Introducing CARF Accreditation into the Long Term Care Sector in Ontario

Evaluation Report

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Submitted to:
The Ontario Ministry of Health & Long Term Care &
CARF Canada

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Acknowledgements

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We would also like to thank Kelly Ernst (former CEO of CORI), Catherine Davidson and Chris MacDonell (CARF) for their feedback on the evaluation design and their assistance in ensuring that the data was gathered. Their support was instrumental in ensuring that the evaluation was thorough and captured key aspects of the accreditation experience.
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Executive Summary

In the spring of 2007, the Canadian Outcomes Research Institute (CORI) was contracted to complete an evaluation of the “Introducing CARF Accreditation into the Long Term Care Sector in Ontario” pilot project for CARF Canada. The pilot project involved a group of ten long term care facilities piloting the use of CARF’s Person Centered Long Term Care Community standards in Ontario.

Founded in 1966, CARF International is an independent, non-profit accreditor of human service providers and networks, including those delivering long-term care. CARF Canada, incorporated in 2002, is a member of the CARF family of organizations. Accreditation is a process of self-assessment and external, third-party peer review that results in formal recognition that the organization conforms to a specific set of consensus-based standards.

The primary purpose of this evaluation is to satisfy an Ontario Ministry of Health and Long Term Care (MOHLTC) requirement for an independent evaluation of the effectiveness of CARF’s accreditation program in meeting the broad objectives of the accreditation premium. The evaluation was designed to provide feedback on the degree to which the pilot project was able to meet a number of specific, measurable objectives agreed to by CARF and the Ministry and reflected in an evaluation framework. The results of the evaluation for each of the identified objectives are as follows:

- **Fidelity of CARF’s Accreditation Process** – Feedback from questionnaires completed by participating organizations on a number of domains of quality intended to assess the first objective were all very positive. The highest ratings were provided for the responsiveness domain, suggesting that CARF excelled at providing services that were responsive to organizations during the pilot project. The comments provided by organizations on the benefits of participation suggest that the CARF accreditation process enhanced, reinforced, refined or affirmed existing practices.

- **Outcomes of CARF’s Accreditation Process** – All of the organizations participating in the pilot achieved a three year accreditation award (the maximum award possible), indicating substantial conformance with CARF standards.

- **Change and Improvement for Providers** – Positive results from both a pre-to-post questionnaire and a feedback questionnaire administered at the completion of the accreditation process confirm that the objective of implementing and utilizing a quality improvement process consistent with CARF standards was met. For the pre-to-post questionnaire, increases in positive responses ranged from 13% to 100%. This included a 43% increase in the practice of establishing specific targets for the performance of programs, a 100% increase in ability to measure performance, and a 50% increase in ability to communicate information about performance to others inside and outside the organization. The results from the feedback questionnaire suggest that CARF standards supported the delivery of quality services, that CARF’s involvement helped improve areas of performance, and that the recommendations on CARF’s survey report provided adequate guidance to address areas needing improvement.

- **Addressing the Top Five Unmet Areas** – The results for addressing the top five unmet areas from the current regulatory review utilized in Ontario through the CARF accreditation process are positive. Participating organizations achieved conformance with more than 70% of the standards that specifically related to the top five unmet areas of the current regulatory review. This compares favourably to 57% conformance to the same standards achieved by similar organizations in other
jurisdictions during the same time period. Despite some challenges in comparing data from conformance with CARF standards to information from the current regulatory review, the participating organizations were able to achieve a comparatively high degree of conformance with CARF standards in the areas of care planning and documentation, risk assessment and management, and resident rights.

The overall results of this evaluation of the “Introducing CARF Accreditation into the Long Term Care Sector in Ontario” pilot project are positive. All four objectives of the pilot project as defined in the evaluation framework were substantially or completely met. Based on this evaluation, it appears that CARF’s Accreditation process for Long Term Care providers in Ontario is able to meet the broad objectives of the accreditation premium provided by Ontario’s Ministry of Health & Long Term Care.
Introducing CARF Accreditation into the Long Term Care Sector in Ontario
Evaluation Final Report

Introduction

In the spring of 2007, the Canadian Outcomes Research Institute (CORI) was contracted to complete an evaluation of the “Introducing CARF Accreditation into the Long Term Care Sector in Ontario” pilot project for CARF Canada. CORI is a not-for-profit organization that provides outcome training, database development, and evaluation services.

The pilot project involved a group of ten long term care facilities piloting the use of CARF’s Person Centered Long Term Care Community standards in Ontario. The evaluation of the project included the development of a common evaluation framework, data collection and monitoring of the project, and a final report of the results which follows below.

Background

Founded in 1966, CARF International is an independent, non-profit accreditor of human service providers and networks, including those delivering long-term care. CARF Canada, incorporated in 2002, is a member of the CARF family of organizations. Accreditation is a process of self-assessment and external, third-party peer review that results in formal recognition that the organization conforms to a specific set of consensus-based standards. There is an established system of periodic review and revision of the standards to ensure that they remain current. Accreditation is intended to assure persons served and other stakeholders of a level of quality in the services that an organization provides and enable the organization to generate strategies for organizational development and ongoing improvement.

The third-party peer review process focuses heavily on the application of standards in practice rather than policy or paper processes. For this reason, a core condition of CARF accreditation is substantial conformance with the standards for a period of six months prior to the first site visit by the accreditation survey team. This condition helps to ensure that the surveyors are examining established rather than planned or newly implemented practices.

Long term care providers in Ontario expressed interest in exploring CARF’s model as an alternative to the single accreditation system now recognized in the province. Staff members of CARF Canada, the Ontario Long-Term Care Association (OLTCA), and the Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS) engaged in a collaborative, exploratory dialogue to determine the needs of the long-term care industry, patterns of practice in the industry, and the degree of acceptance in the field of CARF’s accreditation model. Given feedback that the model appeared to resonate with providers, CARF began working to achieve recognition by the Ontario Ministry of Health and Long-Term Care (MOHLTC) as an accrediting body. This recognition would allow providers seeking accreditation to choose from among alternatives, while continuing to receive the accreditation premium that the MOHLTC makes available to accredited organizations.
Purpose of the Evaluation

The primary purpose of the evaluation is to satisfy a MOHLTC requirement for an independent evaluation of the effectiveness of CARF’s accreditation program in meeting the broad objectives of the accreditation premium. The evaluation was designed to provide feedback on the achievement of a number of specific, measurable objectives agreed to by CARF and the Ministry and reflected in the evaluation framework developed for the pilot project (attached as Appendix B).

