
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Entity Name: St. John's Community Services

Date(s) of Onsite Review: December 4, 2017 – December 8, 2017

Date of Report: January 10, 2018

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 St. John's Community 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
- 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.

St. John's Community Services successfully completed their self-assessment on time, before the deadline prescribed by ODP. The results of the St. John's self-assessment were consistent with the findings of the onsite review team that conducted the QA&I visit in most areas, although there were some areas of non-compliance that were identified during the onsite review did not appear in the agency's self assessment. During the self review, this provider chose a different sample than the AE for all questions that applied to sample individuals. Onsite results could not be accurately compared to self review results for these questions.

Desk Review of Providers

The assigned Administrative Entity conducts 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.

The St. John's QM plan includes outcomes, measurable target objectives, an action plan, frequency, and a responsible person which is consistent with chapter 51 regulations. Each of the goals were developed with target objectives and corresponding completion dates throughout fiscal year 2017 – 2019, and action steps and measurable objectives are built into each goal. Overall, St. John's QM Plan was very detailed, goal orientated and well documented, and the outcomes of the plan are consistent with the ODP Quality Management Strategy.

The policy on restrictive interventions does meet criteria specified in ODP Memo 080-12 with regard to allowable restrictive interventions, prohibited restrictive interventions, and the reporting of unauthorized use.

Finally, St. John's annual training plan was missing two components required by regulation: Department-issued policies & procedures and ISP training. The training plan was presented as a list of training topics with an explanation of subject matter and there was evidence of the material/time that was presented during staff training. St. John's completes training on a monthly basis at all-staff

meetings, and documents staff attendance on a spreadsheet that makes it simple to determine when and where staff are due for regulatory required trainings.

The EIM review shows that Provider had no incidents reported during the time period that was reviewed.

AE Onsite Review of Providers

Philadelphia IdS conducted the onsite review of St. John's Community Services from December 4, 2017 – December 8, 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 provider had their documents ready for the review and the interviews of staff and sample individuals were scheduled ahead of time, as requested. The Director of Operations of St. John's stayed with the review team throughout the entire process, and was open and available for questions during the review. All St. John's staff that participated in the review were agreeable and open to the suggestions and recommendations that were made as a result of the review.

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. These individuals receive Supported Employment services from the provider.

During the interviews it was noted that the individuals were very happy and satisfied with the services provided by St. John's. It was evident that the staff knows the individuals, respect their choices, and work very hard to achieve each individual's employment goals. Many of the individuals participate with their job coaches during job development phases of the employment processes, and St. John's does excellent work training individuals who are capable to complete job development activities on their own as well. In fact, one of the individuals that is currently seeking employment is directing the majority of the process on his own, and utilizing the assistance of St. John's in the manner in which he decides helps him the most.

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 indicated during the exit interview that they found the QA&I process to be helpful, valuable, and informative, and they

were looking forward to collaborating with the review team on remediation of noncompliance and implementing recommendations.

Data Analysis and Performance Evaluation

This section of the report will provide data and analysis in key areas, highlighting both good performance and areas for improvement. [Data for every QA&I question will be provided in an appendix.]

Analysis of performance based on focus areas

- **People will be connected with their community and increase community participation & increasing employment**

The inherent nature of the service provided by St. John's, Supported Employment, guarantees that the individuals they support will be connected with their communities and participate in their communities in meaningful, important ways that improve their social capital. St. John's commitment to quality and to the ODP vision for the improvement of the ID service system in Pennsylvania is apparent by the manner in which they conduct their daily activities. During the interview process, all individuals indicated that they are connected to their communities and participate in meaningful ways.

St. John's currently supports 40 job seekers, of which 24 are currently employed in competitive integrated positions. St. John's follows a "One Person, One Job" philosophy in their approach to employment, and they operate with the belief that everyone is employable.

- **Ensuring that people with complex needs have the support they need**

St. John's staff are respectful to the individuals they support, and this is evident in the manner in which they communicate with them. During the onsite review, one individual that participated as a sample member was clearly experiencing distress and needed the support and guidance of caring and nurturing staff. Even though it was not a part of the service that is provided by this agency, the individual was able to stay at the main office of the agency, participate in conversations with the staff there, and basically "hang out" until he felt well enough to move on with his day. During the time that was observed by this reviewer, the individual was treated like a member of the family, and it was this caring, nurturing attitude that prevented a potential problem or outburst that may have occurred otherwise.

Issues discovered and corrected while onsite or during desk review

No areas of noncompliance were identified onsite that were remediated onsite.

Items requiring remediation within 30 days

The questions were identified to be out of compliance and require corrective action to be completed within 30 days of the date of this report are listed in the corrective action plan, Appendix A of

this report. Please ensure that proof of corrective action is forwarded to your review team on or before the due date, along with the completed CAP document.

Recommendations for entity's system improvement

As a reminder, any questions in the QA&I tool that are answered with two or more indications of noncompliance with regard to the sample require a Plan to Prevent Recurrence (PPR) of the noncompliance. For this review cycle, question numbers **14, 15, 17, & 21** require a PPR specific to the areas of noncompliance. Please document the details of the PPRs in column G of the corrective action plan document next to the corresponding questions.

In general, PPRs must identify systematic, organizational changes to policies, procedures, staff training, supervision roles, and other relevant areas that are implemented, documented, and regularly monitored by the provider in order to ensure that noncompliance does not recur.

Appendices

Appendix A: Corrective Action Plan

Appendix B: MCI Review Spreadsheet

Appendix C: CR Letter