

*ANALYSIS OF THE FIRST 100 ACCREDITED AGENCIES'
SURVEY REPORT
Ministry of Children and Family Development
(Final Report)*

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EXECUTIVE SUMMARY

This paper presents a summary of statistics found in accreditation surveys/reports regarding the first 100 accredited agencies. These findings are divided according to the accrediting body (CARF or COA) in order to provide a more accurate result.

Analysis of the 80 CARF accredited agencies finds Leadership was the key theme awarded with exemplary conformances. Exemplary conformance indicates a level of conformance that goes beyond the requirements for accreditation. Leadership accounted for a total of 38 exemplary conformances. When the number of standards applied on each area is considered, Leadership remains strength among those agencies, and Collection and Use of Input from Stakeholders becomes the area with the highest ratio of exemplary conformances to the number of standards applied (1.76 percent). Therefore, Leadership and Collection and Use of Input from Stakeholders are the two areas in which the 80 CARF accredited agencies excelled in their accreditation.

Health and Safety and Information Management were the two areas with most recommendations. Recommendations are used to identify "standards that were not met"¹. Health and Safety accounted for 371 recommendations, and Information Management accounted for 335. The analysis of Health and Safety finds that most recommendations were related to "written analysis of critical incidents" and "tests of emergency procedures". The standard "tests of emergency procedures are conducted at least once a year" was the found in non-compliance among 33% of CARF accredited agencies. The analysis of Information Management finds that most recommendations referred to the "data collection system", particularly data collection on

¹ CARF 2005 Manual, Behavioural Health

the efficiency of services (21% of CARF accredited agencies needed improvement in this area). When the number of standards applied on each area is considered, Accessibility appears as the key area for improvement, particularly regarding the use of status reports on the removal of accessibility barriers. In conclusion, CARF accredited agencies demonstrated that key areas for improvement are tests of emergency procedures, data collection on the efficiency of services and status reports on the removal of accessibility barriers.

The analysis of the 24 COA accredited agencies did not present information on agencies' strength (exemplary conformance was the counterpart with CARF). This information is not presented in their PAR (the only report available up to this point in time). However, important conclusions can be reached by looking at agencies' partial and non-compliance.

The analysis of COA accredited agencies reveals strong performance on the following areas:

- Ethical Practices, Rights, and Responsibilities;
- Administration and Risk Management;
- Quality of the Service Environment;
- Organizational Integrity;
- Behaviour Management; and
- Financial Management.

The above areas received the lowest number of partial and non-compliance in the PAR, particularly Ethical Practices, Rights, and Responsibilities (10 partial or non-compliance).

Areas cited for improvement are:

- Continuous Quality Improvement (CQI) received the most partial and non-compliance (97).

- Intake, Assessment, and Service Planning received the second highest partial and non-compliance (74).
- Service Delivery received the third highest partial and non-compliance (68).

A closer look at CQI reveals that the “Outcomes Measurement System” could be further developed. In addition, the most common recommendation overall was “the organization aggregates and analyzes outcomes data for persons served for each of its programs to determine program effectiveness” (29% of COA accredited agencies). Intake, Assessment and Service Planning can be improved through a better service planning, particularly through a written service plan specifying how and by whom the services are to be provided, service goals and desired outcomes. The analysis of Service Delivery shows that this area can be improved through case records and supervision, particularly the documentation of case supervision in the case records.

Highlights from CARF and COA reports are:

- The performance analysis/outcomes measurement systems can be improved through data collection on the effectiveness and efficiency of services. COA findings cite effectiveness and CARF findings cite efficiency;
- “Risk Management” was a strength among COA accredited agencies and an area for improvement among CARF accredited agencies, most likely due to the different approaches adopted by the two accrediting bodies in this area;
- COA findings indicate “Qualifications of the Organizational Leadership” as an area for improvement among COA agencies, and CARF findings suggest Leadership was an area of strength. This can be explained by the fact that CARF does not use these criteria

(qualification of leadership) rather they look at actions taken by the organization's leadership.

The different approaches to accreditation may lead to different results. Therefore, one must be cautious about interpreting the results, particularly in verifying if the language of the standard clearly defined what has been measured. Nonetheless, a point in common is the data collection on the efficiency and effectiveness of services reinforces a clear path to improvement.

BACKGROUND

This report presents a summary of statistics found on accreditation surveys among the first 104 accredited agencies contracted by the Ministry of Children and Family Development (the Ministry) since 1999. The two accrediting bodies that provide third-party accreditation for the Ministry are the Commission on Accreditation of Rehabilitation Facilities (CARF) and the Council on Accreditation (COA).

The focus of this paper is primarily on:

- a. Exemplary conformances and recommendations applied by CARF to the Business Practices section of the survey reports; and
- b. Partial and non-compliance applied by COA to the Organizational and Management Standards section of its preliminary accreditation reports (PAR)².

This analysis was based on the most current accreditation survey whenever more than one survey was available. Table 1 indicates that 77% of the surveys entered in our database are accredited with CARF and 23% of the surveys are accredited with COA.

² COA's PAR does not provide information on agencies' strengths; therefore this information will not be presented in this paper.

Table 1 – Distribution of agencies by accrediting body

<i>Accrediting Body</i>	<i>Number of Agencies</i>	<i>Percent</i>
CARF	80	77%
COA	24	23%
TOTAL	104	100%

Findings are divided by accrediting body and presented in four major areas:

- a. General findings;
- b. Findings by region;
- c. Findings by customer service unit³;
- d. Findings by key areas.

SECTION 1 – CARF

1.1. GENERAL FINDINGS

Among CARF accredited agencies, 93% of the surveys reviewed were first accreditation (74 agencies). Six surveys reviewed were for second or third accreditation (two in the North region, and one in Vancouver Island, Vancouver Coastal, Fraser and Interior regions).

Among CARF accredited agencies, 59 used the Employment and Community Services (ECS) manual, 19 used the Behavioural Health services (BH) manual, and two used the Medical Rehabilitation (MR) manual.

CARF provides feedback on agencies' exemplary conformance to the standards applied, which indicates a level of conformance that goes well beyond accreditation requirements. This indicator is given in exceptional circumstances. Table 4 shows that nine CARF accredited agencies received more than four exemplary conformances.

Table 2 – Distribution of exemplary conformance

<i>Exemplary Conformance</i>	<i>Number of agencies</i>	<i>Percent</i>
0	42	53%
1 - 2	18	23%
3 - 4	11	14%
More than 4	9	11%
TOTAL	80	100%

³ Due to the diversity of services provided by COA accredited agencies, there is no analysis by customer service unit in the COA section.

Figure 1 reveals that most exemplary conformance was on the areas "Leadership" and "Input from Stakeholders"⁴. Agencies received 42 exemplary conformances in Leadership and received 30 exemplary conformances on Input from Stakeholders.

Figure 1 – Distribution of Exemplary Conformances



⁴ CARF themes, 2005 (Behavioural Health Standards) Manual

CARF uses recommendations to identify “standards that were not met”⁵. This indicator reveals areas needing improvement, and areas where agencies are fully conforming to the standards.