CARF’s History in Long Term Care

CARF’s focused attention on the aging population began in 1998 with the development of adult day services program standards. Following this first initiative, CARF began to further assess the special needs of the aging population; the components of care delivery that were under regulated or not regulated; and the provider organizations that were putting forth good faith efforts related to quality assessment, performance improvement, and promoting of transparency to their stakeholders. In consulting with a vast array of constituent groups, key areas for standards development and/or revision became apparent. In 1999, CARF partnered with the Assisted Living Quality Coalition to develop the first set of accreditation standards for assisted/retirement living. To further its ability to respond to the spectrum of aging services, CARF took the strategic step in February 2003 of acquiring the Continuing Care Accreditation Commission (CCAC) from the American Association of Homes and Services for the Aging. The merger gave the aging services field an entity comprising two vital organizations sharing a mission that focuses on quality standards and a vision for aging services that aspires to bring unity to a fragmented marketplace. CARF–CCAC is the only accreditation system serving continuing care retirement communities.

In the spirit of contributing as a partner to the improvement of long-term care in Ontario, CARF–CCAC and CARF Canada expressed an interest in ensuring that, should Ontarians and other Canadians desire, they have a choice available to them when deciding on a set of accreditation standards for their long-term care services and are able to work with an accrediting organization that is experienced in assessing quality in settings with different organizational frameworks. In 2005 and early 2006, focus groups, international standards advisory committees, and leadership panels were facilitated to define and develop standards appropriate for long-term care facilities. These forums served a variety of purposes, with focus groups held initially to answer specific questions related to the needs and wants of the sector. A focus group held in Ontario in March 2005 was composed of providers and persons served by long-term care organizations, and CARF welcomed participation by individuals representing the MOHLTC, OLTCA, OANHSS, the Registered Nurses’ Association of Ontario, the Ontario Community Support Association, the Ontario Society (Coalition) of Senior Citizens’ Organizations, and the Ontario Association of Community Care Access Centres. The outcome of the dialogue was support for CARF’s proposed initiative to introduce the standards for person-centred long term (nursing) care communities (PCLTCCs). Representatives of OLTCA and OANHSS participated in the international standards advisory committee that was invited to articulate the quality content prior to circulating the standards broadly for field review. Since then CARF has also developed standards for both facility- and community-based aging services networks and complementary standards for dementia care and stroke specialty care. Existing standards, for example those related to case management and respite care, were also revised with a direction and focus on home- and community-based services for the aging population.
Strategy/Methods

The evaluation consisted of three phases; a developmental phase, an implementation and monitoring phase, and a data analysis and reporting phase. During the developmental phase, an evaluation framework and corresponding evaluation questionnaire were created. During the implementation and monitoring phase, the questionnaire developed for the project was administered, data was collected from other pre-existing questionnaires and from CARF consistent with the evaluation framework, and contact was maintained with CARF staff to ensure that data collection would be complete. A brief report on the results of the pre-testing was provided to CARF for reporting out to project participants. The final phase included data analysis and reporting the results of the evaluation.

Participating Programs (Evaluation Sites)

Once the MOHTLC had extended its invitation to explore the feasibility of recognizing CARF eligibility for the purposes of the accreditation premium available to long-term care homes, a working group comprising representatives of the MOHLTC, OLTCA, OANHSS, and CARF was convened. This group met regularly beginning in early June 2007 to guide the direction of the project and communicate issues and action steps.

After consulting with service providers and the trade associations, CARF identified the primary organizational characteristics for pilot site sampling from among the population of homes and communicated these to the field. The characteristics encompassed:

- The type/classification of organization (nursing home, non-profit nursing home, charitable home for the aged, or municipal home for the aged)
- Geographic location
- Size of the community served (urban/small, medium, large, or metropolitan)
- Ownership (for profit/non-profit)
- Independent/stand alone or part of a larger system
- Case mix index
- Accreditation status (accredited/non-accredited)
- Number of long-term care beds
- Number of service delivery sites
- Number of full- and part-time staff members
- OLTCA/OANHSS membership

Information on the position of the MOHLTC and the parameters of the pilot project was communicated to the field through OLTCA and OANHSS and the website of the MOHLTC. All long-term care organizations were invited to apply to be pilot sites and were asked to complete a profile document describing the characteristics of their organizations as listed above.

CARF received responses from 44 organizations interested in being chosen to become pilot sites. Their characteristics spanned the full range of the identified selection criteria. Due to the limited information available on the profile of all of the long-term care organizations in the province of Ontario, a stratified sampling procedure was employed to maximize the probability of having a sample representative of the population. As a result, 11 organizations were sampled from the initial pool of 44 organizations. Two of the original organizations chosen dropped out of the project due to internal operational priorities and one organization was added, resulting in a final pilot group of ten organizations.
The final list of organizations that participated in the project included:

- Teck Pioneer Residence (Kirkland Lake)
- Cawthra Gardens Long Term Care Community (Mississauga)
- Shepherd Village (Toronto)
- Fordwich Village Nursing Home (Fordwich)
- Haliburton Extendicare (Haliburton)
- Grove Park Home for Senior Citizens (Barrie)
- St. Joseph’s Villa and Martha Wing (Dundas)
- The Willow Grove (Ancaster)
- Hardy Terrace Long Term Care Home (Brantford)
- Union Village Long Term Care Facility (Unionville)

**Evaluation Framework**

During the early stages of project design, the MOHLTC clearly indicated that the objectives for the project needed to be meaningful to the long-term care organizations themselves. A focus group comprising representatives of the OLTCA and OANHSS and a small group of accreditation coordinators in long-term care organizations convened to define these objectives. Their recommendations were incorporated into the evaluation framework.

The framework identified the use of several data sources for the evaluation, including several questionnaires, the accreditation decisions that were ultimately rendered by CARF, and information on the achievement of compliance with specific standards related to unmet areas of the current regulatory review in use in Ontario.

The objectives identified in the evaluation framework were as follows:

- **Fidelity of CARF’s Accreditation Process:** Providers amongst the representative pilot organizations are satisfied with the CARF Accreditation process.
- **Outcome of CARF’s Accreditation Process:** Providers amongst the representative pilot organizations achieve CARF-accreditation.
- **Change and Improvement for Providers:** Providers among the representative pilot organizations are able to implement and utilize a quality improvement process consistent with CARF standards.
- **Addressing the Top Five Unmet Areas:** Providers among the representative pilot organizations achieve success in addressing the top five unmet areas of the current regulatory review.

