
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Clarion County MH/MR/D&A

October 4, 2017

Introduction

The Quality Assessment and Improvement (QA&I) Comprehensive Report has been developed to provide both information and data collected during the self-assessment Clarion County MH/MR/D&A completed, review of the core sample that the Office of Developmental Programs (ODP) selected for Clarion County MH/MR/D&A, and information gathered and shared during the on-site portion of the process. As discussed during the Clarion County MH/MR/D&A onsite visit, this year's focus areas have been related to ODP's mission, vision and values to promote and achieve an Everyday Life for everyone. Additionally the QA&I examined more closely the efforts Clarion County MH/MR/D&A demonstrates to promote 3 of the recommendations the Information Sharing Advisory Committee (ISAC) made, also included in ODP's Everyday Lives Values in Action: Improve Quality, Employment and Communication.

Summary of Clarion County MH/MR/D&A

Clarion County MH/MR/D&A Program (hereafter referred to as Clarion) is located at 214 South 7th Avenue in Clarion, PA.

As of July 1, 2017, Clarion is serving nearly 220 people from Clarion County.

Clarion's website: <http://www.co.Clarion.pa.us/> has extensive community resources listed, as well as a comprehensive list of community events.

Additional information about Clarion was provided by Lindsay Deibler, Deputy Administrator for Developmental Disabilities about activities and Clarion's accomplishments:

- Clarion has seen several staff changes this year, including a new Deputy Administrator and a new Risk Management/Quality Assurance Coordinator.
- Clarion has a focus on information sharing with service providers, and providing technical assistance on system changes as needed.
- Clarion was able to purchase emergency disaster kits for all the consumers served and have also been giving them out during the intake process.
- Clarion is committed to developing a strong team at the Administrative Entity, and using current and background knowledge base and experiences of staff, to enhance the service provided to people.

QA&I Summary

Clarion completed a self-assessment in FY 17-18, which was finalized on August 29, 2017. Clarion's self-assessment sample included 4 people who are enrolled in the waiver, 1 person who was not, and a review of Clarion's data and policies as well.

The Office of Developmental Programs pulled a core sample of 5 people for their review. There were an additional 2 records selected exclusively for a level of care review. These 2 records were chosen because they had been enrolled by Clarion between the dates of April, 2016 and April, 2017. The names of those selected in

both the core and level of care sample were shared with Clarion on September 21, 2017.

Prior to the onsite, a desk review of both the core sample, and level of care participants was completed.

On October 4, 2017, the onsite portion of the QA&I process began at the Clarion office with an entrance meeting with the Clarion Deputy Administrator and Waiver Coordinator. During the on-site visit, documentation was reviewed that is at the office, and ODP spoke with Clarion staff about certain activities which are contractually required to be completed every year, and assessed the performance for those activities. All aforementioned staff involved in the on-site activities, as well as Administrator, Nancy Jeannerat were invited to participate in the exit meeting which was held on October 4, 2017.

Four of the people who agreed to a face to face interview with ODP, had an interview completed on or before December 29, 2017. The purpose of this activity was to evaluate overall satisfaction, and to provide an opportunity for people to comment on recommendations for system improvement. All expressed a degree of satisfaction, if not firsthand, the attending staff or family members provided the information.

All ODP QA&I activities were completed by December 29, 2017.

Data Analysis

Clarion's self-assessment was completed in August, 2017. The data from that activity has been reviewed, and Clarion's performance has been evaluated.

The ODP QA&I activities were completed on December 29, 2017. The core sample, the additional 2 level of care records, and results of participant interviews have been reviewed.

Please see [Results and Performance Evaluation](#) section below for findings.

Results and Performance Evaluation

The comprehensive review of Clarion reveals the following:

CLARION SELF-ASSESSMENT:

Of the sample selected by Clarion for their self-assessment, no one was identified as being enrolled between the dates of July 1, 2016 and June 30, 2017. Anyone enrolled between those dates would have been considered newly enrolled for the purposes of the self-assessment. A portion of the self-assessment included a review of Clarion's compliance with eligibility requirements. Although their score was less than 100% in this area, it does not appear to be systemic and is not an area of concern. Another portion of the self-assessment included a review of both Individual Support Plan (ISP) quality and timeliness. While all plans were timely, Clarion had one plan that did not have the health evaluations current at the time the AE authorized the Plan.

