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# QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

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Pennsylvania Office of Developmental Programs

NEPA Inclusive

*Date of Onsite: 10/16/2017*

*Date of Last Interview: 10/27/2017*

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## **Introduction**

The QA&I Comprehensive Report is a packet of information compiled by ODP or the AE, as appropriate, after the self-assessment, desk and onsite review that includes a cover letter, the self-assessment and onsite review results, the report of findings and recommendations and Corrective Action Plan form. This packet of information is provided to the Provider electronically within 30 days from the last day of the onsite review and outlines expectations for remediation and follow-up. The focus of the QA&I process will be on quality improvement, employment and communication.

The purpose of this report is for the QA&I process that began on 10/16/2017 and this report will include your findings.

## **QA&I Summary**

The steps of the QA&I review consist of the following steps:

1. **Self-Assessment**: The annual process conducted by the Provider to self-evaluate their performance in all areas of the QA&I process.
  - **Provider's self-assessment was submitted electronically prior to the deadline.**
2. **Desk Review**: A review of available documentation prior to the onsite review to inform the overall QA&I process and to determine focus areas for the onsite review.
  - **Provider made all relevant documentation available for review to AE prior to onsite appointment.**
3. **Onsite Review**: The component of the QA&I process where staff from ODP and/or the AE conduct an in-person visit of the AE, SCO or Provider, as appropriate, to assess the entity's performance in all areas associated with the QA&I process. The QA&I team will focus on gathering quality improvement and compliance evidence related to the sample of individuals and other organizational responsibilities.
  - **Provider attended and cooperated with AE at scheduled onsite appointment and, if necessary, corrected documentation as requested by AE.**
4. **Entrance Conference**: A meeting of the QA&I team and entity leadership at the beginning of the onsite review to discuss the scope and schedule for the visit, including objectives and approximate timeline and the entity's quality improvement priorities, successes and challenges.
  - **AE completed introductions & opening remarks, QA&I overview, organizational overview and onsite review with provider.**
5. **Exit Conference**: A meeting of the QA&I team and entity leadership at the conclusion of the onsite review to discuss preliminary observations and recommendations from the onsite review.

- **AE completed QA&I review team's overall experience & impressions and discussed with the provider their feedback about their onsite experience.**

#### **6. Statistics of the Provider's Review Process:**

1. Number of Individuals in Sample: 5
2. Number of Individuals Interviewed: 2 (2 individuals/1 family member)
3. Number of Staff Interviewed: 3

#### **Data Analysis and Performance Evaluation**

The Data Analysis and Performance Evaluation section will provide data and analysis in key areas, highlighting both good performance and areas for improvement. The AE's report is as follows:

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

#### **Promising Practices in which the Provider Excels:**

1. **POLICY:** Provider's policies met all requirements and were organized, and easily accessible, in a company binder.
2. **RECORDS:** Provider's records regarding consumer attendance and documentation of delivery of service met the requirements.
3. **TRAINING:** Provider's staff orientation and annual training met requirements.

#### **Analysis of Performance based on Focus Areas:**

1. **POLICY:** Provider is doing a nice job with their Quality Management Plan and data review.
2. **RECORDS:** Provider had all documents for individuals organized in binder for review.
3. **TRAINING:** Provider uses MyODP website for most of their training materials and are well organized.

#### **Comparison of Onsite to Self-Assessment Results:**

- Online Self-Assessment for 2017 had few discrepancies:
  1. Incidents finalized within 30 days indicated an answer of "N/A": Onsite review found two incidents filed in October (Incident #8237241) and November (Incident #8249819) of 2016 whereas neither Incident had their respective final sections entered and neither Incident had been finalized as of 10/27/2017.
  2. Peer Review Process was used to review the quality of investigations indicated an answer of "N/A": Onsite review found that the peer review process was not used to review either of the two incidents mentioned in #1 above.
  3. Provider implements follow-up recommendations from the Certified Investigation peer review process indicated an answer of "N/A": Onsite review found that the Certified

Investigator's findings had not been entered for either Incident mentioned in #1 above as of 10/27/2017.

4. All required investigations are completed by a Department certified incident investigator indicated an answer of "N/A": Onsite review found that Provider did not have documentation on hand showing that the CI contracted to conduct the investigations for the Incidents mentioned in #1 was certified. NOTE: staff Shannon D'Agostino is scheduled to attend CI training week of 10/23/2017.

**Issues Discovered and Corrected while Onsite:**

- AE provided Provider with CI Peer Review process and forms
- AE advised Provider to ensure that staff date their initials on all training sign-off sheets

**Items Requiring Remediation within 30 days:**

- The two open Incidents (8237241 & 8249819) require that they be finalized and CI enter his findings entered into the last section.
- Provider to implement Peer Review Process, at least on a quarterly basis, for all future Provider Incidents filed in EIM.
- Staff, Shannon D'Agostino, will complete the CI Training the week of 10/23/2017 and conduct all future investigations for Provider.

**Appendices**

This section includes the Provider's QA&I review results with items that require action and response to the AE within 30 days. Please find your Corrective Action Plan attached.