

Quality Service Review (QSR)

A common framework to understand
and measure practice



What is QSR?

Introduction to QSR Concepts

What QSR is NOT

Is NOT a compliance-based audit

Is NOT a job performance review

Is NOT evaluation of evidence-based practice

Is NOT looking for what you are doing wrong

What is QSR?

- The Quality Service Review (QSR) is a way of knowing what's working, and why.
- QSR measures how well teams are adhering to the practice model.
- QSR provides quantitative and qualitative information to describe practice and performance of the system.
- QSR is a teaching process that clarifies expectations, provides feedback, and stimulates thinking and next step actions to improve practice and results.

Your VANTAGE POINT

Determines What You SEE

Chart Audit =
15-degree

Key Hole

View focused on

**Record-Based
COMPLIANCE**



QSR =

360-degree

Big Picture

View focused on

**Person-Centered
PRACTICE**

How Does QSR Work?

- **Uses in-depth CASE REVIEWS** of records and interviews to measure current status, recent progress, and adequacy of current practices in getting results for youth being served.
- **Uses STORY-BASED LEARNING & TEACHING** to understand what is happening and working for youth.
- **Uses aggregate quantitative PATTERNS** of qualitative indicators to reveal and describe the quality and consistency of practice.
- **Uses immediate FEEDBACK** to those providing services along with case stories, data patterns, and local working conditions to find and affirm what's working now and to identify areas where even better results might be achieved in the future.

How Staff Should Perceive QSR Experiences





Strengthening Our Practice to Improve Our Results

**Using the Quality Service Review to
Guide Practice Development**

Commonality of Purpose

- We are partners in a community of practice
- We are here to help local partners succeed
- We will address matters at each level of organization that affect delivery of services
- We focus on our practice and results
- We bring opportunities and problem solving to frontline practitioners



SAFE => Shifting from Blaming to Learning

From: Blame the Worker

To: Improve the System

- **INDIVIDUAL:** Let's find-out who screwed-up, "ding'em," require Corrective Action Plans!
- **PERSON FOCUS:**
 - Who did it?
 - What you did was wrong!
- **PUNISHMENT:**
 - It's your fault! [GOT YA!]
- **COVER-UP FEAR = NO LEARNING:**
 - I won't reveal my mistakes.
 - It's not worth it to try new ideas.



- **SYSTEM:** Let's find things in our system that increase problems, reduce good results
- **PROBLEM FOCUS:**
 - What happened here?
- **PERFORMANCE:**
 - Let's see what we can do to get the results we want!
- **OPENNESS & SAFE LEARNING:**
 - We want to learn more about this problem so that we can do better in the near future.



What is Practice?



- **Practice** consists of the things we do to help a person in need to get better, do better, and stay better in life.
- Practice involves **conceptualizing, organizing, and providing interventions** that change lives.
- Effective practice depends on **practical wisdom** and **smart problem solving** to get good results.

Why Do Practice?



- **PURPOSE OF PRACTICE** -- helping a person having disruptive life needs and/or threats of harm to achieve and maintain adequate levels of: [Important Outcomes]
 - **Well-Being** (health, mental health, safety, stability, sobriety, etc.)
 - **Supports for Living** (having housing, income, health care, childcare, transportation necessary for daily living and normal functioning)
 - **Daily Functioning** (performing age-appropriate tasks necessary for successful daily living in normal settings)
 - **Fulfillment of Key Life Roles** (a youth being a successful student and an adult being a successful parent, employee, and citizen)

What is Integrated Care?

- Recognition that physical and mental health interact to impact overall health of the person
- Coordination of physical and mental health services & both aspects given equal attention
- Primary care staff, behavioral health staff and the person/family work together
 - Based upon their desires, goals and existing strengths
 - Find strategies for improving overall health
 - Using a systematic and cost effective approach
 - Improving ineffective patterns of health care utilization



Purpose of Integrated Care

- The Purpose of Integrated Cares is to...
 - Improve the overall wellness and physical health status of people with mental health issues and/or co-occurring substance use disorders...
 - By supporting the coordination and collaboration of mental health treatment with primary care and preventive physical health services.



Differences Between Modes of Care

Primary Health Care

- Flexible boundaries
- Empathy & compassion
- Shifting roles
- Info shared between staff
- Tx based on external data
- Brief encounters over a long time (never close chart)
- Use of clinical guidelines to plan tx
- Disease management
- Sees role as fixing the problem

Behavioral Health Care

- Firm boundaries
- Professional distance & neutrality
- Consistent roles
- Info is private & confidential
- Tx within context of relationship
- Treat & terminate (close chart when treatment episode ends)
- Individualized treatment planning
- Recovery model / meaningful lives
- Sees role as assisting in change process

Key Reasons to Integrate Physical and Behavioral Health Services in Medicaid



Medicaid pays for more than a quarter, 26%, of all behavioral health spending nationally



Beneficiaries with behavioral health diagnoses account for almost half, 48%, of total Medicaid expenditures



20% of beneficiaries have a behavioral health — mental health and/or substance use disorder — diagnosis



Spending can increase up to 75% when beneficiaries with a chronic physical condition also have a mental illness

www.chcs.org | [@CHCS_Medicaid](https://twitter.com/CHCS_Medicaid)

SOURCES: Report to Congress on Medicaid and CHIP, Medicaid and CHIP Payment and Access Commission, June 2015; Clarifying Multimorbidity Patterns to Improve Targeting and Delivery of Clinical Services for Medicaid Populations, Center for Health Care Strategies, December 2010.



Conditions of Practice

**Organizational Supports, Working
Conditions, Craft Knowledge, Results**

These Elements Should Work Together



Operational Structures

- Policies & procedures
- Funding requirements
- Compliance enforcement
- Programs & services
- Facilities, agency infrastructure, resources
- HR & staffing patterns
- Organizational climate, culture, staff morale
- EHR and documentation
- Clinical supervision

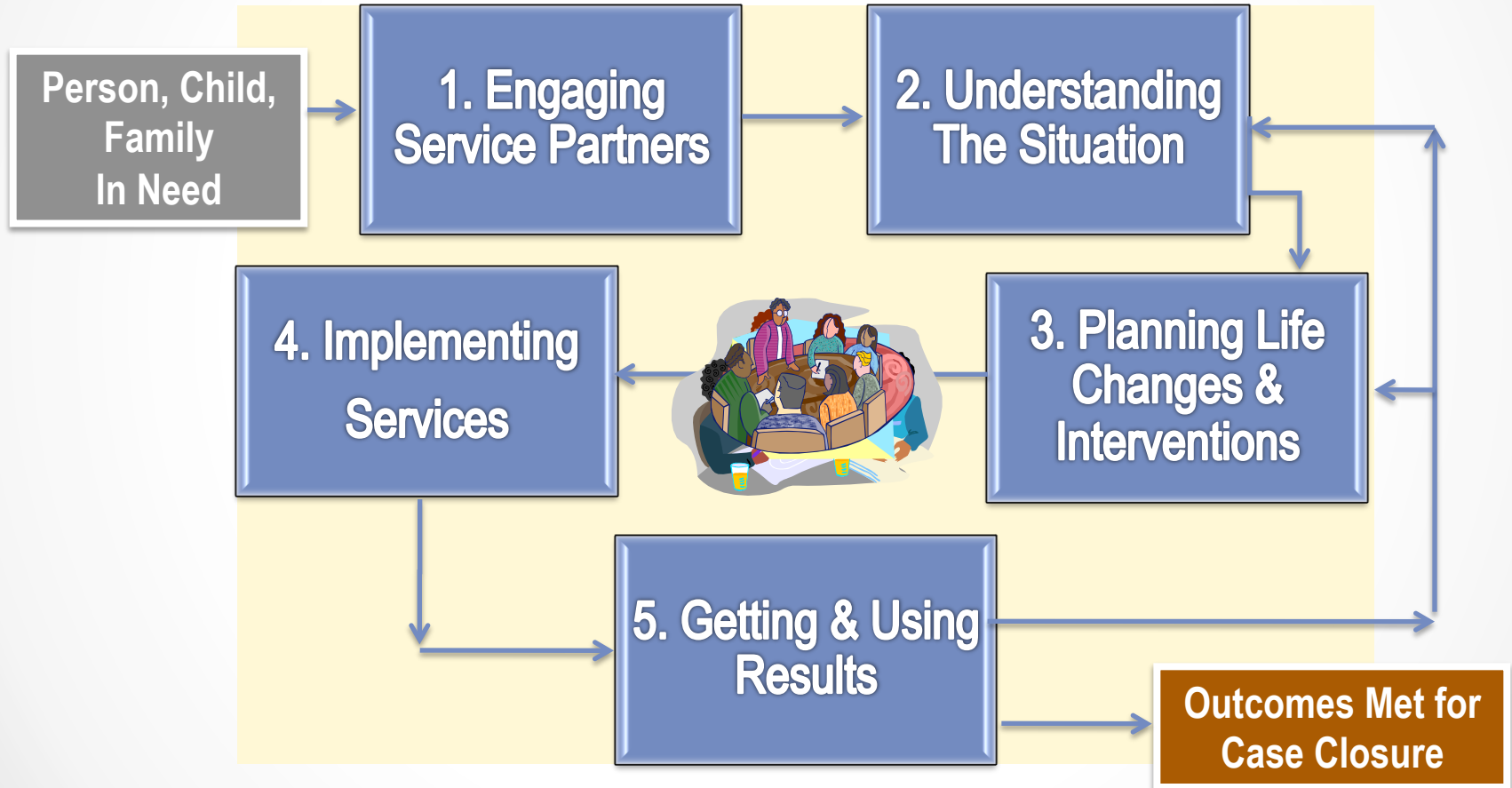
Approaches & Techniques

- Integrated care model
- Wellness & recovery
- Person-centered, strengths-based, solution-focused practice
- Evidence-based practices (FFT, CBT, etc)
- Screening tools & structured decision-making protocols

