

Best People. Best Solutions. Best Results.™

# Florida Statewide Quality Assurance Program

Empowerment through education and  
environmental actions to promote health and  
well-being

May 2018



# Housekeeping

- Restrooms
- Stretch
- Cell Phones
- Sign-in Sheets
- Evaluations
- Questions

# Introductions

- Theresa Skidmore - Program Director
- Elizabeth Cooper - Registered Nurse Reviewer
- Kristin Allen - Regional Manager

# Session Purpose

- Trends that we see in health related data and standards, and how they impact policy mandates, regulations and resource development.
- The new interview tools and how they relate health and safety standards to capture education to improve health knowledge, behaviors and status.
- The MPR process to review data and follow-up on any issues triggering a focused review that may include collaboration with families, providers, APD and AHCA for best outcome.
- Empowerment of individuals through advocacy and informed choice to support the conditions for healthy living.

# Discovery Process

## Person Centered Review (PCR)

- Person Centered Reviews assess outcomes and support delivery systems from the perspective of persons receiving services

## Provider Discovery Review (PDR)

- Provider Discovery Reviews evaluate person's satisfaction and provider performance, based on service delivery measures and program standards

# Interviews

- Capture information from both the perspective of the person receiving services and the WSC/Provider rendering the service
- Gather information specific to the person's desired goals, outcomes and satisfaction with services
- Determine whether services are effectively implemented in accordance with the persons unique needs, expressed preferences & decisions concerning his/her life

# Interview Tools

- **PCR My Life** - Questions asked and life areas reviewed are driven by all services person is receiving and in context of how WSC is supporting person
- **PDR My Life** - Questions asked and life areas reviewed are driven by specific service(s) person is receiving from provider

# Interview Tools

- **PCR WSC Interview** – Questions asked and life areas reviewed are specific to person interviewed and WSC efforts to support person
- **PDR Provider/Staff Interview** – Questions asked and life areas reviewed assess provider's overall systems to support person's receiving services



# My Health

- I feel my health is good.
- My life is not limited by my health.
- I get routine health checkups if I want.
- I understand why I take my medications.
- I understand concerns about my health.
- I understand the importance of preventive care.

# My Health

- I feel my health strategies are working and I can make changes to these as desired.
- I am in control of my healthcare.
- If I feel sad or lonely, I know who can help me.
- I know how to keep myself healthy.
- I have supports to ensure my health.
- I have access to information and organizations to ensure my health.

# PCR – My Life Tool

## Expectations - My Health

- I am in good health
- I am satisfied with physician/dentist
- I am satisfied with other health care providers/specialists
- My health needs are being addressed
- I am an active participant in all aspects of healthcare choices
- I understand what medications I take and why the medications are prescribed
- I am able to make changes to my health

# My Safety

- I am provided the support and information I need to protect myself.
- I understand abuse, neglect and exploitation.
- I know how to report abuse, neglect and exploitation.
- I feel safe while out with my friends and in the neighborhood where I live.
- I have the supports I need to be and feel safe while in the community.
- I feel safe in my home.

# My Safety

- I know how to keep myself safe.
- I have supports to ensure my safety.
- My home is a safe place.
- I have access to information and organizations to ensure my safety.
- I have an emergency plan in place for all potential disasters.
- I have the equipment and supplies I need to keep me safe.

# PCR – My Life Tool

## Expectations - My Safety

- My safety needs are being addressed
- I know what to do if there is an emergency
- I have the adaptive equipment I need
- I understand what abuse, neglect and exploitation (ANE) mean
- I know what to do if abuse, neglect, or exploitation (ANE) occurs

# Health related standards in Service Specific Record Review Tools

- The provider/WSC documents ongoing efforts to ensure the person's behavioral/emotional health needs are addressed.
- The provider/WSC documents efforts to ensure the person's health and health care needs are addressed on an ongoing basis.

