
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

A Second Wind of Pittsburgh

12/29/2017

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Introduction

The purpose of the Comprehensive report is to compile the official findings from the desk and onsite reviews, face-to-face interviews and self-assessments, as applicable, that were completed for your agency as part of ODP's QA&I Process. This report will:

- Highlight those areas where the Provider is doing well related to person-centered services delivery and promising practices;
- Analyze performance in ODP's quality focus areas for the current QA&I cycle;
- Compare results of the desk and onsite reviews with the entity's self-assessment;
- Summarize those instances of non-compliance that were remediated during the onsite review;
- Outline issues of non-compliance expected to be remediated within 30 calendar days of report receipt;
- Recommend PPRs where compliance is below established thresholds of 86%; and
- Recommend improvement activities to be addressed during the remainder of the QA&I cycle, including systemic quality improvement projects to incorporate into QM Plans.

The mission of the Office of Developmental Programs (ODP) is to support Pennsylvanians with developmental disabilities to achieve greater independence, choice and opportunity in their lives.

ODP's vision is to continuously improve an effective system of accessible services and supports that are flexible, innovative and person-centered.

The Quality Assessment & Improvement Process is a way for ODP to evaluate our current system and identify ways to improve it for all individuals.

QA&I Summary

In following the Quality Assessment and Improvement process set forth by the Office of Developmental Programs, a yearly self-assessment was completed by **A Second Wind of Pittsburgh** and a confirmation e-mail was forwarded to and received by the assigned AE on 8/30/17. The Provider Checklist Documents were submitted before the on-site review took place. These documents, the self-assessment, MCI review and the ISPs of the individuals in the sample were included in the desk review. The On-Site review portion was scheduled and occurred on 12/18/17. During the entrance discussion, the AE reviewed ODP's focus on Quality Management, Restrictive Procedure Policy compliance and emphasis on Staff Training. Also

noted was the change that the AEs were no longer reviewing the specific service billing history of the provider and On-Site is to occur on a 3-year cycle. The AE outlined what would be reviewed during the On-Site and potential timeframes for completion. The provider sample reviewed was 2 individual records. The associated staff training records reviewed included 1 files.

Data Analysis and Performance Evaluation

During the On-Site review portion of the QA&I process, **A Second Wind of Pittsburgh** made available all required records and arranged for any additional information or clarification needed to be sent to AE as follow-up.

Highlights and Provider Strengths:

- **A Second Wind of Pittsburgh** records and policy/procedures were organized well.
- The progress notes were structured well with set sections related to individual goals.
- The one individual file included medical records along with the progress notes. Assisting in appointments is part of the action needed in the outcome. This process was an implementation of a recommendation by the AE during the previous monitoring season.

Areas for Corrective Action:

- **Question # 14:** Staff receive training to meet the needs of the individual they support as identified in the last approved Individual Support Plan (ISP) for the period being reviewed before providing services to the individual?

Specific Findings: 01 of 01 staff did not receive training to meet the needs of the individual they support as identified in the current, approved ISP for the period being reviewed before providing services to the individual.

- **Question # 17:** The Provider and the Provider's staff completed all components of the Annual training plan as required.

Specific Findings: 01 of 01 staff did not complete all components of the annual training plan.

- **Question # 18:** Did staff receive annual incident management training on recognizing and reporting and responding to incidents and assuring a participant is safe?

Specific Findings: 01 of 01 staff did not receive annual incident management training on recognizing, reporting and responding to incidents and assuring a participant is safe.

Recommendations for system improvement:

- Creating additional training documentation requirements to encompass those required and emphasized in the new QA&I tool.
- Instituting regular reviews to ensure requirements are being met.
- Increased utilization of MYODP and other communication modalities to keep current with changes through announcements, bulletins and other information systems.

Appendices

- *A Second Wind of Pittsburgh QA&I Tool*
- *A Second Wind of Pittsburgh Corrective Action Plan (CAP)*