**Measurement Tools**

Three questionnaires were utilized for the evaluation. Two were pre-existing questionnaires that are administered by CARF to all organizations that complete the CARF accreditation process titled the “Standards and Survey Process Feedback Questionnaire” and “Surveyor Performance Feedback Questionnaire”. These tools allow organizations to provide CARF with feedback on the accreditation process and the performance of the individual surveyors. A third questionnaire was developed for this project to assess the degree of change that organizations experienced in the area of outcomes measurement and quality improvement through the accreditation process. The questionnaire was developed in consultation with CARF staff and was intended to reflect key areas of the quality improvement process that CARF standards address. This questionnaire was designed to be administered as a pre-to-post test survey. Copies of the evaluation questionnaires are provided as Appendix C (CARF
Data Collection

A number of different methodologies were utilized for data collection. A survey methodology was utilized to administer the three questionnaires described above. The “Standards & Survey Process Feedback Questionnaire” and the “Surveyor Performance Feedback Questionnaire” were completed by organization after their CARF site visit (i.e., post test only) and copies were forwarded directly from the organization to CORI. The pre and post test questionnaire developed for the project was administered through an online survey administration system that is password protected and managed by the CORI. The pre-test was administered in September at the beginning of the project. The post test was administered in August of 2008 after all organizations had completed the accreditation process. The online survey was anonymous. Information about results of the accreditation process in terms of the overall accreditation award for each organization was provided by CARF. Information regarding compliance with specific CARF standards related to the top five unmet areas of the current regulatory review was also provided by CARF. Data from both the pilot organizations and all other organizations accredited by CARF during the same time period was provided as part of this data set.

In addition to the formal data collection processes described above, CARF provided a document detailing their collaborative activities over the course of the pilot test of the standards for Person-Centered Long-Term Care Communities in Ontario. This is attached as Appendix A of this report.

Results of the Evaluation

Objective One: Fidelity of CARF’s Accreditation Process

In order to assess the fidelity of CARF’s accreditation process, the evaluation looked at the results of specific questions on the “Standards and Survey process Feedback Questionnaire” and the “Surveyor Performance Feedback Questionnaire”. As mentioned above, these two questionnaires are provided to all organization that have completed the accreditation process, allowing them to provide feedback on that process and the performance of the surveyors.

In order to assess the fidelity of the accreditation process, specific items were selected from these surveys that appeared to reflect key aspects of quality. The aspects chosen were the responsiveness of the accrediting body, the relevance of the standards, the perceived benefits of participation, the impact of the accreditation process on ability to deliver services, and the consultativeness of the surveyors. An evaluation of these four areas was intended to provide a balanced perspective on the fidelity of CARF’s accreditation process as it was experienced by the pilot project organizations.
Project Objective: Providers amongst the representative pilot organizations are satisfied with the CARF Accreditation process.

<table>
<thead>
<tr>
<th>Success Indicator</th>
<th>Measurement</th>
</tr>
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</table>
| % organizations report experiencing process was responsive, relevant, beneficial, impactful and consultative. | Standards & Survey Process Feedback Questionnaire:  
Scaled Questions  
3: Responsiveness  
8: Relevant  
12: Beneficial process for org and programs  
Qualitative  
18: How has the experience impacted ability to deliver services? |
|                    |           |
|                    | Survey Performance Feedback Questionnaire:  
Scaled Questions  
Questions 9: Consultativeness of survey |

Results: (Data received from all 10 organizations)

<table>
<thead>
<tr>
<th>Domain of Measurement</th>
<th>Response Type</th>
<th>Average Rating</th>
</tr>
</thead>
</table>
| Responsiveness        | 5 Point Anchored Rating Scale  
• 1 = “Not At All”  
• 5 = “Very Much So” |
|                       |               | 4.89/5         |
| Relevance             | 5 Point Anchored Rating Scale  
• 1 = “Not At All”  
• 5 = “Very Much So” |
|                       |               | 4.63/5         |
| Beneficial Process    | 5 Point Anchored Rating Scale  
• 1 = “Not At All”  
• 5 = “Very Much So” |
|                       |               | 4.44/5         |
| Consultativeness      | 5 Point Anchored Rating Scale  
• 1 = “Not At All”  
• 5 = “Very Much So” |
|                       |               | 4.47/5         |
Discussion:

The results from the measures of fidelity of the accreditation process were very positive. All ratings provided for the scaled questions ranged between 4 and 5, indicating a high degree of agreement in all of the dimensions of quality being evaluated. The highest rating was provided for the responsiveness domain, suggesting that CARF excelled at providing services that were responsive to organizations during the pilot project.

The comments provided by organizations on the benefits of participation suggest that organizations experienced the CARF accreditation process as an opportunity to enhance, reinforce, refine or affirm existing practices rather than a process that introduced or imposed entirely new practices. This lends support to the contention that the CARF standards are consensus-based and are reflective of accepted or aspired-to practices in the field.

<table>
<thead>
<tr>
<th>Domain of Measurement</th>
<th>Response Type</th>
<th>Impact on Service Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact on Service Delivery</td>
<td>Open Ended (Narrative)</td>
<td>“The survey supported our commitment to quality improvement and providing excellent care and services to our residents”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“Expectations from CARF has added value to our existing programs, reinforcing our plans and our way of doing business”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“Look at different ways to determine needs and to meet them. Education to all partners about accreditation and our quality improvement has encouraged them to provide us with the information to address quality issues.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“[We] have always excelled at customer service. CARF has caused us to formalize our process more.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“Helping us get more staff on board with who and why we are all here – person-centered Long Term Care.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“It reinforced many of the directions we are taking to expand/improve services.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“Helped. Gave me a lot of ideas and energy to move forward.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“It provided affirmation of what we are hearing directly from our residents, family members, and resident’s council.”</td>
</tr>
</tbody>
</table>
Objective Two: Outcome of CARF’s Accreditation Process

In order to assess the outcome of CARF’s Accreditation process, the evaluation looked at the final accreditation decision rendered by CARF. As mentioned previously, CARF’s accreditation process involves a peer review of the organization’s business practices and programs against consensus-based, internationally recognized standards. Peer reviewers come from other accredited human service organizations delivering the same or similar services. The peer review team makes a recommendation to CARF regarding the accreditation decision based on the results of their on-site survey. This recommendation is then reviewed along with the actual ratings provided by the team for the applicable standards. A final accreditation decision is rendered by CARF based on the recommendation and review of standards ratings. This decision generally reflects the recommendation made by the peer review team unless a serious discrepancy exists between the recommended decision and compliance with the individually rated standards. On a first accreditation survey with CARF, there are three possible outcomes:

- **Three year accreditation** (maximum award) – this award reflects substantial conformance with the standards and the likelihood that the current method of operation will be maintained and/or improved in the foreseeable future.
- **One year accreditation** – this award reflects conformance to many standards as well as some significant areas of deficiency. There is evidence of the organization’s capability to correct the deficiencies and commitment to progress toward their correction.
- **Non-accreditation** - there are major deficiencies in several areas of the standards. There are serious questions as to the benefit of services or questions as to the health, welfare, and/or safety of those served.

