



State of Alaska • Department of Health and Social Services • Senior and Disabilities Services  
 Home and Community-Based Waiver Services • Personal Care Services  
**Quality Improvement Report (QIR)**  
**Example**

Business Name (DBA): SDS, Inc. Provider Medicaid Enrollment #: 1234567

Legal Name (as reported on business income tax return): Division of Senior & Disabilities Services

Address/Location: 1835 Bragaw Street, Anchorage, AK 99508 Certification Period Covered: July 1, 2018-June 30, 2020

**QIR content requirements as per all applicable State of Alaska statutes, regulations, and Conditions of Participation.**

**Instructions:** Review and summarize all of the required quarterly and annual reports, quality management activities, assessments and corrective actions for *each year of your certification period*. The provider must be able to support the QIR submitted with data that will be made available to the Department of Health and Social Services upon request. Please note a QIR must be provided for each location in which services are delivered, and must include the following elements:

**QIR Key Element: Critical Incident Reports (CIRs)**

<b>Data Collection Activities:</b>	Copies of all CIR's submitted are provided to the Program Administrator within 24 hours of the report being filed. The Program Administrator documented each CIR on the agency's internal CIR spreadsheet.
<b>Findings:</b>	15 CIR's were submitted during this review period as follows: 8 – medical incident 4 – medication error 2 – falls 1 – missing person

<b>Corrective Actions:</b>	<p>No corrective actions were taken regarding the medical incidents as these were naturally occurring events outside of our control.</p> <p>No corrective actions were taken regarding the medication errors as all 4 were due to the recipient refusing medication</p> <p>Rug which caused recipient to trip and fall was removed from entryway.</p> <p>Re-trained staff regarding recipient monitoring, particularly with regard to wandering-prone recipient.</p>
<b>Program Improvements:</b>	<p>Onsite training provided by staff nurse.</p> <p>Additional training provided in ASAM/de-escalation techniques.</p> <p>All drop rugs have been removed from the location to prevent tripping.</p> <p>We have installed door alarms to help prevent incidents of recipients leaving the premises without staff knowledge.</p>

**QIR Key Element: Medication Errors (waiver services only)**

<b>Data Collection Activities:</b>	<p>All medication errors are required to be reported as CIR's. Copies of all CIR's submitted are provided to the Program administrator within 24 hours of the report being filed. The Program Administrator documented each CIR on the agency's internal CIR spreadsheet. This spreadsheet is then searched for any medication errors.</p>
<b>Findings:</b>	<p>4 medication errors were reported during this review period. All 4 were due to recipients refusing medications.</p>

<b>Corrective Actions:</b>	Conference with guardian and Care Coordinator to attempt to identify strategies to ensure compliance with medication schedule.
<b>Program Improvements:</b>	Additional training provided in ASAM/de-escalation techniques.

**QIR Key Element: Consumer Satisfaction**

<b>Data Collection Activities:</b>	Consumer satisfaction surveys are distributed annually. In 2019, 90% of the surveys distributed were returned, and in 2020, 80% of the surveys distributed were returned.
<b>Findings:</b>	Survey results revealed 85% of recipients were “extremely satisfied”, 13% were “satisfied”, and 2% were “unsatisfied”.

<b>Corrective Actions:</b>	The “unsatisfied” survey result was due to a recipient having personal issues with the care provider that had not previously been reported to us. Changed care providers since this survey report and followed up with recipient to ensure satisfaction with new worker.
<b>Program Improvements:</b>	Increase frequency of consumer satisfaction survey distribution to semi-annually.

**QIR Key Element: Internal Review of Services Provided** *(services provided were in accordance with support/service plans and met recipients’ needs)*

<b>Data Collection Activities:</b>	Conducted quarterly review of recipient files to include progress notes, participated in POC meetings, determined the level of goal attainment, and made adjustments as needed to recipients’ support plans.
<b>Findings:</b>	Progress reports provided a narrative report of needs and accomplishments measured against the support plan goals and objectives. It was identified that Recipient A had an issue with transportation, and Recipient B was dissatisfied with the menu choice options

<b>Corrective Actions:</b>	Met with Recipient A, Care Coordinator, and guardian to discuss possible changes in transportation services. Recipient A and guardian located a new provider and an amendment was submitted. Recipient B was encouraged to communicate his meal preferences in a group setting, and thus he discovered that he was able to contribute to meal choices.
<b>Program Improvements:</b>	Additional program improvements implemented, with greater focus on being person centered, and goal specific.

*\*Providers are responsible for quarterly data collection and analysis for the QIR Key Elements of Grievances and Restrictive Interventions. This information must be made available to the department within 24 hours upon request.*

**QIR Key Element: Grievances (quarterly)**

<b>Data Collection Activities:</b>	We have an anonymous complaints box, and all recipients are given a copy of the grievance policy at admission.
<b>Findings:</b>	Findings for the first quarter revealed there were two grievances filed in regard to menu choice. There was one grievance filed in the 3 <sup>rd</sup> quarter in regard to TV channel selection in the living room. All other quarterly reviews confirmed no grievances were filed.

<b>Corrective Actions:</b>	Grievances filed were brought to management for discussion. Management met with recipients and incorporated recipients' feedback into menu options. Management met with all recipients and encouraged them to communicate with each other when favorite programs were scheduled to ensure choice is honored by all.
<b>Program Improvements:</b>	Management met with recipients and incorporated a monthly house meeting to ensure choice was provided to all recipients.

**QIR Key Element: Restrictive Interventions (quarterly)**

<b>Data Collection Activities:</b>	The Program Administrator tracks all restrictive interventions on a spreadsheet.
<b>Findings:</b>	No restrictive interventions were reported during quarterly reviews.

<b>Corrective Actions:</b>	N/A
<b>Program Improvements:</b>	N/A

**QIR Key Element: (explanation if any topic above is not addressed in QIR report)**

<b>Other:</b>	<p>All required elements have been addressed in this QIR report. However, the agency would like to stress that it is increasing recruitment and retention efforts to ensure consistent, high quality service delivery. This initiative is aimed at building the agency's capacity to ensure all recipient goals and objective are addressed in accordance with individualized support plans. The agency's ability to maintain high quality staffing is critical to overall satisfaction with services delivered.</p>
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Sample Only

*I understand that any false statement, misrepresentation, omission, or concealment in this document may subject me to criminal, civil, or administrative penalties. Under penalty of perjury, I certify that the information I have provided is true, accurate, and complete to the best of my knowledge.*

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Owner/Administrator/Director (Responsible agent) Signature

\_\_\_\_\_  
Print/Type Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Contact Phone/E-mail