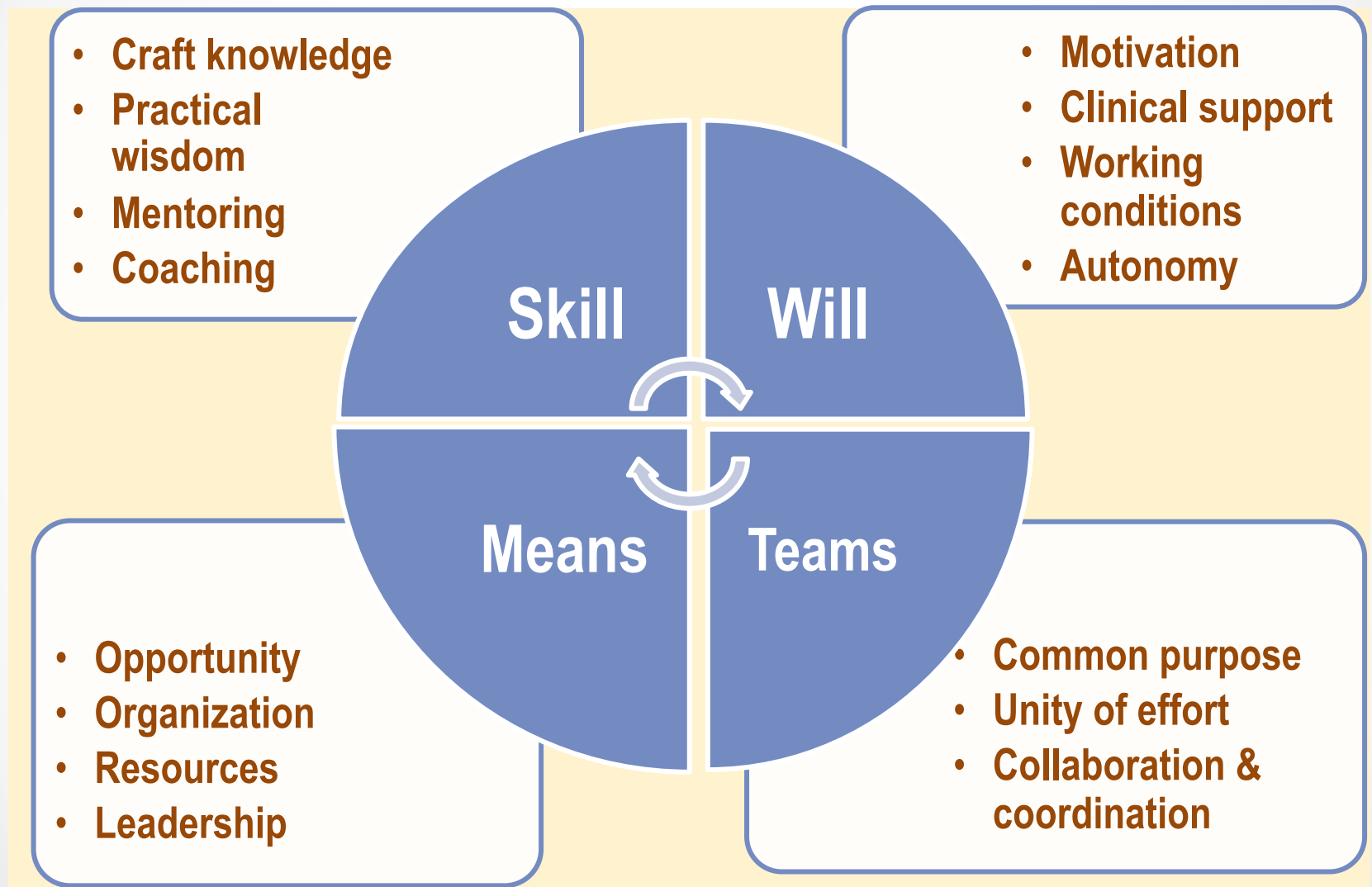
Craft Knowledge & Clinical Reasoning

- Performance of basic practice functions
- Worker craft knowledge & level of autonomy
- Situation understanding, clinical grasp, foresight, reasoning, case formulation, action logic
- Link: conditions - results