**Project Objective:** Providers amongst the representative pilot organizations achieve CARF-accreditation.

<table>
<thead>
<tr>
<th>Expected Result/ Success Indicator</th>
<th>Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>% long-term care organizations in pilot that achieve 3 year accredited status.</td>
<td>Accreditation decision rendered by CARF.</td>
</tr>
</tbody>
</table>

**Results:**

100% of the organizations participating in the pilot achieved a three year accreditation status.

**Discussion:**

All of the pilot organizations were able to achieve substantial conformance with the CARF standards and were awarded three year accreditation decisions. This achievement is likely reflective of the hard work and dedication to the CARF accreditation process demonstrated by pilot organizations. It may also be reflective of the ‘fit’ that organizations experienced between current and/or aspired to practices and the CARF standards. The objective of achieving positive outcomes from the accreditation process was fully achieved by the participating organizations.
Objective Three: Change and Improvement for Providers

Along with assessing the fidelity and outcome of the accreditation process, the evaluation focused on whether organizations were able to implement and engage in a continuous quality improvement process. There are several CARF standards that specifically address continuous quality improvement, including those related to strategic planning, setting measureable objectives for business functioning improvement on an annual basis, measuring the performance of each program or service in a number of domains, and completing an analysis and action plan based on the results of measurement against specific targets. The two data sources for measurement of this objective were the Standards and Survey Process Feedback Questionnaire administered by CARF at the end of accreditation process (reviewed above) and a pre-to-post test online questionnaire. The pre-to-post questionnaire was intended to look at change over time as it related to quality improvement mechanisms for both service delivery and broader business functions. The surveys administered by CARF were intended to evaluate whether organizations experienced tangible changes in their performance as a result of the accreditation process.

Project Objective: Providers among the representative pilot organizations are able to implement and utilize a quality improvement process consistent with CARF standards.

<table>
<thead>
<tr>
<th>Success Indicator</th>
<th>Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of pilot organizations with enhanced understanding and utilization of quality improvement mechanisms in both business and service delivery.</td>
<td>Survey tool – items linked to CARF Criterion C Standards</td>
</tr>
<tr>
<td>% pilot organizations state examples of positive changes in the performance of their organization.</td>
<td>Standards &amp; Survey Process Feedback: Scaled Questions 9: Supports the delivery of quality services 11: Improves org performance 15: Provided adequate guidance for improvement Qualitative: 19: How has preparing for CARF improved business practices?</td>
</tr>
</tbody>
</table>

Selected Results from the Pre-to-Post Questionnaire:

**Ability to measure/monitor success in achieving business or strategic plan objectives:**

![Graph showing ability to measure/monitor success in achieving business or strategic plan objectives]
Establishing specific targets with regards to the performance of programs:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>Partially</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre</td>
<td>0%</td>
<td>55%</td>
<td>0%</td>
</tr>
<tr>
<td>Post</td>
<td>43%</td>
<td>57%</td>
<td>45%</td>
</tr>
</tbody>
</table>

Ability to measure performance:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>Partially</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Post</td>
<td>100%</td>
<td>86%</td>
<td>14%</td>
</tr>
</tbody>
</table>

Ability to communicate information about performance to others inside or outside the organization:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>Partially</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre</td>
<td>17%</td>
<td>33%</td>
<td>17%</td>
</tr>
<tr>
<td>Post</td>
<td>67%</td>
<td>67%</td>
<td>0%</td>
</tr>
</tbody>
</table>
### Results from the Standards & Survey Process Feedback Questionnaire:

<table>
<thead>
<tr>
<th>Domain of Measurement</th>
<th>Response Type</th>
<th>Average Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standards Support Quality Service Delivery</td>
<td>Yes/No</td>
<td>88% Yes</td>
</tr>
<tr>
<td>Impact of CARF’s Involvement on Improving Performance</td>
<td>Yes/No</td>
<td>100% Yes</td>
</tr>
<tr>
<td>CARF’s Recommendations Guided Improvement</td>
<td>5 Point Anchored Rating Scale</td>
<td>4.63/5</td>
</tr>
<tr>
<td>• 1 = “Not At All”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 5 = “Very Much So”</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Responses:

“Yes. It has solidified existing practices and the process enabled a better understanding of organizational best practice as well as sector-wide best practices.”

“Our business processes have greatly improved in customer service, ethical marketing, quality improvement and risk management.”

“It forced us to document all activities and to evaluate our existing policies and procedures and the way we do things.”

“Yes – there are always things that “need” to be done, but don’t quite get there. CARF helped us to focus on these things and it was a great help and learning experience.”

“Yes – formalized more. Caused us to review our practices in and some cases changed – improved some of our procedures.”

“In reviewing the standards, we were able to identify areas needing improvement and make plans to correct our deficiencies.”

“Did not improve but reinforced our practices.”

“We had never developed as accessibility plan before. Now we have one which includes an action plan and target dates for the barriers we identified.”

“Yes. The tools provided in advance and those recommendations during the survey hit on a number of issues that are currently important to our organization.”
Discussion:

Results from both the pre-to-post test questionnaire and the “Standards and Survey Process Feedback Questionnaire” indicate that the participating programs experienced significant positive changes in their ability to measure their performance and utilize information for quality improvement and planning. For the pre-to-post questionnaire, increases in “Yes” responses (as opposed to “Partially” or “No” responses) ranged from 13% to 100%. This included a 43% increase in the practice of establishing specific targets with regards to the performance of programs, a 100% increase in ability to measure performance, a 44% increase in ability to measure or monitor success in achieving the objectives defined in business or strategic plans, and a 50% increase in ability to communicate information about performance to others inside or outside the organization. The least change was found in the areas of staff familiarity with performance or outcomes measurement (14% increase) and the use of performance information for making business or strategic decisions (13% increase). Graphs of the pre-to-post questionnaire results not provided above are included as Appendix F.

The results of the “Standards and Survey Process Feedback Questionnaire” suggest the pilot project participants found that CARF standards supported the delivery of quality services, that CARF’s involvement helped improve areas of performance, and that recommendations on the survey report provided adequate guidance to address areas needing improvement. Comments provided with regards to the impact of the CARF accreditation process on business practices suggest similar trends to those found in the section on “Fidelity of the Accreditation process”. Most organizations indicated that the process solidified, formalized or reinforced practices. Three organizations noted that the process helped them to identify areas that needed improvement and to make necessary changes.

The positive results noted above confirm that the objective of implementing and utilizing a quality improvement process consistent with CARF standards has been substantially met.

