

---

# QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

---

Pennsylvania Office of Developmental Programs

Reviewed Entity: Providence Corporation

Dates of Onsite Review: October 30, 31, 2017

Date of Report: November 28, 2017

Onsite Review conducted by Philadelphia IDS

QA&I Review Team: Vernon Franks, IDS Public Health Program Analyst

## Table of Contents

<i>Introduction:</i>	3
<i>QA&amp;I Summary:</i>	4
<i>Data Analysis and Performance Evaluation:</i>	6
<i>Appendices:</i>	7

### Introduction

This comprehensive report contains a detailed analysis of the Office of Developmental Programs (ODP) Quality Assessment & Improvement (QA&I) process for **Providence Corporation**. 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. Providence Corporation successfully completed their self-assessment on time, before the deadline prescribed by ODP. The provider's self-assessment was carefully reviewed. There was inconsistency between the provider's self-assessment and the on-site review. The provider responded to all questions with yes or 100% responses. The on-site review revealed that all questions were not in compliance and corrective action was identified.

#### **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. A review of EIM during the desk review revealed two incidents not finalized within 30 days without request for extension. The provider's Quality management plan was reviewed. Some outcomes are consistent with the ODP Quality Management Strategy, including facilitating communication assessments for every individual upon intake and monitoring effective communication on a quarterly basis. Upon review, however, it was not able to be determined whether the actions documented in the plan have been completed or monitored on a regular basis. The provider needs to document actions taken within time frames they identified to ensure goals have been met. The provider's training plan was reviewed. Although the training plan has most of the necessary components, it does not have course descriptions, or number of training hours per course. Training for Quality management plan was not included in the curriculum. The restrictive intervention policy was inclusive of all the necessary components. ISP'S were reviewed for the sample four individuals. Two of the sample individuals have moved to other providers.

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

Philadelphia IdS conducted the onsite review of Providence Corporation from October 30, 2017 to October 31, 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 required on-site documentation was not ready for review. The provider needed to retrieve documents from their laptop and then make copies for review. The provider was given examples of how other providers prepared for their on-site review. In other on-site reviews, providers had a folder for each question. This made accessing documentation much easier. The provider did remain with the interviewer for most of the on-site review. There were occasions where the provider had to leave the reviewer to retrieve documentation from other locations in their offices. Interviews were arranged by the provider. Both interviews were held at individual's homes. Two individuals were transferred to other providers recently and were not included in the interview portion of the onsite review. The provider's training documentation was not in compliance. Reviewed training documentation did not reflect what particular individual the training was conducted on. The reviewer could not determine if staff was trained on the specific individuals that they are supporting. A review of medical documentation revealed appointments were not always filed correctly (annual physical filed under lifetime medical), although appointments were scheduled and completed as required. Medical appointments did not always have the follow-up dates filled out. Although the provider needs improvement in these areas, there were two promising practices observed by the reviewer. The provider's newly hired staff have updated training records. The provider realized their training documentation needed to be updated and have taken action to do so, and the provider's residential daily logs were very informative and well organized by shift. Staff is better able to determine the well-being of the individual through the use of charts and daily documentation.

A total of four individuals were selected as a part of this provider's sample, and of those sample individuals, two interviews were conducted during the onsite review. The first interview was conducted in the individual's home. The individual expressed their total satisfaction with the services of this provider. They were not aware that they could request to read their ISP. The reviewer indicated that the ISP should be reviewed for accuracy. The reviewer read some of the ISP to the individual. The individual was happy to know that information in their ISP was accurate. The individual's home was neat and tidy. Staff was professional and assisted for parts of the interview. The second interview was also conducted at the individual's home. The individual was not aware of the services they receive. They were aware that staff is present to ensure their health and safety needs are met. The individual gets to participate in activities of their choosing. The individual's home is neat and tidy. Staff were present to assist with the interview as needed. Upon completion of the interview portion, it appears to the review team that the provider is doing well promoting Everyday Lives principles with the people they support: the individuals regularly participate in the community, doing activities that they choose, including visiting the local library, shopping trips, and making purchases of things they want and need. One individual works at the local CVS, and is well known in the community.

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. The provider is relatively new, this was their first time participating in onsite review or provider monitoring, and the administrative team there welcomed the corrective actions that were identified at the exit interview as an opportunity to improve the services they are providing.

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

The provider has been in service less than 2 years. They have accepted consumers with challenging behaviors and medical problems. They provided residential services to an individual with forensic/legal issues. The individual is included in this review as one of the sample individuals, however, the individual recently chose to receive residential services from another provider and could not be interviewed. The provider has created an updated training record for new hires. The updated training record was created prior to the on-site visit. As previously mentioned, the use of daily charts and detailed shift documentation is helpful in determining the well-being of the individual, and effectively facilitates getting important information to staff during and following shift changes.

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

The provider had a number of questions with which they were determined to be out of compliance with Chapter 51 regulations. A corrective action plan will be submitted along with this report and will require remediation within 30 days in the following areas:

Q7: The provider did not submit a complete QM plan with ODP'S mission, vision, and values. No evidence that the provider is completing the actions identified in the QMP.

Q10: The provider did not submit a policy on screening employees and contractors. Also the provider did not provide documentation that monthly screens were completed

Q14: The provider did not have ISP training documentation as part of their annual training. 0 of 19 staff reviewed that work with the sample had this required training.

Q16: The provider's annual training plan does not meet all requirements. It does not have course descriptions, or number of training hours per course. Quality Management not included.

Q17: The provider did not have QMP training documentation as part of their annual training. 0 of 19 staff reviewed that work with the sample had this required training.

Q22: The provider did not document Interpreter services as part of the monthly progress notes for MCI #030360473. The cost of this service is absorbed into the residential rate.

Q34: The provider's administrative staff did not have documentation of ODP webinar for Deaf participants.

Q39: The provider did not finalize incident ID#s 8324237, 8334107 within 30 days without extension requested.

Q41: Corrective action for incidents #8305774, 8323193 could not be verified.

Q43: The provider did not document quarterly review of incidents.

Q44: The provider's peer review process was not documented.

Q48: MCI # 480212377, there was no documentation that the Psychiatric appointment was completed.

#### Recommendations for systematic improvement, including items requiring a Plan to Prevent Recurrence

The following questions meet ODP criteria for the requirement of a Plan to Prevent Recurrence (PPR): Q 14, Q17, & Q41.

The PPR should document systematic changes made agency wide that ensure noncompliance for each individual question does not recur.

Additionally, it was noted by the reviewer that there a number of trends with regard to specific areas where the provider fell short of meeting requirements for compliance. These were in the general areas of staff training and incident management. The review team recommends that this provider look closely at the requirements of ODP bulletin 6000-04-01, the certified investigators manual, and the peer review manual, and begin to implement significant changes to the way the agency documents, reviews, and analyzes incidents as they occur and on a regular basis following occurrence.

**Appendices**

Appendix A: Corrective Action Plan

Appendix B: Entrance Signature Sheet

Appendix C: Exit Signature Sheet

Appendix D: MCI Review Spreadsheet