Five agencies did an outstanding job of having zero recommendations among the 505 Business Practices standards applied. Twenty-four agencies received more than 20 recommendations. Forty-four agencies received less than 10 recommendations (10 recommendations represent 2% of the total number of standards applied).

As Figure 2 shows, Health and Safety and Information Management were the two areas with the highest number of recommendations (371 and 335). Nonetheless, these two areas also have the highest number of standards applied.

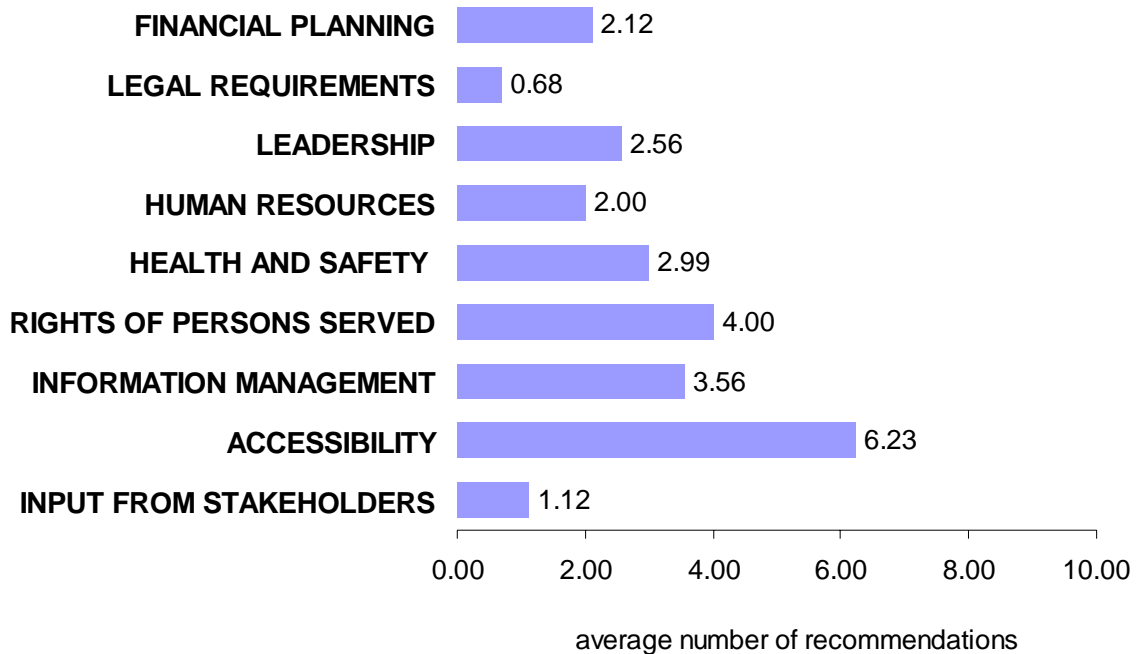
Figure 2 – Distribution of Recommendations



⁵ 2005 CARF Behavioural Health Standards Manual, 27

When the number of standards is considered, accessibility becomes the area with highest average number of recommendations (figure 3).

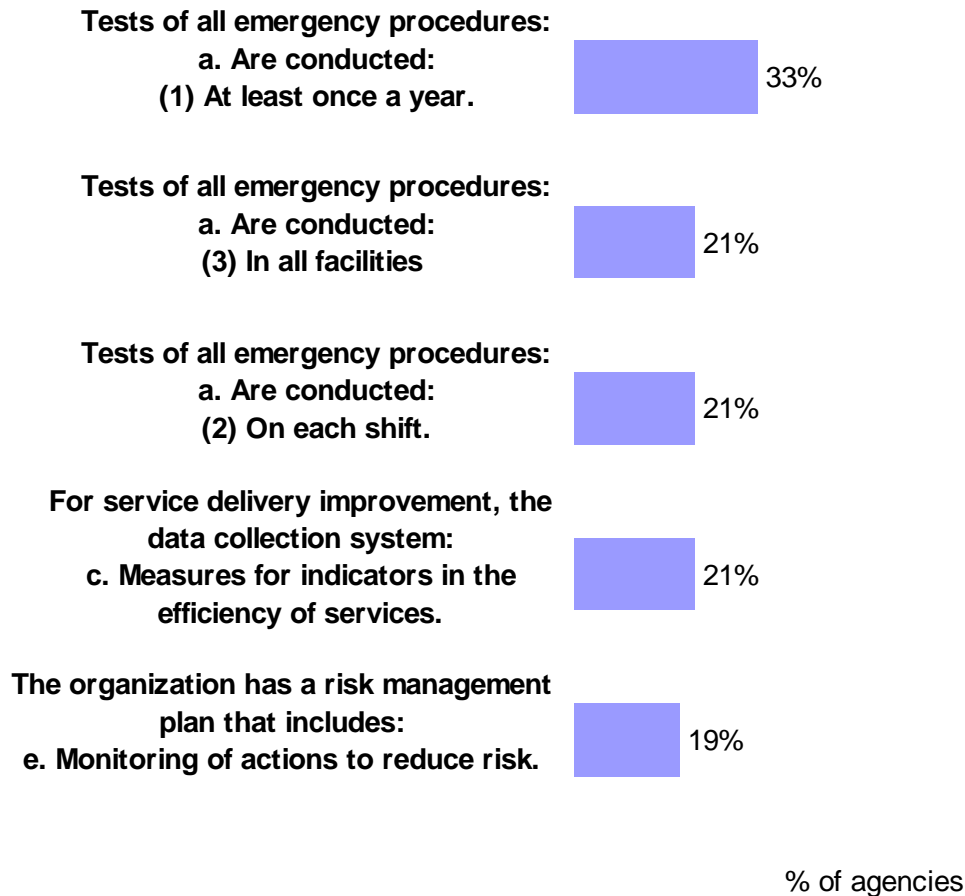
Figure 3 – Total number of recommendations divided by the total number of standards applied on each area



Considering the number of Accessibility standards, this area has the highest proportion of recommendations: 6.23%. This chart also shows that Input from Stakeholders is still strength among agencies (the second lowest number of recommendations by the number of standards applied). Health and Safety went to the fourth place; Information Management remained high. Rights of Persons Served presented a high proportion of recommendations.

Figure 4 shows the standards with most recommendations among the CARF accredited agencies. Areas where improvement might be needed include risk management planning, data collection and tests of emergency procedures. The standard "tests of emergency procedures are conducted at least once a year" was cited for recommendation among 33% of the CARF accredited agencies.

