Practice & System Development using QSR
We are partners in a shared community of practice
We are here to help our local partners succeed
We do this through collegial practice development
We, at each level of organization, address matters that affect frontline practices and working conditions
We focus on successful practices and results
We bring help and hope to frontline practitioners
Key Elements for System Transformation

**CLEAR EXPECTATIONS**: common understandings (a **SHARED VISION** by all levels of organization) of an integrated, collaborative, system of care based on clear **OPERATING PRINCIPLES**, **PRACTICE MODELS**, and **MEASURED RESULTS** (e.g., QSR, CQI data).

**PERFORMANCE MEASUREMENT WITH FEEDBACK LOOPS and ACTION STEPS**: providing **FREQUENT FEEDBACK** about frontline **PERFORMANCE** and **RESULTS** so that people can change from current performance levels to desired performance levels in improving practice and getting better results for people receiving services.

**LEADERSHIP**: consistent **focus**, **communications**, **problem solving**, **teamwork**, **frequent reinforcement** of directions and efforts within and across agencies.

**TRAINING, MENTORING, & COACHING OF PRACTICE**: building and sustaining adequate and consistent, **case-level practice support and supervision** across all frontline units.

**FRONTLINE CAPACITY**: building an effective **array of community-based services**, **adequate/stable frontline staff and working conditions** for conducting daily practice.

**FLEXIBLE FUNDING & UNIQUE SUPPORTS**: creating **better, more timely ways of accessing** what’s needed, when need, and where needed by people receiving services.
What is a Practice Model?

• A practice model is a basic approach to changing lives and the strategies used to bring change about.

• In children’s services, “system of care” is an approach that uses family team meetings, wraparound services, and service integration strategies to get results.

• In adult services, “recovery-oriented service” is an approach that uses person-centered planning, community supports, and relapse prevention strategies.
Core Functions in SOC Practice

Key Functions in a Basic Practice Model

1. ENGAGING child/Family Members/Assemble Family Team/

2. ASSESSING & UNDERSTANDING Current Situation, Strengths, Needs, Preferences

3. PLANNING OUTCOMES & STRATEGIES for achieving the outcomes

4. RESOURCING Planned Intervention Strategies, Actions, and Supports

5. Implementation: Using Intervention Strategies, Supports, and Transitions

6. TRACKING Progress, Results, What’s Working; Maintaining Situational Awareness

7. ADAPTING Services Through On-going Assessment and Planning

8. COORDINATING Interventions, Data, Decisions, Resources

9. OUTCOMES & REQMTS MET => STEP-DOWN or EXIT

ELIGIBLE CHILD & FAMILY => ENTRY

Key Functions in a Basic Practice Model

- Eligible Child & Family => Entry
- Engaging Child/Family Members/Assemble Family Team/
- Assessing & Understanding Current Situation, Strengths, Needs, Preferences
- Planning Outcomes & Strategies for achieving the outcomes
- Resourcing Planned Intervention Strategies, Actions, and Supports
- Implementation: Using Intervention Strategies, Supports, and Transitions
- Tracking Progress, Results, What’s Working; Maintaining Situational Awareness
- Adapting Services Through On-going Assessment and Planning
- Coordinating Interventions, Data, Decisions, Resources
- Outcomes & Requirements Met => Step-Down or Exit
What is QSR?

- The Quality Service Review (QSR) is a way of knowing what’s working at the point of practice delivery for which consumers and why.
- QSR connects practice to results and results to frontline working conditions in local sites.
- QSR is a teaching process that clarifies expectations, provides feedback, and stimulates thinking and next step actions to improve practice and results.
How Does QSR Work?

• Uses in-depth case reviews to measure current status, recent progress, and adequacy of current practices in getting results for consumers in local service sites.

• Uses the power of story to deconstruct what is happening and working for consumers at the practice points in local sites.

• Uses aggregate quantitative patterns of qualitative indicators to reveal and describe the quality and consistency of local practice.

• Uses local focus group and key stakeholder interviews along with case stories, data patterns, and local working conditions to find and affirm what’s working now and to surface areas where even better results might be achieved in the future.
How Does QSR Bring Change?

- Applies the practice model to actual cases to measure adequacy based on progress and results.
- Finds and affirms good practice in real cases.
- Provides immediate feedback to frontline practitioners.
- Uses grand-rounds to teach from cases reviewed about what’s working now and what to do next.
- Stimulates local supervisors and managers to take next steps and enables effective use of technical assistance.
- Identifies local and state level system barriers.
QSR Shifts the Focus

Compliance
- Policies & procedures
- Documentation
- Organizational structure
- Program requirements
- Funding & expenditures
- Compliance & control

Practice & Results
- Guiding principles
- Practice model in use
- Daily case-level practice
- Frontline conditions
- Adeq./flex. of resources
- Results & outcomes

Get & Keep $$$

Get Good Results
How QSR Works in Practice Change

Practice Model
For Organizing Interventions

QSR Case-based “TESTS” of Real Frontline Practice

Leader-Driven Feedback Loops Drive Practice Model & Capacity Changes

QSR Studies & Stories
Explain What’s Working Now, For Whom, Why
Effective Family Change Requires:

### A Practice Model that Works

- **Effective strategies & techniques** for the child/family being served:
  - Successful family engagement
  - Assessment & understanding
  - Teamwork/shared decisions
  - Effective change strategies
  - Goodness-of-fit of the practice model to the actual child & family situations presented
  - Integrated/coordinated services
  - Effective tracking of change
  - Problem-solving and finding what works for the family

### Adequate Practice Conditions

- **Local conditions** of practice that support the practice model:
  - Worker craft knowledge and retention of experience
  - Continuity of relationships
  - Adequate worker time and attention to change processes
  - Practice supervision/support
  - Timely access to key resources, effective providers of essential practice techniques
  - Dependability of the local system of care, service array, and provider network
let's Talk!