# Health related standards in Service Specific Record Review Tools

## Reasons not met:

- Provider documentation did not demonstrate efforts to gather information about the person's behavioral/emotional health needs.
- Provider documentation demonstrated knowledge of the person's behavioral/emotional health needs but not ongoing efforts to address identified needs.
- Key and critical behavioral/emotional health information was absent from the record.



# Health related standards in Service Specific Record Review Tools

## Reasons not met:

- Provider documentation did not demonstrate efforts to gather information about the person's health and health care needs.
- Provider documentation demonstrated knowledge of the person's health and health care needs but not ongoing efforts to address identified needs.
- Key and critical health and/or healthcare needs have not been addressed.

# Safety related standards in Service Specific Record Review Tools

- The provider/WSC documents ongoing efforts to ensure the person's safety needs are addressed.
- Provider/WSC documents ongoing efforts to assist the person to define abuse, neglect, and exploitation including how the person would report any incidents.

# Safety related standards in Service Specific Record Review Tools

## Reasons not met:

- Provider documentation did not demonstrate efforts to assess the person's safety needs.
- Provider documentation demonstrated knowledge of the person's safety needs but not ongoing efforts to address identified needs.
- Key and Critical safety needs have not been addressed.

# Safety related standards in Service Specific Record Review Tools

## Reasons not met:

- Provider documentation did not demonstrate individualized efforts to provide education to the person in the area of abuse, neglect, and exploitation.
- Provider documentation demonstrated individualized efforts to provide education to the person in the area of abuse, neglect, and exploitation but not on an ongoing basis.

# Safety related standards in Service Specific Record Review Tools

## Reasons not met:

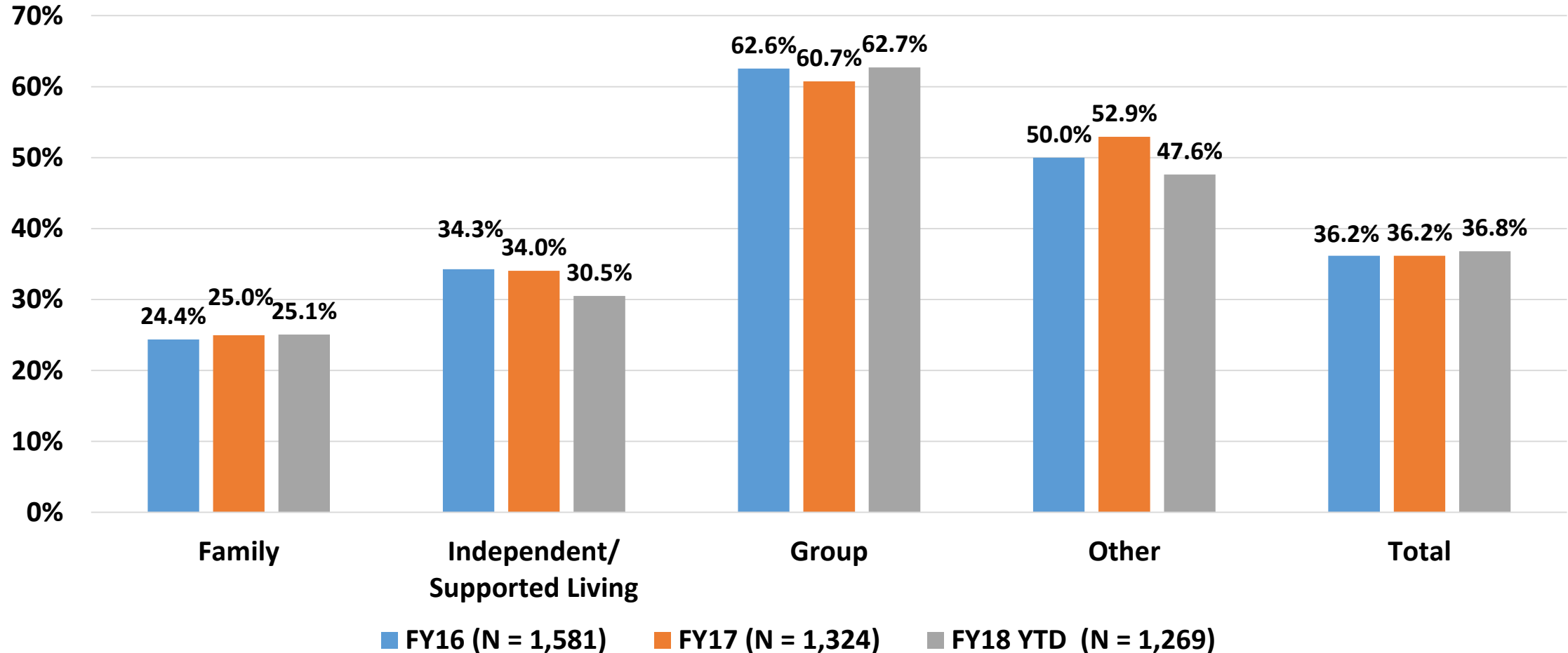
- Provider documentation did not demonstrate individualized efforts to assist the person to define abuse, neglect, and/or exploitation.
- Provider documentation demonstrated individualized efforts to assist the person to define abuse, neglect, and/or exploitation but not on an ongoing basis.
- Provider documentation did not demonstrate how the person would report any incidents of abuse, neglect, and exploitation.

