

BASIC ASSURANCES® WEBINAR SERIES

Factor 5: Best Possible Health



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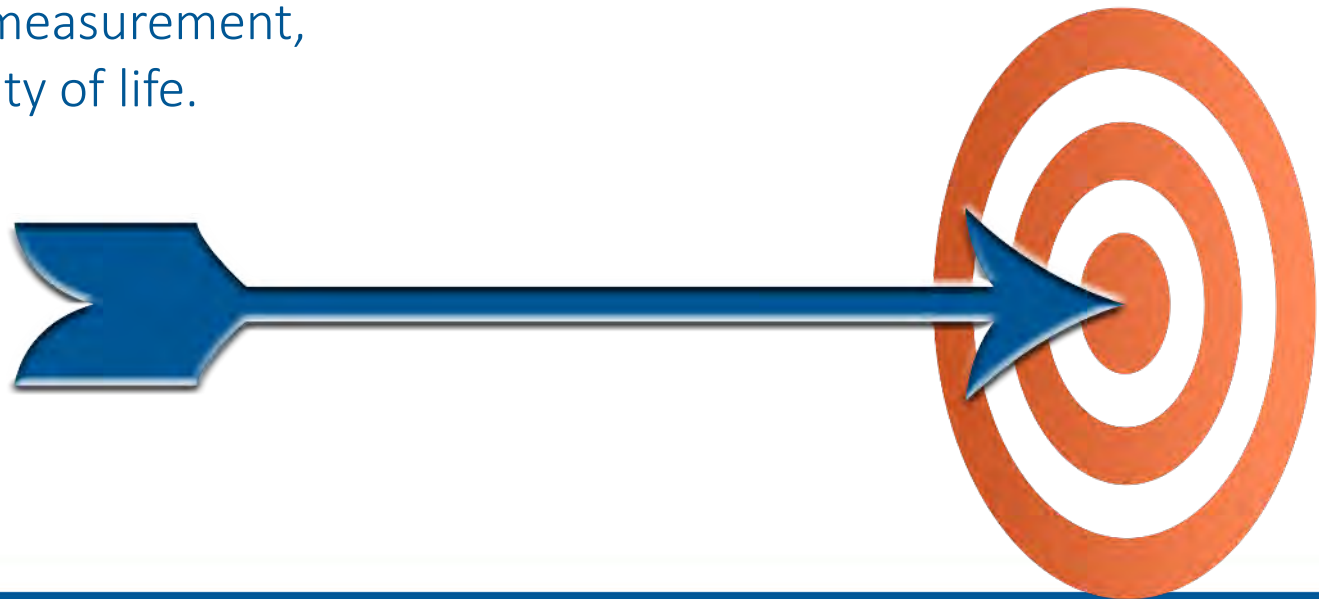
CQL | THE COUNCIL ON QUALITY AND LEADERSHIP ABOUT US

Vision

A world of dignity, opportunity, and community for **all** people.

Mission

CQL is dedicated to the definition, measurement, and improvement of **personal** quality of life.





CQL | THE COUNCIL ON QUALITY AND LEADERSHIP
ABOUT US

Change *Inspires* us.

“Quality is a continuous journey,
it’s not a destination.”

- Jeff Pederson, CHI Friendship



CQL | THE COUNCIL ON QUALITY AND LEADERSHIP

CQL PARTNERSHIP

- An *appreciative* approach to quality enhancement
- Opportunities not deficiencies
- Continuous quality improvement





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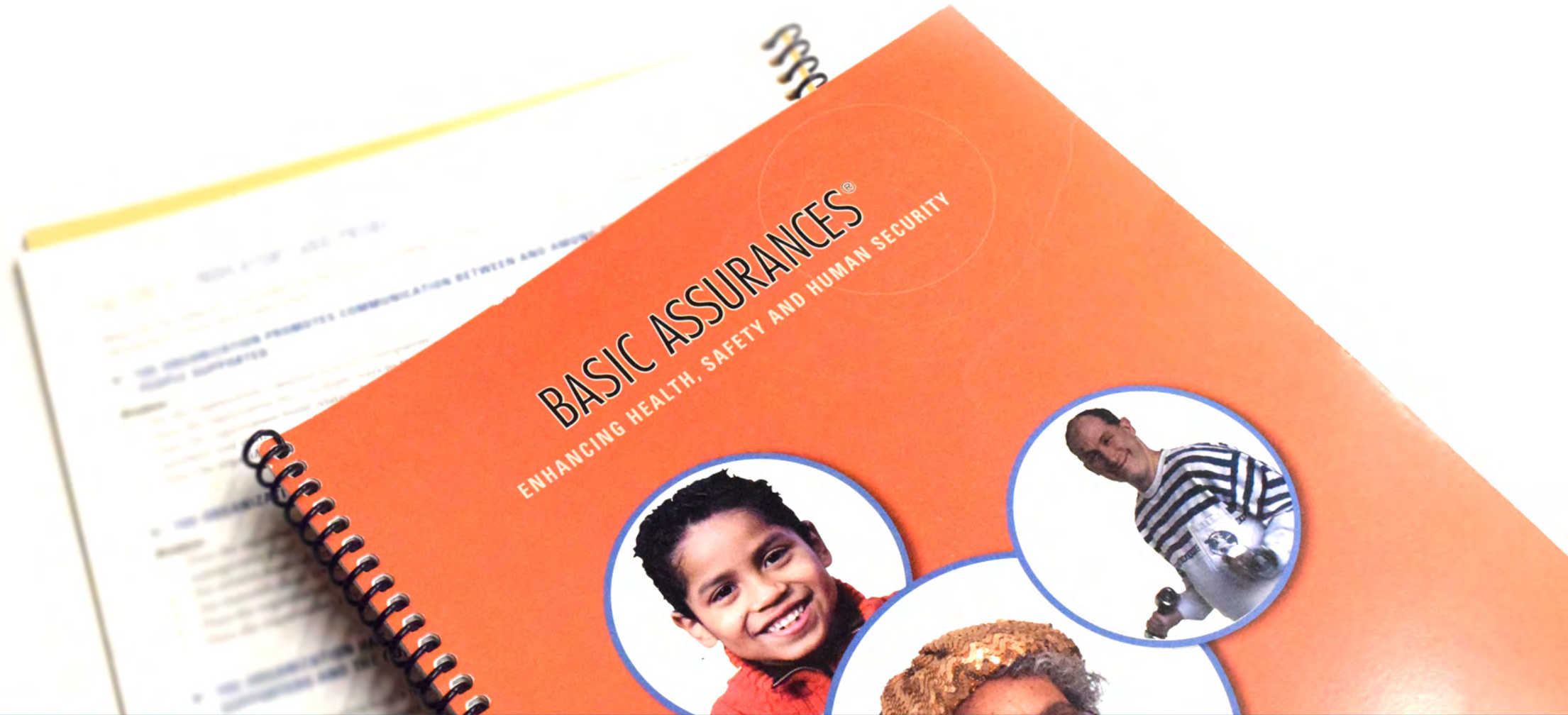
WEBINAR OVERVIEW

