

# **Georgia DD Community Transition Quality Review Analysis**

*Georgia State University*

**December 2013**

## I. Summary

In July 2013, Georgia DBHDD decided to conduct quality review of 79 individuals with developmental disabilities, who were transitioned from state hospital into community settings in the fiscal year of 2013.

The reviews were conducted by the Regional Quality Review staff who received specific training. The review tool utilized was “Monitoring Questionnaire” that has five Sections, 163 questions and 10 supplemental questions. The five Sections are:

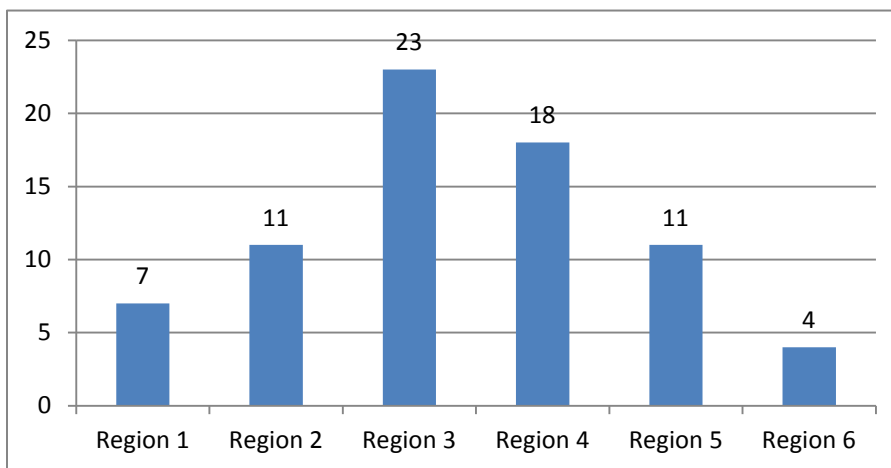
- Demographics/Observations
- Individual Interview
- Environment
- Health Care
- Behavior Interventions

There were 74 Monitoring Questionnaires were completed. The Questionnaires were sent to Georgia State University for analysis.

## II. Demographic Information

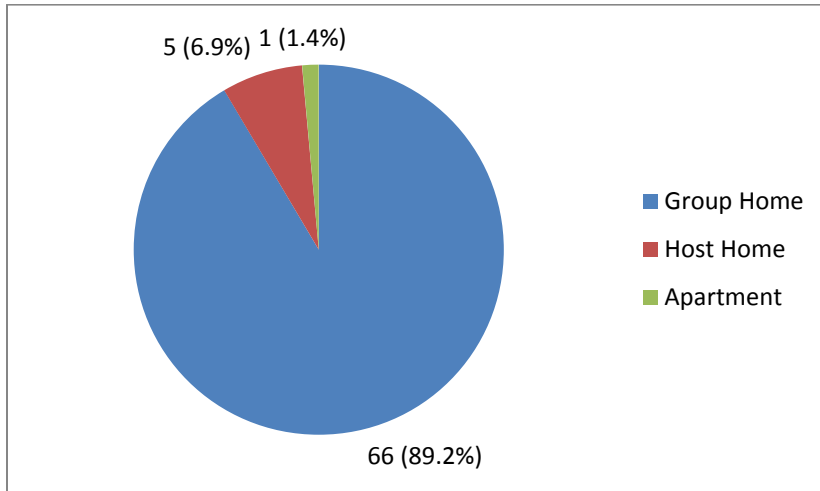
The 74 individuals represented all six Regions. However, the distribution was not even:

**Chart I. Regional Distributions (Total = 74)**



The sample is mostly male (58.1%; n=43); exactly half of the sample (n=37) are between the ages of 41 and 60. Regarding mobility status, 45.9% (n=34) of the sample is ambulatory without support, 28.4% (n=21) use a wheelchair, and 16.2% (n=12) are ambulatory with support [9.5% didn't answer this question].

