

## ES SELF EVALUATION

To raise national awareness of the importance of quality and performance excellence as a competitive edge in the U.S., Congress established the Malcolm Baldrige National Quality Award in 1987. Each year, this award recognizes U.S. companies for their achievements in quality and business performance. Baldrige Awards are given in the categories of manufacturing, service, small business, and education and health care. One of the key considerations in the Baldrige Award is that services/goods/products be improved based on the feedback about their quality. Quality is defined by the customer and the impact of the provided service/good/product.

Quality services, achieving excellence, and business practices are becoming more and more part of the rehabilitation vocabulary. Recognizing this, CRP-RCEP staff members have developed the self-evaluation tool below for CRPs. The evaluation tool is based upon several critical values and concepts of the Baldrige Award program and current literature.

However, because achieving excellence is a never-ending journey along an always changing path, CRPs are cautioned against developing rigid processes and procedures based on the tools components.

The self-evaluation tool is framed by seven critical components that integrate the concepts of the Baldrige Award program. They are:

**1. Leadership:** The program's senior executives must create a vision that includes the values of customer-driven services, quality of life as defined by the customer, inclusion, and high expectations. The leaders must take part in creating plans and processes for achieving excellence in services to the customer. Recognition and reinforcement of the performance displaying the values and vision created by the leaders require a considerable amount of time. Program leaders must commit to the growth and development of all employees and encourage full participation and creativity. Leaders serve as role models by reinforcing the values and encouraging leadership at all levels.

**2. Employee Participation and Development:** All employees must have the opportunity to have input into the plans and activities that lead to the achievement of the vision. It is increasingly clear that a program's quality and performance is closely related to the quality, commitment, and involvement of the work force. Recognition and reinforcement systems of commitment and creativity should be in place.

**3. Management by Data:** Agencies' plans must be based upon reliable information, data, and analysis. Many types of data should be used for effective management planning including: customer feedback, market analysis, competitive comparisons, employee feedback, cost and financial information, and service performance. Analysis might include using data to reveal trends, projections, and cause and effect relationships. This

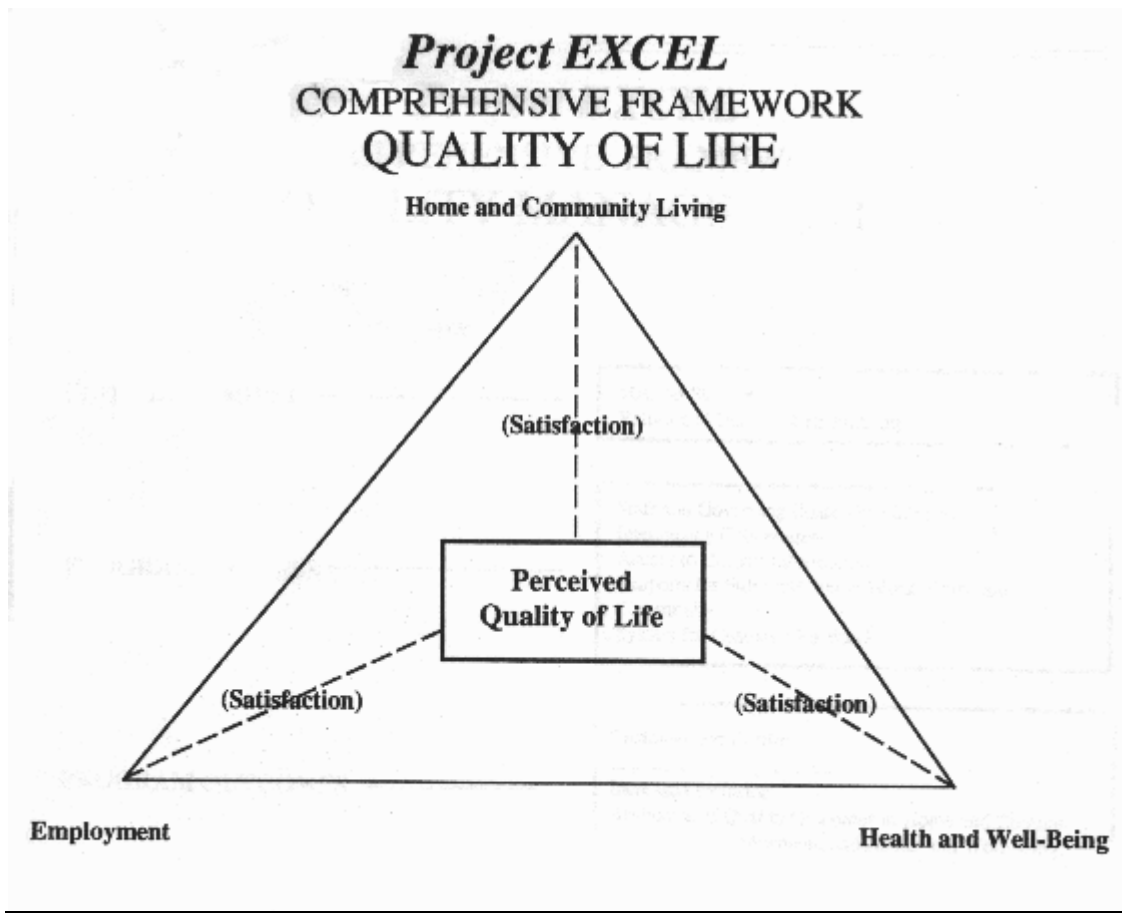
information can be used for a variety of purposes including planning, reviewing performance, improving processes, and comparing performance with competitors.

