

Quality Management Committee
Thursday, May 25, 2006
Meeting Minutes

Meeting Objectives:

Continue to work on the quality indicators for the potential outcomes we have developed.

➤ **Announcements**

- ListServe is almost up and running and invitations to join will be going out shortly
- UVM formative evaluation of the grant is about 30 pages in draft form
 - Stephen will share the summary via e-mail, if you want to see the whole report let him know
- Currently working on a Grant website that will house all the documentation that comes out of the committee
 - Will also feature an area for “current call for feedback” where people can review what we are working on and have a method for providing feedback

➤ **Outcomes and Indicators**

- Everyone voted on 3 indicators that they felt were important under each outcome and then broke into groups by service area to work on those indicators that were chosen
- The work of the breakout groups was to look at the indicators and decide if they would work in that particular program (TBI, CFC, DS)
 - Groups could also tweak language or pick other indicators that they felt were necessary.
 - The indicators should be necessary, measurable, and manageable for the QMU.
- Report back on Person Centered Indicators Chosen
 - TBI – Felt that all were appropriate
 - CFC – Felt that all were appropriate
 - DS – OK but wanted to add F and wanted to make sure and identify persons “changing” needs under J.
- Report back on Respect
 - TBI – Wanted to add D and remove E as it was redundant, also wanted to make sure that an Individuals abilities or disabilities are not “assumed”
 - CFC – Felt that all were appropriate
 - DS – All appropriate and added Individuals choices and decisions are respected, but keeping in mind situations were this is not appropriate. Use terminology of “fully informed” as opposed to “coerced”
- Report back on Rights
 - TBI – Felt all were appropriate but wanted to add “without repercussion” to E and add “demonstrate understanding” to B
 - CFC – Felt that A & B were appropriate but that E would not be appropriate in the Adult Day setting

- DS – Felt that all were fine but held a discussion on negotiated risk. In aging it is a form that people have, there is a similar function in DS but it has not been formalized. Dignity of Risk. Needs adjustment but concept is there
- Report back on Communication
 - TBI – Felt all were appropriate
 - CFC – Felt all were appropriate
 - DS – Felt all were appropriate but wanted to add language “communicating in preferred method” to A
- Report back on Choice
 - TBI – E does not apply as they don’t self manage services and wanted to add F & H
 - CFC – A & J are appropriate but wanted to delete “service” from E
 - DS – Felt all were appropriate but wanted to add “full range” to E
- Report back on Collaboration
 - TBI – Felt all were appropriate
 - CFC – Fine with A & C but felt they would both be assessed in the same manner, concept of E is good but needs to be more clearly defined in order to assess
 - DS – Felt all were appropriate
- Report back on Well-Being
 - TBI – Felt all were appropriate but feel it is important to add K because of the relationship factor
 - CFC – H & I appropriate but, concept of J is fine but wording seems hazy, can you get this thru client interview, maintaining as opposed to progressing, are we looking at the system or the provider, who defines well-being, this needs to be clarified
 - DS – Felt all were appropriate
- Report back on Participation
 - TBI-Felt all were appropriate but wanted to add H and additionally add “not jeopardizing their safety”
 - CFC – Felt all were appropriate but D or K would not work in the adult day setting
 - DS – Felt that K could be merged with D, want to have something about relationships so add E, felt there would be better outcomes if language around “Provider are knowledgeable about community organizations and partner with them
- Report back on Efficiency
 - TBI – Felt all were appropriate
 - CFC – Felt all were appropriate
 - DS – Felt all appropriate, but also feel that it is important to address cost effectiveness as an indicator
- Report back on Support Systems
 - TBI – A not liked because of “adequately trained” B addresses this better and would like to add D
 - CFC – A is ok but adequately should be replaced with appropriate, E fine in spirit but what does “active participation” really mean, fine with H

- DS –A E & H ok, add F, C & D as well but the concept of supporting staff well needs to bin there and that there be a support system in place for staff.

➤ **Next Steps**

- Create a new document to go over
 - Stephen add indicators, check language, and send out to group to look at
 - Once received you can share and **get feedback**
- Next meeting we will try to come up with a document that will go across all programs, look for common ground and what is genuinely important
- Process may be similar as this meeting