
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Spina Bifida Association of Western Pa.

12.14.2017

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Introduction

The purpose of the Comprehensive report is to compile the official findings from the desk and onsite reviews, face-to-face interviews and self-assessments, as applicable, that were completed for your agency as part of ODP's QA&I Process. This report will:

- Highlight those areas where the Provider is doing well related to person-centered services delivery and promising practices;
- Analyze performance in ODP's quality focus areas for the current QA&I cycle;
- Compare results of the desk and onsite reviews with the entity's self-assessment;
- Summarize those instances of non-compliance that were remediated during the onsite review;
- Outline issues of non-compliance expected to be remediated within 30 calendar days of report receipt;
- Recommend PPRs where compliance is below established thresholds of 86%; and
- Recommend improvement activities to be addressed during the remainder of the QA&I cycle, including systemic quality improvement projects to incorporate into QM Plans.

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.

QA&I Summary

Per ODP's requirement, Spina Bifida Association of W. Pa (SBAWP) completed and forwarded to the Administrative Entity (AE) their Self-Assessment on August 9, 2017. Additionally, as required, SBAWP submitted their Quality Management, Restrictive Procedure and Annual Staff Training policies to the AE. These policies and the completed provider Self-Assessment were reviewed by the AE as part of the desk review. The On-Site review portion was scheduled and occurred on December 13, 2017. During the entrance discussion, the AE reviewed ODP's focus including Quality Management and the switch from 'monitoring' to QA&I, continued focus on Restrictive

procedures and restraint reduction/elimination, employment assistance and that the AE is no longer asked to review billing compliance. The AE let the provider know that ODP is planning on completing the billing audit and will be contacting the providers about details. The provider noted the difference in the reviewing AEs no longer being present for the onsite review. The onsite will also now occur on a 3-year cycle as will likely the re-qualification process. The AE outlined what would be reviewed during onsite and clarified the staff records to be reviewed. The provider sample reviewed included five records. The associated staff training records included nine files. One individual interview occurred on 12.12.2017 at the person's home per his family's request.

Data Analysis and Performance Evaluation

During the On-Site review portion of the QA&I process, SBAWP made available all required records. The process went very smoothly as SBAWP was able to retrieve all additional information or clarification needed as identified by the AE.

Findings:

Highlights and Provider Strengths:

- The Quality Management Plan developed and monitored by the provider fully reflects ODP's mission and values as well as the unique priorities of the provider. It is clear that the provider is committed to on-going quality assessment and improvement.
- The individual interview conducted on 12.12.2017 went very well. The individual was very satisfied with his respite camp through SBAWP. He enjoyed activities such as swimming, archery and 'all sports.' The individual has been going to the camp for years and continues to look forward to it. The parents feel confident that their son's medical/ safety/ supervision needs will be met.
- The provider's training records and curriculum was thorough and well-organized. It was clear that new hire and on-going training requirements have been made a priority and are occurring as needed.

Areas for Correction Action:

There were no areas found for Corrective Action.

Appendices

Spina Bifida Association of Western Pa.- QA&I Tool

Spina Bifida Association of Western Pa.- CAP- no findings

Spina Bifida Association of Western Pa. – MCI Review