- Introduction to the Basic Assurances®
- Process and evidence collection
- Indicator A: People Have Supports to Manage Their Own Healthcare
- Indicator B: People Access Quality Healthcare
- Indicator C: Data and Documentation Support Evaluation of Healthcare Objectives and Promote Continuity of Services
- Indicator D: Acute Health Needs Are Addressed in a Timely Manner
- Indicator E: People Receive Medications and Treatments Safely and Effectively
- Indicator F: Staff Immediately Recognize and Respond to Medical Emergencies
- Validation and Decision-Making
- Data
- Questions



BASIC ASSURANCES®

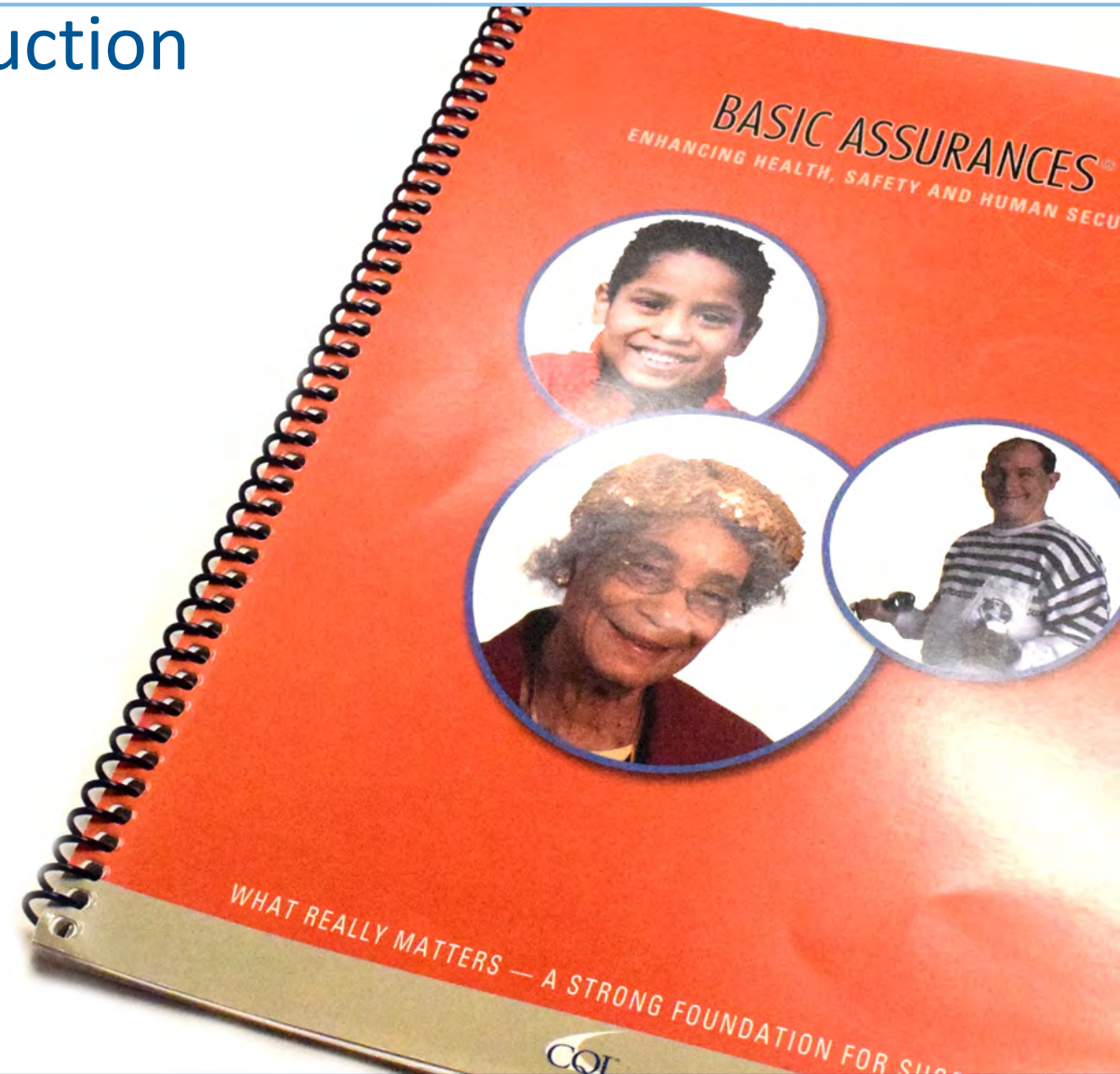
An Introduction



BASIC ASSURANCES[®]

