

Creating an outcome- focused evaluation framework for residential disability services

An overview of the proposed outcomes-focused evaluation framework that will replace the current certification audits and developmental evaluations for residential disability providers.

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Objective

The Ministry of Health is working with the disability sector to develop an outcomes-focused evaluation framework that will contribute to the achievement of quality of life outcomes for people in residential disability services. This framework will also promote continuous improvement in residential disability services. The framework will replace certification audits and developmental evaluations.

This paper outlines the proposed framework, and is being distributed within the disability sector to prompt discussion and feedback.

Outside the scope

This project does not include:

- residential disability providers delivering mental health services as a separate project would be needed to work with District Health Boards as contract holders.
- aged residential care services that do not provide any residential disability services.

Background

Over recent years the goals and aspirations of people with disabilities related to quality of life have become the central drivers of service delivery. Key influences on this paradigm shift include:

- The New Zealand Disability Strategy, published in April 2001, which presented a vision for changing New Zealand from a disabling to an inclusive society.
- The United Nations Convention on the Rights of Persons with Disabilities and its Optional Protocol adopted on 13 December 2006 that reaffirmed the human rights and fundamental freedoms for people with all types of disabilities.

The role of monitoring and development of the disability services sector in supporting the achievement of quality of life outcomes was recognised by the Social Services Select Committee's 'Inquiry into the Quality of Care and Service Provision for People with Disabilities' that was presented to the New Zealand House of Representatives in September 2006. This inquiry made a number of recommendations including that:

- Evaluations and audits of disability services focus on the quality of life and opportunities for people with disabilities rather than on compliance with minimum standards for audit purposes.
- Disability standards are developed for community services with appropriate outcomes-focused evaluation processes.
- People with disabilities and their families are given a key role in the monitoring process to ensure quality of life is measured and valued.
- Evaluation reports of services are readily available to the public taking care to preserve the privacy of individual residents or service users and their families.

- A Government response to the recommendations made by the Social Services Committee's Inquiry was presented to the New Zealand House of Representatives in February 2009 and included:
 - An agreement that quality of life outcomes for disabled people be monitored rather than a tick box approach to monitoring.
 - Noting that the developmental evaluations undertaken by the Ministry of Health are consistent with the United Nations Convention on the Rights of Persons with Disabilities.
 - A review of the desirability and feasibility of and requirements for implementing quality of life monitoring of residential disability care under the Health and Disability Services (Safety) Act 2001 would be undertaken to consider the role of disabled people and their families in the monitoring process.
 - Noting the Ministry of Health is moving towards making audit reports of community disability services under the Health and Disability Services (Safety) Act 2001 publicly available and has directed officials to consider whether it is possible to make contract based developmental evaluations public whilst protecting the privacy of service users and their families.

Providers within the residential disability services have also expressed their concern about the number of different types of audits they receive and the relevance of these to improving quality of life outcomes for people in line with the developments in the disability field.

Under the current system, residential disability services have had separate certification audits and developmental evaluations for the Ministry of Health, as well as surveillance audits at the midpoint of the certification periods. Additional District Health Board (DHB) audits have also taken place for their contracted providers.

The Auditor General's report in 2010, on the Ministry of Health's certification of aged care homes recommended improving its efficiency in use of resources (for example, reducing the number of different monitoring events), and effectiveness in being outcomes-focused. The DHB's now use the certification process to cover their contract audit needs. The Auditor General's comments have been considered in the drafting of this proposed framework.

In late 2010, the Ministry commenced the *Integrated audit, evaluation and monitoring of residential disability services project* to explore the possibility of folding certification auditing into one developmental evaluation process.

A reference group comprising of a representative group of disability providers, auditors, evaluators and consumer representatives was established. The Ministry of Health outlined the proposed evaluation framework to the reference group in early February 2011 – which has led to this paper being produced for distribution and discussion within the residential disability sector.

Proposed evaluation framework

It is proposed that a new approach is taken that considers how effectively residential disability services' contribute to quality of life outcomes. The framework aims to:

- Validate that services are effective in their role in the achievement of quality of life outcomes for people using services.
- Foster organisational learning and understanding of the key processes involved in a service provider's contribution to achieving outcomes.
- Identify strengths and areas for improvement within services.
- Ensure that regulatory and contractual requirements are covered in the process.

The framework will be managed by the National Quality team for the Ministry of Health's National Services Purchasing Group – National Health Board.

