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# QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

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Pennsylvania Office of Developmental Programs

Goodwill Industries of North Central PA

Monitored by Tioga County AE

October 19, 2017

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## **Introduction**

**This section will provide an overview of the report purpose and its contents. It will also briefly describe the focus areas for the year's review statewide.**

The Tioga Administrative Entity (AE) conducted an On-Site Review of Goodwill Industries of NC PA in September 2017. This included a Desk Review, Policy Review, Training Review, and one interview. Five individuals were selected for the review process. The purpose of the review is to evaluate the current system of supports and identify ways to improve it for all individuals. The mission of ODP is to support Pennsylvanians with developmental disabilities to achieve greater independence, choice, and opportunity in their lives. The vision of this mission is to continuously improve an effective system of accessible services and supports that are flexible, innovative, and person centered.

The results of the review have been discussed with the Provider and will be submitted to the Provider and the State as directed by ODP. Back up documentation to the findings, remediation, and any Plan of Correction will be maintained at the AE.

## **QA&I Summary**

**This section will briefly describe the steps of the entity's QA&I review, from the organization's submission of the self-assessment to the onsite review. The onsite review description will note highlights from the entrance and exit discussions. The statistics of the entity's review process will be summarized including number of records, number of interviews, etc.**

Nancy Kreger, Tioga Administrative Entity (AE), conducted the monitoring process including an On-Site Review of Goodwill Industries of NC PA in September 2017. The information gathered was shared with the Provider staff as well as other AE and County staff as appropriate. A Service Authorization Notice Report was run in HCSIS to determine the names of the individuals who were being served by the Provider for Fiscal Year 2017/2018. Nineteen individuals were identified. Using the directions from ODP five individuals were randomly selected based on a cross-section of individuals served, funding/program types, and locations and types of services. At the time of selection 2 individuals received Consolidated funding; 2 PFDS; and 1 Base although it should be noted that the individual funded under Base has since changed to waiver funding. One individual was formally interviewed during the On-Site process. The AE staff also talked informally with another individual who was at the service location during the On-Site. The review period used was September 1, 2016 through September 2, 2017 unless otherwise indicated in a particular question.

The AE reviewed the Self-Assessment of the Provider. There had been a change in the AE who conducted the monitoring in the prior year (Clearfield/Jefferson). The Self-Assessment was not sent to Tioga County by ODP. Tioga County requested and received the Self-Assessment from the Provider.

The Desk Review was completed prior to the On-Site review held on September 25<sup>th</sup> and September 27<sup>th</sup>.

The Entrance Interview was conducted on September 25, 2017, and was used to discuss the items as listed on the agenda provided by ODP. The Provider staff were fairly new to the entire monitoring process, having only been involved in portions of this process in previous years. Additionally, Tioga County had only been a reviewing AE in the last cycle, so some of these changes were discussed.

The Exit Interview was conducted on October 13, 2017. Again the agenda items provided by ODP were discussed. Feedback regarding the overall process of monitoring was positive. The provider felt that the monitoring was well organized. The process was seen by both the Provider and the AE as an assessment process to be used to help improve the services for the individuals served. Details that were discussed related to the Data Analysis and Performance Evaluation are covered in the next section of this report.

### **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. [Data for every QA&I question will be provided in an appendix.]**

**The following information should be considered for inclusion:**

- **At least one promising practice in which the entity excels:**
- The Provider provides employment related services which are called Small Group Employment Services under the new service definitions. Employment is a key component in helping individuals achieve an Every Day Life as well as become more independent. The Provider works with each individual to see what works for that person. The Provider's services are person centered and flexible reflecting each person's needs and desires. The AE conducted one formal interview as well as talking with another individual informally regarding services. It was clear from both of these interactions that the individuals served were very satisfied with the services that they receive.
- In reviewing the record of an individual who is considered Deaf, the AE confirmed that all staff working with this person had received the required ODP training. Additionally, the progress notes indicated that the staff working with this individual implemented several strategies to help improve communication. The notes also indicated that the person has responded very positively to these strategies especially the use of an IPAD to increase communication.
- **Analysis of performance based on focus areas:**
- As mentioned above, the Provider is striving to provide person centered services that are flexible for each person.

