

DEVELOPING EXCELLENCE IN CLINICAL PRACTICE

PLANNING PROCESS FOR STUDY GROUPS

BACKGROUND

Since March of 2000 our attention has been focused on understanding and integrating changes in the legislation, new standards for child protection, and the implementation of the Ontario Risk Assessment Model. While paying attention to meeting ministry standards has resulted in steady improvements in our audit results, there is growing concern that much of the work in child protection has become compliance driven. An unintended consequence has been an erosion of our clinical practice.

As we continue to improve our ability to meet required standards we plan to concurrently build on our knowledge and skills to re-introduce a clinical focus to our work.

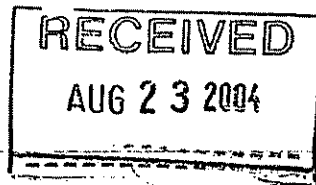
Supervisors and managers have embarked on a planning process to develop excellence in clinical practice. During a retreat day supervisors and managers:

- came to a common understanding of what constitutes excellence in clinical practice
- identified key issues/barriers to attaining excellence in practice
- identified strengths to build on
- articulated the key elements to incorporate in a vision statement
- identified key areas to focus on in a strategic planning and goal setting process

In a follow up meeting a vision statement was adopted and four areas of review were identified for further study. Recommendations and implementation strategies leading to innovation and excellence in the delivery of child protection services will follow.

The four areas identified for further study are:

1. Structures that support excellence in practice
2. Teaching/learning/research environment
3. Relationships and communication
4. Community partnership linkages



Aug. 17/04

Hi Andy

I was encouraged by your project proposal. It is very timely

I thought you might be interested in a project I have been leading here at the OTTAWA agency

I am enclosing a summary of a process we are currently engaged in on Developing Excellence In Clinical Practice.

It is really exciting. At this point we have almost 60 front line staff & 30 supervisors participating in the process

Hope you find it interesting

Take Care

Maureen Roberts

VISION STATEMENT FOR DEVELOPING EXCELLENCE IN CLINICAL PRACTICE

The vision statement was developed based on the key elements identified from the retreat and is consistent with the Society's mission, beliefs and model of service.

"Developing excellence in clinical practice is essential to fulfilling a commitment to the best interests, protection and well being of children and their families"

We believe this can be achieved by:

- building capacity to reflect core social work values of empowerment, acceptance of diversity, respect and compassion in engaging and working with families
- a supportive structure which encourages integration and collaboration within the organization and the community
- fostering a climate which promotes positive relationships, open communication and shared ownership for the work
- opportunities for learning which will contribute to decision-making that is guided by current knowledge, expertise and research

PLANNING PROCESS

The planning process in each of the 4 study areas will make recommendations and develop an implementation strategy.

The identified leads will involve one Intake Supervisor and one Ongoing Supervisor. The identified leads will:

- oversee the development, prioritization and completion of work plans for immediate actions or longer term project based reviews
- ensure adequate representation of staff from within the department
- may delegate responsibility for implementing/managing the work plans
- are accountable for realizing the outcomes as identified
- one manager/director will support each work group
- A centralized planning/review team to coordinate the work group efforts

SCOPE

This planning process is limited to an examination of the processes between Intake and On-Going Services. It represents an incremental approach to improving our clinical practice that we envision will have an impact in other service areas in the future.

DECISION-MAKING CRITERIA

The criteria to be used in making recommendations arising out of this planning process include:

- consistent with our service objectives and standards
- supports the implementation of our model of service
- is revenue neutral
- builds collaboration within between intake and on-going services
- builds collaboration with other service streams within the organization
- builds collaboration with our community partners and other child welfare organizations
- impact analysis: financial/organizational/community partners/cross society services

ROLES

It is important that all members participating in the study groups have an understanding of their respective roles. Clear role definition provides greater structure and understanding for all individuals involved. The following depicts the roles.

