Division of Quality Improvement
Survey Trends

Leslie Fuld, Deputy Commissioner, Division of Quality Improvement
October 29, 2019
Bureau of Program Certification

ICF Survey Trends

Person Centered Review

Site Review Residential Day Habilitation

Significant Findings
# ICF Survey Trends

<table>
<thead>
<tr>
<th>Tag #</th>
<th>Tag Description</th>
<th># Citations</th>
<th>% Providers Cited</th>
<th>% Surveys Cited</th>
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<tbody>
<tr>
<td>W0249</td>
<td>PROGRAM IMPLEMENTATION</td>
<td>71</td>
<td>16.40%</td>
<td>28.90%</td>
</tr>
<tr>
<td>W0154</td>
<td>STAFF TREATMENT OF CLIENTS</td>
<td>44</td>
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<tr>
<td>W0322</td>
<td>PHYSICIAN SERVICES</td>
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<td>8.30%</td>
<td>14.60%</td>
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<tr>
<td>W0331</td>
<td>NURSING SERVICES</td>
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<td>14.60%</td>
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<tr>
<td>W0368</td>
<td>DRUG ADMINISTRATION</td>
<td>34</td>
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<td>13.80%</td>
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<tr>
<td>W0474</td>
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<td>12.60%</td>
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<td>W0159</td>
<td>QIDP</td>
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<td>12.20%</td>
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<tr>
<td>W0156</td>
<td>STAFF TREATMENT OF CLIENTS</td>
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<td>6.70%</td>
<td>11.80%</td>
</tr>
<tr>
<td>W0260</td>
<td>PROGRAM MONITORING &amp; CHANGE</td>
<td>27</td>
<td>6.20%</td>
<td>11.00%</td>
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<tr>
<td>W0189</td>
<td>STAFF TRAINING PROGRAM</td>
<td>26</td>
<td>5.80%</td>
<td>10.60%</td>
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TOP 6 COMPLIANCE RISKS FOR PERSON CENTERED REVIEWS

Top PCR Compliance Risks by Section (% of total questions not met)

- 9A - RIGHT LIMITATIONS, RESTRICTIONS, & INTRUSIVE INTERVENTIONS
- 9 - BEHAVIOR SUPPORTS
- 10B - INCIDENT MANAGEMENT: REPORTED IN IRMA
- 8A - HEALTH SERVICES & SUPPORTS
- 9G - MEDICATION MONITORING PLANS ONLY
- 3 - RIGHTS AND SUPPORTS OF RIGHTS
## TOP 10 COMPLIANCE RISKS FOR COMBINED SITE PROTOCOLS (RESIDENTIAL & DAY HAB) BY QUESTION

<table>
<thead>
<tr>
<th>Protocol Question</th>
<th>Protocol Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 7-9 The site is well maintained for the safety and comfort of the individuals receiving services.</td>
<td>Site &amp; Safety</td>
</tr>
<tr>
<td>2. 10a-2 Staff implement interventions related to care and monitoring of skin integrity and the prevention of skin breakdown, for which they are responsible.</td>
<td>Specialized Risk Factor Risk Area - Skin Breakdown</td>
</tr>
<tr>
<td>3. 10e-4 The written plan for fluid consumption is implemented correctly.</td>
<td>Specialized Risk Factor Risk Area - Fluid Intake</td>
</tr>
<tr>
<td>4. 10j-3 Restraints are removed per the criteria and duration described in the written plan.</td>
<td>Specialized Risk Factor Risk Area - Mechanical Restraints</td>
</tr>
<tr>
<td>5. 10j-5 There is documentation that is a “full record” of the use of the Mechanical Restraining device.</td>
<td>Specialized Risk Factor Risk Area - Mechanical Restraints</td>
</tr>
<tr>
<td>Protocol Question</td>
<td>Protocol Section</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>6. 10h-3 Rights Limitations / restrictions occur only when written informed consent was obtained from an appropriate consent giver.</td>
<td>Specialized Risk Factor Risk Area - All Rights Limitation/Restrictions</td>
</tr>
<tr>
<td>7. 10j-4 There is a current physician’s order for the use of the Mechanical Restraining device.</td>
<td>Specialized Risk Factor Risk Area - Mechanical Restraints</td>
</tr>
<tr>
<td>8. 2a-4 Individual’s medications and treatments have been correctly administered per physicians’ orders and his/her needs.</td>
<td>Health Support &amp; Medications</td>
</tr>
<tr>
<td>9. 2a-11 The site ensures that in-home, routine support/care necessary for individuals’ health needs is provided per their service plan.</td>
<td>Health Support &amp; Medications</td>
</tr>
<tr>
<td>10. 10j-2 Restraints are applied only per the specific criteria described in the written plan.</td>
<td>Specialized Risk Factor Risk Area - Mechanical Restraints</td>
</tr>
</tbody>
</table>
TOP 10 COMPLIANCE RISKS FOR DAY HAB SITE PROTOCOLS

