Continuous Quality Improvement Strategies Referenced to the Perspective of the

Customer, and the Organization's Growth, Financial Analyses, and Internal Processes

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Introduction

The *Organization Effectiveness and Efficiency Scale (OEES)* is increasingly being used as a framework for continuous quality improvement (CQI; Schalock et al., (2014). As depicted in the quality improvement loop presented in Figure 1, the four quality improvement steps involve:

1. Assessing: involves determining (a) from interviews, surveys, or written policy statements the organization's mission-related goals and anticipated outcomes, and (b) the pattern and intensity of the quality improvement needs based on the four performance-based perspectives assessed on the OEES: those of the customer, and those of the organization's growth, financial analyses, and internal processes.

2. Planning: involves quality improvement teams using an outcomes-focused planning format to synthesize the assessment results and develop the components of a Quality Improvement (QI) Plan.

3. Doing: involves an internal, collaborative, and action-oriented process in which a quality improvement team implements and monitors the respective QI Plan.

4. Evaluating: occurs at two levels: (a) micro-level evaluation involves determining whether the anticipated result of the specific quality improvement objective has occurred, and (b) macro-level evaluation involves re-administering the OEES to determine whether change has occurred in one or more of the performance-based perspectives.

Figure 1. Continuous Quality Improvement Loop

With the increased use of the *OEES* for CQI, there has emerged an associated need to

provide more specific quality improvement strategies associated with each of the 20 best

practice/evidence-based indicators on which the *OEES* is based. By way of review, the 20

evidence-based indicators reflect best practices that enhance an organization's effectiveness and

efficiency. These 20 indicators are listed in Table 1 and organized around the four performance-

based perspectives.

Table 1
The Performance-Based Perspectives and Best Practice Indicators Assess on the *OEES*

Customer Perspective
1. Aligns services/supports to identified support needs
2. Reports the number of clients living or working in more independent, productive, and community-integrated environments
3. Measures personal outcomes
4. Reports and analyzes aggregated personal outcomes
5. Uses technology to enhance personal outcomes

Growth Perspective
6. Articulates the organization's mission and intended results
7. Enters into partnerships
8. Develops program options
9. Utilizes and evaluates high performance teams
10. Monitors job satisfaction and develops job enrichment programs

Financial Perspective
11. Compares unit costs across different locations and service delivery platforms
12. Reports percentage of budget allocated to client-referenced supports
13. Monitors the relationship between social capital and agency-based fiscal capital
14. Uses fixed and variable cost data to establish a baseline cost rate
15. Analyzes overhead rate to increase efficiency

Internal Processes Perspective
16. Horizontally aligns input, throughput, and output components
17. Vertically aligns an organization's input, throughput, and output components to the corresponding individual-level input, throughput, and output components
18. Demonstrates relationship between units of service/support provided and the clienteles' assessed support needs
19. Uses data related to personal and organization outcomes for multiple purposes
20. Uses evidence-based indicators for continuous quality improvement

Overview of *OEES* Supplement # 2

The purpose of this *OEES Manual Supplement* (#2) is to present specific quality improvement strategies associated with each best practice indicator assessed on the *OEES*. Section I provides quality improvement (QI) strategies related to the customer perspective (Best Practice Indicators #1-5); Section II, QI strategies related to the organization's growth (Indicators #6-10); Section III, QI strategies related to the organization's financial analyses (Indicators #11-15); and Section IV, QI strategies related to the organization's internal processes (Indicators #16-20). In presenting each quality improvement strategy, we state the strategy as an action verb and then provide an explanation and specific examples of processes, procedures, and tools that users can employee in implementing the strategy. The reader will generally find four to five specific strategies for each best practice indicator.

The successful application of any quality improvement strategy is based on how it is applied within a particular organization or system. Thus, we present in Table 2 guidelines for the successful implementation of quality improvement strategies. These guidelines, which are based on a synthesis of the literature reported by The International Research Consortium on Evidence-Based Practice (2013), Meyers et al. (2012), Schalock & Verdugo (2012 and 2013), and Schalock et al. (2014), indicate how quality improvement strategies can be applied successfully within human service organizations. We have divided these guidelines into four major clusters: structural concerns, communication approaches, implementation strategies, and organization-related cultural considerations.

Table 2
Guidelines for the Successful Implementation of Quality Improvement Strategies

Structural Concerns:
- ✓ Initial considerations regarding the host setting (e.g. self-assessment, buy-in, capacity building)
- ✓ Creating a structure for implementation (e.g. high performance teams, use of user-friendly processes/formats)
- ✓ Ongoing support strategies (e.g. technical assistance, process evaluation, supportive feedback)
- ✓ Fostering learning, sharing, and viewing the organization as a knowledge producer

Communication Approaches:
- ✓ Address mental models and provide values training
- ✓ Reassure individuals that their future will be secure
- ✓ Communicate a clear vision
- ✓ Tie change into self-interest

Implementation Strategies:
- ✓ Demonstrate that change is possible through pilot studies and quality improvement demonstration projects
- ✓ Pace change: take small steps with frequent reinforcement
- ✓ Empower consumers and direct support staff via their involvement in high performance teams
- ✓ Focus on the organization's self-concept: change is possible
- ✓ Hire on the basis of value; train to knowledge

Cultural Considerations:
- ✓ Permanent change in an organization's deep culture involves communicating a clear values-based vision, employing collaboration, developing critical thinking skills, and building capacity that supports the change
- ✓ Increased capacity involves a more streamlined and sustainable organization regarding its internal processes, a more resourceful organization in regard to its efficient use of is multiple resources, and a more learning-oriented organization regarding knowledge production and transfer

Throughout our work with the *OEES,* we define continuous quality improvement (CQI) as an internal, collaborative, and transformative process that focuses on the enhancement of an organization's effectiveness and efficiency. The quality improvement steps, as depicted in Figure 1, incorporate the quality improvement approaches/cycles found in both profit and not-for-profit organizations (see Schalock et al., 2014 for specific references).

