

**Assessing Quality Improvement Efforts in the Disability Service Field**

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## **Abstract**

This essay presents a qualitative analysis and case study of one Quality Improvement (QI) effort within the domain of disability and with a specific focus on disability services. The first major section is a review of the currently available literature on disability which also moves into a discussion on healthcare quality improvement through the lens of disability. Then, the focus shifts to a case study report of a quality improvement project executed within a disability service organization.

The case study focuses on Community Living and Support Services (CLASS), a disability service organization serving the Pittsburgh and Southwestern Pennsylvania areas. CLASS suffered from the hiring crisis resulting from the COVID-19 pandemic, just like other businesses and organizations. As a part of its ongoing QI efforts, CLASS management surveyed its staff from various programs including its Residential Services program. Survey results indicated that the Residential Services program faced the greatest amounts of turnover within the past two and a half years. Analysis of survey results found that while satisfaction with current staff is high, many respondents desire better communication, changes to training and onboarding, and increased pay.

**Key Words:** Disability, Disability Services, Disability Service Providers, Care Quality, Quality Improvement, Employee Satisfaction, Survey Design

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## **Abbreviations**

QI: Quality Improvement

IOM: Institute of Medicine

ICF: International Classification of Functioning, Disability, and Health

ADA: Americans with Disabilities Act

AHRQ: Agency for Healthcare Research and Quality

CLASS: Community Living And Support Services, a Disability Service Organization serving the Southwestern Pennsylvania area with a specific focus on Pittsburgh

Consumers/Clients: Refers to the disabled individuals served by disability service organizations like CLASS

## 1.0 Introduction

Without question, individuals with physical and cognitive disabilities are members of our communities just as much as those without. This is further enforced in the United States by the Americans with Disabilities Act (ADA) which defines 'disability' as "a physical or mental impairment that substantially limits one or more major life activities" of that individual. However, many people who might benefit significantly from community-based support services lack access for various reasons. These reasons could be in areas such as "employment, housing, public accommodations, education, transportation, communication, recreation, institutionalization, health services, voting, and access to public services." ("Americans with Disabilities Act of 1990") They grow distant from their communities due to the care needed, societal attitudes, or other logistical reasons and eventually spend most of their time isolated instead of out and involved in the community. (de Zaldo 12)

In order to combat this, many disability service organizations have developed and implemented care programs that are integrated into the community as a whole. By bringing the care to those who need it, these programs can keep disabled individuals' roots firmly planted in the local community. There is an issue, however, in that these types of programs require more personnel, which requires the consumers to gather at a designated facility. The number of disabled individuals that any given organization can assist with community-based support is directly correlated to the number of trained employees mustered. Without the requisite workforce, these programs become limited in the number of individuals they can serve, indirectly harming the individuals who need care. Therein lies the importance of quality improvement efforts that allow

for strengthening existing processes to increase the quality and efficiency of the care given and increase employee satisfaction and retention.

The concept of Quality Improvement (QI) is essential to define before moving forward. Within the scope of organizational practices, QI is a process of analysis and amelioration to achieve specific goals by enhancing processes and policies. Principally, Quality Improvement refers to the "optimization of resources – including knowledge, practical skills and material assets" with the purpose of improving outcomes. (WHO "Overview" 6) In other words, one must measure the current state of affairs and then generate methods by which to improve the circumstances. With such a multidimensional attribute as quality, there are many ways in which any particular organization can reach its QI goals. This study analyzes the challenges facing disability service organizations in the United States and quality improvement efforts, explicitly illustrating in a case study the endeavors of one such organization aiming to improve quality of care for the surrounding community even in the midst of a global pandemic.

### **1.1 Public Health Significance**

Under the Americans with Disabilities Act, the United States legislation emphasizes not only that intellectually and physically disabled individuals are members of society just as much as their abled counterparts, but also that accommodations must be made to eliminate discrimination against individuals on the basis of ability. This act codifies the equal treatment of both abled and disabled people.

Not to be confused with equality, equity is one of the six key facets of health care quality defined by the Institute of Medicine (IOM). In the context of healthcare, equity refers to the idea

that care does not vary in quality as a result of personal characteristics, including ability. Guaranteeing the quality of life of an individual with a disability through a support program is one of many possible avenues for addressing equity. Having services like this that are accessible, timely, and tailored to individual needs is one of the most important aspects of disability service. Beyond solving existing problems, quality improvement efforts open the door to continuous amelioration of services provided and avoiding stagnation.

Furthermore, QI specifically in disability service programs has numerous benefits for the program consumers. Enabling individuals with disabilities to more fully engage in endeavors such as employment or social activities leads to healthier communities. Studies have shown that individuals with disabilities are disproportionately unemployed, but also that those who are employed are more likely to meet with social groups regularly than their unemployed counterparts. (Schur 342) Implementing quality improvement with the purpose of changing the lives of individuals with disabilities can provide great benefits for the target

## 2.0 Literature Review

### 2.1 Campbell et al. – Defining Quality of Care

One must first understand the concept of "Quality" as an aspect of the caring process before discussing Quality Improvement in human services organizations. In *Defining Quality of Care*, Campbell *et al.* assert that quality of care resides on two axes: 'access' and 'effectiveness'. This can be further explained by asking two questions. The first question asks, "Can an individual get the care they need when they need it?" and the second question asks, "When they get the care, is it effective both in terms of clinical effectiveness and interpersonal relationships?"

Regarding 'access', the authors refer to a number of dimensions, the most basic of which is geographic/physical access. For example in rural areas, physically disabled individuals and elderly individuals may face challenges when attempting to utilize health structures simply due to an inability to access transportation or online media. Even provided a way for individuals to access healthcare services, there is yet another dimension of 'access' to consider: availability. One's capacity to physically reach a health care facility does not ensure that the services they require are offered at the facility when needed. Despite these difficulties, an individual may face yet more challenges in accessing care. The length and availability of appointments may not line up with the individual's schedule, the healthcare professionals may not speak the patient's language, and the services offered may be relevant but not comprehensive in addressing all of the individual's needs. Affordability, opportunity cost, and the individual's own evaluation of previous care experiences also all impact the measurement of quality based on the axis of access.

The authors advocate that the second aspect to consider when analyzing quality of care is 'effectiveness'. This is "the extent to which care delivers its intended outcome or results in a desired process, in response to need." (Campbell *et al.* 1616) Digging one layer further, we see that effectiveness consists of two key elements: clinical care and interpersonal care. In this case, clinical care refers to the application of evidence-based medicine, while interpersonal care relates to aspects of care that may not have scientific evidence for their effectiveness but are still widely accepted. Fundamentally, to measure effectiveness is to measure the extent to which a treatment or service reflects the patient's reasonable expectations, is consistent with contemporary standards of care, and conforms to both professional norms and societal norms at large. The authors recognize the complexity of discrete circumstances and the need to evaluate effectiveness in providing appropriate and timely services based on the unique circumstances of the individual recipient.

On the broader scale of populations, the authors note that care for populations may sometimes clash with care for individuals. A local or national context, for example, often dictates the ways in which care is provided, which may or may not work for individuals on a personal level. For this reason, the authors define access as "the extent to which all individuals in a population access the care they need." The concept of effectiveness also changes within the context of populations. In addition to equity, the authors add efficiency as a key attribute of quality of care for populations. The maximum output can be generated by efficiently utilizing resources and can allow for the most significant net benefit to individuals and society in balance with effectiveness.

While there is no universally recognized definition of quality, Campbell *et al.* provide a useful framework for analyzing what they believe to be the two key components of quality: access

and effectiveness. With this in mind, one is now better equipped to understand quality improvement.

## **2.2 Institute of Medicine – Crossing the Quality Chasm: A New Health System for the 21<sup>st</sup> Century**

In 1998, the Committee on the Quality of Health Care in America was appointed with the purpose of generating ways for achieving significant advancements in American health care quality. Two reports were published to outline the challenges and recommendations. The first of two reports, titled *To Err Is Human: Building a Safer Health System*, focused more on patient safety and calls for a 50% decrease in medical errors in the five years following. However the focus is on the second report. Released in 2001, the Institute of Medicine (IOM)'s *Crossing the Quality Chasm* is the second of two reports released by the Committee. It addresses the need for fundamental change within the United States healthcare system and calls for action on a number of priorities for future improvement.