Objective Four: Addressing Unmet Areas of the Current Regulatory Review

MOHLTC identified a number of areas where long term care providers across the province of Ontario were achieving relatively low compliance within the current regulatory review process. The ability of organizations participating in the pilot project to meet CARF standards linked to the five top unmet areas of this regulatory review became a priority for the evaluation. The top five unmet areas highlighted several issues, including:

- 31% of LTC homes do not meet the standard for plans of care
- 37% of LTC homes do not meet the standard for documentation (22%) and for completion of medication and treatment orders (15%)
- 21% of LTC homes do not meet the standard of following their own policies, procedures and work routines, including re-instructing staff
- 22% of LTC homes do not meet the standard for safety and security of residents as it relates to actions taken to protect residents from identified potentially hazardous substances, conditions, and equipment
- 20% of LTC homes do not meet the standard of respecting and promoting residents’ rights

The top five unmet areas indicate issues associated with CARF standards in three areas:

1. Care planning and related documentation (Section 2, Standards 7 and 9 through 12; Section 3, Standards C.41 and C.44)
2. Risk assessment and management (Section 1, Standard I.11; Section 2, Standard 9)
3. Resident rights (Section 1, Standards D.1 through D.4; Section 1, Standard G.4)
Each standard listed above has a number of elements that are individually rated during a CARF site survey. This results in a total of 134 rateable items for the 13 standards linked to unmet areas of the current regulatory review.

**Project Objective:** Providers among the representative pilot organizations achieve success in addressing the top five unmet areas of current regulatory review.

<table>
<thead>
<tr>
<th>Success Indicator</th>
<th>Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>% conformance with standards linked to top five unmet categories.</td>
<td>Degree of compliance with identified standards</td>
</tr>
</tbody>
</table>

**Overall Results:**

Overall, 72% (97/134) of the rateable standard elements within the 13 CARF standards linked to unmet areas from the current regulatory review were rated as in conformance in all pilot project organizations. This compares favourably to the 57% (77/134) of rateable standard elements that were rated as in conformance in surveys of similar organizations conducted in other jurisdictions during the same time period.

Of the 37 standard elements given a rating of partial or non-conformance, more than half (19) were cited in only one accreditation survey (i.e., one of the ten organizations). An additional 14 (38%) of the standard elements with a rating of partial or non-conformance were cited in two accreditation surveys. The remaining 4 (11%) of standard elements with a rating of partial or non-conformance were cited in three or more accreditation surveys. One standard was rated as partial or non-conformance in 50% of accreditation surveys of pilot project organizations. This standard relates to having written procedures for the protection of records from fire damage and is addressed in the following section.

**Care Planning & Related Documentation Standards Results**

There are a total of 81 rateable standard elements in the 6 CARF standards that are linked to care planning and related documentation. A total of 69 standard elements (85%) were rated as being in conformance for pilot project organizations. This compares to 62 standard elements (77%) that were given a rating of in conformance in surveys of similar organizations conducted in other jurisdictions during the same time period.

Of the standards that were rated as partial or non-conformance, 8 (75%) were rated in only one accreditation survey. Of the remaining standards, 1 was rated in 2 (20%) accreditation surveys, 1 was rated in 4 (40%) accreditation surveys and 1 was rated in 5 (50%) accreditation surveys of pilot project organizations. The specific standards that were rated as partial or non-conformance in 4 and 5 out of the ten pilot participant surveys respectively were:

- Policies and written procedures are developed that address, at a minimum, the protection of records from water damage.
- Policies and written procedures are developed that address, at a minimum, the protection of records from fire.
These standards, while important in terms of ensuring continuity of care, are not specifically related to the planning process for residents or to the quality and completeness of planning documentation. Rather, they require that organizations have specific policies in place for the protection of their records. By comparison, both of these standards were rated as partial or non-conformance in between 25 and 30% of surveys of similar organizations conducted in other jurisdictions during the same time period.

Risk Assessment & Management Results

There are a total of 12 rateable standard elements in the 2 CARF standards that relate to risk assessment and management. A total of 2 standard elements (17%) were given a rating of in conformance in pilot project organizations. This compares to 1 standard element (8%) that was given a rating of in conformance in surveys of similar organizations conducted in other jurisdictions during the same time period.

Of the standards that were rated as partial or non-conformance, 30% (3) were rated in only one accreditation survey and the remaining 7 (70%) were rated in two accreditation surveys. There was no discernable pattern of non-conformance.

Resident Rights Results

There are a total of 49 rateable standard elements in the 5 CARF standards that relate to resident rights. A total of 32 standard elements (65%) were given a rating of in conformance for pilot project organizations. This compares to 18 standard elements (37%) that were given a rating of in conformance in surveys of similar organizations conducted in other jurisdictions during the same time period.

Of the standards that were rated as partial or non-conformance, the majority (59%) were rated in only one accreditation survey. Of the remaining items, 6 were rated in 2 (20%) accreditation surveys, 1 was rated in 3 (30%) accreditation surveys and 1 was rated in 4 (40%) accreditation surveys of pilot project organizations. The specific standards that were rated as partial or non-conformance in 3 and 4 out of the ten pilot participant surveys respectively require specific content to be in organizational policy and procedure. The standards are as follows:

- The organization implements a procedure concerning formal complaints that specifies that the action will not result in retaliation or barriers to service.
- Corporate responsibility efforts include, at a minimum, policies and written procedures on waste, fraud, abuse and other wrongdoing that include a timeframe to initiate an investigation.

Discussion:

Overall, the results for addressing the unmet areas of the current regulatory review process for organizations participating in the pilot were positive, with more than 70% of all the rateable standard elements being rated as in conformance among all of the pilot organizations. The standards with relatively low levels of conformance related to the absence of specific policies and procedures rather than specific practice issues. Although the results for conformance with CARF standards related to risk assessment and management were weakest overall, this is also reflective of the fact that there were very few rateable standard elements in this area.

Part of the challenge in providing an analysis of performance with regards to how well CARF’s accreditation process was able to address the five top unmet areas within the current regulatory review is that there is the lack of a succinct fit between one specific standard or standard element and one area of
the regulatory review process. Rather, there are several CARF standards that can be considered a proxy of the unmet areas. The other challenge is that the data from the current regulatory process reviewed in the introduction uses organizations as the unit of analysis, whereas the data provided by CARF on conformance with standards utilizes the rateable standard elements as the unit of analysis, consistent with the measurement that was outlined in the agreed upon evaluation framework. This makes comparisons of the two more challenging.

