
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Pediatric Services of America, Inc.

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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. The focus of this process is on quality assessment and improvement as it relates to the participants' experience with services and supports.

The mission of the Office of Developmental Programs (ODP) is to support Pennsylvanians with developmental disabilities to achieve greater independence, choice of opportunity in their lives. The office seeks to continuously improve an effective system of accessible services and supports that are flexible, innovative, and person centered. In keeping with the mission and vision, the QA&I process integrates Everyday Lives Values in Action, ISAC recommendations, and the Consolidated and or Person/Family Directed Support (P/FDS) waiver performance measures. ODP delegates the authority to carry out the Provider QA&I to the AEs, to validate that Providers comply with the current Provider Agreement for Participation in Pennsylvania's Consolidated and P/FDS Waivers.

QA&I Summary

Pediatric Services of America completed a self-assessment during the QA&I FY 17-18 consisting of ten individuals. The Lackawanna Susquehanna BH/ID/EI Program received a copy of Pediatric Services of America's self-Assessment on 10/25/2017.

The Lackawanna-Susquehanna BH/ID/EI Program reviewed a sample of one BASE, two Consolidated, and two P/FDS records, data reviews, and internal policies. One interview was conducted with a consumer from the sample. The Lackawanna-Susquehanna BH/ID/EI Program was on-site with Pediatric Services of America on 10/25/2017 and 10/26/2017 completing the on-site record review, and individual interview.

Data Analysis and Performance Evaluation

The mission and vision of Pediatric Services of America to provide trusted care, to be both dependable and reliable, to keep individuals healthy and safe, and to care for every aspect of someone's life. This attitude is apparent when speaking with the Provider staff.

Pediatric Services of America demonstrates the ability to respond when services are needed in an emergency and to support complex cases thereby allowing individuals to remain living independently.

The entrance and exit interviews with agency staff included some important enhancements that the agency has initiated after the previous on-site review. These enhancements include:

- Pediatric Services of America is actively working to create a better corporate culture which supports, benefits, and recognizes direct service providers. The agency is reorganizing their Pennsylvania structure; consolidating offices; appointing local directors who have a background in intellectual disability services rather than home health services. Local offices will be organized to integrate direct support staff delivering ODP funded services and nursing staff providing both ODP funded nursing and other home health services.
- Pediatric Services of America is developing a standardized process of reviewing incidents within 30 days. The continued need for amelioration of this process validates the current QMP.
- Expanding service offerings, and using experience to provide better and more comprehensive support.
- Taking measures to develop a process to address and rectify customer complaints. Quarterly customer satisfaction surveys are conducted to assess satisfaction of individuals receiving services.

The following areas of strength related to this review are as follows:

- Comprehensive documentation of care expectations for individuals receiving nursing service and detailed and comprehensive service notes.
- Re-organized approach to training for new hire staff and annual comprehensive training for all existing staff.
- An emphasis on triaging individuals needs and assessing risk with the team; collaborating with all team members in a person's life; preparing and training staff to work with individuals with complex needs; cultivating a team environment; maintaining an "open house" setting where individuals feel they can stop by if they need support.

Analysis of performance based on focus areas

- Provider continues to work towards establishing procedures to ensure compliance with incident management policies and procedures.
- Provider continues to review and evaluate practices so that each consumer receives inclusive, and least restrictive services and supports.
- By maintaining quality individualized services, the provider supports consumers to continue residing within the community.

Comparison of onsite to self-assessment results

- Onsite review findings differed from self-assessment findings.
 - Q20 Self-assessment findings at 80% compliance, AE onsite findings at 100% compliance

- Q21 Self-assessment findings at 100% compliance, onsite findings at 40% compliance
- Q48 Self-assessment indicated that no individuals had a dual diagnosis 0/0, onsite review indicated that one individual had a dual diagnosis and was receiving needed mental health services.

Issues discovered and corrected while onsite or during desk review

- Staff were trained on everyday lives materials; however, this was not specifically detailed on the training curriculum checklist. The provider revised the curriculum listing to include “Everyday Lives” during the on-site visit.
- Physical address on disaster plan was updated to the current address.

Items requiring remediation within 30 days

- Q7 The Provider has a Quality Management Plan (QMP) that reflects ODP’s Mission, Vision, and Values.
- Q8 The Provider reviews and evaluates performance data in selecting priorities for the QMP.
- Q22 The Provider documents delivery of services/supports in the type, scope, amount, frequency and duration specified in the Individual Support Plan (ISP).
- Q34 The Provider ensures that one or more of the Provider’s administrative staff have viewed ODP’s webinar related to the Harry M. settlement.
- Q39 The Provider finalizes incidents within 30 days.
- Q43 The Provider reviews and analyzes incidents at least quarterly.

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

- Develop a process to ensure services are provided at the frequency and duration listed in the ISP.
- Administrative staff will review ODP’s webinar related to the Harry M. settlement.

Appendices

- MCI Review Spreadsheet
- CAP