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# QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

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Pennsylvania Office of Developmental Programs

Staunton Clinic

*November 3, 2017*

## Introduction

The Quality Assessment and Improvement (QA&I) Comprehensive Report has been developed to provide both information and data collected during the self-assessment Staunton Clinic (SC) completed, review of the core sample that ODP selected for SC, and information gathered and shared during the onsite portion of the process. As discussed during SC's onsite visit, this year's focus areas have been related to ODP's mission, vision and values to promote and achieve an Everyday Life for everyone. Additionally the QA&I examined more closely the efforts SC demonstrates to promote 3 of the recommendations the Information Sharing Advisory Committee (ISAC) made, also included in ODP's Everyday Lives Values in Action: Improve Quality, Employment and Communication.

### Summary of Staunton Clinic, a Supports Coordination Organization

Staunton Clinic (hereafter referred to as SC) is part of the Heritage Valley Health System, and is located in Sewickley, PA, at 111 Hazel Lane, Suite 200.

According to their website: <http://www.heritagevalley.org/pages/staunton-clinic-edgeworth>, their Mission is “to improve the health and well-being of all people in the communities we serve”. Additionally, their Vision Statement is “Heritage Valley Health System will be a leader among community health systems nationally. We will provide exceptional health services across a seamless delivery system, built upon collaborative relationships connecting physicians, employees and the community. We will address both prevention and treatment of disease throughout the continuum of life.”

During the QA&I onsite visit, Frank McBurney, Director of Staunton Clinic Supports Coordination Unit provided the following information about the organization:

- Staunton Clinic was one of the first Supports Coordination Units to have their Support Coordinators work mobile. This allowed the Supports Coordinator to spend more time with individuals on their caseloads and families. By utilizing lap tops, hot spots (for internet connection), and smart phones, Supports Coordinators can provide instant information and resources to the individuals, families, and support professionals.
- Staunton Clinic has great longevity and a low turnover rate among their Support Coordination staff, several of which have been with Staunton for over 20 years.
- Staunton Clinic believes in offering services and supports in “real time”. There are many forms, referrals and documents have been saved into the

data base, and the Support Coordinators have instant access to these, while they are meeting families. This allows for greater speed of services and referrals. Support Coordinators also have easy access to Supervisors, by phone or email throughout their workday. This ensures that questions can be answered as quickly as possible, often times within minutes.

- Staunton Clinic is a firm believer in Quality Management, and utilizes the Quality Management process as actively as possible. Goals are followed monthly and feedback is provided to the Support Coordinators, to see how things are working. The Quality Committee at Staunton takes ideas and goals to the Supports coordinator for input and feedback to make sure that everyone is in agreement with quality measures.
- Finally, Staunton Clinic works closely with the individual, families, and prospective providers during transition, so every individual has the opportunity to look for employment and follow a path they have chosen for their life. Planning for graduation and needed services starts month in advance of graduation, so as much preparation and support can be offered.

### QA&I Summary

SC completed a self-assessment in FY 17-18, which was finalized on August 22, 2017.

Additionally, the Office of Developmental Programs pulled a core sample of 27 people for their review. The names of those selected in the core sample were shared with SC on October 20, 2017.

On November 3, 2017, the onsite portion of the QA&I process was completed at the SC offices with Frank McBurney, Erica Denucci, and Syndria Lowe, primarily, but other SC staff were able to provide information as well.

All QA&I activities were completed by December 13, 2017.

### Data Analysis

SC's self-assessment was completed in August, 2017. The data from that activity has been reviewed, and SC's performance has been evaluated.

For the core sample, first a desk review of the sample participants was completed, by the ODP record reviewer. Second, on November 3, 2017, ODP staff met with SC staff to complete the final step of the QA&I process, which was the onsite visit.

Once onsite activities were complete, an exit conference was held on November 3, 2017 with both ODP and SC staff. During that conference, the results of the entire QA&I process were shared with SC.

See [Results and Performance Evaluation](#) section of this report.

