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# QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

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Pennsylvania Office of Developmental Programs

*Warm Hearts Home Care*

*April 11, 2018*

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### Introduction

The QA&I process is designed to conduct a comprehensive quality management review of county programs, Administrative Entities (AE), Supports Coordination Organizations (SCO) and Providers who deliver services and supports to individuals with intellectual disabilities and autism spectrum disorders. While compliance with requirements is a part of the QA&I process, the main focus is to emphasize quality and quality improvement. ODP's focus areas for QA&I process for 2017 are quality, employment, and communication. This was the first year of the newly established QA&I process for all providers.

### QA&I Summary

The Provider Self-Assessment, expected to be completed annually, is the first phase of the QA&I process and is designed to measure performance on the provision of services and supports based on key quality metrics and implementation of the *"Everyday Lives: Values in Action."* The provider is expected to use the self-assessment results to inform and build quality improvement activities and monitor their performance. For this Provider, there was notable discrepancy between the results submitted on the Self-Assessment and the final completed MCI Tracker Tool and onsite results. This confusion occurred as a result of submitting the electronic version of the Self-Assessment and not having the ability to enter N/A in the areas that were not applicable to the services provided by this provider. The provider was reluctant to enter "0" as the percentage of compliance in these areas. For example, during self-assessment the provider responded 100% for questions relating to individuals with communication outcomes, employment supports and incident management related questions when once validated, the appropriate responses would have been not applicable or 0% with an explanation. This was resolved with an update done to the final version of the MCI Tracker and validation of responses during the onsite review. The provider did complete the self-assessment prior to the required deadline on July 13, 2017, as well as submitted the MCI Tracker Tool for review prior to the scheduled on-site review. During the onsite 2 individual records were reviewed as well as the employment and training records of the 2 support staff working with the individuals and in addition, a review of data and policy. The onsite review was completed on April 11, 2018.

### Data Analysis and Performance Evaluation

The self-assessment submitted by Warm Hearts Home Care was reviewed, and the performance of the provider was evaluated. Results of the validation of the self-assessment demonstrate compliance in all areas with a notation that one item requiring attention was corrected onsite with an update to provider policy after receiving a 1 out of 2 or 50% response with regard to the provider's participation in the development of the ISP.

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Particular strengths were noted with regard to the area of their Quality Management Plan and the provider's willingness to request technical assistance when needed and work toward continued improvement in all areas. Upon completion of the AE desk and onsite review results were considered to be reliable and much more accurately reflect the correct responses intended by the Provider. The one issue discovered that required correction during desk review with regard to obtaining the signature indicating participation in the development of the ISP was resolved with further discussion and an update in policy. While the provider participated in the development of the ISP, the document in the form of the ISP Signature Sheet did not indicate attendance at the meeting. Since this was corrected during the onsite review, there were no items requiring remediation within 30 days. For instances where results fall below 86%, the provider would be responsible for evaluating the need for systemic improvement and prioritize these areas in their Quality Management Plan, as appropriate as part of the Corrective Action Plan process, however due to the small sample size and the prompt update made to the provider's policy this was not considered to be a truly systemic issue. Since the deficiency was corrected during the onsite, no Corrective Action Plan was required or needed for this provider.

A relative strength was that the provider achieved 100% compliance in the areas of provider documentation of the delivery of services as well as staff training. As an added measure of continued improvement it was recommended that the provider seek to have a standardized form to be used for all services for all individuals enrolled in the ID Program that encompasses all aspects of associated Chapter 51 regulations that is prepopulated with key points in order to make the process of compiling monthly notes more efficient. In addition, the provider produces and implements a Quality Management Plan that not only reflects ODP's Mission, Vision and Values, but is reviewed on an annual basis with performance measures that are evaluated more frequently.

In support of ODP's focus area for the QA&I process on quality, the Quality Management Plan for this provider includes an outcome related to satisfaction with the services and supports received. The current plan includes the focus area of consumer satisfaction with a desired outcome of both individuals and family members experiencing satisfaction with the services and supports provided. The measurable outcome is achieved by surveys sent out every 3 months that are reviewed and utilized in making annual updates to the QM plan. Upon provider report of the review of the family surveys family's satisfaction with services provided is confirmed.

It is evident that Warm Hearts Home Care is not only committed to the provision of quality services, but in addition makes the responsibility of implementing ODP Policies a priority within their organization. As a small provider supporting a limited number of individuals enrolled in ID Services, management staff is caring, responsive and very willing to grow and respond to the challenges of implementing the requirements set forth by ODP. The future implementation of

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additional training for key administrative staff prior to the next QA&I Self-Assessment process will be vital in improving comprehension of the self-assessment process as well as accurate completion of submitted reports and participation in the onsite review.

Both staff reviewed were trained to be utilized as part of the back-up if needed, however, the provider's back-up plan was not utilized for either individual during this review period. Recommendations for the provider's system improvement include continuing to implement their obviously well working structure of Quality Management with a continued focus on staff training. It may be beneficial in the future to identify key pieces of the QA & I Process that have associated webinars on MYODP. Since the provider's internal management structure is now well established and producing desired results it is important to continue to stay updated on current policies and prepare proactively for any changes in the processes.

#### Appendices

Provider MCI Tracker Tool