
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Entity Name: SPARC SERVICES

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Onsite Review conducted by Philadelphia IDS

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Introduction

This comprehensive report contains a detailed analysis of the Office of Developmental Programs (ODP) Quality Assessment & Improvement (QA&I) process for SPARC Services. 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—
Not applicable for SPARC
- People will be connected with their community and increase community participation
- People will live with people they like and who care about them- Not applicable for SPARC
- 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

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. SPARC SERVICES successfully completed their self-assessment on time, before the deadline prescribed by ODP. The SPARC Services self assessment identically matched the results of on-site review in all areas.

Desk Review of Providers

The assigned Administrative Entity conducted a desk review of all providers that are assigned for on-site review prior to the date of on-site. This desk review for Sparc included 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. The desk review conducted for SPARC Services went well. The analyses of their QM Plan, the annual Training Plan, and their Restrictive Intervention policy all meet the ODP requirements. The SPARC Services Quality Management Plan includes goals and outcomes that are consistent with the ODP quality management strategy and focus areas, including tracking and analysis of incident management data, individual safety at the program and in the community, individual participation in community activity, and compliance with staff training requirements. The SPARC Training Plan and curriculum had detailed descriptions of the courses that included all 8 components of training that are required by the Chapter 51 regulations. The powerpoint Sparc included as part of their training curriculum was well produced, and inclusive of important information that is presented to staff upon hire and on an annual basis.

AE Onsite Review of Providers

Philadelphia IdS conducted the onsite review of SPARC SERVICES from 9/11/17 to 9/13/17. 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.

A total of five individuals were selected as a part of this provider's sample, and of those sample individuals, five interviews were conducted during the onsite review. All interviews were conducted onsite at the SPARC Services location. Every individual interviewed was able to express that they loved coming to the program, enjoyed activities both in house at the program, as well as the community activities they participate in during the CPS service. Staff that were interviewed as part of the process were well-informed. They knew the people they support very well. They were especially knowledgeable of individual risk factors and health information.

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. During the exit interview, the provider was given the opportunity to express their feeling/feedback about the whole process. The provider staff members present during the exit meeting felt good and expressed their satisfaction with the entire process. They viewed the process as necessary in the light that it made the agency look at itself to see where things went wrong, and this has helped them to make things better going forward. They also expressed that there were no duplication of efforts as in the past reviews. The agency stated that it feels good that it will take few more years before coming back to them for another review. The agency staff present thanked both members of the review team for making it easier for them to understand the process. They expressed that they were a little nervous about the new QA&I process, but they will be more than prepared for future QA&I reviews.

Data Analysis and Performance Evaluation

Generally, the review went well. There was no corrective action plan or plans to prevent recurrence of non-compliance required. The review team commended the provider in the following areas:

1. The provider's annual training curriculum was excellently put together.
2. This provider did an excellent job preparing for the review. All documentation was readily available and onsite at the time of review, causing no delays or interruptions. Two members of the Sparc QM team stayed with the reviewers throughout the process and were available to answer questions when needed.
3. The QM Plan and the Restrictive Intervention Policy all met ODP requirements.
4. The review team determined that the provider did very well on the quarterly analysis of all incidents.
5. All staff interviewed did well in their responses, which showed that they knew the individuals, can identify their risk factors, medical conditions, know their likes and dislikes, and helped them in making the choices of things they want to do on a daily basis in their programs.

Recommendations by the Review Team:

1. The team recommended, after reviewing the provider's discharge letter for one of their individuals, that the template for the 30 days discharge letter be revised. The review team recommended that the discharge letter include why the individual needs to be discharged, and what actions the provider took to attempt to resolve the issues causing the need for discharge, and to indicate MCI# of the individual to be discharged. The provider must ensure that new placement is sought before moving the individual out of their program. The provider must follow all transition protocol. The provider must cc the SC, ODP, County, individual, and family members on the discharge letter.
2. When writing a progress note, the review team recommended that the provider indicate whether or not a back-up plan was implemented on that day or during that week. The provider must have a section of the progress note dedicated to back-up plan.
3. The team recommended that the provider becomes familiar with the new peer review manual, and utilize the new peer review scoring system implemented in the most recent revision. In addition, the team recommended that the provider improves operational practices such as documenting all corrective actions requested by committees, medical professionals, and outside reviewers. The provider must ensure that quarterly peer reviews are documented correctly as per review manual.

Sparc's goals in their quality management plan align with the focus areas identified in the new waiver and the ODP quality management strategy. Sparc ensures that individuals are physically and mentally healthy while ensuring that they are free from abuse, neglect, and exploitation, and track their progress by reviewing and analyzing data collected for the QM plan. Sparc's individuals go out into the community on a regular basis, and they are increasing the amount of individuals who are employed in the community. Individuals at Sparc are able to effectively communicate their wants and needs to their staff. Individuals at Sparc are going into the community daily. Each individual has a choice, and can decide where they go. Individuals enjoy when staff take them out.

Sparc staff showed that they know the individuals very well. Each staff was able to point out risks, likes and dislikes. Sparc's staff lets each individual make choices on program activities they participate in when attending the program

Sparc trains staff through their Annual Training Plan on how to effectively communicate with their individuals. For the individuals who have a communication outcome, Sparc trains those staff on the individual's outcome and how they can successfully meet their outcome.

All of Sparc's staff are trained on the Annual Training Plan on how to report an incident. All incidents with a corrective action are followed through and discussed at peer review meetings. Sparc does an excellent job reviewing incidents on a quarterly basis to ensure that individuals are free from abuse, neglect, and exploitation.

No issues were discovered during the onsite or desk review that required correction onsite. No items require a corrective action plan or remediation within 30 days, and no plan to prevent recurrence of non-compliance was needed.

Appendices

Appendix A: Corrective Action Plan

Appendix B: Entrance Signature Sheet

Appendix C: Exit Signature Sheet

Appendix D: MCI Review Spreadsheet