An Introduction

1. Rights Protection and Promotion
2. Dignity and Respect
3. Natural Support Networks
4. Protection from Abuse, Neglect, Mistreatment, and Exploitation
5. Best Possible Health
6. Safe Environments
7. Staff Resources and Supports
8. Positive Services and Supports
9. Continuity and Personal Security
10. Basic Assurances[®] System





BASIC ASSURANCES®

An Introduction

Key Concepts

The Basic Assurances® focus on essential, fundamental, and non-negotiable requirements for all service and support providers

- Organizations are encouraged to implement consensus best practices in relation to each measure
- The Basic Assurances® require more than compliance with licensing and certification standards. We use this tool to understand the effectiveness of practice through the perspective of each person.



BASIC ASSURANCES®

Structure

Factor:

Best Possible Health

Indicator:

5b People Access Quality Healthcare

Probes:

1. Are the frequency and type of healthcare evaluations and screenings defined in policy? Do they meet applicable requirements? Are they consistent with the standard of care for prevention, early detection and treatment?
2. Are there standardized protocols for regularly required evaluations and screenings?
3. Do people receive medication evaluations according to a protocol consistent with accepted medical practice?
4. Do people have current and relevant specialized healthcare assessments for seizure disorders; orthopedic or neuromuscular disorders; eating disorders, including dysphagia, gastroenterological disorders, and other nutrition concerns; psychiatric disorders; or any other health condition that typically requires evaluation by a licensed healthcare provider?
5. Do people routinely receive comprehensive physical examinations?



BASIC ASSURANCES® System and Practice

Structure

Two components are evaluated: System and Practice

- Systems are those organizational supports that provide the structure for organizational practices. This may include policies, procedures, staff training or other types of systems
- Organizational practice is what is observed in daily operations. This demonstrates how an organization's systems are put into action



BASIC ASSURANCES® Factor 5: Best Possible Health

Process and Evidence



Best Possible Health Process and Evidence

- Document Review
- Observation and Visits
- Focus Groups
- Factor Review
- POMs

Document Review

- Policies and procedures
- Committee meeting minutes
- Completed nursing and self-medication administration assessments
- Recent hospitalizations
- Medication error data
- Staff training records
- People's records and person-centered support plans (with permission)





Best Possible Health Process and Evidence

Observation and Visits

- Observations of medication administration
- Meeting with people who have had recent healthcare changes
- Conversations with people about self-administration
- Medication storage

Focus Groups

- Focus groups may be conducted with people supported, staff, families and others depending on the types of services and accreditation
- Focus groups allow us to better understand systems and practices from the perspective of those that are affected by them
- Sample Questions:
 - Who chooses your doctors? (people supported)
 - How do you support people to manage their own health? (staff)
 - Does the organization ensure your family member has their health concerns addressed? (family)



Best Possible Health Process and Evidence

Factor Review

- Each factor is reviewed with organizational members that have a role in the implementation of systems and practice pertaining to that factor
- This is an opportunity for the organization to provide examples of what each area looks like in practice
- It is also an opportunity to ask questions and share best practices



Best Possible Health Process and Evidence

Personal Outcome Measures®

Personal Outcome Measures® allow us to better understand quality through the perspective of the person

- The person's experience helps us to understand the effectiveness of systems and practices implemented by the organization
- Interviewees are often selected from categories such as people with a restriction in place, people with extensive health supports, or people that have experienced abuse and neglect



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Factor 5: Best Possible Health

Indicator A:

People Have Supports to Manage Their Own Healthcare





Best Possible Health *Probes*

Indicator A: People Have Supports to Manage Their Own Healthcare

1. Do people choose their own healthcare providers?
2. Do people make and keep their own healthcare appointments and records?
3. Are people provided understandable information about their health, their medications and their treatments, including the purpose, intended outcomes, side effects or other risks and alternatives? Are they then supported in making choices regarding their medical care? Are people provided understandable information about advanced directives, including Psychiatric Advanced Directive (PAD) and supported to develop one if desired?
4. Do people understand their medical and medication histories?

Continued...

Best Possible Health *Probes*

Indicator A: People Have Supports to Manage Their Own Healthcare

- 5. Are the person's preferences and ability to self administer medications and treatments assessed at least annually?
- 6. Are people provided the level of support necessary to ensure that they take medications and complete treatments according to prescribed orders?
- 7. Do people self-administer medications, with support as necessary?
- 8. Do people know how to access medical emergency services?
- 9. Do people have therapeutic and adaptive equipment, as needed, that fits them and is in good repair?



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Factor 5: Best Possible Health

Indicator B: People Access Quality Healthcare





Best Possible Health *Probes*

Indicator B: People Access Quality Healthcare

- 1. Are the frequency and type of healthcare evaluations and screenings defined in policy? Do they meet applicable requirements? Are they consistent with the standard of care for prevention, early detection and treatment?**
2. Are there standardized protocols for regularly required evaluations and screenings?
- 3. Do people receive medication evaluations according to a protocol consistent with accepted medical practice?**
4. Do people have current and relevant specialized healthcare assessments for seizure disorders; orthopedic or neuromuscular disorders; eating disorders, including dysphagia, gastroenterological disorders, and other nutrition concerns; psychiatric disorders; or any other health condition that typically requires evaluation by a licensed healthcare provider?
5. Do people routinely receive comprehensive physical examinations?