The primary issue put forth by the Committee is that "Health care today harms too frequently and routinely fails to deliver its potential benefits." (IOM 1) The authors declare that it is a product of the rapid advancements in science and technology over the prior decades, which have left the American health system in the dust and struggling to keep up. Medical errors, splintered care delivery systems, shifts in patient needs, and overuse of services all add a heavy burden onto the already-struggling healthcare system.

In this environment, then, how does quality factor? The Committee suggests that Americans need, want, and deserve a high-quality healthcare system but that achieving this

increased level of quality would only further strain current care networks. Instead, the authors support a fundamental change in the system of care.

To that end, the Committee presents six aims for the 21<sup>st</sup>-Century healthcare system. It argues that above all else, health care should be: safe, effective, patient-centered, timely, efficient, and equitable. A safe healthcare system is one in which patients are at low or no risk of being injured by the care which is intended to help. Effective healthcare provides services and avoids both underuse and overuse by offering assistance to those who need it and refraining from providing services to those who are not likely to benefit. This relates to Campbell's notions of efficiency in the context of populations in the sense that health systems will need to find ways to provide care in a manner that provides as much of a net benefit to the population as a whole. Patient-centered care is related to Campbell's point regarding interpersonal care. This idea refers to care that is "respectful of and responsive to individual patient preferences, needs, and values." Once again, we see the emphasis on accommodating patient values and individual circumstances in the literature. Care that is timely reduces waits for both the patients and providers, reducing waste overall, relating to the idea of efficient care. Finally, equitable care does not vary in quality due to a patient's personal characteristics. These characteristics include measures such as gender, sexual orientation, ethnicity, geographic location, socioeconomic status, and disability.

The Committee argues that the American healthcare system would be far better at meeting the needs of patients by improving those six aspects. The authors continue by providing several recommendations, in the form of clearly stating the suggested goal of healthcare provision services across the nation, sources of funding for improvement efforts, and guidelines for a collaborative redesign of the current healthcare system.



Specifically, this report has a section on preparing the healthcare industry's workforce for the necessary change. The authors recognize that many healthcare professionals act conservatively, relying on previously established systems and only shifting when a clear understanding of the need for change is established. The report goes on to enumerate a wide array of methods by which the workforce could be changed. Training processes, identification and elimination of errors, understanding determinants of health, and fostering a thirst for new knowledge are all avenues for change in the healthcare professional paradigm.

Essentially, there is an abundance of ways by which the outlined improvements to healthcare quality could come about. According to the authors of this report, those six dimensions – safety, effectiveness, patient-centeredness, timeliness, efficiency, and equitability – are the keys to unlocking a healthier future for the entire nation.

### **2.3 Iezzoni – Targeting Health Care Improvement for Persons with Disabilities**

A report on the scale of *Crossing the Quality Chasm* was sure to cause ripples within the healthcare community. Many professionals added their voices to the conversation including Dr. Lisa Iezzoni, an eminent academic within the field of health disparities among disabled populations. In an editorial to the *International Journal for Quality in Health Care*, Iezzoni writes her opinions on the classification of "disability" and analyzes the IOM's second report through the scope of individuals with disabilities.

Iezzoni begins by briefly discussing the history of challenges facing persons with disabilities. "Discrimination, disenfranchisement, and even outright hostility reach back to Biblical times." With that in mind, it is less surprising that the United States healthcare system has several

shortcomings which disproportionately affect individuals with disabilities. Even if one were to obtain affordable health insurance, which can be a challenge in itself, individuals with disabilities would face other hurdles on the path to treatment and support. Insurers often limit coverage of critical function-restoring tools and services. This is merely one part of the whole experience for individuals with disabilities, who need to have vocational and social services, housing, education, nutrition, communication, and transportation just as much as abled individuals.

Iezzoni refrains from depicting the broad concept of 'disability' as a single, generalizable category. Referencing James Charlton's *Nothing About Us Without Us*, a book detailing the ways in which individuals with disabilities are subjected to oppression, Iezzoni explains the concept of a hierarchy of disabilities. Individuals with certain types of disabilities are much more likely to have support systems in place throughout society to assist them. Currently, one of the most recognized systems for specifying disability is the International Classification of Functioning, Disability and Health (ICF). This model approaches the challenge by providing three fields to evaluate an individual's disability: impairments, activities, and participation. Impairments refer to particular issues with body functions or structure. Activities refer to the actions performed by the individual. Participation refers to the individual's involvement in "life situations". The ICF, which was approved by the World Health Organization (WHO) in 2007, gauges disability based on the impairments and limitations based on these three fields. Of course, the ICF also recognizes that the interactions between disability, individual, and environment and those health outcomes for any given individual are a function of all these fields.

In the second part of the editorial, Iezzoni refers back to the IOM's report on *Crossing the Quality Chasm* and argues that each of the six specific aims presented in the report holds "special resonance" for individuals with disabilities. While all of the aims carry special relevance for

individuals with disabilities, Iezzoni argues that patient-centeredness is potentially the most critical and worthy of the most focus. In previous studies, researchers have found that individuals with disabilities are significantly more likely to be dissatisfied with clinicians' lack of focus on their preferences, needs, and values. (Iezzoni *et al.*) Another especially important one of the IOM's six areas of improvement is equity. Individuals with disabilities are more likely to face disadvantages in their health and well-being than their abled peers. As a result, Iezzoni urges people with disabilities, their families, and communities to take an active role in the reshaping of the American healthcare landscape that the IOM proposed.

#### **2.4 Perrin – How Can Quality Improvement Enhance the Lives of Children with Disabilities?**

In his article, Perrin explores the nuances of services for children with disabilities when compared to services for adults with disabilities. However, much of the discussion regarding disabilities and quality improvement is pertinent to individuals of all ages. For example, Perrin asserts that most QI efforts "use measurement to support actions to drive learning and the redesign of health care systems." (Perrin 168) Referencing several different QI efforts by groups such as The National Initiative for Children's Healthcare Quality, the American Board of Pediatrics, and the National Association of Children's Hospitals and Related Institutions, Perrin further claims that most efforts toward quality improvement simply aim to treat short-term increases in chronic condition symptoms. For example, a child experiencing a sickle cell crisis might only receive treatment for the exacerbated condition and not the underlying cause. This lack of focus on long-

term functioning and ability, Perrin argues, is indicative of a need for widening of the scope in quality improvement efforts.

However, the author states that it is easy to see why this is the case. Perrin observes that creating a platform for quality improvement for children and youth with disabilities is difficult if the only base is savings on medical cost. The particular advantage for addressing this issue in children with disabilities is the possibility of increasing parents' workforce participation and productivity. This concept holds true for adults with disabilities as well. The primary caregiver for an individual with a disability is commonly the individual's family. By addressing an individual's needs at the fundamental level instead of only when the situation requires attention, the individual's family can focus more on personal productivity and participation.

## **2.5 Gunzenhauser et al. – The Quality Improvement Experience in a High-Performing Local Health Department: Los Angeles County**

To observe the effects of QI on a larger scale than a disability service organization, one can look toward the Los Angeles County Department of Public Health. The department identified three distinct areas which are key to approaching QI. They are: professional practice, performance improvement, and public health science.

Professional practice refers to the internal survey of staff which led to eventual changes in the processes and policies in place at the department. Not only did staff recognition events become more common to entice current staff to stay with the department, but the department also implemented an exit survey to help management understand the rate and reasons for losses in the workforce. Other changes which had not yet been implemented at the time of writing include a

reworked training module based on feedback as well as an expansion of the credentials review process.

Performance Improvement is derived from the concept of distinguishing between the "shared" accountability for health outcomes and the "direct" accountability the department holds for services provided. To illustrate, this is the difference when contrasting the several different factors affecting any given individual's health with the responsibilities assumed by the department when the same individual uses the department's services. This differentiation of accountability is important in understanding the framing of not only a difference between the two but also in accepting that certain desirable health outcomes may simply be unattainable without collaboration between all of those accountable.

Public Health Science is intended to "promote the best use of evidence and scientific methods within the Department." (Gunzenhauser *et al.* 48) As a parallel to clinical care, one might compare this to engaging in Continuing Education (CE) courses. Both serve the purpose of helping the professionals to better understand and apply the current knowledge base to their respective fields.

