COMPLETING THE ORGANISATION SELF-ASSESSMENT PROCESS
MANAGING THE ORGANISATION SELF-ASSESSMENT PROCESS

Moving to a person-centred approach may involve changes to current practice and systems for some organisations. A person-centred approach is much more than adopting the language or tools; it is the lens through which to appreciate the extent a service has embraced person-centred principles.

This section provides advice and suggestions on how to manage the self-assessment process in your organisation.

It is written for the manager or staff member(s) who will be responsible for coordinating the self-assessment process.

There are a number of key steps to completing the organisation self-assessment process.

**Step 1: Plan the assessment**
- Confirm authorisation and commitment from senior management and/or Board if required
- Understand the Framework and the assessment process
- Decide on the approach
- Nominate a leader or team
- Decide on the sample size and composition
- Determine the timeframe for the assessment process
- Consider the needs of participants

**Step 2: Conduct the assessment**
- Communicate the assessment process
- Engage with consumers
- Engage with staff
- Add participants
- Individuals complete the surveys
- Enter the data

**Step 3: Interpret your results**
- Identify your strengths and opportunities for improvement
- Apply results to the Framework

**Step 4: Where to next?**
- Implement a quality improvement plan
- Share the results
STEP 1: PLAN THE ORGANISATION SELF-ASSESSMENT PROCESS

The planning stage

Having quality information about the outcomes and results being achieved can help your organisation to better understand the needs of the people using the service and your staff.

The consumers experience of services is the culmination of the efforts of all your staff – those providing services in the home, administrative and front-of-office workers and leaders across the organisation. Obtaining information from these different sources will ensure you capture a range of perspectives and experiences.

The assessment process has been created to gauge the degree to which your consumers and their carers, staff and organisational leaders believe the organisation is engaging in person-centred practices. It is a process of diagnosis and reflection that will lead to action. The more the process is planned, the more likely that your organisation will have sound results to act upon.

Planning for the assessment process should:

• include different levels of your workforce, consumers and their carers, and other partners in care provision (including contracted agencies)
• identify key people or form a team if required
• create a vision for the self-assessment process
• define the communication strategy to harness support
• decide on the approach for your organisation.

A case study has been used to describe the change process as you move through the recommended process

Create a vision

Stan is the dementia consultant for the Good Care community care organisation. His role is to provide support, information and awareness about dementia. Stan is eager to promote person-centred principles as part of the quality care agenda for people who use the service. He is aware of the increasing demand for community services and wants to build the organisation’s capacity to meet the needs of people living in the community. He is also keen to apply for the next round of packaged care funding.

Confirm authorisation and commitment from senior management and/or Board

Before starting the assessment process it is important to gain authorisation and commitment from organisational senior executive or governance level. Such commitment provides the opportunity for leaders to build support, create awareness of the need for involvement and ensure required resources are available. It starts the thinking about what a person-centred approach will mean for organisational leadership, systems and culture.

Leaders have a key role to play in analysing the information and mapping out a process to implement changes highlighted in the assessment process. Change champions can have an important and positive impact in creating and sustaining momentum for change. Section 2 provides a snapshot of change management practices.

Distributing background information to the leadership team can help to get support. There is an information sheet available to download from the website.

Harness support

Stan discusses his ideas with the quality manager and together they draw up a proposal for the Board and senior executive that describes the use of the Resource and assessment process. The proposal is accepted and Stan is asked to lead the project.
Understand the Framework and the self-assessment process

An understanding of the Framework is an important precursor to commencing the assessment process. It will provide the staff member(s) responsible for coordinating the assessment the information needed to stimulate interest, start discussions and secure commitment to the undertaking.

Section 3 provides a more detailed explanation of the Framework which is made up of five Guiding VALUEs, Elements and Actions that describe what person-centred support means for people living in the community.

### Guiding VALUEs
- **Valuing people**
- **Autonomy**
- **Life experience**
- **Understanding relationships**
- **Environments**

### Elements

- **Valuing people**
  1. Respecting values and beliefs
  2. Listening to each other

- **Autonomy**
  1. Promoting autonomy and independence
  2. Balancing rights, risks and responsibilities

- **Life experience**
  1. Supporting the sense of self

- **Understanding relationships**
  1. A partnership approach
  2. Community connections

- **Environments**
  1. A supportive learning culture
  2. Responsive support
Decide the approach for your organisation

It is up to you how the assessment is done and who is involved. There is no one-size-fits-all approach to conducting the assessment process; it will depend on the size and structure of your organisation and the resources you have available. You will need to determine a process that will best work for you.

