

DEPARTMENT OF DEVELOPMENTAL SERVICES
LICENSURE AND CERTIFICATION
PROVIDER FOLLOW-UP REPORT

Provider: BEAVERBROOK STEP INC

Provider Address: 85 Main Street, 2nd Fl. , Watertown

Name of Person Esra Gurel
Completing Form:

Date(s) of Review: 16-NOV-23 to 17-NOV-23

Follow-up Scope and results :		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Residential and Individual Home Supports		1/1
Employment and Day Supports	2 Year License	1/1

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Residential and Individual Home Supports Areas Needing Improvement on Standard not met - Identified by DDS

Indicator #	L91
Indicator	Incident management
Area Need Improvement	At six of nine sites, incident reports were not submitted and/or finalized within the required timelines in HCSIS. Incident reports must be submitted and finalized within the required timelines in HCSIS.
Process Utilized to correct and review indicator	Beaverbrook STEP's HCSIS Coordinator has provided enhanced training to all Senior level managers allowing them to complete the incident report process through finalization. Senior managers were able to input all information necessary without having to scan and send the discharge summary to the HCSIS Coordinator. This improved the timeliness of incident report submissions considerably. The HCSIS Coordinator continues to review and approve the finalized reports and communicate with Area Office Program Monitors.
Status at follow-up	HCSIS reviews for the 60 Day Follow up period showed that there were 39 incidents submitted to HCSIS by Beaverbrook STEP. Of those 39 Incidents, 37 of them were submitted and finalized within the prescribed timelines.
Rating	Met

Employment and Day Supports Areas Needing Improvement on Standard not met - Identified by Provider

Indicator #	L91
Indicator	Incident management
Issue Identified	Incident reports not submitted or finalized within the required timelines.

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Actions Planned/Occurred	<p>During the Self-Assessment sample of 6 residential programs and 4 Individual Support service recipients, it was found that L91 was rated as NOT MET. Across the sample, 3 of 9 (66.6%) programs were found to have incident reports submitted and or finalized outside of the timelines established by DDS. Through further analysis, it was determined that the number of incident reports generated across the year, coupled with the regulatory responsibility to report within regulated timelines, was not shared by enough Senior level managers. In response to this, Beaverbrook STEP's HCSIS Coordinator has been providing enhanced training to all Senior level managers allowing them to complete the incident report process through finalization. During the assessment, it was found that over 92% of all incident reports were unexpected hospital visits, both ER and medical hospitalizations. One of the issues we discovered in finalization of these reports was the time lag in obtaining the discharge summary from the site level manager. This time lag delayed the synthesis of the information for the final report. By allowing for the input of this information by Senior managers without having to scan and send the discharge summary to the HCSIS Coordinator, it is hoped that the information flow will improve, and the reports will be entered in a timely fashion. The HCSIS Coordinator will still review and approve the finalized reports and communicate with Area Office Program Monitors. Finally, other incident types, including major incidents, MOR's and restraints are reliably submitted within the required timelines. It is hoped that the outcome of these changes will result in a minimum benchmark of 80% on-time submissions across all programs. The results obtained through this change will be tracked by Quality Assurance and will be reported in the 60-day follow-up report.</p>
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Process Utilized to correct and review indicator	Beaverbrook STEP's HCSIS Coordinator has provided enhanced training to all Senior level managers allowing them to complete the incident report process through finalization. Senior managers were able to input all information necessary without having to scan and send the discharge summary to the HCSIS Coordinator. This improved the timeliness of incident report submissions considerably. The HCSIS Coordinator continues to review and approve the finalized reports and communicate with Area Office Program Monitors.
Status at follow-up	HCSIS review for the 60 Day Follow-Up period showed that there were 2 incidents that were submitted. Both incidents were submitted within the prescribed timelines.
Rating	Met