Quality Framework

Final Report

April 30, 2019

This report is available in an alternative format. Please contact Leanne Fenez for assistance at qa@abilititesmanitoba.org .

Background:

In October, 2017, the Department of Families and Abilities Manitoba (Abilities) entered into a partnership to improve the system of quality improvement and monitoring within Community Living disABILITY Service (CLDS) funded agencies.

The aim was to create a system that would help to understand and measure whether people being served within the system were experiencing positive and meaningful outcomes and gather information on the impact of services on people's lives. In addition, there was a desire to create best practice standards or guidelines that would provide service provider organizations with a road map to improve services.

The project goals acknowledged that there were currently limited quality assurance processes and a lack of objective data on the quality of life of people living with intellectual disabilities in Manitoba. A focus on quality improvement towards leading practices would improve the value, impact and confidence in services and supports.

Project Goals:

The Department of Families and Abilities worked in partnership to develop the following:

1. What does a good life look like? (What **outcomes** are present when people with disabilities (or any of us) are living a good life?)
2. How do we know when people are living a good life? How do we **measure** or discover this in a consistent way?
3. What do we need to do to help people to live a good life? What **standards or guidelines** need to be met to ensure this is the case?
4. Tools that will help service providers improve their services or help people in the best way possible. How do we continue to **build capacity** and encourage growth for all service providers?

The objectives of the project were to:

- Nurture and foster meaningful conversations and discovery between service providers and people served;
- Create a mechanisms for measuring and reporting outcomes for people receiving services through CLDS in Manitoba;
- Create a culture of quality improvement and build capacity within the services for people with intellectual disabilities in Manitoba;
- Create a clear and common set of expectations and accountability for high quality service delivery.

Project Scope and Plan:

The Quality Framework project ran from October 30, 2017 to April 30, 2019 (18 months)

The work was guided and advised by the following groups:

- Steering Committee - comprised of the Project Lead, Project Sponsor, three government staff, two representatives from Abilities Manitoba, and one advocacy organization.

- Working Group – comprised of two service providers (one urban, one rural), one advocacy organization, three government representatives, a family and a self-advocate representative.

- Reference Groups – comprised of key stakeholders (Self-Advocate and Families)

Information Sources:

The project was informed by three main sources of information and feedback:

1. **Stakeholder consultations** across Manitoba which involved speaking to people with lived experience of disabilities, their families and service providers;

2. A Canadian **jurisdictional scan** of how other Provinces or territories ensured quality and/or measured performance;

3. **Best practice research** on quality of life, outcomes, outcome measurement and standards of high quality service delivery.

Stakeholder Consultation:

A formal process to gather information and opinions from stakeholders was developed in collaboration with Health in Common. Focus groups were held in seven different areas of Manitoba (Selkirk, Steinbach, Winkler, Brandon, Dauphin, Thompson, and Winnipeg) for people with intellectual disabilities, their families and service providers. Focus groups were held separately for each stakeholder group to provide a safe space to provide feedback.

For those who were unable or preferred not to participate in the focus groups, an online or written survey was available. Health in Common provided support to conduct Winnipeg area focus groups and compile the feedback received into themes and findings summarized in a report. A plain language summary of findings was created and shared with all those who participated in the focus group or survey and who requested copies of this information. The report was also shared publicly on the Abilities Manitoba website via The Possibility Post, an online blog located at the following web address: http://www.abilitiesmanitoba.org/the-possibility-post-what-we-heard/

Jurisdictional Scan

A jurisdictional scan was conducted throughout Canada in order to better understand and learn from the experiences of other Provinces and Territories in the area of quality assurance, outcome measurement and standards of service delivery. Alberta, British Columbia, Saskatchewan and Ontario reported having some level of a quality assurance system. Only Alberta and British Columbia's systems included personal outcome measurement data collection.

Best Practice Research

The project gathered best practice research on standards of care and support. Over a dozen different accreditation methods were reviewed and a large database of resources and information was compiled. Emerging or leading practices in high quality services was reviewed and integrated into the guidelines.