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Factor 5: Best Possible Health

Indicator C:
Data and Documentation
Support Evaluation of
Healthcare Objectives and
Promote Continuity of
Services



Best Possible Health *Probes*

Indicator C: Data and Documentation Support Evaluation of Healthcare Objectives and Promote Continuity of Services

1. Are current and relevant healthcare evaluations and screenings documented in people's records?
2. Do people's person-centered plans document the results of healthcare evaluations and screenings, including recommendations?
3. Do people's person-centered plans include a description of healthcare support needed?
4. Do people's person-centered plans describe how healthcare services are reduced in intensity or discontinued as the person's needs change? Do plans indicate how both physical and behavioral health is monitored on an ongoing basis?
5. Does documentation show that needed healthcare supports are consistently provided?
6. Does documentation show that healthcare supports are reviewed routinely by a person qualified to do so and at least annually by the team?
7. Is there evidence to support that data is used to assess effectiveness and progress towards achieving healthcare goals?



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Factor 5: Best Possible Health

Indicator D:
Acute Health Needs
Are Addressed in a
Timely Manner





Best Possible Health *Probes*

Indicator D: Acute Health Needs Are Addressed in a Timely Manner

- 1. Do support staff recognize and promptly report physical or behavioral changes, complaints of illness, accidents and injuries and other signs and symptoms of illness?**
- 2. Does the organization have a process for ensuring acute health changes are assessed by a qualified healthcare practitioner in a timely manner?**
- 3. Are supportive diagnostic studies, when indicated, obtained and acted upon in a timely manner?**
- 4. Are standing orders used only after a full nursing assessment that includes clear parameters for when to contact people's primary physicians?**
- 5. Do people's healthcare support staff recognize the need for a timely transfer to a higher level of care?**
- 6. Does the system for ongoing communication between people's healthcare support staff, and outside healthcare staff, promote continuity of care?**

Continued...



Best Possible Health *Probes*

Indicator D: Acute Health Needs Are Addressed in a Timely Manner

7. Do people's records document hospital summaries that include the discharge diagnosis, current health status, necessary follow-up instructions, and any restrictions or limitations?
8. Do record document acute health changes to provide a clear picture of the course of the illness or injury, the treatment provided, and the person's current status from the time of identification through resolution?
9. Are people's person-centered plans, including healthcare supports, modified in a timely manner based upon acute health changes?



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Factor 5: Best Possible Health

Indicator E:
People Receive
Medications and
Treatments Safely and
Effectively





Best Possible Health *Probes*

Indicator E: People Receive Medications and Treatments Safely and Effectively

1. Are medications and treatments prescribed in accordance with applicable laws and regulations and related directly to outcomes identified in people's person-centered plans and preferences outlines in people's Psychiatric Advanced Directive?
- 2. Are people and direct support staff informed and educated about anticipated outcomes and potential side effects of medications and treatments?**
3. Are medications and treatments reviewed at specified intervals and renewed based on an evaluation of people's responses and stated outcomes?
- 4. Are medications and treatments administered in accordance with all applicable laws and recorded at the time of administration only by the person's authorized to do so?**



Best Possible Health *Probes*

Indicator E: People Receive Medications and Treatments Safely and Effectively

5. Unless otherwise included in people's self-administration procedures, are medications, including non-prescription drugs, stored securely and in any other way required by law?

6. Are medication errors, adverse reactions and drug side effects promptly reported and responded to in accordance with the organization's policy and procedures? Is this information documented in people's records?



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Factor 5: Best Possible Health

Indicator F:
Staff Immediately
Recognize and
Respond to Medical
Emergencies



Best Possible Health *Probes*

Indicator F: Staff Immediately Recognize and Respond to Medical Emergencies

- 1. Does the organization implement policies and procedures that ensure a rapid and effective response to people experiencing medical emergencies?**
2. Do direct support staff receive competency-based training to recognize and respond to people experiencing medical emergencies?
3. Is emergency medical equipment needed to respond to a potential emergency available, well maintained, clean and functional?
- 4. Is emergency medication required by people available in the appropriate dose, quantity and form?**
- 5. Are medical emergency responses implemented effectively and decisively? Do they consistently follow established policies and procedures?**
6. Do all staff in direct contact with people receiving services have a minimum of First Aid, CPR and general medication training, including how to recognize harmful side effects?



Best Possible Health *Past Webinars*

Past webinars on best practices related to health:

Archived webinars can be found on our website at: c-q-l.org/resource-library/webinars

- Webinar Series: Advancing Recovery in Behavioral Health
- Supported Decision Making: An Emerging Model
- Disability Inclusion in Physical Activity



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Factor 5: Best Possible Health



Validation and Decision-Making



Best Possible Health Validation and Decision-Making

- Each probe is validated present or not present based on evidence obtained during the review
- Each indicator is validated at the systems and practice level
- Indicators are validated based on a preponderance of evidence related to an indicator, not based on a given number of probes found to be present or not present
- During an accreditation, when an **indicator** is found to be not present in systems and/or practice, an action plan is required
- The title of the indicator is not always a complete description of all of the elements contained within an indicator



Best Possible Health Validation and Decision-Making

Example:

Indicator 5a: People Have Supports to Manage Their Own Healthcare

Probes 2, 3, and 4 address people's understanding of their health and support to manage their own healthcare. This area is considered fundamental and would have an outsized impact in validation:

2. Do people make and keep their own healthcare appointments and records?
3. Are people provided understandable information about their health, their medications and their treatments, including the purpose, intended outcomes, side effects or other risks and alternatives? Are they then supported in making choices regarding their medical care? Are people provided understandable information about advanced directives, including Psychiatric Advanced Directive (PAD) and supported to develop one if desired?
4. Do people understand their medical and medication histories?



