

QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Entity Name: TAIG

Date(s) of Onsite Review: September 26, 27 & 29, 2017

Date of Report: October 27, 2017

Onsite Review conducted by Philadelphia IDS

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Introduction

This comprehensive report contains a detailed analysis of the Office of Developmental Programs (ODP) Quality Assessment & Improvement (QA&I) process for TAIG. This report will include the official findings of the desk review and on-site review processes conducted earlier this year by your assigned Administrative Entity (AE), Philadelphia Intellectual disAbility Services.

The ODP QA&I Process for providers, which replaced the ODP Provider Monitoring process on July 1, 2017, is one piece of a comprehensive quality management review designed to evaluate the supports and services offered by county Administrative Entities, Supports Coordination Organizations, and Provider agencies across the Commonwealth of Pennsylvania. The purpose of the revised process, as stated by ODP, is to eliminate unnecessary duplication across Commonwealth and county review procedures, to allow more time to focus on individual experiences and quality improvement, to improve methods of collecting and reporting useful data in a timely manner, and to foster collaborative partnerships and opportunities for technical assistance and shared learning.

Upon completion and approval of this comprehensive report, the results are shared with ODP in order to assist with the evaluation of the current system of supports, and to identify ways to improve the system for all individuals and key stakeholders. Additionally, QA&I assists with data collection that measures Consolidated and Person/Family Directed Support waiver performance measures, compliance with Title 55 PA Code Chapter 51 regulations, and compliance with the Medicaid Waiver Provider Agreement.

ODP's focus areas for this year's statewide QA&I review are consistent with the desired outcomes of the 2017 waiver renewals and the ODP quality management strategy. These focus areas include but are not limited to the following:

- Families with infants and toddlers and people with Autism get the support they need
- People will be connected with their community and increase community participation
- People will live with people they like and who care about them
- People will be physically and mentally healthy
- Assuring effective communication
- Increasing employment
- Ensuring individuals are free from abuse, neglect, and exploitation
- Ensuring that people with complex needs have the support they need

Quality Assessment & Improvement Summary

All qualified providers that offer base funded services or services through the Consolidated and/or the P/FDS waivers participate in the ODP QA&I process on an annual basis. All providers are selected for on-site review by ODP once during the three-year QA&I cycle, based on the last digit of their Master Provider Index (MPI) number. The steps of the ODP QA&I process are inclusive of the following procedures:

Self-Assessment:

All providers complete the self-assessment on an annual basis. Providers are expected to remediate issues that are discovered during their self-assessment within 30 days, and to engage in quality improvement activities based on the results of self-assessment. TAIG selected a sample of five individuals from the total number of individuals they are currently supporting. TAIG successfully completed their self-assessment on time, before the deadline prescribed by ODP. See the data analysis section of this report for a review of their results compared to our findings onsite.

Desk Review of Providers:

The assigned AE conducts a desk review of providers that are assigned for on-site review prior to the date of on-site. This desk review includes an analysis of the provider agency's Quality Management Plan, the Annual Training Plan, and the Restrictive Intervention Policy, which are submitted to the AE by the provider upon completion of the self-assessment. The desk review also consists of a review of data collected from Home & Community Services Information System (HCSIS), the Enterprise Incident Management system (EIM), and the Individual Support Plans (ISPs) of the individuals selected by the assigned AE for the onsite review sample. TAIG submitted the provider checklist along with the supporting documentation in advance for the desk review. The provider desk review results are as follows:

- **Quality Management Plan:** TAIG's Quality Management Plan was well written and comprehensive, meeting established criteria. The plan aligns with departmental priorities by addressing the number and type of incidents in the program, medication errors, routine analysis of consumer satisfaction surveys, and facilitating a consumer advisory committee.
- **Restrictive Intervention Policy:** TAIG's Restrictive Intervention Policy incorporates changes recommended during the last provider monitoring and meets criteria specified in Chapter 51 regulations.

- **Annual Training Plan:** TAIG's annual training plan contains all required components, meeting ODP established criteria.

AE Onsite Review of Providers:

Philadelphia IdS conducted the onsite review of TAIG from September 26 – 29, 2017. The process began with an Entrance meeting, held on the first day of the scheduled onsite review. A copy of the Entrance meeting signature sheet documenting all attendees is included in the appendices of this report. Discussion during the entrance meeting included introductions, a general overview of the QA&I process, including the mission, vision and quality improvement priorities of ODP, IdS, and the reviewed provider, and a discussion of the specific details of the onsite process. TAIG was prepared for the onsite review, with well-organized documentation. Staff remained with the reviewers throughout the review process and was available to answer any questions, clarify information, and provide any additional documentation requested. All interviews were arranged in advance and scheduled to minimize any inconvenience to the individuals in the sample.

A total of 5 individuals were selected as a part of this provider's sample, and of those sample individuals, 5 interviews were conducted during the onsite review. Four sample individuals receive licensed residential habilitation through TAIG, two of which also receive community participation supports, and one individual receives community participation supports only. The individuals interviewed expressed a high level of satisfaction with the services provided by TAIG. Staff demonstrated knowledge and understanding of the individuals they support and were able to provide information regarding health and safety, likes/dislikes, preferred activities, etc. The homes appeared well-maintained and were personalized to reflect the interests of the individuals residing there. Some highlights of the interviews are as follows:

- MCI #030106113 – The individual has resided with the same lifesharing provider through TAIG for almost 20 years and is truly a member of the family. Has established relationships with neighbors. The individual was employed in the community for many years and is now supported in enjoying his retirement. Remains active and enjoys swimming regularly, going to the gym, and vacations.
- MCI #001385348 – The individual receives residential supports through TAIG and has 1:1 staffing during the day to support his participation in community activities. Despite health issues, the individual engages in outings almost every day. Contact with family is maintained through visits.

- MCI #002171436 – The individual has resided with the same lifesharing provider for many years. Has several friends and is supported in maintaining contact with them. Enjoys being active in the community, taking vacations, and caring for pets.
- MCI #001441439 – The individual receives residential and community participation supports through TAIG. Has long term staff at the home with whom they have a close relationship. The Individual is supported in being active in the community and maintaining contact with family.
- MCI #001774036 – The individual receives community participation supports through TAIG and enjoys outings on average 3 days/week. When not going out, is given activity choices and enjoys music, singing, games, and exercise.

On the final day of the onsite review, an Exit meeting took place. A copy of the Exit signature sheet documenting all attendees is included in the appendices of this report. Topics of discussion during the Exit meeting included introductions, an overview of the process from the perspective of the reviewer and the reviewed provider, an overview of the findings documented during the review, and an overview of the comprehensive report and the corrective action process. TAIG acknowledged the areas in which improvement is needed.

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.]

Analysis of performance based on focus areas

People will be connected with their community and increase community participation: TAIG supports individuals to engage in activities that afford opportunities to be active and make community connections. Individuals go out on a regular basis and are able to participate in activities which reflect their interests. Relationships have been fostered with neighbors and local businesses, supporting Everyday Lives.

People will live with people they like and who care about them: TAIG works to ensure that individuals living together are compatible and the majority of those in the sample have long term housemates. The individuals residing in lifesharing have relationships with the lifesharing providers that span many years and they are truly a part of the family.

Assuring effective communication: The provider's staff demonstrate the ability to effectively communicate with the individuals they support, utilizing the individual's preferred method of communication. Staff supporting a deaf individual in the sample are knowledgeable about the person's communication needs and style.

Comparison of onsite to self-assessment results

Overall, the provider's self assessment reflected the findings of the on-site review. One notable exception, however, was in the area of staff training. The self assessment indicated that all staff received the required annual trainings, but the record review found that 0% of the staff reviewed completed all the necessary components.

There were no issues corrected while onsite or following desk review.

Items requiring remediation within 30 days

- Q#17: 0% of the provider's staff completed all components of the Annual training plan as required.
- Q#18: 57.89% of the provider's staff received annual incident management training on preventing, recognizing, reporting and responding to incidents and assuring a participant is safe (8 of 19 staff reviewed did not receive the training).
- Q#19: 94.74% of the staff received training on the Provider's policy/procedure on how to respond in cases of individual health, behavioral emergencies and crises (1 of 19 staff reviewed did not receive this training).
- Q#22: The Provider failed to document delivery of services/supports in the type, scope, amount, frequency and duration specified in the Individual Support Plan (ISP) for individuals MCI# #001441439 & MCI#001385348
- Q#46: The Provider did not complete all health care appointments as prescribed. For 1 out of 5 individuals sampled, the annual physical was not completed (MCI #001385348).
- Q#49: Wellness Promotions – For 2 of the 5 individuals sampled, there was no documentation that health promotions were being implemented. MCI #001441439 - no documentation of aspiration precautions, ADA & IBS diet, toothbrushing, GERD precautions; not documented in monthly & daily notes. MCI #001385348 - seizure activity documentation not listed in monthly or daily notes

All areas of non-compliance require remediation within 30 days of receiving the Comprehensive Report. TAIG should respond with proof of remediation, CAP responses, and the Plan to Prevent Recurrence (PPR) for the areas of non-compliance.

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

A plan to prevent recurrence of non-compliance (PPR) is required for the following questions, because two or more instances of noncompliance were identified within the sample: Q17, Q18, Q22, Q46 and Q49. Additional system improvement recommendations are noted below:

- TAIG will ensure that amount, frequency, and duration of services are documented correctly on progress notes.
- TAIG will ensure consistent documentation across all shifts. Chapter 6100 regulations will soon require that a separate service note is written every time a service is provided and every time there is a change of staff, so it is recommended that staff become more accustomed to writing a service note during or after their shift ends.
- TAIG will ensure that all health promotions listed in the ISP are implemented and documented on progress notes.
- TAIG will develop a system to ensure that staff are completing all components of the annual training plan as required.

Appendices

Appendix A: Corrective Action Plan

Appendix B: Entrance Signature Sheet

Appendix C: Exit Signature Sheet

Appendix D: MCI Review Spreadsheet