Example approaches:

- Small organisations could conduct a whole-of-organisation assessment.
- Large organisations could conduct a whole-of-organisation assessment or elect to focus on a particular region or practice area.
- Individual teams could elect to complete the staff module in partnership, for example, at a team meeting. This approach can result in fruitful conversations and a deeper understanding of the process and the implications for involvement.
- Consumer and Carer OSATs could be completed in the home or by telephone as an interview.

The organisation services northern metropolitan area and a regional area. Two sites are chosen to complete the assessment process, one from each of the geographical locations.

The most important aspect is that information is drawn from a range of sources, perspectives and experiences.

It should be noted that to help minimise self-selection bias and allow for the most accurate description of perceptions of person-centred practices it is suggested that the assessment process is:

- administered consistently across sites
- maintains anonymity of respondents
- assesses a random proportion of consumers and staff.

The time required to complete the assessment process may vary greatly from one organisation to another and will depend greatly on the size of the agency and available staff and resources to devote to the process.

A number of Alzheimer’s Australia State and Territory organisations provide a consultancy service that can assist individual agencies to implement the assessment process. Contact your local Alzheimer’s Australia organisation to discuss this. See Appendix 5 for contact details.

Nominate a leader or team

Responsibility for managing the assessment process can sit with one person (a change champion or project leader) or be supported by a team. This decision will depend on the size and structure of your organisation and which approach is practical.

Ideally the assessment process should be coordinated by a staff member who can liaise between different levels in the organisation, from senior leadership to staff involved in direct care.

Stan sets up a working party that includes members of the quality team and representation from different groups including the Consumer Advisory Committee, department managers, case managers, direct support staff and consumers.

The project leader or team will be responsible for overseeing the assessment process, interpreting the data and making recommendations based on the results. They would usually act as the organisation administrator for the website.

Once the key people have been identified, it is time to develop a plan of action that outlines time lines and describes delegation responsibilities and training requirements.

Appendix 3 provides a time line worksheet as a guide to planning. There is also an Assessment Plan template that can be downloaded from the website.
Decide the sample size and composition

The participation of many different people is required for the assessment process to be successful. It includes consumers and, where appropriate, their carers, staff providing services in the home, administrative and front-of-office workers and leaders across the organisation.

Determining the sample size and composition will depend on what your organisation wants to achieve and the resources that are available.

Design the process

The working party plans how the assessment will occur and who will participate. Staff, including leaders will be emailed the link to the website in order for them to complete the OSAT online. Case Managers will identify possible participants and arrange a home visit to complete the Consumer and Carer OSAT modules.

Organisations could:

- survey staff from every area of the organisation
- focus on specific staffing types and levels
- focus on specific program areas or geographical locations.

For some organisations it will be impractical to administer the OSAT modules to all staff and consumers but it is appropriate to use a sample group. The sample group should adequately represent the population from which it is drawn so that inferences about the population can be made from the results obtained. The larger your sample size, the more confident you can be that the results reflect your population.

In determining the sample size there is no set percentage that is accurate for every population. Determining the size of the sample group will depend on how much confidence you want in the results.

Conducting the assessment takes time and effort. Your resources may limit the number of people you can survey.

SurveyMonkey offers instruction on how to determine a sample size and provides advice about determining the margin of error to help you to determine how many respondents you will include. For further information about sample size see http://www.surveymonkey.com/mp/sample-size/

Determine the time frame for the assessment process

Timing is an important consideration when planning the assessment process. The information generated will benefit operational and organisational planning and contribute evidence to accreditation reporting so timing needs to be measured and balanced with service delivery commitments and the availability of resources.

Time frame

In consultation with senior leadership, a decision is made to conduct the assessment process midway through the three-year cycle of the quality review process.
Consider the needs of participants

Web-based surveys offer unique advantages and can save time and resources. However, problems with limited response rates because of low computer skills or internet access may create difficulties for some participants. It is important that participants are not disadvantaged by the lack of choice in how to complete the OSAT modules.

Alternative methods of participation can be used for both staff and consumers:
- conducting face-to-face or telephone interviews
- circulating printed versions of the OSATs by mail or email.

Multiple communication methods such as email, letters mailed or posted on notice boards and face-to-face at team meetings are important in promoting the self-assessment process. Paper-based versions need to be available even in areas where staff normally use a computer.

This will then require the data to be entered into the online survey tool to ensure that it is captured.

People living with dementia are the experts of their own experience. Their voices have often remained unheard despite them having important things to say when appropriate strategies for listening are employed. Cognitive and communication impairment means that some people will at times require additional support to participate meaningfully in the assessment process.

Judgments about a person’s ability to participate should not be based on their level of cognitive function or Mini Mental State Examination score as this does not give an indication of a person’s ability to talk about his or her life, experiences and needs. People with mild to moderate cognitive impairment, with a minimum level of orientation to place, attention and language skills are able to talk about their care experiences with clarity and insight. To hear these voices, consideration will need to be given as to how they can meaningfully participate in the process.

Individuals with dementia, despite a common diagnosis, are not a homogenous group. Cognitive impairment and possible vision, reading or language problems can all limit their ability to complete a questionnaire. Low literacy levels and sensory impairment can also have an impact on the ability of people to participate.

Conducting the Consumer and Carer OSAT modules as an interview can support a shared understanding of responses. It allows the interviewer to be sensitive to different forms of expression, to provide explanation if required and to ensure the understanding of questions being asked.

Appendix 4 provides tips for conducting the Consumer OSAT as an interview.
STEP 2: CONDUCT THE ORGANISATION SELF-ASSESSMENT PROCESS

The ability to meet the needs of people living in the community relies on the performance of multiple teams of people in your organisation collaborating together and working in partnership with consumers and their carers. The consumer and staff experience is inextricably linked and is perhaps the greatest influence on a consumer’s experience of your service is your staff. The demands that community care providers contend with often challenge them to find innovative ways of delivering care that are efficient and effective without conceding the quality of support that consumers deserve. Meeting these needs must be practical from an operational standpoint.

This section provides a suggested step-by-step process and time lines to assist you in undertaking the assessment process. You should approach this activity in a way that makes best sense for you dependent on the size and structure of your organisation, the types of services you deliver and the number of consumers you have.

Communicate the self-assessment process

Effective communication is critical to the successful implementation of the assessment process and should include information about:

- the purpose of assessment
- how it will be undertaken
- how it will involve staff and others
- the time lines for the assessment process
- the steps and activities involved
- how the results will be used.

Regular, clear communication is essential; messages should be easy to read, informative and suitable for different participants. Throughout the assessment process there should be opportunities for discussion so that feedback can be provided and acted upon.

Communicate the assessment process

The working group develops a Communication Plan that sets out who needs information and how it will be best communicated. It includes a whole-of-organisation communiqué to ensure awareness of the assessment and specific detailed information for each site about what is required. Stan and the consumer representative introduce the process in team meetings and promote the importance of person-centred support for all people.

Understanding the principles of person-centred care and being able to share them is an important step in explaining how the assessment process can lead to improvements for consumers and staff. The Guiding Values, Elements and Actions are a good place to start. Printable promotional posters and other materials including a one-page summary of the assessment process and PowerPoint presentation are available to download from the website.

Agencies involved in the collection of data have a responsibility to ensure the protection of the information that they have been supplied with. Collectors need to implement procedures to ensure confidentiality, for example, by:

- substituting codes for identifiers to minimise the links that can be made between questionnaires and respondents
- removing face sheets (containing names and addresses) from survey instruments containing data
- properly and promptly disposing of questionnaires and data sources
- limiting access to identified data
- impressing on the staff the importance of confidentiality.

The best means of convincing participants that you will provide confidentiality is by describing exactly the procedures you will use to ensure confidentiality.
Engage with consumers

Ensuring outcomes that are meaningful to consumers is only possible when their views are sought, listened to and acted upon. There are a number of considerations when involving consumers and their carers in the assessment process:

- Who will participate – the consumers, their carer or both?
- Will the OSATs be conducted as a face-to-face or telephone interview?
- Who will conduct the interview?
- Will the OSATs be provided in hard copy or a link to the website?
- If a paper version is to be used who will input the data?
- How will the results be shared?

All efforts should be made to avoid any bias in the selection of participants. If your selection is not random your survey may produce biased results. The best results will occur by randomly selecting participants, which will ensure a representative sample of your consumers.

Engage with staff

Staff are usually interested in communication that helps them do the best work they can and be recognised for their contribution.

Involving staff in the assessment process is a great opportunity to communicate that their opinions matter and that an effort is being made to understand and use them in service planning.

Clearly communicating to staff the purpose of the assessment process, how it aligns to organisational values, what is expected of them and how employee feedback will be used is critical to ensuring their engagement and enthusiasm.

This communication should play a key part of your overall action plan and can include the use of internal newsletters, message boards and intranets. Conversations about the process will improve participation rates and act as an opportunity for exchanges about what person-centred support should look like for your organisation.

There are three OSAT modules for use within the organisation – the Leader OSAT and two Staff OSATs.

The Leader OSAT is intended for the Senior Managers and Executive level. The Staff OSATs are targeted at two different levels of workers – Direct Care Worker and Non-Direct Care Worker.

Engage with staff

Stan works with the manager at each site to identify possible participants in the Consumer and Carer OSAT modules. He meets with the relevant case managers to explain the process and plan for the home visits. An individualised approach, using case managers’ knowledge of individual care recipients and, where appropriate, the views of carers, is used to make decisions about the process of conducting the Consumer OSAT.
Enter the data

Valuing People is an online survey system, however, paper versions of the OSATs can be administered and are available to download from the website. Responses that have been collected on the paper versions will need to be entered manually. This is particularly relevant when the OSATs are conducted as face-to-face interviews or on behalf of someone without an internet connection.

If using a paper version the collected responses will need to be completed the same way a respondent would if taking it online.

This role is usually undertaken by the Organisation Administrator who will enter the data manually but others can assist in data entry for large numbers of paper-based survey responses.
STEP 3: INTERPRET YOUR RESULTS

Interpret your results

The results of the different OSAT modules indicate varied responses across the Guiding VALUEs for the different modules. For example, consumers are generally happy with the relationships they have with the staff but are frustrated by the lack of flexibility in the service i.e. an inability of staff to change their schedules to fit in with the routines of the consumer. In regional areas staff are frustrated by inadequate time for travelling the long distances between visits. Stan uses the report to identify possible changes to practice by linking the data to the relevant Elements and Actions.

How well are you doing?

Working well
Person-centredness is experienced by all across the VALUEs.
This is a time to celebrate your achievements, sustain and grow. It is also an opportunity to transfer your learning about what is working well into other areas in your organisation.

Nearly there
Person-centredness is experienced by consumers but not staff; it is working well for all but one VALUE.
This is an opportunity for growth and change. Use the results to identify which Element(s) and Actions can help you to plan the way forward. Remember to apply the learning from what is working well.

Not working well
Not everyone is experiencing person-centred care and across a number of VALUEs.
This too is an opportunity for growth and change, not a time to blame. Celebrate any areas of success. Communicate the results and involve all stakeholders in the post-survey phase of planning.

It is an opportunity to:
- celebrate success and honour the good work being done in your organisation
- share the findings with staff and consumers
- develop a plan of action or quality improvement plan to address the areas in need of improvement.

The assessment process and resultant data provides a snapshot of how person-centredness is experienced across your organisation.

The data is linked to the Guiding VALUEs and the results describe performance across the VALUEs and assess the level of agreement between the experiences of consumers, carers, staff and organisational leaders.

A high number of positive responses – Strongly agree or Agree Likert Scale items demonstrate areas that are working well. A high number of negative responses – Strongly disagree or Disagree items demonstrate areas in need of improvement.
STEP 4: WHERE TO NEXT?

It is important for community organisations to have a way of regularly assessing their practice, recognising their strengths and identifying areas that can be improved. A consistent process of reflection and evaluation will enable your service to gain an informed picture of current practice and the quality of care experienced by consumers and your staff.

The essential next step is to determine where quality improvements can be made and to plan effectively to implement them. Ongoing improvements will come about by doing what you are already doing well consistently in all areas across your organisation.

The self-assessment process drives reflection on the quality of care and provides opportunities to proactively look for areas for improvement.

It is the beginning point and a critical component of a continuous quality improvement process. The data collected will inform and should integrate with other key aspects of your quality improvement activities.

Examples of the type of improvement actions you can use include:
• review current policies and/or procedures
• develop and introduce new or additional policies and/or procedures
• make changes to recruitment, orientation and/or staff training programs
• further develop or change written information for consumers
• increase opportunities for stakeholders to provide feedback
• improve processes for analysing, reporting and acting upon feedback
• conduct staff training
• develop regular processes for engaging consumers.

Continuous quality improvement is a process to ensure programs and services are systematically and intentionally improving to ensure positive outcomes for the people using them. Tools and techniques are based on a ‘trial and learning’ approach to improvement.

You may already have in place a comprehensive process of reflection, self-assessment and evaluation that you can continue to use.