Finally the self-assessment included a review of Clarion's policies and procedures, as well as a comprehensive review of Clarion's Quality Management Plan. Compliance was reported for all of the policy and procedure measures, except for the implementation of the Reserve Capacity Process. This is measured to assess that there is a practice in place to ensure that those consumers who are in/out of medical environments, and potentially ineligible for waiver services, are tracked and subsequently have their eligibility status updated. Clarion cannot demonstrate that they are properly implementing either of these functions.

ODP CORE SAMPLE:

The ODP QA&I core sample review revealed results similar to those indicated in Clarion's self-assessment.

The Core sample desk review verified findings reported by Clarion in their self-assessment, i.e. at the time of ISP approval, health evaluations were not consistently up to date.

As previously noted, both the self-assessment and core sample identified a systemic deficiency in the implementation of the Reserve Capacity process. It should be noted that by the time of the on-site visit in October, 2017, Clarion had already added the following Outcome to their Quality Management Plan: "Waiver Capacity Management and OBRA activities will be completed following state guidelines". This demonstrates the pro-active and collaborate approach that Clarion has adopted.

Using the focus areas identified in the Introduction, and applying those to the results of both assessments, the following is revealed:

Focus Area #1: Improving Quality

While reviewing the Quality Management Plan (QMP) at the Clarion office, staff were able to speak about one of their quality objectives which is that "Individuals make progress toward achieving their desired outcomes". Clarion is using a part of the Individual Support Plan, specifically Outcome Actions as their data source for this objective. While Clarion is not completing quarterly reviews of the QMP as required, ODP staff provided technical assistance to them during the on-site visit. Clarion indicated they understand the expectation, and will remediate it immediately.

Focus Area #2: Employment

Clarion is working on employment in their QMP, by striving to support people who want to work. According to Lindsey Deibler, employment is a priority in Clarion.

Focus Area #3: Communication

During the on-site portion of QA&I, the communication occurring between the new Deputy Administrator and the other two staff is evident. When documents were requested by ODP, all staff knew what was being asked, and were able to quickly produce said documents. This demonstrates a culture of daily communication within the Clarion office. Additionally, for people and families supported by Clarion, there is a clear system to provide information both to service providers, and participants/families directly. Clarion has developed and maintains an extensive network of resources (ex: HCQU), that help support and facilitate communication efforts.

There are a few areas in the QA&I process that are in development, as they are new requirements. They are not being measured in this report, but reviewed to ensure there is a plan in place with Clarion to execute. An example of this is that the AE reviews and authorizes plans that have evidence that the individual is provided with on-going opportunities and support necessary to participate in community activities of the person's choice. Nearly all records in the QA&I Core sample had evidence in the ISP, which demonstrates that Clarion has a pro-active approach in this area. Given enough time, Clarion should demonstrate full compliance with this new expectation.

Finally, both assessments were reviewed for any systemic concerns that may need an improvement plan. Clarion is required to complete remediation for the QA&I Core Review, as well as the aforementioned Level of Care sample. However, reflecting a strong performance in both the self-assessment, and core sample, there is only one area that has been identified as systemic, requiring a Corrective Action Plan, and a Plan to Prevent Reoccurrence. See Appendix C. Systemic is defined as an aggregate score of 87% or below, or two occurrences if the sample is less than 9. Clarion's sample was 5. That area is:

- Clarion must ensure proper implementation of the Reserve Capacity process.

Thank you for your ongoing support during this process, and for the quality work you do every day.

Appendices

Appendix A: QA&I Core Sample Score and Detail Reports

Appendix B: Level of Care (LOC) sample spreadsheet with remediation

Appendix C: Core Sample Corrective Action Plan and Plan to Prevent Reoccurrence