# Medical Peer Review Process

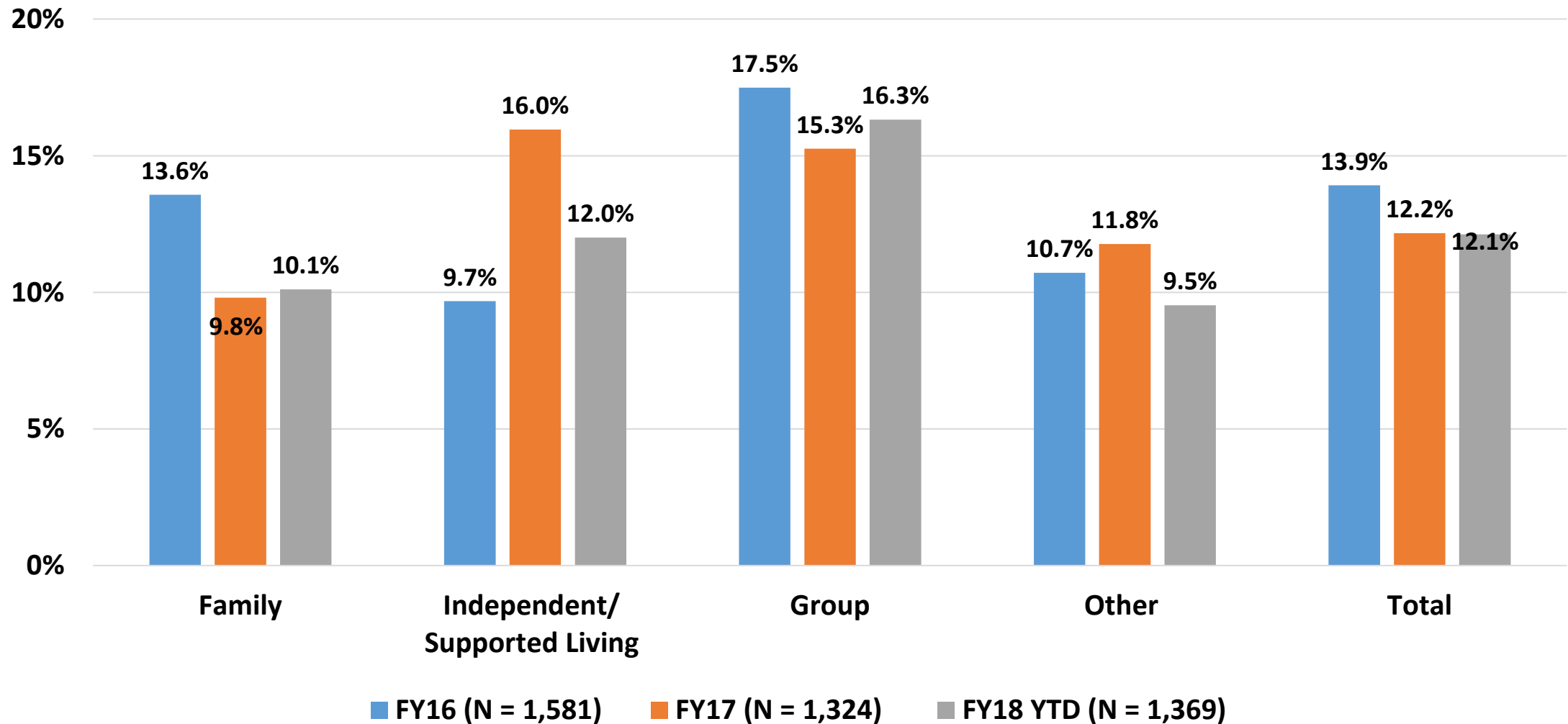
## **RN reviews to determine if:**

- The person is receiving appropriate physical, dental, behavioral health care
- Services meet professionally recognized standards of healthcare
- Additional follow-up, focused review, referrals to Regional Medical Case Manager, Regional Behavior Analyst, Medical Director review or Expert Specialist review is needed

