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## Quality Strengthening, Monitoring And Evaluation And Their Role In A Broader, Multi-Component Quality Enhancement Strategy

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## **Quality Is Not The Product Of Single Safeguard, Catalyst Or Investment**

When one steps back from the quality of the results obtained in a given service user's life, one can see that many good things might be possible for that person, but that it would mean the combining of the independent efforts of many individuals and interveners in order for such beneficial results to be obtained. Yet, we are often tempted to simplify this complexity by our attempts to reduce quality to a singular active ingredient. This is understandable, as more complex formulations, require a great deal more mindful care and attention than do "shoot from the hip" panaceas for quality. In this regard, it is the cumulative result of various valid factors, acting together under good direction, that creates the most likelihood that a quality result will prevail.

## **Quality Improvement Measures Can Be Many If They Authentically Help Get People What They Actually Need**

Many things can help a person achieve "the good life" for themselves. These would normally be distributed across all of the domains of their lives, much as their needs and wants arise in highly particular ways from each domain of their lives. Consequently, there might be many catalysts, that if activated and pursued could help a person better satisfy their needs and wants. It is also true that many, if not most of these active ingredients of quality, could be recognized and combined in ways that make it more likely that good quality results will prevail in a given person's life. Naturally, these must be authentically relevant to what a person actually needs and wants, but assuming they are, then quality becomes probabilistically more likely.

## **Quality Must Be Generated Not Just Assured**

Many quality assurance (QA) systems presume that quality already exists in our existing models, and so the task needs to be solely one of preserving or improving quality. Consequently, QA measures are added to the mix of existing service models on the premise that the model is already sound and that it simply needs enhancing. This may be mistaken, as many models of service do not significantly add to the quality of people's lives or supports and may even be holding them back. Recognizing that this might be so, then quality enhancement/quality improvement/quality assurance might better be rethought of as the specific means by which services can be modified to become more relevant and beneficial. This may even require that something of quality be created to replace, or at least contrast with, service models that are dated or ineffectual.

## **Quality Can Be Strengthened If The Person's Quality of Life Is Seen As The Foremost Guide To What Remains To Be Done**

Quality assurance cannot be tested as to its relevance in some general sense, but will need to repeatedly prove itself on a person-by-person basis in order to establish its credibility. Systems that only do this on a generalized basis are categorically suspect, since they fail to be tested one life at a time and instead impose an "across the board", generalized and standardized methodology as a substitute for engaging in the highly specific issues of a given person's life and needs. On the other hand, if the quality enhancement measure is predicated on learning about success with quality by examining the lessons that each person's life present as to what has actually been successful, then we could genuinely claim that quality was being named and evaluated based on the actual facts and outcomes in people's lives.

## **Evaluation And Monitoring As Components Of A Bigger Process Of Strengthening Quality**

Evaluation and monitoring are not the same, though they are often combined. Monitoring is a process of maintaining surveillance on key aspects of quality while evaluation involves analyzing and interpreting what has been observed through monitoring. In this regard, monitoring and evaluation are processes undertaken alongside service development with the intention of appraising the extent to which quality is present in a given service. Monitoring and evaluation can point to the need for changes in service models, practices and the theories upon which they are based, but they are not a substitute for competent service delivery, nor do they assure quality. They can only detect and analyze where and why quality may be at issue. This does not mean that quality and monitoring are not helpful, but rather that they are not, in themselves, capable of assuring quality, unless they are subsequently combined with feasible measures to improve service practice and models.

## **Evaluation And Monitoring Can Be Done In Many different Ways And With Quite Different Results And Impacts**

It is useful to see that many methods can be employed to monitor what is happening with individuals and systems. For instance, a given individual may be monitored solely and independently by a single staff person, or simultaneously by staff occupying different roles. These are both distinct forms of monitoring carried out by paid staff, yet both can coexist and be helpful. In fact, by combining them such that the cumulative benefit to the person is greater than that of any single component, it demonstrates that each component of monitoring can add something special to the mix, while still being harnessed into a bigger effort of quality improvement.