**4. Partnership Development:** Agencies should seek to establish external and internal partnerships. Quality rehabilitation services do not occur in a vacuum. Partnerships should be developed with organizations who share the same visions or serve the same customers by meeting different needs. Internal partnerships may also be vital to a program's continued growth and quality. Examples of internal partnerships could include agreements with unions or new work organizations (i.e., self-managed work teams).

**5. Long-Range Outlook:** Achieving quality rehabilitation services requires a constant monitoring of future trends that will influence customer needs. These trends might include technological developments, changing customer characteristics, evolving regulatory requirements, community-social expectations, and changes within the rehabilitation field. Plans and strategies should reflect a clear understanding of the potential impact of these trends.

**6. Well Designed and Executed Systems:** Quality services require well-designed and executed service delivery systems. Emphasis should be on building quality into the system during the design stage. Systems designed with quality as a component are generally more cost efficient than correcting quality problems during the later operations stage.

**7. Customer-Driven Quality:** Quality is defined by the customer. Quality is only meaningful when related to the impact a given program has on the life of a customer.



## ***SELF EVALUATION FRAMEWORK***

To assist CRPs interested in undertaking this self-evaluation journey a comprehensive framework has been developed. The three components of this framework include:

### **Program Driver**

The Program Driver is the unifying and driving force of the organization. The organization leaders create the values, goals, and vision and then guide the implementation of activities to achieve these goals and vision.

### **Program Process**

The Program process component of the framework is comprised of the systems (i.e., strategies and procedures) developed to achieve the goals of the organization. Included under this are quality enhancement and quality management strategies.

### **Program Outcomes**

This includes measurement of services provided. Quality of life as defined by the customer and measured by the critical Quality of Life indicators are crucial foci of this component.

The constructs discussed previously are embodied in the comprehensive framework shown below. The graphic depicts the integration of the constructs into each component.

#### Best Business Practice Comprehensive Framework

Program Driver	Leadership
Program Process	Employee Participation and Development Management by Data Partnership Development Long Range Outlook Well Designed and Executed Systems
Program Outcomes	Customer-Driven Quality

As with all businesses, the field of rehabilitation is becoming more concerned about the effectiveness and the efficiency of the services provided. In fact, these issues may be the most important elements of generally accepted TQM practices (Grandzol & Gershon 1997). For rehabilitation agencies two fundamental concepts become critical: Quality Management and Quality of Life. Both are necessary to consider oneself as "exemplary."

#### 1. Quality Management:

The graphic below depicts the connectedness between the comprehensive framework and exemplary Quality Management considerations. Important evaluation elements are included in each of the three components.