# % of Individuals taking 4+ Medications by Year and Home Type

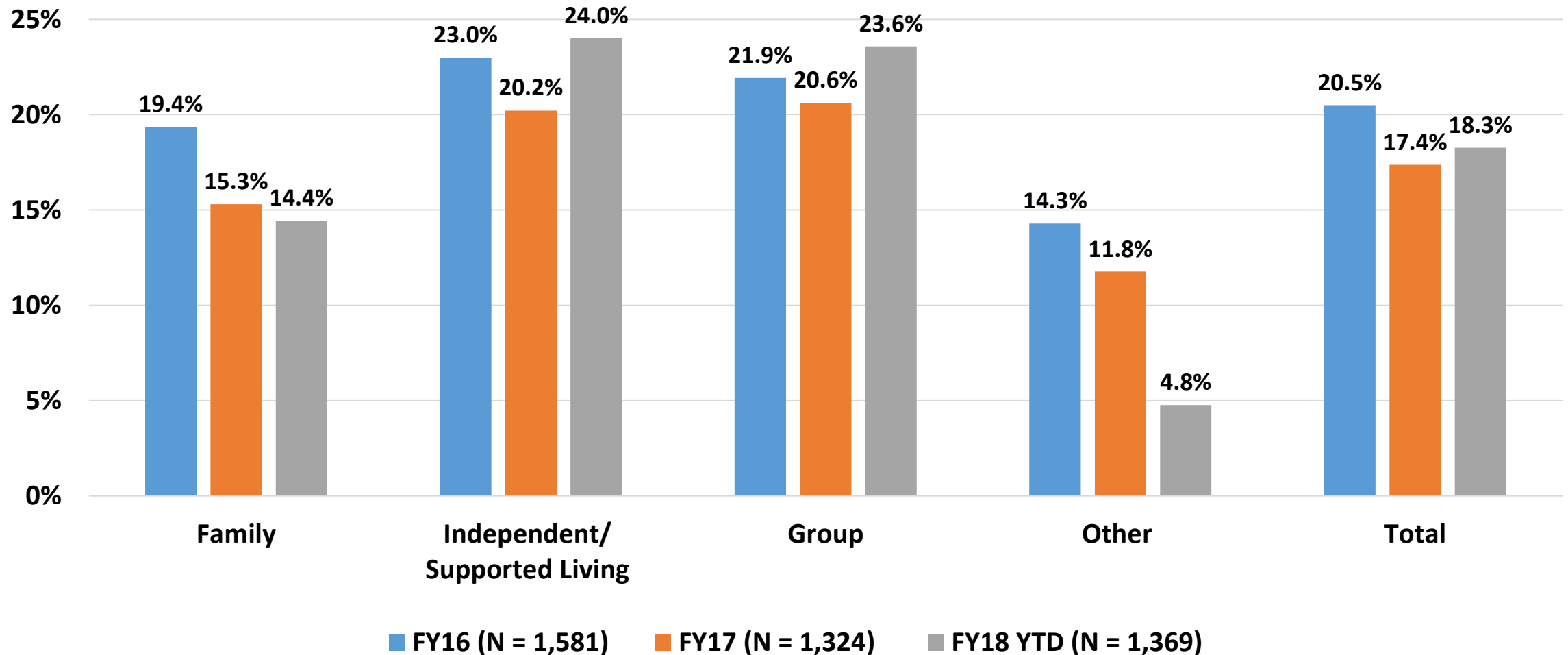


# Percent of Individuals who were admitted to the hospital (including baker acts) in 12 months prior to their PCR.





# Percent of Individuals who visited the Emergency Room in the 12 months prior to their PCR.



# Top 5 Medications by Home Type and Year

FY 2017					
Medication Name	Family (N = 765)	Independent/Supported Living (N = 188)	Group (N = 354)	Other (N = 17)	Total (N = 1,324)
<b>Depakote</b>	7.3%	5.9%	29.1%	47.1%	13.4%
<b>Synthroid</b>	8.6%	12.2%	15.0%	11.8%	10.9%
<b>Risperdal</b>	7.8%	5.9%	18.4%	23.5%	10.6%
<b>Omeprazole</b>	5.2%	10.1%	13.6%	11.8%	8.2%
<b>Keppra</b>	8.9%	2.7%	9.3%	0.0%	8.0%

FY 2018 YTD					
Medication Name	Family (N = 762)	Independent/Supported Living (N = 200)	Group (N = 386)	Other (N = 21)	Total (N = 1,369)
<b>Depakote</b>	7.5%	5.0%	27.5%	14.3%	12.9%
<b>Synthroid</b>	10.5%	5.0%	17.4%	4.8%	11.5%
<b>Risperdal</b>	7.2%	6.5%	21.0%	14.3%	11.1%
<b>Omeprazole</b>	6.8%	12.5%	11.9%	4.8%	9.1%
<b>Seroquel</b>	4.9%	5.0%	19.4%	4.8%	9.0%

# PCR - Health Summary

- Series of questions related to:
  - Medications taken
  - Medical personnel involved in providing care
  - Urgent Care visits, ER visits, Hospitalizations
  - Adaptive equipment
  - Environmental conditions
  - Behavioral needs
  - Safety
- The Summary is used to assist in identifying any health and behavioral issues/concerns.

# Medical Peer Review

Review Health Summary information provided.

Considerations:

- Are psychotropic medications prescribed by psychiatrist?
- If multiple providers, is continuity of care evident?
- Weight change that is not intentional.
- Skin Break down-Do they require adaptive equipment?
- Are medications indicated for multi-use? Sort them out..
- Reactive strategies-How often/Type, medication combinations
- ER/urgent care visits versus visits to Primary Care Physician

# Medical Peer Review

Based on information available, Qlarant Nurse Reviewer

- Attempts to put pieces together to deem services appropriate for physical, dental and behavioral needs when applicable
  - May contact person, caregivers, providers, WSC's, QARs for any needed clarifications
  - May ask questions about skin breakdown and if it is currently present, where and what are contributing factors?
  - May ask about medication plan to include dosages/use

# Services meet professionally recognized standards of Healthcare

- What are the barriers if any to preventative health/treatment?