## Results and Performance Evaluation

Applying the three ISAC (Information Sharing Advisory Committee) focus areas discussed in the [Introduction](#) section to Staunton Clinic's performance revealed the following results:

### Focus Area #1: Improving Quality

Information gathered and provided demonstrates that SC consistently develops Individual Support Plans (ISP) that are person centered and support personal goals (outcomes) throughout the ISP. SC is also focused on health and safety issues in the ISP. This is evidenced by the consistent documentation of risks, and risk mitigation strategies as appropriate. Regarding SC's Quality Management Plan, multiple staff were able to talk at length and in depth about the Plan, and how it is being used in "real time". It is clearly a document that SC utilizes frequently and in a very functional manner. During the onsite visit, ODP discussed with SC staff about moving away from so many compliance-based measures (i.e. all 7 Focus Areas in the current QMP are measuring timelines), and consider adding more quality-based measures. SC Director reports that this change is already underway. Since he has become QM Certified, it has changed the way he is conducting business at SC as a whole.

### Focus Area #2: Employment

Per SC's self-assessment, "The SCO continues to offer support to the SCs, to offer employment to the individuals, and continue to make them aware of opportunities for employment. The SCs are encouraged to discuss employment not only at the Annual ISP meeting, but also during monitoring visits and with the family to help plan. Opportunities offered by providers are also discussed with the individuals to help and encourage them to move to competitive employment. SCs understand the importance of employment and the positive impact it can make in

someone's life.” SC also reports in their self-assessment, “The SCO has a Supervisor that takes the lead as a point person for the graduates. She works with the SCs to identify who is who is graduating and what are their needs/plans/desires, once they graduate. SCs work with the schools and families to help the individual move in their desired direction. For those individual that will be needing waiver funded services, the Supervisor has a check sheet with needed information and paperwork that will be needed. There is also the coordination between this Supervisor and the Allegheny Administrative Entity (AE), to make the transition as smooth as possible.

### Focus Area #3: Communication

In the area of Communication, Staunton Clinic coordinates with the Allegheny AE, to contract with Center for Hearing and Deaf Services to provide certified/registered interpreters. While SC is always able to secure this service when it is required, they discussed with ODP some of the difficulties they have encountered around service delivery (i.e. minimum time requirements).

There are a few areas in QA&I that are in development, as they are new requirements. They are not being measured in this report, but reviewed to ensure there is a plan in place with SC to execute. An example of that is promoting Everyday Lives by having supports coordinators facilitate conversations about community activities of the person’s choice and ensuring that SC is promoting information sharing of community resources with individuals, families, and providers of service. SC’s self-assessment reports “SC works with families and their wants and needs to provide them with the resources they need in the community and at home, both paid and unpaid. SC works with families to provide

natural supports within the family and their local community.”

Finally, both assessments were reviewed for any systemic concerns that may need an improvement plan. SC is required to complete remediation for the QA&I core sample. Additionally there are several areas that have been identified as systemic, requiring a Corrective Action Plan, and a Plan to Prevent Reoccurrence. See Appendix B. Systemic is defined as an aggregate score of 87% or below. Those areas are:

- Providing information to participants about reporting abuse, neglect and exploitation at a time OTHER than a monitoring visit or meeting is a vital change, as this ensures a potential abuser is not in the room. SC is not implementing that change in a consistent manner. Because this is a health and safety concern, SC must immediately correct their process, and complete a Plan to Prevent Recurrence to ODP. It should be noted that SC identified this area as requiring correction in their self-assessment. A focus area that reads “Abuse/Neglect/Exploitation handout given prior to the ISP meeting” is already in place in the QMP.
- Staunton Clinic must evaluate their procedure to ensure Supports Coordinators review initial incident reports for evidence that health, safety and rights were safeguarded, and that the support coordinator subsequently documents that review. Additionally, the SC’s must monitor any corrective action implementation.
- SCO ensures that when an SC gets an individual who is deaf on their caseload, the SC is trained in all required training within 30 days of the individual being added to the SC’s caseload.

Thank you for your support during this process and for the quality work you do every day.

### Appendices

Appendix A: QA&I SC Cycle 1 Year 1 SCO spreadsheet

Appendix B: CAP and Plan to Prevent Recurrence



