
Policy Forum on Quality Assurance

Summary Report
March 2, 2005

Forum Co-Sponsors:

Ontario Agencies Supporting Individuals with Special Needs
Ministry of Community and Social Services

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SUMMARY REPORT

INTRODUCTION

On March 2, 2005 the Ontario Agencies Supporting Individuals with Special Needs (OASIS) and the Ministry of Community and Social Services co-sponsored a Policy Forum on Quality Assurance. Over 130 people attended the event, including individuals, families, service providers, provincial organizations and representatives from other Ontario ministries.

The purpose of the session was to provide input to the Ministry's plan to transform developmental services in Ontario. In particular, the policy forum sought input on:

- ❖ current models of quality assurance in Ontario and other jurisdictions;
- ❖ outcomes and lessons learned through experience with alternative models of quality assurance; and
- ❖ stakeholder ideas and advice on alternative options for strengthening quality assurance in developmental services.

This report presents a summary of the day's proceedings.

OPENING REMARKS

George Braithwaite, President, Ontario Agencies Supporting Individuals with Special Needs, welcomed participants and outlined the purpose of the event. George urged participants to use the time provided to advise the Ministry on how to better assure the quality of developmental services.

Kevin Costante, Deputy Minister of the Ministry of Community and Social Services, introduced some of the different approaches to quality assurance, including standards and compliance enforcement, licensing, accreditation and an ombudsman. Kevin challenged the participants to consider the key principles and elements to ensuring quality services and accountability, and to examine how quality can be addressed at the individual, program, agency and systems levels. He especially urged participants to consider ways to assure quality of in-home services.

KEYNOTE SPEAKERS

The morning of the forum featured four speakers, three of whom addressed different approaches to improving quality, and one speaker who considered service quality issues from the perspective of a parent and sibling.

Laura Nuss, Director of Quality Assurance and Strategic Leadership, Connecticut Department of Mental Retardation, started off the presentations and spoke about Connecticut's state-level strategies for quality assurance. Laura outlined the new approach to improving the quality of supports and services that the state has recently undertaken. The new approach involves a quality review and improvement system, in which providers are certified according to a process that emphasizes personal outcomes. The review process also incorporates individuals and families in the design and

analysis of the new system. Laura emphasized that in addition to including stakeholders in the review process the new system includes gathering relevant data, as well as an information management system. The results of the review then lead to quality improvement activities and adjustments to the provider's quality plan. All of this information is compiled into a provider profile that individuals and families can use to make informed choices when selecting service providers.

Don Seymour, Executive Director, Lambton County Developmental Services, presented a summary of the three accreditation bodies currently operating in Ontario: Accreditation Ontario, Focus on Accreditation and the Commission on Accreditation of Rehabilitation Facilities (CARF). Don presented the benefits of engaging in the accreditation process, including: enhanced and improved services derived from consumer feedback, improved internal processes, improved morale and structure for whole organization to follow. Don argued that Ontario's compliance review system does not adequately address quality, and that in recent years accreditation has become one way that service providers are addressing this issue. He indicated that the accreditation process offers a focus on consumer-driven services which are based on individual need and choice, and that while there are additional costs to becoming accredited, in the long run consumer-driven services cost less.

Jane Holland, Advocate for Service Quality, British Columbia, presented BC's approach to safety and quality assurance and outlined her role within that system. There are seven distinct and intersecting approaches to ensure safety and quality in Community Living Services in BC, including: licensing, a complaints process, an accreditation process, Child and Youth Officer for BC, Office of the Public Trustee and Guardian, Office of the Ombudsman, and the Office of the Advocate for Service Quality. The role of the advocate's office is to support individuals and families in working with ministry staff and service providers to resolve concerns or complaints. The advocate also conducts impartial reviews when requested, and provides information, consultation and advice. Impartial review is one major advantage to having this office as it provides an independent venue for resolving the service quality complaints of individuals and families.