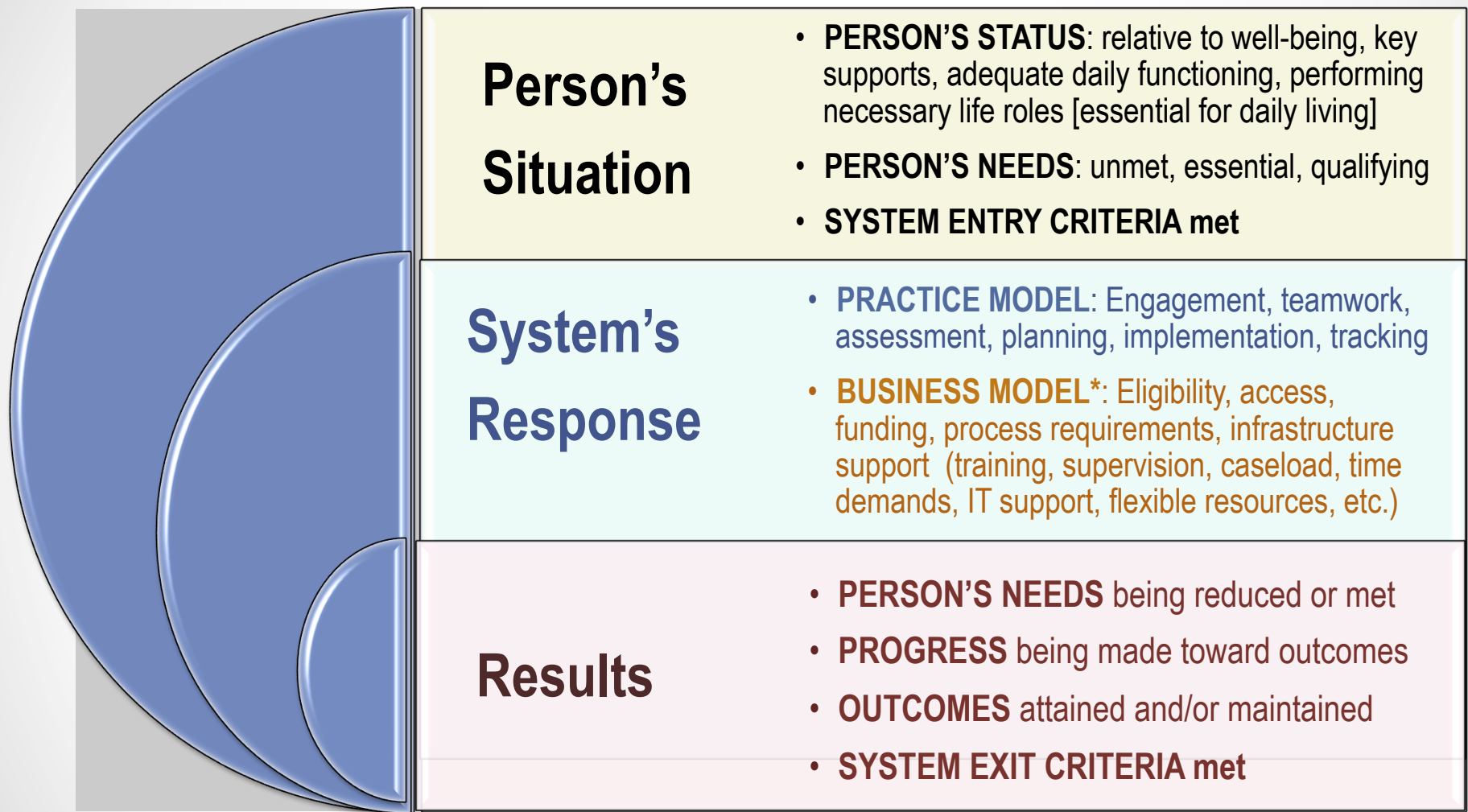
Framing Practice Expectations



Keys to Successful Frontline Practice

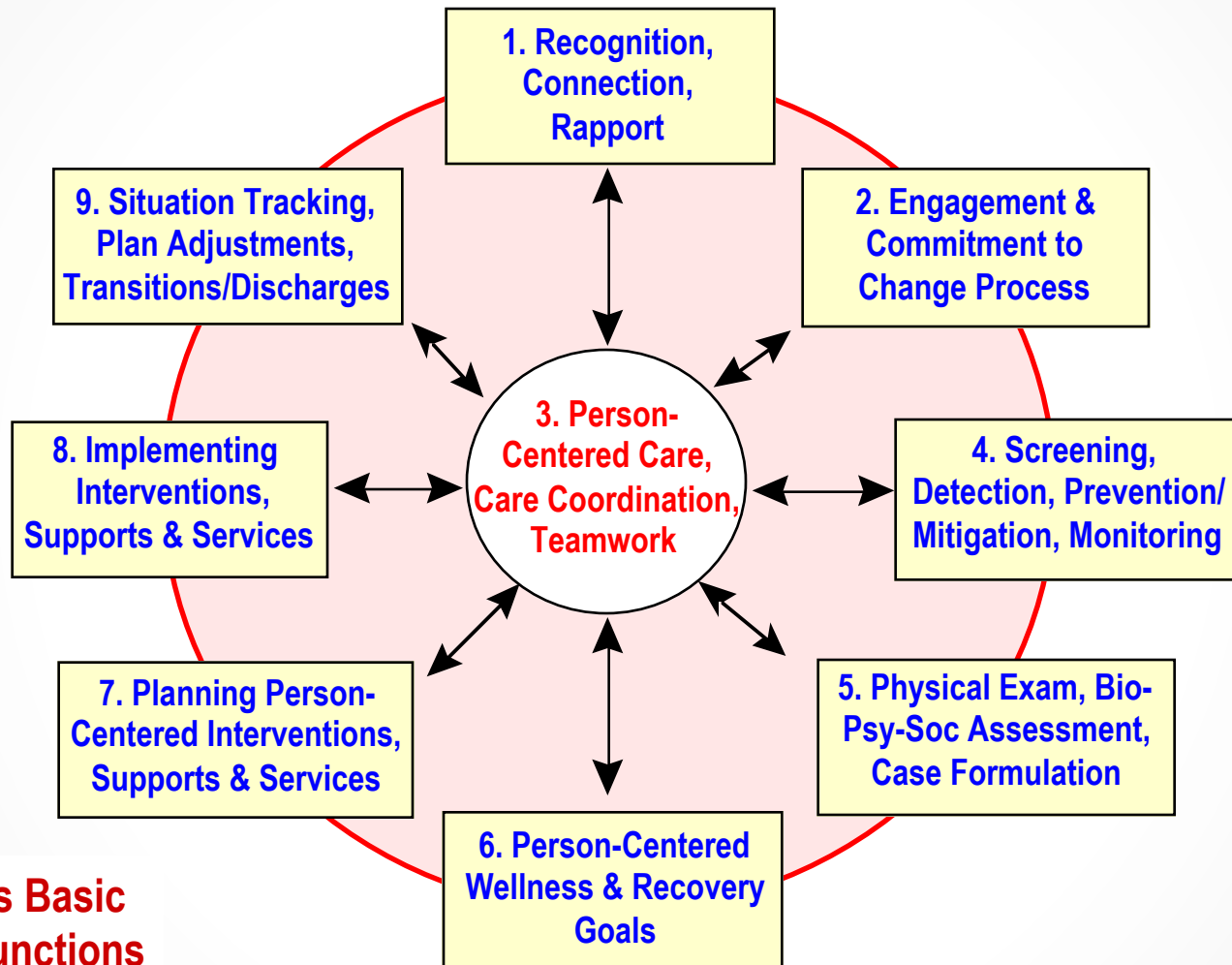


What is the QSR Designed to Measure & Improve?



* QSR reveals the extent to which the Business Model supports the Practice required for the Person Served

Practice Wheel: Integrated Care Practice Functions



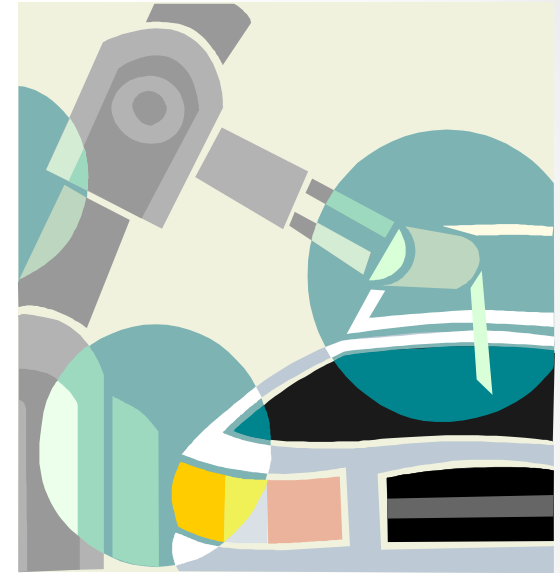
**QSR Tests Basic
Practice Functions**

Practice Functions May Occur Interactively, Concurrently, and Progressively

QSR is the Engine of Change

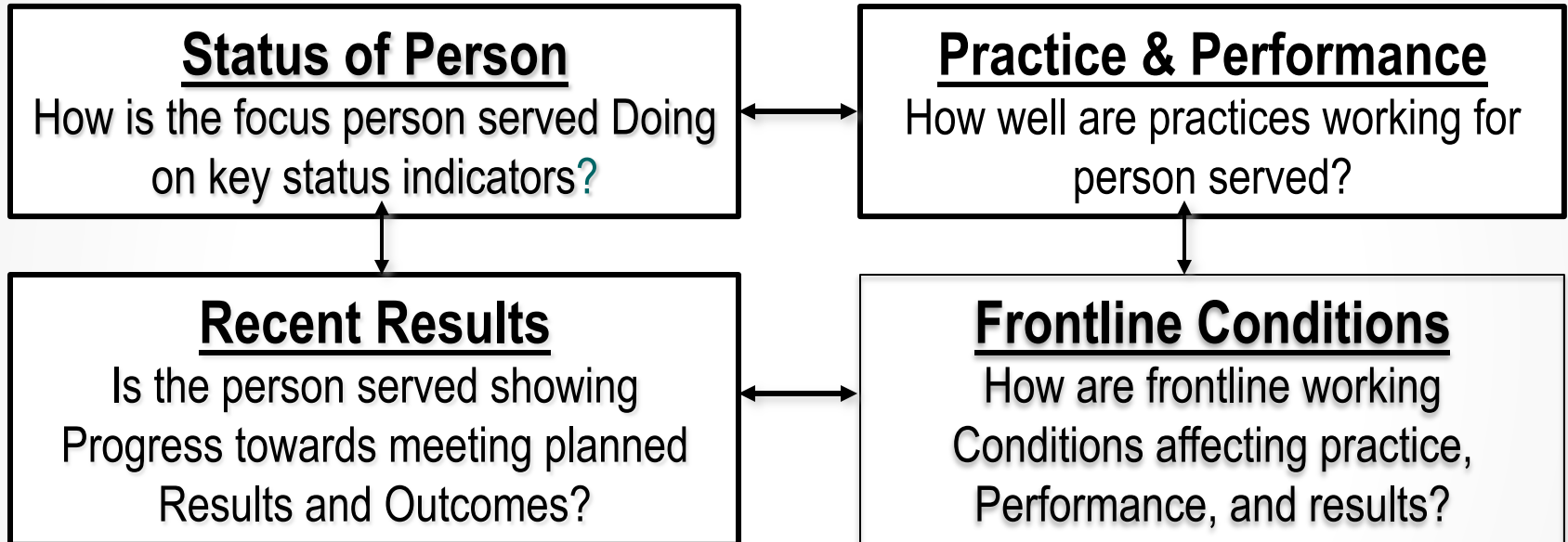
- Ways to Drive Practice Change:

