

Engaging Staff in Continuous Quality Improvement

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EXECUTIVE SUMMARY

Organizations are constantly challenged by the demand to show effectiveness and efficiency, and must turn to Continuous Quality Improvement (CQI) as a model for quality assurance. Santa Cruz County developed and implemented the SIT Tour (Share, Inquire, and Think) process as a component of CQI for the Family and Children's Services (FCS) program. The SIT Tour engages FCS staff in discussions about case review outcomes and provides an opportunity for them to generate data-informed

improvement ideas. The City and County of San Francisco's Human Services Agency, particularly the Department of Aging and Adult Services, can adopt the SIT Tour or a similar model for its own Continuous Quality Improvement efforts in Adult Protective Services (APS) and In-Home Supportive Services (IHSS) by planning a proper engagement strategy, identifying adequate capacity, using a reliable data system, developing meaningful outcome measures, and communicating effectively.

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Introduction

Organizations in both private and public sectors are constantly challenged by the demand to show effectiveness and efficiency in all aspects of service or product delivery. To meet this demand, organizations turn to Continuous Quality Improvement as a model for quality assurance. Continuous Quality Improvement (CQI) is the complete process of identifying and analyzing strengths and weaknesses and then testing, learning from, and revising solutions. It relies on an organizational culture that is proactive and supports continuous learning.¹ CQI uses quantitative and qualitative data to create a picture of how an organization is doing overall at a macro-level, or how a specific program is faring against expectations at a micro-level. The information derived from the analysis of the data is used to generate ideas that address gaps and improve outcomes. As the name implies, CQI is a process that continuously evolves to meet the changing needs of an organization.

In considering the effective use of data in generating ideas for continuous improvement, the engagement of staff plays a critical role in promoting change and creating a lasting impact. A highly-engaged workforce is recognized to increase innovation, productivity, and overall performance, and employee engagement is found to be very important in achieving overall organizational success.² This case study reviews a model that Santa Cruz County has implemented in their child welfare division to engage staff in Continuous Quality Improvement, and discusses considerations for the City and County of San Francisco to adopt a similar model within the Human Services Agency's Department of Aging and Adult Services.

Background and Findings

Having access to a collection of useful data, the Quality Improvement (QI) unit within the Planning and Evaluation Division of the Human Services Department (HSD) in Santa Cruz County developed a Continuous Quality Improvement process for its Family and Children's Services (FCS). The process called the SIT Tour (Share, Inquire, and Think) is a key component of the development of an overall Continuous Quality Improvement model that facilitates the engagement of staff in discussions about case review outcomes. The purpose of the SIT Tour is to "ensure staff have an understanding of how the agency is being reviewed through the case review lens, and how results relate to daily casework practice; provide an opportunity for staff to have an open dialogue about the results of the case reviews and generate data-informed discussions; and provide case reviewers with ongoing input on current practice context to help increase the validity and reliability of the case review process."³ The SIT Tour process can be generalized in the following three steps:

1. Presentation of data and outcomes to staff, supervisors, and managers
2. Collection of feedback and recommendations
3. Summary and prioritization of recommendations

The process, which was first implemented in February 2017, began with a series of meetings between the QI unit and each FCS unit discussing the outcomes from the Child and Family Services Review (CFSR) Quality Case Reviews. The CFSR is the review system administered by the U.S. Department of Health and Human Services, used by each state to identify

strengths and gaps in seven outcomes related to the areas of safety, permanency, and family and child well-being. The seven specific outcomes are outlined on the Children's Bureau's website.⁴ During these meetings, a member of the QI unit facilitates the discussions using a method that encourages an open and productive dialogue about what is working well, what areas can be improved, and what are potential ideas for improvement. The QI unit collects the feedback and recommendations which are organized, summarized, and presented back to staff and supervisors for prioritization based on ease of implementation and anticipated impact.

At the end of the SIT Tour process in 2017, the prioritized recommendations were presented to the management team for consideration, planning, and developing next steps for implementation. In 2018, the QI unit conducted another round of the SIT Tour with the same general steps, but took a different approach to the case review outcomes. Instead of generating more improvement ideas, the process was focused on understanding and addressing one specific outcome relevant to practices currently being implemented in FCS. The QI unit found that the SIT Tour had to be adapted to what FCS needed most at the time, and future iterations of the process will continue to be refined to effectively meet the needs of the program.

