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# QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

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Pennsylvania Office of Developmental Programs

Keystone Community Resources

*12/28/2017*

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## **Introduction**

The Office of Developmental Programs (ODP) Quality Assessment and Improvement (QA&I) process is designed to conduct a comprehensive quality management review of county programs, Administrative Entities (AE), Supports Coordination Organizations (SCO), and Providers delivering services and supports to individuals with intellectual disabilities and autism spectrum disorders. The focus of this process is on quality assessment and improvement as it relates to the participants' experience with services and supports.

The mission of the Office of Developmental Programs (ODP) is to support Pennsylvanians with developmental disabilities to achieve greater independence, choice of opportunity in their lives. The office seeks to continuously improve an effective system of accessible services and supports that are flexible, innovative, and person centered. In keeping with the mission and vision, the QA&I process integrates Everyday Lives Values in Action, ISAC recommendations, and the Consolidated and or Person/Family Directed Support (P/FDS) waiver performance measures. ODP delegates the authority to carry out the Provider QA&I to the AEs, to validate that Providers comply with the current Provider Agreement for Participation in Pennsylvania's Consolidated and P/FDS Waivers

## **QA&I Summary**

Keystone Community Resources completed a self-assessment during the QA&I FY 17-18 consisting of self-review of ten individuals, data review, and internal policies. The Lackawanna Susquehanna BH/ID/EI Program received a copy of Keystone Community Resources Self-Assessment on 8/31/2017.

The Lackawanna-Susquehanna BH/ID/EI Program review included two (2) Consolidated, two (2) P/FDS, and one (1) Base consumer records, data reviews, and internal policies. It should be noted that the one (1) Base consumer was enrolled in the P/FDS waiver on 11/3/17 just prior to the on-site review. One interview was conducted with a consumer from the sample. The Lackawanna-Susquehanna BH/ID/EI Program was on-site with Keystone Community Resources on 11/27/2017 and 12/1/2017 completing the on-site record review. As a matter of convenience for the Consumer, the individual interview was conducted at the Community Participation Program on 12/1/2017.

### **Data Analysis and Performance Evaluation**

The mission of Keystone Community Resources is to provide people with intellectual disabilities and autism diverse opportunities to lead fulfilling lives.

Keystone Community Resources is committed to the delivery of person-centered, quality services, and supports. In addition to the QA&I process the agency maintains frequent communication with the Administrative Entity throughout the year, demonstrating their willingness to partner on complex cases and support individuals with complex needs. The provider's electronic "Awards" system provides all required information in an easy to read and detailed electronic format. The system includes training, progress notes, quarterly reports, restrictive plans, medication logs, medication appointment documentation, and other valuable resources.

Keystone Community Resources has a Comprehensive and proactive quality management plan outlining a specific incident management process and plans to increase staff training aimed at reducing incidents of abuse. This plan also addresses reducing medication errors and the use of restraints.

The provider has developed a streamlined orientation and annual training plan for all programs. The training curriculum will be incorporated in to the agency's electronic "Awards" system which tracks trainings and reduces the possibility that staff do not complete all annual trainings. Keystone Community Resources also has a training department which consists of four full-time staff. These individuals focus on person centered training where staff are trained on the specific needs of individual consumers. Additionally, each trainer acts as a training liaison for a group of residential sites and Community Participation Support Programs to ensure all training requirements are met. This department hosts and maintains a staff blog to disseminate information agency-wide.

Keystone Community Resources implements Community Participation Supports and they report that this is going well. As part of the implementation process consumer interest surveys were conducted, and an activity calendar is under development. The provider's LaPlume site has implemented a "Person of the Month", staff and consumer, recognition activity.

The provider is implementing an agency wide strategic employee retention plan. The staff retention rates are reviewed monthly and or quarterly depending on turnover rates. Keystone Community Resources has conducted an analysis of turnover rates and has set a goal of less than

20% turnover. Hallmarks of this plan are increased supervision, staff meetings, and staff recognition activities. Additionally, “stay interviews” are conducted to mitigate turnover factors.

**The Following areas of strength related to this review are as follows:**

- Implementation of Community participation supports
- Organized, precise, detailed, and comprehensive progress notes across programs.
- Emergency disaster plan is exemplary with a focus on trauma support for both Individuals served and staff.
- Incident Management process which includes a weekly status report on open incidents and monthly “report card” to all programs.
- Comprehensive quality management plan including a focus on reducing incidents related to medication errors.
- Successful campaign: “Reduce Abuse—Have a Heart” aimed at improving staff awareness and decreasing incidents
- The agency is developing a new campaign aimed at educating staff about abuse/neglect with a goal of reducing incidents of abuse.
- Agency wide retention plan to reduce staff turn-over.

**Analysis of performance based on focus areas**

- Agency restraints have been “zero” for the past six months.
- Promoting life sharing opportunities within the community.
- Reviewing and evaluating practices to increase awareness and ensure reduction in individual-individual abuse.

**Comparison of onsite to self-assessment results**

- Provider’s record review found two areas of non-compliance; one related to delivery of services/supports in the type, scope, amount, frequency and duration specified in the Individual Support Plan (ISP), and one related to completion of health care appointments, screenings and follow-up as prescribed.
- Sample reviewed by the AE indicated three areas of non-compliance.

**Issues discovered and corrected while onsite or during desk review**

- There were no issues corrected while on-site.

### **Items requiring remediation within 30 days**

- Q15 If a Provider has any new hire staff, the new hire staff received training to meet the needs of the individual they supported as identified in the current, approved Individual Support Plan (ISP) before providing services to the individual.
- Q39 The Provider finalizes incidents within 30 days.
- Q43 The Provider reviews and analyzes incidents, to include review of target report, at least quarterly. *(Note that the provider is reviewing the target report but has not included documentation of that review in their quarterly incident analysis.)*

### **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.**

- Provider staff is retrained as appropriate on addressing the needs of the individual when rendering services prior to service delivery.
- Provider develops and implements a process and/or tracking system to ensure that incidents are finalized within 30 days.
- The Provider develops a process that ensures that a review and analysis of incidents, to include review of target report, is completed quarterly. *(Note that the provider is reviewing the target report but has not included documentation of that review in their quarterly incident analysis.)*

### **Appendices**

- MCI Review Spreadsheet
- CAP