Katherine Brooks, Family Member, Toronto, spoke of the concerns and interests in quality assurance of family members with regard to developmental services. Katherine highlighted several key considerations for improving safety and quality of services, including the importance of an independent reporting system in which protection from reprisals is made clear so employees do not fear losing their jobs for speaking out against any alleged wrongdoing. Treatment of support workers was another issue which would impact quality of service. Katherine proposed that appropriate compensation was needed to influence the quality of care individuals and families receive. Katherine argued that consumer evaluations were necessary to ensure quality and noted that often, non-essential service providers are better at assessing their performance than services that directly affect a person's life. In her closing remarks, Katherine challenged participants that what is needed in Ontario is a proactive body to improve quality service rather than a complaints-based approach.

DISCUSSION GROUPS

In the afternoon, participants were directed to one of ten discussion groups where the following questions were explored:

- Tell me the story of your best personal experience with a process or activity that was intended to ensure quality outcomes?
- What made this process successful for you?

- If you were given a magic wand and could design your preferred approach to ensuring quality - what core elements would you like to see in place?

The variance in type, knowledge and experience of participants at the Forum contributed to discussions which were wide-ranging in nature. The discussion generated in each group varied from expression of individual values and beliefs to the identification of system-level strategies, some pertaining to quality assurance strategies and others relating to the service system in general. What follows is a synopsis of the advice and ideas generated in these wide-ranging discussions.

Common Visions of Quality

Through the process of discussion, participants identified a number of themes which reflected their views on what quality assurance means. The following themes emerged most consistently from the breakout groups.

Inclusiveness

Several groups talked about inclusiveness, however, differing intentions were expressed in the use of the word. For some, inclusiveness related strictly to the involvement of people with a developmental disability in person-centred planning. The phrase “nothing about me, without me” was used to explain inclusiveness in that instance. For others, the meaning was more about the involvement of family members as equal members who should be fully considered in the planning process. A third meaning addressed inclusiveness from a systemic level, focusing on creating inclusiveness for people with a developmental disability in society through education, communication and building community capacity. Consideration of inclusiveness also examined the responsibility of government. Participants expressed the view that government should work to create venues for family, individuals and agencies to be involved in an on-going way.

Independent Facilitation

Many of the groups noted the need for an independent person who could act as a facilitator in the person-centred planning process. It was suggested that a skilled individual, who is independent of the agency (or service provider), could take on the facilitation role and perhaps act as a case manager and independent advocate. It was suggested in one group that Adult Protective Service Workers come closest in the current system to assuming this type of role. Another suggestion was that the facilitator could be instrumental in building the circle of support for the individual.

Support through transitions

A few references were made to the unique challenges presented by points of transition in the lives of people who have a developmental disability. The move from childhood to adulthood may mean leaving the family home for another placement and leaving school for an unclear future. Moving from one service type and location to another brings a distinct set of challenges in coping with change in environment and personal supports. It was noted that these transitions needed to be well understood and planned for.

Relationships

Many of the breakout groups talked about the need for collaborative relationships (or partnerships); some focussed at the level of the individual, while other groups examined this area from the local and

system level. At the individual level, it was expressed as a need for collaboration between individuals of equal power, characterized by mutual respect for each other and a realistic understanding of the service system. The concern at the local level was expressed as the need for better service coordination between agencies, individuals and professional groups. A specific example cited in one group was the need for better collaboration between SSAH and Home Care. At the systems level, the need was expressed for greater collaboration between Ministries who play a role in the lives of people who have a developmental disability.

Choice

Most of the breakout groups recorded some discussion on the issue of personal choice, often connected to the discussion of person-centred planning. There was strong assertion that people who have a developmental disability need to be free in all instances to make choices even when their choices may be seen by others to be poor or unrealistic. The phrase the “dignity of risk” echoed throughout these conversations and a sense that people need to experience failure in order to learn and make better choices in the future. Some participants made note that choice existed only in theory as it has been their experience that many people who have a developmental disability have limited or no options with respect to where and how they receive service.

