

# Q&A on QA

May, 1999

Some commonly asked questions regarding the implementation of K.A.R. 30-64-27 (quality assurance role of Community Developmental Disability Organizations - CDDOs), with informational or suggestive responses:

1. *What is the role/purpose of the Quality Assurance (QA) committee, and will our recommendations be taken seriously?*

The basic purpose of this committee is to assist the CDDO to ensure that healthy, safe and individually appropriate services and supports are being provided to each person receiving services in the CDDO region. The details are found in the language of K.A.R. 30-64-27, which establishes the CDDO's responsibility to ensure the quality of services being provided in the region. That job must include:

“... providing for *on-site monitoring* by *a local committee* made up of persons served, their families, guardians, interested citizens, and providers. The type and intensity of on-site review shall be determined by the local committee and *shall include at least* a determination of all of the following: ...”

1. Services are meeting applicable licensing requirements.
2. People's rights are being protected.
3. Issues of abuse, neglect or exploitation are being reported and corrected.
4. Services paid for are delivered.
5. Services are delivered in accordance with payment agreements.

This regulatory provision is fleshed out by a provision of the funding contract between SRS/SAMHDD and the CDDOs:

“As required by K.A.R. 30-64-27, [the CDDO shall] support the efforts of on-site monitoring by a local Quality Assurance Committee so that the Committee can determine persons being served in the CDDO service area are receiving services consistent with K.A.R. 30-63-01 et seq. [the service provider licensing standards], are protected from harm, and are having their rights protected. This should be done through, **at least, an annual contact** and in ways determined to be needed by the Committee. The CDDO shall take appropriate action to correct any concerns identified by

the Committee.”

This suggests that there are some key basic features of a QA committee which should serve as its foundation:

- **The committee should be local.** That means people who are living, working or otherwise involved in, knowledgeable of and vested in the area where services are provided should be recruited to participate in this activity.
  
- **The committee should have members who represent these five “classifications” of people and related interests:**
  - People directly receiving the services at issue
  - Family members of people receiving the services at issue
  - Guardians of people receiving the services at issue
  - Other interested citizens of the area
  - Service providers

Note that four of the five classifications are not service providers. Three of the five are direct or indirect consumers of services. It follows that this committee will have a consumer perspective. It will be substantively impacted by people who have a direct investment in the services, supplemented by people who provide those services and by other folks in the area who have an interest in participating. It will not be provider driven.
  
- **The committee should conduct on-site monitoring.** That means members of this committee, supplemented by other objective and trusted persons to whom the committee delegates part of the duty, will visit people where services take place. They will visit people in their homes. They will visit people where they work. It does not mean that every member of the committee should go out as a large group to visit anyone together, or even that multiple members of the committee should visit any single person. Different members of the committee, supplemented by others if the committee so delegates, may visit people. The committee must ensure that each person receiving services in the region – whether a licensed service from a traditional provider, or a non-licensed service such as a family self directing services or getting direct financial support – gets at least annual on-site monitoring contact, and the committee determines how that will occur.
  
- **The committee has at least five substantive areas of interest,** listed above. That means the committee must be well informed as to the service standards and provider practices in each of those five areas. It also means

the committee must get enough information from the people receiving and the people providing services to make a good faith, reasonable determination that each of those five areas is effectively addressed for each person.

The issue itself, as well as the nature of services being received by the person involved, will shape the extent of inquiry needed. For example, the issue as to whether services that are paid for are delivered may be a very brief review of attendance or similar records, supplemented by an occasional more extensive inquiry. But the issue as to whether licensing requirements are being met may involve a sample of more extensive interviews with consumers, supplemented by information to the committee from persons they delegate to objectively inquire of other consumers (perhaps tapping into existing internal QA systems of the providers or the CDDO).

This should not be a complex, highly technical approach to the review of services. It should be a sensitive, common sense approach which carries with it individual consideration for each person involved. Licensing standards are essentially concerned with effective support planning, healthy and safe service settings and provider practices (including strategies to prevent abuse, neglect or exploitation, good medication management and appropriate behavioral supports), and consistent honoring of the individual rights of each person being served. Services provided in non-licensed settings also have ground rules about assessing and meeting the person's basic needs in a person-centered environment.

Ultimately, it is the responsibility of the local QA committee to inform itself of the real performance of each provider in the real life of each person being served in the region, and to ensure that healthy, safe and individually appropriate services are provided through adequate (at least once per year), objective on-site contact each person being served in the region. That means the committee members need to do some or all of that on-site monitoring themselves, and they may supplement that with on-site monitoring they ensure is accomplished by persons to whom it delegates.

As to whether the committee's recommendations will be taken seriously: They must be. The CDDO is required to take appropriate action to correct any concerns identified by the committee. Of course, this will be largely impacted by how well-informed and person-driven and responsible those recommendations are. Certainly the committee will become increasingly experienced and substantive over time, and educational or training opportunities should be helpful in that process. The committee has an important role in the assurance of quality services in the region and the authority to exercise that role; it should do so.

2. *Do we physically go to each location, and do we talk to individuals receiving services?*

**Physical presence:** “On-site monitoring” cannot be accomplished without physically going to each location. This must be done at least one time per year for each person receiving services in the region. Of course, some situations or the needs of some people will require more intensive on-site monitoring than one annual contact.

This does not mean that every committee member needs to make on-site visits, or that the committee itself must personally visit every person. It does mean that on-site monitoring by the committee, including by objective persons to whom the committee delegates some of that function with a feedback process, must be accomplished. The committee members must be actively involved enough to reasonably ensure themselves that this job is getting done and that feedback it gets from indirect on-site monitoring is sound. How the on-site review is conducted is within the exclusive purview of the committee, provided the outcomes of the quality assurance function are present.

