
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Access Services

November 3, 2017

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Introduction

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. ODP's focus areas for this year's review are Employment, Quality Improvement and Communication.

The comprehensive report is a packet of information compiled from your agency's self-assessment, desk reviews, individual interviews and an onsite review. Access Services was reviewed on September 28, 2017 and 3 individuals receiving services were interviewed on September 19, 20 and October 19, 2017. This report includes findings from your agency's review along with the MCI tracker.

QA&I Summary

Access Services is currently delivering services/supports for a number Bucks County individuals receiving ID services/supports through ODP. They have developed all required policies and have a training curriculum in place.

Access Services submitted their self-assessment on 8/31/2017.

Entrance interview discussion involved ODP's statewide focus areas for this year, review of their self-assessment and recommendation that they agency review ODP's Quality Management Certification training, which a staff member has completed the training. Exit interview discussion involved review of the findings and a discussion regarding outcome statements and frequency and duration on progress notes.

Review Process Summary: 5 Bucks County individual's records were reviewed and 3 Bucks County individuals were interviewed. An individual in lifesharing has been living with his lifesharing provider for 13 years; the individual's family remains very involved in his life; lifeharing provider is a nurse which is capable of addressing all of the individual's health needs. An individual in supported living has had consistent staff, decides days and times she needs staff assistance, has a number of friends and family involved in her life. This supported living individual recently experienced a change in health status and did not want to give up her independence. Access Services found creative, innovative and affordable

ways for her to remain safe and living as she chooses. An individual receiving home based supports has had the same staff for 2 years.

Data Analysis and Performance Evaluation

This section of the report will provide data and analysis in key areas, highlighting both good performance and areas for improvement.

POLICY -- The following numbers represent the correlating questions from the Onsite Question Tool for Providers (Q's 7, 8, 9, 10, 11, 12, 16, 23, 39, 40, 42, 43, 44, 45, 47)

Access Services was compliant with the following regarding policies:

7-9) Provider has a Quality Management Plan which is analyzed and evaluated quarterly and updated every 2 years

10) Provider implements policy to screen employees and contractors

11) Provider has a grievance policy but has not had to implement it

12) Provider has a policy that addresses restrictive procedures

16) Provider has an annual training plan that meets all requirements

39-43) Provider has an incident management policy; ensures all incidents are finalized within 30 days; reviews and analyzes incidents quarterly

44-47) Provider has a peer review procedure and ensures that recommendations from the Certified Investigation peer review process are followed-up and ensures all required investigations are completed by a Department certified incident investigator. Provider did not need to implement this process for the past 6 months since there were no investigations conducted for Bucks County individuals in the past 6 months

Access Services was non-compliant with the following regarding policies:

23) The Provider continued to provide the authorized services to ensure continuity of care during transition: Access Services had a transition policy but did not follow all of the steps for transfer of individuals. The Provider has since devised a checklist to document required steps and ensure they are completed.

ACCESS REMEDIATION: All IDD Departments will follow the Transition of Participants Protocol. The Departments will utilize all accompanying tools. The transitioned participants file will include the completed steps and documentation and will be saved in a discreet file for easy retrieval as necessary.

Access Services added a Coordinator position to the Quality and Compliance structure to assist with continual quality improvement and compliance activities.

RECORD REVIEW— The following numbers represent the correlating questions from the Onsite Question Tool for Providers (Q's 13, 21, 22, 24, 30, 31, 32, 36, 40, 41, 42, 46, 49)

Access Services has compliance with the following record review questions:

13) Individual has a signed department-approved room and board contract, (100%)

21) Participated in the development of the ISP, (100%)

24) Progress note indicates lack of progress in achieving an outcome, the Provider notes what action have been taken, (100%)

31-32) Individual does not have a formal communication plan, however provider works with individual to maintain communication abilities,

36) Implements individual's back-up plan as specified in the ISP, (100%)

40-42) Provider did not have any incident reports for Bucks County individuals in the sample for the past 6 months

46) Provider completes all health care appointments, screenings and follow-up as prescribed, (100%)

49) Provider assists individuals with health promotion strategies, (100%)

Access Services was non-compliant with the following record review questions:

22) Documents delivery of services/supports in the type, scope, amount, frequency and duration specified in the ISP, (50%)

ACCESS REMEDIATION: IDD Departments will ensure that daily service notes and progress notes have the current amount, frequency and duration of all authorized services. Departments will check the current ISP's service authorizations, including the amount, frequency and duration outlined in the ISP. This will occur, at minimum, monthly. If a change in authorization, amount, frequency or duration of services is discussed, the Access Services representative will inquire when the start date for the change will occur and change daily service notes and progress notes as appropriate. Access Services added a Coordinator position to the Quality and Compliance structure to assist with continual quality improvement and compliance activities.

TRAINING— The following numbers represent the correlating questions from the Onsite Question Tool for Providers (Q's 14, 15, 17, 18, 19, 20)

Access Services administrative staff completed ODP's Deaf Services for Provider Administrators & Agencies webinar even though they do not currently serve deaf individuals.

Access Services has compliance for the following regarding staff trainings:

14) Staff receive training to meet the needs of the individual they support as identified in the current, approved Individual Support Plan (ISP), (87.5%)

15) Newly hired staff received training to meet the needs of the individual they support as identified in the current, approved, Individual Support Plan (ISP), (97.96%)

18) Staff receive annual incident management training on preventing, recognizing, reporting and responding to incidents and assuring a participant is safe, (100%)

19) Staff receive training on Provider's policy/procedure on how to respond in cases of individual health, behavioral emergencies and crises, (100%)

Access Services was non-compliant in the following regarding staff trainings:

17) Provider and Provider's staff completed all components of the annual training plan, (71.43%)

ACCESS REMEDIATION: The Annual Training Curriculum will include all required trainings identified in Chapter 51 and a training record was created to include all said trainings to negate errors in recording required trainings. Access Services added a Coordinator position to the Quality and Compliance structure to assist with continual quality improvement and compliance activities.

20) Staff receive training on Provider's Emergency Disaster Response plan that address individual's safety and protection, communications and/or operational procedures, (0%). Provider has since began training staff on this policy.

ACCESS REMEDIATION: All current staff are trained on the agency Emergency Disaster Response Plan. All new hires will receive this training at Program Orientation to ensure all staff are trained. The ID Departments will utilize the appropriate training record, save an electronic copy in the department's staff files and submit training record to HR for recording. Access Services added a Coordinator position to the Quality and Compliance structure to assist with continual quality improvement and compliance activities.

Appendices

Access Services AE Tool

Access Services AE MCI Tracker