Top Site Protocol Compliance Risks by Section
Day Hab, Only
(% of total questions not met)

10A - RISK AREA - SKIN BREAKDOWN: 13.03%
10J - RISK AREA - MECHANICAL RESTRAINTS: 6.33%
10E - RISK AREA - FLUID INTAKE: 5.47%
10H - RISK AREA - ALL RIGHTS: 3.16%
10I - RISK AREA - BEHAVIOR SUPPORTS-GENERAL: 2.86%
10D - RISK AREA - DIABETES: 2.72%
10G - RISK AREA - SUPERVISION: 2.42%
10F - RISK AREA - OXYGEN USE: 2.38%
5 - DELIVERY OF SAFEGUARDS, SERVICES, SUPPORTS: 2.37%
8 - FIRE SAFETY (REQUIRED BY OFPC OR DQI): 1.75%
# TOP 10 COMPLIANCE RISKS FOR RESIDENTIAL SITE PROTOCOLS

<table>
<thead>
<tr>
<th>Risk Area</th>
<th>Compliance Risk</th>
<th>% of Total Questions Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>10A</td>
<td>Skin Breakdown</td>
<td>7.09%</td>
</tr>
<tr>
<td>10J</td>
<td>Mechanical Restraints</td>
<td>6.91%</td>
</tr>
<tr>
<td>10E</td>
<td>Fluid Intake</td>
<td>5.75%</td>
</tr>
<tr>
<td>10H</td>
<td>All Rights Limitation/Restrictions</td>
<td>4.07%</td>
</tr>
<tr>
<td>10I</td>
<td>Behavior Supports-General</td>
<td>3.23%</td>
</tr>
<tr>
<td>10F</td>
<td>Oxygen Use</td>
<td>2.91%</td>
</tr>
<tr>
<td>2A</td>
<td>Health Support &amp; Medications</td>
<td>2.60%</td>
</tr>
<tr>
<td>10D</td>
<td>Diabetes</td>
<td>2.43%</td>
</tr>
<tr>
<td>10C</td>
<td>Current Illness</td>
<td>1.98%</td>
</tr>
<tr>
<td>10G</td>
<td>Supervision</td>
<td>1.75%</td>
</tr>
</tbody>
</table>
TOP COMPLIANCE RISKS
RESIDENTIAL & DAY HAB COMPARISON
BY SECTION % OF QUESTIONS NOT MET

Top Site Protocol Compliance Risks by Section
*Residential & Day Hab Comparison*
(% of total questions not met)

1. **10A - RISK AREA - SKIN BREAKDOWN**
2. **10I - RISK AREA - BEHAVIOR SUPPORTS-GENERAL**
3. **2A - HEALTH SUPPORT & MEDICATIONS**
4. **10G - RISK AREA - SUPERVISION**
5. **10D - RISK AREA - DIABETES**
6. **10F - RISK AREA - OXYGEN USE**
7. **10E - RISK AREA - FLUID INTAKE**
8. **8 - FIRE SAFETY (REQUIRED BY OFPC OR DQI)**
9. **10J - RISK AREA - MECHANICAL RESTRAINTS**
10. **10H - RISK AREA - ALL RIGHTS...**