In addition to providing a framework for CQI, users of the *OEES* are finding that the four perspectives encompassing the *OEES* also provide a useful framework for conceptualizing *social entrepreneurship* and moving the organization towards *a social enterprise mind set. We define social enterprise as combining the effectiveness and efficiency of a business mindset and the values and mission of not-for-profit organizations.*

Section I:

Quality Improvement Strategies: Consumer Perspective

Best Practice Indicator #1: Aligns service/supports to identified supports needs

Quality Improvement Strategy	Explanation/Examples of Processes, Procedures, and Tools
1. Uses a program logic model to show the logical sequence among individual-level inputs, throughputs, and outputs/outcomes	➢ Input = personal goals and assessed support needs related to major life activity areas (e.g. home living, community living, life-long learning, employment, health and safety, social activities, and protection and advocacy) and exceptional medical and behavioral support needs ➢ Throughput = elements of a system of supports (e.g. natural supports, technology, prosthetics, education (new skills), environmental accommodation, incentives, personal strengths/assets, and professional services ➢ Output/Outcome = quality of life domains (personal development, self-determination, interpersonal relations, social inclusion, rights, emotional well-being, physical well-being, and material well-being). Other personal outcome categories are described in Best Practice Indicator #3.
2. Develops a prototypic Individual Support Plan (ISP) process/format	➢ Column 1: Outcomes focus (see above-output/outcome) ➢ Column 2: Listing of most important personal goals and assessed support needs (see above-input) ➢ Column 3: Individualized Support Strategies (see above-throughput) ➢ Column 4: For each strategy is an associated support objective that contains: (a) an action verb (what is done), a description of the specific support strategy (see above-throughput), and an anticipated result ➢ Column 5: Requirements of implementation (who, what, when, and where) ➢ Column 6: Requirements of monitoring and evaluation. Monitoring involves determining the status of the support strategy that is implemented; evaluation involves determining the status of the anticipated result listed for each support objective

3. Implements evidence-based practices to better align identified support needs to specific support strategies (within an outcomes-focused planning process)	➢ Input: (a) Apply the *Supports Intensity Scale* (Adults and/or Children) to identify their support needs (Thompson et al., 2014); (b) use Person-Centered Planning to establish personal goals and relevant support needs ➢ Throughput: (a) establish an ISP based on qualitative and quantitative data; (b) specify a specific individualized support strategy to address the specific personal goal or support need; (c) use high performance teams composed of consumer, family members, and direct support staff to prioritize goals, align results with specific strategies to improve quality of life, and specify the requirements of implementation, monitoring, and evaluation; and (d) synthesize ISP into one page and an easy to read format ➢ Output/Outcome: See Best Practices Indicator #3.

Best Practices Indicator #2: Reports the number of clients living or working in more independent, productive, and community-integrated environments

Quality Improvement Strategy	Explanation/Examples of Processes, Procedures, and Tools

1. Lists the various types of programs offered by the organization	➢ Typical examples include:
	   • Education (special, inclusive)
	   • Living (independent, semi-independent, structured)
	   • Employment (inclusive, supported, workshop)
	   • Day activity (activities of daily living; habilitation services; community participation)

2. Defines operationally levels within each program type	➢ Employment
	   • Full time (35+ hours per week)
	   • Part time (<35 hours per week)
	   • Supported employment (within inclusive employment environment)
	   • Center industry (facility-run business)
	   • Sheltered workshop (paid employment within a sheltered environment; sub-minimum wage common)
	➢ Residential
	   • Independent living (on own; minimum support)
	   • Semi-independent living (range of support services provided)
	   • Foster home/extended family
	   • Congregate living (2-6; 6-10; 10-15)
	   • Supervised living (15+ with 24 hour supervision)

3. Collects data and establishes an organization's base-line on clients and type of program involvement	➢ Develop a list of living, working and community places, from segregated to more integrated ones, where people live and can live and work in the future ➢ Expand the analysis of alternative environments to organizations working with the same target group or closely related group
4. Reports to stakeholders and community about client program movement	➢ Develop an annual report to the community on tasks done and results obtained regarding client movement into more inclusive environments ➢ Examine new options for the future, and develop new plans

Best Practice Indicator #3: Measures personal outcomes

Quality Improvement Strategy	Explanation/Examples of Processes, Procedures, and Tools
1. Defines operationally what are personal outcome categories	- The following exemplary personal outcome areas are based on the work of Schalock et al. (2010), Schalock and Luckasson (2014), and Schalock and Verdugo (2012). - Human Functioning Dimensions - Intellectual ability - Adaptive behavior - Health - Participation - Context - Core Quality of Life Domains - Personal Development - Self-Determination - Interpersonal Relations - Social Inclusion - Rights - Emotional Well-Being - Physical Well-Being - Material Well-Being - Social Indicators - Socioeconomic status (e.g. education, occupation, income) - Health (e.g. longevity, wellness, access to health) - Subjective well-being (life satisfaction, positive affect (happiness, contentment), absence of negative affect (sadness/worry, helplessness)
2. Selects the outcome area (i.e. outcome category) that is consistent with the organization's mission and intended results	Select from above listing
3. Adopts a psychometric validated scale to measure personal outcomes	- Choose a scale with good reliability and validity properties, and one that is culturally and contextually relevant - If a good scale is unavailable, select the most appropriate scale you can use

	and develop a plan to take decisions on measuring personal outcomes based on clinical experience and family participation ➤ Select a scale with subscales to measure self-report of consumers (or adapt them for that) and report of direct workers or high performance teams ➤ Suggested tools to assess quality of life-related outcomes: Inico-Feaps (Verdugo et al., 2013), San Martin (Verdugo et al., 2014), Gencat (Verdugo et al., 2010), Personal Outcomes Scale (van Loon, 2008), Kidslife (Gómez et al., Manuscript in preparation). See published literature or Buros Mental Measurement Yearbook for scales related to other outcome areas.
4. Uses outcome categories and outcome assessment information to develop an Individual Supports Plan	➤ Evaluate outcome domain scores that can be used to establish individual supports planning priorities ➤ Balance importance of information to and for the person ➤ Confirm the existence of appropriated supports strategies to align support strategies to outcome category/domain ➤ All activities and routines planned should be done following the eight dimensions quality of life framework or a similar holistic/comprehensive outcome framework ➤ Develop new strategies and/or partnerships for expanding optional strategies ➤ Explain the ISP to any person involved with the life of the person