The framework has the following components:

1. Organisational Self-assessment and action plan.
2. External evaluation with a developmental approach.
3. Ministry of Health review of the external evaluation report for certification purposes (where applicable).
4. Monitoring of service provider implementation of their action plan to improve service quality.
5. Support, where required, to achieve implementation of their action plan and any requirements as a condition of certification.

An outline of the process is provided below.

Organisational Self-assessment

Service providers will complete an organisational self-assessment to identify evidence of their own effectiveness. These outcomes will also reflect those set out in the Health and Disability Services Standards (HDSS).

A Ministry of Health approved self-assessment tool will be completed by providers. The tool will be developed in collaboration with the reference group to the project. A participatory approach will be encouraged, to involve people who use the service and their support networks, community representatives and others with an interest in the people who use the service.

A set of high-level, open-ended evaluative questions will be designed that focus on the outcomes achieved and the key processes contributing to the outcomes.

The following questions are examples of ones that could be developed for this framework¹.

¹ Adapted from New Zealand Qualifications Authority (2009) *Using Evaluation to Strengthen Self-Assessment*, pp 8 – 9.

Outcome question

These questions focus on how well quality of life outcomes are achieved.

1. How well do the people who use the service achieve their goals and make positive changes in their quality of life?

Process questions

These questions focus on the quality and value of the key contributing processes.

2. How well does the service, the residential environment and its activities match the needs of the people using it?
3. How effective are the programmes and support provided in helping achieve positive change?
4. How effective are governance and management in supporting the achievement of goals and quality of life outcomes?

How providers see themselves meeting legislative and regulatory obligations will be built into the sets of evaluative questions.

The self-assessment will include completion of the self-assessment tool and a report that details how the organisational self-assessment was undertaken, its findings and conclusions.

Action planning

Upon completion of the organisational self-assessment, the service provider will prepare an action plan that outlines planned service quality improvement activities for the next three years.

External Evaluation

The organisational self-assessment report, action plan and supporting documents will be sent to a Ministry of Health nominated Designated Auditing Agency (DAA) where an evaluator will review material submitted. The evaluator will organise with the provider a plan for the evaluation of the service using a developmental approach.

The on-site visit will be undertaken by a minimum of two evaluators, that includes either a residential disability service user and/or a family or whanau member of a person with a disability. The team will have knowledge and understanding of the service being evaluated.

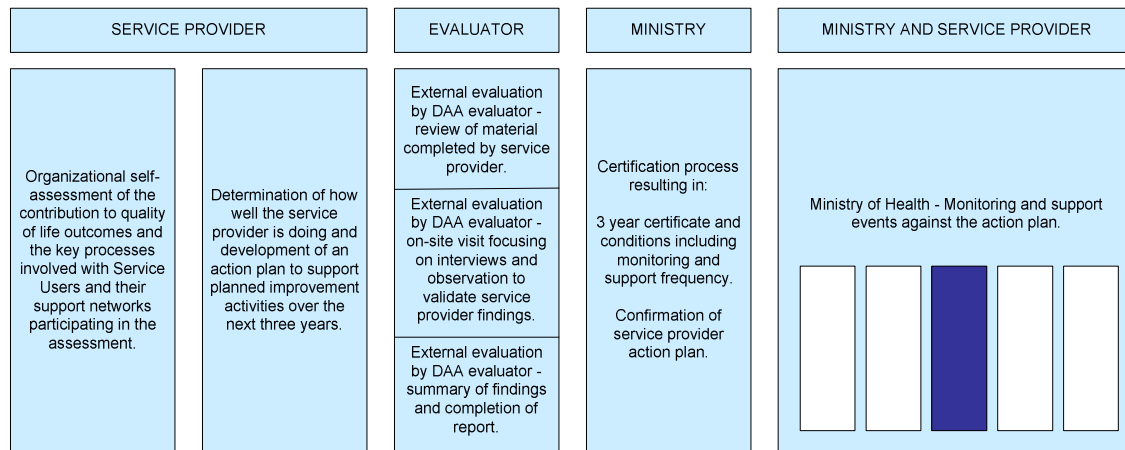
The purpose of the on-site visit is to further validate the findings from the service provider's self-assessment while at the same time offering an external perspective of ideas for future development to consider. Most of the time on-site will be spent observing services, visiting residences and interviewing consumers to match the service providers' self-assessment against service user's perceptions of the service. Some time will also be spent interviewing staff and others with an interest in the service and / or involved in the lives of people using the service (eg. employers, volunteer organisations, vocational services).

