
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Entity Name: Nursing Home Care Management

Date(s) of Onsite Review: November 14 - November 16, 2017

Date of Report: December 12, 2017

Onsite Review conducted by Philadelphia IDS

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Introduction

This comprehensive report contains a detailed analysis of the Office of Developmental Programs (ODP) Quality Assessment & Improvement (QA&I) process for Nursing Home Care Management. 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:

Nursing Home Care Management successfully completed their self-assessment on time, before the deadline prescribed by ODP. The reviewer's findings were consistent with that of NHCM's findings reported in the self-assessment. Although not explicitly required by ISP documentation, NHCM trained two staff persons to be able to work with an individual that has a formal communication plan and system. Staff worked with the individual while at home in order to utilize the communication device to better communicate with others while at the day services program and in order to decrease anxiety related to others not understanding his mode of communications. Also; although not indicated within the ISP the provider completed Q30. The Provider provides communication assistance as indicated in the ISP and Q31. The Provider has been entering the individual's progress related to their communication outcomes into the progress notes. All this documentation is indicated in the provider's self assessment.

Desk Review of Providers:

The assigned Administrative Entity will conduct 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. Nursing Home Care Management submitted the provider checklist along with all the required documentation timely. During the desk review, it was determined that all of the requested documents met criteria and needed no revisions. The desk review results were as follows

- Quality Management Plan: NHCM's Quality Management plan is very detailed. It focuses on multiple objectives which include promoting self- direction, choice and control, promoting health, wellness and safety, as well numerous other goals that are consistent with the ODP quality management strategy and priorities. The QM plan was well written and geared towards increasing service satisfaction for those they care for.
- Staff Training Plan: Met regulatory standards

- Restrictive Intervention Policy: Met regulatory Standards.

AE Onsite Review of Providers:

Philadelphia IdS conducted the review of Nursing Home Care Management at their corporate office located at 10890 Bustelton Ave, Philadelphia Pa from November 14, 2017 through November 16, 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. NHCM was fully prepared for the review and had taken this reader driven process in stride and familiarized themselves with the tools utilized for the review. They ensured that all supportive documentation was properly organized and highlighted for a seamless review. NHCM staff was extremely positive throughout this new QA&I process and wholly embraced all of the regulatory changes.

A total of 4 individuals were selected as a part of this provider's sample. NHCM provides In Home & Community Supports for all four individuals in the sample. As a result of having visited this provider in the earlier part of the 2016/2017 monitoring year, it was evident that progress was made in the lives of those individuals that the reviewer had previously met. Regarding MCI# 110125969, during my initial meeting in Cycle 3 Year 2 of the PM process, this individual was unable to keep direct eye contact or stay focused with this reviewer, and only answered the questions asked directly to him. However; upon this current visit the reviewer was informed that the individual had moved from one day services provider to another. Upon arriving to the location to complete the interview, the reviewer was pleasantly surprised by the individual waiting and excited to complete the interview. The individual was excited about the interactions he had been having with the new people he had met in the community and the program and was more than willing to share those events. The individual also kept eye contact and appeared to have grown socially and continually noted that he was very happy.

The second individual that the reviewer met with was MCI# 820167056. During the initial visit in the earlier part of 2017, this individual understood very little to no English and was clearly frustrated as a result of not understanding what was being said. However during this visit, the individual was more engaging and understood many of the simpler questions that was asked and was even able to reply back to the reviewer in English. It was clear that staff had been diligently working with the individual in the area of learning English so that he could be more comfortable in and around his community and better able to communicate. As a result this reviewer noted that the individual appeared more relaxed and less anxious during the visit.

None of the individuals within the sample lived within Community Living Arrangements (CLA). Two of the interviews were conducted within the individual's homes while the other two were conducted within the individual's day services programs. For those individuals that the interviews were conducted within their homes, the home supported each person's individual choice and personality and was designed according to their taste with games, pictures or posters that they picked out. Each of the individuals reported satisfaction and that they had close relationships with the people that were supporting them. It was an enjoyable experience.

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 reviewer commended NHCM on a job well done not only in the preparation phase of the QA&I process but also for the noted growth and progress of the individuals for whom they provide supports.

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.

Promising practices:

NHCM did an amazing job at acclimating themselves to the new ODP requirements and ensured that they prepared all their documentation for fluency and ease during the review. It was also noted that the individuals that have been supported through NHCM appear to be experiencing growth and enhancement within their personal lives as a result of the dedication from the both agency and direct care staff.

There were no issues discovered and or remediated on site. There were no areas of remediation required. The provider did not receive a corrective action plan.

Appendices

Appendix A: Corrective Action Plan

Appendix B: Entrance Signature Sheet

Appendix C: Exit Signature Sheet

Appendix D: MCI Review Spreadsheet