
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

AIMED

12/6/2017-1/5/2018

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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

Per ODP's requirement, Aimed completed and forwarded to the Administrative Entity (AE) their Self-Assessment on August 28, 2017. Additionally, as required, Aimed submitted their Quality Management, Restrictive Procedure and Annual Staff Training policies to the AE. These policies and the completed provider Self-Assessment were reviewed by the AE as part of the desk review. The On-Site review portion occurred on November 29 and 30, 2017.

Three administrators of Aimed were in attendance for the Entrance Meeting the entrance meeting which commenced at 9:00am. During the entrance discussion, the AE reviewed ODP's focus including Quality Improvement, Employment, Community Participation and an increased focus 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 arranged for the individual interview portion to occur. The provider sample reviewed was five individual records. There was a total of forty-eight staff records reviewed, of which thirty-three were hired with in the past year.

Data Analysis and Performance Evaluation

During the desk review it was noted that the annual staff training curriculum was not in compliance. While on-site the provider could show that they had sent the wrong document to the AE. The one presented and followed was compliant with PA Code Chapter 51.23(a).

The provider had information needed for the on-site review ready and in an organized fashion. The AE explained which staff files were needed for the review. The provider presented them in a timely manner.

Findings:

Highlights and Provider Strengths:

- The feedback from individual who was interviewed as part of the on-site review was positive. She was very talkative and expressive. She liked her house, and was happy to show off her bedroom, posters and TV show that she was watching. The staff who was working at the time was very knowledgeable of the individual's needs, likes and dislikes.
- While at a residential site for the on-site interview the AE noted that the staff were preparing for a "girls night" party for the individuals that evening. An individual had invited some friends over for an evening of "pampering".
- Aimed recently began providing services to a transgender individual. They insured that all staff working with the individual had training to better understand what transgender is. Based on the information reviewed it appears that the individual is happy and comfortable in their home.
- Aimed had participated in "AE Onsite Monitoring" in April 2017. They had three corrective action plans from that monitoring, all of which had been successfully implemented at the time of this QA&I Review.

Areas for Corrective Action:

- Aimed has not been following their policy for screening employees prior to hire.
- Monthly progress notes were not in compliance with PA Code 51.16 for all five individuals in the sample.

These areas have been addressed on the Corrective Action Plan (CAP). The provider has developed processes to ensure compliance with Chapter 51 regulations.

Suggestions for consideration of improvement:

- Two individuals in the sample had information in their ISP that indicated restrictive interventions were being implemented. Upon review of documentation and discussion with the provider it was determined that the staff are not implementing a restrictive intervention. The AE recommended that the Supports Coordinator be contacted to correct the ISP.
- One individual in the sample had moved into one of Aimed residential homes in August 2017. Her ISP does not reflect her service. The AE suggestion contacting the Support Coordinator to correct the ISP. Aimed administrative staff will be scheduling a meeting to complete the updates.
- One individual had expressed to his Behavioral Support Specialist that he would like to have a training for him and his staff about nutrition. His doctor recommends that he follow a prescribed caloric, low cholesterol diet. The AE suggested the HCQU as a free resource for the provider.

Appendices

Aimed QA&I Tool

Aimed CAP