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DATE: April 9, 2008

TO: Fran Sadowski, CEO, MDSC
Bill Docktor, Chairperson, MDSC Board of Directors

FROM: Denise Smith, QIS, DDP

RE: Quality Assurance Review for FY '08

Enclosed is the report for the Quality Assurance Review for Missoula Developmental Service Corporation (MDSC) for Fiscal Year 2008. I appreciate the coordination and support that your staff provided that facilitated this review. It was a pleasure to meet with the consumers and staff of your agency. During this review I was continuously impressed with the systems in place that ensure a consistent level of high quality services. One example of this efficiency is the fact that MDSC has been in the forefront in their completion rate of the College of Direct Supports Training modules when compared to all other providers in the state. Another example of a system that is working well is MDSC's Incident Management procedures. Their current system guarantees a timely and comprehensive process as it relates to the staffing and investigation of critical incidents. MDSC consistently meets all timelines and requirements as set by the DDP Incident Management Policies and Procedures.

If you have any questions regarding the information reported in this review please do not hesitate to contact me at 329-5428

cc: Paula Tripp, Region V Manager, DDP
Jeff Sturm, Program Director, DDP (report only)
Tim Plaska, Bureau Chief, DDP (report only)
John Zeeck, Quality Assurance Specialist, DDP
Perry Jones, Waiver Training Specialist, DDP (report only)
DDP Contract File

MISSOULA DEVELOPMENTAL SERVICE CORPORATION QUALITY ASSURANCE REVIEW FY '08

Scope of Review

The FY '08 annual Quality Assurance Review for Missoula Developmental Service Corporation (MDSC) was conducted by DDP Quality Improvement Specialist, Denise Smith. The review was performed the weeks of February 6, 2008 through February 15, 2008. MDSC serves individuals with a wide range of developmental disabilities and medical needs throughout the Missoula community. MDSC provides the following services: Eight Intensive Community Homes, One Medical Intensive Community Home, Intensive Work/Day Services (which may encompass Supported Employment depending on the results of Individual Plans), and Transportation. MDSC does not serve any individuals who have funding through the Community Supports Waiver. The review encompassed 5 of the group homes including the Medically Intensive Home, the Work/Day Services, Transportation and interviews with 8 consumers and 7 staff.

General Areas

ADMINISTRATIVE

SIGNIFICANT EVENTS FROM THE AGENCY-

Three Year Carf International Accreditation Awarded June 2007.

Accommodations included:

- ❖ Input solicited from all stakeholders in a variety of methods
- ❖ Changes in programs are responsive to choices of persons served and/or suggestions from families or staff members
- ❖ "How to Work with Me" information is available to all staff members
- ❖ High level of retention of very well – qualified staff who are committed to the mission and goals of the corporation
- ❖ Training curriculum that continues to improve staff qualifications
- ❖ Fiscally stable with strong accountability built into its financial systems
- ❖ Homes are decorated and furnished in a manner that is pleasing to the persons served
- ❖ Family members and funders hold MDSC in high regard and state that the organization communicates well, is responsive to needs, and is compliant with state regulations
- ❖ MDSC uses technology and the weekly IMC meetings to discuss events and resolutions have enabled MDSC to quickly in form applicable persons of events, track incident reports, and address issues that have arisen.
- ❖ MDSC can identify many successes of individuals in its programs
- ❖ MDSC utilizes a variety of therapy staff members to ensure that appropriate programs are developed.

Outcome Measurement System:

MDSC met or surpassed 16 of the 18 objectives in our Corporate Outcome Measurement System.

OMS system was updated to include CARF recommendations. Each home now gets an individual report.

Annual Licensing:

Licensing for MDSC's group home sites took place in November and December of 2007. With only one minor deficiency (rectified immediately), all MDSC sites were re-licensed for the upcoming year. MDSC continues to receive accolades for the strong services provided and the adherence to licensing requirements.

Fiscal:

MDSC received an unqualified Audit in October 2007 from Anderson – ZurMuehlen. There are no concerns or issues noted regarding MDSC's fiscal management.

