
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Entity Name: Helping Hand Home Care Agency INC

Date(s) of Onsite Review: October 2, 2017 – October 4, 2017

Date of Report: October 31, 2017

Onsite Review conducted by Philadelphia IDS

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Table of Contents

<i>Introduction:</i>	<u>3</u>
<i>QA&I Summary:</i>	<u>4</u>
<i>Data Analysis and Performance Evaluation:</i>	<u>7</u>
<i>Appendices:</i>	<u>9</u>

Introduction

This comprehensive report contains a detailed analysis of the Office of Developmental Programs (ODP) Quality Assessment & Improvement (QA&I) process for HELPING HAND HOME HEALTH CARE AGENCY 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.

Helping Hand Home Health Care Agency successfully completed their self-assessment on time, before the deadline prescribed by ODP.

The results of the Helping Hand Home Health Care Agency self-assessment were for the most part consistent with the findings of the onsite review conducted during the QA&I visit, except for Question #21 , #29 , #42 and #48. Helping Hand Home Health Care Agency indicated compliance with questions # 21 but after reviewing their progress notes it indicates that staff failed to document in detail the type of services and support they provided to the individuals. Regarding question #29. There were no communication goals and or supporting documentation. Regarding question # 42. There were no incidents on file, therefore no quarterly reviews were required. Regarding question # 48. The provider is not responsible to offer health supports and services to the individuals they support.

Desk Review of Providers

The assigned Administrative Entity conducts 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 found that not all policies reviewed met criteria.

The QM plan includes one outcome that encompasses at least two of the Departmental focus areas of their QM Strategy, including ensuring consumer satisfaction and ensuring individual health and safety by delivering services that are authorized in the ISP. The review team recommends that the provider revise the QM Plan to ensure that all ODP recommended forms are reflected (i.e. Action Plan, Target Dates, Completion Dates, etc.) and that the single outcome should be revised to cover the two focus areas identified above. Additionally, more information is needed to determine how often the action items will be reviewed, documented, and updated if necessary.

The policy on restrictive interventions meets criteria specified in ODP Memo 080-12 with regard to allowable restrictive interventions, prohibited restrictive interventions, or the reporting of unauthorized use.

Their annual training plan does not meet criteria established by the department. The training plan was presented as a list of training topics. There is no indication of a curriculum, i.e. the length of time, frequency of training, or content areas of each topic covered.

AE Onsite Review of Providers

Philadelphia IdS conducted the onsite review of Helping Hand Home Health Care Agency Inc, from October 2, 2017 through October 4, 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.

The provider were well prepared and had their documents ready for the review. The interviews of staff and sample individuals were scheduled ahead of time, as requested. The Director and Supervisor stayed with the review team throughout the entire process, and were open and available for questions during the review. Helping Hand Home Health Care Agency staff that participated in the review was very pleasant and engaging during our discussion and recommendation on the tool and processes.

A total of five individuals were selected as a part of this provider's sample, and of those sample individuals, four interviews were conducted during the onsite review. Out of All five individuals, four receives In – Home & Community Supports, one receives companion services and two have a combined service of respite. One sample individual is served through the P/FDS waiver, and four through the Consolidated Waiver.

During the interview process it was noted that, for the most part, the individuals were happy with the services provided by Helping Hand Home Health Care Agency. One individual (MCI#0010254910) who receives In- Home & Community Supports changed their mind at the last minute and refused to participate in the interview process. The staff reported that the individual frequently changes their mind. All staff who were participants during this process were aware of all the aspects of the individuals ISP. No health and safety issues were identified at the homes I visited. The family members that were involved, (who are also staff) were very friendly and welcoming to their homes. It was clear that the individuals are well taken care off by their families and they appeared happy and comfortable in their homes.

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. The provider indicated during the exit interview that they found the QA&I process to be helpful, valuable, and informative, and they were looking forward to collaborating with the review team on remediation of noncompliance and implementing recommendations.

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.

Helping Hand Home Health Care Agency appeared to be providing good services to the individuals they served. The provider does a lot of outreach services to the community they served. They also do in house activities and training with the individuals they serve. This provider has been offering services for eight years through other program offices, but is new to the ODP ID service system. The Provider only has a small numbers of individuals they serve through our waiver. They were found in compliance with almost all chapter 51 regulations. They appeared very eager in maintaining our waiver services and want to increase the number of participants they support.

Analysis of performance based on focus areas

People will be physically and mentally healthy:

The provider has identified a focus area in their Quality Management plan to ensure individual's they support are healthy and safe by closely monitoring the amount, frequency, and duration of their service authorizations and ensuring that staff ratio is maintained at all times.

People will be connected with their community and increase community participation:

The provider completes activities throughout the year for individuals they support with companion and In-Home/Community Supports that have a focus on establishing community connections and regular participation in their local communities. Activities during the day are decided with the individuals and scheduled according to the things they like to do in their communities such church, local restaurants, etc. Three of five staff interviewed were family members that live in the same household as the individuals receiving support, so they have known the individuals they support their whole lives and provide support accordingly.

Issues discovered and corrected while onsite or during desk review

No areas of noncompliance were identified onsite that were remediated onsite.

Items requiring remediation within 30 days

The following questions require a corrective action plan and remediation to be completed within 30 days of the receipt of this report:

Question 7: The Helping Hand Quality Management Plan does not include all items required to maintain consistency with the departmental QM strategy, including action steps for each target objective, target dates, & completion dates.

Question 17: The training plan was presented as a list of training topics. There is no indication of a curriculum, i.e. the length of time, frequency of training, or content areas of each topic covered.

Question #22: The progress notes for In-Home & Community Support service consistently did not include relevant detail to show that at any point there are outcomes being worked on, skill development, or progress or lack of progress with the individual outcomes. There is some detail on the activities, particularly in the community, that occurred during service delivery, but all notes are more consistent with the service Companion, than In-Home & Community Support.

Recommendations for entity's system improvement

As a reminder, any questions in the QA&I tool that are answered with two or more indications of noncompliance with regard to the sample require a Plan to Prevent Recurrence (PPR) of the noncompliance. Question 22, regarding the documentation of service delivery (specifically for the In-Home & Community Support service) requires a PPR to be developed and included on the Corrective Action Plan.

In general, PPRs must identify systematic, organizational changes to policies, procedures, supervision roles, and other relevant areas that are implemented, documented, and regularly monitored by the provider in order to ensure that noncompliance does not recur.

Appendices

Appendix A: Corrective Action Plan

Appendix B: Entrance Signature Sheet

Appendix C: Exit Signature Sheet

Appendix D: MCI Review Spreadsheet