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QUALITY ASSESSMENT AND IMPROVEMENT:  
COMPREHENSIVE REPORT

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Pennsylvania Office of Developmental Programs

Leader Disability Services, LLC

11/2/17

## **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. As part of ODP's quality management strategy, the QA&I process has been designed to be comprehensive standardized and measurable. This gives providers applicable information for making decisions regarding service delivery and provides them the opportunity to make systemic changes in their organization that will improve the quality of their services.

The mission of ODP is to support Pennsylvanians with developmental disabilities achieve greater independence, choice and opportunity in their lives. This includes continuously improving an effective system of accessible services and supports that are flexible, innovative and person-centered. The QA&I process is designed to accomplish this. It is a continuous process that includes the Provider's Self- Assessment > Desk review > Onsite Review > Comprehensive Report > Corrective Action and Quality Improvement > Technical Assistance > Self- Assessment. The goal is to continuously improve the quality of services.

### **Quality services include:**

- Ensuring Individuals have Choice, control in their lives regarding who they live and socialize with, where they work,
- Assuring effective communication
- Increasing employment
- Increasing community participation
- Ensuring ISPs are updated timely when there is a change in need
- Ensuring individuals are free from abuse, neglect and exploitation
- Ensuring people with complex needs have supports they need (Behavioral and mental health supports, adaptations in their environment so they can access what they need and want.
- Quality services that provide services that will meet their needs with dignity and respect.

This QA&I Comprehensive report summarizes the findings from the provider's self-assessment, onsite review, and interview/s with the consumers and staff.

### **QA&I Summary**

Leader is a new provider, and began providing services on 7/23/17. Mr. Thomas Reinke Leader's Director takes great pride in the services he provides. Leader is currently providing In-Home and Community Supports - level 2, for 1 consumer in Delaware County. The Provider Self-Assessment and the desk review, which included a copy of the Quality Management Plan, Restrictive Intervention Policy and the Annual training curriculum, were submitted on 8/30/17, which was prior to the 8/31/17, due date. Currently, Leader has 5 employees.

The onsite QA&I review was conducted on 10/3/17. The attendance for the entrance interview included; Leader's Director, Tom Reinke, the consumer and one of the staff who support the consumer.

The following was discussed and a 4-page handout of the information below, including a flow chart, timeline and the website for the QA&I survey, was distributed to the Director:

- The purpose of the QA&I process, a review of the process and the timelines
- Summary of ODP's missions and vision
- The Quality improvement priorities
- Website for the QA&I survey

One consumer and one staff person, was interviewed at the beginning of the on-site. Mr. Reinke was also present during the interview. The staff person interviewed with the consumer, is currently a graduate student. She had a great rapport with the consumer and knew the information in her ISP very well. The family is very satisfied with the services. An interview was attempted with the consumer; however, the consumer could not answer the questions without a lot of specific prompting.

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

The exit interview was held, on the same day, 10/3/17, with Mr. Reinke. The following was discussed:

- Leader's CEO, Mr. Reinke is a proud provider, who has strong commitment and passion for working with individuals with disabilities. Leader's services are person centered and are aligned with ODP's priorities.
- All the paperwork was available and very well organized for the QA&I. Mr. Reinke was very helpful in answering questions and providing any necessary clarification.
- The consumer appeared very happy and comfortable with staff and with her services.

**Policy: (Questions – 7, 8, 9, 10, 11, 12 ,16, 23, 39, 43, 44, 45, 47)**

Providers QM plan, Incident Management Plan, and Restrictive Plan were in accordance with OPD regulations.

**#10 – Implements policy for screening employees and contractors** - The Medi-check list was not checked for July through September 2017 for any of the staff. The other two data bases were also incomplete for those months. During the on-site monitoring, the provider presented documentation, showing all staff were screened for each of the 3 required data bases (LEIE, SAM and Medi-check), for the current month.

**Training: (Questions – 12, 15, 17, 18, 19, 20, 34, 35)**

Training for 5 staff was reviewed. At the time of the Providers' self-assessment, all the staff had not been trained as indicated by their response. All trainings were completed prior to the QA&I. Leader is a new provider and was 100% in compliance with staff training.

**Record Review: (Questions – 13, 21, 22, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 36, 37, 38, 40, 41, 42, 46, 48, 49)**

**#24 – If progress notes indicate lack of progress the actions taken to address it are documented** - The outcome in the ISP specifically states that Leader staff will work with consumer to "maintain flexibility of her muscles and range of motions by going for daily walks and completing exercises." The progress notes did not reflect that this was occurring and there was not any explanation, or was it addressed with the team. The documentation did show that the service was being provided in accordance to the frequency and duration specified in the ISP and the other areas of the outcome were all being worked on with the individual. The provider will revise the outcome with the supports coordinator/team to ensure that they reflect the consumers' needs and preferences. Remediation was completed on 11/22/17.

**#36 – The provider implements the individual's back-up plan as specified in the ISP –** The back-up plan was not in the consumer's current ISP. The provider will develop a back-up plan and e-mail it to the Supports Coordinator so that it can be added to the ISP. Remediation was completed on 11/20/17.

**#42 – Incidents** - Leader's staff had documented on the daily progress notes that they were administering medication to the consumer. It was requested that the incident be reported in EIM. As requested the incident report was put in EIM on 10/5/17 and the staff are no longer administering medication to the consumer.