SPECIFIC SERVICES REVIEWED

RESIDENTIAL

MDSC operates nine community group homes. All consumers are staffed as intensive. One group home specializes as a Medically Intensive Group Home and consumers are pre-screened by a medical rating scale with the assistance of the DDP Medical Director. For the purpose of this review 5 group homes were visited. The exterior and interior of all group homes visited were well maintained. They were decorated and furnished as homes. Inside, the homes were comfortable, clean with consumer's bedrooms decorated with personal belongings, and reflecting that person's interests and favorite things. One consumer's room was very culturally appropriate to his Native American heritage. Another consumer's room was very feminine and reflected her interest in dolls and stuffed animals.

Miscellaneous- Positive additions to existing procedures:

- ❖ Group home checklists are now rotated to ensure all staff understand the process and importance of individual checklists.
- ❖ Bathing protocols were covered with a "cover sheet" to provide residents with greater privacy.
- ❖ Strategy checklists have had information added that include cultural information and a reminder to offer quarterly reports to families/guardians.
- ❖ Guardians have now been added to the Therap System to provide instant communication regarding incidents, questions, and/or follow-up.

MDSC has many practices in place that enhance the level of care that the Individuals in

service receive. One such practice that deserves recognition is the required document that is created by staff and Program Managers titled "How to Work with Me". This document is required for all consumers receiving services and was in all files reviewed. This document details the individual's history, likes and dislikes, medical history, proactive and reactive strategies and communication preferences plus abilities in developmental areas. All staff who work with a specific individual in either Residential or Work/Day are required to read and sign the document. This is a wonderful training document and is continuously updated to truly reflect the individual's strengths and support needs. (QAOS 08-01)

HEALTH AND SAFETY

Health and Safety

MDSC provides services to a number of individuals with significant health and/or medical issues. MDSC is to be commended for their thorough monitoring of health conditions of their consumers. Documentation of information is completed each day for every group home resident that pertains to their individual health needs. This documentation can include personal hygiene, bodily functions, sleeping patterns and general health and wellness. A registered nurse is employed by MDSC who oversees a nursing pool of LPN's. In addition to prompt attention and comprehensive follow-up of all health/medical situations, the nurses also complete those everyday tasks that require a health care professional (i.e. tube feeding, insulin injections and wound care). A member of the nursing staff consistently attends the Incident Management Committee meetings and is responsible for reporting on Medication errors as well as staffing all issues that relate to consumers' medical care. (QAOS 08-02).

There is a nurse scheduled 24/7 at the Medically Intensive Group Home (Kent Street Home). This nurse dispenses all medication at the Kent Street Home. This nurse also acts as on-call for the other group homes as needed starting at 8:00pm. The center nurse or weekend day nurse handles all medical emergency and center nursing needs until 8:00pm. Medication Administration Records (MARs) were reviewed in each group home visited during the annual review. All records contained lists of current medications as well as PRN medications that each consumer was currently prescribed. Documentation was thorough and up to date in the MARs with only medication certified staff assisting consumers with their medications. Medications are properly stored with psychotropic medications double locked. There were programs towards independence in taking medication as appropriate and maintenance programs for those who had achieved maximum independence. Appropriate protocols exist for PRN medication in every reviewed file.

Medication errors are reviewed and scored on a rating scale. The more serious the error the more points are assigned. MDSC's personnel policies regarding staff training and discipline relate to this rating scale. Staff who are responsible for medication errors may be suspended from assisting with the administration of medication and have to retake and pass all medication tests and assessments if the points assigned to the error are high enough. This is an excellent system maintaining a high level of accuracy and a low

percentage of medication errors.

As mentioned previously the structures and furnishings of the community group homes are in good repair. All homes were very clean, organized, and offer a very homey atmosphere with individualized themes. In several of the older homes the bedrooms were being newly painted and decorated. There are adequate cleaning products and other supplies and all are properly stored and secured.

Emergency evacuations are conducted and documented monthly at all residents. Times of drills varied between 5a.m. to 10p.m. This reflects that drills are conducted by all shifts.

Protocols for bathing were listed in every bathroom for every consumer. The water temperature was tested at all six homes. The water temperature ranged from 102-112 degrees which is within an acceptable range.

