

uSPEQ™ raises a powerful voice for consumers and providers

THIS ISSUE

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by Deborah L. Wilkerson

“Where can I get information to compare my organization to others?”

“Can you just recommend a product?”

“Why doesn’t CARF develop something for the field?”

These questions often arise, especially as a provider prepares for an accreditation survey. Perhaps a quality manager is concerned about her organization’s conformance to CARF’s information and performance improvement standards or a program director wonders how his organization compares to national norms.

“What happens here for people like me?”

This key question is posed by people looking for or evaluating their choices for services. Although choice is important to consumers, options may not always be available to them. Nevertheless, people want to know if the services they receive are safe and appropriate and will improve their lives.

CONSUMER CHOICE AND PARTICIPATION ARE KEY INGREDIENTS IN TODAY’S HUMAN SERVICE ENVIRONMENT

CARF believes an underlying current in the human service field is changing the way quality is defined. The balance is shifting in favor of consumer choice and participation and away from the narrow, prescriptive, structural processes of the past. This shift requires providers to respond to consumers. The shift holds providers accountable to indicators for consumer outcomes and satisfaction. It compels providers to compete on value (outcome for relative cost) and not on cost alone.

You speak. People listen and act on your words. Everyone gains when a provider hears the voices of the persons it serves. That is why CARF developed the uSPEQ™ (pronounced *You Speak*) questionnaire and data services.

CARF believes so strongly in consumer choice and participation that its board of directors has identified CARF’s “moral owners” as persons served by CARF-accredited programs and services.

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In today's world, providers must take the point of view of moral owners into account. Performance indicators, measurement, outcomes, and performance improvement requirements should ensure the maximum benefit to the persons served by the organization. Consumers should have meaningful and adequate information available to them on which they can base their choice or evaluation of a program's appropriateness.

CARF'S WORK ON PERFORMANCE INDICATORS LAID THE FOUNDATION FOR uSPEQ™

CARF's work on performance indicators began by seeking answers to two key questions:

- What does a stakeholder want to know about a program's performance to assess its quality and choose among programs?
- How should performance indicators be quantified? How should they be specified so stakeholders know when they are looking at comparable information from different programs?

Relevant, key, uniform information elements available from all providers would be useful to consumers and other stakeholders. For information to be of greatest value to consumers, it must be available, understandable, meaningful, and uniform.

CARF set out to identify a limited set of key indicators that would be:

- reflective of the common concerns across interest groups and settings identified in CARF's performance indicator forums,
- consistent with major conceptual frameworks in disability policy and performance measurement, and
- psychometrically sound, consistent with widely acknowledged principles for performance indicators.

Moreover, CARF believed the key indicators must be crosscutting, widely applicable, and feasible to collect.

CARF began its work on performance indicators in 1997 and published its first monograph on the subject the following year. A series of leadership panels, a national invitational conference, consumer forums, advisory committees, and a work group helped CARF refine its direction in a heavily populated field of players already engaged in developing indicators and measures for performance improvement.

uSPEQ is an opportunity for consumers to voice their experiences by responding to an anonymous and confidential questionnaire. The respondent data reports are meaningful methods for a provider to hear what is important to the persons it serves.

Three recurring themes caught the attention of members of CARF's performance indicators project as they reviewed the literature and gathered input from CARF's own stakeholders.

- Consumers share many common concerns about services they receive and outcomes they attain—access to services, respect and involvement, information, safety, services directed to their needs, and meaningful participation in their lives.



- Providers want a tool that crosses multiple populations and settings so they can efficiently and cost effectively use their data system dollars.
- Consumers and providers alike want to be able to compare themselves to the norm. Consumers ask, “*What happens here for people like me?*” Providers ask, “*How do we compare with other organizations?*” and, “*Are we improving?*”

Using the advice of its input groups and advisory councils, CARF developed an instrument and information system to address these needs. uSPEQ (pronounced *You Speak*) features an anonymous questionnaire to be completed by consumers and returned to CARE. The questionnaire and data set include items that capture characteristics of the respondents and information about their program participation and how they completed the questionnaire. The uSPEQ questionnaire also asks respondents to rate their experiences related to access to services, the service process, the way the program meets their needs, and their perception of the outcomes they attained.

The expertise of David Brown and Di Shen, Ph.D., senior research associates in CARF’s Research and Education unit, was integral to uSPEQ’s development.

