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# QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

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Pennsylvania Office of Developmental Programs

Volunteers of America

*Date of Onsite: 9/19/2017*

*Date of 2<sup>nd</sup> Onsite: 10/5/2017*

*Date of Last Interview: 10/12/2017*

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## **Introduction**

The QA&I Comprehensive Report is a packet of information compiled by ODP or the AE, as appropriate, after the self-assessment, desk and onsite review that includes a cover letter, the self-assessment and onsite review results, the report of findings and recommendations and Corrective Action Plan form. This packet of information is provided to the Provider electronically within 30 days from the last day of the onsite review and outlines expectations for remediation and follow-up. The focus of the QA&I process will be on quality improvement, employment and communication.

The purpose of this report is for the QA&I process that began on 9/19/2017 and this report will include your findings.

## **QA&I Summary**

The steps of the QA&I review consist of the following steps:

1. **Self-Assessment**: The annual process conducted by the Provider to self-evaluate their performance in all areas of the QA&I process.
  - **Provider's self-assessment was submitted electronically prior to the deadline.**
2. **Desk Review**: A review of available documentation prior to the onsite review to inform the overall QA&I process and to determine focus areas for the onsite review.
  - **Provider made all relevant documentation available for review to AE prior to onsite appointment.**
3. **Onsite Review**: The component of the QA&I process where staff from ODP and/or the AE conduct an in-person visit of the AE, SCO or Provider, as appropriate, to assess the entity's performance in all areas associated with the QA&I process. The QA&I team will focus on gathering quality improvement and compliance evidence related to the sample of individuals and other organizational responsibilities.
  - **Provider attended scheduled onsite appointment scheduled for 9/19/2017 but did not have required documentation. A secondary onsite appointment was scheduled for 10/5/2017.**
  - **Provider attended scheduled onsite appointment scheduled for 10/5/2017 but did not have all required policies and trainings in place.**

4. **Entrance Conference:** A meeting of the QA&I team and entity leadership at the beginning of the onsite review to discuss the scope and schedule for the visit, including objectives and approximate timeline and the entity's quality improvement priorities, successes and challenges.
  - **AE completed introductions & opening remarks, QA&I overview, organizational overview and onsite review with provider.**
5. **Exit Conference:** A meeting of the QA&I team and entity leadership at the conclusion of the onsite review to discuss preliminary observations and recommendations from the onsite review.
  - **AE completed QA&I review team's overall experience & impressions and discussed with the provider their feedback about their onsite experience.**

**6. Statistics of the Provider's Review Process:**

1. Number of Individuals in Sample: 5
2. Number of Individuals Interviewed: 3
3. Number of Staff Interviewed: 2 (1 staff person interviewed for 2 individuals)

**Data Analysis and Performance Evaluation**

The Data Analysis and Performance Evaluation section will provide data and analysis in key areas, highlighting both good performance and areas for improvement. The AE's report is as follows:

***[Data for every QA&I question will be provided in an appendix.]***

**Promising Practices in which the Provider Excels:**

1. **POLICY:** Provider's policies did not meet all requirements and were not organized, and easily accessible, in a company binder.
2. **RECORDS:** Provider's records regarding consumer attendance and documentation of delivery of service need to be worked on.
3. **TRAINING:** Provider's staff orientation and annual training did not meet requirements. Provider's staff orientation consists of driving and vehicle safety only. Provider's annual training was not in place as of 10/12/2017 – no staff have been trained on the required topics.

**Analysis of Performance based on Focus Areas:**

1. **POLICY:** Provider needs to work on the following policies:
  - a. **Quality Management:** Does not reflect EDP's Mission, Vision and Values in entirety. Please see attached document.
  - b. **Process for reviewing and evaluating performance data for the QMP:** Process was not in place and no documentation on-hand to support Provider's performance. Stated that a customer satisfaction survey was mailed out but did not have any returned surveys on-hand or data compiled.

