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# QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

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Pennsylvania Office of Developmental Programs

Reviewed Entity: Open Systems HealthCare Inc.

Date(s) of Onsite Review: October 16<sup>th</sup>-18<sup>th</sup> 2017

Date of Report: November 15, 2017

Onsite Review conducted by Philadelphia IDS

QA&I Reviewer: Annette Murray, Program Analyst

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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 Open Systems HealthCare, 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. Open Systems HealthCare, Inc. successfully completed their self-assessment on time, before the deadline prescribed by ODP. The provider's self assessment was submitted on 8-31-17 by Katelyn Baker. In reviewing the provider's self assessment, most answers were consistent with findings of the onsite review team, except for questions about policy/procedures to screen employees and contractors who are found to be on one or more exclusion lists. Regarding Q.10, ODP recommends the provider should terminate the staff/contractor immediately and void all claims connected to the staff/contractor. Regarding Q.14, The reviewer would also recommend that the new hire staff have a form included in their personnel file of all the individuals they are assigned to, documenting the training date they received on the individual they support as identified in the current, approved ISP before providing services to the individual. The reviewer did find this documentation in the individual files, but the point is that a staff person could be assigned to several individuals for different shifts or times and the reviewer was unaware of those individuals the staff may be assigned to. Some questions were not applicable to the provider, since they only provide In-Home & Community Supports, Companion services and Respite In-Home Services.

#### **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. The Open Systems' Quality Management Plan is not specific to ODP individuals but rather encompasses the entirety of their enrolled individuals across multiple program offices. Data collection and the analysis of the consumer satisfaction surveys was completed, but it did not provide a breakdown of who were the ODP individuals and families. The provider and individuals supported would benefit from an additional outcome consistent with the ODP quality management strategy. The desk review on Restrictive Intervention Policy and annual training plan was concise, but further elaboration was needed. During the Onsite review of the agency's Policy Packet slideshow for new hire orientation and annual training, it clearly showed how comprehensive these trainings are conducted, and included all of ODP Provider Guidelines.

### **AE Onsite Review of Providers:**

Philadelphia IdS conducted the onsite review of Open Systems HealthCare Inc. from October 16<sup>th</sup>-18<sup>th</sup> 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 was very organized and reserved a conference room for the on-site review, in which policy/procedure manuals, individual records and staff records were available as requested. Katelyn Baker was the point of contact to obtain guidance or clarity regarding policy/procedures and/or records being reviewed.

A total of 5 individuals were selected as a part of this provider's sample, and of those sample individuals, 5 interviews were conducted during the onsite review. As requested, the interviews with the 5 individual selected were arranged ahead of time. One of the individuals (MCI#060114417) and the assigned staff was interviewed in the provider's office. Companion Service is being provided. Progress notes could be more descriptive about the service being provided (i.e. progress notes just stated where the staff person took the individual during their shift, but not what they did when they went to the park, library and community places). The individual expressed enjoying the community activities and events the assigned staff person takes them to, but this was not described in the progress note. However, this individual could greatly benefit from attending a day program. Further follow-up with the SCO is needed. The other 4 individuals were interviewed in their own homes.

One of the individuals (MCI# 560161351), interviewed in her home, has a Consolidated Waiver which is underutilized. The individual is receiving In Home & Community Supports from the provider. Assigned staff seems to have good relationship with the individual, since she also is a family member. In the past year, the individual was discharged from a CLA to live with this family member. Further follow-up with the SCO is needed to determine the delay in authorizing CIE services and Behavior Support services which has been strongly recommended by the team including the family member/staff. Helping the provider to understand how they can be proactive in requesting a team meeting with all parties, to increase a variety of service to improve the individual's quality of life was discussed in the Exit Interview.

Regarding another individual (MCI# 001490890) with a P/FDS Waiver, they could benefit from attending a day program which includes community participation. The individual is receiving In Home & Community Supports from the provider. She also resides with the family member who is the assigned staff person, who was interviewed. Individual has no mobility issues, speech is limited and supervision is needed in the community. Teaching daily living skills, chores/tasks as well as travel training has been a part of the In-Home & Community Support services being provided for this individual. Currently, she

travels on 3 buses to a senior center with her staff/family member. The individual is not a senior citizen but states she enjoys the activities/trips the senior center has. This reviewer recommends the provider be proactive in requesting the team meet to discuss some appropriate day program options including transportation service. Reviewer suggested to the family member to contact Septa directly to request a paratransit application be sent to her. Family member was unaware the individual could be eligible for Septa Paratransit Services.

