
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Albert, David C.

11/02/17

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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 **Albert, David C.** and a confirmation e-mail was forwarded to and received by the assigned AE on 8/29/17. The Provider Checklist Documents were submitted before the on-site review took place. These documents, the self-assessment, MCI review and the ISP of the individual in the sample were included in the desk review. The On-Site review portion was scheduled and occurred on 10/27/17. 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 one (1) individual record. The associated staff training record reviewed included 1 file. One individual interview was also completed.

Data Analysis and Performance Evaluation

During the On-Site review portion of the QA&I process, **Albert, David C.** made available all required records and provided contact information for the family member of the one individual to be interviewed. The process went well as **Albert, David C.** presented all additional information or clarification needed as identified by the AE.

Highlights and Provider Strengths:

- **Albert, David C.** was helpful in explaining the organization of the records and available information.
- As a new provider of services who had just begun with a new authorization, he was eager to learn and was open and receptive to any suggestions and recommendations.
- The mother of the one individual was interviewed by the AE as part of the QA&I process. The mother stated that she is “very satisfied” with her services through **Albert, David C.** She could not say enough about how grateful she was to have been referred to him.

Areas for Corrective Action:

- **Question # 7:** The provider has a Quality Management Plan (QMP) that reflects ODP’s Mission, Vision and Values
Specific Findings: Quality Management Plan does not contain the following:
 - 1) Goals of the QM plan, which include how the provider will meet Department priorities that are published as a notice in the PA Bulletin.
 - 2) Target objectives that support each goal.
 - 3) Performance measures the provider will use to evaluate progress in achieving the target objectives.
 - 4) The data source for each performance measure.
 - 6) Actions to be taken to meet the target objectives.
- **Question # 10:** The Provider implements a policy/procedure to screen employees and contractors.
Specific Findings:
 1. No policy/procedure exists that includes the process for screening employees and contractors (individuals and entities) to determine if they are on the LEIE/SAM/DHS Medi-check lists.
 2. No documentation exists that includes the following: a) Dates when screenings were performed. b) Source data checked. c) Date of most recent update.

3. There is no process to conduct self-audits to ensure compliance.

Recommendations for system improvement:

- Complete training for each required topic and exclusion list screening documentation, as if he was a hired staff, to verify completed.
- Utilizing ODP progress note template along with the detailed skilled nursing notation that was presented.
- Increased utilization of MYODP and other communication modalities to keep current with changes through announcements, bulletins and other information systems.

Appendices

- *Albert, David C. - QA&I Tool*
- *Albert, David C. - Corrective Action Plan (CAP)*