Best Practice Indicator #4: Reports and analyzes aggregated personal outcomes

Quality Improvement Strategy	Explanation/Examples of Processes, Procedures, and Tools
1. Obtains grouped data on personal outcomes of all consumers	➢ Measure personal outcomes with the same scale or tool used with all clients of the program, or unit of the organization ➢ Select a scale that allows, with reliability and validity, to examine grouped data by dimensions, percentiles, or total score ➢ See Best Practices Indicator #3 for list of personal outcome categories
2. Analyzes aggregated data of consumer outcomes in the same unit, program, or service	➢ Compare results of all consumers on each dimension, define what dimensions should be improved, establish priorities, and decide strategies to improve results ➢ Develop organizational quality of life improvement plans based on data ➢ Share personal outcomes data with staff and families so they can participate in suggesting changes to improve
3. Connects individual level and organization level outcomes to ensure vertical alignment	➢ Check the alignment between individual and organizational practices and outcome categories to ensure that individual-level outcomes are aggregated and considered organizational outcomes ➢ Implement strategies (activities, programs, resources, schedules etc.) to align organizational and individual evidence-based practices
4. Compares aggregated data of the organization, program, or unit with similar organizations, programs or units	➢ Establish a network of collaboration with other organizations working from a quality of life approach ➢ Define and implement a system to compare data and profiles of different organizations (e.g. Provider Profiles; Gomez et al., 2013). ➢ Interchange among organizations tools, documents, etc. shown useful ➢ Publish and disseminate evidence-based practices and best practices associated with improved personal outcomes
5. Reports results to stakeholders	➢ Develop brief summaries of results and communicate them to stakeholders ➢ Examine results from an organizational perspective, and develop new ways and strategies to improve results

Best Practices Indicator #5: Uses technology to enhance personal outcomes

Quality Improvement Strategy	Explanation/Examples of Processes, Procedures, and Tools
1. Incorporates assistive technology (i.e. smart technology such as smartphones, tablets and other technological tools) to enhance personal outcomes	➢ Include strategies and in the ISP based on technological tools that facilitate autonomy, mobility and/or transport independence ➢ Develop support strategies to enhance interpersonal relationships through communication ➢ Incorporate family and/or direct care members to support consumer's easy use of technological tools ➢ Use social networks to inform and include other community members in different tasks ➢ Use augmentative and alternative communication systems through technology resources (tablets, etc.).
2. Uses computer-based information systems or electronic/digital systems to synthesize information and develop the individual's ISP	➢ Develop or adopt a computer system aligning person goals, support needs, and support strategies to facilitate implementation and outcomes evaluation ➢ Use easy to read information, pictures, photos of clients, photographs, and pictograms to incorporate consumers in different tasks ➢ Use video examples with verbal instructions ➢ Design software or apps that allow all persons from the personal network to participate, including data sharing
3. Uses computer-based software to monitor the implementation of the ISP	➢ Develop software (accessible to consumers and families) to facilitate implementation of ISP, including staff, family and other members of the support network of the client ➢ Examine information to identify personal results and the need to improve support strategies ➢ Teach and train the use of technology resources to the consumer and to all members involved in the Support Team ➢ Report the status of the individual support program's implementation based on information obtained from the system
4. Uses real-time information regarding personal outcomes to evaluate the effectiveness of the enhancement strategies	➢ Develop 1-page user-friendly ISPs that incorporate a personal outcomes framework ➢ Specify the specific support strategies that need to be employed (and where and when)

	➢ Specify the individual(s) responsible for implementing the respective support strategies ➢ Convert the ISP to an IT platform (e.g. smartphone, tablet)

Section II:

Quality Improvement Strategies: Growth Perspective

Best Practice Indicator #6: Articulates the organization's mission and intended results

Quality Improvement Strategy	Explanation/Examples of Processes, Procedures, and Tools
1. Describes the organization's mission (the why and what)	➢ The 'why' reflects the organization's core values. Examples include enhance participants' quality of life, human functioning, participation in major life activity areas, an organization's effectiveness and efficiency ➢ The 'what' represents the resources and supports provided. Examples: (a) services: residential, employment, education, rehabilitation (professional), day activity, counseling, legal; (b) supports: assistive technology, prosthetics, education (new skills), environmental accommodation, transportation
2. Sees the relationship between mission statement and intended result	➢ Alignment involves an action verb, a specific action, and one or more intended results ➢ Examples: • provide community-based supports to enhance participants' quality of life • provide individualized supports to enhance human functioning • engage in person-centered planning to enhance self-determination and involvement • use performance-based perspectives to ensure a balanced approach to planning and evaluating an organization's effectiveness and efficiency
3. Defines intended results operationally in terms of personal outcome areas and organization outcome measures	➢ Personal outcomes are the benefits derived by individuals that are the direct or indirect result of program activities, services, and supports. Personal outcome areas include:

	- Human functioning dimensions (intellectual abilities, adaptive behavior, health, and participation) - Core quality of life domains (personal development, self-determination, interpersonal relations, social inclusion, rights, emotional well-being, physical well-being, material well-being) - Life activity areas for adults: home living, community living, life-long learning, employment, health and safety, social activities, protection and advocacy - Life activity areas for children: home life, community and neighborhood activities, school participation, school learning, health and safety, social activities, advocacy activities ➢ Organization outcomes are typically defined as measures of an organization's effectiveness (from the perspective of the customer and the organization's growth) and efficiency (from the perspective of the organization's financial analyses and internal processes). Exemplary organization outcomes include: - Effectiveness-Customer Perspective: enhanced personal outcomes - Effectiveness-Growth Perspective: increased program options, increased staff involvement - Efficiency-Financial Analyses Perspective: reduced overhead rate, increased percent of budget allocated to consumer-referenced supports/services - Efficiency-Internal Processes Perspective: alignment of processes and functions, and web-based information systems