Red Flags

When red flags are noted, it may bear further investigation and inquiry. We will determine whether the situation is isolated or if there is a systemic pattern. Some red flags may jeopardize accreditation or require additional monitoring to maintain accreditation.



Best Possible Health Red Flags

- Lack of provision of adequate diet or hydration, pattern of disregard of infection control measures, or evidence people are not being provided or supported to access health care
- Inadequate monitoring, oversight, or support for people to self-monitor chronic health conditions such as diabetes, hypoglycemia, blood pressure, and certain medications (seizure control, psychotropic, anticoagulants, etc.) that require monitoring to determine titration or adverse reactions
- Necessary or appropriate medical intervention or follow up care was not provided in a reasonable and timely fashion
- Any medication error that necessitated aggressive emergency intervention or a pattern of medication errors that results in any adverse result
- Staff or people supported require permission prior to contacting emergency services



Factor 5 Measurables:

- Medication Errors
- Hospitalizations
- ER Visits
- Sick days
- Use of PRN medications



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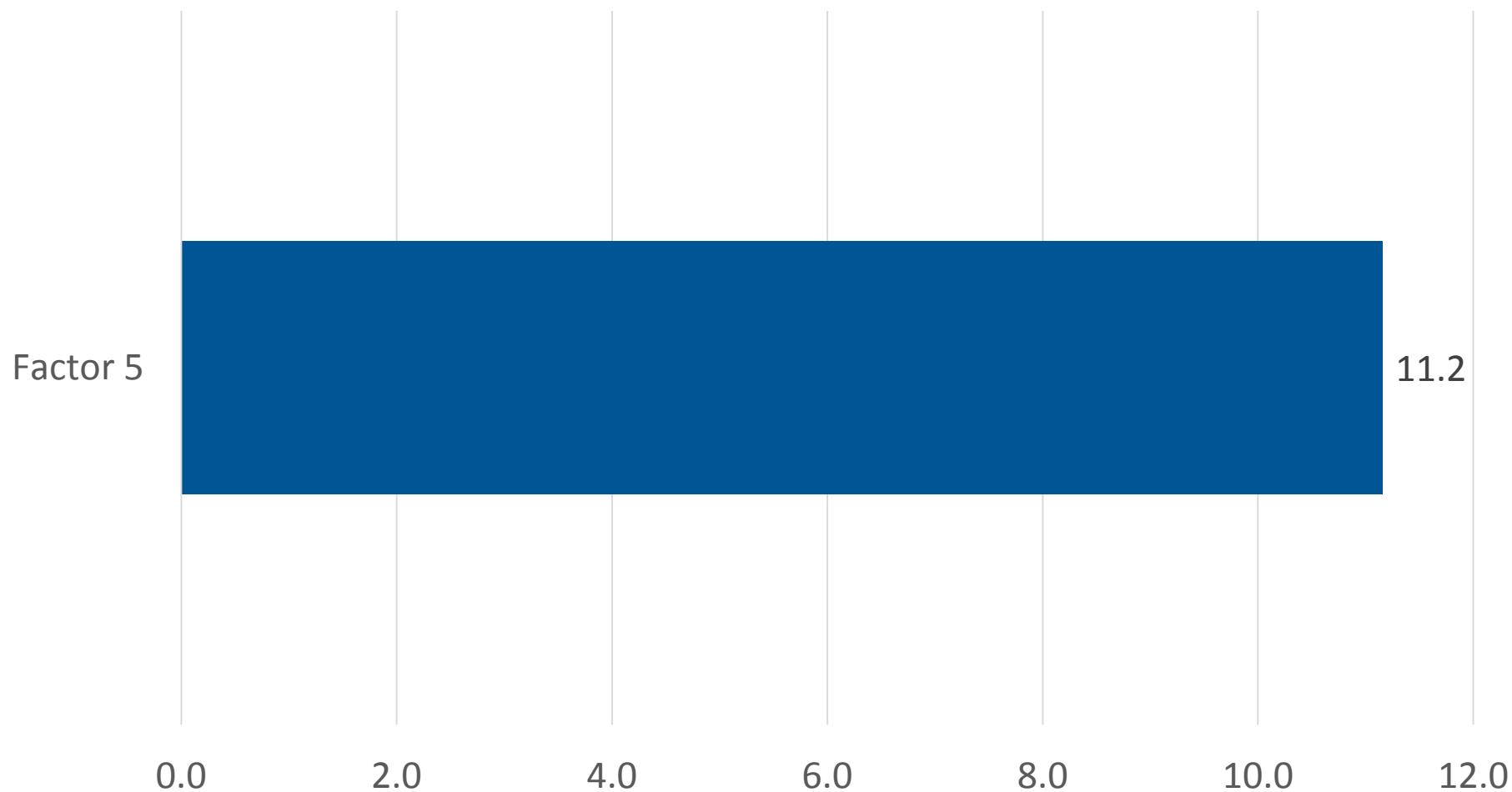
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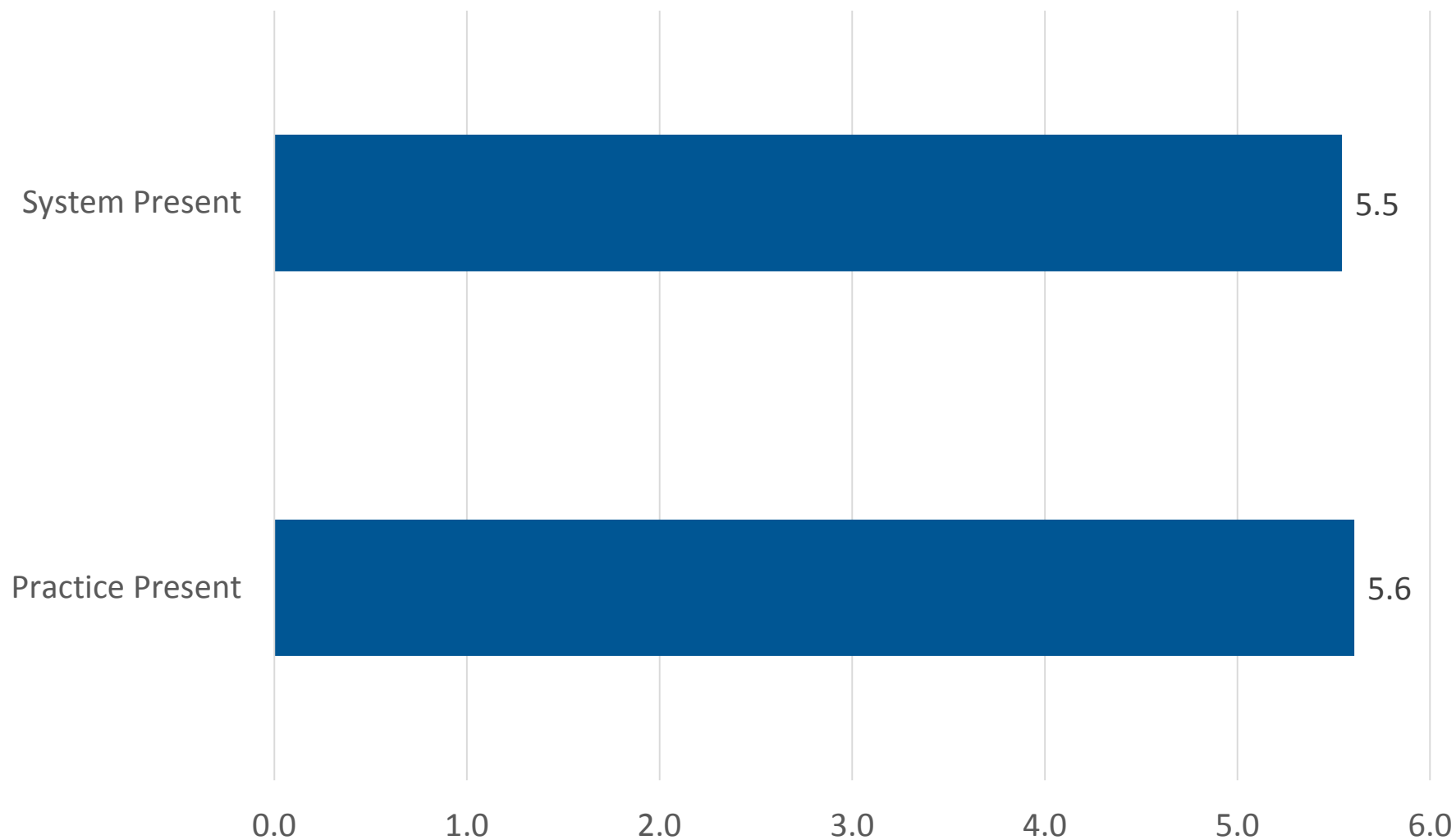
Factor 5 Data

