
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Orion Care Services

October 17, 2017

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Introduction

The mission of ODP is to support Pennsylvanians with developmental disabilities to achieve greater independence, choice, and opportunity in their lives. ODP's 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, this QA&I process has been designed to be comprehensive, standardized, and measurable. The QA&I process is intended to:

- Follow an individual's experience throughout the system;
- Measure progress toward implementing *"Everyday Lives: Values in Action;"*
- Gather timely and usable data to manage system performance; and
- Use data to manage the service delivery system with a continuous quality improvement approach.

The purpose of the QA&I Comprehensive Report is to compile the findings from the desk review and onsite review, face-to-face interviews, and self-assessments, as applicable. Each provider entity then is able to utilize the data to continuously improve quality for ODP's vision of an effective system of accessible services and supports that are flexible, innovative, and person-centered. For each entity, the QA&I Comprehensive Report will:

- Highlight those areas where the provider is doing well related to person-centered services delivery and promising practices;
- Analyze performance in ODP's quality focus areas for the current QA&I cycle;
- Compare results of the desk and onsite reviews with the entity's self-assessment;
- Summarize those instances of non-compliance that were remediated during the onsite review;
- Outline issues of non-compliance expected to be remediated within 30 calendar days of report receipt;
- Recommend Plan to Prevent Recurrences (PPRs) where compliance is below the established thresholds of 86%; and
- Recommend improvement activities to be addressed during the remainder of the QA&I cycle, including systemic quality improvement projects to incorporate into QM plans.

ODP's quality management strategy is a comprehensive approach that includes quality planning, quality assurance, and quality improvement/enhancement. This QM strategy is developed and implemented to:

- Offer the highest quality services that promote choice and control in individuals' everyday lives.
- Safeguard the health and safety of individuals receiving services.
- Implement promising practices.
- Ensure program compliance with regulations.

ISAC recommendations for *Values in Action* are built on the values, goals, expectations, and aspirations of people with disabilities and their families. The recommendations are a guide for ODP to develop policy and design programs for people with disabilities, families, providers of service, and advocates who support people to have an everyday life. By utilizing the ISAC recommendations and data gathered from the QA&I process, providers are able to create systemic improvement projects and are able to incorporate improvement activities into their QM Plans. The current ISAC recommendations are as follows:

1. Assure Effective Communication
2. Promote Self-Direction, Choice, and Control
3. Increase employment
4. Support Families throughout the Lifespan
5. Promote Health, Wellness, and Safety
6. Support People with Complex Needs
7. Develop and Support Qualified Staff
8. Simplify the System
9. Improve Quality
10. Expand Options for Community Living
11. Increase Community Participation
12. Provide Community Services to Everyone
13. Evaluate Future Innovations Based on *Everyday Lives* Principles

QA&I Summary

Orion Care Services, submitted their QA&I Self-assessment on September 26, 2017 along with the D-CAP for the self-assessment. Orion's self-assessment did not identify any areas of non-compliance.

The QA&I on-site review of Orion Care Services, occurred on October 16, 2017 at the provider's office location in Bethlehem, Pennsylvania. The on-site review began with the entrance interview which was attended by Greg Lilavois (Director), Aldy Lilavois (Lead staff), Susan Plum (Northampton County AE QA&I Lead) and Mirka Picone (Northampton County AE QA&I Lead). During the entrance interview, the AE provided an overview of the QA&I process and answered any provider questions in regards to the QA&I process. Orion provided the AE with a brief description of their vision and mission for their agency. At the conclusion of the entrance interview, Gregory Lilavois provided the AE with a binder containing all of Orion

Care Services, policies, procedures, and other supporting documentation that was utilized when completing the self-assessment. Orion Care Services, is currently not providing services to any individuals in the ODP waiver programs at this time. For this reason, the AE was unable to select a sample and did not interview any provider staff or individuals receiving services as part of the on-site review process. Upon completing the on-site review questions tool, the exit interview was conducted on October 17, 2017, with the same parties that were in attendance for the entrance interview. The AE noted that the provider's policies and procedures were in compliance with all applicable regulations. Additionally, the AE noted that the provider was very organized in their preparation for the QA&I on-site process and was readily available for any information that was needed. The AE informed Orion Care Services, they would not be required to complete any remediation at this time due to having no areas of non-compliance. The next steps in the QA&I process were then discussed and additional provider questions were answered by the AE.

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.]

The following information should be considered for inclusion:

- At least one promising practice in which the entity excels
- Analysis of performance based on focus areas
- Analysis of performance for extra areas
- Comparison of onsite to self-assessment results
- Issues discovered and corrected while onsite or during desk review
- Items requiring remediation within 30 days
- 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.

Appendices

This section will include the entity's QA&I review results. The Corrective Action Plan document will sit within its own Appendix.