All staff were able to report on the emergency back up plan and reported that it was efficient.

SERVICE PLANNING AND DELIVERY

Individual Planning

MDSC provides services to a very physically and developmentally involved population. Many of the consumers are non-verbal and have very limited expressive and receptive skills. The "How To Work with Me" documents are wonderful tools when developing the Individual Plan. During staff interviews and interviews with outside community partners the "How to Work with Me" document is frequently mentioned as a valuable training and communication tool for staff. In addition an array of assessment tools are utilized to identify strengths, goals, needs, and wishes of individuals. These primarily include Residential, Emotional and Self-Care Assessments.

The IP meetings are consistently attended by the Group Home Program Managers, Director of Services, Program Services Administrator, Program Manager of Day Services and the Medical Services Administrator. Families and Advocates of the consumers are invited and encouraged to attend. Currently not all consumers attend their IP meeting. This is decided by the consumer and the person's team. Some consumers have refused to attend the meeting but will assist with the preparation and information gathering. MDSC staff have reported that some consumers do not handle the disruption into their routine and become very agitated and begin displaying aggressive and self-abusive behaviors in the actual meeting. It is important that every consumer participate to their fullest capacity in their own IP. The lack of consumer attendance needs to be addressed. (QAOS 08-03). Another concern in the Service Planning area is the inconsistency in which direct care staff (both Day and Group Home) are involved in the development of the Individual Plan for specific consumers with whom they are directly working. According to information gathered from interviews with consumers, staff and community partners it was related that while some direct care staff are asked to share information regarding a specific consumer this is not done in a consistent manner. In addition, the lack of participation by

direct care staff in the actual IP meeting appeared to be very infrequent and of concern to the direct care staff interviewed. Full participation by the direct care staff would ensure that the IP included the most accurate and appropriate information.

There is one objective that was seen in several of the files that needs to be evaluated. It is an objective that relates to the ABC of minor behaviors. It does not appear to be written in a manner that it can be met or graduated by the consumer (5 x a week "name" will receive Behavioral Supports). The purpose of this objective was unclear and un-measurable.

MDSC does an excellent job in monitoring all areas of service including the implementation of the IP. All data sheets are dually checked by first the Program Manager of the site and then a peer. If an objective has not been implemented as written then there needs to be a response detailing why this did not occur as planned or what will be done to ensure implementation. Program books for all consumers reviewed were complete, detailed and programs were being implemented as outlined. Quarterly reports are created and submitted on schedule.

Consumer Satisfaction Surveys are attached to all current IP's.

Leisure/Recreation

Leisure and recreational activities are monitored and documented in every consumer's file. The Residential and Day Program staff offer a wide variety of group and individual activities in which folks can participate. Families and friends are encouraged and assisted in maintaining relationships through visits and outings. Staff drive consumers to visit family members if the family has transportation difficulties to ensure that the relationship is maintained. Leisure/Recreation opportunities are very frequent. Due to the wonderful areas the Group Homes reside in the consumers take frequent walks and at one house a consumer can ride his bike up and down the street.

Over the past year employees at MDSC were committed in offering new experiences for the individuals served. These individual and group activities included:

- ❖ One consumer went on a boat trip around the Flathead last fall. She took a charter cruise and viewed wild life and Native American pictorials on the rocks. She had a fantastic time and especially enjoyed seeing a bald eagle.
- ❖ Curtis group home went on a fall outing to Lee Metcalf Wildlife Refuge; everyone had a great time viewing the animals.
- ❖ One consumer took a three day dream vacation to Seattle, Washington. He visited the zoo, aquarium and went to a Mariners game. He was accompanied by one of his favorite people that worked in the Group Home.

Rights Restrictions/Client Rights

Consumers interviewed understood their rights. They were able to state what their rights were and who to go to if they felt that their rights had been violated. They also reported that staff go over their rights with them almost every day to make sure that they know them.