#### Project EXCEL Comprehensive Framework Quality Management

Program Driver	Mission Statement Values and Goals of the Organization
Program Process	Staff and Governing Board Development Interagency Cooperation Access to Current Information Supports for Full Inclusion in Work, Home, and Community Systems for Customer Feedback
Program Outcomes	Customer Satisfaction Increased Interdependence Increased Inclusion Assurance of Quality Outcomes in Home and Community Living, Employment, and Health and Well-Being

#### 2. Quality of Life

The overriding goal of exemplary programs/organization is to increase the quality of life experienced by the people they serve. Additionally, this quality of life must be determined by the individual receiving the service.

The literature is replete with models, standards, indicators, indexes, and criteria regarding quality of life. One quality of life model recently postulated which condenses with various measures into three workable domains, is below. Using such a model ensures that the quality of life enjoyed by an individual will be addressed as a whole, rather than fragmented into several parts. Adherence to this holistic perspective is critical for quality service provision. It is clear that quality services must look at the individual, the environment and his/her needs as they relate to that person enjoying full participation.

Quality of life domains

**Home and Community Living:** This domain refers to the individual's opportunity to enjoy regular home and community activities. Embodied in this domain are the individual's interpersonal relationships.

**Employment:** The domains refers to the individual's opportunity to access integrated employment. Consistent with this domain is post-secondary educational activities leading to integrating employment.

**Health and Well-Being:** This domain refers to the individual's opportunity to access adequate and appropriate health activities services. Included are those features resulting in the person making informed decisions regarding personal life style.

It is clear that these domains are overlapping. For example, going to work is considered under the Employment domain; however, it can also be considered in the Home and Community Living domain. Likewise, attending an exercise class at a local health club could be an aspect of Health and Well-Being, but it also relates to the Home and Community Living domain.

As also depicted in the Model, the satisfaction experienced by the individual in each domain intersects to become the perceived quality of life for that person. This emphasizes the basic belief that quality of life must be determined by the individual.

A basic tenet of CRP-RCEP is that primary outcomes of any exemplary service will be to increase the quality of life experienced by people with disabilities who receive services. The above three domains of quality of life provide a clear, workable and comprehensive model of quality of life. These beliefs have a sound philosophical and empirical foundation. Because of their solid foundation and comprehensiveness these domains are well suited to the self-evaluative efforts of interested CRPs.

- Comprehensive Framework
- Quality of Life
- Home and Community Living
- Satisfaction

- Perceived Quality of Life
  - Satisfaction
  - Employment
  - Health and Well-Being
- 

## ***SELF EVALUATION QUESTIONS***

### **1. Program Driver (25 points)**

The program driver component examines the organization's mission statement and the daily operations of the program.

Areas to address include:

1.1. How the mission statement drives the organization. Discuss how the leaders integrate the values of the mission statement and the daily operations of the program.

1.2. How the goals of the organization are related to the mission statement and the daily operations of the program.

1.3. The role of the leadership in carrying out the goals and mission. Summarize the administrative efforts that communicate to all employees the importance of the mission and goals of the program.

1.4. How quality is defined by the customer. Describe how the leaders regularly reinforce the program's customer defined quality focus.

1.5. How values expressed through media, publications, and daily operations exemplify the image projected by the mission statement. Discuss the interrelatedness of the values expressed and operationalized. Specific examples could be provided if thought to be helpful to the Reviewers understanding.

### **2. Program Process (20 points)**

The program process component examines the mechanisms used to achieve the organization's goals.

Areas to address include:

2.1. The program's strategy or long-term planning process for quality and customer satisfaction. Describe how it considers different types of feedback information (e.g., from people with disabilities, employees, environmental-societal, technological developments, program capabilities, risk, etc.).

2.2. The program's system for determining the needs and expectations of people with disabilities in relationship to their environment. Describe the analyses conducted of both the environment and person and the decision making mechanisms for determining appropriate intervention strategies.

2.3. How the program develops, facilitates, encourages, monitors, and evaluates support systems that result in full community inclusion in regard to Home and Community Living, Employment, and Health and Well-Being.

2.4. How the program determines the education and training needs of the employees and governing body. Show how this system addresses organization needs in reaching its mission as well as supports employee or member growth. Summarize how this training is evaluated in terms of effectiveness and extent.

2.5. The system(s) used to ensure effective external partnerships (interagency cooperation). Detail how these are developed, evaluated, and revised.

### **3. Program Outcomes (55 points)**

The program outcomes component examines the impact of the services provided on the person's quality of life.

