
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Evergreen Homes, Inc.

November 16, 2017

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Introduction

The Quality Assessment and Improvement (QA&I) Comprehensive Report has been developed to provide both information and data collected during the self-assessment Evergreen Homes, Inc. (EGH) completed, review of the core sample that Armstrong-Indiana Behavioral and Developmental Health Program (AIBDHP) selected for EGH, and information gathered and shared during the on-site portion of the process. As discussed during EGH's onsite visit, this year's focus areas have been related to ODP's mission, vision and values to promote and achieve an Everyday Life for everyone.

Summary of Evergreen Homes, Inc.

Evergreen Homes, Inc. (hereafter referred to as EGH) is located in Ford City, PA, at 122 Scheeren Court.

As of July 1, 2017, EGH is serving approximately 83 people from both Armstrong and Indiana Counties combined.

Residential: 47

Adult Training Facility: 23

Supportive Living: 10

Family Aid: 22

Total = 83

Mission/Vision Statement

- To provide a diversified, individualized and inclusive program for intellectually and physically challenged persons, meeting current needs, changing needs and lifetime need.
- Striving for positive outcomes with options for choice, control and a creative environment to express wants and needs. A quality services puts the needs of the person first in all situations.

During QA&I activities, Denise Brougham, Executive Director provided the following information to AIBDHP, about activities and accomplishments for EGH:

As a Human Service Agency that has a mission statement geared toward service to “individuals first” in everything we do, quality management has always been in the forefront of planning, implementation, and outcome. Incorporated in 1973, when the idea of community residential program was just becoming reality, we have grown to 15 residential locations, an Adult Training Facility, and two community programs providing on site aid to persons living independently or in boarding homes that need transportation to medical appointments and assistance to maintain skills.

In reviewing Quality Management Initiatives, it became apparent that we are making strides to address areas of need to impact service delivery. In 2017, the following objectives have already impacted Quality Management goals or are designed to provide ancillary support to endeavors toward improving service delivery:

For Fiscal Year 2016-17, and to date, the agency had zero restraints reported. In fact during Fiscal Year 2015-16 there was only one reportable restraint incident. With the use of Positive Approaches and an internal agency Crisis Prevention Instructor, we have been able address behavioral concerns on an individualized basis and provide more dedicated staff training.

During Fiscal Year 2016-17, we saw a 65% reduction in Individual to Individual Abuse incidents from the prior fiscal year. We attribute this to the addition of one to one staff assistance in the residential and day programs, as well as residential downsizing efforts that reduced larger homes to three person homes and provided an opportunity to better match compatible housemates.

Satellite office space was secured that now provides an area for staff training away from program sites, either in group settings, or on an individualized basis. This allows for continuity and compliance in meeting training goals related to quality initiatives.

A Training Coordinator position was added to complete standardized Pre-Service, Orientation, and initial Medication Administration Training with all new employees. This is designed to assist new employees in getting off to a good start

in understanding the principles of Everyday Lives as it relates to job duties. This task will be monitored to see if it assists in reducing medication errors.

During our annual licensing for the Residential Program and the Adult Training Facility in June 2017, we received 100% compliance for both inspections.

The Adult Training Facility is making adjustments to add Community Participation Supports to the services offered. It is also now licensed as an Older Adult Training Program so as individuals get older they may still take part in day service community activities.

Senior Director Cathy Malec is now Quality Management Certified and will oversee the agency's Quality Management Program, to include setting objectives, tracking performance, and establishing training goals with all employees.

QA&I Summary

EGH completed a self-assessment in FY 17-18, which was finalized on August 30, 2017. EGH's self-assessment sample included 10 people who are enrolled in their programs and a review of EGH's data and policies and training records.

AIBDHP pulled a core sample of 10 people for their review. The names of those selected in both the core sample were shared with EGH on October 30, 2017.

Prior to the onsite, a desk review of the self-assessment and core sample was completed.

On November 16, 2017, the onsite portion of the QA&I process was completed at the EGH offices with Denise Brougham, Executive Director. Other EGH staff were available during QA&I activities, to provide information on agency activities (i.e. training records). During the on-site visit, documentation was reviewed that is at the office, and AIBDHP spoke with EGH staff about activities which are required to be completed every year, and assessed the performance for those activities. All aforementioned staff involved in the on-site activities were invited to and participated in the entrance and exit meetings which were held on November 16, 2017.

7 of the 10 people who agreed to a face to face interview with AIBDHP Staff had an interview completed on or before December 29, 2017. The purpose of this activity was to evaluate overall satisfaction, and to provide an opportunity for people to comment on recommendations for system improvement. Results show that all 7 are satisfied with the services they receive. Interactions between staff and individuals were very positive. Staff were very knowledgeable about the individuals they serve.

All AIBDHP QA&I activities were completed by December 29, 2017.

Data Analysis and Performance Evaluation

EGH's self-assessment was completed in August, 2017. The data from that activity has been reviewed, and EGH's performance has been evaluated.

The AIBDHP QA&I activities were completed by December 29, 2017. The core sample and results of participant interviews have been reviewed.

The comprehensive review of EGH reveals the following:

Based on the review, EGH demonstrates a thorough knowledge of policy development and implementation. Notable among their many strengths, EGH has shown a quality approach to managing consumer records, staff training records, overall organizational skills, and a thorough review of Individual Support Plans as written and helping individuals those goals and outcomes.

Other noteworthy finding was the hiring of a training coordinator. This has streamlined all trainings and records. The agency is able to ensure the trainings are completed timely and the same correct information is given to each staff at orientation and yearly thereafter. EGH is very aware of needs and expectations, and self-identifies those areas. EGH is very effective in developing strategies to address operational needs, and monitoring the progress of those strategies to completion.

Using the focus areas identified in the Introduction, and applying those to the results of both assessments, it is clear that EGH is providing a quality service to

those supported by their organization. The Quality Management plan addresses several of the ISAC recommendations directly (i.e. promote health, wellness and safety, communication, etc.). Additionally, EGH is working on promoting Everyday Lives by developing a network of activities to include individuals in community participation within our counties.

Both assessments were reviewed for any systemic concerns that may need an improvement plan. Only one area of noncompliance was found. One EIM incident report was not finalized within 30 days. No extension was requested. Required remediation was completed before AIBDHP was onsite for the review. The provider finalized the EIM incident report within 2 days of it being over the 30 day mark. Please complete the Corrective Action Plan to prevent reoccurrence.

As always, EGHs review was a very enjoyable experience. Individuals all appear to be very satisfied with their services. The agency is always extremely organized and welcoming. Thank you for your ongoing support during this process and for the quality work you do every day.

Appendices

Appendix A: QA&I Core Sample Score and Detail Reports (MCI TRACKER)

Appendix B: QA&I Core Sample Corrective Action Plan and Plan to Prevent Reoccurrence