Best Practices Indicator #7: Enters into partnerships

Quality Improvement Strategy	Explanation/Examples of Processes, Procedures, and Tools
1. Conducts a SWOT Analysis	➢ Analyze the organization's strengths (S), weaknesses (W), opportunities (O), and threats (T)
2. Develops a rationale for partnering	➢ Base rationale on results of the SWOT analysis ➢ Base rationale on other factors such as costs, expertise, influence, effectiveness, and/or reducing redundancy
3. Understands the processes involved in successful partnering	➢ Successful partnering processes involve (Daigneault, 2014; Fletcher et al., 2014; Hamilton et al., 2014): • coordinated leadership • a clear vision and plan to establish collaboration that creates momentum to develop networks and motivates network participation • an ongoing collaboration and an ongoing cycle of inquiry including dialog, decision making, and evaluation around a shared purpose • stakeholder participation
4. Enters into collaboration/partnering with other organizations regarding programmatic services (e.g. transportation, employment, residential, education) to enhance personal and/or organizational outcomes	➢ Select partners that are at approximately the same developmental/evolutionary phases (Urban et al., 2014). Typical phases and characteristics: • Initiation: initial implementation or continued rapid or substantial change/adaptation • Development: most program elements are implemented with only small adaptations and the organization has formal written procedures/protocols • Dissemination: program implemented in multiple sites and fully protocolized • Stability: program is implemented consistently ➢ Select partner organizations that are culturally compatible. Key beliefs in this regard involve (Helitzer et al., 2014):

	• Normative beliefs: organization culture and core values • Behavioral beliefs: role of clients and staff in policy formation and ongoing practices • Control beliefs: administrative structure and managerial strategies
5. Enters into collaboration/partnering regarding supports coordination	➢ Select organizations that emphasize a supports paradigm and use elements of a system of supports (e.g. natural supports, technology, prosthetics, education (new skills), environmental accommodation, incentives, personal strengths/assets, and view professional services as one type of support ➢ Select organizations that have a similar approach to the development, implementation, monitoring, and evaluation of support plans (e.g. support teams) ➢ Select organizations that have procedures in place for monitoring and evaluating support objectives
6. Enters into collaboration/partnering regarding capacity building	➢ Form partnerships around pressing issues current organizations face: • cost containment • information technology issues including providing real time information to stakeholders and information systems required for outcome evaluation • equitable resource allocation • real time service planning and implementation ➢ Partners may include universities, IT companies, and private sector entrepreneurs

Best Practice Indicator #8: Develops program options

Quality Improvement Strategy	Explanation/Examples of Processes, Procedures, and Tools
1. Uses aggregated support need data (see Indicator # 1) and person-referenced outcome data (see Indicator # 3) to identify program needs	➢ Review support need data related to major life activity areas and exceptional medical and behavioral support needs, and personal outcomes data related to human functioning dimensions, quality of life domains, and/or social indicators (See Indicators 1, 3, and 6)

2. Adopts best practices regarding an array of program options/personal outcome categories based on the analyses completed in Best Practices Indicator # 3	➢ Best practices involve developing program options based on:
	  • major life activity areas and the participants' support needs related to those areas
	  • the availability of community-based alternatives and the provision of personal and environmental supports regarding those activities
	  • partnerships related to program services, supports coordination, and capacity building (see 'Enters into partnerships-indicator #7)
	➢ An array, with corresponding support areas and characteristics, would include:
	  • home and community living (smart homes, transportation, community access and participation activities, positive behavior supports, use of generic agencies)
	  • life-long learning (use of information technology devices, residential staff viewed as 'teachers' fostering skill development, use of self-instruction strategies)
	  • integrated employment (job analysis, job matching, job coaches, co-worker supports)
	  • health and safety (health care access, in-home health care regarding exceptional medical support needs, nutrition programs, physical fitness emphasis, mobility programs, exercise and recreation opportunities)
	  • home ownership and entrepreneurial enterprises (financial planning, financial advisors, legal advice)

3. Considers important factors influencing the successful development of program options	➢ Exemplary influencing factors
	    • Funding options/resources
	    • Government policy
	    • Funding options/resources
	    • Partnership potential
	    • Human resources (e.g. expertise)
	    • Cost/benefit
	    • Social capital
	➢ 'Unfreezing' contextual factors involve (Manchester et al., 2014):
	    • Identifying contextual factors that hinder change
	    • Identifying driving forces for change
	    • Identifying ways to promote adoption
	    • Identifying ways to increase stakeholder participation

4. Reconfigures current programs or develops new ones	➢ Reconfigure or refocus current programs ➢ Form partnerships Establish pilot projects ➢ Initiate demonstration projects ➢ Use generic agencies

Best Practice Indicator #9: Utilizes and evaluates high performance teams

Quality Improvement Strategy	Explanation/Examples of Processes, Procedures, and Tools
1. Recognizes the factors composing a successful team	➢ The five factors composing a successful team are (Stark et al., 2014): • professionalism • leadership • emotional stability • interpersonal skills • resourcefulness ➢ Suggested tool to assess these five factors: Championship Formula Inventory (CFI). Available online at: www.CFI-360.com
2. Incorporates into human resource policies the factors of successful high performance teams	➢ Suggested tool: *Championship Formula Inventory* (Stark et al., 2014). Available online at: www. CFI-306.com ➢ Human resource policy areas: • Hiring policies • Personnel evaluation policies • Staff training and human resource development policies and procedures • Compensation policies • Advancement policies
3. Bases staff training and team building on the dimensions of successful team factors	➢ Professionalism includes: • professional standards • professional ethics • problem solving ➢ Leadership includes: • coaching and instructing • inspiring and empowering • collaborating and partnering

	➤ Emotional stability includes:
	  • stress tolerance
	  • impulse control
	  • perseverance
	➤ Interpersonal skills include:
	  • social relations
	  • conflict management
	  • adaptability
	➤ Resourcefulness includes:
	  • time management
	  • knowledge
	  • technology

4. Establishes high performance teams to perform critical functions in the organization	➤ Support team: composed of individual receiving services and supports, his/her family member or guardian, a supports coordinator, direct support staff who work with the individual, and one or more professionals depending on the individual's support needs. The responsibilities of the support team are to develop, implement, monitor, and evaluate the individualized support plan. ➤ Quality improvement team: composed of stakeholders who are knowledgeable about the organization's policies, practices, and information systems, and who are involved in implementing the organization's policies. The responsibilities of the quality improvement team are to determine the organization's goals and assessed quality improvement needs, identify quality improvement strategies, and develop, implement, monitor, and evaluate the quality improvement plan.
5. Uses active support strategies to enhance team efforts	➤ Focusing on the quality of life of service users and how well staff support this ➤ Allocating and organizing staff to deliver support when and how service users need and want it ➤ Coaching staff to deliver better support by spending time with

	them, providing feedback, and modeling good practices ➤ Reviewing the quality of support provided by individual staff in regular one-to-one supervision and finding ways to help staff improve it ➤ Reviewing how well the staff team is enabling people to engage in meaningful activity and relationships in regular team meetings and finding ways to improve it (Beadle-Brown et al., 2014; Stancliffe et al., 2008)

