Allegheny County Consumer-Provider Collaborative

Consumer Oriented Continuous Quality Improvement Guidelines

Introduction:

In recent years, quality management within business and service organizations has increasingly relied upon Continuous Quality Improvement Models. Prior to this time, "quality assurance" was the predominant model, where particular aspects of a product were periodically checked to assure that defects were not present. If defects or deficiencies were detected, corrective action was usually defined by management to be implemented by frontline workers. This system was essentially reactive and formulated in a top to bottom fashion (management to line worker).

Continuous Quality Improvement (CQI) Models take a different approach to insuring quality products. Rather than relying on identification of problems after they create difficulties, they attempt to take a more proactive and positive approach by not only identifying problems, but also by focusing on opportunities for improvement. They also adopt a different philosophy about the organization of these processes. Rather than assuming that management has all the answers, CQI perspectives assume that workers and others most intimately involved with the actual development of the product are in the best position to identify improvement opportunities and to develop plans to take advantage of them. This approach provides an important way to empower workers and to allow all staff to invest in the product in a personal way. This grassroots approach is directed from the bottom up. These processes work best in more cooperative and horizontally structured organizations.

CQI development within organizations shares many similarities with the promotion of recovery through treatment planning. Both reject traditional views that those in power (management/therapists) are most able to decide what the best plan is. They both emphasize the need to collaborate with all stakeholders to reach consensus solutions to identified problems. They promote empowerment of those who have not traditionally had much power or responsibility. They recognize the value of the contributions of those most familiar with the situation in question. They promote growth and maximize the potential for those who have traditionally been excluded from meaningful participation in governance. These similarities provide a natural interface between CQI processes within behavioral health organizations and their emerging efforts to promote recovery in the formulation of their services.

Establishing Dialogues

Communications between service users and providers have generally taken place in the context of treatment and the particular relationship traditionally developed in that setting. This professional-patient relationship tended to be driven by an expert clinician who prescribed treatment to a compliant recipient of needed services. These relationships

have not often been conducive to an honest interchange concerning the internal experiences and emotions of either party. In many cases, the resulting lack of understanding leads to unsatisfying interactions and difficulties in developing collaborative efforts toward recovery. Dialogues have been developed to allow the frank interchange of perceptions regarding the experiences of users and providers and their relationship. They have also been used to consider how these perceptions impact the recovery process. The object of these dialogues is to foster greater understanding between service users and providers and to form the basis for mutually respectful collaborative interactions. In addition, dialogues can contribute to an atmosphere that is conducive to recovery and professional growth.

Dialogues provide an important starting point for incorporating significant consumer input into quality improvement processes. Dialogues begin to break down traditional and rigid role definitions and to foster understanding of the perspectives of one's counterpart outside the usual context of the consumer-provider relationship. The dissolution of these stereotypes is an essential step in creating truly collaborative partnerships focused on identifying ways that systems can improve the quality of the services they provide. Initial dialogues may give way to more formalized quality improvement efforts in the form of focused dialogues. These may be described as facilitated discussions between consumers and providers from a behavioral health agency that focus on a particular issue of concern. Examples of relevant issues include consumer participation in treatment and service planning and application of coercive treatment protocols. These focused discussions may initially be used primarily to identify areas which need to be improved, but can hopefully evolve into ongoing discussions related to finding the actual methods to be used to facilitate the desired improvement and provide a segue to a fully integrated quality improvement system.

Model CQI Programming

Recovery oriented services will be organized in a manner which will foster consumer autonomy, empowerment, hope, responsibility and productivity. They will be developed around the individual's needs rather than attempting to fit consumers into preconceived and inflexible treatment protocols. These services will foster the consumer's ownership of the treatment plan and will recognize the value of collaboration in establishing stable recovery environments. It is a natural progression for such programs to recognize the value of incorporating consumers of services into the governance of the agency/organization. One aspect of this should certainly be the integration of consumers into quality improvement processes at all levels. Consumer participation in CQI projects as equal partners should be the standard procedure for services of this type and agencies should compensate consumer participants for the service they provide in this regard.

As alluded to earlier, collaboration between consumers and front service staff has the potential to create a true grassroots organization in the spirit of CQI theory. This process will include the development of CQI cells that may be organized around a variety of foci. Whatever the specific focus of the CQI cell, the mission of the cell will be to identify and prioritize quality improvement opportunities and to subsequently define action steps to achieve the desired outcomes. Part of this process will be to establish measurable outcome standards and ongoing plans for the evaluation of the success of the

interventions employed. The engagement of consumers in all aspects of this process will ensure that quality efforts are responsive to the satisfaction of service users in a manner that is obviously more meaningful and useful than surveys devised for that purpose.

Measurement of Success

There are a variety of ways that systems can begin to evolve their organizations toward recovery oriented services, but how can they gage their progress? While this is in many ways a rather subtle and qualitative process, there is a need to have some concrete markers through which success can be measured. Organizations may wish to make their own determinations of how they will recognize success, but some suggestions are provided below for those who would appreciate some help in the development of indicators.

- Complete development of a mission statement consistent with consumer empowerment and respect
- Complete chart, flowchart, or narrative description of CQI process which is consistent with consumer valuing mission
- Maintain no less than 20% consumer membership for groups involved in CQI related activities
- Implement compensation plan for consumer participants which is indicative of the value placed on their input
- Establish ongoing dialogues between consumers and providers to maintain recovery knowledge and sensitivity.
- Complete consumer satisfaction measurements related to participation in quality improvement processes.
- Establish and empower a consumer directed oversight committee related to CQI processes