Areas to address include:

3.1. The outcomes achieved by the people served as related to the programs written mission. Summarize whether these outcomes are consistent with the program philosophy and mission. Include aggregated data whenever possible.

3.2. Trends in the program's customer satisfaction and dissatisfaction. Discuss the impact of these data on program operation.

3.3. Quality outcomes related to home and community living. Discuss outcomes achieved by people served including, but not limited to, home ownership, use of generic services, choices, social interaction and supports, community inclusion, self advocacy, and environmental modification or accommodations.

3.4. Quality outcomes related to employment or continued education. Discuss outcomes achieved by people served including, but not limited to, salary and benefits, healthy work environments, performance evaluations, equal employee rights, social interactions and supports, job/class accommodations, and advancement opportunities.

3.5. Quality outcomes related to health and well-being. Discuss outcomes achieved by people served including, but not limited to, nutritional or health status, mobility, medication, exercise opportunities, and health care access and/or coverage.

---

## **SELF EVALUATION BIBLIOGRAPHY**

- Albin, J. (1992). *Quality improvement in employment and other human services*. Baltimore: Paul Brooks Publishing.
- American Society for Quality Control, (1992). *Malcom Baldrige 1993 award criteria*. Milwaukee, WI: ASQC Quality Press.
- Bradley V.E. Bradley & H.A. Bersani (Eds.). *Quality assurance for individuals with developmental disabilities*. (pp.3-16) Baltimore: Paul Brookes Publishing.
- Deming, W. E. (1986). *Out of crisis*. Cambridge, MA: Center for Advanced Engineering Study, MIT.
- Halpern, A.S. (1985). Transition: A look at the foundations. *Exceptional Children*, 51, 479-486.
- Heal L.W., Schalock, R.L., & Keith, K.D. (1992). *Cross cultural attributions of meaning to quality of life concepts made by mental retardation professionals*. Paper presented at the 1992 meeting of the International Association for the Scientific Study of Mental Deficiency, Brisbane, NWS, Australia. August, 1991.
- Knoll, J.A. Defining quality in residential services. In V.E. Bradley & H.A. Bersani (Eds.). *Quality assurance for individuals with developmental disabilities*. (pp.235-264) Baltimore: Paul Brookes Publishing.
- Lehman, A.F. (1988). A quality of life interview for the chronic mentally ill. *Evaluation and Program Planning*, 11, 51-62.
- Meyer, L.H., Peck, C.A., & Brown, L. (1991). *Critical issues in the lives of people with severe disabilities*. Baltimore: Paul Brookes Publishing.
- Morrow, S.A. (1987). *A parent and teacher handbook for successful transition: A cooperative effort*. Kirksville, MO: Edge, Inc.
- National Association of Rehabilitation Facilities. (1989). *NARF's Quality Indicators Profile*. Washington DC: NARF
- Peters, T. (1987). *Thriving on chaos*. New York: Harper & Row Publishers.
- Rosander, A. C. (1991). *Deming's 14 points applied to services*. Milwaukee, WI:ASQC Quality Press.
- Schalock, R.L. (1990) (Ed.), *Quality of life: Perspectives and issues*. Washington Dc: American Association on Mental Retardation.
- Schalock, R.L. (in press). The concept of quality of life and its current application in the field of mental retardation and developmental disabilities. In D.E. Goode (Eds) *Quality of life from an international perspective*, New York: Plenum.

Schalock, R.L., (in Press). Quality of life, quality enhancement and quality assurance: Program planning and evaluation implications in the field of mental retardation and developmental disabilities. *Evaluation and Program Planning*.

Schalock, R.L., Lemanowicz, J., Conroy, J. & Feinstein, C. (in press). A multivariate investigative study of the correlates of quality of life. *American Journal on Mental Retardation*.

Schalock, R.L., Keith, K.D., Hoffman, K. & Karan, O. C. (1989). Quality of life: Its measurement and use. *Mental Retardation*, 27 (1), 25-31.

Whiteley, R.C. (1991) *The customer driven company*. New York: Addison-Wesley Publishing Co.

Wood R. & Steere D. (1992) Evaluating quality in supported employment: The standards of excellence for employment support services. *Journal of Vocational Rehabilitation* 2(2) 35-45.