Appendix A

The data included in the table below was collected by the AE during the on-site review phase of the QA&I process. This table includes the question from the QA&I questions tool for providers, the AE's on-site findings, and AE's additional comments in regards to the findings.

AE On-site Data: Questions Tool for Providers		
Question	Findings	Comments
<u>Self-Assessment</u>		
<i>The Provider completes an annual QA&I self-assessment</i>		
6. The provider completed its annual self-assessment using the ODP specified tool.	Yes	Completed 9/27/2017
<u>Quality Management</u>		
<i>There are systemic efforts to continuously improve quality</i>		
7. The Provider has a Quality Management Plan (QMP) that reflects ODP's Mission, Vision, and Values.	Yes	Effective 11/1/2017
8. The Provider reviews and evaluates performance data in selecting priorities for the QMP.	N/A	The provider's initial QMP is less than 2 years old.
9. The Provider analyzes and revises the QMP every 2 years.	N/A	The provider's initial QMP is less than 2 years old.
<u>Person-Centered Planning, Service Delivery & Outcomes</u>		
<i>The system of support is straightforward</i>		
10. The Provider implements a policy/procedure to screen employees and contractors.	Yes	The provider has a policy/procedure that meets all criteria established and there is evidence that it is being implemented.
11. The Provider documents grievances in accordance with regulation.	N/A	There is a grievance policy that is in accordance with regulation.
12. The Provider has a policy that addresses restrictive interventions.	N/A	There were no restrictive interventions.
13. In residential habilitation, the individual has a signed department-approved room and board contract.	N/A	The provider does not serve any individuals.

Qualified Providers*The individual's Provider(s) meet necessary training requirements*

14. Staff receive training to meet the needs of the individual they support as identified in the current, approved Individual Support Plan (ISP) before providing services.	N/A	0/0 records reviewed. The provider is not currently serving any individuals. ISP training is a requirement of the provider's training curriculum.
15. If a provider has any new hire staff, the new hire staff received training to meet the needs of the individual they support as identified in the current, approved ISP before providing services to the individual.	N/A	0/0 records reviewed. The provider is not currently serving any individuals. ISP training is a requirement of the provider's training curriculum.
16. The provider has an annual training plan that meets all requirements.	Yes	The provider has an annual training plan that meets all requirements.
17. The provider and the provider's staff completed all components of the Annual Training plan as required.	N/A	0/0 records reviewed were in compliance. The provider records indicate completion of the annual training plan.
18. Provider staff receive annual incident management training on preventing, recognizing, reporting, and responding to incidents and assuring a participant is safe.	N/A	0/0 records reviewed were in compliance. The provider records indicate completion of the annual incident management training.
19. The staff receive training on the Provider's policy/procedure on how to respond in cases of individual health, behavioral emergencies, and crises.	N/A	0/0 records reviewed were in compliance. The provider records indicate completion of the annual training on how to respond to individual health, behavioral emergencies and crises.
20. The staff receive training on the Provider's Emergency Disaster Response plan that addresses individual's safety and protection, communications and/or operational procedures.	N/A	0/0 records reviewed were in compliance. The provider records indicate that staff were trained on the Emergency Disaster Response plan.

Person-Centered Planning, Service Delivery & Outcomes*The individual is supported in developing their own ISP, including involvement of people chosen by the individual*