- **Analysis of performance for extra areas:**
- The Provider has not had much involvement with the LifeCourse Framework Training and tools used in implementing the Process. The current approach of providing service would be enhanced by gaining more knowledge in this area and using these tools with the individuals served.
- **Comparison of onsite to self-assessment results:**
- The Provider's Self-Assessment found areas related to staff training that needed to be addressed. The Provider mentioned in the Entrance Interview that this has been an area that they are working on and as well as setting up a system to monitoring that the requirements are met. There were no issues related to training found by the AE during the monitoring process. Additionally, the Provider stated that training is now part of the QM Plan. The development of the QM Plan was a result of the Provider Monitoring On-Site that was conducted last year. Clearfield/Jefferson was the Lead AE and Tioga County the Reviewing AE last year.
- The Provider's Self-Assessment did not note any areas of concern related to the documentation of service delivery in the type, scope, amount, frequency, and duration of services specified in the ISP. During the monitoring, the AE found that in one file, the progress notes reflected more units than authorized on more than one occasion. Further documentation submitted by the Provider did show that billing was accurate. It was felt that the additional units listed may have been related to the need for staff to wait with the person for the transport at the end of the day. Since there have been so many changes related to service descriptions, etc., the AE also advised the Provider to revise Progress notes to reflect the new service name as well as to check the dates of the goals for each person. Additionally, if a note indicates that something will occur or be discussed on a certain day, then there should be documentation of this in a Progress note. It should be noted that Tioga County was a Reviewing AE for Goodwill last year when they also had an On-Site monitoring. It is felt that Progress Notes have improved since that time in that Goodwill is consistently using the ODP Progress Note format and including more description related to service in the notes.
- The Provider's Self-Assessment did not indicate that they serve one or more Consolidated or P/FDS waiver participant who is deaf. The AE noted that one person who is deaf is served from Tioga County.
- The Provider's Self-Assessment indicated that incidents are finalized within 30 days. The AE ran the HCSIS report as directed in the instructions and found that one incident was not finalized in this time frame.
- The Provider's Self-Assessment had indicated Not Applicable related to reviewing and analyzing incidents at least quarterly and questions related to the peer review process. These are areas of concern identified during the AE review process.
- **Issues discovered and corrected while onsite or during desk review:**
- One component of the grievance policy was missing. The Provider reviewed and revised the policy to include this item.

- **Items requiring remediation within 30 days:**

Under Policy Review:

Question #39-The Provider finalizes incidents within 30 days.

Question #43-The Provider reviews and analyses incidents at least quarterly.

Question #44-The Provider's peer review process to review the quality of investigations was completed and documented.

Question #46-The Provider implements follow-up recommendations from the Certified investigation peer review process.

Under Record Review:

Question #22-The Provider documents delivery of services/supports in the type, scope, amount, frequency and duration specified in the Individual Support Plan (ISP). (80%)

- **Recommendations for entity's system improvement, including those things that rise to the level of needing attention at a broader level including those areas that fall below 86% of compliance:**

- The items listed above that need remediation would fall under this category.
- The Provider is already in the process of addressing the issues related to incident management including the need to have qualified investigators and the implementation of an incident review and peer review process. The only qualified investigator left employment with the Provider in September 2017. This has left the agency with not only no investigator but also with open incidents that need to be finalized. Three staff are enrolled to take the Incident Management Investigator Certification Course October 17-20, 2017. These staff also attended the 3 hour Incident Management Training on October 12, 2017, led by Dalila Byrd from ODP Western Region. The Provider is working to resolve issues with open incidents. If an investigation is needed prior to the certification of new investigators, The Advocacy Alliance, through a contract with the AE would be able to assist. The Provider is very aware of the need improve this area of service.

## **Appendices**

**This section will include the entity's QA&I review results. The Corrective Action Plan document will sit within its own Appendix.**