Day Hab
Residential
Top 5 Significant Findings
Residential Site Protocol

1. Health Support & Medications
   2a-11 & 4

2. Fire Safety
   8-19, 3 & 5

3. Site & Safety
   7-9

4. Risk Area-Behavior Supports-General
   10j-2,3 & 1

5. Rights Protections
   6-13 & 14
Top 5 Significant Findings
Day Habilitation Site Protocol

1. Delivery of Safeguards, Services, Supports
   5a-2 & 5

2. Fire Safety
   8-1

3. Rights Protections
   6-9 & 13

4. Risk Area-Fluid Intake
   10e-1 & 4

5. Risk Area-Behavior Supports-General
   10i-1
Ranked #1 On Residential Site and #5 on Day Hab Site Protocol
Repeat Top Deficiency

Site Maintenance 7-9
The site is well maintained for the safety and comfort of the individuals receiving services.

Things to Consider:

➢ Empower staff in all roles to report physical plant concerns

➢ Prioritization of requests

➢ Set agency standards for completion dates within agency’s control

➢ Required follow-up & notification when corrections lag

➢ Procedures to track and validate completion of maintenance requests

➢ Arm’s length monitoring of the condition of sites, appliances, equipment
Addressing Fluid Intake Needs

10e-4

The written plan for fluid consumption is implemented correctly.

Things to Consider:

- Clearly written individualized (PONS) with instruction, for example:
  - Maximum/Minimum fluid intake required by person
  - Strategies to provide or limit intake parameters
  - Documentation/Tracking: All shifts, all services
  - When to notify RN

- Staff trained to understand their specific role & tasks

- Daily Tracking is reviewed

- RN monitoring
Ranked #3 on Residential Site and #1 on Day Hab Site Protocol 10-a-2

Addressing Skin Integrity

10a-2

Staff implement interventions related to care and monitoring of skin integrity and the prevention of skin breakdown, for which they are responsible.

Things to Consider:

➢ Clearly written individualized PONS addressing necessary care, e.g.:
  – positioning,
  – care & treatment,
  – monitoring of changes, and
  – Reporting to RN or MD

➢ Staff trained to understand their specific role & tasks

➢ Implementation is verified

➢ Implementation is monitored

➢ Periodic RN assessment
Ranked #4 and #5 on Residential Site and #3 and #5 on Day Hab Site Protocol

10j-3 & 10j-5
Repeat Top Deficiencies

Protections re: use of Mechanical Restraints

10j-3
Restraints are removed per the criteria and duration described in the written plan.

10j-5
Documentation of Mechanical Restraint Use

There is documentation that is a “full record” of the use of the Mechanical Restraining device.

Things to Consider:

**10j-3 Restraint Removal:**
- Standardized forms to document:
  - Application reason and time
  - Interval monitoring of status
  - Removal reason & time
- Staff training/competency
- BIS/Psychologist monitor correct restraint use and documentation of same

**10j-5 Documentation of Mechanical Restraining Device Use:**
- A physician’s order is required for use of device as part of person’s BSP
- Order must be renewed no less frequently than every 6 months
- Must be a full record, including:
  - Description of the event
  - Time it was applied
  - Times when monitored
  - Findings of monitoring activity
  - Time of release
  - Any other information required by the BSP
Ranked #6 on Residential Site 10h-3

Written Informed Consent 10h-3

Rights Limitations / restrictions occur only when written informed consent was obtained from an appropriate consent giver.

