
PROMISING PRACTICES IN STATE SURVEY AGENCIES

Strategies for Quality Management of Abuse and Neglect Complaints

Washington

Summary

The Division of Residential Care Services at the Washington Department of Social and Health Services established the Complaint and Incident Investigative Quality Assurance Project in 2007 to assess and improve agency performance of complaint investigations for nursing homes, adult family homes, and boarding homes across the state.

Introduction

This report describes the Complaint and Incident Investigative Quality Assurance Project developed and implemented by the Consumer Services section in the Division of Residential Care Services. The project, its impact, and lessons learned that might benefit others considering implementing a similar program are discussed. The information in the report is based on interviews with agency management staff and review of selected materials, and includes information drawn from the SA's award-winning submission to the 2007 Association of Health Facility Survey Agencies (AHFSA) Promising Practices Contest.

Background

In 2006, agency management staff became aware of several complaint investigation issues occurring in some of the state's regional field offices. Specifically, complaint investigators were not consistently using the SA's investigation protocols on which they had been trained the year prior; investigations were taking a notably long time to complete; enforcement situations occurred where staff conclusions were not supported by available data; and calls had been received from complainants dissatisfied with investigation results and concerned that the SA had not thoroughly examined key issues. These concerns compelled agency management staff to develop a way to examine and improve the quality of complaint investigations on an ongoing basis.

Intervention

The SA established the Complaint and Incident Investigative Quality Assurance Project in 2007 as a method for assessing and improving agency performance of complaint investigations across the state's six regions. The key goals of the complaint QA project are to develop a consistent QA process where local managers are able to provide staff feedback from a standard framework; to increase communication between peer managers and have them assume responsibility for issues that impact regional quality assurance results; to positively impact overall organizational performance; and to recognize and reward staff for producing improvement. An additional objective is to improve investigators' critical thinking and analysis of data to enhance complaint investigation performance.

Agency management staff collaborated to design the project, drawing from principles emphasized in a week-long course the Consumer Services Office Chief had attended on driving performance through leadership. The project is premised on the philosophy that efforts to change performance behaviors must empower and motivate staff (not just managers) to make changes and that publicly (within the agency) sharing performance results creates healthy competition and motivates staff to take greater ownership of their performance and make changes in their behavior.

Under the complaint QA project, field managers and a headquarters panel review complaint

investigations using a Complaint/Incident Investigative QA Review worksheet. The review worksheet lists eleven elements viewed to be critical to an effective complaint investigation (e.g., evidence that investigator identified potential regulatory issues prior to onsite investigation; investigator discussed special considerations and/or investigative strategies with field manager; investigator interviewed complainant before going onsite [if possible]). Agency management staff developed the QA worksheet drawing largely from complaint investigation protocols previously developed by workgroups of complaint investigators, and on which all complaint investigators are trained.

The agency has 14 field units, each with its own field manager. For each round of the QA review, field managers review a random sample of 25 percent of the higher priority (2-day and 10-day response time) complaints investigated over the prior three-month period, resulting in 252 cases for the current review. Each field manager reviews complaints from the other field unit in the same region. This approach is useful both in providing a removed perspective on the investigation and promoting communication between the managers for the two field units. Field managers are encouraged to contact one another to discuss and clarify issues to ensure that the score for an investigation accurately reflects the activities that occurred before, during, and after the investigation.

The headquarters panel of five non-surveyor staff members involved in policy, training, research, and QA activities at the SA reviews three complaints (one nursing home, one boarding home, and one adult family home) per field unit per month for two months. This sample is equivalent to approximately one-third of the full sample (84 of the 252 cases in the current review). Panel members refer to the SA's established Complaint/Incident Investigation Protocols for the three relevant settings to help address questions that arise in the course of reviews.

For each investigation, the two sets of reviewers complete the standard QA worksheet and examine identical packets of information,

including working papers. The reviewers score the investigations on each element described in the QA worksheet and assign each investigation a total score of up to 18 points.

After both sets of reviews have been completed on the common subset of complaints, agency management staff review the scores for each investigation, identify any discrepancies in scores for the same investigations, and work to reconcile noted discrepancies. Differences most often arise for processes that may occur without being clearly documented, such as discussion with a manager prior to onsite investigation or notifying providers of enforcement recommendations. If such actions are not documented, the field managers conducting the QA review are encouraged to consult with the investigator's field manager to determine whether such activities had occurred. The reviewing field manager records the results of the consultation in the investigation files and appropriately scores the elements. To avoid redundant inquiries, the headquarters panel is instructed to rely only on what is evident in the investigation documentation and not to consult with investigators or field managers. Scoring by the headquarters panel therefore often is lower until the discrepancy resolution process has been completed and information obtained during the field manager review is reflected in an investigation's final score. The reconciliation process strengthens complaint investigators' willingness to accept the scores, as they know the process ensures that they receive credit for work that may not be visible to the headquarters panel.

After completing the reconciliation process, agency management staff analyze the data and develop a bar chart comparing the average scores for the six regions. The scores are posted semiannually on the SA's intranet. Scores are reported at the region level to limit the capacity to associate scores with particular individuals, as each field office has one full-time nursing home complaint investigator and one full-time investigator dedicated to adult family homes and boarding homes. Field managers also receive reports with data at the field office and

investigator levels, so they can more effectively identify and address areas for improvement.