After implementing this framework, the Los Angeles County Department of Public Health noted tangible results. For example, the incidence rate of hepatitis A decreased from 9.4 per 100,000 individuals in 2000-2001 to 0.8 per 100,000 in 2007-2008. One might also notice the length of time between the two measurement periods. One final lesson from this study is that changes may take years to come to fruition.

### **3.0 Case Study**

#### **3.1 Community Living and Support Services (CLASS)**

As referenced earlier, this portion of the essay will shift focus to Community Living and Support Services (CLASS). We look to CLASS not only as a specific example of some struggles plaguing disability services organizations but also as a demonstration of a quality improvement program set in motion with the intention of addressing those struggles.

Originally established in 1951 as United Cerebral Palsy of Pittsburgh, the current CLASS organization separated from the National United Cerebral Palsy Affiliation in 2013. Currently, CLASS is a 501(c)(3) nonprofit organization serving hundreds of physically and/or intellectually disabled individuals through an array of programs at different locations in the Pittsburgh region and across Southwestern Pennsylvania. The organization's mission statement is to "support people with disabilities as they explore options, participate in the community, and strive toward equality" and in general to "[work] toward a community where each belongs."

The organization's actions are guided not only by its mission statement but also by its guiding principles (Appendix A), the embodiment of the institution's values. Often, a individual with a disability will have a lower quality of life than that of a similar individual without a disability. As a result, CLASS strives to support and advocate for the rights of individuals with disabilities to participate fully in the community and contribute in life just as much as their abled peers. CLASS seeks to advocate for and assist in championing equality, development, and growth in the lives of those they serve. Currently, the organization's focus lies in growing its current

services, as well as addition of new services addressing employment and traumatic brain injury. The high-level goal with regard to staffing is to recruit and retain staff.

Clearly, this organization highly values and promotes equity, finding meaning, and fostering growth in the lives of individuals with disabilities. This relates directly to the mission statement, where the organization essays to create a 'Community Where Each Belongs.' Many of these organizational values and goals also echo the goals set forth in the ADA.

Of course, a goal without a plan is just a wish. Aiming for a 'Community Where Each Belongs' holds little value if no plans on the 'How' exist. How does an organization work toward a community where each belongs, regardless of ability? CLASS offers a wide array of programs to reach that end goal. Like the colors on an artist's palette, each program addresses the different needs of the clients but ultimately works toward the organization's greater mission of painting an ideal future for the disabled.

### **3.1.1 Community Partners**

The Community Partners program develops individualized plans for each consumer served, recognizing the diverse needs of people within the same group. The program aims for complete community integration and minimization of the need for formal human services. It achieves this goal by setting specific personalized growth goals and working toward them with the client.

### **3.1.2 Multiple Sclerosis Service Society**

The Multiple Sclerosis Service Society (MSSS) is another program offered by CLASS. It provides in-home exercise, emotional support, equipment, and an assistive living device evaluation program under doctor's orders. The goal of this program is to help not only individuals – but also their families and the community at large – in better understanding Multiple Sclerosis.

### **3.1.3 Attendant Care Services**

CLASS's Attendant Care Services program is licensed by the Pennsylvania Department of Health and monitored by the Department of Human Services, providing personalized in-home non-medical care. This includes but is not limited to assistance with activities like grooming, meal preparation, light housekeeping, and escorting to appointments. The Attendant Care Services program promotes independence while fostering a safe and healthy environment by providing person-centered care in the client's own home. This program has a specific focus on respecting consumer choices and values while still encouraging independence and cultivating a safe and healthy environment.

Furthermore, the Personal Care Attendants who work at CLASS are all screened, insured, background checked, and meet required competencies in the following areas: confidentiality, independent living philosophy, instrumental activities of daily living, observation reports, basic infection control, emergency response, documentation, recognition and addressing of abuse and neglect, and dealing with challenging behaviors.



### **3.1.4 Residential Services**

CLASS also offers a Residential Services program. Established in 2008, this program has differentiated itself from the Attendant Care program by bringing the consumers together in congregate housing arrangements instead of meeting them at home. It serves as an alternative to group homes and long-term care facilities by supporting clients inside leased apartments across Allegheny County.

The goal of this program is to guide the clients toward becoming as self-reliant as possible. The staff who work in this program assist the clients in discovering and participating in the clients' interests and community. As with all the other programs, the Residential Services program is also personalized based on the needs of each client. It promotes self-reliance and focuses on honing the consumers' capacity for independence to the point where many individuals supported through this program have even become homeowners themselves.

### **3.1.5 Centre Services**

Of course, not all of CLASS's programs provide in-home services. The complement to home life is satisfying work and community life. CLASS's Centre Services program addresses the community aspect by offering over 80 courses for participants seeking guidance on how to live a more independent life. The classes are offered on-site at CLASS's own facility and have subjects ranging from self-preservation skills to vocational services like job-seeking skills.

### **3.1.6 Technology for Our Whole Lives (TechOWL)**

Another on-site program CLASS offers is the Technology for Our Whole Lives program, also known as TechOWL. TechOWL is part of Pennsylvania's Initiative on Assistive Technology. It aims to provide easy access to and increase awareness of assistive technology like computer keyboards with braille lettering or alarm clocks that vibrate and flash bright lights instead of making noise. These types of technological accommodations allow individuals with disabilities to have more control over their own lives and contribute more to their communities. The TechOWL program at CLASS focuses on providing training and technical support for users of assistive technologies and their caretakers.

### **3.1.7 PA Link**

In addition to service provision, CLASS also acts as a representative for PA Link. The intention of PA Link is to connect individuals and families in need to information or resource networks across the Southwestern Pennsylvania area.

Unfortunately, the COVID-19 pandemic has affected virtually every individual and organization worldwide. Across the country, businesses and organizations face a severe labor shortage. The US Department of Labor released statistics on the rate of participation. (Ezrati) Approximately 15 years ago, 67% of the civilian population was working or seeking work. In 2016, this number fell below 63%. After a slight increase in the years following, the participation rate dropped again to less than 62% in 2020. In a population with over 330 million individuals, even a seemingly slight percentage increase spells the loss of millions of workers. As any economist could explain: a decrease in the supply of a good or service will shift the equilibrium

for that particular market, almost invariably leading to an increase in demand. As the demand increases, so do prices. The 'price' increase in the labor market leads to pay increases.

CLASS has also been affected. In the past two and a half years since the beginning of the COVID-19 pandemic in the United States, CLASS has struggled to fully staff some of its programs for the reasons mentioned previously. The challenge lies therein: CLASS cannot provide the quality or quantity of care that the community relies on without the necessary workforce. As a response, CLASS has put numerous quality improvement initiatives into motion with the purpose of remedying this issue. This particular project focused on addressing the turnover rates within the Residential and Attendant Care Service programs, gathering additional data from the Centre Services and Community Partners programs.

### **3.2 Study Design**

The Staff Survey was developed as one component of CLASS's ongoing quality improvement efforts. The goal of this specific effort was two-fold. First, the survey would help CLASS management understand the overall satisfaction of staff members, which is more important than ever due to an increased turnover rate in the past two years. Second, it would help gather feedback directly from the staff working in various organizational programs and determine the major areas for improvement to improve staff satisfaction.

### **3.2.1 Initial Version**

The survey focused on several areas including job satisfaction, room for improvement, and space for direct feedback. The first version of this survey (Appendix B) consisted of the following questions:

- 1) Name some things you like about your job. What part of service provision do you feel you do well? What processes seem to be working well?
- 2) Name some things you would change about your job. What additional supports would you like to provide your residents if given the tools to do so? What processes do not seem to be working well?
- 3) What type of support would you like to see from CLASS management that you currently are not receiving?
- 4) Please leave any other comments that will improve your working experience at CLASS below.

### **3.2.2 Final Version**

After several iterations, development, and editing, the final version of the survey (Appendix C) became more detailed, with two distinct sections. Many of the original version's topics of focus are still present in the final version. The first section consists of five Likert scale questions. These questions are listed below, along with the justification for each question:

On a scale from 1-5 (1 being the least and 5 being the most):

- 1) I feel that I receive the support I need from my supervisor.