Domains covered by the uSPEQ questionnaire and data set include the person’s experience with:

- **Access to services**
- **The service process**
- **How the program meets his or her needs**
- **His or her outcomes or results**

A PILOT STUDY TESTED THE VALIDITY OF uSPEQ

Through a series of multi-stakeholder input forums and a consensus-oriented review loop, a pool of more than 80 items was generated for a pilot study of the uSPEQ questionnaire. A group of fourteen diverse CARF-accredited organizations volunteered to test the questionnaire, along with feasible methods to distribute and return it.

Pilot survey data from diverse provider programs were analyzed to assess the psychometric properties of this consumer survey instrument. Correlational analysis, factor analysis, Rasch modeling, and reliability analysis (Cronbach’s alpha), among other statistical procedures, were used to examine uSPEQ’s validity and reliability, refine and reduce the instrument item set, and ensure representation of the important constructs uSPEQ measures. Feedback from pilot sites’ staff members and respondent focus groups also helped refine the instrument and data collection methodologies.

uSPEQ CROSSWALKS WITH KEY CONCEPTUAL FRAMEWORKS

It was critical to the uSPEQ development team that the resulting data from uSPEQ answer key questions, not only for providers in their quality improvement programs or conformance to accreditation standards, but also for the human service field and CARF itself. A guiding principle was that uSPEQ should reflect the domains of concern consistent with key conceptual frameworks related to assessing and improving the lives of people and to leveling the playing field for persons with disabilities. The domains, data elements, and questions for respondents are consistent with the following frameworks:

CARF ends policies. *Ends* are the policies and goals the CARF Board has established as the impact CARF should exercise in the world. CARF’s performance indicators work is important to the ends related to persons

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served, CARF's moral owners. Ends emphasize that persons served should benefit in thirteen areas from services provided by accredited providers.

The World Health Organization's *International Classification of Functioning, Disability and Health* (ICF, WHO, 2001). The measures of function, disability, and health, including quality of life, have become important adjuncts to the preservation of life. The ICF framework, designed to classify these domains, applies to all people and thus should be applicable regardless of the reason for receiving services, nature of disability, or setting.

The U.S. Institute of Medicine's *Crossing the Quality Chasm* (IOM, 2001). This work of the institute's Committee on Quality of Health Care in America outlines goals for assessing and ensuring quality healthcare in the United States, supports transparency and availability of information about service quality, and states that quality services should be characterized by "safety, effectiveness, patient-[person]-centeredness, timeliness, efficiency, and equity" (IOM, 2001:11).

The U.S. Centers for Disease Control and Prevention's (CDC) *Healthy People 2010, Chapter 6, Disability* (CDC, 2001). This important work spearheaded by the CDC outlines major goals for the United States for addressing problems of persons with disabilities and functional impairments and specifies actions needed to eliminate disparities in health opportunities for persons with disabilities.

uSPEQ CUSTOMIZATION GIVES VERSATILITY AND RECOGNIZES THE UNIQUENESS OF EACH PROVIDER

Every provider is unique in many ways. Recognizing this, uSPEQ questionnaires can be customized to reflect the organizational and program names relevant to each provider's data collection preferences. Also, verb forms can be appropriately adjusted (e.g., present tense for during-service questionnaires and past tense for post-service questionnaires).

The questionnaire is designed so people with various skills and abilities can respond. If needed, an individual may have assistance completing the questionnaire.

Providers can also choose to add "tier 2" questionnaire items that have not been identified as crosscutting but have been identified as important to specific program areas. An example of this might be a section on employment experiences and outcomes. In addition, providers can choose to add a limited number of questions of their own in a special section of the questionnaire. These items are summarized in standard reports and are available for special reports as well.

uSPEQ'S FUTURE WILL BRING AN OPPORTUNITY FOR BENCHMARKING

When the uSPEQ system has gathered sufficient data, there will be an opportunity to develop benchmarks, one of the key features for which providers have asked for help. Benchmarks can be used to compare the experiences of many people in many programs with the experiences of persons served by a specific program or in a particular community having specifically identified characteristics or across a broader field. The ability to understand how one group's experiences compare with those of others can help in understanding the needs, expectations, and challenges of people participating or residing in different settings.



Providers want benchmarking to be in areas relevant to the persons they serve, their payers, and other stakeholders. They want to know about the average for all other providers or the range of acceptable values.

Analyzing differences between groups or over time requires a thorough understanding of the data plus sufficient data to ensure meaningful sample sizes in various segments of the population. For meaningful comparisons of benchmarks and trending for quality improvement, there must first be standardization in data items, scales, and data collection methods. Developing industry averages to establish external comparison data for benchmarking requires uniform measures, widespread use, and a system to gather, compile, and report data.