**Talking to people:** It would be difficult to learn how services are impacting a person’s needs and preferences, and how responsive to the person the service provider is, without talking with the person involved. With very rare exception it would be inappropriate to leave out this important feature of effective quality assurance.

3. *How do we determine lifestyle preferences for people who do not use verbal communication, or whose communication we do not understand?*

Everyone has preferences about how their life goes - everyone cares about these fundamental life issues - and everyone communicates their preferences in some way. Certainly there will be people you will have difficulty understanding, primarily as the result of not knowing them well. Don’t be hard on yourself about this. Get some help in one or both of these ways: getting to know the person better, by spending some time with him or her over time and in different comfortable environments; and/or, getting input from those people who know him or her well. Then make the best, most reasonable person-focused conclusions you can.

We all use - as senders and as receivers - nonverbal communication. In fact, you may be surprised at the extent to which nonverbal communication plays a critical role in the routine interactions we have with people every day. Some studies show the unspoken messages we constantly send and receive amount to more than 65% of the total message sent. My experience serving people with severe and profound mental retardation has been that their personal communication systems are very effective, and the more I got to know them and connect with them, the more clear that communication was to me. And as a person who spends a lot of time with small children and pets, the power of nonverbal communication is obvious to me - they make their preferences crystal clear without speaking a word. And so it goes with all of us to varying degrees. So, chances are you’re already better at this very effective and appropriate form of communication than you realize.

Also, find out if the person has an alternative verbal communication technique. Many people use communication boards, cards, pictures or other assistive devices - formally or informally - which you should ask about when preparing to visit. And find out how what you can about their personal communication style and strategies - noises or sounds the person makes, facial or body gestures used, behavior-based responses (or lack of responses) - all of these things are important parts of effective communication.

The following suggestions may be helpful:

“When you have difficulty with communication:

- Always begin by meeting with the person with an expectation for success.
- Spend time with the person, observing how the person interacts (or does not) with you or other people.
- Find out who knows the person best.
- Enlist the assistance of the people most familiar with the person and his or her style of communication.
- Talk with as many people as possible who are very close to the person.
- Observe the person in as many different environments as possible.”

Personal Outcome Measures, The Council on Quality and Leadership in Supports for People with Disabilities, 1997, p. 12.

4. *How do we maintain confidentiality, especially when a parent, a peer and a community member are required to be there?*

Maintaining confidentiality is a matter of making expectations clear and enforcing those expectations. That means every member of the committee should receive training which is clear to him or her as to what confidentiality means, how it may come up in the course of their service on the committee, how responsibility and professionalism dictate that it be honored, and what may happen if it is not (including the unpleasant negative results for the person whose confidentiality is violated). Parents, peers and community members are all as capable of receiving and honoring that instruction as anyone else.

And while it is necessary that people receiving services, family members, guardians and other interested citizens actively participate in committee business, including on-site monitoring, it certainly is not necessary that they all be present at any individual visit. This is not meant to be an intrusive group process; it is meant to be a common sense, consumer-impacted, sensible and sensitive review of core quality assurance issues with related recommendations flowing back to service providers.

5. *How much time will be involved, and how do we avoid burnout?*

The amount of time each committee member will be involved in the process is entirely dependent upon how the committee is constructed - and that is entirely up to the committee. When shaping and carrying out the business of the committee, the availability of different members, as well as the expertise or interest of different members, should be taken into account. Certainly monitoring visits and other review duties can be broken down to fit the needs of the committee and of its individual members.

Avoiding burnout in this context is similar to avoiding it in any other. The CDDO can promote a positive, productive experience for QA committee members by taking good care in its selection and support processes. This includes such things as:

- \* facilitating a “good fit” that matches people’s diverse interests in service issues;
- \* tapping into people’s passions;
- \* being responsive to questions or concerns of members;
- \* supporting members in getting adequate information and training about the service issues involved and setting realistic expectations;
- \* ensuring that the committee understands and is able to exercise its authority;
- \* recruiting and involving enough people in the committee so that members do not become overly burdened with duties;
- \* expediting the flow of communication to and from the committee members;
- and,
- \* promptly responding with corrective action to the committee’s identified concerns.

The following list of burnout prevention strategies, from Ben Kubassek (Succeed Without Burnout), may be helpful:

1. “Learn to identify the warning signs that indicate burnout is close.
2. Discover the art of setting realistic balanced goals.
3. Learn to manage your stress as an asset, not as a liability.
4. Engage in physical exercise daily - a brisk walk is great.
5. Know how and when to say no.
6. Take control of your thoughts, feelings and behavior.
7. When worry strikes, think of the worst thing that could happen, and say, “so what?”
8. Learn how to relax without feeling guilty. Take a deep breath when you begin to feel anxiety coming on.
9. Adopt an attitude of gratitude. Give thanks daily to your Creator.
10. Respect others and show them your appreciation with praise.
11. Establish your priorities and identify your values.
12. Live your life congruent with your values. Walk your talk.
13. Give twelve hugs every day. Love yourself and others.

14. View failure and obstacles in life as learning experiences, not to be taken too seriously.
15. Avoid negative, destructive thoughts as often as humanly possible. Avoid negative people in the same way.
16. Develop time and life management skills. Don't procrastinate - do it now.
17. Always maintain a sense of humor. If you're not having fun, you're not doing it right!"

A two-page description of "Citizen Monitoring," from The Arc, is attached for informational purposes. This addresses some of the core values of involving directly impacted people in the review of human services. If desired, additional copies of this fact sheet can be obtained at the Arc National Headquarters phone number listed.

If you have any questions or would like to discuss these or related issues, please contact Elizabeth Phelps, Quality Enhancement Administrator, Commission on SAMHDD at 785/296-6140.