The evaluators will provide feedback of their findings at the conclusion of the on-site visit before writing a report that will be finalised with the provider prior to being submitted to the Ministry of Health.

Certification

The Ministry of Health will review the report submitted by the DAA and determine the conditions of a three-year certification. Conditions will include the frequency of monitoring and the type of support the service provider will receive over the next three years. Factors such as multiple facilities/homes will also influence decisions about the level of monitoring.

A diagrammatic representation of the model is shown below:



Implementation

Before the evaluation framework can be implemented the following areas will be addressed through the *Integrated audit, evaluation and monitoring of residential disability services project*:

Support to proceed

1. Support from providers in the residential disability sector.
2. Support from networks of residential disability service users and their families, whanau.
3. Approval from Health Legal that confirms this approach will meet requirements of the Health and Disability Services (Safety) Act 2001 and those for contractual monitoring of service quality.

Evaluation process

4. Determination of sampling methods to ensure all facilities / homes are visited within the certification period irrespective of the size of the service provider.
5. Design of organisational self-assessment tools, action plan templates, DAA evaluation tools and reporting templates.

Service provider skills

6. Learning and development programme to ensure service providers have the necessary skill sets to undertake an organisational self-assessment.

Appointment and requirements of DAAs

7. Appointment of a limited number of DAAs who employ or contract suitably qualified evaluators.
8. Competency requirements of the evaluators and training to support them along with professional development requirements.
9. Selection by the MOH of DAA evaluators for each evaluation programme event.

Payment for DAA services

10. Charges to providers and how payment will be made. (e.g.? a set fee for each evaluation event).
11. Payment for the evaluation programme including:
 - a. Who pays for the certification component of the evaluation (currently proposed as the service provider)?
 - b. Who pays for monitoring within the certification period?
 - c. How payment will be made (if the Ministry selects the DAA to do the evaluation)?

Multiple services

12. The impact on service providers with dual services (e.g. mental health and residential disability; aged residential care and residential disability).

Scope of the evaluation programme

13. Whether smaller providers currently not subject to certification will be required to participate in the evaluation framework.
14. Whether a “spot audit” or some other monitoring event should be included within the monitoring programme.

Publication

15. Determining what information about evaluations of residential services will be published on the Ministry of Health website (e.g. a summary of the findings or priorities for improvement activities).

Ministry of Health systems

16. Changes to Ministry systems and processes including the impacts on information technology.

Once the above areas have been addressed, the evaluation framework will be documented and trialled.

Trial

It is proposed that a trial is undertaken in two phases:

1. Assessment, review and evaluation components resulting in certification to test the process and content of the evaluation framework.
2. Monitoring post-certification to provide an opportunity to enhance monitoring processes.

Upon completion of phase one, any opportunities identified for improvement would be made before a national roll-out would occur. Phase two trialling would run concurrently with the national roll-out.

A selection process for participation in the service trial is likely to occur through a self-nomination process.

Evaluation of the framework

The effectiveness of the new framework will be formally evaluated at the completion of the first certification round (i.e. approximately three years following the national roll-out).

Incremental improvements to the programme will be made as it is rolled out. Performance indicators its evaluation will be established as part of the framework's development.

Timeframes

The following indicative milestones have been identified for the project:

Activity	Indicative timeframe
Sector engagement to gain agreement and feedback to the proposed evaluation programme	Formally commences 28 February 2011 Concludes 15 April 2011
Revision and enhancements made in response to sector feedback	Concludes 29 April 2011
Evaluator competencies developed	March 2011
Appointment process for DAAs	June 2011
Trial phase 1	August 2011
National roll-out	To be determined (likely to be early-mid 2012)

Frequently asked questions

1. What is the Ministry of Health doing to make immediate improvements to the current audit and evaluation processes for residential disability services?

The following work has recently been completed or is underway:

- *Audit report processing times for verification and partial provisional audits has been reduced to 8 working days.*
- *Roles and responsibilities of DAA's and providers is being published in mid March 2011.*
- *A service provider survey to comment on the performance of DAAs will be available from mid March 2011.*
- *Guidance will be issued to DAA's for the auditing of infection prevention and control.*

2. What is the difference between audit and evaluation?

- *Evaluation poses questions about quality (merit), value (worth) and importance. The purpose is learning, development and accountability².*
- *Audit is a systematic, independent and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which audit criteria are fulfilled.³*

² Scriven, M (1991). Evaluation thesaurus (4th ed.) Newbury Park, CA; Sage.