FACTOR 5

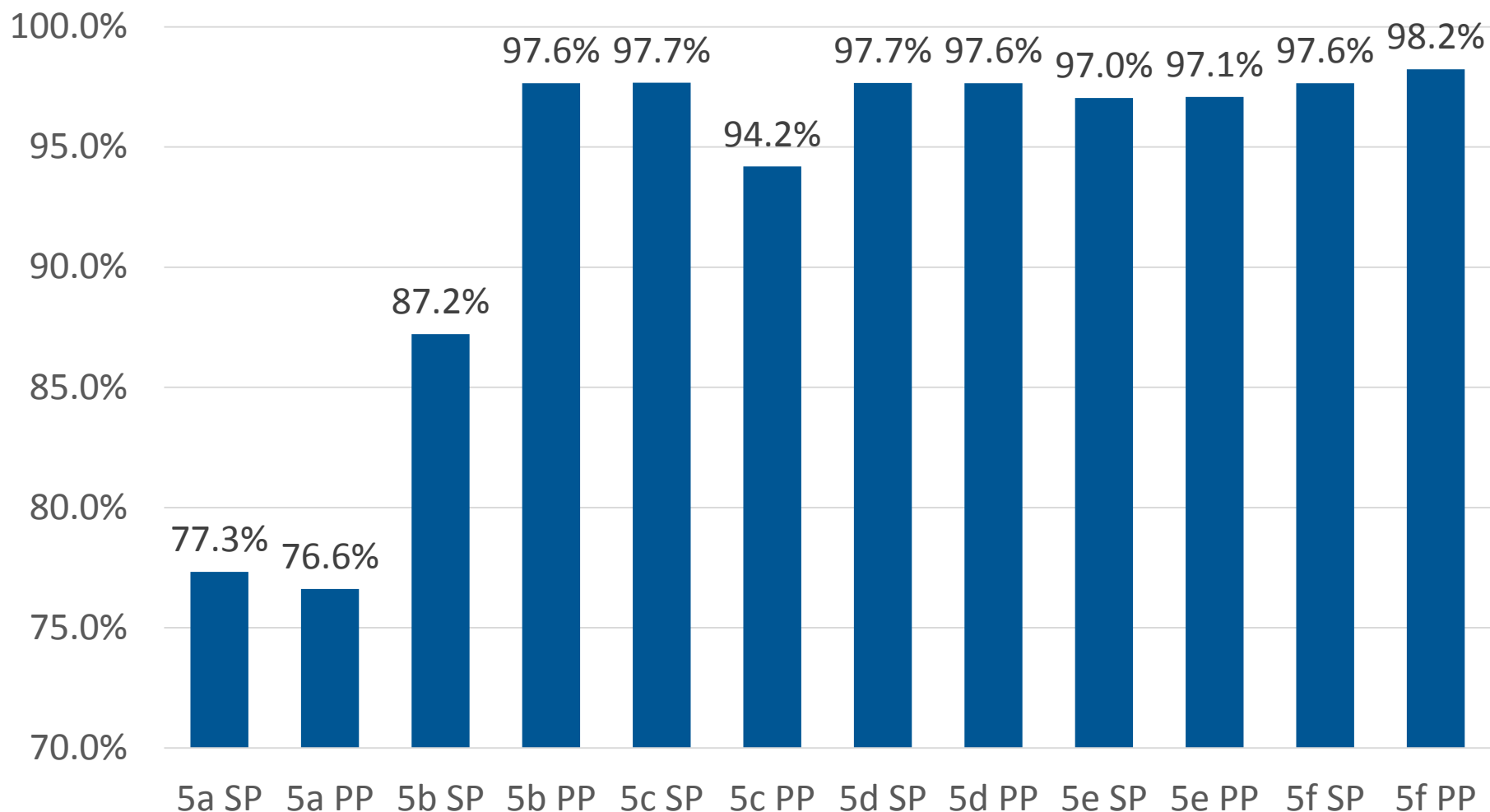
TOTAL INDICATORS PRESENT



FACTOR 5

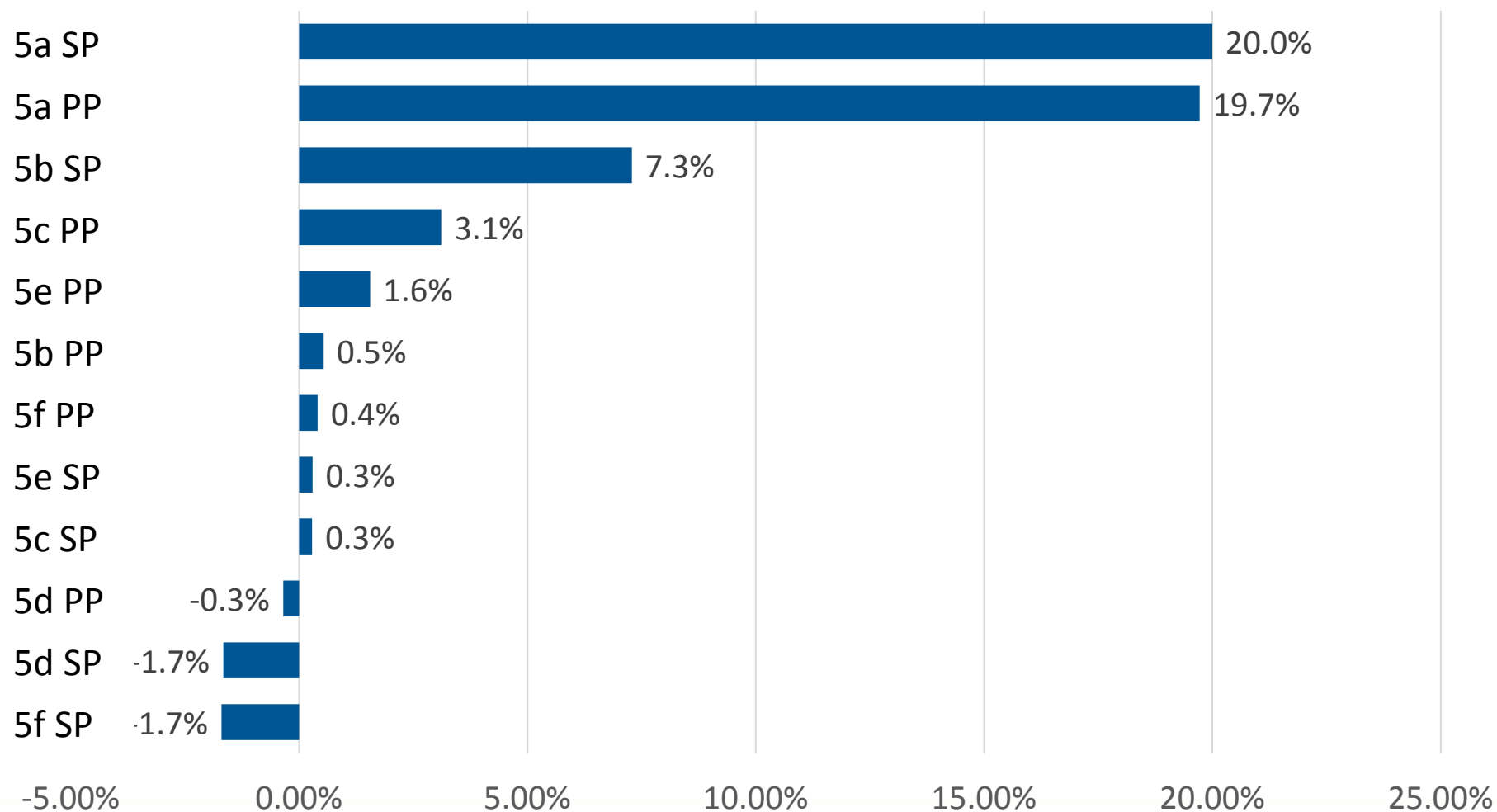


FACTOR 5: PRESENCE OF INDICATORS

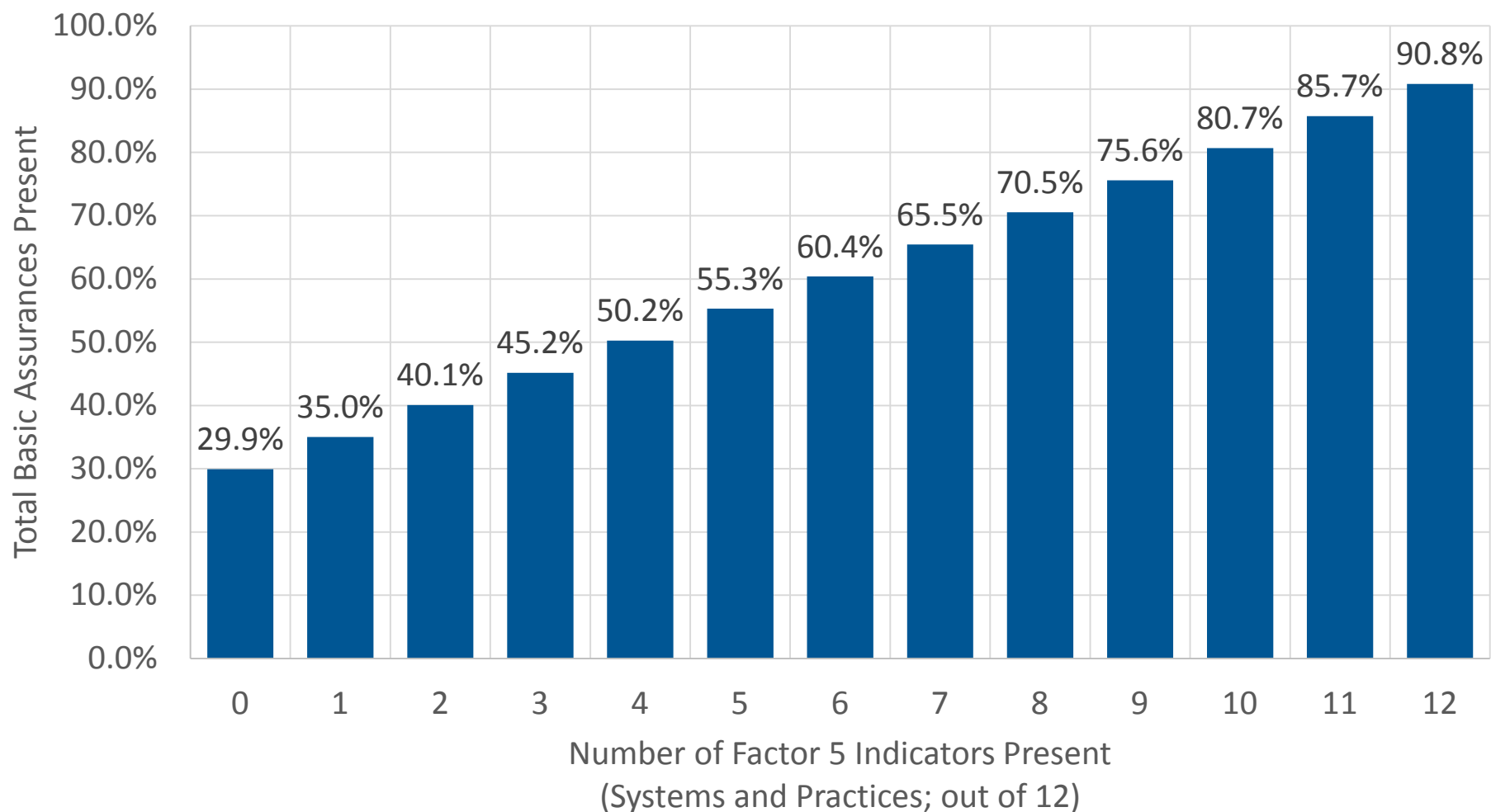




DISCREPANCIES BETWEEN ORG SELF-ASSESSMENTS & CQL REVIEW



IMPACT OF FACTOR 5 ON TOTAL BASIC ASSURANCES[®]





MOST IMPACTFUL PROBES

5a3 Are people provided understandable information about their health, their medications and their treatments, including the purpose, intended outcomes, side effects or other risks and alternatives? Are they then supported in making choices regarding their medical care? Are people provided understandable information about advanced directives, including Psychiatric Advanced Directive (PAD) and supported to develop one if desired?	.572
5a4 Do people understand their medical and medication histories?	.456
5b3 Do people receive medical evaluations according to a protocol consistent with accepted medical practice?	.455*
CQL_5a2 Do people make and keep their own health care appointments and records?	.405
CQL_5d1 Do support staff recognize and promptly report physical or behavioral changes, complaints of illness, accidents and injuries, and other signs and symptoms of illness?	.398



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