Prior to the implementation of the SIT Tour, the QI unit carefully planned an engagement strategy that would help achieve a high level of cooperation and buy-in when the process was presented to FCS staff, supervisors, and managers. The SIT Tour was framed as an additional support to staff, rather than additional work to add to their existing responsibilities. The QI unit also made a commitment to ensure transparency, to communicate the results from the SIT Tour to all staff, and to be change agents, helping drive feasible recommendations into action.

As the first round of the SIT Tour was completed, a survey was administered to those who participated in it. Overall, respondents found the process to be very valuable. A majority of staff felt that the SIT Tour gave them "the opportunity to

dialogue about the work we do" and that it provided "hope that things will change and we will be able to better service families."⁵ FCS Social Work Supervisors, Emily Simoni and Emma Ledvina, perceived the SIT Tour process to be very helpful in encouraging growth in social workers' practice. They asserted that the ability to have a voice in the decision-making process and contribute to solutions helped improve staff morale and build trust in the workplace. When asked how one would know if the SIT Tour is effective, QI Manager Deborah Bresnick, explained that much of the outcome is in the process itself and that hearing staff ask when the next one will be, or staff wanting to know more about what they can do to improve outcomes, is a good indication that it is working. Additionally, the SIT Tour was also found to be useful in leadership development because it engaged staff in the implementation of the solutions they came up with. "It allows people to critically think and allows the development of a skillset needed to become a leader," says Abby Wexler, Assistant Division Director, Family and Children's Service.

Current Status in San Francisco

In the City and County of San Francisco, the Human Services Agency is home to three departments: the Department of Human Services (DHS), the Department of Aging and Adult Services (DAAS), and the Office of Early Care and Education (OECE). The Department of Human Services includes Family and Children's Services (FCS) which currently utilizes a similar process to the SIT Tour. FCS's Continuous Quality Improvement Unit is responsible for completing the CFSR and the California CQI case reviews which are followed by a "CQI Discussions Series" in which findings are presented to staff and supervisors in a group setting that encourages examination and feedback. FCS staff members are able to generate solutions and improvement ideas through the CQI Discussion Series that are then presented to upper management for consideration.

In the Department of Aging and Adult Services, which includes Adult Protective Services (APS)

and In-Home Supportive Services (IHSS), quality assurance is currently utilized in reviewing cases for compliance outcomes. In place of a statewide auditing requirement for case reviews, the APS Quality Assurance (QA) team and unit supervisors conduct case reviews on approximately 35 closed cases per month to determine compliance to its guidelines for response to elder abuse reports and case assessments. An internally developed assessment tool is used to identify areas needing improvement, which the QA team shares with unit supervisors. The unit supervisors have the discretion to develop solutions addressing gaps and to engage staff in the generation of improvement ideas. In the near future, APS will be piloting a new assessment method that will look at more client-focused quality outcomes rather than just program compliance. This ISO Matrix Pilot Project (ISO stands for Identification of abuse, Services provided, and Outcomes) will help APS collect validated data on outcomes which could help create consistency in practice and data collection for the program nationwide. APS may be able to incorporate aspects of the SIT Tour model to enhance their continuous improvement efforts.

In IHSS, the IHSS QA team conducts 585 desk reviews and 117 home visit reviews annually based on state mandates and regulations. Reviews evaluate compliance in documentation, form completion, meeting timelines, and other targeted areas assessed during a state audit. The results of these IHSS QA reviews are documented in a findings report that is used to catalyze training opportunities and practice improvements. In addition to desk and home visit reviews, the IHSS QA team is also responsible for the administration of the IHSS database Case Management, Information, and Payrolling System (CMIPS), initiating investigations, maintaining the policies and procedures handbook, and providing training to case workers. The program has plans to use the Lean Model for performance improvement in the coming months, but is also interested in exploring ways to incorporate aspects of the SIT

Tour to engage staff in generating program improvement ideas in the future.

Considerations for San Francisco

Santa Cruz County's SIT Tour offers a useful example of how program staff can be engaged in the continuous improvement of specific services or the organization as a whole. Although San Francisco's Family and Children's Services is already using a similar model called the CQI Discussion Series, the SIT Tour model or a similar approach can be adopted within programs at the Department of Aging and Adult Services, at minimal or no additional cost, with the following considerations:

- **Plan an engagement strategy:** Getting the buy-in from all stakeholders prior to implementation of any new process is key to success. This involves an understanding of the workplace culture, management and staff relationships, and current priorities of the organization. Knowing these contexts can help determine the approach one would use to introduce the concept of change and how to message the importance of the process. Santa Cruz County's FCS staff were very much interested in the SIT Tour and took it upon themselves to organize their workload in order to make time to participate. The supervisors prioritized, expected, and supported staff in participating. While participation was not mandatory, all staff were expected to attend unless extenuating circumstances prohibited it. With proper engagement, the SIT Tour model can promote staff morale and build leadership opportunities for San Francisco County staff.
- **Determine organizational or program capacity:** The availability of personnel and time needed to allow a CQI process are vital to the engagement of staff and should be determined prior to implementation. Even though the SIT Tour meetings were scheduled based on convenience for most participants to prevent disruption of daily operations, it required time

nonetheless. Additionally, having a dedicated QI unit or person for the specific program to provide staff support and to facilitate quality assurance and improvements can make a difference in the implementation of a CQI process. In Santa Cruz County, the QI unit was highly viewed as an ally, rather than a regulatory body, because they helped organize and support staff throughout the SIT Tour process.

- **A good data system helps:** Data-informed decision-making is only possible if data are available and accessible. A reliable and user-friendly data system can harness outcome measures that will help show how a program is doing and where improvements can be made. Santa Cruz County currently uses the federal data system for FCS and a system called Rushmore Case Review System that reports on elements of the case reviews for IHSS. They are currently developing a SIT Tour process to use the Rushmore data in IHSS and figuring out a way to expand the use of the model to Adult Services. Cost of such a data system varies depending on the vendor and the components needed to build it, therefore investment into one would require careful and extensive research.
- **Define specific and meaningful outcomes:** Programs collecting qualitative data should have clear and specific outcomes for validity and fidelity. In the absence of a federal or statewide mandate or regulation, individual organizations or programs can define their own quality outcome objectives to use for the SIT Tour or similar processes to generate improvement ideas. Although the SIT Tour process itself can be utilized to engage staff in other types of program discussion, having measurable outcomes for program quality assurance and the CQI process is crucial.
- **Communicate clearly and efficiently:** A cornerstone of the SIT Tour is the steady and clear communication flowing between management, staff, and the QI unit throughout the process. Staff are clear about what the organization

values and the purpose of the process, and management is transparent about what it can and cannot do. Communication must also be timely, strategic, and available in any method (e.g., email, phone, in-person, memo, etc.) to effectively engage the audience.

- **Prioritize the recommendations based on ease and impact:** Recommendations generated from the process will not all be feasible due to costs, resources, or system barriers. Prioritizing those that are easy to implement with a high impact can help the organization focus on concrete, tangible deliverables. Using a matrix similar to Santa Cruz County can set clear guidelines and help facilitate the process of prioritization (see *Figure 1*).

Conclusion

Santa Cruz County's SIT Tour process that involves sharing data, inquiring feedback, and thinking through ideas for improvement is a practical process that can be integrated in an organization's Continuous Quality Improvement model. SIT Tour includes stakeholders in the decision-making and brainstorming process to generate solutions to gaps or to enhance services. With minimal or no additional cost to the department, San Francisco's Department of Aging and Adult Services can adopt the SIT Tour or a similar method with a strong engagement strategy, adequate organizational capacity, reliable data systems, meaningful outcome measures, and effective communication.

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FIGURE 1

	Ease of Implementation		Anticipated Impact	
	Difficult	Easy	Low	High
Some questions to consider context	<ul style="list-style-type: none"> How much time is needed to develop and implement? Will there be a need for additional funding or other resources? How much would it add to the workload of SWs, supervisors, managers, analysts, clerical? (short-term and long-term) How much would it require the involvement/cooperation of external stakeholders? (i.e., children, youth, parents, resource families, court, CASA, service providers, etc) Would it require formal/informal training and how extensive would that training have to be? How much of an organizational culture shift would it require and on how many levels? Other considerations related to the ease of implementation? 		<ul style="list-style-type: none"> To what extent will it improve outcomes for families? Safety? Permanency? Well-being? (i.e., will it impact re-entry, timeliness to reunification, placement stability, etc...) How would it affect the workload of SWs, supervisors, managers, analysts, clerical? (short-term and long-term) How would it improve worker experience? Job satisfaction? Might it shift agency climate and culture? Does it impact many stakeholders or just a few? (i.e., SWs, children, youth, parents, resource families, court, CASA, service providers, etc.) Will it have short- and long-term implications or only short-term? Other intended or unintended impacts? 	
	<ul style="list-style-type: none"> If it seems related to something that is already being worked on (ie: CFT, RFA) still rate it as if it is a "stand alone" and make sure we note what you think it's related to. Think about the improvement idea in the context of the combination of these questions, not just one single point. 			

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