- Since supervisors are the most direct connection between management and the staff, ensuring a good relationship between supervisors and staff members is crucial in increasing employee engagement and overall job satisfaction.
- 2) I am able to make suggestions for improvement.
- An employee's perception of her/his voice in the organization can increase commitment to the policies and procedures in place at work.
- 3) The policies and procedures at CLASS are the right way to support our consumers.
- This question asks the staff member about their perceived effectiveness of the business practices and service processes. As staff members are the ones engaging in direct service provision, they have the most upfront experience with the current practices. Because of this, they should be able to spot inefficiencies or areas for improvement more quickly.
- 4) I get enough training to do my job well.
- Training is an essential first step in orienting staff on the job and plays a key role in the job experience of longtime employees. The type, delivery method, frequency, and intensity of training all factor into a staff member's satisfaction with the process as a whole.
- 5) Overall, I am satisfied with my job.
- This question was chosen to provide a global metric of an employee's attitude about her/his job

The second section consists of five short-answer questions created with the intention of allowing the respondents to express their feedback more freely. This part of the survey was formatted in such a manner that it provides more room for the participant to write a short paragraph

in response to each question. The short-answer questions are outlined below, again with a brief description of the reasoning behind the question:

6) What is the best part about your job?

- For this question, the placement is just as important as the question itself. The intention of this prompt was to set a positive mood before delving deeper into areas of improvement.

7) How can your supervisor or management support you better?

- This question gives staff the opportunity to provide targeted feedback on what to improve. As mentioned earlier, staff-supervisor relations are important for the staff's job satisfaction and organizational function as a whole. For that reason, this question was chosen to make staff feel heard and supported by both supervisors and upper administrative management.

8) What policies and/or procedures could be updated or added to improve the quality of services for the consumers we serve?

- This question directly correlates to question three from the Likert scale questions. It gives staff the opportunity to share their opinions on not only what processes to improve but also how to improve them.

9) What trainings do you need to do your job better? How can the training process be improved? What changes would you make to the onboarding process?

- Since CLASS has faced an ongoing staffing crisis, it is critical to address the new employee experience by gathering feedback about training and onboarding. Making sure that new hires are welcomed into the organization and not overwhelmed or underwhelmed is important.

10) Describe what you need to make your job more satisfying.

- Job satisfaction is a key driver of employee retention. In order to avoid costs and inefficiencies associated with replacing staff, ensuring current employees' satisfaction is key. (Frederiksen 132) Understanding the needs and wants of the staff would be very beneficial in developing a plan to address the issues plaguing the organization.

After sending out paper copies of the survey to the staff of selected programs through mail and waiting for a week, responses began to trickle in. Over the course of the next six weeks, periodic check-ins were conducted with staff who had not yet submitted a response. Upon receipt of a completed survey, the data was entered into a spreadsheet listing all of the information from the response. Additionally, the short-answer question responses were gathered and coded into distinct groups based on their contents. For example, a response that said "the staff and clients" are the best part of the job would get coded into the group for 'coworkers' and the group for 'consumers.' Each response for a question was given at least one code, even if the question was left blank or given a non-response like "n/a." Although best practices dictate that two or more coders comb through the data, only one individual – and therefore one coder – worked on this process. Upon completion of coding, the number of codes for each question among each program's staff was counted. These numbers will assist in informing both the Analysis and Recommendations sections.

### **3.3 Expected Outcomes**

To ensure the validity of an information-gathering endeavor, it is advantageous to first clarify one's expectations for process findings. The specific expectations for this survey's responses are listed below. Overall, however, it is important to bear in mind the population surveyed. In total, surveys were sent to staff in the Centre Services, Community Partners, Attendant Care Services, and Residential Services programs. Since the survey was sent out to current employees, it serves as a representative profile of the attitudes of the current staff cohort. Overall, the primary assumptions going into the surveying process were as follows:

- A majority of staff enjoys the work and generally has high satisfaction
- A large majority of responses indicate that a pay increase would increase job satisfaction, specifically referencing the COVID-19 pandemic in their reasoning.
- Likert scale responses were overall expected to be high, at least 3 on average.

### **3.4 Results and Analysis**

Out of the 209 total staff between all four programs surveyed, 81 responses were collected and analyzed, leading to a total response rate of 38.8%. The detailed breakdown of the response rates broken down by program can be found in Appendix D but most importantly, there were 38 responses out of 106 staff surveyed from the Residential Services program and 30 responses out of 81 staff surveyed in the Attendant Care program. While a higher response rate may have been desirable and even achievable through means such as additional follow-up, the observed response rate was sufficient. Among those who were surveyed, however, there still may have been some



bias present. Specifically since this survey was not mandatory for staff, volunteer bias may have impacted the results.

The Likert scale responses were positive overall. Mean values of 4.53, 4.28, 4.26, 4.50, and 4.50 for questions 1-5, respectively, indicate a generally high level of satisfaction among the responses. Since this quality improvement effort focused on the Residential Services and the Attendant Care Services programs, the analysis will focus on the feedback from staff members in those programs.

Among all of the program staff surveyed, the Residential Services staff had the lowest overall satisfaction, indicated by a 4.19 average out of 5 for the Likert scale questions. Specifically, the group rating for question 3 – regarding policy – was by far the lowest for this group compared with others. When asked if they felt the policies and procedures at CLASS were the right way to support the consumers served, the Residential Services staff responded with a 3.84 out of 5. This was the single lowest rating for any question from any program group by far. In fact, the next lowest score across the board was 4.05, which was also from the Residential Services staff in response to the question about feeling like one is able to make suggestions for improvement.

For the short-answer responses, there were a number of common themes in the responses from the Residential Services staff. The detailed distribution of responses are in Appendix E. When asked about the best part of the job, the majority of responses mentioned the individuals served as the primary highlight. When asked how supervisors or management could better support them, the staff responded that they would appreciate clearer expectations, supervisor involvement in the work, and punctual communication. Many responses had no answer to the question regarding potential policy improvements. Of the ones who responded to this question, many wanted more opportunities for the consumers to get out and involved in the community instead of staying at

home all the time. Many responses indicated dissatisfaction with the online training system the CLASS uses for the question regarding training and onboarding. Some said it was difficult to use, others claimed they didn't feel the need for additional training, and some even went so far as to say that requiring this training was insulting to one's intelligence. For the final question, many of the responses indicated that an increase in salary would help increase job satisfaction, as expected. Furthermore, a small number of the responses also mentioned a desire for better health insurance and 401k matching on top of a pay increase.

In contrast with the Residential Services staff, the Attendant Care staff were found to have the highest overall satisfaction in the Likert scale questions, at 4.75. This program had the highest ratings for each of the five questions individually as well. When faced with the short-answer questions, the Attendant Care staff also had common themes and patterns in their answers. Many of them said that the best part about their job was the opportunity to have a positive impact on others and the community. A smaller proportion of the respondents from this group said that the consumers were the highlight of the job. For question 7 regarding supervisor and management support, just under half of the respondents indicated that they were satisfied with the support they received. Those that were less satisfied in this regard indicated a desire for more communication from supervisors and upper management. When surveyed about potential policy improvements, the majority of respondents either left no response or stated that they were satisfied with how things work currently. For question 9 regarding training and onboarding, the most common response mentioned that some of the required training for their position was not very pertinent to their work. This is likely due to the fact that a number of the staff in the Attendant Care program are actually family members of the consumer and are acting as caregivers through this program for funding purposes. However, a small minority of individuals in this group even requested more training in

specific areas such as paperwork or medication. Finally, when asked about changes that would make their job more enjoyable, two-thirds of respondents either said they were satisfied or gave no answer. As expected, the next most common theme among the results for this question was pay.

Overall, these outcomes follow expectations. The Residential Services responses showed lower satisfaction, which might lead to higher turnover. Before moving on to the recommendations section, it would be beneficial to make a note of some additional common responses from across the response pool. One of the most common general themes found throughout the responses was: teamwork. On numerous occasions, staff mentioned a desire for more clarity in directions and faster response times when management answers questions. Additionally, many responses had comments about the training system. CLASS uses an online training system called Relias, and the overwhelming majority of respondents who mentioned the system and training process overall were negative. Some felt that the pace of training was not flexible enough, and others thought that the training was either not applicable or too simple and repetitive to the point of being insulting. Additionally, a small but notable portion of respondents indicated a desire for easier access to the organizational policies. As expected, a pay increase was the most requested change across all respondents. With this analysis concluded, the feedback from the staff will allow for targeted recommendations in areas of improvement.

