
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Lincoln Health Care, LLC.

November 16, 2017

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Introduction

The Quality Assessment & Improvement (QA&I) Process is a way for ODP to evaluate our current system and identify ways to improve it for all individuals. Focus areas of the QA&I process include staff training, communication (including deaf services), policies and procedures, employment, incident management, and quality management. The purpose of this report is to detail the results of the QA&I process. This report is provided as a means of describing the areas in which they have excelled, and document any areas of non-compliance that will require remediation.

QA&I Summary

Lincoln Health Care did not complete the self-assessment by the August 30 deadline and a DCAP was sent September 8, 2017. Lincoln Health Care completed the self-assessment and sent it to the AE on September 25, 2017. The onsite review took place on November 13, 2017. The AE staff Meagan Smolsky and Lauren Foell met with Amber Warren and other directors of Lincoln Health Care. The AE reviewed records for four individuals as well as all relevant policies and procedures. Findings were discussed at the end of the onsite interview. Highlights from the entrance and exits discussions include:

- Strengths of review
- Findings of noncompliance
- QA&I Satisfaction survey – <http://gaic1y1feedback.questionpro.com>

One staff (for MCI# 230136461) was interviewed on November 15, 2017 by AE staff Lauren Foell.

Data Analysis and Performance Evaluation

Lincoln Health Care has strong policies and procedures in place. A deep understanding of care is reflected in all of the provider's policies, procedures, and mission. Clear documentation from staff is available regarding nursing needs and services provided. The Emergency Disaster Response Plan includes planning for nuclear power plant hazards, which may be crucial for some of the individuals served by the agency. Lincoln Health Care has one staff who attended the ODP Quality Management Certification Training. There are well thought-out action plans in place for the quality management goals. The quality management plan and action plan is well written and documented on the ODP template. The annual staff training includes information about Independent Monitoring for Quality (IM4Q) and a section about positive approaches to minimize restrictive interventions, which includes

zero restraints. The provider self-assessment answers varied where the AE found areas of non-compliance. Questions out of compliance are:

Q14. Staff receive training to meet the needs of the individual they support as identified in the current, approved Individual Support Plan (ISP) before providing services to the individual.

Q15. If a Provider has any new hire staff, the new hire staff received training to meet the needs of the individual they support as identified in the current, approved Individual Support Plan (ISP) before providing services to the individual.

Q16. The Provider has an Annual training plan that meets all requirements.

Q17. The Provider and the Provider's staff completed all components of the Annual training plan as required.

Q19. The staff receive training on the Provider's policy/procedure on how to respond in cases of individual health, behavioral emergencies and crises.

Q22. The Provider documents delivery of services/supports in the type, scope, amount, frequency and duration specified in the Individual Support Plan (ISP).

Q39. The Provider finalizes incidents within 30 days.

Q44. The Provider's peer review process to review the quality of investigations was completed and documented.

ISP training sign offs were not available at the time of the onsite review. The annual training plan is missing one component and is not consistent with what staff are currently trained on during initial orientation and annually. Lincoln Health Care has identified additional training needs and has worked over the past few months to update training to all staff receiving training moving forward. However, current staff reviewed we not consistently trained on all of the required topics. The frequency and duration of services did not consistently match the ISP for individuals reviewed. One incident from last year is still open. Lincoln Health Care reported issues with EIM; the AE recommended reaching out to the AE incident manager. The peer review process was completed for the one incident the provider had, but it was not completed on the required peer review form, which includes more detailed information needed. The AE recommends the agency update the quality management plan to include training requirements and utilization of services.

The individual served is unable to answer interview questions. The staff answer's reflected a clear understanding of the individual and her supports needed.

Appendices

See CAP attached in email

See MCI Review attached in email