Research in these important areas will continue using uSPEQ data as its use grows. ■■

*For more information about uSPEQ, please contact:
Toll free 888.877.3788 voice/TTY, info@uspeq.org
or visit the uSPEQ web site: www.uspeq.org*

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Giving quality a voice.TM



IN MEMORIAM

Deborah L. Wilkerson, M.A., FACRM

As this issue of the CARF Connection was going to press, we were saddened to learn of the sudden death of Deborah L. Wilkerson, the author of the “uSPEQTM raises a powerful voice for consumers and providers” article in this issue. Deborah herself was a powerful, positive and engaging voice at CARF and in the rehabilitation field.

Deborah L. Wilkerson was a dedicated CARF surveyor before she joined the accrediting body in 1996. She served in several positions, most recently as the accrediting body’s chief research and education officer. In that capacity, she oversaw CARF’s accreditation research, education and training programs, internal performance improvement systems, and performance indicators projects.

Deborah headed many projects to support CARF’s strategic outcomes initiative, a long-range plan to enhance the value of accreditation by focusing on outcomes research and continuous quality improvement goals.

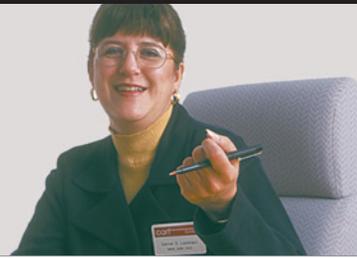
Throughout her career, Deborah authored numerous book chapters and journal articles and taught extensively on rehabilitation outcomes and outcomes management information systems.

In 2002-2003, Deborah served as president of the American Congress of Rehabilitative Medicine (ACRM). In 2005, she was awarded the distinction of Fellow of ACRM.

Having earned a master’s degree in anthropology from Wake Forest University, Deborah was pursuing her doctorate in medical anthropology and public administration at the University of Arizona.



NEWS FROM CARF



ANDREA GARCIA-BALLARD NAMED CARF'S NEW CFO

Andrea M. Garcia-Ballard has accepted a position with CARF as the organization's chief financial officer. In this senior leadership position, Garcia-Ballard oversees the financial services of CARF operations in Tucson, Arizona; Washington, D.C.; and Edmonton, Alberta.



Before joining CARF, Garcia-Ballard served in various financial management capacities with Desert Diamond Casino in Tucson since 1995. Most recently, she was controller and supervised accounting, payroll, accounts payable, and revenue auditors. She was also responsible for internal control management and the primary contact with federal and state regulatory agencies. She has also worked as accounting manager with CODAC Behavioral Health Services and as director of finance with the Pascua Yaqui Tribe/Casino of the Sun, both located in Tucson. ■■

CARF BOARD OF TRUSTEES RESTRUCTURES INTO A STREAMLINED BOARD OF DIRECTORS AND INTERNATIONAL ADVISORY COUNCIL

In a major reorganization of its composition and responsibilities, the CARF Board of Trustees voted to become an 11-member board of directors beginning January 1, 2006. The streamlined structure is the result of the board's multiyear governance review.

The board of directors' new bylaws ensure that the board is representative of the markets CARF serves and persons served.

CARF's sponsoring members, who hold voting seats on the current board of trustees, and associate members will voluntarily transition next year to a new entity, the International Advisory Council (IAC). One of the IAC's principal responsibilities will be to provide input for developing and adopting new and revised accreditation standards. ■■

PLAN TO ATTEND A 2006 INTERNATIONAL CONFERENCE

Aging Services and Medical Rehabilitation present:
**HUMAN SERVICE'S BOTTOM LINE:
CHANGING LIVES, ACHIEVING RESULTS**

*Presented by CARF International and CARF-CCAC
(Commission on Accreditation of Rehabilitation
Facilities-Continuing Care Accreditation Commission)
for medical rehabilitation and aging services providers*

January 22-24, Tucson Marriott University Park Hotel

Behavioral Health and Child and Youth Services present:
**THE BALANCING ACT:
PROVIDING QUALITY SERVICES**

March 26-28, Tucson Marriott University Park Hotel

Employment and Community Services presents:
**IGNITING INNOVATION:
BRINGING STANDARDS TO LIFE**

March 11-14, Tucson Marriott University Park Hotel

See www.carf.org/events for international conference details.