### **3.5 Recommendations**

After analysis of the survey results, it is clear that there are a number of areas for improvement. The recommendations will be provided in groups based on their timing, with one group of short-term recommendations and one group of long-term recommendations. The short-

term recommendations are steps that could be taken within three months, and the long-term recommendations are changes that would take longer, potentially taking place over the course of a year or two.

Discussion of recommendations will begin with the short-term. As discussed earlier, the most common request for change across all groups surveyed was an increase in pay or benefits, whether an increase in the hourly rate or in the form of healthcare and retirement benefits. The specific details of funding sources and budgetary constraints are no doubt complex. Still, even an increase in hourly rate from \$15.00 per hour to \$16.00 per hour would be very likely to make the positions more competitive with other possible jobs at other organizations in addition to increasing satisfaction for current staff members.

Continuing with short-term recommendations, one of the most common requests – especially from the Residential Services staff – indicated communication as an area of improvement. Under this umbrella, some respondents stated that they request a response and only receive an answer much later. Others simply stated that they wanted their supervisors to communicate more clearly and coherently. For those supervisors and managers who tend to respond slowly, there could be an organizational policy implemented in which one must respond to a message that requires a response within three business days if only to acknowledge receipt of said message. The organization could implement periodic workshops or training for supervisors and staff to foster healthy and efficient communication methods while on the job.

The final short-term recommendation is a simple one. A small yet notable number of staff voiced concerns regarding their ease of access to written copies of organizational policies and procedures. This could be fixed by adding a "Policies and Procedures" tab to an employee portal and uploading relevant documents. Additionally, the upper management should have a master file

of all the relevant policies and procedures available at the headquarters. However, many staff in the Residential Services program and the Attendant Care program work on-site and do not travel to the headquarters often. For this reason, the focus should lie on making policies and procedures accessible remotely rather than in the main CLASS facility.

The first long-term recommendation concerns a general theme that manifested throughout the responses. While the majority of respondents indicated that they were satisfied, some of the staff revealed that they felt underappreciated in their positions. The solution to this issue would be to foster a more robust culture of appreciation within the organization. Based on discussion with staff members and management at the organization, CLASS does appear to have an appreciation for the many staff who make the whole operation work, but creating a focused effort toward showing management's appreciation of and respect for its staff should benefit the staff's overall satisfaction. This could be achieved through, for example, recognizing staff who are genuinely putting in work and doing their best to make CLASS a better place. Additionally, pay bonuses would act as a more tangible way to make staff feel more appreciated. However, one hesitates to champion this recommendation too much without a deeper understanding of the organization's financial situation.

The second long-term recommendation is to further integrate the programs into the surrounding communities. This is especially the case for the Residential Services program, where there were multiple complaints that the consumers were simply not getting out enough and accessing community resources and opportunities. For example, one staff member suggested bringing the consumers on shopping trips for a change of pace from sitting at home all day. Responding to current connections in the surrounding area will lead to more participation and more

connections in the future. After establishing more and deeper roots within the community, consumers will have more access to a greater variety of opportunities to get out and get involved.

These recommendations should be viewed in the context of addressing employee retention and decreasing turnover. All of the recommendations mentioned above are, in one way or another, geared toward increasing employee satisfaction and therefore raising retention. As of April 2022, the Residential Services program was only running at 80% capacity. This is due to the structure of the program, which requires that CLASS invest in the housing facilities before accepting more consumers. This is in contrast with the Attendant Care program, which has no such requirement and is more flexible since the capacity is based on staff. Without the necessary workforce to fully staff a point of service provision, CLASS's ability to provide its valuable public health service to the surrounding community is impeded. Maintenance of all sites will become impossible if more staff leave the organization. That is why this quality improvement project is significant.

## **4.0 Conclusion**

Overall, it is clear that there is extant literature on quality improvement in the context of disability. From the Institute of Medicine's six points of improvement on *Crossing the Quality Chasm* to Iezzoni's research on closing health disparity gaps for disabled people, the relevant literature provides a framework for enhancing the quality of life and overall health and wellbeing of people with disabilities. One important component of those efforts for disability services programs in particular is creating a culture that demonstrates a commitment to appreciation of and respect for its direct care staff.

For CLASS, QI projects are sure to continue. The staff survey was merely one part of a much greater whole of continuous improvement endeavors. The focus on the healthcare providers themselves was an effort to make targeted improvements in the efficiency of the service provision. The results of the case study were presented to the Internal Operations Board at CLASS and were also shared with upper management. By maintaining higher staff satisfaction and therefore higher staff retention, CLASS will be able to continue providing high-quality care to a more significant number of individuals with disabilities for years to come.

### **4.1 Areas of Future Research**

There is still much to study with respect to QI projects within disability service organizations. To begin, it would be very useful to see reports on the changes made in the healthcare sphere in the two decades since the release of *Crossing the Quality Chasm*. Within

disability service organizations, care must be taken to ensure that disabled people are not left behind when changes to the healthcare and non-medical care models continue to shift and develop. Many areas with potential for further research lie within this field, awaiting exploration. Concerning the case study with CLASS, it would be illuminating if one were to collect more demographic data from the population surveyed. Finding differences in responses between the older and younger, newer and veteran, and higher and lower socioeconomic status staff might reveal key points to pursue in future QI efforts at the organization. Another weakness of the study in this essay was that the survey did not reach individuals who stopped working at CLASS. This could be remedied by administering an exit survey to any staff member choosing to leave their position.



## Appendix A Community Living and Support Services Documents

### Guiding Principles

We support the uniqueness, wholeness, and dignity of each person. We shall strive to respond to the individual needs and preferences of each person we support and serve.

1. We enthusiastically advocate for the rights of people with disabilities so they may fully participate in and contribute to community life. This includes enjoying a secure home, family, friends, education, services, and work they find meaningful.
2. We view all human life as having equal and unconditional value. Each life should be nurtured, respected, celebrated, and fulfilled.
3. We support the life-long process of personal growth and development of all people.
4. We will take every opportunity to educate others and to advocate for the basic civil rights of people with disabilities:
  - a. "The Right to prevention, early diagnosis and proper care.
  - b. The right to a barrier-free environment and accessible transportation.
  - c. The right to necessary assistance given in a way that promotes independence.
  - d. The right to a choice of lifestyle and residential alternatives.
  - e. The right to an income for a lifestyle comparable to the able-bodied.
  - f. The right to training and employment as qualified.
  - g. The right to petition social institutions for just and humane treatment.
  - h. The right to self-esteem."

*~ Bill of Rights for the Disabled*

5. We emphasize cooperation in getting things done through and with the people we serve.
6. We vigilantly adhere to these values.

## **Appendix B Initial CLASS Staff Survey**

I. Name some things you like about your job. What part of service provision do you feel you do well? What processes seem to be working well?

II. Name some things you would change about your job. What additional supports would you like to provide your residents if given the tools to do so? What processes do not seem to be working well?

III. What type of support would you like to see from CLASS management that you currently are not receiving?

IV. Please leave any other comments that will improve your working experience at CLASS below.

## Appendix C Final CLASS Staff Survey



At CLASS, we strive to provide the highest quality services. In order to reach this goal, we would like to know your thoughts about what we do right and what we could improve. Please complete the following anonymous survey and seal it in the supplied envelope. If your envelope has a return address and stamp, please mail it. Otherwise, place it in the larger envelope located in the facility or the home where you work. Thank you in advance for helping obtain valuable information about the services we provide.

This is an anonymous survey, but you are welcome to leave your name if you would like the quality control department to discuss your responses in greater detail.

Name (optional): \_\_\_\_\_

Circle your department:      In-Home      Residential      Centre      Community Partners

On a scale from 1-5 (1 being the least and 5 being the most):

I feel that I receive the support I need from my supervisor.	1	2	3	4	5
I am able to make suggestions for improvement.	1	2	3	4	5
The policies and procedures at CLASS are the right way to support our consumers.	1	2	3	4	5
I get enough training to do my job well.	1	2	3	4	5
Overall, I am satisfied with my job.	1	2	3	4	5

**Please answer the following questions in the space provided. You can use the back of the page if needed.**

What is the best part about your job?

How can your supervisor or management support you better?

What policies and/or procedures could be updated or added to improve the quality of services for the consumers we serve?

What trainings do you need to do your job better? How can the training process be improved?  
What changes would you make to the onboarding process?