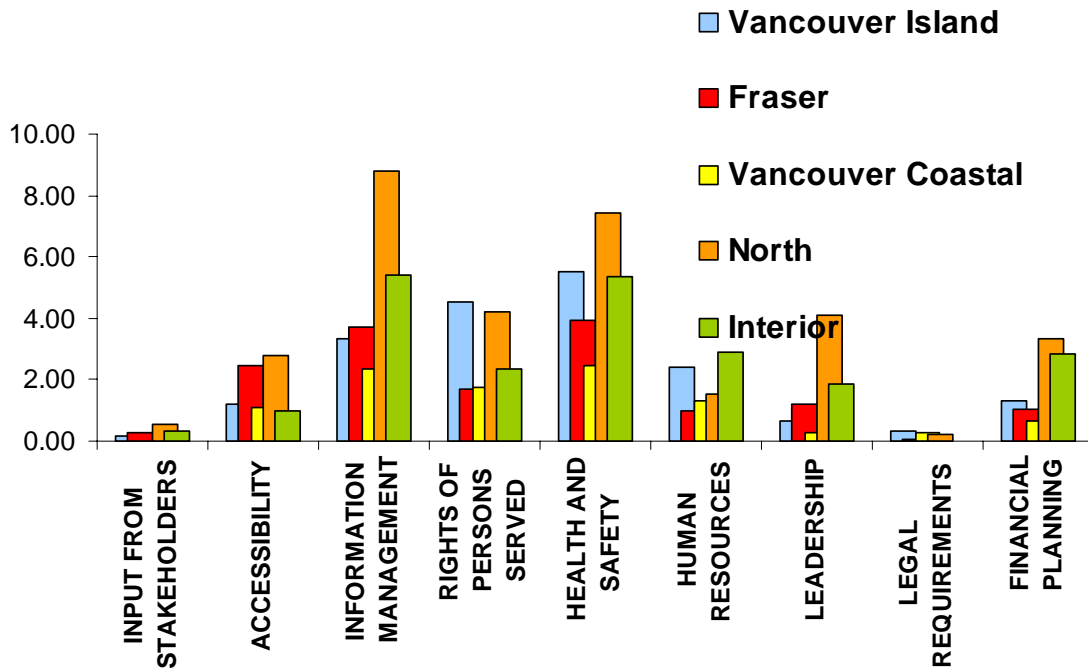
Figure 4 – Most common recommendations



1.2 FINDINGS BY REGION

Except for the North and Interior regions, Health and Safety was the area with the highest number of recommendations in all regions. The area with the highest number of recommendations in the North and Interior regions was Information Management (figure 5).

Figure 5 – Average Number of Recommendations by Region – Key Areas



Vancouver Coastal region has the lowest average recommendations among all regions (figure 6). Agencies delivering services in the Vancouver Coastal region had an average of 10 recommendations in the Business Practices Section during their site surveys. This number represents 2.2% of the total number of standards applied by CARF in the Business Practices Section.

Figure 6 – Average Number of Recommendations by Region - Total

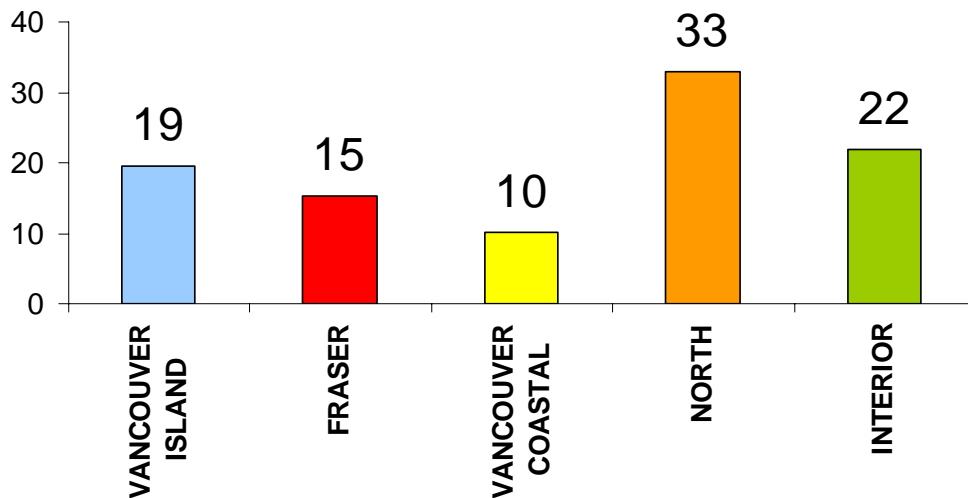
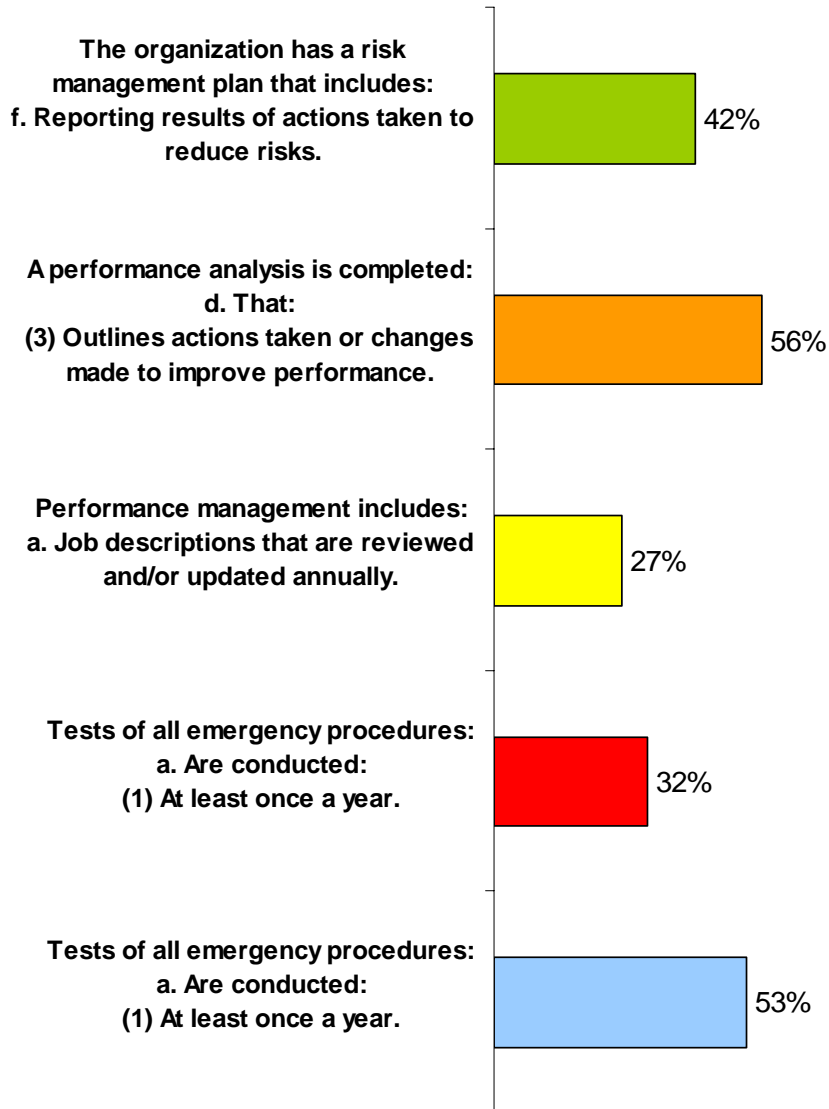


Figure 7 shows the most common recommendations on each region.

