Steve Sisolak Governor



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State of Nevada Department of Health and Human Services

#### **Evolution of Nevada's APS Quality Assurance Program**

Aging and Disability Services Division Dena Schmidt, ADSD Administrator Tuesday, August 20, 2019



### NAPSA 2019 Evolution of Nevada's APS Quality Assurance Program

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# Learning Objectives:

>Understanding the steps of developing a QA process

>Understanding potential drawbacks to developing a QA process

➢Utilizing ACL Voluntary Consensus Guidelines for the State Adult Protective Services system in the creation of the Case File Review Form

How to turn data obtained from the Case File Review forms into meaningful statistics

# Nevada's Adult Protective Services Program Overview

≻July 1<sup>st</sup>, 2019 Nevada expanded to a full APS program.

Added protective services for vulnerable adults from the ages of 18-59 along with services for those 60 years and older.

Nevada's APS program is administered through Aging and Disability Services Division.

➤Statewide program

➢Office is Las Vegas, Reno, Carson City and Elko

Providing services to urban, rural and frontier areas

# History of Nevada's Elder Protective Services to Adult Protective Services

➤1981 Nevada's Elder Protective Services program started and was housed within the State of Nevada's Medicaid Program.

➢ Nevada EPS provided protective services for those 60 years and over. Except for Clark County (Las Vegas area) which only provided protective services to those 60 years and over who received Medicaid benefits.

Clark County Social Services administered a Senior Protective Services for those over 60 years and not receiving Medicaid benefits.

### **History Continues**

➢EPS program was transferred to the Division for Aging Services (currently known as the Division for Aging and Disability Services – ADSD).

➢ July 1, 2010, Clark County Senior Protective Services turned their program over to Aging and Disability Services. This transition expanded the EPS program in Las Vegas from 1 supervisor, 4 social workers and 3 intake workers to 5 supervisors, 20 social workers and a centralized intake unit with 9 intake workers.

### ACL Grants

2016 Nevada EPS was awarded the ACL State Grant to Enhance Adult Protective Services
Nevada EPS:

Upgraded WellSky System to include National Adult Maltreatment Reporting System (NAMRS) components.

Created service reports based on services at start, services at close, services referred, interagency collaboration and Nevada EPS ancillary services.

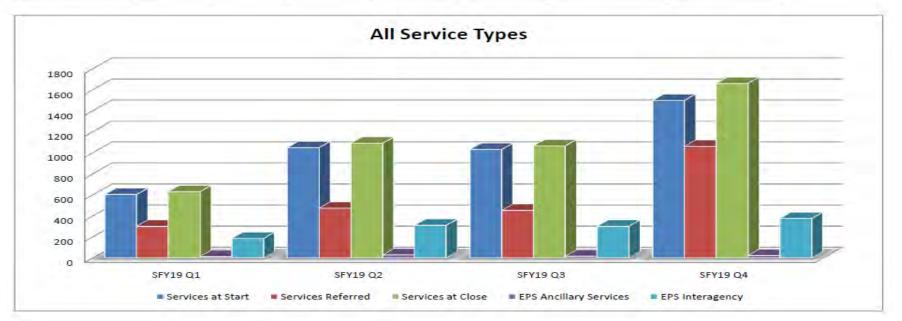
Improved data collection and reporting.

#### NAMRS Data Utilized

Services Summary Report - Monthly Comparison

#### Annual counts and charts do not include "None", "Other", or "Unknown"

SFY2019	Services at Start	Services Referred	Services at Close	EPS Ancillary Services	EPS Interagency	Total Services	Total Closed Cases 1260	
SFY19 Q1	602 30	300	629	13	185	1729		
SFY19 Q2	1048	473	1090	28	309	2948	1613	
SFY19 Q3	1031	451	1066	15	300	2863	1647	
SFY19 Q4	1498	1061	1659	22	374	4614	1859	
SFY19 Year End	4179	2285	4444	78	1168	12154	6379	



Services Report SFY19 Year End

7/8/2019

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# Improving Data Through NAMRS

Nevada Elder Protective Services (EPS) noted:

55% increase between FFY19 third and fourth quarter "Services at Close."

Increase in "Veterans Status" being checked for substantiated cases.



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### **ACL Grants Continued**

#### ➢ 2018 Nevada received ACL State Grant to Enhance Adult Protective Services:

➢Overall Goal: To support the growth of EPS to a full APS program so that vulnerable adult abuse victims age 18-59 can be offered protection in addition to those currently served who must be over the age of 60.

