision 2012 if the Rule is maintained. [Dorothy]		
2011 I.H: Increase health and safety monitoring for all living settings in addition to Delmarva's role.	[Lori G]		
2011 I.I: Levy/sanction/ fine for non-compliance in medication administration and validation.	[Lori G]		

Background Screening and Provider Training (Administrative Functions)			
Quality Council Recommendations	Level of Effort/Status	High Priority 2012	Lower Priority 2012
2012 II.A : Background Screening Initiative			
2011 II.B: One central location on a website to find out all the clarifications for the screening process.	DCF is looking at AHCA's system to see if they want to do something similar or come up with a different system		
2011 II.C& F: Providers develop a tracking system for background screening & keeping current; consider including in self-assessment.	Requires rule revision. Add to licensing rule for licensed providers and to Handbook for other providers.		
2011 II.D: Have agencies provide evidence of screening for all employees up front, and agencies need to report all new employees to APD.	Requires rule revision. Add to licensing rule for licensed providers and to Handbook for other providers.		
2011 II.E: Clarity with who is currently licensed, and who needs to be licensed, and who needs to have the 5 year re-screening completed.	Five year screening will be defined more clearly in the information shared on the websites. APD and AHCA will work together on that. In process for July 2012 for website combined information.		
2012 II.G: WSC training from DF (video on website or webinar)			
2012 II.H: Create Self Assessment Educational Presentations			
2011 II.I: Require agency heads attending trainings bring an employee with them to share learning across agency.	Can be encouraged as best practice, but would require handbook rule revisions to require this.		
2011 II.K: Conduct quality assurance	APD will develop several components of a standardized course – so that a		

Background Screening and Provider Training (Administrative Functions)			
Quality Council Recommendations	Level of Effort/Status	High Priority 2012	Lower Priority 2012
trainings at provider meetings.	component can be presented during provider meetings – M. Coulter		
2011 II.L: Explore Providers receiving treating numbers, similar to WSCs; to track training.	Requires handbook rule change.		
2011 II.J: Notifications sent to providers when training is needed. 2011 II.M: Identify what training is needed Specific to Area. 2011 II.O: Use simple web tracking for training. Training needs to be competency based. 2011 II.T: More training resources and ways to validate training.	Post training chart on APD’s website which breaks down requirements as waiver requirement, or licensure [M. Coulter] APD may provide a training matrix to display who needs what training, and when. This could be published online. Develop a central repository for training requirements. Post a training chart on APD’s website noting requirements as waiver requirement, or licensure [M. Coulter] Tracking of training is being considered (learning management system)... RE: training resources -Develop white paper containing recommendations [M. Coulter]	in process already?	
2011 II.N: More on-line training is needed. Consider webinars.	APD is currently focusing on standardization of courses in preparation to developing more web-based courses and webinars, as funds are available.		
2011 II.P: Allow peer training: Replicate AQL training from Area 23.	[Steve Dunaway, Marcia DiGrazia and Melinda will coordinate on this]		

Background Screening and Provider Training (Administrative Functions)			
Quality Council Recommendations	Level of Effort/Status	High Priority 2012	Lower Priority 2012
2011 II.Q: Standardize training statewide.	In process of doing- including standardizing requirements and the approved curriculums.		
2011 II.R: Offer more locations for Training, specifically large Areas.	For several years, APD has been certifying providers to train specific courses. Once all courses are standardized, efforts will begin to certify providers on majority of courses so that there is a greater variety of persons able to provide classroom training and in a greater variety of locations. [M. Coulter]		
2011 II.S: Have a checklist packet for new providers.			
2011 II.U: Increase of the current number of State trainers for WSCs.	[Terry, Rene and Melinda will coordinate on this]		
2011 II.V: Training families (CDC+), what do they expect, or maybe develop a checklist?	CDC program will continue to provide monthly bulletins with up to date information. Checklist may be appropriate and can be developed.		

Service Documentation			
Quality Council Recommendations	Level of Effort/Status	High Priority 2012	Lower Priority 2012
2012 III.A: Utilization of the Standardized CCR forms as a template guide for providers.			
2011 III.B: Standardization of documentation requirements.	APD is planning on creating templates for standard documentation.		
2011 III.C: Create clear definition of a service log; example of 'good' and 'bad' service log needs to be in handbook.	2011 QC workgroup developed example of service log for Companion services- to be approved by APD and posted on web site. Awaiting AHCA approval and updated Handbook.		
2011 III.D: Companion service needs to have an Implementation Plan.	Requires a rule change.		
2011 III.E: Consider electronic documentation.	This will be dependent on what replaces APD Connects. Requires rule change.		
2011 III.F: Require providers and WSCs to meet quarterly instead of relying solely on documentation.	Requires rule change. Can be included in training sessions as a best practice.		
2011 III.G: Develop templates for documentation including monthly summaries, quarterlies, and Implementation Plans.	APD is planning on creating templates for standard documentation.		
2011 III.H: Have a checklist packet for new providers.	APD will work on standardizing this checklist with the area offices. [Vicki Draughon, Vicki McCrary and Margie Collins]		

Quality Assurance System			
Quality Council Recommendations	Level of Effort/Status	High Priority 2012	Lower Priority 2012
2012 IV.A: Include Quality Assurance Tools in Provider Agreements Packet (or list link to QA tools)			
2012 IV.B: Include Quality Assurance Tools in Enrollment training for providers.			
2012 IV.C: iBudget-QA and tools			
2012 IV.D: Add person and provider barriers to tools			
2012 IV.E: System for provider to have a copy of outcomes from a Record Review for PCR's occurring pre-PDR-preliminary forms (worksheet)			
2012 IV. F: Expand preliminary form to include all standards, not just alert/recoupment			
2012 IV. G: Educate provider to take notes during the review and summary using tools so they know status of each Standard at the end of the review.			
2012 IV. H: Standards-Assure consistency between reviewers on Provider Interview questions			
2012 IV. J: Share results of NCI mail out surveys			

Developed: 12/8/2011

Review Schedule: 3/2012, 6/2012, 9/2012, 12/2012

Quality Assurance System			
Quality Council Recommendations	Level of Effort/Status	High Priority 2012	Lower Priority 2012
2012 IV. K: Adding a “Shared Practices” sections to the DF website (replaces Best Practices)			
2012 IV. L: Add “topical issues” section to QC agenda and use to determine potential future recommendations from QC to AHCA, APD, and DF.			
2011 IV. M: Levy a fine/sanction for re-occurring non- compliance.	This is already in statute for licensed providers of group homes. However, for waiver services APD does not have the authority. AHCA may have authority.		