
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Entity Name: BINTY NURSES INC

Date(s) of Onsite Review: October 24, 2017 – November 3, 2017

Date of Report: November 22, 2017

Onsite Review conducted by Philadelphia IDS

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Introduction

This comprehensive report contains a detailed analysis of the Office of Developmental Programs (ODP) Quality Assessment & Improvement (QA&I) process for BINTYNURSES INC. This report will include the official findings of the desk review and on-site review processes conducted earlier this year by your assigned administrative entity, Philadelphia Intellectual disAbility Services.

The ODP QA&I Process for providers, which replaced the ODP Provider Monitoring process on July 1, 2017, is one piece of a comprehensive quality management review designed to evaluate the supports and services offered by county Administrative Entities, Supports Coordination Organizations, and Provider agencies across the Commonwealth of Pennsylvania. The purpose of the revised process, as stated by ODP, is to eliminate unnecessary duplication across Commonwealth and county review procedures, to allow more time to focus on individual experiences and quality improvement, to improve methods of collecting and reporting useful data in a timely manner, and to foster collaborative partnerships and opportunities for technical assistance and shared learning.

Upon completion and approval of this comprehensive report, the results are shared with ODP in order to assist with the evaluation of the current system of supports, and to identify ways to improve the system for all individuals and key stakeholders. Additionally, QA&I assists with data collection that measures Consolidated and Person/Family Directed Support waiver performance measures, compliance with Title 55 PA Code Chapter 51 regulations, and compliance with the Medicaid Waiver Provider Agreement.

ODP's focus areas for this year's statewide QA&I review are consistent with the desired outcomes of the 2017 waiver renewals and the ODP quality management strategy. These focus areas include but are not limited to the following:

- Families with infants and toddlers and people with Autism get the support they need
- People will be connected with their community and increase community participation
- People will live with people they like and who care about them
- People will be physically and mentally healthy
- Assuring effective communication
- Increasing employment
- Ensuring individuals are free from abuse, neglect, and exploitation
- Ensuring that people with complex needs have the support they need

Quality Assessment & Improvement Summary

The steps of the ODP QA&I process are inclusive of the following procedures:

Self-Assessment:

All providers complete the self-assessment on an annual basis. Providers are expected to remediate issues that are discovered during their self-assessment within 30 days, and to engage in quality improvement activities based on the results of self-assessment. BINTY NURSES successfully completed their self-assessment on time, before the deadline prescribed by ODP. The self-assessment of Binty Nurses indicated that the provider documents grievances in accordance with regulation, but the grievance Policy and procedures reviewed onsite did not include the process of instructing individuals and families on how to complete the form and resolve grievance in 21 days. Binty Nurses interviewed their employees in completing the self-assessment in order to increase the ability to bridge the gap between employer expectations and employee performance. The self-assessment indicated that all staff completed all the components of the Annual Training Plan, but the training records reviewed onsite showed that all staff did not receive training on component 7 of the annual training curriculum (department issued policies and procedures). Apart from the grievance policy and the annual training curriculum, staffs were trained on all other policies.

Desk Review of Providers:

The assigned Administrative Entity will conduct a desk review of providers that are assigned for on-site review prior to the date of on-site. This desk review includes an analysis of the provider agency's Quality Management Plan, the Annual Training Plan, and the Restrictive Intervention Policy, which are submitted to the AE by the provider upon completion of the self-assessment. The desk review also consists of a review of data collected from Home & Community Services Information System (HCSIS), the Enterprise Incident Management system (EIM), and the Individual Support Plans (ISPs) of the individuals selected by the assigned AE for the onsite review sample. The desk review conducted for Binty Nurses went well. Binty Nurses' QM plan clearly defined the goals, outcomes, the target objectives, and the performance measures used. The data sources were named, and the data was evaluated on a quarterly basis to determine the level of success. The outcomes of the quality management plan are to reduce incidents and to increase community participation for the individuals they support, and therefore are consistent with the recommendations of the ODP Quality Management Strategy. In addition, the Annual Training Plan, and the Restrictive intervention Policies and Procedures were reviewed and analyzed. The review and analyses of these policies and procedures showed that all the components required were discussed. The annual training curriculum meets ODP standards as well as the restrictive intervention policy that has the purpose of ensuring the safety and protection of the individuals.

AE Onsite Review of Providers:

Philadelphia IdS conducted the onsite review of BINTY NURSES from October 24, 2017 to October 26, 2017. The process began with an Entrance meeting, held on the first day of the scheduled onsite review. A copy of the Entrance meeting signature sheet documenting all attendees is included in the appendices of this report. Discussion during the entrance meeting included introductions, a general overview of the QA&I process, including the mission, vision and quality improvement priorities of ODP, IdS, and the reviewed provider, and a discussion of the specific details of the onsite process. After the entrance conference, Binty staff members were invited to ask questions before the review but none of them did. The staff members present were very cooperative with the entire process from the beginning to the end. The materials and files were not as organized as expected. The training materials were difficult to find, but the Program Specialist, who is new in the company, worked very hard to locate all of them. All policies and procedures met requirements except for one—the Grievance Policy and Procedures. The Grievance Policy did not include the process to resolve a grievance in 21 days. Not only that, the instructions on how to file a grievance and how to help the individual and family complete the grievance form were not included in the policy. All staff members were trained on the policies and procedures, except component 7 of the Annual Training Curriculum, which is the Department’s issued policies and procedures. One newly hired staff (K.T.) was not trained on the policies and procedures. The progress notes in general did not indicate progress, or lack of it, and no action was indicated to be taken if the individual lacks progress during a shift. Some of the progress notes were not reviewed and signed by a Program Specialist or a Supervisor.