Recommended Quality Framework

Traditionally, systems have analyzed the quality of a service or product by measuring or tracking such things as money spent, hours of service provided or staff hired. While these are all important elements to track and measure, in order to understand the operation of an organization or service, the impact of services or outcomes is a hugely important element to analyze. The impact on individuals, groups of people or the larger community is key to understanding if an organization is fulfilling its mission and purpose.

Providing good service is doing the right things in the right way and thus is uniquely defined by each person differently. Two people can experience the same service yet describe it or experience it in very different ways. This personal definition is often dependent on a person's past experiences along with their values and preferences and can also change depending on time, place and circumstances. Thus, providing quality services requires a robust understanding of what the people receiving services expect and desire. This discovery process needs to be completed repeatedly and often.

Key Activities of Quality Service Delivery:

Listen and Discover
- Engage with people who receive services and the people who care about them in order to understand:
  - What matters to them, what is important;
  - Why these things are important;
  - How to achieve what's important;
  - Who needs to be involved;

- The extent to which their outcomes are being achieved, what is working, what is not working.

Capture the Data and the Story
- Document what the person and their support network have shared;
- Capture data on outcomes using a reliable, consistent tool. This information gives critical information about services and the impact it is or isn't having on the people served.

Use What is Learned
- Use the information gathered from people and their support networks to:
  - Guide how to support each person as part of their person-centred plan;
  - Follow up and act on the dreams, wishes and direction provided by the person;
  - Monitor and evaluate an organizations impact on individuals and group of people;
  - Decide how to change and improve services as a whole;
  - Share transparently with stakeholders.

Learn and Build Capacity
- Support service providers to continuously improve policy and practice by:
  - Providing a self-assessment tool for organizations to assess their capacity to provide services as outlined in the leading practice guidelines;
  - Seeking and sharing information in areas of growth or strength with others.

Outcome Measurement

Why measure outcomes?
- Gives people a voice to share what is important to them and what they are experiencing;
- Allows organizations and the system to know more about the lived experience of people we support enables us to improve how we support them;
- Provides reliable information so that we can better understand how services may impact people's experiences;
- Identifies opportunities for improvement for service providers that will in turn lead to better services, better lives;
- Informs decision making about policy, practices and funding in the Province;
- Identifies best practices that will support quality of life;

- Empowers people supported by asking them to provide feedback and information on their outcomes and the impact of services;
- Supports they system to learn directly from people supported about the impact of services, inspires and helps staff gain and maintain clarity of purpose;
- Helps organizations reconnect with their value base and ensure that they are focused on the difference they make in people's lives;
- Provides a way to gather valid and reliable data that measure the quality of life of people who receive CLDS funded supports and services.

The understanding of quality of life outcomes requires us to discover how the person understands and experiences their environment, activities and connections. How their current experiences match with their desired ones. This is not just about satisfaction with services. Historically, people with disabilities have had limited opportunities to experience a wide range of activities, services and options and may have limited choice and control over their lives. This makes it challenging for people supported to accurately judge something when they haven't experienced anything different. This means that satisfaction levels are not always helpful information by themselves.

In addition, the extent to which people can express their dreams and wishes relies heavily on the amount of information and experiences they have already. If people have not had the opportunity to explore or experience a wide range of concepts, activities and ideas then they may struggle to define their own personal goals and aspirations. It is important to consider this when exploring the gap between where people are and where they want to be.

Research in the area of outcomes and outcome measurement shows that there is much agreement surrounding the areas of quality of life that must be considered when striving to understand if people are living good lives. These areas were further confirmed by the feedback received when we asked people what they want and what makes up a "good life". While the labels or language used for each area may vary, there is a remarkable consistency in what people, whether they have a disability or not, need and want in their lives.

The six outcome areas identified were:
1. **Wellbeing** - This includes aspects of safety and risk, physical and mental health, emergency supports, material well being and having a home that meets people's needs.
2. **Rights & Responsibilities** - This includes how people exercise their rights, rights restrictions, privacy, accessibility and the ability for grievance and appeal.
3. **Contribution and Growth** - Includes meaningful work and activities, social roles, education and learning, accomplishments, goals and dreams.