6. Evaluates high performance teams in terms of team factors and characteristics	➤ Team factors:
	   • longitudinal changes in individual profiles (suggested tool: CFI)
	   • longitudinal changes in team profile (suggested tool: CFI)
	➤ Team characteristics: The degree to which team members report being:
	   • involved
	   • informed
	   • organized
	   • accountable
	   • empowered

Best Practices Indicator #10: Monitors job satisfaction and develops job enrichment programs

Quality Improvement Strategy	Explanation/Examples of Processes, Procedures, and Tools
1. Understands what drives motivation and job satisfaction	➢ D. Pink (2011): what drives motivation and job satisfaction: • Autonomy • Purpose • Mastery ➢ E. Herzberg et al. (1959): job motivators that increase job satisfaction and motivation: • achievement • recognition for achievement • work itself • responsibility • advancement ➢ E. Herzberg et al. (1959): job hygiene factors that prevent job dissatisfaction: • organization policy and administration • technical support • salary • working conditions • interpersonal relations
2. Monitor job motivation and satisfaction	➢ Internally monitor/survey job motivation and/or satisfaction, focusing on the lists above provided by Pink (2011) or Herzberg et al. (1959) ➢ Use published job satisfaction inventories (see Buros Mental Measurement Yearbook for specific tools)
3. Addresses the job satisfaction/motivation factors that have been monitored to increase job motivation and satisfaction	➢ Autonomy • Time to do it • Encouragement to do it • How to do it • With whom do you do it (i.e. team)

	➤ Purpose
	   • Understanding organization's mission
	   • Clear understanding of the personal outcomes organization is striving for
	   • One's role in enhancing personal outcomes
	➤ Mastery
	   • How to continue to grow in skills and knowledge
	   • How to apply skills and knowledge
	   • Developing the sense that one is really good at what they do
	   • Self-efficacy: yes, I can do it!
	➤ Practice distributed leadership involving shared duties and responsibilities, foster synergy, and augment transformational leadership (Currie & Lockett, 2011; Gronn, 2002)
	➤ Implement participatory decision making processes that involve stakeholder participation (Kaufman et al., 2014)

Section III:

Quality Improvement Strategies: Financial Analyses Perspective

Best Practice Indicator #11: Compares unit costs across different locations and platforms

Quality Improvement Strategy	Explanation/Examples of Processes, Procedures, and Tools
1. Defines a unit of service and set a standardized approach to calculate unit cost	➢ Options to define a unit of service include: a person-hour of service/support provided, a person-day of service/support provided, a person-month of service/support provided. ➢ Unit cost = (Total fixed costs + Total variable costs) / Total service units provided. ➢ Fixed costs are costs that do not vary in the short term, irrespective of changes in the number of service units provided. Examples include amortization, depreciation, interest expenses, and property taxes. ➢ Variable costs are costs that vary in relation to the number of service units provided. ➢ The result is the dollar amount of a unit of service provided (such as the dollar amount to provide support services for an individual for a day).
2. Defines service platforms and locations that provide meaningful comparisons and calculate their unit costs according to the standardized approach	➢ Ways to define service platforms may include community-based residential services, institution-based residential services, day activity services, employment services, and government programs. ➢ Meaningful location comparison factors may include population density (city vs. suburb), residence type (high rise apartments, duplex, single family homes), regional medium income, and key industry of the region (manufacturing, financial, high technology, farming) ➢ Calculate unit costs of each of the platforms and/or locations

	according to the standardized approach defined in the previous quality improvement strategy.
3. Analyzes unit costs across different locations and platforms to determine cost factors that drive cost differences	➢ Calculate and compare the unit costs of different service platforms and locations according to the definitions and approaches defined in the previous two quality improvement strategies. ➢ Analyze to determine possible cost factors that drive the cost differences. Common cost factors include labor, real estate, food, energy, transportation, and facilities (self-operated vs. outsourced/community based) costs. ➢ Assess support needs such as determined through the use of *Support Intensity Scale* (Thompson et al., 2014). Although the intensity of support needs is always a cost factor, the purpose of this improvement strategy is to discover cost factors other than assessed support needs.
4. Develops ways to reduce costs or increase service quality and/or quantity based on determined cost drivers	➢ Cost reduction strategies vary widely as each context is different. Organizations moving from institution based services to community based services will most likely be looking the cost differences between in-house vs. out-sourcing, especially in medical related support services. ➢ Labor cost: • Develop a volunteer system in cooperation with local universities or civic groups such as churches. • More accurately determine support needs and employ hourly support staff during periods of higher support needs. ➢ Transportation cost: • Setup programs close to public transportation routes. • Negotiate special pricing with transportation providers. ➢ Food & supply costs: • Setup special pricing arrangements with local shops, stores, and restaurants.

Best Practice Indicator #12: Reports percentage of budget allocated to client referenced supports

Quality Improvement Strategy	Explanation/Examples of Processes, Procedures, and Tools
1. Defines operationally components of client-referenced system of supports	➢ Components of Client-referenced system of supports are services that directly impact the clients receiving support. (e.g. residential living services, day activity programs, job coaching, transportation, supports planning, and assessments) ➢ Often times a department or service providing unit may be required to perform tasks that do not directly impact the clients they serve, such as government audits, management reports, paper work, meetings, and training. Data can be collected to assess the amount/percentage of resources (employee hours, office equipment, materials, etc.) spent on such tasks. ➢ The resulting figure can used to differentiate between client-referenced and non-client reference expenditures, thus more accurately reflecting what is actually budgeted to client-referenced services within each support service components.
2. Calculates the percentage of total budget allocated to client-referenced supports, accurately reflecting the direct cost of client-referenced support services	➢ Accounting principles such as direct cost, including direct labor cost and direct material cost, can be applied to calculate the costs and budgets of each component in the system of supports. ➢ Take into account potential non-client referenced costs in each system of supports components as explained in the previous quality improvement strategy. ➢ Once direct costs of each component in the system of supports are calculated, they can be aggregated to produce the total client-referenced support services costs and budget. ➢ Divide the total client-referenced support services budget by the organization total budget to produce the percentage of total budget allocated to client-referenced supports.
3. Tracks percentage changes over time and determines ways to increase percentage of direct client services budget	➢ Calculate and report budget percentage on a regular time interval, such as quarterly or semi-annually.