Figure 7 – Most Common Recommendations by Region



The most common recommendation among Interior region agencies (green) was “the organization has a risk management plan that includes reporting results of actions taken to reduce risk” – 42% of Interior agencies.

The most common recommendation among North region agencies (orange) was "a performance analysis is completed that outlines actions taken or changes made to improve performance" – 56% of North agencies.

The most common recommendation among Vancouver Coastal region agencies (yellow) was "performance management includes job descriptions that are reviewed and/or updated annually" – 27% of Vancouver Coastal agencies.

The most common recommendation among Fraser region agencies (red) was "tests of all emergency procedures are conducted at least once a year" – 32% of Fraser agencies.

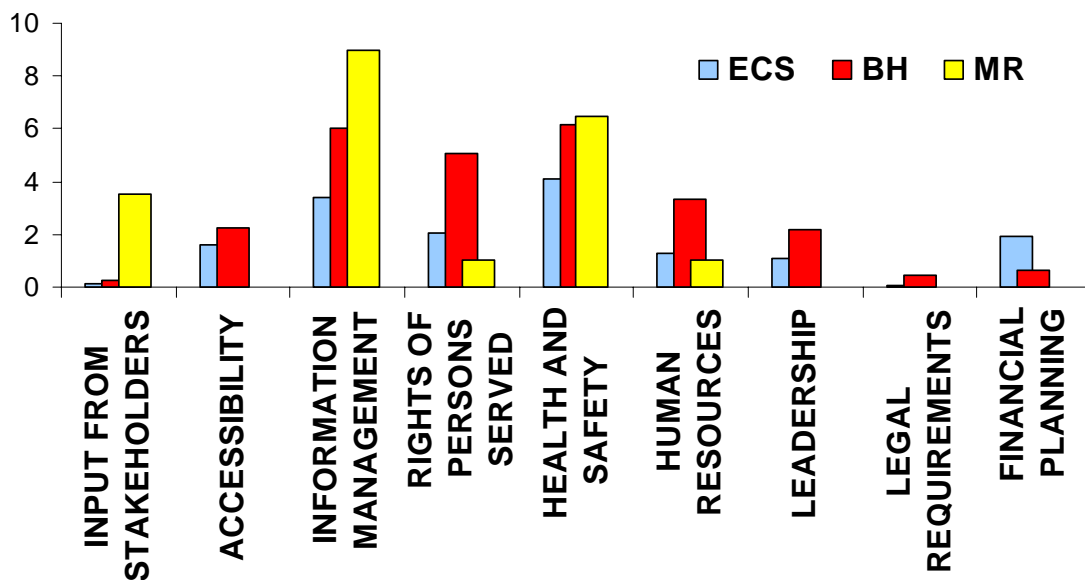
The most common recommendation among Victoria Island region agencies (blue) was "tests of all emergency procedures are conducted at least once a year" – 53% of Vancouver Island agencies.

1.1 FINDINGS BY TYPE OF SERVICE

There are 59 Employment and Community Services (ECS) agencies, 19 Behavioural Health (BH) agencies, and two Medical Rehabilitation (MR) agencies included in this analysis.

Figure 8 shows the average number of recommendations by the type of service provided among CARF accredited agencies.

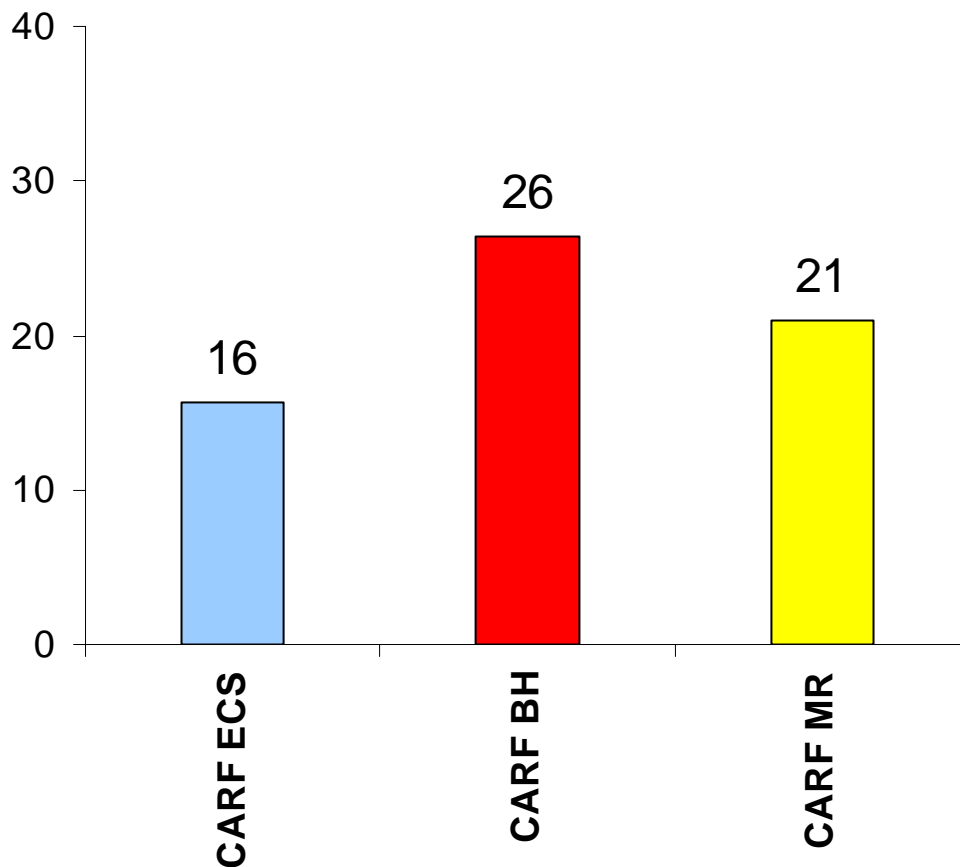
Figure 8 – Average Number of Recommendations by Type of Service – Key Areas



ECS agencies presented the lowest average recommendations on Input from Stakeholders, Information Management and Health and Safety. BH agencies had low number of recommendations on Input from Stakeholders, Legal Requirements and Financial Planning. The two MR agencies had no recommendations on Accessibility, Leadership, Legal Requirements and Financial Planning.

Figure 9 shows the average number of recommendations for the total Business Practices Section. ECS agencies had the lowest average number of recommendations (16). MR agencies had an average of 21 recommendations, and BH agencies had an average of 26.