Describe what you need to make your job more satisfying.

## Appendix D Survey Response Analysis

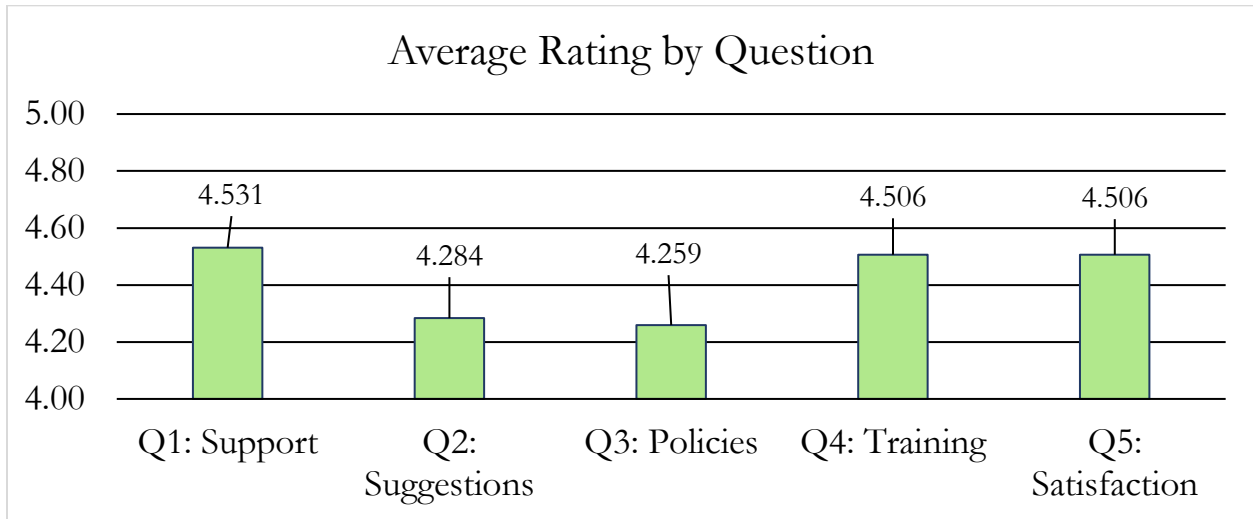
**Table 1. Response Count Distribution by Program**

<b>Program</b>	<b># of Responses</b>	<b>Total Staff</b>	<b>Response Rate (%)</b>
Residential	38	106	35.8%
Centre Services	12	13	92.3%
Community Partners	1	9	11%
In-Home	30	81	37%
<b>TOTAL</b>	<b>81</b>	<b>209</b>	<b>38.8%</b>

**Table 2. Response Value Distribution by Question**

<b>Program</b>	<b>Q1 (Support)</b>	<b>Q2 (Input)</b>	<b>Q3 (Policies)</b>	<b>Q4 (Training)</b>	<b>Q5 (Satisfied)</b>	<b>5-question Average</b>
Centre	4.42	4.25	4.17	4.17	4.50	4.30
Residential	4.42	4.05	3.84	4.42	4.24	4.19
Community Partners	5	5	4	4	4	4.4
In-Home	4.70	4.57	4.83	4.77	4.87	4.75
Aggregated	4.53	4.28	4.26	4.51	4.51	4.42

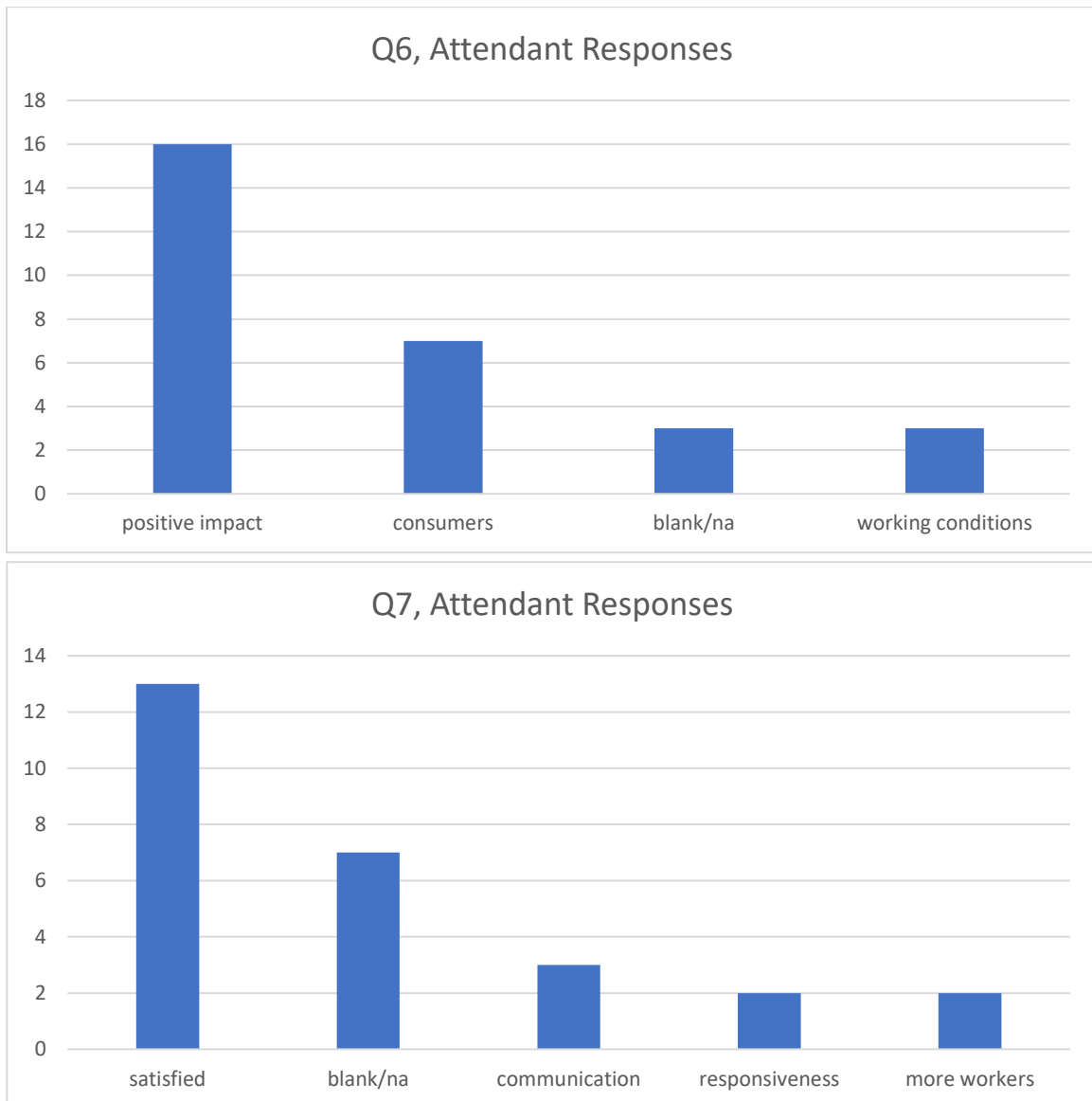
**Figure 1. Overall Response Value Chart**

