
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Point Of Caring

October 18, 2017

Introduction

The Quality Assessment and Improvement (QA&I) Comprehensive Report has been developed to provide both information and data collected during the self-assessment Point of Caring completed, review of the core sample that Clarion County AE selected for Point of Caring, and information gathered and shared during the on-site portion of the process. As discussed during the Point of Caring onsite visit, this year's focus areas have been related to ODP's mission, vision and values to promote and achieve an Everyday Life for everyone. Additionally the QA&I examined more closely the efforts Point of Caring demonstrates to promote 3 of the recommendations the Information Sharing Advisory Committee (ISAC) made, also included in ODP's Everyday Lives Values in Action: Improve Quality, Employment and Communication.

Summary of Point of Caring

Point of Caring (hereafter referred to as POC) is located in Knox, PA.

As of July 1, 2017, POC is serving 11 people from Clarion County.

Additional information about POC was provided by Joanne McGuire, Program Specialist about activities and POC's accomplishments:

- Megan Hoffman will be getting her Master Degree in December of 2018 and then be able to provide behavioral supports to POC consumers.
- During the on-site Joanne was very organized and had requested information readily available.
- Joanne was very prompt in correcting problem areas.

QA&I Summary

POC completed a self-assessment in FY 17-18, which was finalized on August 18, 2017. POC's self-assessment sample included 5 people who are served residentially and a review of POC's data and policies as well.

Clarion County AE pulled a core sample of 5 people for their review. The names of those selected were shared with POC on October 4, 2017.

Prior to the onsite, a desk review of the core sample was completed.

On October 18, 2017, the onsite portion of the QA&I process began in the Knox office with an entrance meeting with the CEO and Program Specialist. During the on-site visit, documentation was reviewed that is at the office, and AE and Quality Manager spoke with CEO and Program Specialist about certain activities which are contractually required to be completed every year, and assessed the performance for those activities. All aforementioned staff participated in the exit meeting which was held on October 18, 2017.

Clarion AE conducted one face to face interview with a gentleman receiving residential supports on November 21, 2017. The purpose of this activity was to evaluate overall satisfaction, and to provide an opportunity for people to comment on recommendations for system improvement. He expressed a degree of satisfaction; and the attending staff assisted him in providing the information.

All Clarion AE QA&I activities were completed by November 21, 2017.

Data Analysis

POC's self-assessment was completed in August, 2017. The data from that activity has been reviewed, and POC's performance has been evaluated.

The Clarion AE QA&I activities were completed on November 21, 2017. The core sample, and results of the participant interviewed have been reviewed.

Please see [Results and Performance Evaluation](#) section below for findings.

Results and Performance Evaluation

The comprehensive review of POC reveals the following:

POC's SELF-ASSESSMENT:

Of the sample selected by POC for their self-assessment, concerning communication no one was identified as being a Harry M Class member. A portion of the self-assessment asked about Employment services and POC does not provide employment services. Finally the self-assessment included a review of POC's policies and procedures, as well as a comprehensive review of POC's Quality Management Plan. Compliance was reported for all of the policy and procedure measures, except for the policy and procedure to screen employees. This is measured to assess that there is a practice in place for checking the exclusion lists. POC had not been conducting this search and had corrected it after completing the self-assessment. Another area found during the self-assessment was failure to finalize incident within 30 days. POC has added this to their Quality Management plan and is working to correct this.

Clarion AE CORE SAMPLE:

The Clarion AE QA&I core sample review revealed the same results as indicated in POC's self-assessment.

The Core sample desk review verified findings reported by POC in their self-assessment.

As previously noted, both the self-assessment and core sample identified a systemic deficiency in the implementation of the policy and procedure to screen employees. At the on-site POC was able to show their records indicating they have been performing the SAM check. While reviewing these documents and records it was found that the DHS Mediceck was not being performed. For failing to finalize incidents in 30 days, it is noted that by the time of the on-site visit in October, 2017, POC had already added the following Outcome to their Quality Management Plan: "Achieving 100% compliance with incident management policies and procedure". This demonstrates the pro-active and collaborate approach that POC is making. Also during the on-site Clarion AE felt that the Grievance procedure did not have a process to annually determine the number of grievances and their disposition and no documentation showing that this was discussed annually.

Using the focus areas identified in the Introduction, and applying those to the results of both assessments, the following is revealed:

Focus Area #1: Improving Quality

While reviewing the Quality Management Plan (QMP) POC has added the areas mentioned in Clarion AE core sample to their plan.

Focus Area #2: Employment

POC does not provide Employment Services but expressed they have employed their consumers to do maintenance and janitorial work.

Focus Area #3: Communication

During the on-site portion of QA&I, the communication occurring between the CEO, Program Specialist and other staff was evident. When documents were requested by Clarion AE, all staff knew what was being asked, and was able to quickly produce said documents. This demonstrates a culture of daily communication within the POC office.

There are a few areas in the QA&I process that are in development, as they are new requirements. They are not being measured in this report, but reviewed to ensure there is a plan in place with POC to execute. For Example the individual interviewed is provided with on-going opportunities and support necessary to participate in community activities of his choice. Nearly all records in the QA&I Core sample had evidence in the daily documentation that individuals were supported in community activities they choose.

Finally, both assessments were reviewed for any systemic concerns that may need an improvement plan. POC is required to complete remediation for the QA&I Core Review. However, reflecting a strong performance in both the self-assessment, and core sample, there are only two areas that have been identified as requiring a Corrective Action Plan, and a Plan to Prevent Reoccurrence.

- POC must ensure proper implementation of their Grievance process.
- Provider will check the DHS Medichex list and provide the AE with monthly checks

Thank you for your ongoing support during this process, and for the quality work you do every day.

[Appendices](#)

Appendix C: Core Sample Corrective Action Plan and Plan to Prevent Reoccurrence