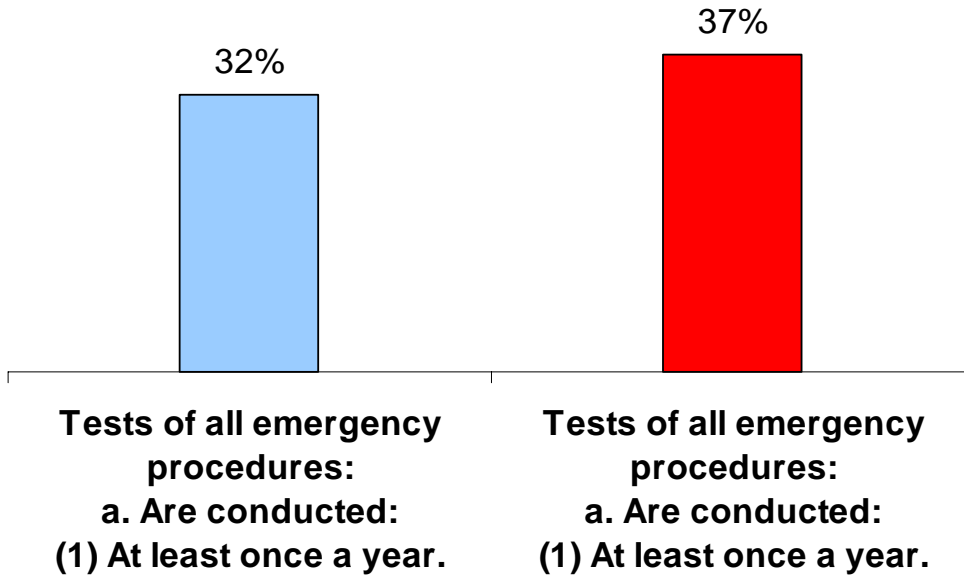
Figure 9 – Average number of recommendations by type of service – Total



All three types of service represent an excellent ratio since the total number of standards applied in the business practices is 505.

Figure 10 shows the most common recommendations on each type of service.

Figure 10 – Most Common Recommendations – Type of Service



The most common recommendation among ECS agencies (blue) was “tests of all emergency procedures are conducted at least once a year” – 32% of ECS agencies.

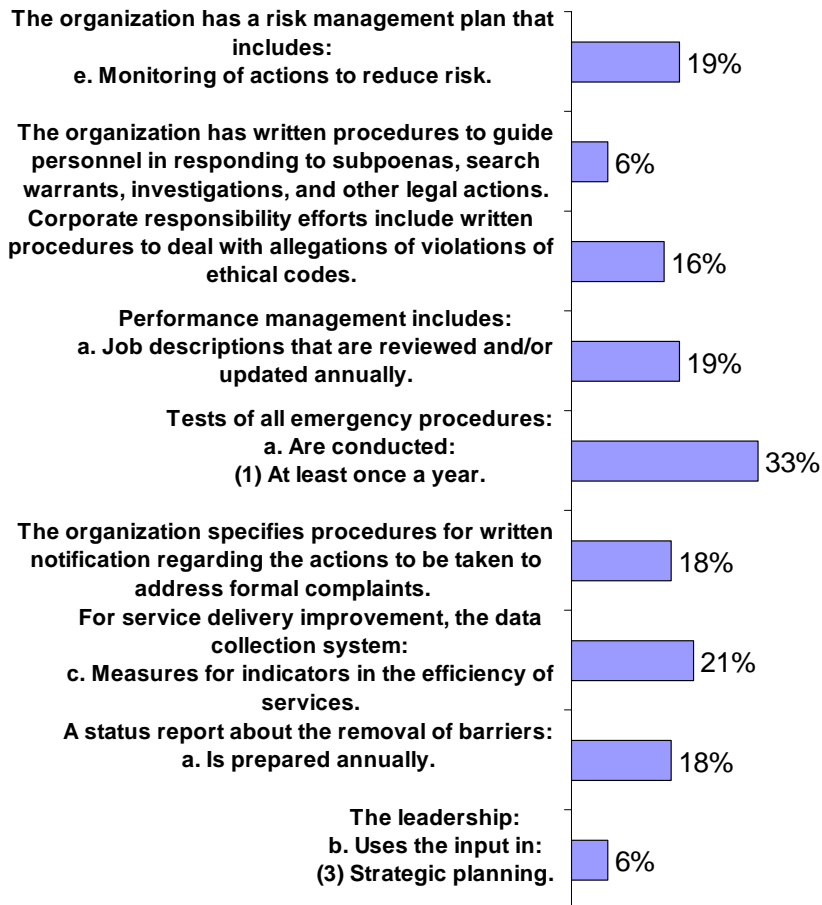
The most common recommendation among BH agencies (red) was also “tests of all emergency procedures are conducted at least once a year” – 37% of BH agencies.

There was not a clear pattern among MR agencies, since there are only two MR agencies included in this analysis.

1.2 FINDINGS BY KEY AREAS

CARF accredited agencies did an outstanding job of collecting and analyzing input from stakeholders and complying with legal requirements. Figure 11 shows the most common recommendations on each area. For instance, the chart shows that the most common recommendations on “Input from Stakeholders” was common to 6% of the agencies only.

Figure 11 – Most Common Recommendations – Key Areas



The most common recommendation on Financial Planning was "the organization has a risk management plan that includes monitoring of actions to reduce risk" – 19% of agencies.

The most common recommendation on Legal Requirements was "the organization has written procedures to guide personnel in responding to subpoenas, search warrants, investigations and other legal actions" – 6% of agencies.

The most common recommendation on Leadership was "corporate responsibility efforts include written procedures to deal with allegations of violations of ethical codes" – 16% of agencies.

The most common recommendation on Human Resources was "performance management includes job descriptions that are reviewed and/or updated annually" – 19% of agencies.

The most common recommendation on Health and Safety was "tests of all emergency procedures are conducted at least once a year" – 33% of agencies.

The most common recommendation on Rights of Persons Served was "the organization specifies procedures for written notification regarding the actions to be taken to address formal complaints" – 18% of agencies.

The most common recommendation on Information Management and Performance Improvement was "for service delivery improvement the data collection system measures for indicators in the efficiency of services" – 21% of agencies.

The most common recommendation on Accessibility was "a status report about the removal of barriers is prepared annually" – 18% of agencies.

