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# QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

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Pennsylvania Office of Developmental Programs

*EPIC Health Services*

*November 30, 2017*

*Revised: December 26, 2017*

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## Introduction

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. ODP's focus areas for this year's review are Employment, Quality Improvement and Communication.

The comprehensive report is a packet of information compiled from your agency's self-assessment, desk reviews, individual interviews and an onsite review. EPIC Health Services was reviewed on October 18 and November 21, 2017. Two individuals receiving services were interviewed on November 16, 2017. This report includes findings from your agency's review along with the MCI tracker.

## QA&I Summary

EPIC Health Services is currently delivering waiver services/supports for a number Bucks County individuals receiving ID services/supports through ODP. They have developed all required policies and have a training curriculum in place.

EPIC Health Services submitted their self-assessment on 8/24/2017, prior to the deadline.

Entrance interview discussion involved review of their self-assessment and recommendation that their agency review ODP's Quality Management Certification training and ODP's Deaf Services for Provider Administrators and Agencies. Exit interview discussion involved review of the findings, the 2018 Self-Assessment will be due 7/1/18-7/31/18 and a recommendation to review Chapter 6100s.

Review Process Summary: 5 Bucks County individual's records were reviewed and 2 Bucks County individuals were interviewed. One individual is receiving companion services through EPIC Health Services. She is very satisfied with the services she is receiving, in fact, she said "100" when asked to rate them on a scale of 1-10. She said that she and her staff plan their schedule a week prior and she loves all they do. The other individual is also very satisfied with her services through EPC Health Services.

### 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.

#### **POLICY -- The following numbers represent the correlating questions from the Onsite Question Tool for Providers (Q's 7, 8, 9, 10, 11, 12, 16, 23, 39, 43, 44, 45, 47)**

EPIC Health Services was compliant with the following regarding policies:

7-9) Provider has a Quality Management Plan which is analyzed and evaluated quarterly and updated every 2 years

10) Provider implements policy to screen employees and contractors

11) Provider has a grievance policy but has not had to implement it

12) Provider has a policy that addresses restrictive procedures

16) Provider has an annual training plan that meets all requirements

23) The Provider continued to provide the authorized services to ensure continuity of care during transition.

39-43) Provider has an incident management policy; ensures all incidents are finalized within 30 days; reviews and analyzes incidents quarterly but has not had any incidents for Bucks County individuals in the past 6 months.

44-47) Provider has a peer review procedure and ensures that recommendations from the Certified Investigation peer review process are followed-up and ensures all required investigations are completed by a Department certified incident investigator. Provider did not need to implement this process for the past 6 months since there were no investigations conducted for Bucks County individuals in the past 6 months.

#### **RECORD REVIEW— The following numbers represent the correlating questions from the Onsite Question Tool for Providers (Q's 21, 22, 31, 32, 36, 38, 40, 41, 42)**

EPIC Health Services has compliance with the following record review questions:

21) Participated in the development of the ISP; there were 2 instances where the provider was not invited to the meeting by the Supports Coordinator and was unaware of the meeting, (100%)

31-32) Individuals do not have formal communication plans, however provider works with individuals to maintain communication abilities

36) Implements individual's back-up plan as specified in the ISP, (100%)

38) Provider has a policy to ensure the replacement of an individual's lost or damaged property in accordance with regulation but has not had to implement it.

40-42) Provider did not have any incident reports for Bucks County individuals in the sample for the past 6 months

EPIC Health Services was non-compliant with the following record review questions:

22) Services/supports in the type, scope, amount, frequency and duration was not delivered as specified in the ISP, (0%)

Provider Remediation: A full internal audit was conducted/completed on all individuals to verify approved units (amount, frequency, duration and delivery) match authorization on 12/8/17. EPIC Health Services will continue to track weekly utilization based off of employee timesheets. Any discrepancies found will be discussed with Service Coordinator and account biller to rectify.

**TRAINING— The following numbers represent the correlating questions from the Onsite Question Tool for Providers (Q's 14, 15, 17, 18, 19, 20)**

EPIC Health Services has compliance for the following regarding staff trainings:

15) Newly hired staff received training to meet the needs of the individual they support as identified in the current, approved, Individual Support Plan (ISP), (100%)

19) Staff receive training on Provider's policy/procedure on how to respond in cases of individual health, behavioral emergencies and crises, (100%)

20) Staff receive training on Provider's Emergency Disaster Response plan that address individual's safety and protection, communications and/or operational procedures, (100%).

EPIC Health Services was non-compliant for the following questions regarding staff trainings:

14) All staff did not receive training to meet the needs of the individual they support as identified in the current, approved Individual Support Plan (ISP), (28.57%)

Provider Remediation: ISP review form has been initiated 11/30/2017. All staff moving forward will review ISP, identify any area of question or training needed. Clinical Care Coordinator will address questions and support with additional training per needs listed in the ISP. Once completed, supervisor and employee will sign. Office will audit quarterly for completion.

17) Provider and Provider's staff did not complete all components of the annual training plan, (0%)

Provider Remediation: Specific HAB training has been scheduled for all current staff December 15th and 1/12/18. Effective 1/1/18, all new staff will complete the HAB training prior to employment as well as annually thereafter. Annual trainings will be offered in person and via webinar. Check list of ODP required trainings will be completed at hire and annually and kept in the employee chart.

18) All staff did not receive annual incident management training on preventing, recognizing, reporting and responding to incidents and assuring a participant is safe, (28.57%)

Provider Remediation: Specific HAB training has been scheduled for all current staff December 15th and 1/12/18. Effective 1/1/18, all new staff will complete the HAB training prior to employment as well as annually thereafter. Check list of ODP required trainings will be completed at hire and annually and kept in the employee chart. Included (but not limited to) in this training is incident management on preventing recognizing, reporting and responding to incidents. Annual trainings will be offered in person and via webinar.

### Appendices

EPIC Health Services AE Tool

EPIC Health Services AE MCI Tracker