	➢ Report factors contributing to non-client referenced tasks (such as meetings, reporting, government audits) to appropriate decision makers in order to reduce resources spent on these tasks.

Best Practice Indicator #13: Monitors the relationship between social capital and agency-based capital

Quality Improvement Strategy	Explanation/Examples of Processes, Procedures, and Tools
1. Defines social capital and monetization standard	➢ Develop a list of categories and items that are considered social capital by the organization. Examples of categories and associated items may include: • Volunteer organizations – volunteer hours • Financial contributors – financial contributions, grants, awards • Goods & Services contributors – material goods, equipment, professional services. • Partnership organizations – projects, events, programs ➢ Develop a standard of calculating the dollar value of the above listed items in the categories. Examples may include: • Each volunteer hour = minimum wage • New equipment = lowest quote value • Used equipment = fair market value • Share project = cost covered by partnering organization ➢ Make the list and calculation standard available by publishing them online.
2. Develops a data system for capturing and calculating social capital as defined by established organization policy	➢ Commercial contact management systems or customer relationships management systems can be used to manage social capital relationships as well as keep track of contributions, donations, and project partnerships. Many of these systems are cloud based and can be implemented organization wide. ➢ A simple log book can also be used to record the following information: • Name or individual or organization • Social capital category • Item/content • Number • Assessed dollar amount

	➤ The accounting department can tally the information and report the number periodically.
3. Reports the ratio of social capital to agency-based capital and analyzes the factors of change	➤ Divide the assessed dollar value of social capital to the organization's total budget to determine the ratio of social capital to agency-based capital. ➤ Report the ratio over time (quarterly, semi-annually, annually). ➤ Report the assessed dollar value of social capital over time (quarterly, semi-annually, annually). ➤ Analyze the numbers and source data to determine the causes of change. ➤ If using a CRM system, use the information to follow up on current relationships or develop new relationships in affected areas/categories.

Best Practice Indicator #14: Uses fixed and variable cost data to establish a baseline rate

Quality Improvement Strategy	Explanation/Examples of Processes, Procedures, and Tools
1. Defines fixed and variable costs according to applicable standard accounting principles	➢ Fixed costs are costs that do not vary in the short term, irrespective of changes in the number of service units provided. Examples include amortization, depreciation, interest expenses, and property taxes. ➢ Variable costs are costs that vary in relation to the number of service units provided. In human services, this may include direct service staff compensation if the number of employee-hours change according to specific support/service needs.
2. Calculates total fixed and variable costs and determine the current/baseline variable cost ratio	➢ Total fixed cost can be calculated by adding up all the expenditures that take place even if no service is provided. ➢ Total variable cost = total number of service units provided X variable cost per unit of service. ➢ Current variable cost ratio = total variable cost/total fixed cost ➢ The higher the proportion of fixed costs the higher the breakeven point. <u>A cautionary note and challenge</u>: *Higher breakeven point for social services providers may incentivize an organization to move towards a group service approach which may lead one away from the organization's mission and core values.*

3. Monitors the cost ratio over time and analyze cost factors to discover ways to reduce fixed costs	➢ Report variable to fixed cost ratio periodically (quarter, semi-annually, annually).
	➢ Analyze fixed cost factors for potential fixed cost reductions. Examples categories may include:
	  • Building: operating large institutional building vs. renting apartments and office space on as needed basis.
	  • Support staff: full time staff vs. hourly staff during high-support needs periods.
	  • Medical services: fully staffed and equipped in-house physical therapy unit vs. community based physical therapy services on as needed basis.

Best Practice Indicator #15: Analyzes overhead rate to increase efficiency

Quality Improvement Strategy	Explanation/Examples of Processes, Procedures, and Tools

1. Defines overhead costs according to applicable standard accounting principles	➤ Overhead is those costs required to run a business or organization, but which cannot be directly attributed to any specific business activity, product, or service. Though it may not directly lead to any services provided, it is still necessary in that it provides critical support to other direct service activities.
	➤ Examples include:
	   • Accounting expenses
	   • Legal fees
	   • Administrative salaries
	   • Depreciation
	   • Insurance costs
	   • Licenses and government fees
	   • Property taxes
	   • Office utilities
	➤ Overhead costs tend to be fixed, thus can be included as part of the calculation of total fixed cost.

2. Determines appropriate overhead calculation approach and calculate the current overhead rate.	➤ The overhead rate is the total of indirect cost for a specific reporting period, divided by an allocation measure such as number of clients, number of direct service hours, or square footage.
	➤ For example:
	   • If total overhead cost is $50,000, the allocation measure is the number of clients served (100 in our example), and the reporting period is quarter, then the overhead rate would be $500 per client per quarter.
	   • If total overhead cost is $50,000, the allocation measure is the number of direct service hours (20,000), and the reporting period is quarter, then the overhead rate would be $2.50 per hour.

	➢ The organization needs to determine a standardized overhead calculation approach across different departments, service locations, platforms so that meaningful analysis can be done to find ways to reduce overhead rate and costs.
3. Monitors the overhead rate over time and analyzes cost factors to discover ways to reduce overhead costs.	➢ Report overhead rate periodically (quarter, semi-annually, annually). ➢ A reduction in the overhead rate means increased efficiency. ➢ The overhead rate can be reduced either by reducing the numerator (overhead costs) and/or by increasing the denominator (service provided). ➢ Analyze overhead cost factors for potential cost reductions.