CARF BOARD ELECTS 10 DIRECTORS TO SERVE WITH CHAIR RICHARD FORKOSH IN 2006

Members of the CARF Board of Trustees elected 10 directors from among themselves to constitute a new 11-member board of directors next year. The directors will serve with Richard Forkosh, who will become chair January 1, 2006, having served as first vice chair/chair elect during the board of trustees' current term.

Forkosh joined the CARF board in 2000 and is the executive director of United Cerebral Palsy of Greater Saint Louis.

Directors were elected to either one- or two-year terms that begin January 1. Future directors will be elected for two-year terms so that terms will overlap, ensuring governance continuity. In addition to Forkosh, elected to the board for two-year terms are:

**Susanne M. Bruyère, Ph.D., CRC, director, program on employment and disability,
School of Industrial and Labor Relations, Cornell University, Ithaca, New York**

**James T. McDeavitt, M.D., senior vice president, education and research,
Carolinas HealthCare System, Charlotte, North Carolina**

Lisa H. Israel, president/CEO, La Posada at Park Centre, Inc., Green Valley, Arizona

**Linda Kohlman Thomson, M.O.T., director of rehabilitation services, St. Joseph's Hospital,
Bellingham, Washington**

**Herb Zaretsky, Ph.D., administrator/clinical professor, Department of Rehabilitation
Medicine, Rusk Institute, New York University Medical Center, New York, New York**

Elected to one-year terms are:

**Kevin C. Baack, Ph.D., executive director, Goodwill Industries of Northern New England,
Portland, Maine**

**Thomas J. Buckley, Ed.D., executive director, Upper Pinellas Association for Retarded
Citizens, Clearwater, Florida**

**Cathy Ellis, P.T., director, inpatient physical therapy, occupational therapy,
therapeutic recreation, vocational rehabilitation, and rehabilitation engineering,
National Rehabilitation Hospital, Washington, D.C.**

**Cheryl Gagne, Sc.D., CRC, senior training associate, Center for Psychiatric Rehabilitation,
Boston University, Boston, Massachusetts**

Kayda Johnson, chief operating officer, Senior Resource Group, Solana Beach, California ■■



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James T. McDeavitt, M.D.
CHAIR,
2005 CARF BOARD OF TRUSTEES

Richard Forkosh
CHAIR,
2006 CARF BOARD OF DIRECTORS

Brian J. Boon, Ph.D.
PRESIDENT/CEO

Paul Andrew
MANAGING DIRECTOR, EMPLOYMENT
AND COMMUNITY SERVICES

Chris Dymek
PRODUCT DEVELOPMENT EXECUTIVE

Judy Ferrigno
HUMAN RESOURCES OFFICER

Andrea M. Garcia-Ballard
CHIEF FINANCIAL OFFICER

Darren M. Lebrfeld
CHIEF ACCREDITATION OFFICER
AND GENERAL COUNSEL

Christine M. MacDonell
MANAGING DIRECTOR,
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MEDICAL REHABILITATION

Nikki Migas
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BEHAVIORAL HEALTH AND
CHILD AND YOUTH SERVICES

Charles G. Ray
GOVERNMENT AND STAKEHOLDER
RELATIONS EXECUTIVE

Daniel Stavert
CHIEF ADVISOR, ACCREDITATION
STANDARDS, CARF CANADA

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EOE

CARF is committed to providing equal opportunity in all of our employment practices, including selection, hiring, promotion, transfer, and compensation to all qualified applicants and employees without regard to race, color, national origin, sex, disability, age, sexual orientation, ancestry, marital status, gender identity, religion, and/or familial status or any other status protected by law. CARF promotes the full realization of this policy through its employment practices.

Al Whiteburst, EDITOR

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MORE PROVIDERS' CLIENTS AND STAFF BENEFIT FROM EDITU'S ONLINE COURSES

Between September 2004 and September 2005, the number of CARF-accredited providers that have taken advantage of SkillSoft's extensive courseware through the EditU consortium has nearly doubled.

During the 12-month period, 2,698 activated users completed 2,013 online courses. This represents approximately 4,500 hours of coursework time.

The program is available to persons with disabilities and to rehabilitation professionals who provide training and job development rehabilitation services for persons with disabilities. An eligible provider may enroll an unlimited number of users to access free corporate-quality online courses if it is CARF-accredited, becomes a member of the Association of Rehabilitation Programs in Computer Technology (ARPCT), and agrees not to charge its persons served and staff members an additional fee to access the courses.

For more information about participating in this program, please enter the URL below:

www.carf.org/providers.aspx?Content=Content/Learning/SmartForce/SmartForce.htm



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