4. **Connection** - Includes natural supports, relationships, family, intimacy, spiritual connections.
5. **Inclusion -** Explores how people participate and interact with those around them, whether they participate in the life of their community, and who and where people spend their time.
6. **Voice -** Includes whether people have choice and control over their lives, their level of support to self-direct their services and supports, make informed decisions and advocate for themselves.

Outcome measurement needs to be an ongoing conversation not a singular task to be completed. The focus will be on developing a culture and practice within organizations to seek information surrounding outcomes on a regular and repeated basis. While information might be submitted only a couple of times per year, these meaningful conversations are best held as part of the regular interaction between service provider and the person served.

During the project, a review was completed to assist in the selection of a valid and reliable outcome measurement tool, appropriate for the intended use. Given the specific population, scope and goals of outcome measurement and based on the research findings, the recommendations for the key features of an outcome measurement tool were that the tool:

- Be conversational (facilitated interview)

- Be valid and reliable

- Be based on internationally recognized outcome areas

- Include both objective and subjective measurement (this means that information is gathered both through collecting the person feelings and opinions as well as gathering information about what is happening in their lives)

- Have both a valid self-report and proxy options (this means that where someone may need assistance and support to share information that people who know them well would help them do so)

- Be useful to different types of service providers (residential, employment, etc.)

- Be able to be completed by non-professionally trained people

- Not be costly to use

- Be strengths based and empowering for people who receive services

The project group worked through a process where all available tools and methods were identified and reviewed based on the requirements outlined. Following that review, the Working Group recommended the use of the Personal Outcome Measures® (POM) Tool created and administered by The Council on Quality and Leadership (CQL).

Personal Outcome Measures® is a powerful tool for evaluating personal quality of life and the degree to which organizations provide individualized supports to facilitate outcomes. This two part measurement is absent in any other tools reviewed.

POM Interviews are conducted by certified interviewers who have been trained by CQL. Competency and validity is maintained through an ongoing re-certification process.

Details and history on The Council on Quality Leadership can be found on their website at https://www.c-q-l.org/the-cql-difference/personal-outcome-measures.

How could this work?
Agencies could be supported through training and tools to discover and document personal outcomes themselves as well as to understand better the feedback provided by Certified Interviewers. Ideally, they would integrate the use of the tool, into their annual planning process with people they serve. While initially, only a percentage of people would likely be interviewed per year, some agencies may choose to invest in their own Certified Interviewers to create in-house capacity as part of their quality improvement strategy. Interviews done by trained Interviewers could be reported centrally, where the data would be aggregated, analyzed and shared.

Third party certified interviewers would conduct personal outcome measure interviews throughout the Province. Information from the third party Interviewers could be shared with the person, their team and others with their consent. Recommendations would be provided based on findings that would support, deepen, and strengthen the person's preferred outcomes and the organization's quality of service.

Third party POM Interviews would ideally be done with people with lived experience who would be partnered with a Certified Interviewer. The surveyor would support the interview process, create a safe environment and assist in interpreting responses.

In some instances, a person will be willing to participate in the interview but might be unable to complete it on his/her own due to either an inability to understand the questions or to communicate his/her responses. In these situations, at least two people (proxies) would be sought who know the person well and their responses would be averaged to produce a more reliable result. Where ever possible direct observation and information gathering from the person directly would help to verify responses of those reporting on their behalf.

Data collected could be maintained in CQL's online database referred to as the PORTAL. The PORTAL is a secure online data system that provides human service organizations with reporting, tracking, analysis and logging of personal outcomes and supports for people receiving services. This system encompasses CQL's internationally-recognized Personal Outcome Measures®, to collect and evaluate quality of life areas including health, safety, social roles, rights, relationships, community integration, employment and more. The PORTAL can be used in a multitude of ways:

- Collecting and analyzing Personal Outcome Measures® data
- Assessment of person-centered plans
- Development of annual reports
- Identifying priority areas for strategic planning or inform decision making at the individual, organizational and provincial level
- Comparative analysis across local, regional and provincial levels
- Reporting to stakeholders, service providers, government staff, or public, etc.
- Tracking of ongoing quality improvement efforts and supports being provided

Leading Practice Guidelines

For people with disabilities, what is a good life and what is good service are significantly linked. This may be because paid services and supports continue to be a dominant and influential part of their lives. This highlights the importance that offering the highest quality of services has for the lives of people who receive those services.