Entitlement

The issue of entitlement emerged in several breakout groups. It was suggested by some participants that services for people who have a developmental disability need to be available as a right not a request and that the right to services be enshrined in legislation. Others felt that parents had a responsibility to prepare for their child’s financial future while others expressed concern that such efforts might affect their child’s future entitlement to ODSP.

Principles for Quality Assurance

Through the discussion process, a number of key principles for a system of quality assurance emerged. They are outlined below.

Measures of quality consider personal outcomes

Some participants suggested that only the person with a disability is able to articulate what is a quality experience or a quality outcome. Therefore it was suggested that all measures and processes focus on the experience of and the view of the individual who has a developmental disability.

A second perspective was expressed by some participants who felt that quality had to be looked at in two ways. The participants agreed that one component of a quality assurance system needs to include internal measures, which are defined by the person who has a developmental disability, as an outcome of person-centred planning (i.e. an individual definition of success). It was also agreed that the second component of a system of quality assurance should include a set of external measures that operate at the agency or system level. These participants were concerned that if an assessment of quality is limited to examining personal outcomes, there is no avenue for exploring the quality of a program or service provincially.

Some participants held the position that consideration of quality and quality measures should not take place until key issues, particularly the provision of individualized funding, are addressed (and made available).

Accountability in a quality system

Participants felt that the ministry needs to be accountable for a system which ensures quality services. In turn, service providers need to be accountable to clients for quality services and families and individuals for input to service standards and monitoring quality.

Proactive approach

In discussing the various methods available to assure quality, some participants suggested that compliance mechanisms do not necessarily ensure the quality of services provided. It was suggested that quality assurance strategies should be proactive in nature (e.g. accreditation) rather than passive (licensing or compliance).

Continuous improvement in service quality

Several groups suggested that a culture of continuous improvement was key to raising the quality and outcomes of services and that this process needs to be driven at the agency level. It was suggested that the sector needs to shift from focussing on a best practice approach to one that encourages evidence-based practices that can be substantiated by data. In addition, it was suggested that monitoring and evaluation strategies need to be built into the policy and implementation processes. Additionally, it was suggested that there needs to be an understanding of the evolving nature of quality assurance strategies.

Involve stakeholders in quality assurance policy

Participants felt that any provincial policy on quality assurance needs to be developed with all the relevant parties at the table. Everyone needs to enter into that process with a shared understanding of what is meant by quality assurance and what the expected and/or desired outcomes might be.

Strategies for quality assurance

A number of ideas about how to assure service quality emerged through the breakout group discussions. Those strategies that were more frequently referenced are noted below.

Individual/Family Strategies

Portability

The notion of portability was discussed in most of the breakout groups. For some, portability related to choice and was defined as the ability to move easily from one service option to another. Some participants indicated that portability goes hand in hand with individualized funding. Individualized funding gives people the ability to pick, pay for and cancel services from any agency. Participants felt this would address quality since market demand would drive service providers to improve as consumers vote with their feet.

Other participants expressed doubt that individualized funding would improve service quality. They noted that a market approach strategy could destabilize the sector in the short run. It was also noted that people who have a developmental disability without strong advocate support may fare poorly in a market system. Finally, some said that if the sector is under-funded, the choice provided by portability may be artificial.

Circles of Support

Several groups discussed circles of support as an important structure. The support, encouragement, and information provided to parents through this informal strategy was noted as being essential to families' on-going ability to support and advocate for their son or daughter. A circle of support was seen as a way of providing continuity and security to the person who has a developmental disability whose family is not as active or involved. It was noted in one group that natural relationships are the only real safeguard for quality and the more unpaid people involved with an individual (as in a circle of support), the less risk there is in the individual's life.

Person-centred planning

This strategy was discussed by all of the breakout groups. Participants suggested that any systemic strategy to monitor service and provide for the achievement of certain quality outcomes must start with a process that holds the needs and wants of the person who has a developmental disability at the core.

A number of specific comments were made about the person-centred planning process.