- Frequent new learning about: child/family/adult status, case practice, recent results, local conditions of practice
- Well-used positive feedback loops
- Action teams putting new learning to work to advance practice
- Advances in the “practice model”
- Capacity building initiatives



**The “Engine of Change”
Requires
Leadership
To Drive the
Process**

QSR: Focus on Practice & Results



QSR FINDINGS ARE USED FOR LEARNING & CHANGE

Findings are used to decide: **WHERE ARE WE NOW? • WHAT TO DO NEXT?**



QSR Components

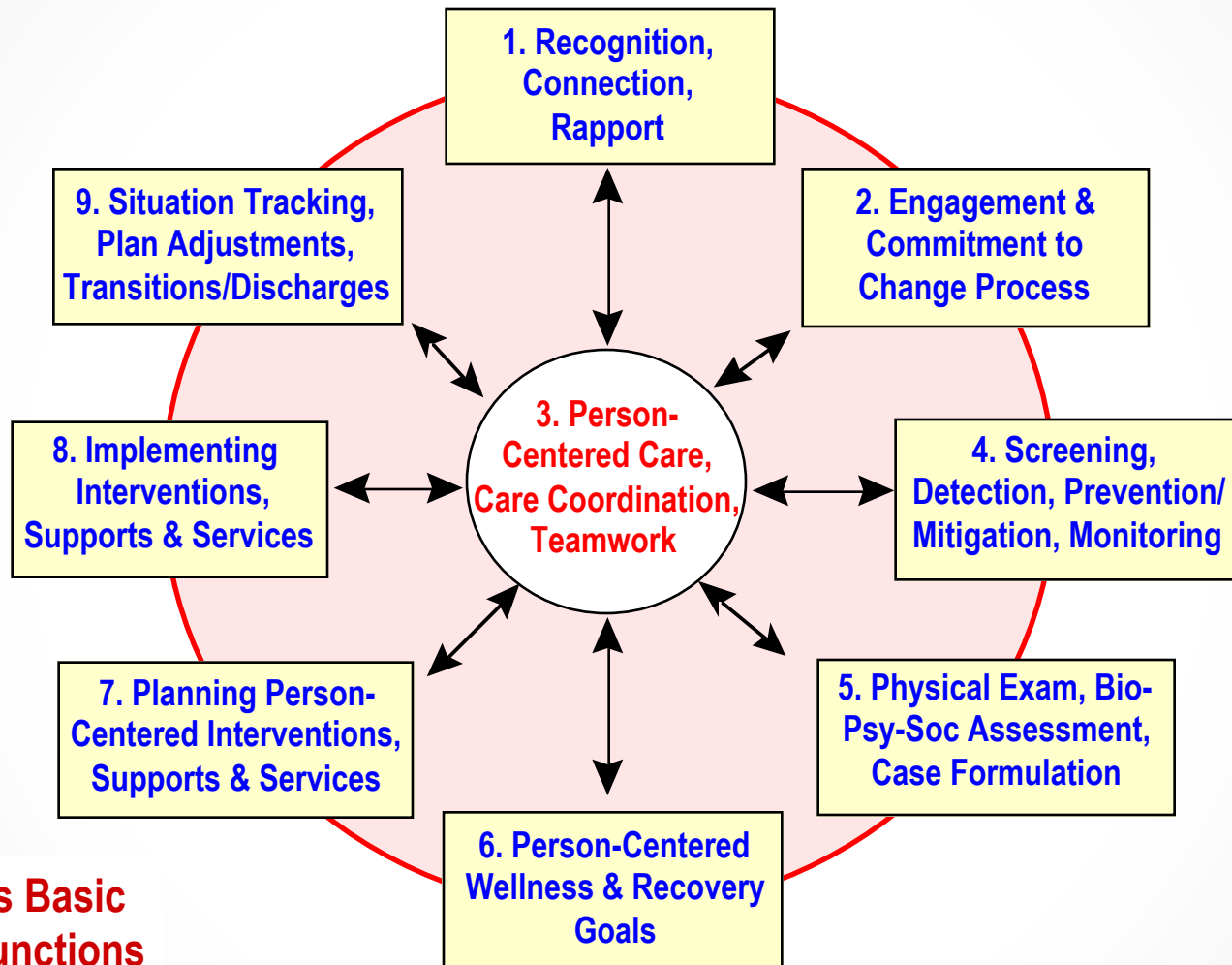
Structure of the Model and Reviews

How Does QSR Work?



- **Uses in-depth CASE REVIEWS** to measure a person's status, recent progress, and adequacy of current practices. *[Drill Downs]*
- **Applies STORY-BASED LEARNING & TEACHING** to understand what is happening and working for a person. *[Stories Teach]*
- **Explores aggregate PATTERNS** of qualitative indicators to reveal and describe the quality and consistency of local practice.
- **Combines FOCUS GROUP / KEY STAKEHOLDER INTERVIEWS** along with case stories, data patterns, and local working conditions to find **CHALLENGES & OPPORTUNITIES**.

Practice Wheel: Integrated Care Practice Functions



**QSR Tests Basic
Practice Functions**

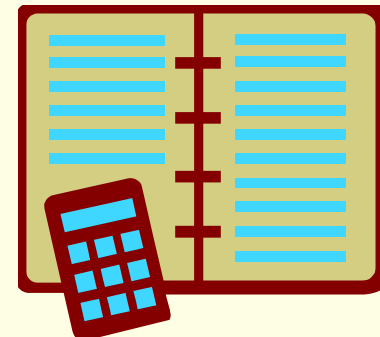
Practice Functions May Occur Interactively, Concurrently, and Progressively

How Staff Should Perceive QSR Experiences



The QSR Protocol

- Functions as a **GUIDE BOOK** for focusing reviews
- Provides qualitative indicators with fact patterns
- Provides rating scales for indicators
- Sets time windows for reviewing
- Provides a **BASIS** for the:
 - DATA PROFILE or “roll-up sheet”
 - ORAL REPORT made a debriefing
 - WRITTEN REPORT of findings
 - NEXT STEP PLANNING



QSR Status & Practice Indicators

Measures of the Person's Status

- Safety * – exposure to harm
- Safety * – behavioral risk
- Physical health
- Emotional/mental health
- Substance use status
- Spiritual well-being
- Functional status
- Voice & choice/self-directed care
- Economic security/personal mgt
- Living situation
- Social supports
- Learning/development
- Work status
- Parenting/caregiver functioning
- Recovery action status



Measures of Practice Performance

- Recognition, connection, rapport
- Engagement & commitment
- Care coordination & teamwork
- Screening, detection, mitigation, monitoring
- Assessment & case formulation
- Wellness & recovery goals
- Planning interventions
- Delivering interventions
- Medication management
- Situation, tracking, adjusting, transitioning



QSR Indicators & Rating Windows



STATUS

Indicators

(past 30 days)

PRACTICE

Indicators

(past 90 days)

PROGNOSIS

Indicator

(next 180 days)



How to Apply a QSR Indicator

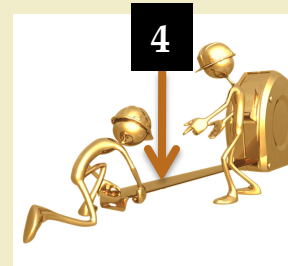
1. Know the Indicator

2. Get the Facts

3. Connect the Dots

4. Recognize the Pattern

5. Rate the Pattern



CSR Interpretative Guide for Practice Performance Indicator Ratings

Maintenance Zone: 5-6

Performance is effective.
Efforts should be made to
maintain and build upon a
positive practice situation.

6 = OPTIMAL & ENDURING PERFORMANCE. Excellent, consistent, effective practice for this person in this function area. This level of performance is indicative of well-sustained exemplary practice and results for the person.

5 = GOOD ONGOING PERFORMANCE. At this level, the system function is working dependably for this person, under changing conditions and over time. Effectiveness level is generally consistent with meeting long-term needs and goals for the person.

**Acceptable
Range: 4-6**

Refinement Zone: 3-4

Performance is minimal or marginal and maybe changing. Further efforts are necessary to refine the practice situation.

4 = FAIR PERFORMANCE. Performance is minimally or temporarily sufficient to meet short-term need or objectives. Performance in this area of practice has been no less than minimally adequate at any time in the past 30 days, but may be short-term due to changing circumstances, requiring change soon.

3 = marginally inadequate performance. Practice at this level may be under-powered, inconsistent or not well-matched to need. Performance is insufficient at times or in some aspects for the person to meet short-term needs or objectives. With refinement, this could become acceptable in the near future.

Improvement Zone: 1-2

Performance is inadequate.
Quick action should be
taken to improve practice
now.