Project Lead	Participant	Director/Manager Support
<ul style="list-style-type: none"> • Defines, plans, and monitors all aspects of the study group • Provides leadership for the success and implementation of the project • Communicates project vision to entire group • Ensures appropriate allocation of resources in particular staff time • Establishes clear ground rules for the overall functioning of the group 	<ul style="list-style-type: none"> • Provides consultation, and feedback on all aspects of the project • Responsible for tasks assigned by the leads 	<ul style="list-style-type: none"> • Provides administrative support • Provides template for development of work plan • Provide link between the planning areas through the existing planning committee meeting on a regular basis • Create and provide report template • Roll up recommendations • Develop process for implementation • Provide evaluation framework • Track results and evaluate outcomes

STUDY GROUP # 1

REVIEW STRUCTURES THAT SUPPORT EXCELLENCE IN CLINICAL PRACTICE

Purpose:

To identify structural barriers between intake and on-going services that impede the delivery of quality services. Such barriers may include policies and procedures, information systems, physical space, case assignment processes and staffing configurations.

Objective:

To develop mechanisms/structures that effectively manage the barriers

Guiding Principles:

- Model of service

Service Outcomes Currently Identified:

- Structures for delivery of service are client focused
- Structures maximize continuity of service for clients
- Structures facilitate maximum engagement with and involvement of clients in planning
- Supportive structures are in place that encourages integration and collaboration within child protection services
- Supportive structures are in place that assist in developing capacity to reflect values of empowerment, acceptance of diversity, respect and compassion in engaging and working with families

Reporting Time Lines:

June 30, 2004

Oct. 30, 2004

Dec. 30, 2004

STUDY GROUP # 2

TEACHING / LEARNING /RESEARCH ENVIRONMENT

Purpose:

To create opportunities for learning which will contribute to decision making that is guided by current knowledge, expertise and research.

Objective:

To deliver excellent services through confident decision-making, shared ownership of cases and positive working relationships.

Guiding Principles:

- Model of Service

Service Outcomes Currently Identified:

- Clinical forums to review complex cases, best practices, creative techniques;
- Identification of internal expertise;
- Process to draw on internal sources of expertise;
- Mentoring within teams established as a process;
- Practice decisions are supported in evidence based research
- Establish a benchmark to ensure a consistent level of clinical skill is met in the hiring process

Reporting Time Lines:

June 30, 2004

Oct. 30, 2004

Dec. 30, 2004

STUDY GROUP # 3

RELATIONSHIPS AND COMMUNICATION DEVELOPMENT

Purpose:

To develop and foster a climate which promotes positive relationships, open communication and shared ownership for the work.

Objective:

To ensure the seamless, effective delivery of services.

Guiding Principles:

- Model of Service

Service Outcomes Currently Identified:

- Collaborative relationships between Intake and Ongoing
- Respect for varied perspective, diversity of thought
- Collaboration on cases well before transfer process, resulting in a seamless transfer process
- Joint ownership for cases, joint service planning
- Transparency, openness, interdependence, accountability are features in our relationships
- Staff are empowered and confident in decision making and case planning

Reporting Time Lines:

June 30, 2004

Oct. 30, 2004

Dec. 30, 2004

STUDY GROUP # 4

COMMUNITY PARTNERSHIP LINKAGES

Purpose:

To foster and develop supportive structures which encourage collaboration with the community in the delivery of child protection services.

Objective:

To share knowledge, expertise and information with community agencies on the delivery of child welfare services

To participate with and influence the development of program development in the community

Guiding Principles:

- Model of Service

Service Outcomes Currently Identified:

- Improved child welfare image in the community
- Participation of key collaterals in service planning
- Increased staff participation on community committees

Reporting Time Lines:

June 30, 2004

Oct. 30, 2004

Dec. 30, 2004

MEMO: TO ALL SUPERVISORS
FROM: Marion Roberts
RE: Developing Excellence In Clinical Practice

Attached please find a "Tool Kit" for supervisors to assist and guide you in the team meetings you are facilitating following the meeting tomorrow with all protection staff.