**Chart II. Residential Placement (Total = 74)**



### **III. Transition Quality Indicators**

The Transition Quality Indicators were established based on the Vision of DBHDD, the Olmstead decision, the ADA Settlement, and the community service standards:

- Individual Rights & Community Integration – Section 21, Questions 20 – 46
- Environmental Safety & Individual Needs – Section 3, Questions 48 – 51
- Health Care -
  - Clinical Assessment: Section 4, Questions 52 - 56
  - Clinical Service: Section 4, Questions 59 - 65, 67
  - Health Care: Section 4, Questions 69 - 81
  - Dining: Section 4, Questions 82 - 84
  - Medication Administration: Section 4, Questions 88 - 92
  - Psychotropic Medication: Section 4, Questions 93 - 104
- Behavior Support –
  - Behavior Assessment: Section 5, Questions 114 – 123
  - Behavior Intervention: Section 4, Questions 133 – 142
  - Program monitoring: Section 4, Questions 148 – 151

### **IV. Transition Quality Trend Analysis**

#### **1. Individual Rights & Community Integration**

The trend identified was that there was a high percentage of engagement of community activities (91.9%), but lack of individualized, integrated, and self-choice activities:

- 70.3% choose their activities
- 29.7% had individual community outing
- 10.8% belonged to a community organization
- 12.2 % registered to vote and among non-voters, 20.3% expressed interest to vote.
- 14.9% choose their own job or day program

## 2. Environmental and Food Safety

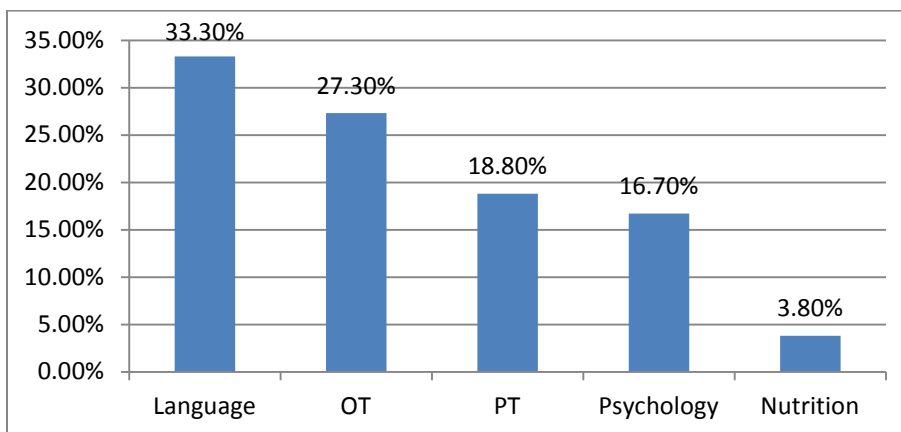
The trend was that the homes were relatively clean and safe. But there were improvement needs:

- 33.8% residences were not clean.
- 36.5% had safety issues.
- 21.6% residential settings didn't have adequate food supplies.

## 3. Health Care – Clinical Assessment

- Most of the clinical assessments were completed if they were ordered by physician.
- Among the missing assessments, Language Assessment had the highest percentage (33.3%). However, the actual number was very small. So overall, the need for Occupational Assessment was the top one. This is the reflection of lacking Occupational Therapist in the state.

**Chart III. Missing Clinical Assessments**

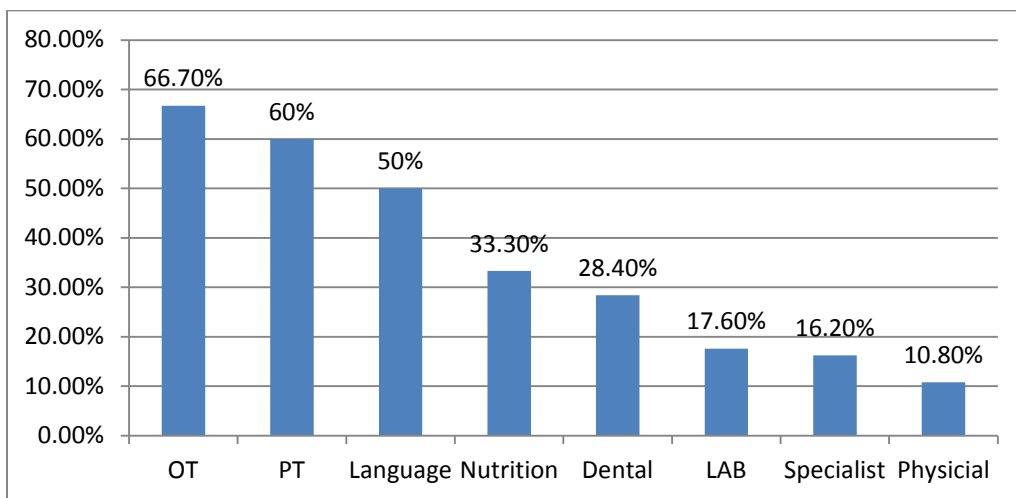


## 4. Health Care – Clinical Services

The trend was that many needed clinical services were not provided, as ordered by physicians:

- The Occupational Therapy service and Speech/Language service had the highest missing rates. However, the actual number of individuals who needed these services was very small.
- The Nutritional Service missing rate was high (33.3%). Many providers failed to utilize a dietician in developing diets for individuals.
- The lack of Dental service is a statewide issue. Even with the dental clinics operated by the state staying open after state hospitals were closed, there are still not enough community dentists who can/will serve DD individuals.
- The lack of medical specialist was also significant in many areas of the state.