There are currently several rights restrictions in place in Residential and at the Day Services. Several of these restrictions are medically ordered due to food and liquid reactions. In addition, due to the behaviors of one consumer, several bedrooms are locked at the Wylie Group Home to limit destruction of the beds. Consumers have the ability to request unlimited access to the rooms and there are behavioral programs in place to limit the length of the restrictions. These right restrictions are reviewed minimally on an annual basis. MDSC assists consumers in understanding their rights by discussing and role-playing various situations that involve individual rights as well as translating all grievance and client's rights information into a symbol/picture board. It is a part of all consumer programs that they go over portions of their rights on a daily basis. As mentioned above, this was validated by consumers. MDSC has also translated their Consumer Satisfaction Survey into a pictures/symbols format.

STAFFING

MDSC has an outstanding and comprehensive orientation and training curriculum that is overseen by their Staff Development and Compliance Coordinator. Orientation includes information and training in Client Rights, Incident Reporting, and Confidentiality. There are also 7 mandatory trainings that staff must attend within a specified time period. These are MDSC Company Orientation, First Aid/CPR, Mandt, the first 5 modules of Competency Based Training (CBT), Vital Signs, Medication Practicum Class, and Mechanical Soft Diets. These are in addition to the College of Direct Supports on-line training and the Medication Certification that the state requires. MDSC also offers elective training for staff that want to advance within the company, or want to increase knowledge and skills in a specific area. Each employee is given a training catalog that outlines the training and the dates that it is available. Annually required trainings are also held throughout the year so all staff have the opportunity to meet annual training requirements/certifications.

MDSC should be recognized for the training and support that they provide staff. This ensures quality care of the individual consumer. In addition, MDSC led the other providers in the state in the timely completion of all CDS Tier 1 Training requirements. (QAOS 08-04) In addition to the above mentioned trainings all staff must read and sign documentation that they have read each consumer's "How to Work With Me" prior to working with that consumer. If a staff is relocated to a different group home or day program site they are required to read the "How to Work With Me" books prior to entering that setting.

At the time of the on-site review portion of the Annual Quality Assurance Review all staff files reviewed had complete records for all Orientation and Annual Training, CBT, and Criminal Background Checks. Also included were CPS and Motor Vehicle background checks.

MDSC has met staff-to-consumer ratios as documented through observation and records at Group Homes and the Day/Work program.

Staff surveys were completed with 7 staff. This included two evening staff, four group home/day program staff and one middle management staff. Answers to the sections of the survey that involved consumer rights, orientation training, supervising medications, Individual Plans, and incident reporting were excellent. In fact, staff are to be commended for their knowledge and caring responses regarding individual consumers. All staff consistently responded with very thoughtful and caring responses that not only expressed concern for the health and safety of the consumers, but were also very respectful. It is evident through staff surveys and observation that MDSC places a high priority on understanding and caring for the consumer in a responsive care giving manner.

One area that MDSC will have to address is training on reporting Abuse and Neglect. When asked their reporting protocol All staff responded that they would go to their supervisor if they ever observed what they thought was neglect or abuse of a consumer. When further questioned “What if it was your supervisor you observed”, they responded that they would go the supervisor’s superior. The agency’s policy on abuse and neglect also needs to be evaluated. It was not clearly written that staff should go directly to APS if they ever observed abuse or neglect by another MDSC employee. (QAOS 08-05)

INCIDENT MANAGEMENT

MDSC has chosen to purchase the services of Therap to assist them in the management of reporting and tracking incidents involving their consumers and/or staff. MDSC has a very active and comprehensively attended Incident Management Committee (IMC). All management personnel for both Group Homes and the Day/Work program as well as a rotating assigned group home staff, and the Medical Services Director attend these meetings on a weekly basis. All medical issues including medication errors are staffed by the Medical Director. These meetings are well organized and efficient. The IMC notes are timely as well as related trends reports. IMC recommendations are followed up and responded to by the following week. (QAOS 08-06)