2 = POOR PERFORMANCE. Practice at this level is fragmented, inconsistent, lacking necessary intensity, or off-target. Elements of practice may be noted, but it is incomplete/not operative on a consistent or effective basis.

1 = ADVERSE PERFORMANCE. Practice may be absent or not operative. Performance may be missing (not done). - OR - Practice strategies, if occurring in this area, may be contra-indicated or may be performed inappropriately or harmfully.

Unacceptable
Range: 1-3

About Ratings of 3 & 4



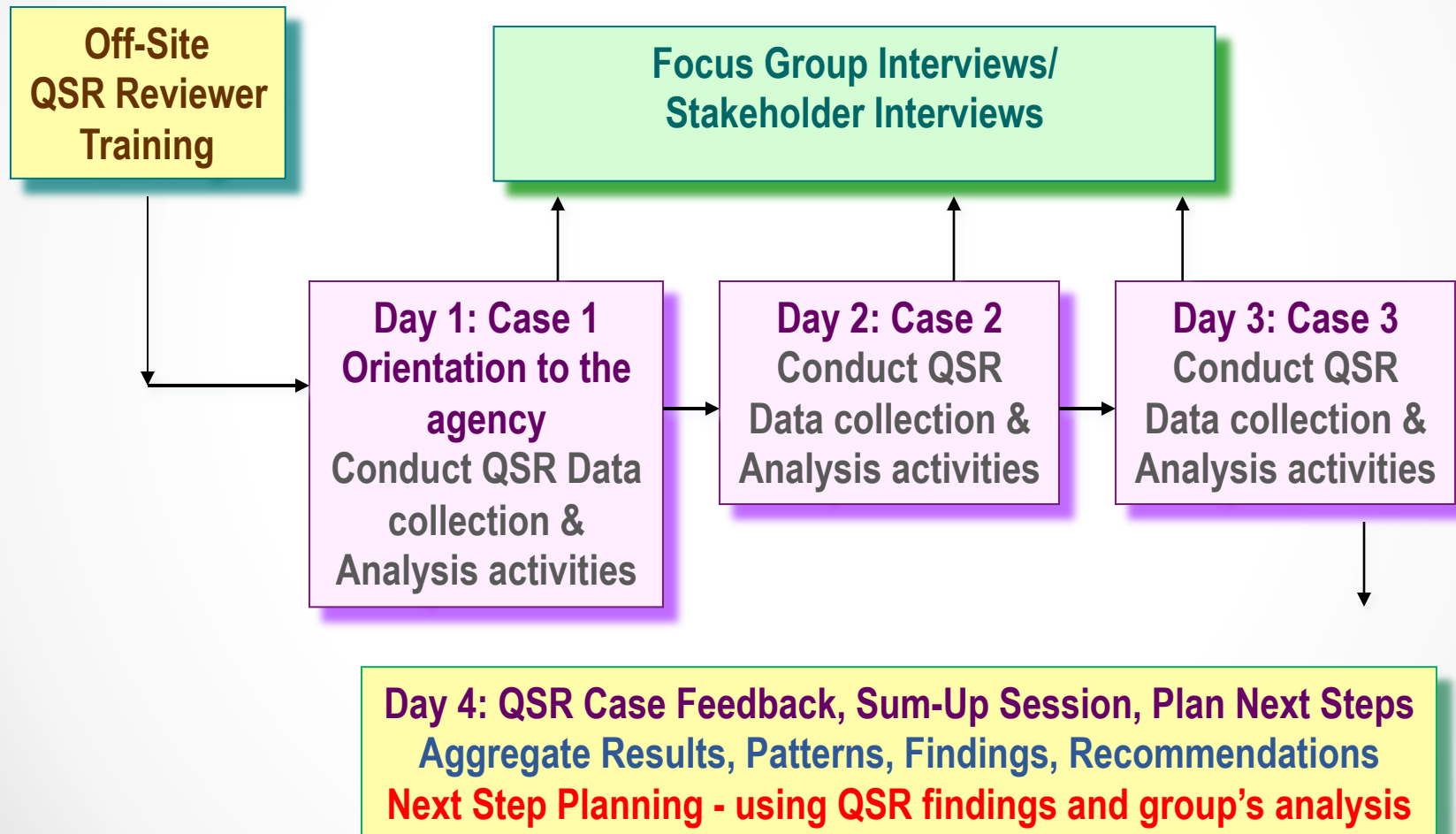
- **Rating of 3 = Unacceptable:**

- A rating of 3 is marginal, but not presently acceptable.
- A rating of 3 is not adequate for the person to do well now or in the near-term future.
- A rating of 3 may show some positive indications, but now falls short of a desired result or adequate function.
- Under favorable conditions a 3 could become a 4 later.

- **Rating of 4 = Acceptable Now:**

- A rating of 4 is minimally acceptable right now.
- A rating of 4 is just enough for the person to do OK now and in the near-term future.
- A rating of 4 requires sufficient evidence of currently acceptable status or adequate practice.
- Remember the “Groundhog Rule:”
If we continue doing what we are doing, will the person achieve desired outcomes?

