

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE: YOUTH TRANSITIONAL CARE FACILITY 18.09
QUALITY AND PERFORMANCE IMPROVEMENT

Authority: [WAC 246-337-048](#) Quality improvement program.
[WAC 246-341-0410](#) Agency administration—Administrator key responsibilities.

Reference: [DDA Policy 5.13](#) Protection from Abuse: Mandatory Reporting
[DDA Policy 7.05](#) Mortality Reviews
[DSHS Policy 9.01](#) Major Incident Reporting
[DDA Policy 12.01](#) Incident Reporting and Management for DDA Employees
[DDA Policy 12.04](#) YTCF Incident Investigations

PURPOSE

This policy provides guidance and standards for engaging in quality and performance improvement within the Youth Transitional Care Facility.

SCOPE

This policy applies to all staff working at a DDA Youth Transitional Care Facility.

DEFINITIONS

Performance improvement means a pro-active continuous study and improvement of processes with the intent to better services or outcomes, and prevent or decrease the likelihood of problems, by identifying areas of opportunity and testing new approaches to fix underlying causes of persistent systemic problems or barriers to improvement.

Performance improvement project or **PIP** means a concentrated effort on a particular problem in one area of the facility or facility wide; it involves gathering information systematically to clarify issues or problems and intervening for improvements. The facility conducts PIPs to examine and improve care or services in areas that the facility identifies as needing attention. Areas that need

attention will vary depending on the type of facility and the unique scope of services they provide.

Plan, do, check, act (PDCA) cycle means:

Plan: Recognize an opportunity for improvement and plan a change.

Do: Implement the change.

Check: Review the change and results.

Act: Take action based on what was learned from the change result.

Quality assurance means a process of meeting quality standards and assuring that all care is provided at an acceptable standard.

Quality assurance and performance improvement or **QAPI** means a combination of both quality assurance and performance improvement. The quality assurance focuses on quality that assures that care is at an acceptable level. Performance improvement is a proactive and continuous improvement plan.

Quality improvement means a framework used to systematically improve care through continuous actions that lead to ongoing process improvements.

Quality management system means a system that documents processes, procedures and responsibilities for achieving quality policies, objectives, and services meeting stakeholder and regulatory requirements.

Root cause analysis means a structured, facilitated, team process for identifying root causes of an event that resulted in an undesired outcome and developing corrective actions.

POLICY

- A. The facility must maintain a comprehensive, ongoing, data-driven, quality improvement program focused on providing quality care for youth and preventing adverse or unanticipated outcomes.
- B. The Youth Transitional Care Facility Executive Officer or designee must maintain a written QAPI plan and review the plan annually or more often as needed to implement and document changes and improvements made to prevent future occurrences of any serious or unanticipated outcomes specified in Policy Section (C). The plan must address the following:
 1. Clinical supervision and training of staff providing clinical services.

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2. Compliance with state and federal rules and laws that govern licensing, certification, and accreditation requirements.
 3. Cultural competency that aligns with the facility's local community and youth the facility serves or may serve.
 4. Use of evidence-based and promising practices.
 5. Response to critical incidents and substantiated complaints.
 6. Follow up with the youth after discharge to check progress.
- C. The facility must collect, measure, and assess data on policies, procedures, and outcomes related to the care of youth being served and the environment including:
1. Medication administration errors;
 2. Allegations of abuse;
 3. Death;
 4. Suicide;
 5. Injuries resulting in serious or unanticipated outcomes;
 6. Restraint and neutral area use;
 7. Grievances;
 8. Security incidents; and
 9. Disruption of services through internal or external emergency or disaster event.
- D. To assure safety of the youth at the facility, staff must:
1. Submit incident reports per [DDA Policy 12.01](#), *Incident Reporting and Management for DDA Employees*;
 2. Follow mandated reporting requirements per [DDA Policy 5.13](#), *Protection from Abuse: Mandatory Reporting*;
 3. Follow mortality review protocol, when applicable, per [DDA Policy 7.05](#), *Mortality Reviews*;
 4. Investigate alleged or suspected abuse, neglect, or mistreatment per [DDA Policy 12.04](#), *Lake Burien Transitional Care Facility Investigations*; and
 5. Follow [DSHS Policy 9.01](#) regarding major incidents.

PROCEDURES

- A. Each QAPI plan must:
1. Include clear procedures for quality assurance and performance improvement.
 2. Collect, measure, and use data to identify quality concerns and other opportunities for improvement then set priorities for action.
 3. Build on youths' own goals for health, quality of life, and daily activities using a person-centered perspective.
 4. Include youth and family perspectives into setting goals and evaluating progress.
 5. Incorporating caregivers broadly in a shared QAPI mission.
 6. Perform root cause analyses to get to the root cause of an undesired or unanticipated outcome.
 7. Undertake systemic change to prevent undesired or unanticipated outcomes at the source.
 8. Develop a feedback and monitoring system to sustain continuous improvement.
 9. Include performance improvement projects (PIPs), which must be approved by the Executive Officer and include a written charter with project timelines based on the QAPI plan. Senior management will collaborate with their staff to identify PIPs and will be responsible for developing, resourcing, and leading these projects.
- B. Quality Management System
1. The facility staff must use a systematic approach to determine when in-depth analysis is needed to investigate a problem that is identified during the QAPI process. This may include collaborating with staff from Central Office.
 2. To promote continuous improvement, the facility staff must use tools such as: root cause analysis, plan-do-check-act and other quality assurance tools to work through PIPs as needed.

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EXCEPTION

Any exception to this policy must have the prior written approval of the Deputy Assistant Secretary.

Approved:



Deputy Assistant Secretary
Developmental Disabilities Administration

Date: July 1, 2024