If your model has not worked well in the past, you may find the suggested model useful. It is based on the Plan, Do, Study, Act cycle.

The Plan Do Study Act (PDSA) model for improvement is a simple yet powerful tool for advancing improvement. It is a four-step process that will help you plan, test and incorporate feedback before you commit to implementation. It is used here as a demonstration model to describe the steps that may be used to carry out change.

Three important questions, which can be addressed in any order, can guide your efforts for improvement:

What are we trying to accomplish?
How will we know that the change is an improvement?
What changes do we need to make that will result in improvement?

There are Sample Worksheets available to download from the website to assist with your thinking and planning.
Plan
The assessment process has highlighted areas where improvements can be made to better the support you provide to consumers and your staff. A quality improvement plan will help you to develop a systematic way to manage any change that is required and should reflect the unique circumstances of your service and community.

A Sample Plan is available to download from the website.

The plan should:

- provide a summary of the drivers for change
- list the actions for improvement
- name the people to be involved and outline their responsibilities
- describe the communication strategy
- outline the goals, intended outcomes and required processes
- identify potential risks
- describe how progress will be monitored
- communicate the time lines
- define how data will be collected
- describe how effectiveness will be determined.

Planning for action
Stan presents the findings to service managers and the consumer advisory group and together they workshop ways to address the issues raised. He provides an overview of alternative rostering systems used elsewhere. A decision is made to trial a different rostering system at one site. Stan, aware that a number of staff have recently completed the Dementia Care Essentials (DCE) course, recruits them to help promote changes through sharing their understanding of person-centred care.

Transitions
Stan and others are aware that some staff were feeling a little overwhelmed by the notion of change. Many felt that the current ways of providing support were adequate and felt that the changes would mean extra work. To tackle any resistance he organise opportunities for staff to get together and talk about the proposed changes and the perceived implications. The discussions allow staff to share their concerns and experiences. Staff who had recently attended a DCE course help the group to work towards a shared understanding about the need for change and the outcomes to be expected.
**Do**

The next step is to put the plan into effect and test a potential solution or range of solutions.

Change is easier when there is general agreement about the need to change. It is human nature to reject an idea if it is not understood. Communication, clarity and understanding are key.

Communicate openly and often. Good communication strategies ensure staff and other stakeholders have adequate information and the opportunity to provide comments and input into the change initiative.

A communication plan can comprise a variety of different communication methods including email, notice boards, newsletters, face-to-face opportunities at team meetings or whatever form of communication will help to share the news.

It is important to:

- gain approval for intended changes
- assign key tasks with realistic time frames
- get the right people involved
- gather data for analysis for the following steps.

**Implement new approaches and grow capacity**

A trial of a different rostering system at one of the sites is undertaken. Priority is given to staff at the trial sites to attend the DCE course. Staff with an understanding of person-centred care are recruited to champion the approach and assist by providing short information sessions to other teams.

It is people who make changes happen successfully. The visible support of organisational leaders who are united in the messages they provide help gain acceptance of the change.

A working group that includes representation from consumers and staff from different levels can help to gain acceptance for the change.
You can ask questions such as the following:

- Did the improvement work? If not, why not?
- Were there any unintended consequences?

Complex improvements can require one or more cycles before changes are accepted and incorporated. Repeating the self-assessment process can demonstrate if the changes have resulted in the intended outcomes.

Transitions and entrenching change

Site managers have increased the opportunity for peer support and added person-centred practice as an Agenda item to team meetings. This will provide the opportunity for staff to report on their experiences of using person-centred principles. The new rostering system is in place and feedback from family carers about the changes is positive. Feedback both positive or negative, is shared with staff and used to assist with planning and service development. The organisation formally recognises the work being done at the two sites, which receive an innovation award.

Study

The next step is to verify the process has achieved the desired results. Measurement is a critical part of testing and implementing changes. Testing allows you to try the change on a temporary basis and help to decide if the changes actually lead to improvement.

Act

It is now time to take action by considering the improvements you have implemented. Do they suggest further improvements i.e. staff training, review of procedures or changes to work practices.

Most advocates for change believe their changes will stick. Despite the best intentions, there can be a drifting back to the old and comfortable ways of practice. To make changes stick takes time and effort to ensure the new behaviours and new ways of working become the accepted norm.

The completion of each small PDSA cycle leads directly into the start of the next cycle.

The commitment to improvement needs to be ongoing. It needs to be built into the organisation’s culture and practice to ensure the organisation continues to change and adapt to the needs of the people it serves.
SECTION REFERENCES