Considerations:

- Does the person have fears/concerns
- Does the person have advocacy/support to get services
- Is the person cooperative with recommended interventions
- Are the healthcare providers educated about the needs of the person?

# Further Review Process

- Additional follow-up
- Focused Review
- Referrals to Regional Medical Case Manager
- Regional Behavior Analyst
- Medical Director review
- Expert Specialist review is needed

# Looking Differently at Disability and Decision Making (Video) <https://youtu.be/JrZINQC6oRs>





# Why it is important for people to learn about and be empowered regarding maintaining their health?

- **Awareness...**
- **Invested...**
- **Informed Choice...**
- **Healthy Decision Making..**

**This equates to: Independence**

# Health and Behavioral Risks for Persons with Intellectual and Developmental Disabilities

Compared to the general population, adults with intellectual or developmental disabilities:

- Have the same or greater health risks, except less likely to smoke
- Are more likely to lead a sedentary lifestyle
- Are less likely to have emotional support
- Experience poor health more often
- Are more likely to be obese

# Health and Behavioral Risks for Persons with Intellectual and Developmental Disabilities

Lack of physical activity and obesity are risk factors for:

- Cardiovascular disease
- Diabetes
- High blood pressure
- Cancer
- Sleep difficulties
- Joint problems

# Key things to know when supporting people to help manage their own healthcare

- What skills does the person already have to manage his/her own health?
- What matters to the person in managing his/her own health and healthcare?
- What are the person's preferences related to managing health?
- What is the person's learning style?
- How does the person express when not feeling well or identify health concerns?

# Identifying preferences from a person who does not use words to communicate

- Learn how the person communicates
- Always offer the person the opportunity to learn more
- Allow time for the person to respond
- Trial and error
- Building upon a person's skills and abilities
- Using other tools/technology to support the person in gaining an understanding
- “Nothing about me without me”

# Potential topics to help empower a person to manage his/her health

- Doctor appointments
- Nutrition
- Specific diagnoses
- Medications

# Examples of how to empower a person to manage own health

## Doctor appointments:

- Calling to make the appointment
- Keeping a calendar with appointments
- Setting up transportation to get to doctor's office
- Signing in at the nurses desk
- Prepping for the doctor appointment (medications currently taking, symptoms of health issue to address, identifying questions for doctor, etc.)
- Talking to the doctor
- Taking paperwork to check out of the doctor office

# Examples of how to empower a person to manage own health

## ■ Nutrition

- Developing menus with healthy foods the person likes.
- Shopping for healthy options.

## ■ Specific diagnoses

- What is his/her health diagnosis?
- What health related issues can occur/things to be cautious and increase awareness?

## ■ Preventative Health

- Age specific preventative health training.
- Set up calendar to show when annual screenings are due.



# Examples of how to empower a person to manage own health

- **Learning about Medications:**
  - What each medication is for
  - Color, size of medication
  - When medications are taken
  - Possible side effects of medications
  - How to fill a prescription
  - Picking up medication from the pharmacy

# Methods to Build Independence

- Peer Groups
- Teachable Moments
- Technology & Media
- Tools
- Accessibility
- Search for Meaning in Behavior
- Repetition through Ritual and Habits
- Supports vs. Control
- Building a Trust Network

# Closing the Gap

Once Disability was considered incompatible with health  
Public Health now recognizes that:

- Disability and Health are not mutually exclusive
- Disability can be complicated by secondary health conditions
- Health promotion efforts are needed to improve health outcomes for people with disabilities
- Need for disability identifiers on surveillance tools



# Goals

- Integrate Health Promotion into Community Environments
- Increase Knowledge and Understanding
- Improve Quality of Health Care
- Train Health Care Providers
- Ensure Effective Health Care Financing
- Increase Sources of Health Care
- Education to staff on specific health risks
- Ensure people have Behavioral Supports needed
- Advocate for quality Health Providers

# QUESTIONS?