Things to Consider:

➢ Applies to limitations, restrictions & intrusive strategies

➢ Written procedures to:
  - track informed consent & WIC expiration
    • 365 days from previous written consent
    • 45 days maximum for verbal consent
  - ensure team review for revision or continuation “x” days prior to WIC expiration
  - Ensure responsible party identified and contact information current
  - Pursue WIC from consenting party “x” days prior to expiration
    • Strategies for repeated efforts and back up processes when WIC not obtained
  - Verify WIC obtained prior to HRC
  - Notify implementing parties

➢ Staff responsible know their role

➢ Applies to initial and annual WIC approvals
Ranked #7 and #9 Residential Site
10j-4 & 10j-2 (Ranked #8 on Day Hab Site)

Things to Consider:

10j-4 Physician Order

- Renewed at least q 6 months
- Order Specifies:
  - expiration date
  - device type
  - special considerations if applicable
- BSP strategies are consistent with order

10j-2 Restraints are applied based on criteria in BSP

- BSP criteria must be consistent with Dr’s Orders.
- Restraints must be applied based on hierarchy of interventions in the BSP
- Use of restraint in an emergency is not permitted

Protections re: use of Mechanical Restraints

10j-4

There is a current physician’s order for the use of the Mechanical Restraining device.

Restraints are applied based on specific criteria in BSP

10j-2

Restraints are applied only per the specific criteria described in the written plan.
Ranked #8 and #10 on Residential Site Review
2a-4 & 2a-11

Providing On-site health care
2a-4

Health Support and Medications
Individual’s medications and treatments have been correctly administered per physician’s orders and his/her needs
2a-11

The site ensures that in-home, routine support/care necessary for individuals’ health needs is provided per their service plan.

Things to Consider
2a-4

Look for evidence of correct administration of routine and prn medications as prescribed and needed by individual(s); AND

Determine if medication errors are reported, documented and competently addressed

Look for evidence of patterns of incorrect medication administration to individual(s)

Determine that medications errors are or are not reported

2a-11

Asses for clearly written individualized Plan of Nursing Services (PONS) with tasks of DSP & RN

Communicate status of individuals among staff and across shifts

Staff Training

Oversight by RN of:
- Individual’s condition
- Consistent staff delivery of competent health care supports

Validation of RN oversight
OPWDD Quarterly Trends Letter

Issued by the Incident Management Unit
New Incident Management Unit (IMU) Quarterly Trend Letters

Beginning August 2019, IMU began issuing quarterly trend letters.

The goal of these letters is to assist agencies in their self assessment, QI activities and to ensure the protection and well being of individuals receiving services.
IMU Quarterly Letters

Provide information on identified areas for systemic improvement

Provide additional information and guidance to assist agencies to improve compliance in identified areas

Provide information on upcoming training and links to training and informational materials
August 2019 Quarterly Trend Area

• Investigations....

Be mindful of timeframes required by regulation for the initiation and completion of investigations.
• Closure of Incidents….

Agencies are responsible for the timely closure of incidents in IRMA through the completion of all of the actions and entries required for closure.
August 2019 Quarterly Trend Area

- IRMA Access....

When staff no longer need IRMA access, agencies must provide timely notification to OPWDD to revoke staff IRMA access.
Providers are required to update status of applicant/employees in the Criminal Background Check (CBC) System within 14 days of the status change.
Waiver Sub-Assurances

OPWDD Reports Data to the Centers for Medicaid and Medicare (CMS) on an Annual Basis
Waiver Sub-Assurances

The Number and Percent of Critical Incident Investigations Were Initiated Within the Appropriate Timeframes
Waiver Sub-Assurances

The Number and Percent of Critical Incident Investigations that were Completed Within the Appropriate Timeframes
Conclusions

• Analyze your systems for strengths and weaknesses
• Use your analysis to target your resources and corrective actions
  • Think systemically
• Regularly review your operations and identify areas needing improvement
  • Use your available tools

https://opwdd.ny.gov/dqi/provider-quality
QUESTIONS

quality@opwdd.ny.gov