

 <p style="text-align: center;">POLICIES AND PROCEDURES</p> <p style="text-align: center;">State of Tennessee Department of Intellectual and Developmental Disabilities</p>	<p>Policy #100.1.21</p>	<p>Page 1 of 3</p>
<p>Policy Type: Intermediate Care Facilities for Individuals with Intellectual Disabilities</p>	<p>Effective Date: December 15, 2015</p>	
<p>Approved by:</p> <p style="text-align: center;"></p> <p>Commissioner</p>	<p>Supersedes: NA</p> <hr/> <p>Last Review or Revision: NA</p>	
<p>Subject: Quality Improvement System</p>		

- I. **AUTHORITY:** Tennessee Code Annotated (TCA) 4-3-2708, TCA 4-4-103, TCA 33-3-101, TCA 33-1-103, TCA 33-1-303.
- II. **PURPOSE:** To establish procedures for the implementation of a planned and systemic approach to improving performance in the supports and services provided in the Department of Intellectual Disabilities (DIDD) Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) and in the Day One Unit of the Harold Jordan Center.
- III. **APPLICATION:** This policy is applicable to all employees, contract staff and volunteers who provide services and supports to persons supported in the DIDD ICFs/IID and the Day One Unit at the Harold Jordan Center (HJC).
- IV. **DEFINITIONS:**
 - A. **Circle of Support (COS)** shall mean a group of people who meet together on a regular basis to help a person supported plan for and accomplish his/her personal outcomes and actions. The person supported is the focus or the center of the COS. At a minimum, this includes the person supported, his/her family member(s) and/or conservator(s), a QIDP/Case Manager, and the providers of any supports and services that the person receives. Friends, advocates, and other non-paid supports are included at the invitation of the person.
 - B. **Quality** shall mean the degree of excellence for maintaining standards in services and supports.
 - C. **Quality Improvement Committee (QIC)** shall mean a group of people composed of staff and persons supported from the DIDD ICF/IID delegated to monitor, evaluate and improve the quality of services and supports at the ICF/IID.
- V. **POLICY:** It is the policy of the DIDD ICFs/IID to ensure continuous quality improvement toward achieving efficiency and improving the quality of services and supports impacting the life of individuals with intellectual disabilities. The DIDD ICFs/IID shall have a process by which the quality of care is monitored and evaluated in all services and departments to show improvement that can be sustained and maintained over time in positive personal outcomes for the persons supported and the organization.

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VI. **PROCEDURES:**

- A. The ICF/IID shall utilize formal internal and external processes to evaluate the infrastructure of the DIDD ICF/IID as well as the supports and services for persons supported. Example: DIDD ICF/IID Internal Quality Improvement Tool, Outcome Measures for Persons Supported, federal/state annual ICF/IID certification reviews, licensure reviews, risk management data, internal and external peer reviews, incident reviews and trend analysis, environmental surveys, and other data as applicable.
- B. Each DIDD ICF/IID shall collect data via self-assessment(s) and external sources as needed.
- C. A quality improvement committee shall be established which includes members who are committed to a cooperative effort to improve the quality of life for persons supported.
 - 1. These members must be willing to work as a team to address all departmental needs if necessary to identify opportunities for improvement.
 - 2. The activities of the committee shall include:
 - a. trending data collected (e.g., staff recruitment and hiring, staff training, staff turnover, medication variances, infections, family/conservator satisfaction, timely access to health related interventions, emergency room visits, hospitalizations, follow up medical appointments, incidents, investigations, emergency/disaster drills, percentage of actions/outcomes achieved by target dates in the person centered plans of persons supported, ICF/IID tags cited, licensure citations, peer review findings, etc.)
 - b. developing a quality improvement plan (QIP) to be monitored for identified processes and issues/problems;
 - c. problem solving as indicated;
 - d. identifying progress toward outcomes/target dates/benchmarks;
 - e. learning from successes and mistakes; and
 - f. providing feedback.
 - 3. The DIDD ICF/IID Director/Chief Officer shall be an active member of the quality improvement committee (QIC).
 - 4. The members of the QIC should be staff who possess the ability to take reasonable steps to facilitate communication with the persons supported, with direct support professionals and who have the authority for decision making. The members should also be:
 - a. at a minimum, leadership representatives from health services (nursing, therapy), program services, and medical services, as needed; and
 - b. quality improvement and/or incident management staff.

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- c. The committee membership can be further augmented as appropriate.
- 5. When data consistently supports that pre-determined targets or benchmarks are below the rate set or are showing sub-par performance, the QIC may identify the need for quality improvement plans (QIP) for actions for responsible parties and completion dates. The quality improvement plans shall include:
 - a. Analysis of the cause of any serious issues/problems identified (serious issues/problems are those impacting multiple persons supported or those that have health and safety consequences requiring medical treatment of one or more persons supported);
 - b. Development of observable/measurable outcomes related to resolving the causal factors;
 - c. Establishment of reasonable time frames for implementation of initiatives;
 - d. Assignment of staff responsible for completion of actions and achievement of outcome;
 - e. Modification of policies, procedures to prevent recurrence of issues/problems that were resolved (potentially including the quality improvement plan).
- 6. The QIC shall meet at a minimum monthly on a pre-determined date and time.
- 7. Minutes of the QIC meetings and any other documents so designated by the QIC or the chairperson shall constitute the official record of the QIC.
- 8. Copies of the minutes shall be distributed to each QIC member and to the designated DIDD Central Office ICF/IID Quality Improvement staff.
- 9. The QIC shall expect and require a timely and appropriate response from staff to any requests or questions.
- 10. The QIC chairperson shall track responses to recommendations for corrective actions to resolution as supported by data.
- 11. The QIC shall focus primarily on systemic improvement that results in positive outcomes for those persons supported and the environment in which they live.

VII. **CQL STANDARDS:** Services and supports focus on the goals and desires of the persons supported. Planning is person-directed and ongoing.

VIII. **REVISION HISTORY:** N/A

IX. **TENNCARE APPROVAL:** N/A

X. **ATTACHMENTS:** NONE