Limitations of the Evaluation

There are several limitations that should be noted in interpreting the data presented above. The most significant limitation of the evaluation results is the relatively small sample size. While ten organizations is a reasonable number for piloting a new process in a particular jurisdiction, having one organization represent 10% of the sample means that outliers can heavily influence the results. For this evaluation, the feedback from organizations was relatively homogenous with few outliers. A small sample size also limits the generalizability of the results. While efforts were made to ensure that the sample was representative, some caution should be exercised in generalizing the specific results to the whole population of long term care facilities in Ontario.

Another limitation of the evaluation was the focus on primarily quantitative data sources. While this provided clear measurement of the specific objectives of the pilot, there was less opportunity for gathering information and reporting on the experiences of the participants. We have attempted to balance this with the inclusion of an appendix provided by CARF that documents the collaborative working relationship between CARF and pilot project organizations during the pilot (Appendix A). While the collection of this data was not specifically outlined in the original evaluation plan, it provides some helpful insight into the manner in which the pilot was conducted.

Conclusion

The overall results of our evaluation of the "Introducing CARF Accreditation into the Long Term Care Sector in Ontario" pilot project are positive. All four objectives of the pilot as outlined in the evaluation framework were substantially or completely met.

The responses from organizations with respect to the fidelity of CARF’s accreditation process were positive in all domains of quality addressed, a pattern reinforced by the comments organizations provided regarding the benefits of the accreditation process. These results suggest CARF’s accreditation process was delivered with a high degree of quality and fidelity to the stated or planned process.

In terms of the outcome of CARF’s accreditation process, all organizations were awarded a three year accreditation, the maximum award possible. CARF’s focus on accrediting practices that have been in use for six months prior to the site survey underlines that these awards reflect the current operating environment of the participating organizations. The comments provided by the participating organizations suggest that those changes were primarily enhancements to existing practices rather than the introduction of entirely new or foreign practices.

The results from the pre-to-post questionnaire confirm that all organizations experienced some positive changes in their ability to set performance targets, measure their performance, utilize their performance data, monitor success in achieving business and strategic objectives, and share performance information
with internal and external stakeholders. These changes were further reinforced by the results of the Survey and Process Feedback Questionnaire. Pilot project participants found that CARF’s involvement in their organization, the content of the standards and the recommendations for improvement that resulted from the accreditation process were all useful and resulted in tangible improvements.

While the objective of addressing the top five unmet areas from the current regulatory review was somewhat more difficult to evaluate due to differences between that process and CARF Standards as well as different units of analysis in the available data, the overall results in terms of achieving the stated objective were positive. Conformance was achieved for more than 70% of the specific standards related to the unmet areas of the current regulatory review.

Based on this evaluation, it appears that CARF’s Accreditation process for Long Term Care providers in Ontario is able to meet the broad objectives of the accreditation premium provided by Ontario’s Ministry of Health & Long Term Care.
Appendix A: CARF’s Collaborative Activities Over the Course of the Pilot Test of the Standards for Person-Centered Long-Term Care Communities in Ontario

Regular Working Group Meetings with Key Stakeholders

Since the beginning of the project, CARF Canada has facilitated regular meetings between CARF staff and representatives of the Ontario Ministry of Health and Long-Term Care, the Ontario Long Term Care Association, and the Ontario Association of Non Profit Homes and Services for Seniors. The forum has allowed for a continuous two-way flow of communication on the design, implementation, and evaluation of the project.

Assignment of a Dedicated Resource Specialist to the Ontario Service Providers

CARF has identified a resource specialist to coach the pilot organizations and others working towards CARF accreditation. This individual has been consistently available, via toll-free telephone, to advise on interpretation of standards, to offer examples or templates of evidence of conformance to the standards, to assist with the development of a critical path to accreditation for each organization, etc. CARF has received very positive feedback on the quality of the support provided, one example being: “Help with the survey was only a phone call away—the specialist is an amazing resource.”

Preparation of the Surveyors Conducting the Pilot Surveys

CARF Canada staff assembled a focus group of Ontario-based surveyors who survey for CARF in the aging services sector. The objective of the meeting was to obtain their perspectives on the challenges and opportunities that long-term care organizations in Ontario are facing in the current environment. This information was consolidated with other information gathered from multiple sources on the structure and functioning of the long-term care system. It was ultimately shared with the surveyors assigned to complete the pilot surveys prior to their arrival so that they had an understanding of the relevant background and context of each survey.

Report of the Person-Centred Long-Term Care Input Forum July 29-30, 2008

As part of CARF’s mission to offer a consultative accreditation process, we often seek feedback from stakeholders in the accreditation process. In that regard, an invitation to attend an input forum was extended to staff members of all the pilot organizations and a number of other organizations outside the pilot that have been using the PCLTCC standards for some time. Fourteen individuals, representing eight pilot and six non-pilot organizations, contributed to the productive and collegial dialogue at the meeting.

One objective of the meeting was to offer a venue for leaders in the aging services field to share feedback with and offer suggestions to CARF regarding ways in which to clarify current standards language, in particular, language found in the intent statements and examples adjacent to the standards. This language is important because it helps providers of long-term care communities implement the standards in a meaningful way. The general and PCLTCC program standards were reviewed, and Canadian references were suggested where appropriate. These modifications will be made to the 2009 editions of the standards manuals.

Participants were asked to speak to the current environmental challenges that they are facing as providers of long-term care; this information will aid CARF in understanding the context of the
PCLTCC standards in the long-term care system. The group was also asked to identify ongoing initiatives in long-term care; for example, the nursing graduate guarantee and the late career initiative, which the surveyors should be advised of before conducting the peer reviews. CARF will integrate these suggestions into the existing protocol for briefing surveyors who arrive from out of province to complete the peer reviews.

When asked to identify the highlights of the CARF process, one pilot-site representative noted that “the standards and process resonate with what we do every day in long-term care.” Other reported highlights include:

- It supports the focus on persons served.
- Front line staff understands the standards and is involved in the analysis of outcomes.
- Standards are interwoven into the home’s activities.
- Standards and survey process are RUMBA…Reasonable, Understandable, Measurable, Believable, Achievable.
- Standards impact what we do about incidents—staff now looks at negatives as learning opportunities.
- The process fosters transparency and ownership of what we do in our homes.
- The process has a broad, cross-home perspective.
- Enthusiasm is promoted.
- Residents are included in the self-assessment, and this enhances their understanding and buy-in.
- Team building is encouraged.
- Flexibility exists in how teams are comprised in preparation for the survey.
- It creates a sense of community with partners.
- It complements/parallels our current Continuous Quality Improvement and other programs.
- It felt “too easy” because it fit naturally with what we already do….where’s the “zinger?”

Opportunities for improvement included the need for the surveyors and staff in the home to develop the survey days’ agenda collaboratively and for the surveyors to make staff aware that they often validate conformance to a standard by asking similar questions of several individuals while on site. Also, surveyors need to clearly communicate the nature of the physical evidence of conformance to standards that they are seeking.