## **Not All Quality Improvement Measures Are Fundamental To Assuring That People's Needs Are Actually Effectively Met**

Simply calling something a "quality improvement" measure actually makes it so. Rather the real test will be whether the measure actually helps people get what they actually need and want. For instance, having detailed documented protocols or policies for handling various developments that may arise in a person's life are often relied upon as evidence that the matter will be handled well. This is predicated on the belief that if something exists on paper it exists in reality. However, something can only be meaningful if it is done properly when the time comes for when it is actually needed. Failed protocols cannot be equated with actual quality outcomes since they are ineffectual except on paper. Equally, what will actually work in practice is the true source of quality and this cannot be known except by crosschecking what is hoped for with what actually was beneficial to a given person's life. It is only then, for instance, that one might have the evidence to conclude that it was more important to have people in people's lives that have the personal qualities of "person centeredness" than it was to have had a formal person centered plan. Yet, many systems may actually place greater emphasis on formal plans than they do on "person centeredness".

## **The Danger In An Exclusive Reliance On Minimal Standards Of Quality Interventions**

Many service systems, in the hope of assuring at least a minimal "base" level of quality of service often opt for various "single path" methodologies for quality enhancement. Some of the common forms of these are seen in the reliance on accreditation, licensing, registration, professional credentialing and whatnot. These become, through an exclusive system's reliance on them, a kind of "silver bullet" for quality due to the fact that they are the only show in town. Yet, this is contradictory to the fact that any number of measures might enhance quality in a person's life, if they are properly mobilized. By narrowing service providers to have to rely solely on minimal quality standards mechanisms, factors that could go well beyond minimal thresholds in generating quality are ignored, despite the fact that they are capable of actually elevating quality well above minimal levels. These more powerful quality enhancement measures normally could include selecting the right people, generating service models that actually fit with people's needs, the presence of values based leadership, exposure to high quality solutions to needs and so forth.

## **Quality Assurance Systems As A Means Of "Scandal Proofing" Or Protection From Complaints That The System Did Not Do What It Should Have**

There may be much to be gained by being able to say that all of the staff had been properly trained and the agency duly accredited and licensed at

times when a potentially scandalous failure occurs in a service, particularly one that generates a lot of unfavorable publicity. So, such measures do provide a tangible amount of immunization from attacks on one's competence and credibility. Even so, they rarely ultimately work to protect the authorities from the political consequences of scandals. So, as a form of "scandal proofing", such measures are largely minimally useful. A much better defense is to be able to demonstrate that the system had gone well beyond minimal standards efforts at quality improvement, to the combined use and mobilization of literally dozen of other catalysts for quality. Further, it reveals that the system is not approaching quality defensively, with bureaucratic window dressing measures, but has an active, multi-faceted pro-active optimal quality strengthening program at work in every single provider organization. The sheer diversity of methods being utilized in partnership with providers gives great weight to the fact that the attempt at strengthening quality goes well beyond bureaucratic minimalism. This does not make any eventual tragedy or scandal disappear from the scene, but it does counter any eventual criticism by the sheer depth and breadth of the quality improvement effort.

### **The Value Of Systems Enabling Providers of Service To Become Competent At Many Varieties Of Feasible Quality Enhancement Measures**

Since many interventions can, at least in theory, feasibly help generate improved quality, it is important that the system's authorities appreciate this, as its policies can act to either diminish or enhance the provider's capacities to harness the right catalysts for quality. Rather than forcing providers to place inordinate amounts of energy and capital into standardized, minimal standards, "single track" methodologies whose record of generating quality may be historically quite unimpressive, it is clearly worthwhile to be open to strategies of quality improvement that enable providers to be able to experiment with many promising quality enhancement methods, many of whose bias is towards optimal quality rather than achieving just the barely adequate. This may make the difference between whether they can effectively use "high yield" versus "low yield" strategies in terms of quality.