21. The provider participates in the development of the ISP.	N/A	0/0 records reviewed.
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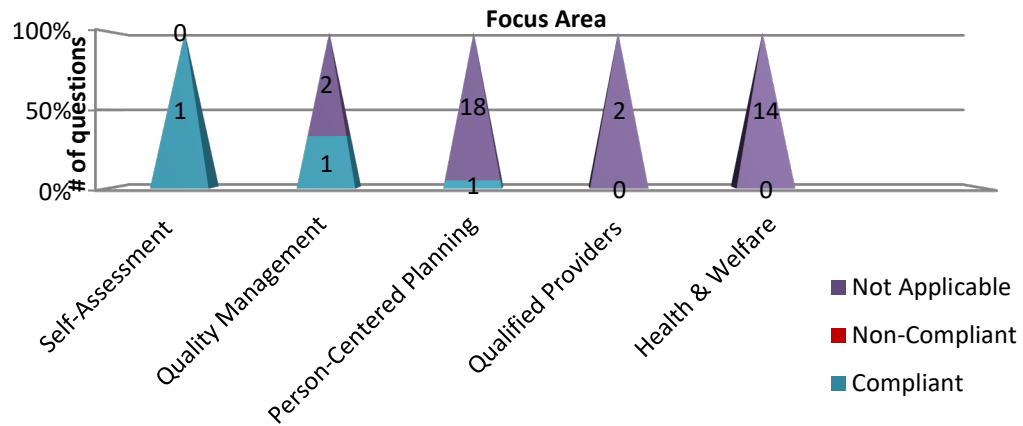
		The provider is not currently serving any individuals.
22. The provider documents delivery of services/supports in the type, scope, amount, frequency and duration specified in the ISP.	N/A	0/0 records reviewed. The provider is not currently serving any individuals.
23. The Provider continued to provide the authorized services to ensure continuity of care during transition.	N/A	0/0 records reviewed. The provider did not transition any individuals to a new provider for the previous year.
24. If a progress note indicates lack of progress in achieving an outcome, the provider progress note indicates what actions have been taken.	N/A	0/0 records reviewed. The provider is not currently serving any individuals.
25. The individual receives employment supports from the provider.	N/A	0/0 records reviewed. The provider is not currently serving any individuals.
26. The individual is supported in exploring employment opportunities through job development and assessment.	N/A	0/0 records reviewed. The provider is not currently serving any individuals.
27. The employment provider supports the individual in obtaining employment through job interviewing.	N/A	0/0 records reviewed. The provider is not currently serving any individuals.
28. The employment provider supports the individual in maintaining employment through job support and follow-along services.	N/A	0/0 records reviewed. The provider is not currently serving any individuals.
29. The residential provider supports the individual to maintain employment by facilitating transportation.	N/A	0/0 records reviewed. The provider is not a provider of residential habilitation services.
<u>Person-Centered Planning, Service Delivery & Outcomes</u>		
<i>The individual is supported to communicate</i>		
30. Staff are trained on the person's communication plan and/or formal communication system.	N/A	0/0 records reviewed. The provider is not currently serving any individuals.
31. The provider provides communication assistance as indicated in the ISP.	N/A	0/0 records reviewed. The provider is not currently serving any individuals.
32. The provider has been entering the individual's	N/A	0/0 records reviewed.

progress related to their communication outcomes into the progress notes.		The provider is not currently serving any individuals.
33. The provider serves one or more Consolidated and/or P/FDS waiver participants who are deaf.	N/A	0/0 records reviewed. The provider is not currently serving any individuals.
34. The provider ensures that one or more of the provider's administrative staff have viewed ODP's webinar.	N/A	0/0 records reviewed. The provider is not currently serving any individuals
35. The provider ensures that provider staff who serve a deaf waiver participant(s) have viewed ODP's webinar.	N/A	0/0 records reviewed. The provider does not serve any individuals who are deaf.
<u>Health & Welfare</u>		
<i>The individual's health, safety, and rights are protected</i>		
36. The provider implements the individual's back-up plan as specified in the ISP.	N/A	0/0 records reviewed. The provider is not currently serving any individuals.
37. If an individual's back-up plan is not implemented as designed, an incident report of neglect was submitted.	N/A	0/0 records reviewed. The provider is not currently serving any individuals.
38. The provider ensures the replacement of an individual's lost or damaged property in accordance with regulation.	N/A	0/0 records reviewed. The provider is not currently serving any individuals.
39. The provider finalizes incidents within 30 days.	N/A	0/0 records reviewed. The provider had no incidents for the timeframe reviewed.
40. The provider offered victim's assistance to the individual as appropriate.	N/A	0/0 records reviewed. The provider did not have any individuals in the sample with an incident for the timeframe reviewed.
41. The provider implemented the corrective action for each individual's incidents.	N/A	0/0 records reviewed. The provider had no incidents for the timeframe reviewed.
42. The provider reported all critical incidents.	N/A	0/0 records reviewed. There is no documentation to indicate that any incidents occurred that were required to be reported.
43. The provider reviews and analyzes incidents at least quarterly.	N/A	There were no incidents for the previous year.

44. The provider's peer review process to review the quality of investigations was completed and documented.	N/A	There have been no Certified Investigations completed by the Provider.
45. The provider implements follow-up recommendations from the Certified Investigation peer review process.	N/A	There have been no Certified Investigations completed by the provider.
46. The provider completes all health care appointments, screenings, and follow-ups as prescribed.	N/A	0/0 records reviewed. The provider is not currently serving any individuals.
47. All required investigations are completed by a Department certified incident investigator.	N/A	There were no investigations.
48. If the individual has a dual diagnosis, the individual is receiving needed mental health (MH) services.	N/A	0/0 records reviewed. The provider is not currently serving any individuals.
49. The provider promotes wellness.	N/A	0/0 records reviewed. The provider is not currently serving any individuals.

Appendix B

Analysis of Performance



	Self-Assessment	Quality Management	Person-Centered Planning	Qualified Providers	Health & Welfare	
Not Applicable	0	2	18	2	14	
Non-Compliant	0	0	0	0	0	
Compliant	1	1	1	0	0	