QSR 4-Day Onsite Schedule



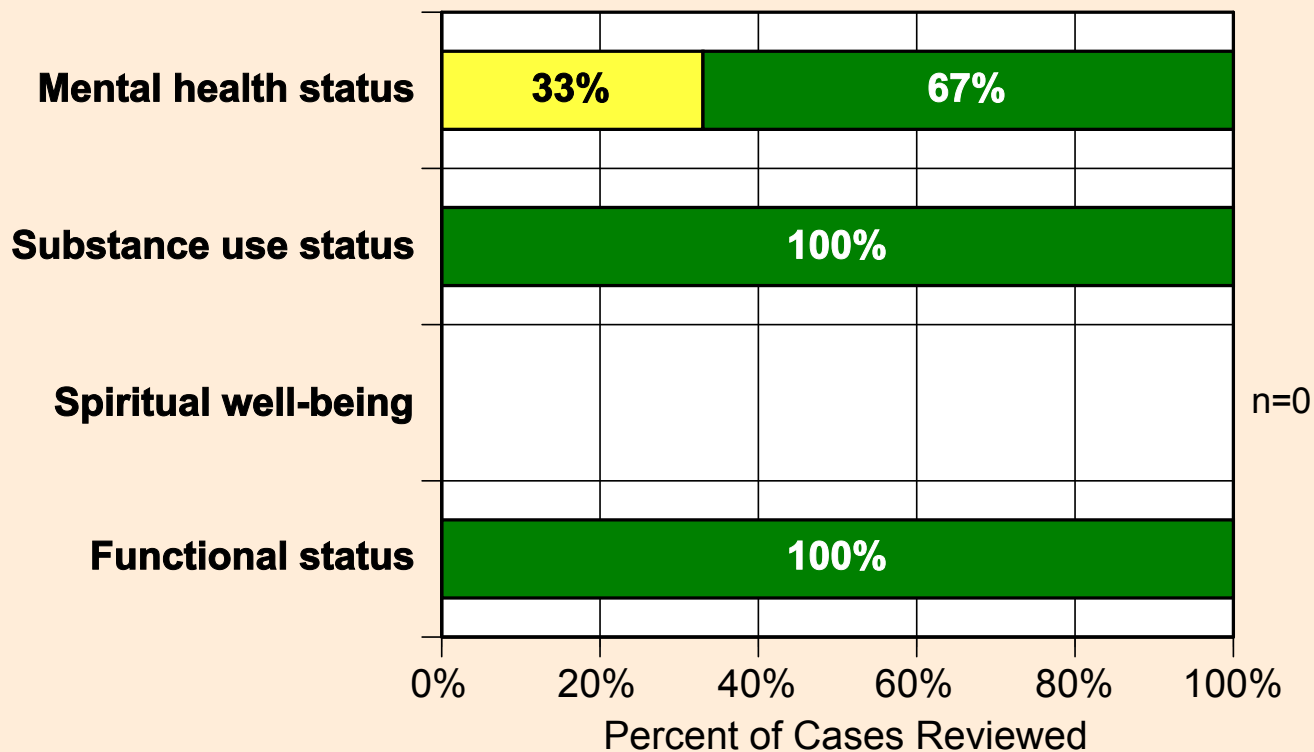


QSR Products

Learning, Data, Quality, CQI

Person Status

Safety and Well-being

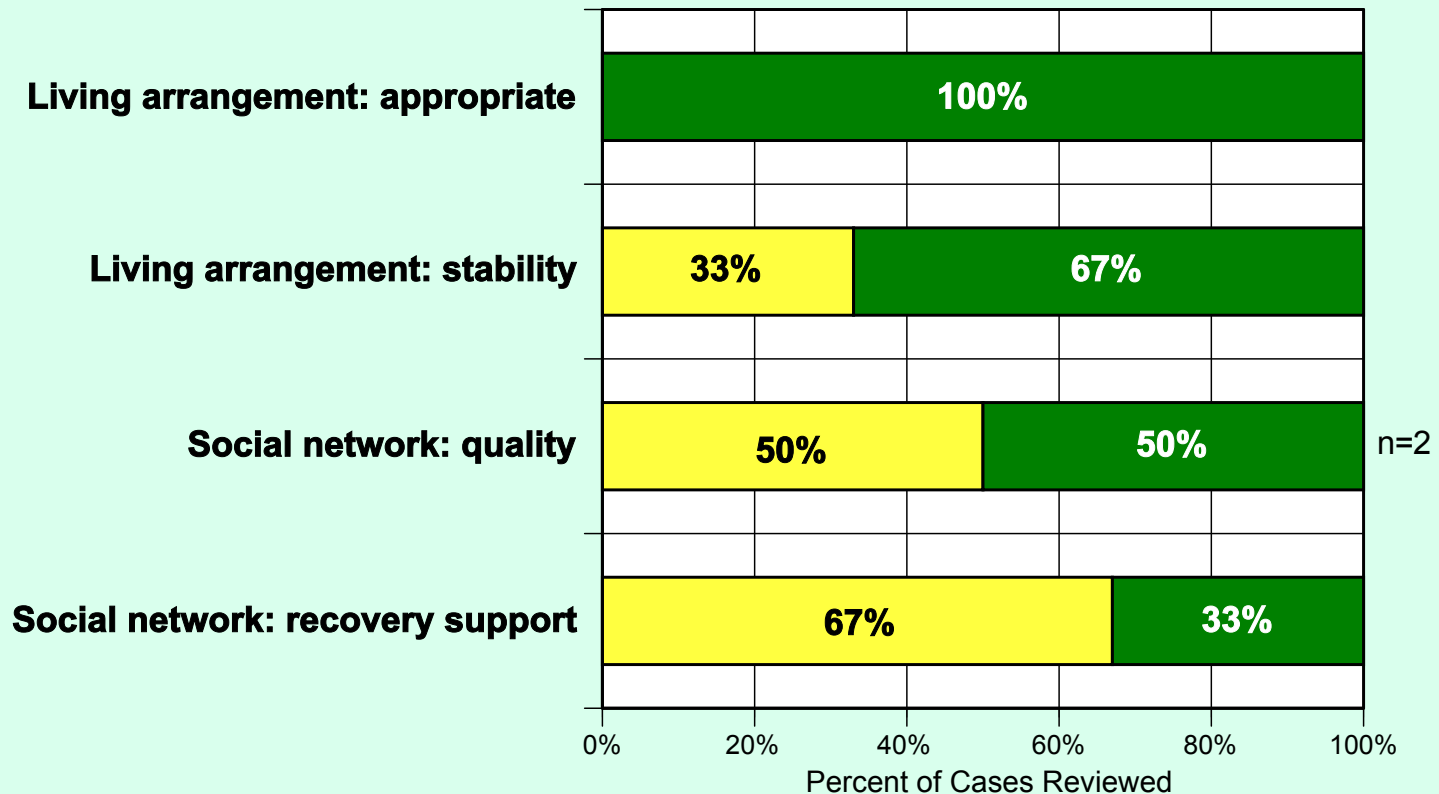


IQSR
BHSD-CT, Nov 2018

Improvement Zone
Refinement Zone
Maintenance Zone

Person Status

Self-Directed Care



IQSR
BHSD-CT, Nov 2018

Improvement Zone

Refinement Zone

Maintenance Zone

Practice Performance

Core Practice Functions

Recognition, connection, rapport

100%

Engagement & commitment

100%

Care coordination & teamwork

100%

0% 20% 40% 60% 80% 100%

Percent of Cases Reviewed

 **Improvement Zone**

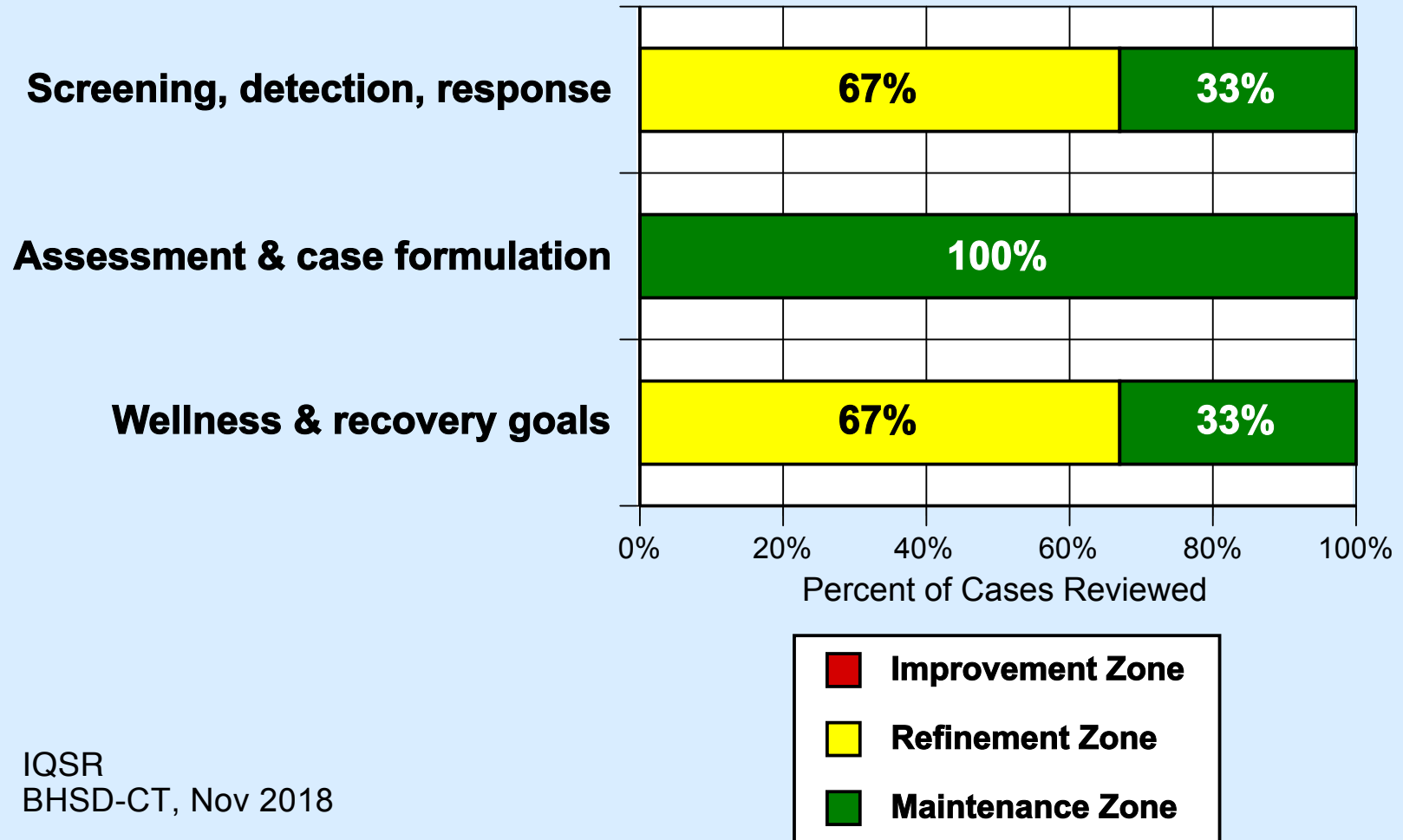
 **Refinement Zone**

 **Maintenance Zone**

IQSR
BHSD-CT, Nov 2018

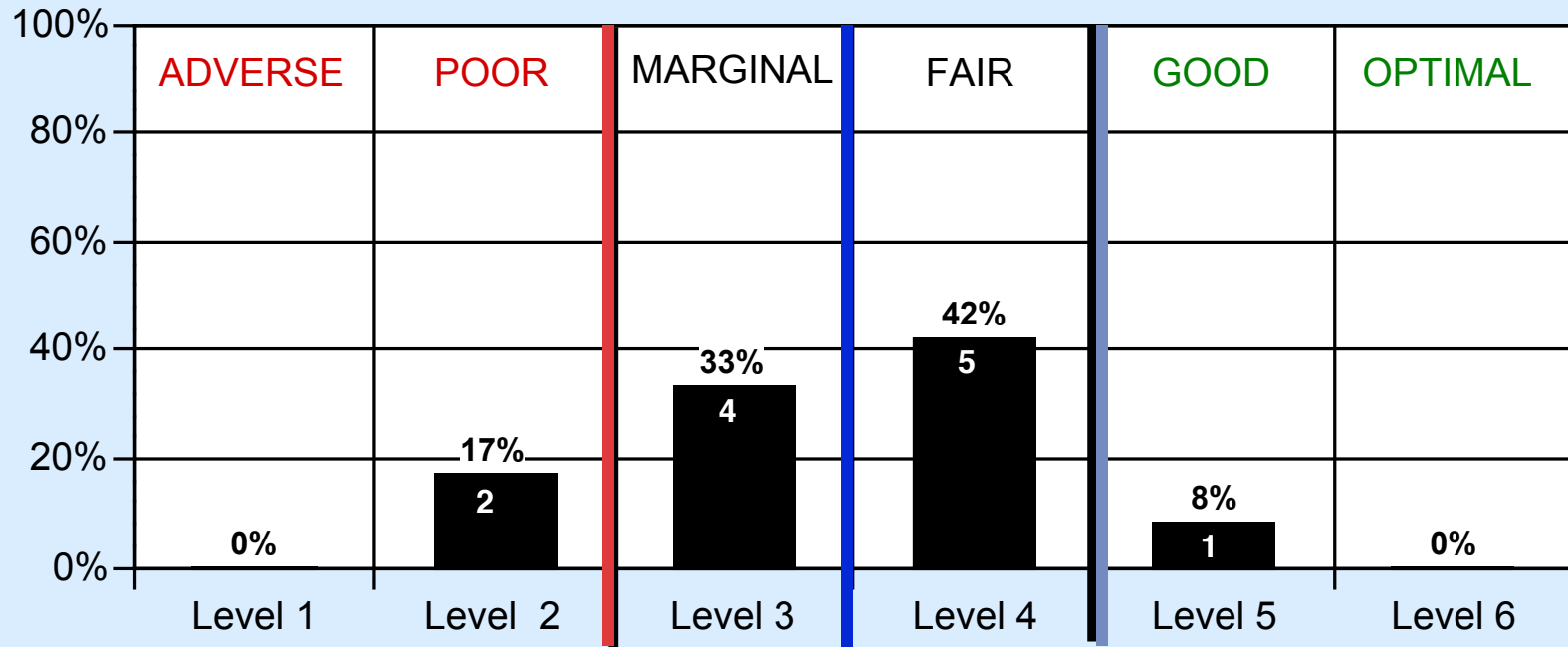
Practice Performance

Core Practice Functions



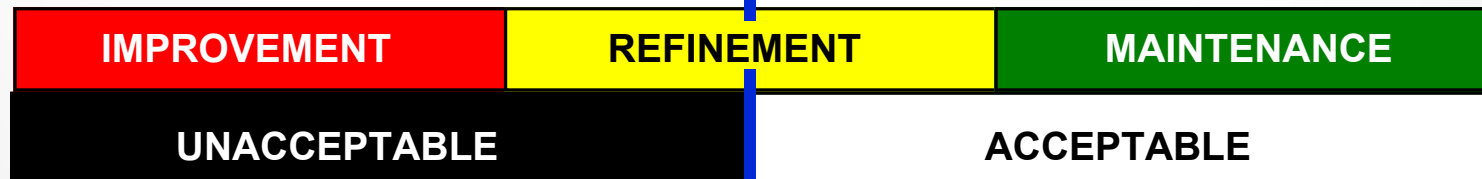
IQSR
BHSD-CT, Nov 2018

Overall Practice Performance

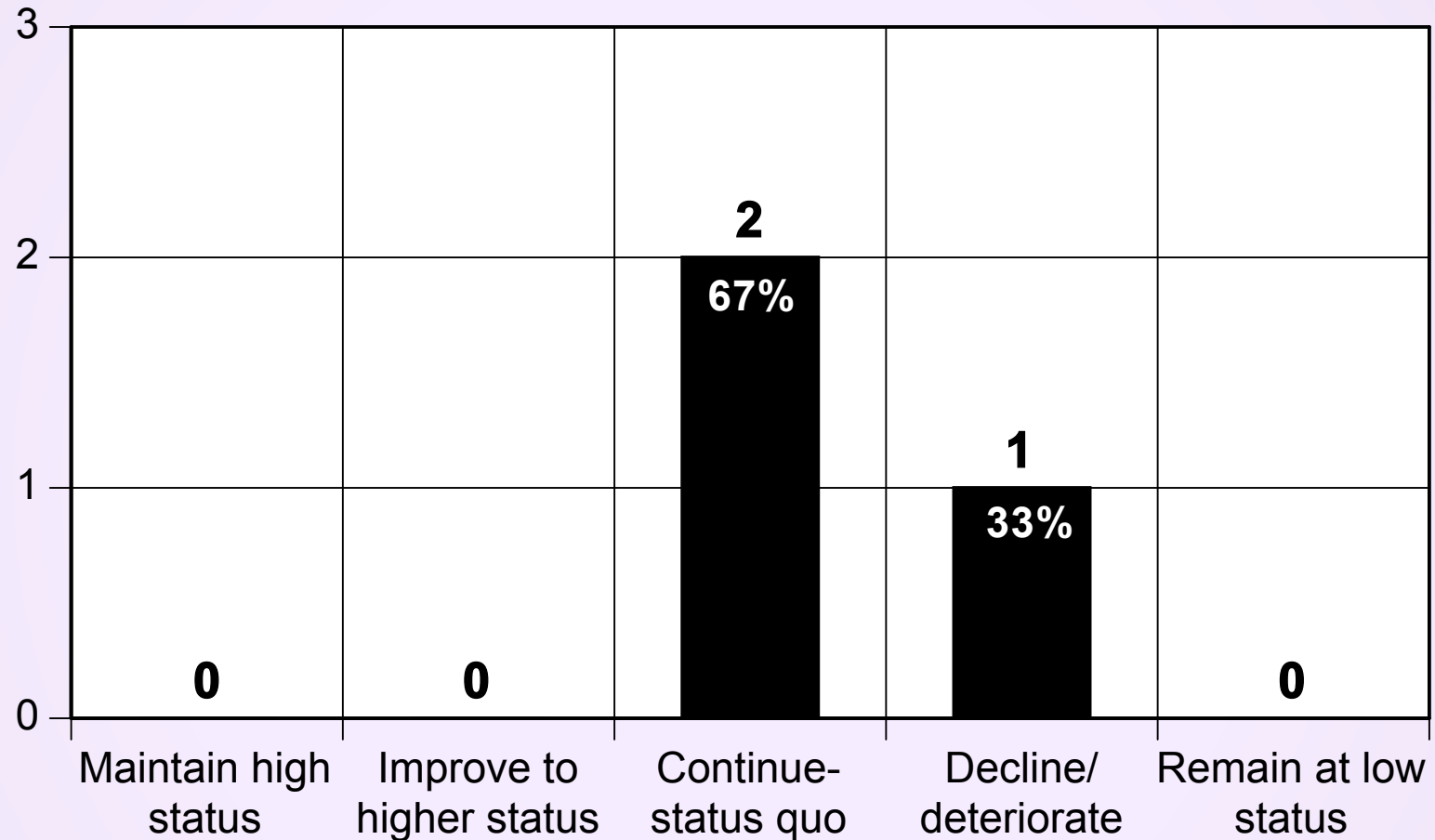


■ Percent of cases reviewed

Site: Alpha Baseline Review



Six-Month Forecast



IQSR
BHSD-CT, Nov 2018

■ Number of Cases Reviewed

Case Review Outcome Categories

Status of the Participant in Individual Cases

Favorable Status

Unfavorable Status

Acceptable
System
Performance

Acceptability of Service System Performance in Individual Cases

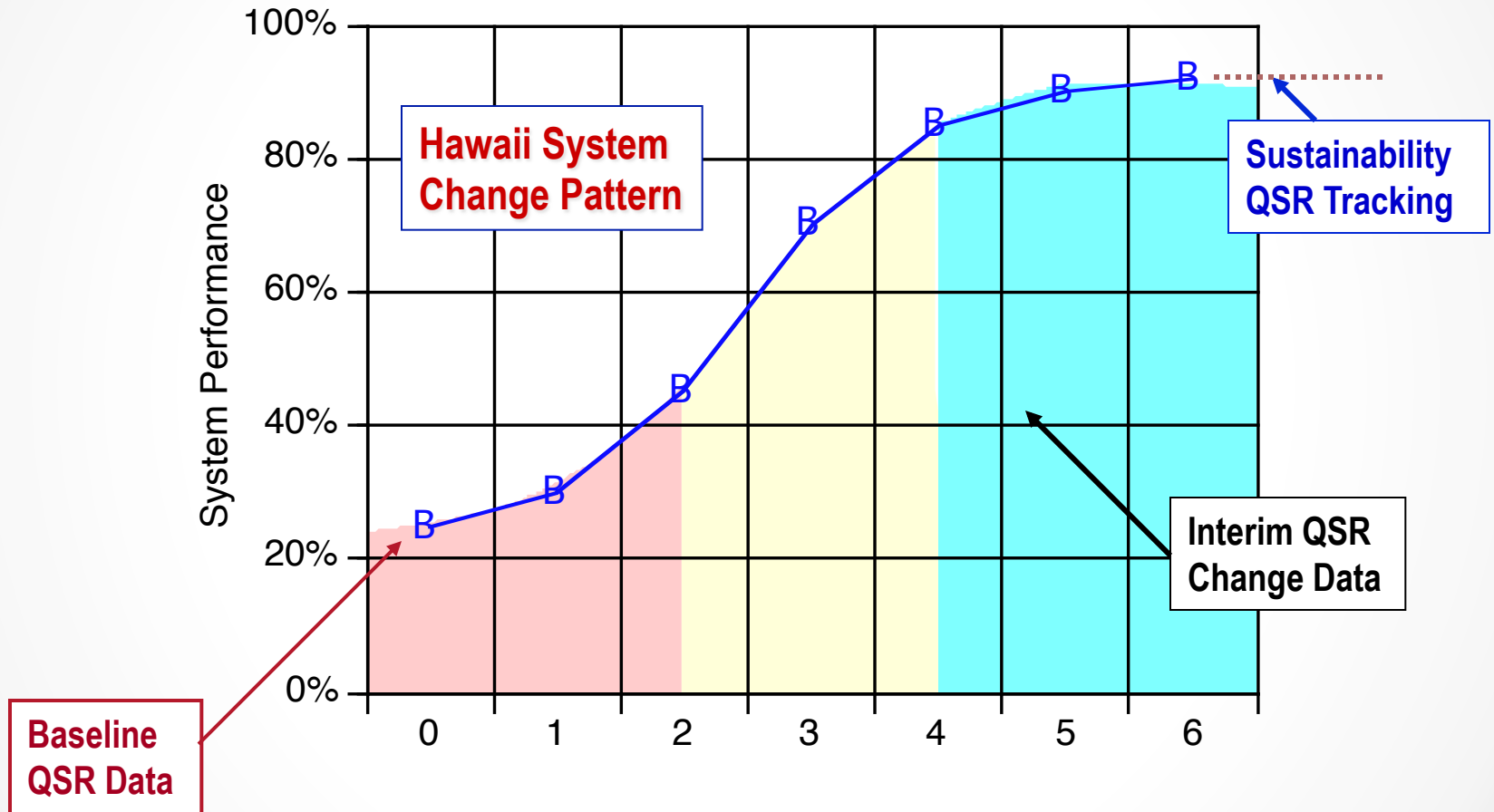
Unacceptable
System
Performance

<p>Outcome 1:</p> <p>Good status for the participant, ongoing services acceptable.</p> <p>100% (3 cases)</p>	<p>Outcome 2:</p> <p>Poor status for the participant, ongoing services minimally acceptable but limited in reach or efficacy.</p> <p>0% (0 cases)</p>	100%
<p>Outcome 3:</p> <p>Good status for the participant, ongoing services mixed or unacceptable.</p> <p>0% (0 cases)</p>	<p>Outcome 4:</p> <p>Poor status for the participant, ongoing services unacceptable.</p> <p>0% (0 cases)</p>	0%
100%	0%	

IQSR
BHSD-CT, Nov 2018

System Development Pattern

Change in System Performance Over Years of Development



QSR “Learning Products”

STORIES of practice and results with persons served

Recurrent **TRENDS/THEMES** observed across the review sample

UNDERSTANDING of how contextual factors are affecting conditions of frontline practice and current results

DATA DISPLAYS of the persons’ status and practice performance results, based on key measures

Highlight **ACCOMPLISHMENTS** & **SUCCESSES**

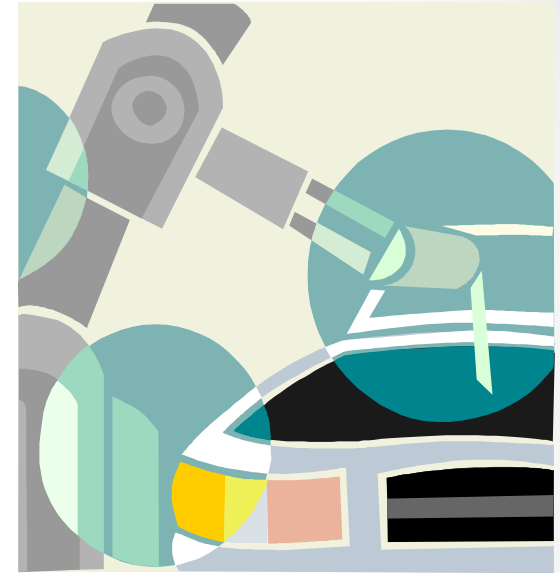
Identification of challenges & opportunities for **NEW LEARNING** for **NEXT STEP ACTIONS**



QSR is the Engine of Change

- Ways to Drive Practice Change:

- Frequent new learning about: child/family/adult status, case practice, recent results, local conditions of practice
- Well-used positive feedback loops
- Action teams putting new learning to work to advance practice
- Advances in the “practice model”
- Capacity building initiatives



**The “Engine of Change”
Requires
Leadership
To Drive the
Process**

QSR - Ways of Knowing & Doing

- QSR is an **ORGANIZATIONAL LEARNING PROCESS**.
- QSR observes the **PRACTICE MODEL** used in actual cases.
- QSR connects **RESULTS** to **CONDITIONS OF PRACTICE**.
- QSR supports **TEACHING & LEARNING PROCESSES** that clarify expectations, provide useful feedback, affirm good work.
- QSR supports **EXPLORATORY ANALYSES** and stimulates **NEXT STEP ACTIONS** taken to improve practice and results.



Using QSR Tools & Results

QSR Protocol & Job Aids

- Teaching rapid assessment techniques to frontline staff
- Teaching practitioners basic craft knowledge of practice functions
- Reviewing practice performance
- Identifying areas for affirmation and improvement
- Supervising frontline staff for building high quality practice
- Reviewing effectiveness of treatment and supports
- Applying action learning strategies

QSR Review Results

- Using QSR results in a strategic leadership process for stimulating system change
- Looking behind the numbers to discover underlying causes of performance problems
- Helping leaders understand and improve the quality of practice via targeted training, supervision, and reflective practice strategies
- Providing training, mentoring, and coaching of frontline practice
- Measuring change for affirmation and next step actions

Stages of Craft Knowledge Development

Stage	Description of Stage
Novice	Has a beginning awareness, simple understandings; follows rules and forms; can't recognize a problem well enough to diagnose it <i>[Doesn't know what he doesn't know]</i>
Advanced Beginner	Can perform in simple situations; acknowledges lack of knowledge; reliably follows steps that match familiar situations that have been studied <i>[Easily overwhelmed by complexity and fear of failure]</i>
Competent Learner	Exposed to the full array of knowledge; can work beyond the rules; adapts skills to new circumstances; may <i>know what</i> - but may still lack <i>know how</i> <i>[Comfortable with practice skills and situations; may lose big picture amid details; learns from errors]</i>
Proficient Practitioner	Has engrained skills via continuing practice in diverse situations; reliably meets situations using a full range of strategies with a full grasp of the whole problem; still acts at a conscious level <i>[Competent and confident. Learns from atypical cases]</i>
Expert	Works beyond the rules to surpass the goals; fully internalized practice; works in the flow, adjusts as she goes; relies on pattern recognition & intuition <i>[Seeks out cases involving novelty, risk, complexity to hone problem-solving skills to teach others]</i>

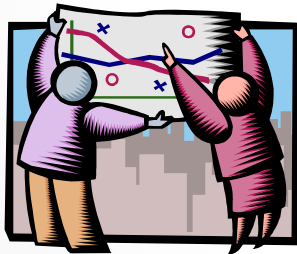
Adapted from ***The Dance of Change*** by Peter Senge, et. Al., Doubleday, 1999

● QSR_Ray Foster/Kate Gibbons_2019

What You Get from QSR



Person-Based
Teaching Stories



Local Practice
Conditions & Patterns



Performance Results
For Practice Indicators



Next Step
Action Planning



Respectful & Helpful
Feedback



Practice
Improvements



A Path to Better Results

Excellence is never an accident.

It is always the result of high intention,
determined effort, and skilled execution.

- Chinese Proverb -

Questions and Comments