This can be achieved, by simply shifting the regulatory emphasis from prescribing the means of quality improvement to emphasizing the nature of desired quality, and allowing providers to self-select the use of approaches to quality that show evidence measurably impacting on quality. Further, if the better use of these is allowed and expected to evolve over time, providers may gradually become multi-faceted in their capacities to constructively influence quality. In any case, providers would still be compelled to make active and credible investments in quality improvement each year, the difference would be the flexibility that would allow them to be both creative and possibly innovative in marshalling an annual or multi-year quality improvement plan.

## **The Capacity To Blend Together Potentially Valid Quality Improvement Measures Into Powerful And Beneficial Combinations**

Many factors can be combined to increase the likely generation of quality providing that each of these is intrinsically valid. For instance, measures such as exposure of people to high quality examples of quality, could easily be combined with mentoring/consulting with by experienced high quality practitioners. As well, valued based training, partnering with service users and families, strict "post hoc" analyses of why specific aspects of service are poor and fastidious recruitment of the "right" people can also be added to these initial quality improvement measures to generate a great deal more likelihood that the service will be both "person centered" and effective. Yet, though none of these relies on minimal standards, their combined impact on quality would undoubtedly produce higher levels of quality. The reason for this is that the provider can select, evaluate and combine quality strengthening measures, on an ongoing basis, that are most convincing to them rather than have to concentrate scarce resources to minimally useful measures that are largely oriented to assuring not that quality is strengthened, but rather that people get the bare minimum.

## **The Role Of Evaluation And Monitoring As Systems Tools In Gauging What Is Having Real Beneficial Effects On People's Lives and What Is Not**

Since the well-being of the service user is such a crucial fundamental in terms of service quality, it is important that the system be able to know what is precisely happening to people (monitoring) and be able to assess why this is so (evaluation). These are naturally linked since monitoring allows a system to generate the information that would alert it to quality issues that may be present. The evaluation of these indicators as to whether they ought to be seen as worrisome or not is a genuine analytical problem. Since "the data do not interpret themselves" information is not always self-evident in terms of how it should be interpreted. Consequently, evaluation is always a weighing of the facts as to what they mean.

## **The Varieties Of Monitoring Methods That Could Be Utilized**

A single system may conceivably use a variety of monitoring methods simultaneously, all of which may have a measure of validity and effectiveness notwithstanding them also having a great number of limitations. For instance, almost all systems rely on staff monitoring, including multiple staff monitoring the well-being of a given person. This may involve people as diverse as case managers, supervisors, key workers, service coordinators, internal evaluators, licensers, clerical and administrative workers, consultants, funding officials, accountants, clinical professionals and many others who work for both funders and providers. The quality question may well be whether they actually recognize their monitoring duties and execute as anticipated.

Monitoring can also come from people who are more at the periphery of the “paid” system, but perhaps more free to act on the basis of what they learn about the situations in people’s lives. This could include board members, families, friends, advocates, neighbors, employers, and possibly many others including journalists, unrelated professionals from other systems, academics, politicians and so on. The key question is whether the system is active in strengthening and effectively using these forms of monitoring by people who do not work for them.

In some instances, systems have invested in types of monitoring that are built around a partnership between the system and parties outside the system that might have an interest in monitoring services in regards to the well-being of the persons served. This has included efforts to have “friendly visitors” to residential settings and institutions, special monitoring training being made available to agency board members, advisory board members and others in such roles. It has included special evaluation or monitoring projects and systems that rely exclusively on families, service users, advocates and so on to evaluate or monitor services. It has also included special projects to have independent citizen boards oversee management of the service complain and investigation processes to avoid the appearance of “the police policing themselves.”

### **Means To Strengthen Monitoring And Effectively Utilizing What It Generates**

Many worrisome matters of quality can be recognized better by people when they are educated to see them for what they are. Consequently, efforts at educating people about quality are helpful in enabling them to do better in their quality monitoring capacities and roles because they better understand what quality is and thus will be more assured in their actions based upon their appraisal of quality issues. Secondly, when people are clear that they do indeed have a duty to monitor, and agree with this premise, then the chances of them being better able to monitor effectively increases. This might be thought of as “role consciousness” or perhaps “role entrenchment”.

Thirdly, when people know what they are supposed to do with what they learn, particularly by triggering systems attention and action, they become “de facto” allies of the system in monitoring i.e. the system’s eyes and ears. Fourth, when people are supported in their monitoring role, their original orientation to quality will persevere rather than diminish and their capacities to act more meaningfully will increase. Fifth, when systems act on what they learn rather than suppress information that is critical of practice, it invites other people to step forward as they are less likely to believe that such actions are futile. Lastly, when monitoring of this kind is praised, recognized and highlighted it creates a greater societal sense of transparency and puts people on notice that quality is under scrutiny.

## **The Special Value Of Independent Monitoring And Evaluation**

Monitoring and evaluation that are done in the context of being embedded in conflicts of interest are notorious for their lack of credibility. This is because they lack independence, impartiality and transparency. Typically, they are instances of the system investigating itself, and thus the monitoring and evaluation that is done is prone to having a view that is more consistent with the systems agenda than not. Not uncommonly, the practitioners involved have career and other interests that could be negatively affected by acting too independently. Consequently, many systems recognize the value of selectively externalizing many monitoring and review functions, even if they maintain some internal capacities in this regard. The principle of independent evaluation applies to the evaluation of the system itself, and many systems recognize that there are occasions when this type of evaluation is necessary to establish a credible appraisal of events and results. This principle can also apply to provider partners of the system in that they may also be required to submit to independent review of their performance and quality on a regular cycle.

## **The Encouragement Of The Use Of A Variety Of Evaluation Methodologies As An Alternative To Over Reliance On Only One Means Of Evaluation**

Though it is quite typical for a given system to rely solely on a specific evaluation methodology, this might unduly limit that system to specific benefits of the methodology being used. If this is seen in light of the multi-faceted ways that quality can be strengthened, then it becomes evident that this may act to suppress the full range of quality enhancement options that are available and feasible unless these enhancement options are equally weighted. In practice, this would mean that providers of service would be expected to be evaluated on a regular basis, but may play a role in nominating the type of evaluation, or combinations of evaluations that they may wish to pursue in a given period. Given that there are a wide array of both qualitative and quantitative options available, or at least conceivably available, then this expansion of choices offers providers and the system a greater ability to target evaluations better to the differences that exist between services and their needs at a given moment.

The types of evaluation choices are many, but to name a few, there are standardized accreditation systems, licensing and registration, optimal standards evaluation systems such as Program Analysis of Service Systems, consumer satisfaction surveys, consumer and family and consumer directed evaluations such as the systems in place in Perspectief in Holland, SAMS in New Zealand and Family Monitoring in Pennsylvania. There are approaches such as appreciative inquiry, participatory research, standardized data collection based quality tools, specific consumer outcome evaluations, various sampling and program audit tools, peer reviews, expert teams, focused clinical reviews,



some strategic performance assessments, consultations with stakeholders and so on.

Each evaluation methodology may have a specific value at a given moment, so the essential question is whether it is possible for the system to require that evaluation be done, but leave the means of evaluation to be more optional. The options selected would have to be credible as a means of assessing and enhancing quality, be sufficiently independent so as to be credible, be performed competently and be responsive to the systems and service users concerns about quality, not just those of the service provider. Conceivably, if the provider cannot propose and argue for evaluation options of their own, they would have to submit to the "default" option selected by the system. Even in this instance, a system may want to have the ability to have a variety of default options to select from.

### **Conclusion**

What has been suggested here is that quality strengthening in systems may be greatly helped along by seeing the precise role that quality making and strengthening plays, and how this can be monitored and evaluated. It also makes the argument that it is advantageous for systems to not bet all their money on a single strand of either quality making or evaluation and monitoring, when the combined use of a variety of these may be possible. Lastly, it suggest that not all of the inspiration, creativity and concern for quality will or should come from the system and its officials, and that it is possible for the system to work collaboratively on quality rather than to see itself as the sole safeguard on quality. Naturally, these insights have to be reconciled with the reality that quality may not always be all that important a factor to many parties both inside and outside of the system, but such considerations need not invalidate anything offered here.