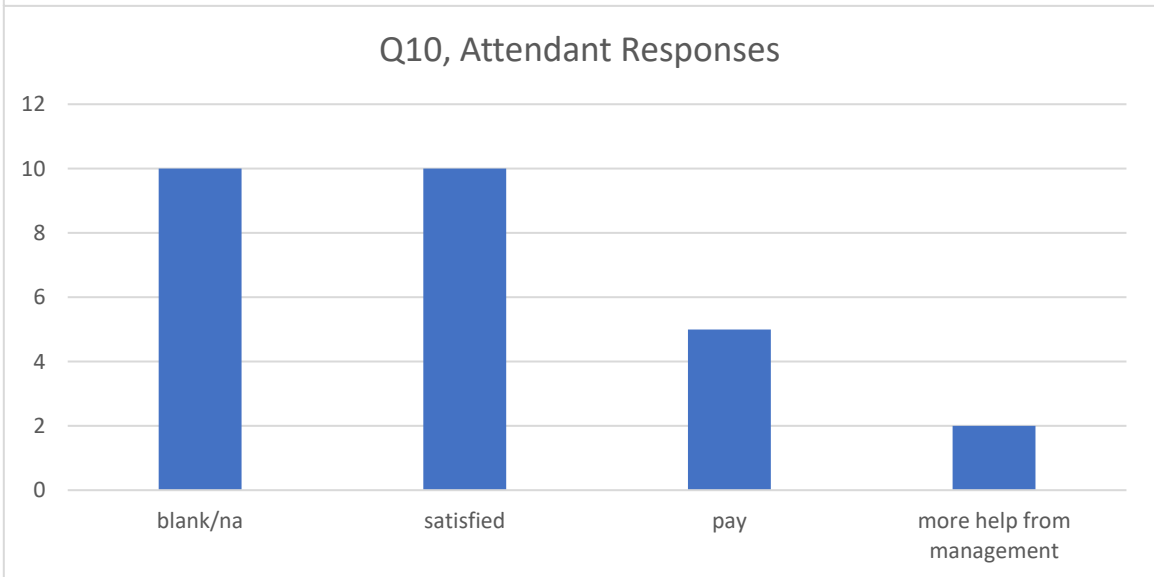
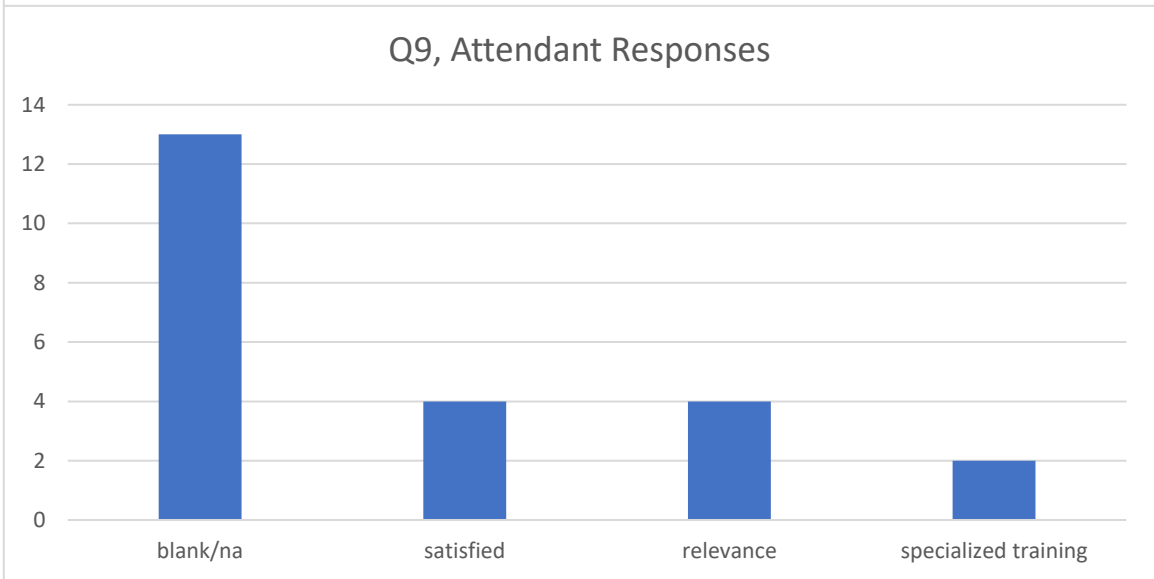
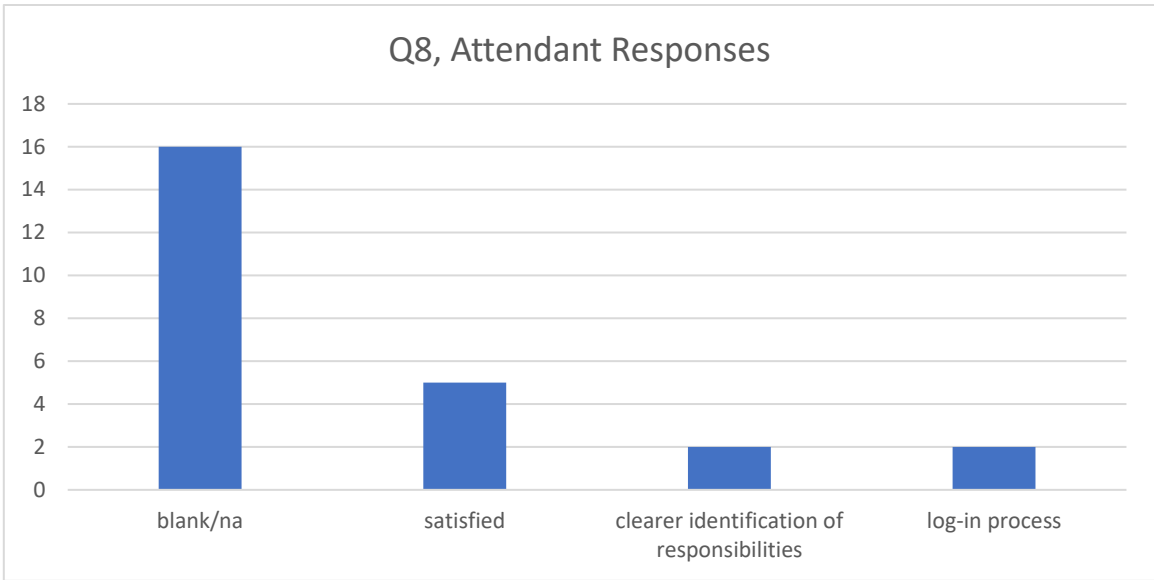


## Appendix E Response Code Distributions

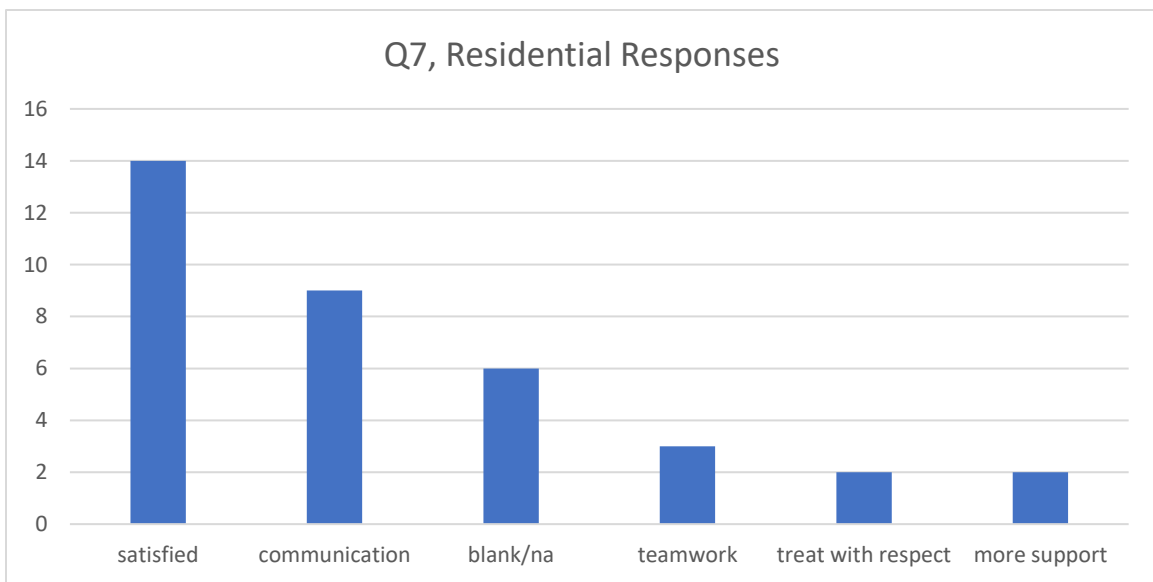
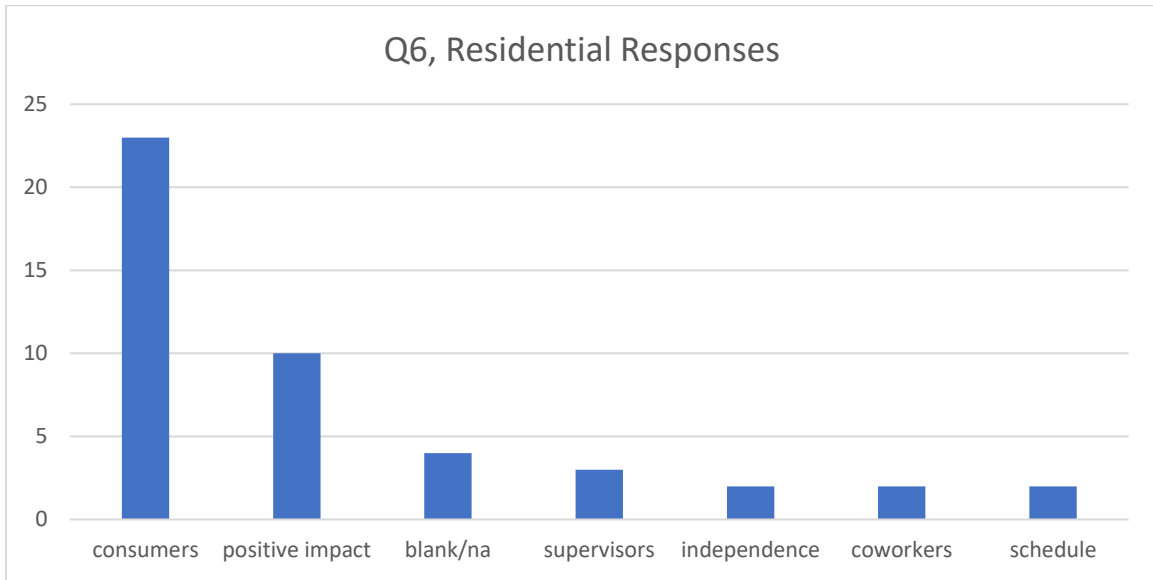
These charts show the distribution of all codes that had at least one response associated with them.