³ AN/NZS ISO9000 definition

3. How will service providers be selected for the trial?

A process for selection is yet to be determined, however it is likely that service providers will be invited to self-nominate. The actual number of participants in the trial is yet to be determined but will require more than one provider.

4. Will service providers participating in the trial have to pay?

Service providers will cover the cost of the organisational self-assessment. Work will be undertaken to determine the level of contribution that will be made by the Ministry and service providers to the evaluation and monitoring costs. The Ministry intends on meeting some of these costs.

5. Who will do these evaluations?

The Ministry is developing a new set of competencies and skills for evaluators that will need to be met. It is expected that an evaluator will have in depth knowledge of the disability service delivery, maintain current knowledge of international practices and trends in disability services, and have expertise in evaluative methods and approaches.

6. What will happen to agencies who currently undertake developmental evaluations?

These agencies will need to decide whether they wish to work within the new evaluation framework. . If they wish to be involved then they will either need to apply to become designated as a DAA or decide to contract or be employed as individual evaluators to a DAA. Existing DAA's will not be able to sub-contract to another agency.

7. What about current designated audit agencies?

Current DAA's will need to reapply to be designated to do work within this new evaluation framework.

8. Will it cost more?

The costs are yet to be determined, however, it is anticipated that the costs will not be any higher than current certification costs. If service providers who are not required to be certified are required to participate in the evaluation framework, this could represent a new cost to them.

9. What alternatives have been considered?

The following alternatives have been considered and discounted as not being workable or adding value due to various reasons:

- *Combining the current audit and developmental evaluations into one event.*
- *Having only a developmental evaluation and using this for certification.*
- *Having only audit and using this for contractual monitoring.*
- *Exempt providers from requirements of the HDSS Act.*
- *Retain two separate processes for audit and developmental evaluation.*

10. Is an equivalent programme used overseas?

The Care Quality Commission in the United Kingdom use a similar process to meet their legislated obligations. They have a programme of planned reviews where every location is reviewed at least once every two years. Their programme includes a provider compliance assessment using an assessment tool, interviews with service users, relatives and carers, interviews with partner bodies (e.g. equivalent to the Ministry of Social Development), interviews with Local Involvement Networks (e.g. equivalent to advocacy groups) and an on-site visit. An example of one part of a provider assessment tool can be found at: http://www.cqc.org.uk/publications.cfm?fde_id=15329

Within the New Zealand regulatory framework the New Zealand Qualifications Authority has moved from an audit framework to organisational self-assessment and external evaluation for tertiary providers. The new framework has been designed to continue to meet the requirements of the Education Act 1989 and its amendments. <http://www.nzqa.govt.nz/providers-partners/registration-and-accreditation/self-assessment>

11. How will complaints received by the Ministry of Health be managed?

The Ministry of Health will still undertake issues based audits and inspections if these are warranted to investigate a complaint made to them.

12. What about providers who have all their houses under five?

It is expected they will be included in under this framework as well.

13. Will there need to be legislative changes?

Possibly, but the Ministry is seeking legal advice about this.

Have your say

The Ministry of Health would like to invite feedback on the proposed evaluation programme. Feedback can be provided by:

1. Completing an on-line survey response

http://www.surveymonkey.com/s/evaluation_framework

2. Submitting a written response, posting this to:

Jac Lynch, Senior Quality Analyst
National Quality
National Health Board
Ministry of Health
135 Molesworth Street
PO Box 5013
Wellington

3. Discussing the proposal with a representative from the expert reference group to the project who will then submit a response on your behalf. The following reference group members have agreed to receive feedback:

Sandie Waddell, Chief Executive Officer
New Zealand Disability Support Network
Phone: 04 473 4678
Email: sandiew@nzdsn.org.nz

Mark Benjamin, Chief Executive
SAMS - Standards and Monitoring Services
Phone: 03 5288 763
Email: samsmb@xtra.co.nz

Cathy Cummings, Director
The DAA Group
Phone: 04 478 7448
Email: cathyc@daagroup.co.nz

4. Contacting the Ministry of Health and provide a verbal response:

Jac Lynch, Senior Quality Analyst
National Quality
National Health Board
Ministry of Health
Phone: 04 8162165

Responses must be received by the Ministry of Health by the 15th April 2011.