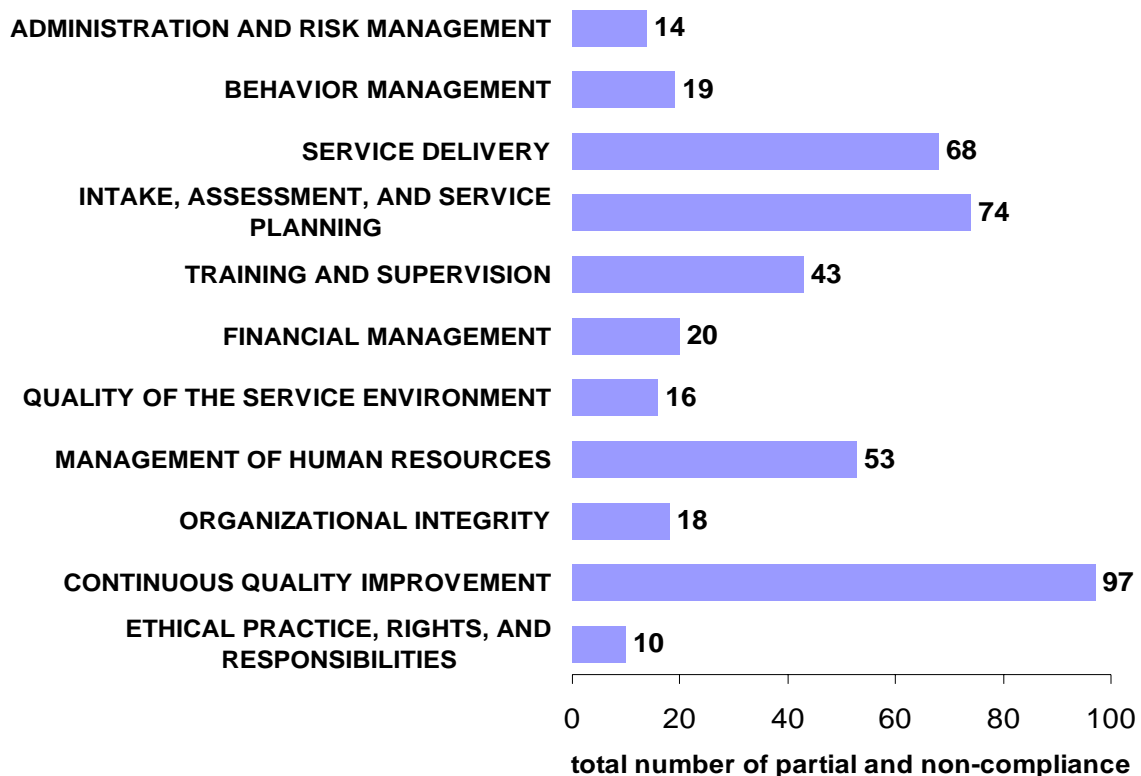
The most common recommendation on Input from Stakeholders was "the leadership uses the input in strategic planning" – 6% of agencies.

SECTION 2 - COA

2.1. GENERAL FINDINGS

Figure 12 indicates that COA accredited agencies performed very well regarding Ethical Practice, Rights and Responsibilities (10 partial or non-compliance) and Administration and Risk Management (14 partial and non-compliance). Figure 12 also shows that Continuous Quality Improvement (97 partial and non-compliance) and Intake, Assessment, and Service Planning (74 partial and non-compliance) were two areas for improvement. Areas for improvement include partial and non-compliance written in COA's preliminary accreditation report.

Figure 12 – Distribution of Partial and Non-Compliance



Continuous Quality Improvement and Intake, Assessment, and Service Planning remained the two areas with the most partial and non-compliance, even taking into account the number of standards applied on each area (figure 13). Figure 13 also confirms that COA accredited agencies demonstrated great performance on Ethical Practices, Rights, and Responsibilities during their preliminary accreditation report. It also indicates other areas of strength, such as Administration and Risk Management (average of 0.25); Organizational Integrity (average of 0.26); and Quality of the Service Environment (average of 0.29).

Figure 13 – Total Number of Partial and Non-Compliance Divided by the Number of Standards Applied on each Area

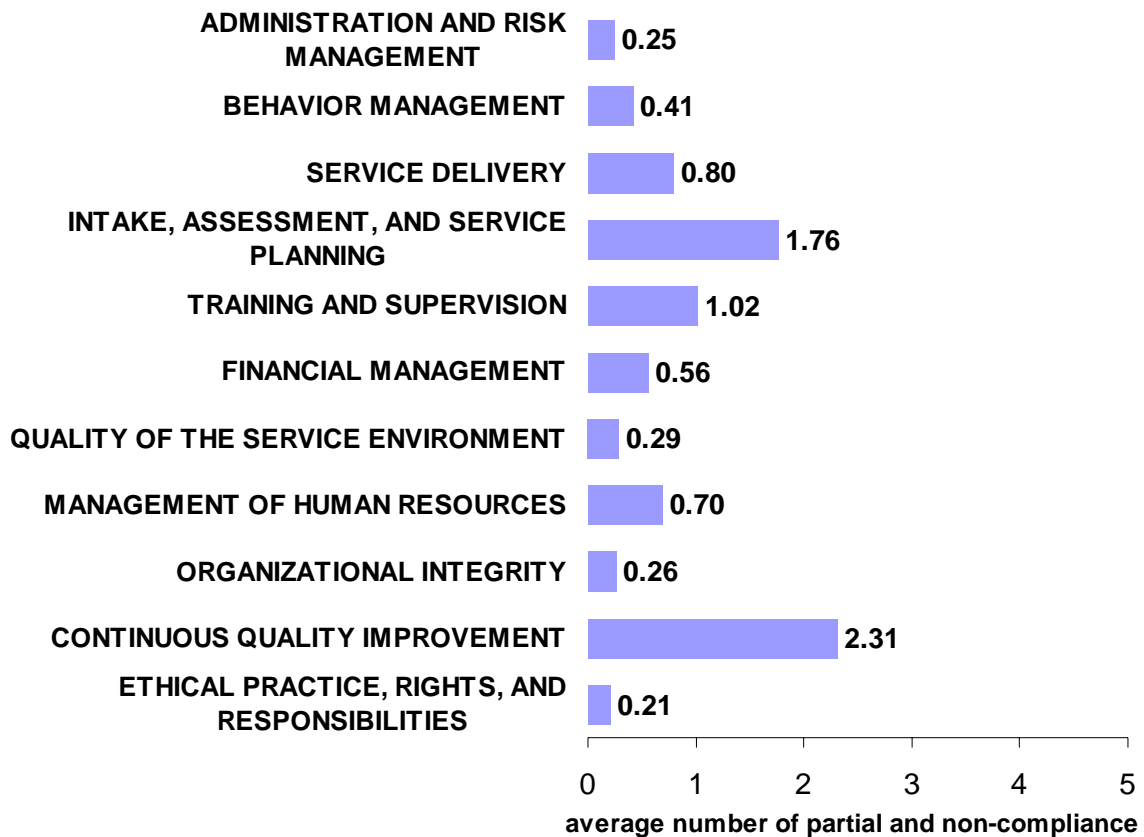
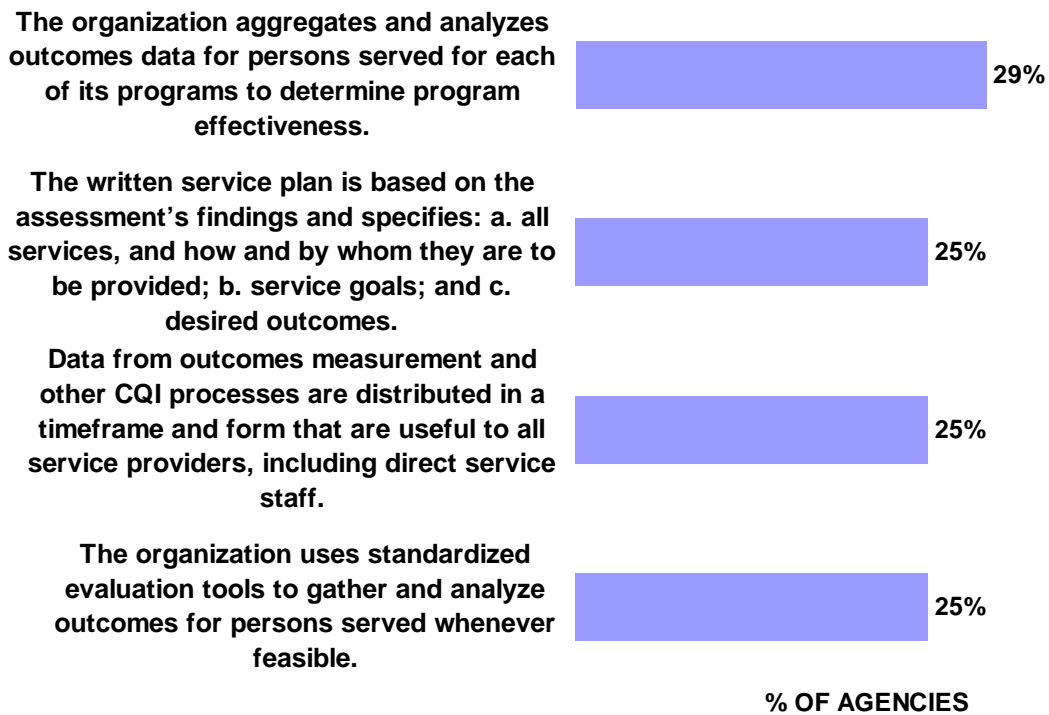


