The RAF Method

for Regulation, Assessment, Follow up and Continuous Improvement of Quality of Care

Presentation for Jewish Care 21.1.10
Major Challenges of Inspection Systems: Methodological Challenges

1. To create a system that is real and honest
2. The standards
   - Finding the correct standard: not too high and not too low
   - Dilemma of maintaining a unified standard versus modification according to each organization's needs
3. Deciding on the correct mix between reliance on self-reporting by service provider and inspection by inspector
4. Difficulty in measuring outcomes:
   - Interfering factors
   - Outcomes that are recognizable only from a long-term perspective
Methodological Challenges (cont.)

4. Reliability: achieving uniformity among the different inspectors
5. The unscheduled visits do not always reflect the regular routine
6. Difficulty in comparing between services
7. Quality control of the data
8. Whether and how to make the inspection reports available to the clients
Implementation Challenges

- On the level of inspection:
  1. Overload
  2. Following up the correction of deficiencies
  3. Inter-systemic cooperation (e.g. social, health and education systems)
  4. Contradictions between the standards and court decisions
  5. How to create motivation to improve in mediocre frameworks
Implementation Challenges (cont.)

- On the level of the service providers:
  1. Overload: difficulty in meeting the standards and providing the required documentation
  2. How to make quality improvement a part of the day-to-day routine (not only for the inspection)
Goals of the RAF Method

Upgrade Inspection
- Ongoing measurement of outcomes
- Effective and efficient enforcement of regulations
- Creating a more objective, uniform and fair basis for communicating with the supervised frameworks

Create a basis for national-level policy planning

Improve management and quality of care

Improve clients' quality of life
Prior to RAF:

- The regulatory process: not systematic and not uniform
- Insufficient documentation produced by service providers and inspectors
- No systematic data collection
- Inspectors serving mainly as advisors
<table>
<thead>
<tr>
<th>Frameworks and Clients Currently Participating in RAF*</th>
<th>Number of frameworks**</th>
<th>Number of clients</th>
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<td><strong>Residential Settings</strong></td>
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<td>Rehabilitative Pre-School Day Centers for Physically Disabled</td>
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*Updated to January 2010

**The brackets denote the overall number of the frameworks
Components of the RAF Method Regulation System

- Improved standards and regulations
- Measures derived from the standards and regulations
- Tools for quality assessment
- Recording and documentation system on the individual and institutional levels
- Systematic data collection
- Phased regulation cycle
- Work plan to correct deficiencies
- Computerization of process and information systems
- Decision-supportive information system (including licensing)
- Basis for enforcing work by regulations
Regulation Cycle According to the RAF Method

1. Collection of data on clients
2. Comprehensive inspection visit
3. Feedback to directors – construction of an annual plan to correct deficiencies
4. Follow up visits
5. Licensing/non-licensing
6. A meeting for the conclusion of the regulation cycle
Sources of Information

- Interviews of:
  - clients
  - staff

- Observation

- Records
Types of Indices Measured by RAF

Inputs
- Physical infrastructure
- Equipment
- Manpower
- Existence of treatment plan for each client
- Level of expenditure per client
- Internal work procedures in framework

Outputs
- Administrative procedures
  - Procedures exist
  - Their quality
- Treatment procedures
  - Checking the treatment plan
  - Examining the tracer-related procedures in light of the regulations

Outcomes
- Status of client
  - Client's status re tracers
  - Client's status not related to tracers
- Issues relating to physical quality of life
- Atmosphere in framework
- Client satisfaction

Decision-supportive information system
Main Changes Introduced by the Implementation of the RAF Method

- Use of standardized, objective and structured tools for regulation
- Improvement in record keeping
- Development of higher standards of quality of care
- Structured work procedures
- Professionalization and empowerment of personnel
- More efficient use of resources: decisions based on data
- Public access to regulation tools and criteria
- Creation of a nationwide database
- Performance measurements
Types of Data Provided by the RAF System

1. **Data on clients**
   - Demographic data
   - Profile of their problems (tracers)

2. **Data on quality of frameworks regarding:**
   - Treatment
   - Administrative
   - Physical
   - Client's perspective

3. **Information on implementing inspection**
   - Meeting work plan requirements
Benefit to Inspectors

- Overview of all frameworks supervised by each inspector
  - For setting priorities
  - Allows for comparisons between frameworks in order to learn from successful ones

- Reliable and comprehensive picture on the status of specific frameworks
  - Providing advice to directors on more efficient management
  - Regular documentation as backup for inspector
Benefit to Directors of Frameworks

Objective and fair treatment

Overview of status of framework:
- Client status
- Administrative status
- Physical status
- Treatment procedures
- Client's point of view

Annual Work Plan

More satisfied clients and better living environment
Benefit to Division

National overview with cross-sections on:
- Quality of the framework from treatment, administrative, physical and client points of view
- Profile of clientele
- Inspection

National-level decisions on:
- Inspection policy
- Division policy
- Creating standards
Benefit to Division – cont.

- Enhancing ability to ensure standards (including legal power)
- Ability to defend against lawsuits
- Unified viewpoint and common language for headquarters staff
- Developing all levels of professional workforce
New Directions

A multiannual strategic plan to expand the RAF:

1. New Services
   - Social Service Departments
   - Service for the treatment of addictions

2. Upgrade to "the second generation of RAF"
Contributing Factors for Successful Implementation of the RAF System

- Leaders with vision
- Long-term process that enables trust building
- Lack of disruptive events
- Previous record of success
- Partnership with the service: recognition of needs
- Identifying helpful agents
- Presenting data in a user friendly way
The Ministry of Social Affairs
The RAF System
Rehabilitation Service

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List of Tracers

1. Use of communication aids
2. Inter-personal communication
3. Relations with family
4. Social behavior
5. Emotional-behavioral adaptation
6. Suicidal behavior
7. Basic skills
8. Advanced skills
9. Acquiring basic academic skills
10. Functioning in school
11. Vocational training and employment
12. Unannounced absences
13. Theft
14. Alcohol use
15. Drug abuse
16. Problematic sexual behavior

Legend:
- Having no difficulty with tracer in this year and previous year
- Difficulty with tracer – no change from the previous year
- Difficulty with tracer in previous year – improvement noted this year
- Deterioration in tracer
Thank You
RAF in Social Service Departments

1. The situation today:
   - A cadre of district inspectors for each client group
   - No common concept for inspection
   - No common tools

2. Developing a new concept using the services for children and youth as a model

3. Checking how the departments function overall, including management
   - Connected to a broader reform
   - First stage: initial measures
Upgrading to the "second generation of RAF"

- Increasing and intensifying use of RAF
- 10 changes. Key are:
  1. Consistency across the services
  2. More ongoing inspection and immediate response to serious problems
  3. Increasing the use of data