- c. **Process for analyzing and revising the QMP every 2 years:** Process was not in place and documentation was not available for review.
  - d. **Policy on Restrictive Interventions:** None in place. Policy, in entirety, states, “We do not do restrictive interventions.”
  - e. **Process for reviewing and analyzing incidents on a quarterly basis:** Process was not in place and documentation not available for review.
  - f. **Peer Review Process:** Provider did not have a peer review process in place, has not contracted with a certified investigator and did not know what a reportable incident was.
2. **RECORDS:** Provider is Transportation Trip only for individuals in sample - does not currently offer employment services, write progress notes, participates in ISP development etc. - these areas are N/A
  3. **TRAINING:** Provider’s staff orientation and annual training is not in place. Staff orientation consisted of shadowing a seasoned driver and driving and vehicle safety, including securing a wheelchair. No other required training has been completed with the current Provider’s drivers/staff. AE interviewed 2 drivers of the 3 individuals in the sample – drivers responded that they have not seen or read any ISP’s of the individuals they serve. When AE asked drivers what topics were covered in their orientation the answer was, “How to drive the van.” No annual training was in place or has been conducted for time period being reviewed. While onsite, AE advised Ms. Toploski to contact Reaching Beyond Limits to request assistance in setting up and conducting an annual training for all staff ASAP. Kristen Toploski will function as administrative staff responsible for viewing ODP’s webinar on deaf culture. This webinar had not been viewed by any staff as of 10/5/2017 although Provider serves one individual who is profoundly deaf and uses modified sign language as primary mode of communication.

#### **Comparison of Onsite to Self-Assessment Results:**

- Online Self-Assessment for 2017 did not have a separate tool for full providers vs. transportation providers. Therefore, many of the questions did not pertain to this Provider. AE discussed recent changes in QA&I procedures during onsite with Provider.
- **POLICY SECTION:** Provider’s Self-Assessment indicated that all policies were in place. AE found #8, 9, 12, 16, 43 & 47 to = “No.”
- **RECORD REVIEW SECTION:** Provider’s Self-Assessment indicated that they did not serve any individuals who are deaf and that 1 person had viewed ODP’s webinar. AE found that Provider has been serving one individual (MCI#440005910) and that 0 staff have viewed ODP’s webinar.
- **TRAINING SECTION:** Provider’s Self-Assessment indicated that all 8 staff received both the required orientation and annual trainings. AE found #14, 15, 17, 18, 19, 20, 34 & 35 to = “No.”

### **Issues Discovered and Corrected while Onsite:**

- Provider added verbiage to their Quality Management Plan and Continuity of Care policies while AE was onsite.

### **Items Requiring Remediation within 30 days:**

- QMP needs to be improved in order to meet requirements
- QMP process needs to be created and implemented
- Provider's Restrictive Intervention Policy needs to be created
- Provider's process to review and analyze incidents on a quarterly basis need to be created
- Provider needs to create a peer review process
- Provider needs to contract with a Certified Investigator for any future incidents and peer review process
- Provider's Staff Orientation & training documents need to be created that include all required topics:
  1. Sign-in sheets need to indicate staff's date of hire, date of training, course descriptions
  2. Staff who work directly with the individuals should be trained on the current, approved ISP for the individual(s) they support.
  3. Cross reference date of hire with the training records to ensure the staff were trained prior to providing services.
  4. Training should include all aspects of the ISP such as outcomes, special health care needs, behavior, accessibility, nutrition/diet, communication methods and staff sign language skills and risk mitigation strategies.
- Provider's Annual Training & training documents need to be created that include all required topics:
  1. Department policy on intellectual disability principles and values
  2. Training to meet the needs of participant as identified in the ISP
  3. QM Plan
  4. Identification and prevention of abuse, neglect and exploitation of a participant
  5. Recognizing, reporting and investigating an incident
  6. Participant grievance resolution
  7. Department-issued policies and procedures
  8. Accurate billing and documentation of HCBS delivery
  9. Incident Management training
  10. Behavioral Emergencies & Crisis
  11. Provider's Emergency Disaster Response plan
  12. Individual's Communication plans
  13. Provider's Admin Staff: ODP Webinar on deaf waiver participants

**Appendices**

This section includes the Provider's QA&I review results with items that require action and response to the AE within 30 days. Please find your Corrective Action Plan attached.