Figure 14 shows the standards with most partial and non-compliance among the COAF accredited agencies. Areas where improvement might be needed include collection and use of data on program effectiveness (29% of COA accredited agencies) and designing of service plan according to assessment findings (25% of COA accredited agencies).

Figure 14 – Most Common Partial and Non-Compliance



2.2. FINDINGS BY REGION

There are 11 COA accredited agencies in the Fraser region; five in the Interior region; four in the Vancouver Coastal region; three in the Vancouver Island region; and one in the North region. A total of 24 COA accredited agencies among the first 104.

Figure 15 shows that all regions performed well regarding "Ethical Practice", "Organizational Integrity", "Service Environment", "Financial Management", and "Risk Management" (low number of partial and non-compliance). The single agency in the North region had the least partial and non-compliance on "Training and Supervision" and "Behaviour Management" (no partial nor non-compliance); Vancouver Island region agencies had the least partial and non-compliance on "Behaviour Management" (no partial or non-compliance); Interior region agencies had the least partial and non-compliance on "Risk Management"; Vancouver Coastal region agencies had the least partial and non-compliance on "Organizational Integrity", "Human Resources" and "Training and Supervision" (no partial or non-compliance); and Fraser region agencies had the least partial and non-compliance on "Ethical Practice" and "Behaviour Management".

It also shows that "Continuous Quality Improvement", "Human Resources", "Service Planning" and "Service Delivery" were areas for improvement in some regions. North region agencies had most of partial and non-compliance on "Human Resources"; Vancouver Island region agencies had most partial and non-compliance on "Service Delivery"; Interior region agencies had most of partial and non-compliance on "Continuous Quality Improvement"; Vancouver Coastal region agencies had most partial and non-compliance on "Service

Delivery”; and Fraser region agencies had most of partial and non-compliance on “Training and Supervision”.

Figure 15 - Average Number of Partial and Non-Compliance by Region – Key Areas

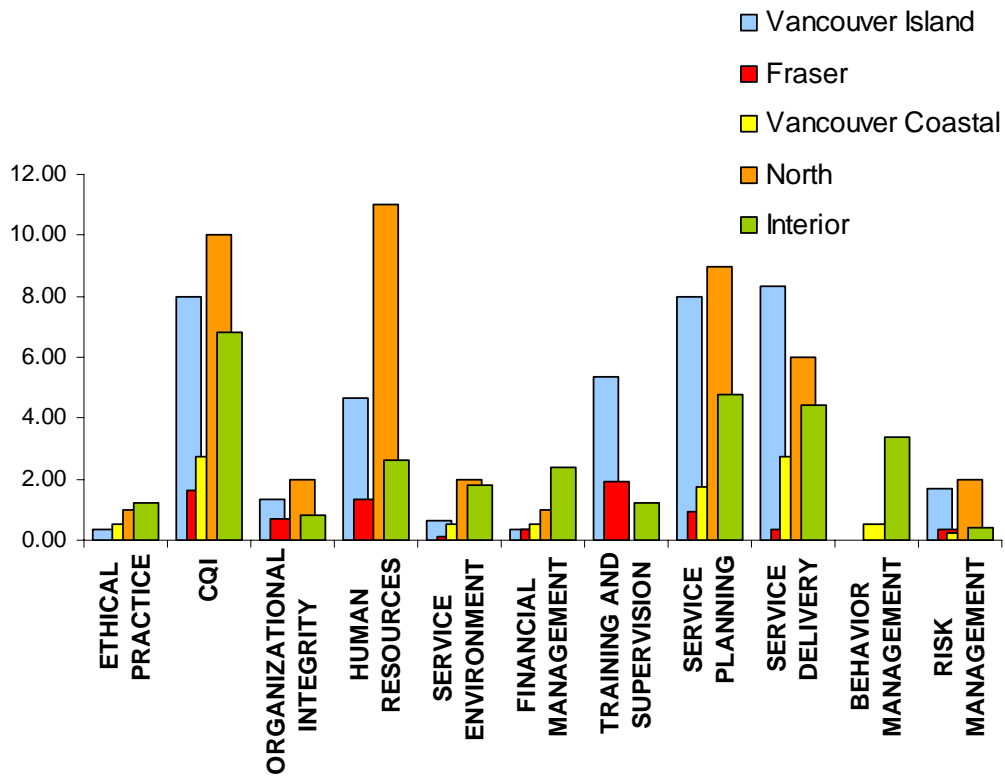
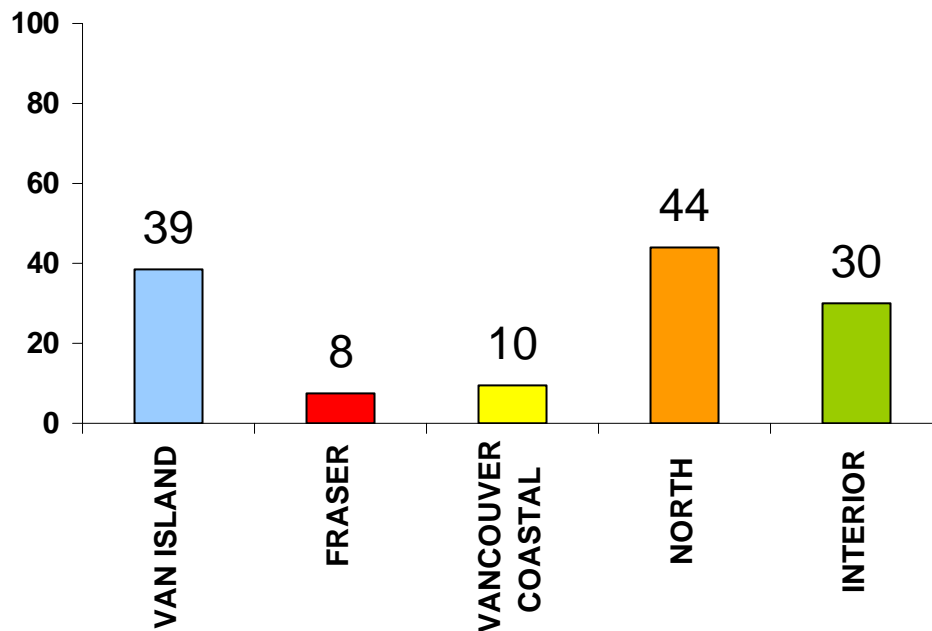


Figure 16 shows that agencies in the Fraser and Vancouver Coastal regions had the lowest average partial and non-compliance in the COA's Organizational and Management Standards section (average of eight and ten respectively).