# Understanding the Steps of Developing a QA Process

➤ What are the steps:

Commitment to quality assurance

➤Create process

Execute the process

➢Integrate the process in the workflow

➢ Measure results and interpret findings

Share the results

Request feedback and be open to revisions



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### **Commitment to Quality Assurance**

- ➤What are the whys?
  - Improved services for client's
  - Accountability for staff and program
  - > Policy and program improvements
  - Identify service gaps and training needs



#### **Create the Process**



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- Define standards and goals
- Set policies and procedures
- ➤Involve program staff

Create QA tools

# Utilizing ACL Voluntary Consensus Guidelines

Identify elements to use

Choose how to implement

Clearly state expectations of ACL guidelines



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# How Nevada APS Utilized ACL Voluntary Consensus Guidelines in QA Process



➤Two key elements

- Case Review-Supervisory Process
  - QA uses the Case File Review (CFR) form as a tool to address areas of needed improvement and to ensure quality services are provided across the state.

# Case Worker Initial and Ongoing Training

CFR form is used as a tool for supervisors to train new and ongoing staff.

#### Old Case File Review Form

Α.	Client's Name:	Office: LV	Case Number #		
в.	Open case:	Closed case:	Date closed:		
c.	Supervisor/Reviev	ver: CL Social Worke	er:		
D.	Reported Date:	Initiated Date:	Face to Face:		
Ε.	Referral (Intake) F	orm:		Yes 🗌	No
	Comments:				
F.	Release of Informa	ation		Yes 🗌	No
	Comments:				
G.	Telephone call pla	ced to Reporting Party		Yes 🗌	Νο
н.	SAMS Assessment	:			
	1. Intake				
	Required f	ields completed		Yes 🗌	No
	Comments:				
	2. Social Worker	Assessment			
	Comment	nt Questions answered section completed approp dentified and made on be	-	Yes Yes Yes	No 🗌 No 🛄 No 🛄
	Comments:				
	3. Narrative				
	Assessmer	nt summarizes facts gathe	red during initial visit	Yes	No
		addresses all reported alle	-	Yes	No
		nt entries relevant to the o	-	Yes 🗌	No
		ker documents actions tal	ken to remedy		
	Reported a	allegations		Yes	No

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# New Case File Review Form

AGING AND DISABILITY SERVICES DIVISION ELDER PROTECTIVE SERVICES-CASE REVIEW FORM

Client Name (First):	ent Narr	ne (La	st):	Harmony ID #:	·		
Investigator: Reviewer:				Review Date: Office:			
Report date: Case initiation date:			Face t	to Face Actual Date:			
Allegation Type: Abandonment Abuse Exploitation Isolation		Negl	ect	Self-Neglect			
					YES	NO	N/A
Safety Issues appropriately addressed/noted in Harmony?							
Participant's current address listed in Harmony?							
Does the Missing Data Report show errors?							
ITEMS REV	IEWED	)					
INVESTIGATION PLANNING WORKSHEET (IPW)	YES	NO	N/A	COMMENTS			
IPW completed for this case?							
Allegations are listed with the reported supporting information underneath?							
All sections are completed?							
INITIAL CONTACT	YES	NO	N/A	COMMENTS			
If assigned a level 1, was the case initiated within 24 hours?							
If initiation was not completed within 24 hours, is there supporting documentation?							
Telephone call placed to the Reporting Party (RP)?							
Initial face-to-face visit reattempted within 5 working days of received report?							
ALLEGATION INFORMATION	YES	NO	N/A	COMMENTS			
Allegations listed appropriate to case?							
Are subsequent allegations documented?							
Does documentation address all reported allegations?							
PERSON CENTERED PLANNING	YES	NO	N/A	COMMENTS			
Investigator's documentation shows they worked with the client to identify where help was needed and developed a plan to provide that help?							
Services and supports align with client's needs, goals, preferences and values?							
CERVICE PROVIDENCIAL INTERVENTIONS	VES	NO	NI/A	COMMENTS			

### **CFR Review Instruction Example:**

#### Safety issues appropriately addressed in Harmony?

**How to review this question:** Review case notes for any identified safety concerns. Investigators and intake workers are required to document safety issues and concerns in Harmony for EPS (Harmony) by completing an Alert Note. When reviewing case records, Alert Notes should include any risk to personal safety and identify necessary precautions.