Regarding another individual (MCI# 002061120) with P/FDS Waiver, the interview took place in the individual's home. The individual is receiving In Home & Community Supports from the provider. The assigned staff person is her older sister who also resides with the individual. The individual could converse with me, explaining her daily activities, household chores she does, and community activities she participates in. Progress notes reflects household skills she is working on, as well as some social activities she enjoys with friends and family. The sister/staff person does other activities with her in the evening, but this is not recorded in the progress notes. The sister only provides 20hrs per week. The individual appears to be quite social, perhaps another staff person( not a relative) could be assigned for the evening activities.

Regarding another individual (MCI# 520129715) with P/FDS Waiver who has an autism and a behavioral health diagnosis, he clearly could benefit from services more tailored to his needs. For example, the individual likes music and art, so ideally the individual could benefit from music and art therapy. This provider cannot provide art or music therapy, but they can provide In-Home & Community Supports. The individual's speech appears to be limited. However, the individual's receptive language appears to be good. There has been a gap in services since 9-6-17, but a new staff was due to begin 1-2 days after the reviewer's interview. The individual lives with the parents, so the interview was with both the individual and their mother in their home. The individual is receiving In Home & Community Supports from the provider.

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.

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

The Open Systems administrative team members, as well as the direct care workers, were very cooperative with the QA & I Process and On-Site Review. It is important to note that the provider is a large home health agency which provides Waiver Based Home Care Services throughout the state of Pennsylvania, as well as other states.

The Corporate office is located @ 1818 Market Street Suite 2510 in Philadelphia and the onsite review was conducted in the new Bala Cynwyd, Pa office located at 1 Bala Plaza, which oversees ODP individuals registered in Philadelphia, Pa.

This is a provider who is very open to utilizing family members to provide ODP services. However, in some cases it could also benefit the individuals to have non-relative staff provide services. 3 out of 5 of the cases which were a part of the onsite review had family members as their assigned staff person, without a back-up staff person identified. It did seem that all 3 individuals would benefit from a non-relative staff to provide the service, particularly when the service is being provided outside the home.

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

Regarding Q. 7 The provider's Quality Management Plan is not specific to ODP individuals. The data collected and the analysis of the consumer satisfaction surveys were done, but it did not show a breakdown of who were the ODP individuals and families. The QM plan should be revised to include an outcome consistent with the ODP Quality Management strategy and priorities.

Regarding Q.10, The provider should revise the exclusion list policy to include that ODP recommends the provider should terminate the staff/contractor immediately and void all claims connected to the staff/contractor if they appear on an exclusion list.

### **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:**

No area identified in the CAP requires a plan to prevent recurrence of non-compliance, however there are specific recommendations made by the reviewer to improve service delivery system wide:

- The Quality Management Plan should be revised to more closely align to the ODP quality management strategy. An example of an outcome that fits with the services this provider offers could be to increase community participation and improve social capital for all individuals

receiving Companion Service and In Home & Community Supports through the P/FDS or Consolidated Waiver programs.

- Regarding daily service notes and monthly progress notes, the provider's letterhead "OPENS SYSTEMS Behavioral Health" should be changed to accurately reflect the name of the provider in HCSIS. In addition, term "Home & Community Hab" for Service Type should be changed to "In-Home & Community Supports". Finally, staff that are completing daily service notes should provide more detail about participation in community activities, where they went, what they did, etc.
- The provider should consider having non family members trained and ready to work with individuals, particularly on days that they are scheduled to participate in community outings. The provider should encourage families to include non-family member staff in a regular rotation with family members providing supports.
- The provider could improve/increase their efforts to collaborate with the teams of individuals they support, particularly supports coordinators, in order to make recommendations when additional service needs are identified by families or Open Systems' staff.
- The provider should develop a system to identify which staff members work with the specific individuals, and include in that system which staff are trained as back-ups in order to maintain staff ratio in the event that the primary staff members are not available.



**Appendices**

Appendix A: Corrective Action Plan

Appendix B: Entrance Signature Sheet

Appendix C: Exit Signature Sheet

Appendix D: MCI Review Spreadsheet