Work/Day/Community Employment

There were no programmatic deficiencies found in the Work/Day/Community Employment area. The physical site of the Day/Work center is clean and well organized. It is an extremely large building that houses both the Day/Work program and the Administrative Offices. They have different programs set up in each room. There is “Club Med, Blue Hat Society, Speakeasy, Reach and Vocabilities”. Each room has equipment and supplies appropriate for consumers that frequent that particular room. One large room is equipped for those consumers that require frequent position changes and range of motion activities. That room is large and equipped with swings, mats and standers. Another room functions as a speech and language site and is equipped appropriately for language stimulation activities. There is special exercise equipment such as treadmills and exercise bikes arranged throughout the site for those consumers that need additional physical outlets. The site also has a fully functional kitchen so that lunches can be prepared at the site or just warmed up as needed. The site itself has some draw backs. It

has cement floors and is large and cavernous carrying sounds easily. It is not an optimal environment for consumers that do not deal well with auditory stimulation or that do not do well with large amounts of activity. The staff is very sensitive to the needs of the consumers and other alternatives are presented to these consumers as needed, such as going home, going for a walk, going on an outing. MDSC is very flexible with their consumers. If a consumer does not want to go into the center they are usually given the option of remaining at home. Typically it appears that most consumers do not want to stay at home because they fear that they will miss something exciting happening at the center.

HEALTH AND SAFETY

Nursing staff dispense all medication at the Day/Work program for MDSC. There is a full time nurse at the Day/Work program who oversees all medication and medical needs during the day. The nursing station is in a room with a split door in which the top part can be opened. No consumers are allowed in the room unless medical treatment is being provided. All medication is locked up with all psychotropic medications double locked.

SERVICE PLANNING AND DELIVERY

Individual Planning

Individual Plans were reviewed as part of the annual quality assurance review. All IPs were appropriately filed and documentation was current for all programs reviewed.

Consumers primarily attend MDSC's Day/Work site and participate in one of the activity areas. There are currently 6 consumers that are working off site in either paid or volunteer opportunities. One consumer does several hours a week at the University of Montana in the mail room. Two consumers work at a local RV business, one consumer works for a local law firm and two consumer work at a two separate McDonalds Restaurants. While not a deficiency, Community Employment or volunteer opportunities is definitely an area that MDSC could focus on to increase the number of consumers working or volunteering in the community.

The Day/Work/Community program does an excellent job of bringing outside speakers and activities into the center to work and entertain the consumers. One of these speakers, a Native American Storyteller was well received by the consumers and staff.

STAFFING

As is mentioned earlier in this report MDSC has an exceptional orientation and training curriculum for staff. Observation and interviews of staff reveal a caring population that demonstrate respect and concern for the population with whom they are working. Many of the staff working in the day program also work at the Group Home sites. These are dedicated and caring staff.

Staff-to-consumer ratios have been checked throughout the year by observation. The ratio has always been at levels in accordance with Appendix I.

Community Supports

MDSC is not currently providing any Community Supports services at this time.

Transportation

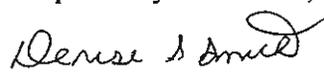
MDSC has a large fleet of vehicles. This includes cars, vans and buses. MDSC has a maintenance team that completes safety checks on the vehicles. They also assist with the drivers training during orientation. MDSC provides new staff with wheelchair lift and van safety training as part of employee orientation and training. During the initial drivers training staff have taken the role of the consumer sitting in a wheel chair at the back of the van while a new driver takes them for a ride. This has become a very valuable training tool as the new driver receives feed back regarding their driving. It is also very educational for the individual sitting in the wheelchair as they experience first hand what it is like to ride in the wheelchair and being driven.

Conclusion

MDSC provides high quality and caring services to a very intensive population. The systems that they have in place for Orientation, Staff Training, Incident Management and Medical Care are excellent. Consumers receiving MDSC services enjoy an excellent quality of life. Services are provided by staff who are dedicated to providing quality care. Many of the consumers are medically fragile and have significant personal care needs. MDSC staff continue to do an exceptional job of attending to these needs while maintaining a compassionate and caring attitude towards the individuals they are assisting.

Areas that MDSC could improve in are in the successful inclusion of all consumers and primary direct care staff in the development of their Individual Plan. In addition, all staff need to understand that the protocol for reporting abuse/neglect does not always have to go through their supervisor but in fact should be reported to Adult Protective Services.

Respectfully Submitted,

 /QIS