The development of guidelines or a road map for best or leading practice in service delivery was a significant project goal. Use of these guidelines, coupled with support to build capacity is expected to result in the following outcomes:

- Increased quality of services
- Better consistency of services
- Better outcomes for people served
- Safeguard the rights of people served
- Shared vision and road map
- Competent, stable, confident workforce
- Increased confidence in services

Throughout the document, 'leading practice guideline' is used as a collective term to describe both the outcomes and statements which sets out the systems and practices that should be present within organizations.

Each guideline contains a "What Does This Look Like" section which explains what achieving the standard looks like in practice. **Not every guideline will apply to every service depending upon if the organization provides temporary or ongoing supports, residential, clinical, respite, or employment supports, etc.**

The guidelines do not replace or remove the need to comply with other legislation, regulations, codes and policy which sets out requirements for the provision of services. Organizations would continue to follow existing legislative requirements and best practice guidance which applies to their particular service or sector, in addition to striving to provide services in alignment with these guidelines. The guidelines should be used to complement the relevant legislation and best practice to support organizations to ensure high quality support and continuous improvement.

While each guideline looks at a specific area of support, there are common sections in each:

Expectations & Commitment Do they have a statement of commitment and expectations that clearly outlines what they expect in their systems and practices?

Communication & Information Have they given the required knowledge and tools to all stakeholders including people served, their families and support networks and staff?

Practice & Follow through Is there a practice of follow through on stated expectations throughout the organization?

Measurement & Monitoring Do they have a system of monitoring and measuring whether they are having the impact that was desired?

The guidelines are divided into categories that flow from the outcome areas identified in addition to a core set of guidelines that ensures that appropriate business and governance systems are in place to provide reliable, high quality services.

The guidelines capture leading practice strategies and activities. They are well above minimum standards that may already be in place (i.e. Residential Care Licensing). The expectation for service providers is that they would make steady progress towards the fulfillment of the leading practice guidelines in each area year after year. As best practice continues to evolve and be informed by new research and knowledge, these guidelines will need to be revised and updated ideally every three years.

Capacity Building:

A key component of this Quality Framework is the intentional and measurable improvement of services within service providers. The desire to build capacity and develop, learn and grow is already a key strength of the sector. To build upon this strength, a formal system of mentorship, resource sharing and learning is an integral part of the Quality Framework.

A central hub could be created to house best practice resources that will assist service providers to build capacity in key areas identified as part of the outcome or guideline measurement process. The hub would serve to connect those seeking or offering mentorship and assist in facilitating shared training and professional development opportunities. Communities of Practice would be created to bring people and resources together both virtually and in real time surrounding major topic areas including all outcome areas as well as competencies related to the guidelines identified. The hub would partner with researchers to ensure that best practice research is translated into practice leading to improvements in service delivery on an ongoing basis.

Implementation & Next Steps:

A full report and recommendations for implementation along with a final draft of the Leading Practice Guidelines were delivered to the Project Sponsor – the Deputy Minister of Department of Families at the close of the project.

Following a review of the recommendations, the Province and Abilities Manitoba are pleased to continue in partnership on the following activities:

1. Releasing the leading practice guidelines and request feedback from key stakeholders on both the content as well as implementation of the guidelines.
2. Piloting the Personal Outcome Measure® (POM) interviewing with five to six service providers. In selecting agencies, ensure a diversity of sizes, service types and models, geographic locales (urban/rural as well as different regions). This will require accessing training for participating agencies and interviewers in the use of, understanding and interpretation of POMs and how to utilize feedback that comes from the interview process.
3. Contracting with CQL to utilize the PORTAL to receive, analyze and report on the data received from POM Interviews.
4. Creating a self-assessment tool and workbook to assist service providers to assess their own services in relation to the guidelines and develop an operational plan to improve in key areas of growth.
5. Identifying key indicators or measures that would assist agencies to track progress against guidelines and create a guide to assist agencies in measuring and reporting on indicators.
6. Creating a plain language guide for people receiving services and their families so they are aware of and empowered by the leading practice guidelines.