Using the performance data produced by the QA review, field managers develop quality improvement action plans to address issues related to investigators in their units. Field managers are given the latitude to design plans suited to the specific performance issues and the work and learning styles of their staff to maximize the effectiveness of the performance improvement activities. Plans tend to include individual feedback, structured training, informal group discussion, and monitoring performance issues over time. Field managers also discuss their findings with their peer managers in their region and their regional administrator. Headquarters panel members share observations and trends with agency management staff. Quality improvement actions plans therefore may be developed at multiple levels.

Implementation

The SA conducted a three-month pilot test of the complaints QA project in the state's largest geographic region beginning in February 2007. The pilot provided practical experience with the review process and resulted in minimal revisions to the review worksheet, primarily clarifying instructions for scoring some of the elements. An important finding from the pilot was staff members' concern that individual performances were being examined and criticized, highlighting to agency management staff the need to emphasize the program's focus on organizational performance.

To prepare for the subsequent six-month statewide pilot, the SA conducted a two-hour training session for field managers during a statewide meeting in June 2007. The statewide pilot yielded some surprising findings, including poorer performance than expected in one region. The region's staff, although surprised by their score, did not dispute the findings as they trusted the review process.

Statewide implementation began in November 2007 and results were to be posted and distributed in spring 2008. Staff time committed to the project includes, for each round of review,

approximately four hours for two staff members at the headquarters office to generate the sample list and coordinate review activities. Field managers typically spend two to three hours conducting their reviews, depending on the cases selected for the sample and whether documentation for the cases is complete. The headquarters panel divides their sample among reviewers, assigning at least two members to each case, then reviews results as a group to ensure consistency. Headquarters panel members, on average, spend four to five hours to complete their reviews. Two management staff members together spend approximately 20 to 30 hours reconciling the scores assigned by the headquarters panel and field managers, analyzing the data, developing the bar charts and posting them on the intranet, preparing more detailed data reports for the field managers, and conducting other coordinative activities for each round of the QA review.

Impact

Agency management staff report that an observable improvement in performance scores was demonstrated for the Seattle region (the only region involved in both pilots) between the first and second pilots. In addition to providing a mechanism for comparing performance scores on discrete elements across regions, the pilot tests highlighted several clear performance trends. First, the overall quality of an investigation is much higher when an investigator has developed a good plan prior to going onsite. Advance investigative planning clearly leads to more thorough and effective data collection, analysis, and critical thinking. Second, at times investigators collect great volumes of data but do not appear to carefully analyze or consider what the data indicates, resulting in abundant information that may be either peripheral or unnecessary to the determination of failed practice. Third, it appears that investigators do not consistently discuss cases with their managers, instead conducting onsite investigations without consultation. The SA expects that in some investigations, such as those that involve local law enforcement or a challenging provider, investigators will plan

strategies and discuss key issues with their manager prior to conducting the investigation. Fourth, investigators are not consistently using the most effective sampling strategy to provide information on scope and whether failed facility practice is present.

Management staff believe that the standard framework of the QA review provides an objective foundation that facilitates effective discussion of performance issues, as the feedback cannot be perceived as just another individual's opinion. The structured process appears to promote greater staff acceptance of performance issues and establishes a common ground from which to work together to improve.

Field managers appear to appreciate the project's value for assessing and improving performance in their regions. They find that the structured review process helps make evident less obvious performance issues that they may have sensed but were not able to pinpoint. Field managers are using findings from the QA review to strengthen complaint investigator knowledge, skills, and performance using a variety of approaches. The project also is effective in promoting dialogue between field managers, encouraging them to discuss quality assurance issues and develop and share effective performance improvement strategies.

Lessons Learned

Agency management staff emphasize the importance of integrating ongoing quality assurance activities into the daily workload and setting realistic timelines that can be sustained over time. Based on experience from the QA

project's pilot tests, management staff implemented a semiannual instead of quarterly schedule for the review and reporting process.

It is critical to consider how staff perceive the QA effort. Management staff must emphasize the project's purpose and value and assure investigative staff and field managers that the goal is not to evaluate individual performance but rather to assess and improve performance of the organization as a whole.

It also is important that staff and reviewers appreciate the design of the QA review worksheet and scoring tool. Some of the scoring elements, thought to be essential to capturing the workflow of complaint investigators, require critical thinking and judgment by reviewers. For example, it is not always necessary to discuss strategies or issues with managers prior to onsite investigation, although it sometimes is critical. Reviewers must consider whether preliminary discussion with a manager was necessary given the circumstances of a particular investigation and score accordingly. Management staff believe that the need to make such determinations is beneficial both in promoting dialogue among managers and ensuring that investigations are appropriately evaluated and scored.

Contact Information and Resources

For more information on the complaint QA review project, please contact Larita Paulsen, Office Chief, Consumer Services at PaulsLL@dshs.wa.gov or 360/725-2494. The Complaint/Incident Investigative QA Review worksheet is available on the Web at www.aasa.dshs.wa.gov/professional/RCS/QSURE/.

This document is part of an issue brief on strategies for quality management of abuse and neglect complaints in State Survey Agencies. The issue brief is one of a series by the Division of Health Care Policy and Research, University of Colorado Health Sciences Center, for the U.S. Centers for Medicare & Medicaid Services (CMS) highlighting promising practices in State Survey Agencies. The entire series is available online at CMS' Website, <http://www.cms.hhs.gov/SurvCertPromPractProj>. The issue briefs are intended to share information about practices used in State Survey Agencies and are not an endorsement of any practice.