
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Home Nursing Agency and Visiting Nurse
Association

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Table of Contents

Introduction

This section will provide an overview of the report purpose and its contents. It will also briefly describe the focus areas for the year's review statewide.

QA&I Summary

This section will briefly describe the steps of the entity's QA&I review, from the organization's submission of the self-assessment to the onsite review. The onsite review description will note highlights from the entrance and exit discussions. The statistics of the entity's review process will be summarized including number of records, number of interviews, etc.

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

The following information should be considered for inclusion:

- At least one promising practice in which the entity excels
- Analysis of performance based on focus areas
- Analysis of performance for extra areas
- Comparison of onsite to self-assessment results
- Issues discovered and corrected while onsite or during desk review
- Items requiring remediation within 30 days
- Recommendations for entity's system improvement, including those things that rise to the level of needing attention at a broader level including those areas that fall below 86% of compliance.

Appendices

This section will include the entity's QA&I review results. The Corrective Action Plan document will sit within its own Appendix.

Comprehensive Report

As a part of ODP's quality management strategy, this QA&I process has been designed to be comprehensive, standardized, and measurable. The QA&I process is intended to: follow an individual's life experience throughout the system; measure progress toward implementing *"Everyday Lives: Values in Action;"* Gather timely and useable data to manage system performance; and use data to manage the service delivery system with a continuous quality improvement approach.

This report will provide a succinct review of your individual onsite QA&I experience and outcome, as well as any promising practices found, remediation needed within 30 days, or recommendations for improvement. Attached to the report, you will find the appendices of the QA&I review results and the Corrective Action Plan, as appropriate.

JVBDS staff, Bethlyn Corbin, met with Diane Selfridge, RN, MSN, Director of Pediatric Home Connection; and Cathy Berger, RN, Patient Care Supervisor on 12/4/17 to begin the QA&I process. A brief discussion was held regarding what to expect, records needed for staff and individuals, and approximate length of process. The exit interview was scheduled for and held on 12/14/17 with Diane Selfridge; Cathy Berger; Nancy Wertz, LPN; and Lori Hetrick, RN. One staff interview was completed during the QA&I, two individual records were reviewed, and all staff associated with individuals who participate in services through MJSNC ID Programs. No individuals were interviewed due to the individual's current illnesses and increased susceptibility to ongoing illness. Home Nursing Agency currently serves two individuals for HMJ, both of whom have fragile health care needs. The MCI review revealed 100% compliance. Overall, the Policy and Procedure/Desk Review was very positive, revealing only a few concerns requiring correction.

Some promising practices that were noted are good repositioning of the individuals while providing respite. Some examples are from chair to window seat, from window seat to jogger, bed to chair, etc. There is continual monitoring for individual needs such as suctioning, venting of G-tube (as necessary), oral care, among other needs. And a variety of activities are completed based on the individual's interest: reading stories, working on the i-pad, listening to music, and going for walks. Nurses are also aware of the individual's needs during school activities and there is good overall documentation.

Two areas that require immediate attention within the next 30 days are in regards to policy revision/update. The first is with a training need in regards to staff and incident management. This training is needed at initial hire and during annual training. A face to face Incident Management 101 training will be offered again through JVBDS and will be available to HNA for participation. This is also available on My ODP. Second, the policy for use of restrictive interventions does not address the reporting of misuse of restrictive interventions. This policy will need updated to address the situation should this occur.

It was discussed at the Exit Interview the importance of both areas that are in need of immediate attention. Home Nursing Agency and Visiting Nurse Association is under the umbrella of UPMC and is required to follow the chain of command for policy and training change through that chain of command.

Diane will address the needs as soon as possible through that chain. In regards to the MCI review, JVBDS and HNA had the same findings of 100% compliance.

Attachments:

CAP

MCI Review