Revision of Program Standards in the Aging Services Standards Manual

The PCLTCC standards are reasonably new and were developed through a comprehensive consultation process that generated input from Ontario and other parts of the world. These standards have not been revised in 2008. However, other sets of program standards, including those for adult day programs, assisted/retirement living, and aging services networks were reviewed by international standards advisory committees in the summer of 2008 and then widely distributed for field review throughout Ontario and elsewhere. The revised standards will be incorporated into the 2009 editions of the standards manuals.
Appendix B: Project Evaluation Framework

<table>
<thead>
<tr>
<th>Overall Goal</th>
<th>Objectives</th>
<th>Expected Result/Success Indicator</th>
<th>Measurement</th>
<th>Data Collection Plan (who and when)</th>
</tr>
</thead>
<tbody>
<tr>
<td>To demonstrate that CARF Accreditation adds value to the operations of long term care organizations</td>
<td>Fidelity of CARF’s Accreditation Process: Providers amongst the representative pilot organizations are satisfied with the CARF Accreditation process.</td>
<td>% organizations report experiencing process was responsive, relevant, beneficial, impactful and consultative.</td>
<td>Standards &amp; Survey Process Feedback form: Scaled Questions 3: Responsiveness 8: Relevant 12: Beneficial process for org and programs Qualitative 18: How has the experience impacted ability to deliver services? Survey Performance Feedback Questionnaire: Scaled Questions Questions 9: Consultativeness of survey</td>
<td>Post-test of participants using existing CARF feedback forms completed by project participants and provided directly to the evaluator.</td>
</tr>
<tr>
<td>Outcome of CARF’s Accreditation Process: Providers amongst the representative pilot organizations achieve CARF-accreditation.</td>
<td>% long-term care organizations in pilot that achieve 3 year accredited status.</td>
<td>Accreditation decision rendered by CARF.</td>
<td>Decisions for pilot organization reported by CARF to evaluator in July 2008.</td>
<td></td>
</tr>
<tr>
<td>Change and Improvement for Providers: Providers among the representative pilot organizations are able to implement and utilize a quality improvement</td>
<td>% of pilot organizations with enhanced understanding and utilization of quality improvement mechanisms in both business and service delivery.</td>
<td>Survey tool – items linked to CARF Criterion C Standards</td>
<td>Pre and post test online Survey of Pilot organizations regarding compliance with CARF’s criterion C standards administered by evaluator and completed by organizations.</td>
<td></td>
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</tbody>
</table>
| process consistent with CARF standards. | % pilot organizations state examples of positive changes in the performance of their organization. | **Standards & Survey Process Feedback:**  
Scaled Questions  
9: Supports the delivery of quality services  
11: Improves org performance  
15: Provided adequate guidance for improvement  
Qualitative:  
19: How has preparing for CARF improved business practices? | Post-test of participants using existing CARF feedback forms completed by project participants and provided directly to the evaluator. |
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<tbody>
<tr>
<td>Providers among the representative pilot organizations achieve success in addressing the top five unmet areas of current regulatory review.</td>
<td>% conformance with standards linked to top five unmet categories.</td>
<td>Degree of compliance with identified standards</td>
<td>Post test results of compliance with identified standards reported to the Evaluator by CARF.</td>
</tr>
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</table>
Appendix C: Standards & Survey Process Feedback Questionnaire

Survey #:
Organization #:
Organization:
Street Address:
City, State/Province:
Survey Dates:
Survey Team:

Why CARF?

1. Why did you choose to seek or maintain CARF accreditation? Please check all that apply.

- Accreditation Process/Standards
- Belief in Accreditation
- CARF’s Reputation
- CARF fits us best
- Cost
- Hallmark of Quality/Pursue Quality
- Help sell our business/help with funding
- History with CARF
- Mandated
- Required for funding
- Other, please specify:
## Presurvey Communication with CARF

<table>
<thead>
<tr>
<th>Has communication between your organization and CARF been timely?</th>
<th>Not at all</th>
<th>Very much so</th>
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<table>
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<tr>
<th>Has communication between your organization and CARF been responsive to your needs?</th>
<th>Not at all</th>
<th>Very much so</th>
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## Presurvey Preparation

4. What materials did you use to prepare for the CARF survey?

- Standards Manual
- Survey Preparation Guide
- Accreditation Sourcebook
- Survey Checklist
- CARF Monographs
- Other CARF documents
- Other documents (non-CARF)

(Please indicate: ____________________________)

5. Did you participate in a CARF sponsored training session as part of your survey preparation?  

- Yes
- No

a. If yes, please check all that apply:

- CARF 101
- CARF International Conference
- Other CARF Training Event:
- Training presented by non-CARF staff:
- Other:

(Please indicate: ____________________________)

b. If so, was this training helpful?

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<th>Not at all</th>
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</table>
6. Did your organization use a consultant to help prepare for the survey process? □ Yes □ No

   a. If so, was this helpful?

   1 2 3 4 5

7. What would you like to see CARF do to facilitate the presurvey preparation process?

---

Impact of CARF Standards

8. On balance, do you find CARF’s standards relevant to your programs or services? 1 2 3 4 5

9. Have you found any specific standards that especially support the delivery of quality services?
   If yes, please give examples:

---

10. Have you found any specific standards that especially detract from the delivery of quality services?
    If yes, please give examples:
11. Has your organization's involvement with CARF, including the preparation process and the on-site survey, helped improve areas of performance in your organization?
   a. If yes, please check all areas that apply.
      - Customer/Consumer Relations
      - Documentation/Policies & Procedures
      - Health & Safety
      - Information Management
      - Performance Improvement Practices
      - Provided direction for improvement
      - Rehab process/program
      - Other areas, please specify:
   
   b. If no, why not?

---

### Effectiveness of the On-Site Survey and Survey Report

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>Very much so</th>
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<tbody>
<tr>
<td>12. Was the on-site survey a beneficial process for your organization</td>
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<td>and its programs or services?</td>
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13. Does the content of the survey report closely parallel the content of the exit conference presentation made by the surveyors?

   Please explain:

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<tr>
<th>Question</th>
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<tbody>
<tr>
<td>13. Does the content of the survey report closely parallel the content</td>
<td>1 2 3 4 5</td>
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<tr>
<td>of the exit conference presentation made by the surveyors?</td>
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</table>
14. Do the comments and recommendations in the survey report accurately reflect your organization's conformance to the standards?