**Chart IV. Missing Clinical Services**

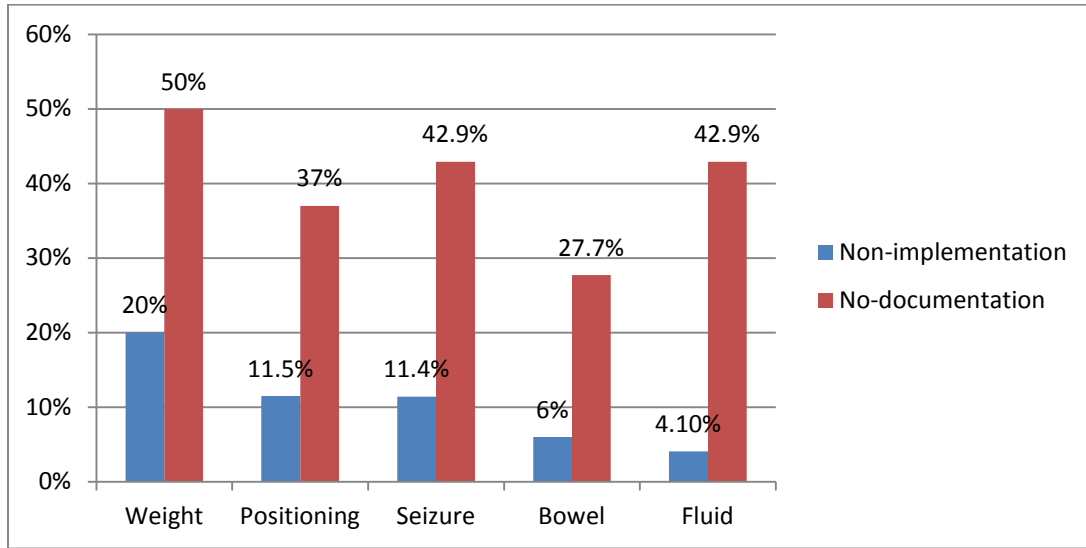


**5. Health Care – Health Care Protocols**

The trend was that many health care protocols were not implemented consistently. The documentation of protocols was a more serious problem among providers. It was difficult to find evidence to prove that these protocols were followed by their employees.

- The weight monitoring protocol had the highest non-implementation rate.
- The documentation of protocols was missing in about half of the audits.

**Chart V. None-implementation and No documentation of Health Care Protocols**



## **6. Health Care – Dining**

The trend was that many providers didn't have dining plan in place for individuals in service; or the dining plan was not followed by their employees.

- 24.3% of audits found non-healthy diets.
- 35.4% of audits found that the dining plan was not in place or being followed.
- 21.2% of audits found that the meal time positioning procedure was not followed.

## **7. Health Care – Medication Administration**

Only about 20% of audits witnessed the medication administration. This issue should be addressed in future audit. The audit results indicate some issues:

- 13.5% of medications were not properly stored.
- 12.2% of medications were not available.
- 2% of medication administration didn't meet sanitation standards.
- 1.4% medications were pre-poured.

## **8. Health Care – Psychotropic Medication**

The first trend noticed was that 59.5% of all individuals received psychotropic medications. However, only about half (57%) of the individuals had confirmed Axis I psychiatric diagnosis. The second trend was that auditors had difficult time in finding evidences in all categories. This trend made the data less reliable.

- 33% of individuals receiving psychotropic medications didn't have proper informed consent. Some individuals were clearly not competent in giving such consent.
- 25.7% didn't document side effects.
- 36% didn't have adequate psychiatric assessment.
- 57% did have Axis I psychiatric diagnosis; 6% didn't have the diagnosis; and 37% could not be determined.
- 27% documented responses to psychotropic medications; 18% didn't document; and 37% could not be determined.
- 29% documented effectiveness of psychotropic medications; 185 didn't document; and 51% could not be determined.
- 27% had behavior data collection; 24% didn't have; and 41% could not be determined.