Section IV:

Quality Improvement Strategies: Internal Processes Perspective

Best Practice Indicator #16. Horizontally aligns input, throughput, and output program components

Quality Improvement Strategy	Explanation/Examples of Processes, Procedures, and Tools

1. Uses the concept of horizontal alignment as a basis for the organization's operational plan	➢ Alignment involves placing or bringing critical organization services and functions into a logical sequence.
	   • Input = (a)assessment data from the OEES (perspective of the customer and the organization's growth, financial analyses, and internal processes), and (b) analysis of environmental context (e.g. SWOT analysis-see Indicator #7)
	   • Throughput = planning process (e.g. continuous quality improvement; see Figure 1)
	   • Output = organization outputs/outcomes (see Indicator #6)
	➢ At the individual level, alignment occurs when personal goals and assessed support needs (input) lead logically to the provision of a system of supports (throughput), which in turn produces valued personal outcomes (output).
	➢ At the organization level, alignment occurs when the organization's resources are used as a basis for an organization's services and functions that lead logically to performance-based outcomes such as aggregated personal outcomes.
	➢ Suggested tools: *OEES*, Strategic Action Map, 1-page tactical plan (OPPM; Lencioni, 2012)

2. Visualizes horizontal alignment from a social entrepreneurship perspective when implementing the	➢ Use a 'business model canvass' ➢ Components of the business model canvass include:

organization's operational plan	- Value proposition - Customer segment - Customer relationships - Channel-how services and supports are delivered - Revenue stream - Cost structure - Key activities - Key resources - Key partners
3. Distinguishes at the individual level the input, throughput, and output components.	➢ The input component involves developing the individual support plans (ISP) based on personal goals and the standardized assessment of support needs ➢ The throughput component involves specifying the individualized support strategies used to address the goals and needs based on the elements of a system of supports ➢ The output component involves delineating and measuring personal outcomes that can include quality of life domains or human functioning dimensions (See Indicators #3 and 4)
4. Enters into a dialogue with the person to better align his/her wishes, goals, and dreams with individualized support strategies	➢ The starting point for an ISP is the dialogue with the person on his wishes, goals, dreams and personal aspirations in life. It is important that one gets a picture of what the person wants in his life: how he sees and dreams of his future. This is not a single conversation, but one of the central themes for an ongoing dialogue. ➢ The conversation can be built around the core quality of life domains which provide a framework for a dialog and in some jurisdictions, the basis for the prioritization of supports provision ➢ This dialog becomes the basis for then working with the respective agency to develop a systems of supports for that individual
5. Aligns supports provision at the organization level to the prioritized support needs related to the person's wishes, goals	➢ It is important is to develop an approach in which the wishes and goals are synthesized with the support needs to an idea

and dreams, and assessed support needs	for an individual support plan: how do I as a person want to be supported? ➢ This idea is discussed with the Support Team and together they decide on the components of an ISP on which supports are given to the person so she/he can fully participate in the community. ➢ Use the indicators of good outcomes regarding quality of life domains to provide both knowledge and feedback to members of the Support Team regarding the need for alignment of input, throughput, and output program components (Bigby et al., 2014)
6. Determines if alignment leads to desired outcomes	➢ At the individual level, micro-level evaluation involves determining the status of the support strategy; at the macro-level, evaluation involves determining changes in assessed quality of life domains (see Indicator #3 for specific tools) ➢ At the organization level, micro-level evaluation involves determining the status of the quality improvement strategy; at the macro-level, evaluation involves changes in the four performance-based perspectives assessed on the *OEES*

Best Practices Indicator #17: Vertically aligns an organization's input, throughput, and output components to the corresponding individual-level input, throughput, and output components

Quality Improvement Strategy	Explanation/Examples of Processes, Procedures, and Tools
1. Identifies and describes the input, throughput, and output/ outcome components at the individual level	➤ Input = personal goals and assessed support needs ➤ Throughput = individualized support strategies ➤ Outcome = personal outcomes
2. Identifies and describes the input, throughput, and output/ outcome components at the organization level	➤ Input = resources (time, expertise, explicit and tacit knowledge, social and financial capital, technology) ➤ Throughput = a system of supports ('organization services') ➤ Outcome = aggregated personal outcomes (see Indicator #6 for additional organization outcomes)
3. Uses discrepancy analysis to determine alignment or 'disconnects' between individual and organization-level components (i.e. input, throughput, outcome)	➤ Examples of misalignment or disconnects at the input level would be resources not devoted to personal goals and assessed support needs ➤ Examples of misalignment or disconnects at the throughput level would be services/supports that do not allow for the support strategies developed by the Team ➤ Examples of misalignment or disconnects at the outcome level would be the organization not collecting the same personal outcome data on all service recipients or not aggregating, analyzing, and using personal outcome information
4. If the organization is structured around functional departments (e.g. a department that provides professional, employment, or residential services) uses discrepancy analysis to determine misalignment among the departments	Examples include: • Professionals using a 'defect model' of disability that is not aligned with an ecological/supports model • A government employment program is outsourced to an agency that is not consistent with a supported employment focus and supports delivery system • A government residential program is 'given to' an organization to run, but the organization has to run the program according to governmental rules and regulations

Best Practice Indicator #18: Demonstrates relationship between units of service/support provided

and the clienteles' assessed support needs

Quality Improvement Strategy	Explanation/Examples of Processes, Procedures, and Tools
1. Measures or assesses support needs of clients and analyzes them on an individual, program, and organizational level	➤ Assessing support needs of a person is distinguished from diagnosing the deficits of a person. A widely used tool to measure support needs is the *Supports Intensity Scale* (SIS; Thompson et al. 2004). ➤ Results can be analyzed based on raw scores per support need area assessed, or the intensity of needed supports across major life activity areas. ➤ Results can be reported for the individual, aggregated for a specific program (e.g. residential or employment, and/or aggregated across program components for an organization profile)