The Tool Kit consists of:

1. Key Messages
2. Sample questions and answers
3. Questions for the small group discussion within your teams

Please Note:

Question # 1 - What does clinical excellence mean to you?

Question # 2 - What do you see as the benefits in developing a child welfare practice dedicated to excellence in our clinical interventions?

It would be appreciated if you could record the responses and forward to Suzanne Degrace.

The Central Planning Committee will roll up the results and see where the areas of congruence are with what we did in our retreat. This information will be shared with you and all staff.

I hope your team meetings go well.



KEY MESSAGES

Involvement

- This is an important opportunity for front line staff to be actively involved as contributing members in a process that will impact the work we do
- This is an ideal opportunity to have a voice in shaping the future of how we will deliver clinically focused services
- We have a wealth of clinical skills, knowledge and ability within child protection services to contribute to this process

Environment

- Involving all levels of staff fosters an environment of open communication and respect
- This process allows us to focus on positive change, letting go of a focus on the barriers

Mission/Vision/Strategic Priorities

- This is a process that is linked to the larger organizational mission/vision and strategic priorities
- What we do here will have a positive effect on all of our relationships within the organization, other children's aid societies and the broader community

Finances and Budget Planning Processes

- This is a revenue neutral process and fits nicely with the broader budget planning process where we are aiming to improve practice while being fiscally responsible
- This gives us an opportunity to be really creative and innovative in our thinking, we can think outside the box- as long as we don't spend new money
- This also fits nicely with staff telling us as part of the budget planning process they wanted more involvement in planning

Scope

- This planning process is limited to an examination of the processes between intake and on-going services.
- This is a time limited project - June - December 2004

Questions and Answers

How will the membership on the study groups be determined?

- Staff are invited to participate based on interest and subject to supervisory approval
- Names will be forwarded to the planning committee for selection

Who sits on the planning committee?

- The Intake and On-Going Supervisor Co-leads of the study groups
- Child Protection Managers
- Director of Child Protection
- Executive Director

How will they decide who is chosen to participate?

- Each study group needs representation from Intake and On-Going Services
- Interested staff will be placed in the study group they are interested in
- When the spaces are filled up interested staff may be asked to participate in a study group that was not their first choice
- If the response is overwhelming and we cannot place all interested staff we will meet with you and figure out a way of having you contribute in other ways

What about coverage when I attend meetings?

- Meetings will be prescheduled over the next eight months and will never be more than 1.5 hours in duration
- It is anticipated the team's usual system for back up will suffice
- Supervisors are placing a high priority for this project and will ensure as much as possible, contingent on operational requirements that you will be able to fully participate in this process

If I chose not to be a member of a study group, are there still opportunities for me to contribute my ideas?

- There will be several ways you will be able to contribute. There may be focus groups or questionnaires sent out to solicit your feedback. Alternatively, there will be minutes of all the meetings that will be available to you. You may seek out any member of the study groups to provide your feedback and or information to. Updates will also be provided on a periodic basis.

QUESTIONS FOR SMALL GROUP DISCUSSIONS

What do we want to achieve?

- We want staff to participate in the process; either as study group members; members of focus groups or other ways they may decide to contribute
- We want staff to feel they can influence change in the organization
- We want staff to feel excited about the project
- We want staff to feel a personal ownership for developing excellence in our clinical practice

QUESTIONS

1. What does clinical excellence mean to you?
2. What do you see as the benefits in developing a child welfare practice dedicated to excellence in our clinical interventions?
3. We are seeking interested staff to participate in the study groups. There are limited spots available. If you are not selected to be an active member of the study group, are there other ways you can suggest we involve front line staff in this process?
4. How would you like us to communicate the progress of the study groups and the ultimate recommendations?