- It needs to involve families in a real way (i.e. not just consultative), and it must be directed by the person who has a developmental disability.
- It needs to be a holistic process that considers all factors and looks at formal and informal supports to the person.
- Plans need to be reviewed on a regular basis, perhaps quarterly, and the process needs to include regular meetings with all the involved providers and stakeholders, including the family.
- The planning process is most effective when authority for caring out the plan rests with the responsible person closest to the individual.
- The planning process itself should be evaluated by the individual who has a developmental disability and his/her family.

Quality Assurance Committee

Several groups suggested the creation of a committee at a regional level which would involve families and other stakeholders in the evaluation of local services. Some participants suggested that a regional committee could offer mediation around service delivery issues.

Agency/Government Strategies

Quality Indicators

There was general agreement among participants that quality assurance should be assessed in terms of personal outcomes, as defined by the individual and family, as well as service, organizational, and/or sector level outcomes. Participants suggested that satisfaction surveys be used on an ongoing basis to consider whether users were satisfied with services received and whether they were achieving desired outcomes. Over time, moving toward a system of quality measurement will lead to funding allocations based on quality services and providers.

One group suggested the need to develop minimum standards and a mechanism to monitor performance against those standards. It was also suggested that standards need to be applied consistently throughout the province.

Data

All of the breakout groups raised the issue of data, specifically noting that there is a lack of comprehensive and consistent data available across the province. Acquiring appropriate data can improve the quality of services because services will be planned according to needs demonstrated by data. The following summarizes the many points made about data in these discussions:

- Population data noting the nature of individual need is essential to forecasting and planning for appropriate services.
- Individual outcome data is needed to identify interventions that work.
- Data needs to be available to set benchmarks for services.
- Data needs to be gathered and evaluated so that the system can move from a focus on best practices to a focus on evidence-based practices.
- Data needs to be used in a proactive and supportive way in the development and training of staff.
- Data can be used to better understand how service delivery might be improved and can also be used to direct allocations to particular service providers who demonstrate effective performance.

Staff training

In some discussion groups, participants suggested that high quality, consistent training is needed in the sector to increase the competence of the work force, which in turn will improve the quality of support received by people who have a developmental disability. Participants indicated that an investment in training would need to be supported by management who will encourage staff to find creative solutions by thinking outside the box, inform staff about directions in the sector and listen to the feedback from staff so that frontline knowledge is used to shape policies.

Accreditation

Accreditation was discussed by several groups who concluded that this mechanism could be a valuable tool for assessing the existence of key quality outcomes. Participants felt this process should involve measurement against a set of agreed upon benchmarks. Participants also felt that the accreditation process should focus on and be driven by individual outcomes, and that it should also involve families.

A number of groups suggested that accreditation be mandated and appropriately funded by government. It was felt that the costs incurred by providers who undertake this process should not come at the expense of service levels. Finally, it was suggested that because accreditation is an internal activity, it needs to be accompanied by some external independent process, such as peer review.

Rights/Appeal Process

The concept of a mechanism that would address service concerns was generally agreed upon by participants. While the method of delivering this type of mechanism varied, there was agreement that this process be provided by an independent and neutral party.

Challenges

Some challenges to be addressed by any system of quality assurance were unresolved at the end of the day. Among them were the following.

What mechanisms are available to assure quality for in-home services and for people with a developmental disability who are living independently in the community?

Where to begin to make improvements in data quality, collection and use (consumer satisfaction surveys, data on individuals, data consistency)?

Is there a common ground for developing a system of quality assurance in a sector with diverse philosophies, approaches and services?

How can a market mechanism contribute to quality assurance in a mixed system (i.e. a system including agency providers and individualized funding) with imperfect information?

Is accreditation a desirable mechanism to assuring quality? If so, which of the three models would be most appropriate to use in the developmental services?

What mechanisms are available to assure quality for in-home services and for individuals who are living independently in the community?

What role could Adult Protective Service Workers play in assuring quality?

CLOSING REMARKS

George Braithwaite closed the forum with a call to action. He indicated that the ideas generated throughout the day's events were useful but require action in order to achieve real results. George suggested that change to the system would likely not be experienced right away but could be achieved for the next generation.