
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Blind and Vision Rehabilitation Services

October 18, 2017

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Introduction

The purpose of the Comprehensive report is to compile the official findings from the desk and onsite reviews, face-to-face interviews and self-assessments, as applicable, that were completed for your agency as part of ODP's QA&I Process. This report will:

- Highlight those areas where the Provider is doing well related to person-centered services delivery and promising practices;
- Analyze performance in ODP's quality focus areas for the current QA&I cycle;
- Compare results of the desk and onsite reviews with the entity's self-assessment;
- Summarize those instances of non-compliance that were remediated during the onsite review;
- Outline issues of non-compliance expected to be remediated within 30 calendar days of report receipt;
- Recommend PPRs where compliance is below established thresholds of 86%; and
- Recommend improvement activities to be addressed during the remainder of the QA&I cycle, including systemic quality improvement projects to incorporate into QM Plans.

The mission of the Office of Developmental Programs (ODP) is to support Pennsylvanians with developmental disabilities to achieve greater independence, choice and opportunity in their lives.

ODP's vision is to continuously improve an effective system of accessible services and supports that are flexible, innovative and person-centered.

The Quality Assessment & Improvement Process is a way for ODP to evaluate our current system and identify ways to improve it for all individuals.

QA&I Summary

Per ODP's requirement, Blind and Vision Rehabilitation Services (BVRS) completed and forwarded to the Administrative Entity (AE) their Self-Assessment on August 25, 2017. Additionally, as required, BVRS submitted their Quality Management, Restrictive Procedure and Annual Staff Training policies to the AE. These policies and the completed provider Self-Assessment were reviewed by the AE as part of the desk review. The On-Site review portion was scheduled and occurred on October 17, 2017.

One administrator of BVRS was present for the entrance meeting which commenced at 9:00am. During the entrance discussion, the AE reviewed ODP's focus areas including Communication, Community

Participation and increased focus on Staff Training. Also noted was the change that the AEs are no longer reviewing the specific service billing history of the provider and On-Site is to occur on a 3-year cycle. The AE outlined what would be reviewed during the On-Site and potential timeframes for completion. The provider had arranged for the individual interview portion to occur at the provider's prevocational site at some point after lunch. The administrator summarized some of the highlights occurring at BVRS including their plans to continue to increase the individuals' community participation supports and their new rooftop garden at the worksite. The provider sample reviewed consisted of five individual records. The associated staff training records reviewed included eight files. One individual interview was also completed.

Data Analysis and Performance Evaluation

During the On-Site review portion of the QA&I process, BVRS made available the required records as well as arranged for the one individual to be interviewed. The process advanced without delays as BVRS provided remarkably organized files and was able to retrieve all additional information needed and clarify any questions as identified by the AE.

Findings:

Highlights and Provider Strengths:

- BVRS was fully prepared for the On-Site review with remarkably organized binders and carefully labeled agency policies and files. This made it easy to locate the necessary information to determine compliance with the QA&I tool.
- BVRS has been making sure the individuals that attend their ATF are provided with opportunities to go on community outings for years and as such, BVRS has been able to adapt well to the Community Participation Support requirement. The staff has been trying to keep informed about the changes and have been viewing the webinars pertaining to CPS as well.
- The Quality Management Plan and corresponding data and reviews are very-well organized which made it easy for the AE to validate BVRS' compliance with the QMP questions on the tool.
- Attaching the daily documentation and outcome charts to the individuals' monthly summaries is also a favorable practice.

Areas for Corrective Action:

- **Question 31: The Provider provides communication assistance as indicated in the ISP.**

The communication section of the ISP for one individual states that his day program staff will work with him one-on-one with flash cards once a week. BVRS staff have not been providing the individual with the opportunity to work on his flash cards thus not meeting the requirement.

Suggestions for consideration of improvement:

- Since the provider is ultimately responsible for implementing the individuals' ISPs it is suggested that BVRS' Program Specialist review ISPs in HCSIS frequently and thoroughly to ensure they are accurate reflections of the individual's needs. And when an outdated or incorrect statement is discovered it is suggested that BVRS contact the individual's supports coordinator and document the attempt to have the ISP document revised. There are two instances where the AE discovered a need for ISPs to be updated:
 - 1.) One individuals' ISP stated that the day program staff is trained in ASL. Since this is not the case it is important for the ISP to be revised.
 - 2.) The other instance is referenced in the findings above.
- To keep track of the varying ratios for the individuals (depending on FBS and community settings), it is suggested that BVRS make a notation on the daily documentation as to how many individuals/staff were present for community outings.

Appendices

- BVRS QA&I Tool
- BVRS CAP