
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Entity Name: CHOP PRIMARY CARE

Date(s) of Onsite Review: October 10, 2017 – October 11, 2017

Date of Report: November 10, 2017

Onsite Review conducted by Philadelphia IDS

Name(s) of QA&I Review Team: Augustine Kebbie, Public Health
Program Analyst

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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 CHOP Primary Care. 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. CHOP PRIMARY CARE successfully completed their self-assessment on time, before the deadline prescribed by ODP. All providers including CHOP want to be successful in providing adequate supports and services to the individuals they serve in their programs. Generally, CHOP Primary Care's self-assessment submitted to ODP aligns with the findings onsite, except for the questions that were found to be out of alignment with Chapter 51 regulations, including Q10 (regarding screening policy and implementation), question 11 (regarding grievance procedures) and question 19 (regarding training on health and behavioral emergencies and crises).

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 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 CHOP Primary Care went well. The provider's Quality management Plan, the Annual Training Plan, and the Restrictive Intervention Policies were reviewed and analyzed. The review and analyses of these policies show that all the policies and procedures meet ODP's standards. The QM Plan has all the components-goals, outcomes, target objectives, and performance evaluation section. CHOP's QM plan aligns with the ODP quality management strategy by having outcomes that focus on individual employment, success with job placement, and staff training in the requirements that are newly developed for job coaches that are working with their department. An important recommendation to improve the QM plan, is to develop and action plan for every target objective identified. This will assist the provider with documentation of progress in meeting the outcomes and objectives the

agency set for itself. The action plan will also assist with ensuring revisions to the objectives are made when required by a lack of progress being reported.

The annual training curriculum has all the 8 components as required by ODP guidelines- ODP's intellectual principles and values, ISP training, QM Plan training, identification and prevention of abuse, neglect, and exploitation, recognizing, reporting and investigating an incident, training on the grievance policy and procedure, training on the department-issued policies and procedures, and accurate documentation of service delivery (progress notes). It may be of value to include two required training in the annual training plan that were not there (how to respond to individual health and behavioral emergencies & the emergency disaster response plan) although these are not currently required by Chapter 51. It may also benefit this supported employment provider to include in the annual training plan the job coaching specific certifications that are newly required by the Consolidated and PFDS waiver renewals.

Finally, the restrictive intervention policy meets standards and its purpose is to ensure the protection and safety of the individuals and staff within the program.

AE ONSITE REVIEW OF CHOP PRIMARY CARE

Philadelphia IdS conducted the onsite review of CHOP Primary Care from October 10, 2017 through October 11, 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 staff members of CHOP Primary care were very cooperative with the entire process and stayed with the reviewer throughout the process. The files were not organized as expected because some of the policies and procedures had to be printed from the computer. It would benefit the provider during future reviews to ensure that all required documentation is prepared and onsite ahead of time. Some of the policies and procedures reviewed did not meet ODP standards. For example, there were no monthly screenings of staff as required by the LEIE exclusion policy. The Grievance policy did not include instructions on how to file a grievance, how to help the individual and family complete a grievance form, and how to resolve a grievance in 21 days. Notwithstanding this shortcoming, the provider has not experienced any grievance submission in the last 9 years. There were no incidents for the period under review. The policy and procedures on individual

health, behavioral emergencies and crises exists, but no training was conducted on this policy. All the sample individuals are currently employed. The agency must practice filing all their policies and procedures in readiness for any review

A total of four individuals were selected as a part of this provider's sample, and of those sample individuals, four interviews were conducted during the onsite review. The interviews were arranged ahead of time by staff, and the process was well coordinated. The staff and the individuals responded appropriately to all the questions. Responses from staff indicated that they know their individuals, their skill levels, their shortcomings, and areas that need improvement. All staff interviewed did well in their responses. The interviews were arranged ahead of time, as requested. The individuals were prepared for the interviews, and responded eloquently to all the interview questions. Their answers indicate that they make choices, do the jobs they like, engage in activities that are important to them, hang out with the important people in their lives, and spend their monies as they choose. The staff members explained in detail the kind of supports they provide for the individuals. The staff were knowledgeable of individuals risk factors, health problems, and the kind of work they do. All the interviews were conducted onsite at the CHOP Primary Care services location. They were all verbal and expressed that they loved coming to their programs for support, enjoyed and liked their jobs in the community. The individuals looked good, and were well dressed, and staff and the individuals referred to each other by their names.

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 feelings and provide feedback about the whole QA&I process. The provider staff members attending the exit felt that the information sent to them by ODP was less than what the reviewer requested. They felt good about the process because much of the duplication was reduced from previous years. The staff expressed that they will be better prepared next time. The staff indicated that some of the interview questions were open-ended, and the individuals had to struggle to answer them. The provider expressed that the review has shown them where improvements are needed in their program. The provider is concerned that the slow authorization from OVR to ODP's supported employment can delay supports for many

individuals at their new jobs. The provider staff present thanked the reviewer for helping them understand the process better.

Data Analysis and Performance Evaluation

- 1.** Individuals served through the Chop Primary Care Program are included in the communities they live in as productive members of society. The program's major focus area is competitive employment. All sample individuals are employed in the community. The program uses a multidisciplinary approach to ensure individuals receive person centered services and assist them with achieving goals.
- 2.** CHOP Primary Care staff members were very cooperative with the review team from the start of the process to the end. They stayed with the team throughout the process. All the staff interviewed did well in their responses, which indicated that they knew the individuals, their likes and dislikes, their strengths and weaknesses, and supported them in the focus area to excel. All staff members interviewed were available to answer any question as needed.
- 3.** Similarly, all the sample individuals interviewed did well in their responses. They know the purpose for which they are in the program. They are happy with the program, choose the jobs they like to do, receive adequate support to secure their jobs, monitor their performance on their jobs, stay in touch with their employers, and counsel them where necessary.
- 4.** Chop Primary Care program assures effective communication and individual satisfaction between staff, the individual and their families/support systems.
- 5.** The provider's QM plan, Annual Training Curriculum, and Restrictive Intervention Policy all met ODP requirements and are consistent with department policy on ID principles and values.
- 6.** The provider assures that all individuals served are coached on self-advocacy skills in order to get their needs met at work, home and community.
- 7.** Staff assured that individuals were free from abuse, neglect and exploitation at the program and in the community on their jobs. The individuals made choices and decisions related to their work.
- 8.** Program staff have different background areas of expertise and they applied their disciplines in supporting the individuals to transition them to become productive in the community for competitive employment

RECOMMENDATIONS:

1. CHOP Primary Care program has not been screening employees on a monthly basis to meet the requirements of the LEIE exclusion policy. The team recommended that the provider start this process immediately to ensure that employees are screened every month.
2. The Grievance policy does not include instructions to individuals and their families on how to complete a grievance form, and the procedure to resolve a grievance in 21 days. The team recommended that the provider revises the grievance policy to include instructions on how to complete a grievance form, and the process to resolve a grievance in 21 days. These instructions must be in a format easily understandable by individuals and families, and distributed to all individuals and their team members on an annual basis.
3. This provider did not conduct any training for staff on how to respond in cases of individual health, behavioral emergencies and crises. The team recommended that the provider trains all staff on this policy immediately.
4. The team recommended that the provider organizes its files and documentations so that materials are readily available instead of moving back and forth to print information from the computer.

Appendices

Appendix A: Corrective Action Plan

Appendix B: Entrance Signature Sheet

Appendix C: Exit Signature Sheet

Appendix D: MCI Review Spreadsheet