A total of five individuals were selected as a part of this provider’s sample, and of those sample individuals, five interviews were conducted during the onsite review. Services provided by Binty Nurses to the sample include Residential services, In-Home & Community Supports, Companion Service, Homemaker/Chore service, Nursing, and Respite. The interviews were scheduled ahead of time by the provider, and the entire process was well coordinated. During the interviews both staff and individuals supported had the opportunity to describe the service being provided by Binty, and all expressed their satisfaction with their supports and staff. One of the individuals (MCI 801131797) did not respond to any question because he is nonverbal. Interview questions were answered by staff and the individuals mother. Responses from staff indicated that they know the individuals they work with very well. Staff members were able to describe the skill levels of their individuals, describe their health problems, identify their risk factors and describe them, and communicate their likes, dislikes, and the activities they enjoy on a daily basis. The staff members explained in detail the kinds of supports and services they provide for the individuals. Four out of the five individuals articulated their wants, satisfaction, and activities they enjoy regularly. They indicated in their responses that they like the services provided by Binty Nurses. The individuals were all well dressed and looking good. Some family members accompanied their children and expressed their satisfaction for the services received by their children. For the individuals receiving residential supports from Binty, the homes were decorated to the liking of the individuals. The

homes reflected their hobbies, sports of their choice, and were individualized. The homes were clean and well kept. One impressive thing I observed was that the individuals and their staff referred to each other by their names.

On the final day of the onsite review, an Exit meeting took place. A copy of the Exit signature sheet documenting all attendees is included in the appendices of this report. Topics of discussion during the Exit meeting included introductions, an overview of the process from the perspective of the reviewer and the reviewed provider, an overview of the findings documented during the review, and an overview of the comprehensive report and the corrective action process.

During the exit conference, the provider indicated that the QA&I process reduced duplication of questions. This conference gave the provider the opportunity to present materials/documentation that were not available during the onsite review. The training records of MJ, MJ, HC, and DG, records that were among the piles of papers were located and submitted. The provider was also given the opportunity to express their feeling/feedback about the whole process. The provider admitted that the new QA&I review actually focused on ways to improve the system. According to one of the staff members, the process focused on the experiences of the individuals, quality improvements, and help providers to offer improved services to the people in their care. The provider expressed that the information they received was very informative, and very essential for the day-to-day supports they provide. The provider expressed that they will be better prepared during the next cycle. The provider indicated that some of the interview questions where only the person is expected to answer did not help the individual who is nonverbal. Other questions where either staff or family can answer were helpful because staff or family members were able to shed light onto major issues. The provider expressed that the review has shown them where improvements are necessary in their program. The provider thanked the review team for helping them understand the new process thoroughly.

Data Analysis and Performance Evaluation

Data analysis and program evaluation are very critical to the QA&I process. Both are key parts of ODP's strategy to manage for good results.

- Individuals served in the BINTY Nurses residential program receive adequate supports and services. The individuals' homes reflect their hobbies, likes and dislikes. Their homes are clean, and bedrooms individualized. Staff members and the individuals get along very well. All their medical appointments, screenings, and tests are completed within the specified time frames.
- All the individuals served through the Binty Nurses Program are included in the communities they live in, and the community resources are very accessible to them. Their staffs support them to access these resources. They are happy and satisfied with their services.
- All staff and individuals interviewed did well in their responses, which show that they knew the individuals, their likes and dislikes, their strengths and weaknesses, and ensure that they are protected and safe.
- All the sample individuals were not involved in incidents, but agency wide, there were 4 incidents from April 1, 2017 to September 30, 2017. One incident is still open and under review, with an extension requested.
- The provider's QM Plan, Annual Training Curriculum, and Restrictive Intervention Policy and Procedures all meet ODP requirements.
- During the onsite review, some of the training records for staff were not located, but were presented during the exit conference. All staff, both new hires and old staff did not receive training on the Department Issued Policies and Procedures (component 7 of the Annual Training Curriculum). Additionally, ISP attendance signature sheets for two sample individuals were presented during the exit interview.
- Provider must revise the grievance policy and train staff within 30 days.
- Provider must train staff on component 7 of the Annual Training Plan within 30 days.
- Provider must retrain staff who complete monthly progress notes on the accurate documentation of Service delivery within 30 days. It was determined during the review of progress notes that Binty staff are not adequately documenting progress with individual outcomes when completing monthly progress notes.
- The Agency needs to organize its files in readiness for any outside review at all times. Provider's program Specialist must review and sign progress notes and training records monthly or quarterly as the case may be. This must be ongoing.

Appendices

Appendix A: Corrective Action Plan

Appendix B: Entrance Signature Sheet

Appendix C: Exit Signature Sheet

Appendix D: MCI Review Spreadsheet