

Quality Management Committee
Thursday, August 24, 2006
Meeting Minutes

Meeting objectives:

Share information, develop work plans, and begin work on the Quality Management document.

Announcements

Introduction to the Committee of Jane Culver who has replaced Tammy Putvain and Veda Lyon who has replaced Camille George.

Discussion of GMSA Report to Quality Management Committee on Potential Outcomes and Indicators:

- Karen was pleased that the bulk of the GMSA report was made up of comments from the more than 200 people who participated and that conversations were not directed by interviewers and that the participants said what they wanted about services.
- Joe thanked GMSA and everyone who worked on this document and noted that there was lots of conflicting information and that the task of compiling the report took days.
- Today the committee will finalize the Outcomes and Indicators document. The Committee will look at it and decide if we can live with it.
- Is there a process to make changes later if needed? It is hoped there will be quarterly meetings of the Committee to report feedback about the process and to make changes as needed. The Committee will hopefully continue past the end of the grant to make changes.
- How will we make this document accessible to the people it serves? Sidebars will be added and the document will be annotated. There will be only one document which will be used by everyone including providers.

Presentation of the Final Draft Outcomes and Indicators document:

Annie Moody read Outcomes and Indicators for discussion.

1. Respect – no changes
 - a. Discussion of the use of the word ‘retaliation’ in f. and ‘aversive’ in g. It was decided that both words would be remain as they are.
2. Self-Determination - no changes.
3. Independent Living – no changes
 - a. There was a concern that community connections are not addressed in this section. Some indicators can fit under more than one heading and community is included under Participation.
 - b. There was a discussion of the words ‘are safe’ in b. and whether they should be changed to ‘feel safe’. ‘Are safe’ was adopted.

c. Discussion concerning d. 'individuals transportation needs are met'.
There are not enough resources to provide for all the need in this area.
What can the Committee do to provide more resources in this area?

4. Relationships - no changes
5. Participation - no changes
6. Person-Centered Practices – no changes
7. Well-being

It was decided that the word 'promising' is not strong enough and the word 'best' will be used.

8. Communication – no changes
9. Collaboration

Under e. care givers' was changed to 'caregivers'

10. Support Systems

a. Under d. the word 'promising' was changed to 'best'.

b. Under e. the words 'quality improvement activities' was changed to 'quality management activities'.

c. It was noted that support staff and the people being served should have input in the evaluation of support systems.

This document is a boilerplate. The next steps will spell out how these objectives will be accomplished. Consumers will make up over half of the committee that will make decisions.

Work Planning and Scheduling -next steps with outcomes and indicators.

- The Committee will start looking at other outcomes and processes from the grants goals and objectives.
- A work group of QMU people who go out on reviews and have expertise in this area will look at and find out if objectives and outcomes are actually happening. It is hoped that we will have their input by the next committee meeting.
- Committee to attend and help explain QMP program in trainings and presentations
- How will QM supply help for corrective action to waiver programs? How will we work with providers to improve services.
- Roll out refers to the time for public review of the document. After that input we will refine and amend the document before the actual implementation of the plan.
- The process for review will take time and the plan will change as it is used and implemented.
- Plan needs to be readable
- Consumers and families will help in trainings
- One policy to cover DDAS and DAS. It is internal now but it needs provider input before final draft of policy is written.
- Some states doing reporting electronically. We are looking into this. Are we duplicating a system already in place or being developed?
- Providers make their own contract/ agreement with the State for services. There needs to be a consistent overall provider services

contract/agreement which clearly spells out what is expected of both sides

- How often will committee meet to review the QMP

Review Draft Table of Contents

Rough draft of what needs to be in the QMP document. There was discussion about:

- What some items meant and would encompass.
- Including contact information in QMP document for further assistance to those who want it.
- How provider agreements happen
- Areas in 8. a-l are already in place and can be used in the QM Plan
- Having only one version of the manual that will have policies included perhaps as an appendix
- 6. e. Reporting by provider means the provider will receive the report from Quality services
- The appeals process to be used by the provider if there is a disagreement in findings - no formal appeal process – this will happen as the review process goes along. Providers have feedback throughout process before final report is drafted.
- How to make this document accessible to the people it serves (user friendly) by making it annotated and including contact information if further explanation is needed

Next steps:

Creation of the Quality Management Plan document

- It was noted that some areas are already in place i.e. - 2,3 & 4. There is a need to incorporate the information that already exists in this document.
- Stephen will create a draft, gather existing information and email or bring to next meeting.

Next meetings:

Thursday, September 28th

Thursday, October 26th

November, December meeting dates to be discussed at the next meeting