
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Patricia Ncube

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Introduction

The Quality Assessment & Improvement (QA&I) Process is a way for ODP to evaluate our current system and identify ways to improve it for all individuals. Focus areas of the QA&I process include staff training, communication (including deaf services), policies and procedures, employment, incident management, and quality management. The purpose of this report is to detail the results of the QA&I process. This report is provided as a means of describing the areas in which they have excelled, and document any areas of non-compliance that will require remediation.

QA&I Summary

Patricia Ncube completed the self-assessment July 11, 2017 and sent it to the AE on September 8, 2017. The onsite review took place on December 6, 2017. The AE staff Meagan Smolsky and Lauren Foell met with Patricia Ncube and Sandra Ncube. The AE reviewed records for 2 individuals as well as all relevant policies and procedures. Findings were discussed at the end of the onsite interview. Highlights from the entrance and exits discussions include:

- ODP Quality Management expectations, templates, and certification
- Communication with team, including supports coordinators
- Strengths of review
- Findings of noncompliance
- QA&I Satisfaction survey – <http://qaic1y1feedback.questionpro.com>

One staff was interviewed on December 12 by AE staff Meagan Smolsky. The individual (MCI# 690113569) was unable to answer interview questions.

Data Analysis and Performance Evaluation

Patricia Ncube had no reportable incidents in the past year. However, the provider continues to check and document that there are no incidents on a quarterly basis. Individuals and families did not file any grievances in the past year; a policy is in place, should they feel the need to express a grievance. The annual training includes 13 guiding principles from *Everyday Lives*. Staff are also trained on restrictive interventions and positive practices bulletins annually. Patricia Ncube has a strong emergency disaster response plan that includes language about keeping individuals safe and calm in the event of an emergency. Staff are empowered to call 911 when needed. The quality management plan was sent to the AE prior to the onsite review, as requested. However, the owner was unable to produce a hard copy

and was unaware of the plan at the time of the onsite review. The AE recommends clear, qualitative target objectives for all quality management goals. The provider self-assessment answers varied where the AE found questions out of compliance:

Q8. The Provider reviews and evaluates performance data in selecting priorities for the QMP.

Q9. The Provider analyzes and revises the QMP every 2 years.

Q10. The Provider implements a policy/procedure to screen employees and contractors.

Q14. 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 to the individual.

Q16. The Provider has an Annual training plan that meets all requirements.

Q17. The Provider and the Provider's staff completed all components of the Annual training plan as required.

Q18. Provider staff receive annual incident management training on preventing, recognizing, reporting and responding to incidents and assuring a participant is safe.

Q19. The staff receive training on the Provider's policy/procedure on how to respond in cases of individual health, behavioral emergencies and crises.

Q20. The staff receive training on the Provider's Emergency Disaster Response plan that addresses individual's safety and protection, communications and/or operational procedures.

Q22. The Provider documents delivery of services/supports in the type, scope, amount, frequency and duration specified in the Individual Support Plan (ISP).

Patricia Ncube agency does not have an action plan for the quality management plan. The quarterly data available requires more details of progress and/or changes made over time. The AE recommends utilizing QM quarterly report template. There is no date on the quality management plan, so the AE was unable to determine if it has been revised every 2 years. The exclusions policy is missing important language. Staff are run against the LEIE exclusions each month, but the provider also need to check DHS Medichex and SAM for exclusions. Training records for one staff (a contractor) were not available. The annual training policy does not list all needed training components to occur at least once a year. Patricia Ncube has an adequate Emergency Disaster Response plan in place, but staff have not been trained on the plan. Staff training compliance is already a part of the quality management plan. Records for one of the two individuals did not meet the frequency and duration specified in the ISP.

The staff interviewed was able to answer questions about the individual easily. She understands the supports the individual needs and how to assist her with her communication.

Appendices

See CAP attached in email

See MCI Review attached in email