2. Develops a resource allocation approach to supports provision	➤ There is a growing interest among policymakers to increase effectiveness and efficiency and achieve greater equity in allocating resources. A common approach is to develop resource allocation formulas based on both the assessed support needs of individuals and other cost drivers.
	➤ Principles guiding the development of a resource allocation approach to supports provision include (Agosta et al., 2009; Kimmich et al., 2009; Thompson et al., 2014):
	  • There should be a positive correlation between higher funding levels and increased intensity of support needs
	  • The assessment of the pattern and intensity of support needs is based on a standardized support needs assessment tool
	  • Resource allocation formulas must consider cost drivers in addition to assessed support needs. Examples of these cost drivers include where a person lives, age, geographical location, and exceptional medical and/or

	behavioral support needs
	• Policymakers most typically must decide on the composition of an assessment-level framework whereby individuals assigned to each level are presumed to have a similar amount of support need and are provided a common individual budget allocation
	• Foundational levels divide the population into groups (e.g. quartiles) based on their assessed support needs and other cost drivers. For example, individuals with the lowest scores (i.e. the least intense support needs) might be assigned to the lowest funding level while those with the highest scores (i.e. most intense support needs) would be assigned to the highest funding level.
3. Compute unit of service/support provided	➢ Define operationally a unit of service (e.g. hours of service per day, days of service, or months of service). See Indicator #11. ➢ Specify the units of service provided to the person ➢ Associate the units of service received with individual service recipients
4. Develops internal procedures to guarantee that the specified units of service are actually provided	➢ The support needs of (1) individuals and of (2) persons living or working together are analyzed and translated in type and hours of support to be given: what? how? who? This is done frequently as part of the ISP process. ➢ The procedures are such that type and hours of support to be given can be adjusted at any time according to changing support needs
5. Determine the relationship between the units of service/support received and the client's assessed support needs	➢ Simple correlations can be computed determining the statistical relationship between assessed support needs and units of service/support provided ➢ These analyses can be performed at the level of the individual, program, and/or organization

Best Practice Indicator #19: Uses data related to personal and organizational outcomes for multiple purposes

Quality Improvement Strategy	Explanation/Examples of Processes, Procedures, and Tools

1. Decides what the you want to use data for
 	
2. Develops a policy and a method to collect, analyze and use data related to personal and organizational outcomes in a structured way, including time lines
 	
3. Decides on a timeline for collecting, analyzing, and using the collected data
	➤ Data are used commonly for reporting, benchmarking, quality improvement, research, or encouraging staff to use 'right-to-left' thinking (i.e. begin with the end in mind in terms of desired outcomes and then asking, "What needs to be in place for these outcomes to occur?" In addition, data can be used for:
	   • Describing trends over time
	   • Determining areas for improvement
	   • Micro (support and quality improvement anticipated results) and macro-level (OEES, CFI, POS, GENTAC, Saint Martin Scale) evaluation
	➤ A systematic Quality management Review of all the data gathered related to (1) support needs, (2) wishes, goals and dreams of the clients, (3) personal outcomes and (4) organizational outcomes are brought together in one coherent overview that can serve to evaluate, suggest improvements and develop new policies.
	➤ Data collected in an organization are numerous, but are often not combined and analyzed in relation to each other. The four performance based perspectives on which the *OEES* is based can provide a framework to accomplish this: the client's perspective, and the organization's growth, financial analyses, and internal processes perspectives (Schalock et al., 2014).

4. Uses data for reporting purposes	➤ Reporting personal and organizational outcomes can include pre-post comparisons, trended analyses, and group comparisons ➤ Reporting formats can include annual reports, quarterly reports, monthly statistics, public relation brochures, and other formats indicating accountability

5. Uses data for benchmarking	➢ Objective personal and organization outcomes can be used as empirical benchmarks to determine where the organization is and where it wants to go ➢ Benchmarking should be done as an internal, collaborative process and forms the basis for strategic planning and/or continuous quality improvement ➢ The Benchmarking process includes: (a) establishing goals, (b) determining baseline levels, and (c) determining subsequent results after strategies are implemented ➢ Benchmarking can be used to compare program components within a total program but should not be used to compare different organizations
6. Uses data for research activities	➢ Individual or organization outcomes can be used as dependent variables in research studies or program evaluation studies ➢ A common research design (referred to as multivariate) determines the role that various predictor variables (such as level of support need, units of service provided, type of program, or types of specific supports provided) play on the personal outcomes obtained ➢ A multivariate design can be used analogously to determine the role that level of staff competencies, specific staff-based supports provided, amount of staff training, and type of residential/employment programs play on outcomes
7. Uses data for continuous quality improvement	➢ Quality improvement is an internal, collaborative process that involves assessment, planning, doing, and evaluating ➢ Quality improvement is a parallel process at the individual and organization level ➢ Personal or organization outcomes data can be used at either the initial assessment stage of the quality improvement loop or the evaluation phase ➢ The major purposes of CQI are to enhance personal or organization outcomes and organization transformation

Best Practices Indicator #20: Uses evidence-based indicators for continuous quality improvement

Quality Improvement Strategy	Explanation/Examples of Processes, Procedures, and Tools
1. Establishes a framework for a multiple perspective approach to continuous quality improvement (CQI)	➢ Customer perspective: focuses on personal goals, assessed support needs, individualized support strategies, and personal outcomes ➢ Growth perspective: focuses on program options, high performance teams, direct support staff involvement, and networks, consortia, and partnerships ➢ Financial analyses perspective: focuses on a standardized approach to calculating unit costs, cost accounting, cost allocation, social capital, fixed and variable costs, overhead rate, and resource allocation models ➢ Internal processes perspective: focuses on horizontal and vertical alignment of program components, mapping systems, research and evaluation capacity, data sets, data collection systems, and quality improvement activities ➢ Suggested Tool: *Organization Effectiveness and Efficiency Scale* (International Research Consortium on Evidence-Based Practices, 2013)
2. Determines the evidence-based indicators that will be used in the CQI process	➢ See Table 1-page 3 of this Supplement
3. Assesses the organization on the selected evidence-based indicators	➢ See Table 1-page 3 of this Supplement ➢ Suggested tool: *The Organization Effectiveness and Efficiency Scale*
4. Analyzes the profile/results and determine what performance-based perspectives/indicators need to be improved	➢ See OEES Manual: Section I (pp. 8-10); Section III (pp. 30-32) for examples of profile analyses and consequent actions ➢ See Schalock et al. (2014) for additional examples
5. Develops quality improvement strategies to address the quality improvement needs	➢ See previously listed Strategies associated with Best Practice Indicators #1-19
6. Assesses the impact of the quality improvement strategies	➢ Micro-level: determine the status of the intended result associated with each quality improvement strategy ➢ Macro-level: re-administer the OEES to determine changes

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