Please explain:

__________________________________________________________________________

15. Do the recommendations in the survey report give you adequate guidance to address areas needing improvement?

Please explain:

__________________________________________________________________________

16. How can CARF better assist your organization after the survey process?

__________________________________________________________________________

__________________________________________________________________________

Responsiveness to your Environment

17. What are the top three factors currently impacting your ability to deliver quality services to the persons you serve?

   a. 
   
   b. 
   
   c. 

18. How has your recent experience with CARF (people, products, survey process, technical assistance, consultation and information received, quality improvement plan requirements, etc.) impacted your ability to deliver the services your customers are requesting?
19. Has preparing to meet CARF standards improved your organization's business practices?  
Please explain:

__________________________________________________________

20. What improvements can CARF make to help you respond to the factors (as indicated above) in your  
organization's environment?

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

**Other Comments**

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

If you have any additional comments, you may also contact, Susan Ganson, Resource Specialist, 202-587-5001, at extension 5005 or sganson@carf.org.
Appendix D: CARF Surveyor Performance Feedback Questionnaire

Survey #:
Organization #:
Organization:
Street Address:
City, State/Province:
Survey Dates:
Survey Team:

Surveyor Appropriateness
1. In general, do you think that the background and expertise of the surveyors were appropriate to assess your organization's conformance to the standards?

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2. Do you think that the surveyors understood your organization and its services or programs?

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Surveyor Expertise with Standards
3. Did the surveyors appear to have adequate knowledge of the standards?

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4. Do you think that the surveyors were thorough in applying the standards to all applicable service/program areas?

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Surveyor Performance On Site
5. Were the surveyors prompt in arriving at your organization and in keeping interview appointments?
6. At the orientation conference, did the surveyors clearly explain what your organization should expect from the survey process?

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7. Were the interviews with staff and board members, leadership, and others consultative?

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8. Were the interviews beneficial to your organization?

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9. Did the surveyors use a "consultative" approach rather than an "inspective" approach when assessing your organization’s conformance to the standards?

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10. During the survey, did the surveyors clearly identify your organization’s strengths?

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11. Did the surveyors clearly identify specific areas needing improvement?

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12. Throughout the survey were staff and board members, leadership, persons served, funders, and others treated with respect and courtesy?

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13. During the exit conference, did the surveyors give your organization an opportunity to clarify their findings?

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<th>Very much so</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>
Suggestions for CARF’s Improvement

14. Please add below any comments regarding the survey team or about the on-site survey. Please be specific if you have feedback on a particular surveyor or specific questionnaire question. We appreciate your feedback and we will use the information to improve our performance.

If you have any additional comments, you may also contact Susan Ganson, Resource Specialist, 202-587-5001, at extension 5005 or sganson@carf.org.
### Appendix E: CARF Evaluation Pre-to-Post Questionnaire

#### Performance Improvement Questions

<table>
<thead>
<tr>
<th>Business Planning</th>
<th>Response Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your organization do either of the following:</td>
<td>Check Boxes</td>
</tr>
<tr>
<td>• Annual Business Planning (i.e., setting objectives for the organizations)</td>
<td>□ No</td>
</tr>
<tr>
<td>• Long Term or Strategic Planning</td>
<td>□ Partially or to some extent</td>
</tr>
<tr>
<td>If yes, have you been able to measure or monitor your success in achieving the objectives you define in these plans?</td>
<td>□ Yes</td>
</tr>
<tr>
<td>If yes, please indicate if you have been able to utilize any of the following information in setting objectives:</td>
<td>Check Boxes</td>
</tr>
<tr>
<td>• Financial Information (for example, budget, days cash on hand, expenses etc.)</td>
<td>□ No</td>
</tr>
<tr>
<td>• Information about Accessibility (i.e., the removal of potential barriers to person accessing or utilizing your services)</td>
<td>□ Partially or to some extent</td>
</tr>
<tr>
<td>• Resource Allocation (i.e., the allocation of funds through budgets)</td>
<td>□ Yes</td>
</tr>
<tr>
<td>• Surveys (regulatory citations and how they are being corrected)</td>
<td>□ Partially or to some extent</td>
</tr>
<tr>
<td>• Risk analysis (information on falls prevention, medication errors)</td>
<td>□ Yes</td>
</tr>
<tr>
<td>• Human resources (information on staff turn over, retention issues)</td>
<td>□ Partially or to some extent</td>
</tr>
<tr>
<td>• Technology (e.g., information system failures, routine back up procedures)</td>
<td>□ Yes</td>
</tr>
<tr>
<td>• Environmental health and safety (e.g., emergency drills/responsiveness; number of staff completing competency safety training)</td>
<td>□ Partially or to some extent</td>
</tr>
</tbody>
</table>

#### Program or Service Performance Measurement

| Open ended |
|-------------------|--------------|
| What information do you use now to improve services? | □ Not familiar |
| Are your staff familiar with performance or outcomes measurement? | □ Somewhat familiar |
| □ Very Familiar |
| | □ No |
| Do your current data collection practices (e.g., databases or paper tracking systems) allow you to collect useful information about your residents that could be aggregated and used for quality improvement? | □ Partially or to some extent |
| Have you established what you would like to measure with regards to the performance of your programs? (e.g., set specific outcomes or defined specific objectives)? | □ Yes |
| | □ No |
| | □ Partially or to some extent |
Have you established specific targets (e.g., numbers or percentages) with regards to the performance of your programs? (e.g., set specific outcomes or defined specific objectives)?

<table>
<thead>
<tr>
<th>extent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Partially or to some extent</td>
</tr>
</tbody>
</table>

If yes, have you been able to measure your performance?

<table>
<thead>
<tr>
<th>extent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Partially or to some extent</td>
</tr>
</tbody>
</table>

If yes, have you been able to communicate any information about performance to others inside or outside the organization?

<table>
<thead>
<tr>
<th>extent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Partially or to some extent</td>
</tr>
</tbody>
</table>

If no, do you recognize what you need to do to achieve conformance with standards related to performance measurement?

<table>
<thead>
<tr>
<th>extent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Partially or to some extent</td>
</tr>
</tbody>
</table>

When making business or strategic decisions, does your organization use performance information:

<table>
<thead>
<tr>
<th>extent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>In most cases</td>
</tr>
<tr>
<td>In some cases</td>
</tr>
<tr>
<td>In few cases</td>
</tr>
<tr>
<td>Not at all</td>
</tr>
</tbody>
</table>
Appendix F: Additional Graphs of the Results of the Pre-to-Post Questionnaire

Staff familiarity with performance or outcomes measurement:

Current data collection practices allow collection of useful information about residents that could be aggregated and used for quality improvement:

Establishing specific outcomes or objectives with regards to the performance of programs:
Recognizing what needs to be done to achieve conformance with standards related to performance measurement:

Using performance information when making business or strategic decisions: