
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Victory Health, Inc.

November 10, 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, Victory Health, Inc. completed and forwarded to the Administrative Entity (AE) their Self-Assessment on August 30, 2017. The completed Self-Assessment was reviewed as part of the AE desk review. The On-Site review portion was scheduled and occurred on November 7, 2017. During the entrance discussion, the AE worked with the provider to organize the files and staff training information as needed for the review. The provider was currently serving one individual and so the sample was one (1). The interview occurred on 11.10.2017 at the individual's day program. The associated staff training records reviewed included four (4) records.

Data Analysis and Performance Evaluation

During the On-Site review portion of the QA&I process, Victory Health, Inc. made available the requested records. As the AE had questions or feedback, the provider participated in discussion and was open to suggestions. The provider acknowledged that as a new provider, there continued to be areas of uncertainty in terms of every day implementation.

Findings:

Highlights and Provider Strengths:

- Provider administrative personnel were very knowledgeable of the individual being served and demonstrated sincere care and concern for the individual's needs. It appears that the individual has made a relatively good transition into their program since the end of August, 2017.
- Willingness / openness to learn and correct concerns.
- The interview with the one sample individual occurred on November 10, 2017 and went very well. The individual expressed being 'very satisfied' with the residential services provided through Victory Health, Inc. She stated that she likes her staff and was able to list many activities that she regularly enjoys.

Areas for Corrective Action:

- **Question #10: The provider implements a policy/procedure to screen employees and contractors.** Victory Health, Inc. has the required policy but has not been implementing the required LEIE, DHS Medichex and SAM exclusion screenings as required.
- **Question #16: The provider has an annual training plan that meets all requirements.** The provider's annual training plan was missing several required trainings.
- **Question #22: The provider documents delivery of services/ supports in the type, scope, amount, frequency and duration specified in the individual Support Plan (ISP).** The utilized progress note did not include identifying the service, supervision needs, amount, frequency and duration of service delivery, and the documented delivery of services/supports as specified in the ISP. Additionally, there were not separate progress notes for Comm 1 Indiv Home Residential as well as the Supplemental Hab 1:1 Services that is authorized for the 1 sample individual.
- **Question #39: The provider finalized incidents within 30 days.** Upon review of the provider's incident reporting, it was found that two (2) were finalized later than the 30-day timeframe.
- **Question #47: All required investigations are completed by a Department certified incident investigator.** The provider has been unable to complete required investigations (2) because they do not have a Certified Investigator within their organization and have not been successful in securing an outside CI to complete the necessary investigations.

Suggestions for consideration of improvement:

- As discussed during the OnSite review, the provider will need to develop and regularly measure their Quality Management goals. It was suggested that the provider could look at some of the areas on the CAP such as Incident Management and overall documentation as goals to develop.
- The provider has not been in operation long enough for quarterly incident report review. However, it was discussed how this is required to occur and what the review could include, i.e. trends, etc. and how the provider will put plans into place to prevent future similar incidents based on data.
- In general, the importance of carefully and specifically documenting training for all staff including signature and date was emphasized. Also, training curriculum for all required annual ODP topics needs to be developed and provided to staff.
- During OnSite review, the provider seemed to have different versions of policies such as their Restrictive Intervention policy and the Annual Staff Training curriculum. It was suggested that this duplication or confusion be corrected. It is important that policy reflects practice and is based on ODP requirements and the Chapter 51 regulations.

Appendices

- Victory Health, Inc. QA&I Tool
- Victory Health, Inc. CAP
- Victory Health, Inc. AE MCI Review (upon completion/approval of the CAP)