#### Examples:

"Yes", there are safety concerns and there is an Alert Note.

"No", if there are safety concerns stated in intake or during a home visit and there is **<u>not</u>** an Alert Note.

"N/A", if there are not any noted safety concerns during the duration of the case.

#### Participant's current address listed in Harmony?

**How to review this question:** Review prior case data and demographic information to ensure accuracy of participant's current address. Case notes may indicate that the client has a different address since the intake was entered. Review participant's address in Harmony under the 'Participants' tab, select 'Alleged Victim', then 'Addresses'.

#### Examples:

"Yes", participant's current address is listed in Harmony.

"No", participant's current address is **not** listed in Harmony.

### Implement the Process

# Integrate the process into the works flow

Integrate the process in steps

Organize strategicallyShort and long-term goals

Clear timeline of QA process



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# Turning Case File Review Responses into Meaningful Statistics

- Decide how to compile and measure results.
- Interpret findings that are meaningful and understandable to the program.



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# **Compile and Measure Results**



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What tracking system will be used?

- ➤What is available?
- Does measurement tool need to be created?
- Document the steps to tracking results.

How do you want to present the data?

### **Compiled and Measured Results Example:**

Cases Reviewed: 95	Total Open Cases: 623	Total Closed Cases: 567	29% Vacancy Rate							
Allegation Count Total: 12	Abandonment: 0	Abuse: 24	Exploitation: 37	16.85% o						
	Isolation: 4	Neglect: 18	Self-Neglect: 42							
							N/A	Calculations:		
1. Safety Issues appropriately addressed/noted in Harmony?							86	88.8888889		
Out of the 9 applicable case file reviews, 88.88% of the cases had safety issues appropriately addressed/noted in Harmony.										
2. Participant's current add	lress listed in Harmony?				90	5	0	94.73684211		
Out of the 95 applicable ca	Out of the 95 applicable case file reviews, 94.73% of the cases had the particpant's current address listed in Harmony.									
3. Excluding closure questions, is the Missing Data Report free of errors?						26		72.63157895		
Out of the 95 applicable case file reviews, 72.63% of the cases did not have errors on the Missing Data Report in Harmony.										
4. Subsequent reports are appropriately associated (a.k.a. linked) in Harmony?       23       3       69							88.46153846			
Out of the 26 applicable ca	se file reviews, 88.46% of the	e cases subsequent repor	ts were appropriately asso	ociated (a.k.a. linked) in Harmor	ny.					
5. Does documentation show that prior case history was reviewed?						20	42	62.26415094		
Out of the 53 applicable case file reviews, 62.26% of the cases documentation shows prior history was reviewed.										
ITEMS REVIEWED										
INVESTIGATION PLANNING	WORKSHEET (IPW)				YES	NO	N/A	Calculations:		
6. IPW completed for this case?					17	2	76	89.47368421		
Out of the 19 applicable case file reviews, 89.47% of the cases IPW was completed for this case.										

# **Interpret Findings**

Data is important for:

Implementing needed changes

➤Telling the story

➤Giving positive praise

Identifying needed training

Identifying areas of needed improvement

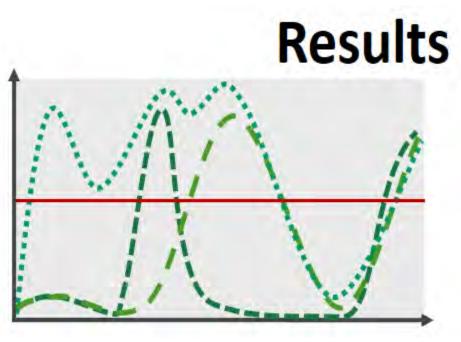


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# **Interpret Findings Example:**



# Share the Results



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Establish:

- ➤Time frames for sharing results
- ➢ Mode of sharing results
  - ≻Email
  - ➤Standing meeting
- >Who receives the results
  - ➤Management
  - ➤Supervisors
  - ≻All program staff
- ➢How and where to save results

### Solicit Feedback and Be Open to Revisions



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#### **Adjust Process as Needed**



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# Understanding the Potential Drawbacks in Developing a QA Process



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# **Potential Drawbacks**

➤Time consuming

- > Difficultly with commitment
- ➤End result vs. process
- Being accountable for the discovery
- Push back from staff regarding QA process



# Questions



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