Figure 16 - Average Number of Partial and Non-Compliance by Region – Total



The most common partial or non-compliances among Interior region agencies (40% of agencies) were:

- "Once every long-term planning cycle, the organization creates a demographic profile of both its defined community and actual consumers"
- "Personnel who conduct case record reviews evaluate the presence or absence of required documents and the clarity and continuity of such documents"
- "At least annually, the organization shares findings from its CQI processes with personnel, persons and families served, and other stakeholders and submits summary results of its planning and evaluation processes to the governing body and advisory board, as applicable"
- "The organization has a system of personnel supervision that is tailored to the organization's model of service delivery and uses individual and/or group supervision"
- "As appropriate, and with the consent of the person served and/or his/her parent or legal guardian, the organization develops a family-centered service plan"
- "The type and frequency of case supervision is related to issues and needs of persons receiving services, frequency and intensity of services provided and frequency of contact with informal caregivers and cooperating providers"
- "Case supervision is documented in the case record and includes the supervisor's signature"

The most common partial or non-compliances among Vancouver Coastal region agencies (50% of agencies) in the Vancouver Coastal region) were:

- "Informed, written consent for the release of confidential information about a person or family served includes the appropriate elements"
- "Data from outcomes measurement and other CQI processes are distributed in a timeframe and form that are useful to all service providers, including direct service staff."
- "The organization develops a written service plan in a timely manner that is based on the findings of the assessment and involves, to the fullest extent possible, the participation of the person, family, or group served."
- "The organization maintains a case record for each person, family, or group served and the record contains information necessary to provide appropriate services, protect the organization, and comply with legal requirements."

The most common partial or non-compliance among Vancouver Island region agencies (100% of agencies) was "service plans, as well as significant revisions made to the plans, are signed by the person served and/or his/her legal guardian, as appropriate".

The most common partial or non-compliance among Fraser region agencies (36% of agencies) was "the organization aggregates and analyzes outcomes data for persons served for each of its programs to determine program effectiveness".

Since there is only one agency in the North region, this analysis was not possible.

2.3 FINDINGS BY KEY AREA

COA accredited agencies did an outstanding job regarding Ethical Practices, Rights, and Responsibilities, and Administration and Risk Management.

Areas for improvement include Continuous Quality Improvement and Intake, Assessment and Service Planning.

The most common partial or non-compliance on "Ethical Practice, Rights and Responsibilities" (five partial or non-compliances) was on "confidentiality and privacy protections".

The most common partial or non-compliance on "Continuous Quality Improvement" (20 partial or non-compliance) was on "outcomes measurement".

The most common partial or non-compliance on "Organizational Integrity" (four partial or non-compliance) was on "financial duties of the governing body".

The most common partial or non-compliance on "Human Resources" (12 partial or non-compliance) was on "qualifications of organizational leadership".

The most common partial or non-compliance on "Quality of the Service Environment" (six partial or non-compliance) was on "contagious and infectious diseases".

The most common partial or non-compliance on "Financial Management" (seven partial or non-compliance) was on "fiscal management system".

The most common partial or non-compliance on "Training and Supervision" (15 partial or non-compliance) was on "training content".

The most common partial or non-compliance on "Intake, Assessment and Service Planning" (21 partial or non-compliance) was on "service planning".

The most common partial or non-compliances on "Service Delivery" (20 partial or non-compliance) was on "case records" and "case supervision".

The most common partial or non-compliance on "Behaviour Management" (6 partial or non-compliance) was on "behaviour management training" and "manual restraint".

The most common partial or non-compliance on "Administration and Risk Management" (four partial or non-compliance) was on "service agreements" and "management of investments".

CONCLUSIONS

The analysis of CARF accredited agencies surveys demonstrated that Leadership was the key theme awarded with exemplary conformance among CARF accredited agencies. Leadership accounted for the total of 42 exemplary conformances. Input from Stakeholders was also an area of strength. Collection and use of input from stakeholders remained strength among agencies even when the total number of standards applied on each area was controlled. There were 30 exemplary conformances on Input from Stakeholders. Rights of persons served had the lowest number of exemplary conformance. This finding is somewhat consistent with the recommendation analysis section, since rights of persons served came in third among the areas with the higher number of recommendations.

Health and safety and information management were the two areas with most recommendations among accredited agencies. However, due to the uneven distribution of standards applied on each area, one must do further analyses for verifying the validity of this information. A good indicator was to look at each standard applied, one by one. Considering all 100 agencies, tests of emergency procedures and data collection on the efficiency of services are the two standards most recommended. There was no extreme pattern across agencies, except for the fact that 56% of the agencies in the North region presented some room for improvement in their performance analysis. Risk management plan was also among the highest recommendations overall and in particular among Interior region and Employment and Community Services agencies. Nonetheless, there is indication that agencies are ready for accreditation by the time they have their site surveys. That is, 84% of the agencies received

recommendations in less than 8% of the total number of standards applied in business practices. There is some indication that accreditation is producing a positive impact on leadership and on collection and use of input from stakeholders. Leaders are required to take a more proactive role on guiding the mission and values of the organisation. The organisation is becoming more attentive to the needs of the persons served, personnel and other stakeholders. The analysis of COA accredited agencies reveals that agencies performed very well on the following areas:

- Ethical Practices, Rights, and Responsibilities;
- Administration and Risk Management;
- Quality of the Service Environment;
- Organizational Integrity;
- Behaviour Management; and
- Financial Management.

These areas received the lowest number of partial and non-compliances during agencies preliminary survey report, in special Ethical Practices, Rights, and Responsibilities.

Among areas where improvement might be needed are:

- Continuous Quality Improvement
- Intake, Assessment, and Service Planning; and
- Service Delivery.

“Continuous Quality Improvement” was the area with most partial and non-compliance during the COA’s preliminary accreditation survey. A closer look at this area reveals that perhaps it could be enhanced through the “Outcomes Measurement System”. Another fact that points in that direction is that the most common recommendation overall was “the organization aggregates and analyzes outcomes data

for persons served for each of its programs to determine program effectiveness".

Perhaps a research design could gather information on the state of these two items previous to the accreditation process and compare its evolution (leadership and input from stakeholders).

A comprehensive analysis of other major areas such as "General Program" and "Core Program" standards is fundamental for in depth evaluation of agencies' strengths and weaknesses.

Further research might try to link standards to outcomes. That is, one might want to adopt a proactive role in improving outcomes by improving the accreditation process. The ability to link, at least to some extent, each set of standards to specific outcomes might be helpful in providing a cost-efficient way of improving service delivery.

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