Discussion
The Quality Service Review

Uses a CASE REVIEW that measures performance at the PRACTICE POINTS.

Shows WHAT’S WORKING and NOT WORKING for different kids & families.

Uses focus group interviews & key indicators to put practice into context.

Drives PRACTICE DEVELOPMENT & capacity building to get better results.
QSR: Focus on Practice & Results

**Status of Child & Family**
How is the child/family served
Doing on key status indicators?

**Practice & Performance**
How well are practices working
For children/families served?

**Recent Results**
Is the child/family served showing
Progress towards independence &
Meeting closure requirements?

**Frontline Conditions**
How are frontline working
Conditions affecting practice,
Performance, and results?

QSR FINDINGS ARE USED FOR LEARNING & CHANGE
Findings are used to decide: WHERE ARE WE NOW? • WHAT TO DO NEXT?
Not to “ding” frontline staff. The purpose is Practice Learning and Change.
The QSR Protocol

Functions as a GUIDE BOOK for focusing reviews and rating decisions

Provides background information

Guides the REVIEW process

Offers evaluative criteria

Provides a BASIS for the:

- CASE PROFILE or “data roll-up sheet”
- ORAL REPORT made a debriefing
- WRITTEN REPORT of findings
Status & Capacity Indicators in a QSR Protocol

Child/Adult Status Indicators

- Safety
- Behavioral risk
- Stability
- Enduring relationships & permanency
- Living situation
- Physical health status
- Emotional/MH status
- Meaningful life activities

OVERALL PERSON’S STATUS

Caregiver Capacity Indicators

- Caregiving capacities
- Caregiving challenges
- Income & basic necessities
- Supports for well-being

OVERALL CAREGIVER’S CAPACITY
Practice Indicators in a QSR Protocol

Core Practice Functions

Engagement
- Outreach & relationship building
- Person’s role & voice in interventions

Coordination & leadership

Teamwork
- Formation & composition
- Functioning

Assessments & understandings

Guiding view for intervention
- Well-being outcomes
- Daily functioning outcomes
- Supports for daily living outcomes

Intervention planning
- Clinical strategies, actions, resources
- Protective strategies, actions, resources
- Support strategies, actions, resources
- Instructional strategies, actions, resources
- Employment strategies, actions, resources

Intervention adequacy
- Clinical interventions
- Protective interventions
- Supportive interventions
- Instructional interventions
- Employment interventions

Intervention tracking & adjustment

OVERALL PRACTICE PERFORMANCE
Case Review Outcome Categories

Status of Child/Family in Individual Cases

<table>
<thead>
<tr>
<th>Favorable Status</th>
<th>Unfavorable Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome 1:</strong></td>
<td><strong>Outcome 2:</strong></td>
</tr>
<tr>
<td>Good status for child/family, ongoing services acceptable.</td>
<td>Poor status for child/family, ongoing services minimally acceptable but limited in reach or efficacy.</td>
</tr>
<tr>
<td>34% (25 cases)</td>
<td>1% (1 case)</td>
</tr>
<tr>
<td><strong>Outcome 3:</strong></td>
<td><strong>Outcome 4:</strong></td>
</tr>
<tr>
<td>Good status for child/family, ongoing services mixed or unacceptable.</td>
<td>Poor status for child/family, ongoing services unacceptable.</td>
</tr>
<tr>
<td>45% (33 cases)</td>
<td>19% (14 cases)</td>
</tr>
</tbody>
</table>

Acceptability of Service System Performance in Individual Cases

Acceptable System Performance

Unacceptable System Performance

79%

20%

36%

64%

Source: DC Childcare Network, Spring 2004, p.73
Six-Month Prognosis

- Improve: 13 cases (18%)
- Continue-status quo: 30 cases (41%)
- Decline/deteriorate: 30 cases (41%)

n=73

Source: DC Children's Review March 2009
QSR “Learning Products”

STORIES of practice and results with persons served
Recurrent PATTERNS observed across the review sample
Understanding of how contextual factors are affecting CONDITIONS of frontline practice and current results
DATA DISPLAYS of the persons’ status and practice performance results, based on key measures
Noteworthy ACCOMPLISHMENTS & SUCCESSES
Identification of CHALLENGES & OPPORTUNITIES
NEW LEARNING for NEXT STEP ACTIONS
QSR => Engine of Change

- **Ways to Drive Practice Change:**
  - Frequent new learning about: child/adult/caregiver status, case practice performance, local conditions of practice
  - Well-used feedback loops
  - Action teams putting new learning to work to advance practice
  - Advances in the “practice model”
  - Capacity building initiatives

The “Engine of Change” Requires **Leadership** To Drive the Process
let's Talk!

Discussion