**Figure 2. Attendant Care Staff Responses**

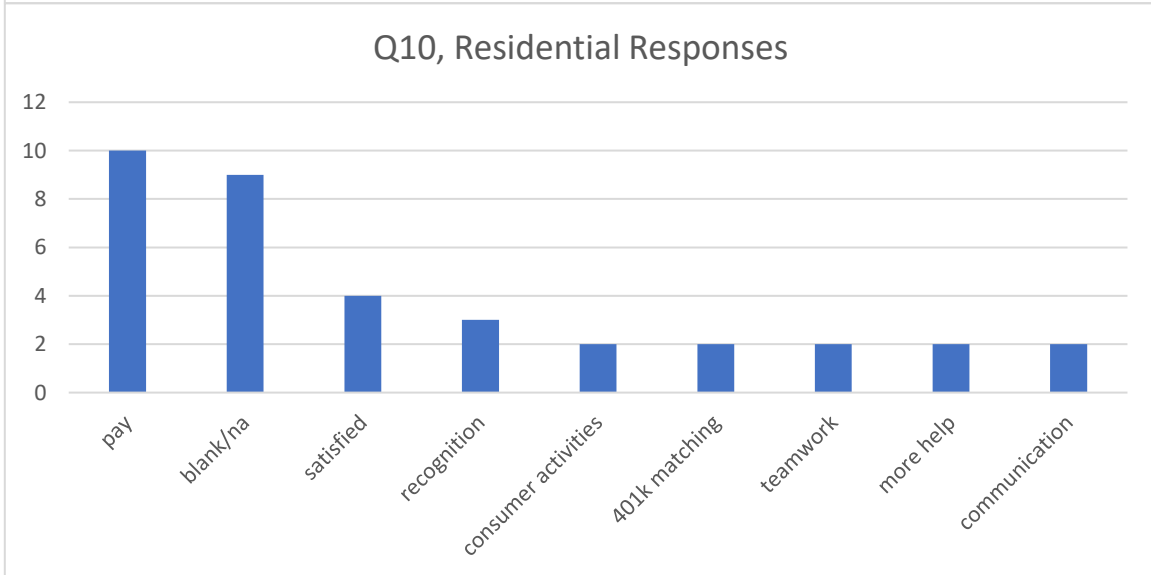
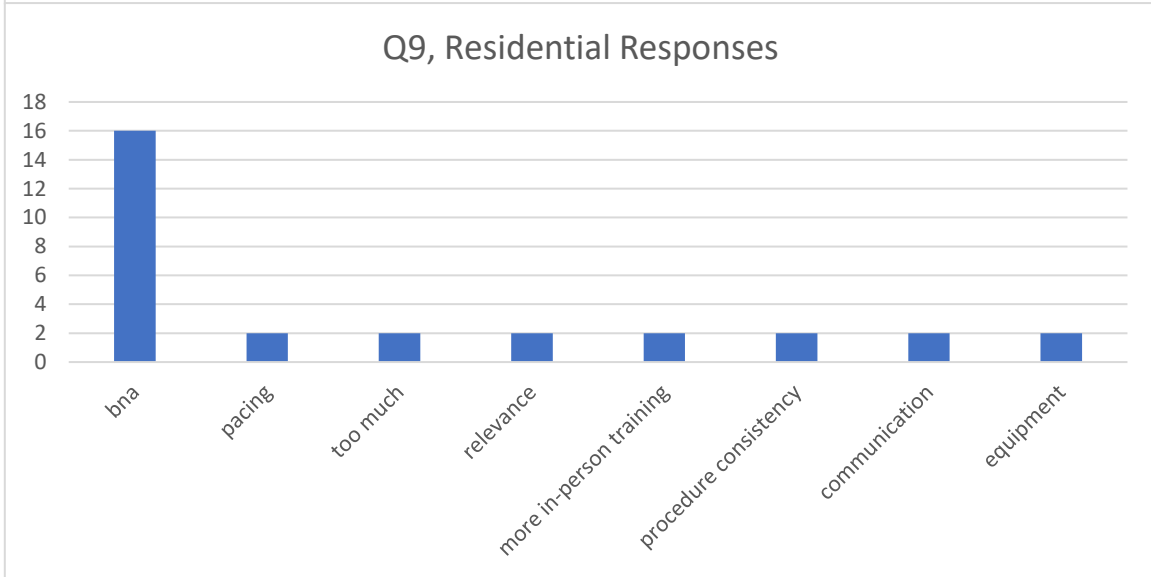
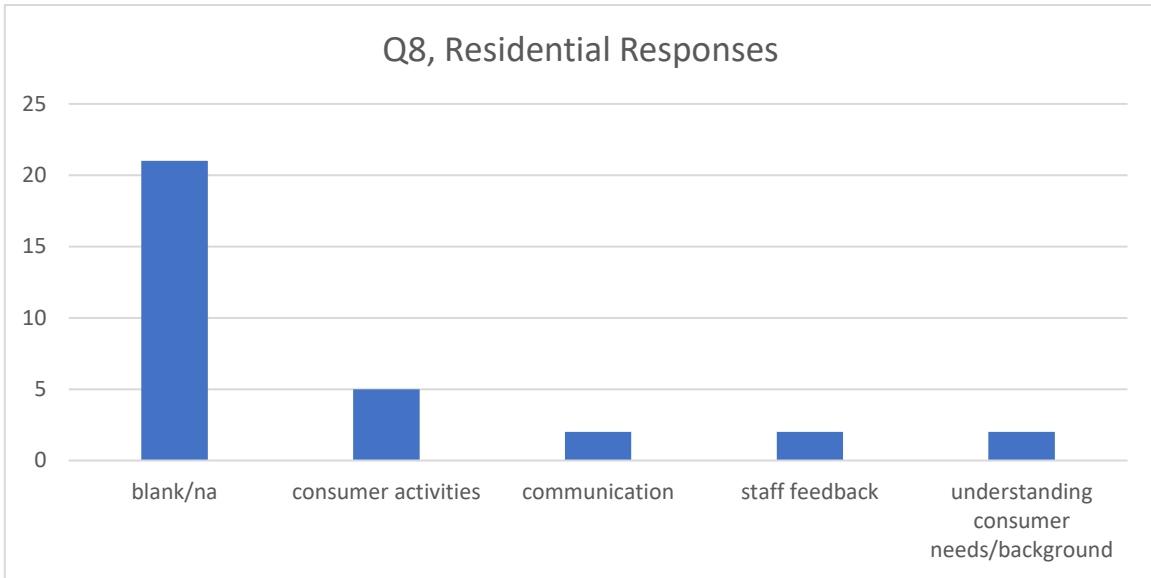




**Figure 3. Residential Staff Responses**







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