

An Introduction to the Service Model Approach at Surrey Place Centre

The Service Model Approach brings together a number of strategies that are helping Surrey Place Centre (SPC) become more effective in managing its important clinical resources. Work on the Service Model Approach began in the fall of 2012 and implementation took place November of 2013. This significant change is a work in progress and the Centre will be evaluating key elements of the approach on an on-going basis.

The core element of this approach is the creation of a Service Block which sets a consistent pattern for how much service will be offered to clients for the different clinical functions that are offered by the agency. The intention of the organizational change of the Service Model Approach is to make Surrey Place Centre responsive not only to those who are currently receiving services but also to those who are waiting for service. Implementing a service block approach will help the agency address a number of important issues:

- » Establishing clear expectations regarding service volume and duration will help the agency address the growing demand for service and move toward reducing the wait times for accessing service. While client need will influence the pattern of service, more clarity around the path through service will help families and clinicians use the available time to maximum benefit.
- » Having clear and reliable information on staff hours spent in service blocks and other non-client related activities will assist agency Directors in being able to assign case loads in a fair and equitable manner.

While the concept of a service block exists in other health-related industries there were no established norms or guidelines reflecting the kinds of clinical service being offered by SPC to people of all ages with a developmental disability. Work was undertaken with clinicians to define what the typical patterns of service might look like taking into account: preparation time, reporting time, travel

time and client contact time. At the conclusion, service blocks were set for each function offered by a program or discipline based on the best professional estimate of what is needed to get the job done.

Because these initial service blocks are estimates, accurate and comprehensive data must be gathered to understand the true patterns of how much time for service is required. Clinicians have been instructed on the important data elements and how to enter them in the agency data system which was modified to enable the collection of vital project information. Evaluation is a critical component of the project and the evaluation framework has identified indicators for each element of organization change that has been implemented through this approach. Through thoughtful and comprehensive review of data and feedback, the agency will be able to adjust the service model approach going forward.

Other core elements of the Service Model Approach include:

DOCUMENTING CLIENT AND CAPACITY BUILDING

HOURS: Staff are expected to record all their work hours accurately and consistently. A new framework for defining client and non-client (sector capacity building and agency support) work-related hours was developed to provide greater clarity for staff and to comply with Ministry reporting requirements.

USING A SERVICE CONTRACT: This is a valuable tool for setting the boundaries for service and identifying the clinical focus of service. The contract includes the following information: explanation of the service being provided; identification of the timelines for service (the service block); identification of goals to be achieved; an explanation of the mediator model and agreement to participate in service on that basis; and expectations regarding cancellation of appointments.

SETTING GOALS AND DOCUMENTING GOAL

ATTAINMENT: The implementation of the Service Model Approach provided a natural opportunity to begin to change current practice regarding goal setting in several areas: improving the quality of goals set by clinicians within service activities through the use of SMART goals; establishing a framework for documenting goals so that information on goals can be aggregated and reported on in a consistent and meaningful manner; providing clinicians the opportunity on closing a case to offer their perspective on goal achievement in relation to those goal categories. Clients and families have other opportunities to comment on service outcomes through the Client and Family Feedback Survey and the General Change Questionnaire which are both described in the evaluation framework.

OTHER RELATED POLICIES AND PROCEDURES:

It became clear that a number of organization policies and processes which initially appeared peripheral to the project, were going to be directly affected by the implementation of the Service Model Approach. Modifications were made in the following areas to ensure that they were able to support the Service Model Approach; program approaches and objectives; documentation policy; priority policy; transition and discharge policy; documentation of client information on opening and closing which included extensive data and electronic form revisions to capture new diagnostic information and relevant evaluation data.

THE IMPLEMENTATION STRATEGY: Given the magnitude of change undertaken with the Service Model Approach, a well-managed implementation strategy that could deliver the project successfully was needed. The main elements of the implementation strategy that took place between October 2012 (the start of work on the project) and July 2014 (nine months after implementation) included: identifying a dedicated Coordinator to facilitate the project; identifying the organization project leadership team to steer the work; extensive consultation with clinical and administrative staff; keeping senior leadership and the Board of Directors informed; implementation preparation and post implementation support.

THE EVALUATION FRAMEWORK: Many aspects of this approach require intensive review and evaluation at minimum during and after the first year of implementation with some aspects being subject to longer term evaluation strategies. The three areas of evaluation, each with their specific activities are described below.

- » Client and Family Feedback Survey tool was developed with input from all clinical staff and with the guidance

of the Research and Evaluation unit. The form is used at the end of service, giving clients/families an opportunity to submit their responses in confidence.

- » Evaluating Client Outcomes is being done through the use of the General Change Questionnaire (GCQ). The GCQ is a measure designed to assess the perceived size and impact of the concerns from the perspective of the clinician and key respondents, at the start and at the completion of service.
- » Evaluating Service Model Implementation is a longer term process that will engage multiple data sources including, focus groups, surveys or questionnaires, system data, data in other electronic format and case book reviews. Questions include: are the clinicians doing the key elements of the service model that they are supposed to be doing? What is happening with goal setting and goal attainment? Are the service blocks for all functions and disciplines appropriate? What are the views of families/clients on the block, contracting and goal setting? What is the impact on clinicians of the various elements of the service model activity?

ABOUT SURREY PLACE CENTRE

Surrey Place Centre is funded by the Ontario government to provide specialized clinical services to people with developmental disabilities and autism spectrum disorder that are responsive to individual need and promote health and wellbeing. In addition to our direct service role, we facilitate system-wide access to information and supports and our leadership in research, evaluation and education is directed towards advancing knowledge and practice in the field and building the capacity of service systems.

This is a product of Surrey Place Centre developed with staff from the Developmental Services within a multidisciplinary team environment. If you would like to reference and/or cite elements of this document please ensure you acknowledge Surrey Place Centre and cite as follows:

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If you have any questions please contact us at ServiceModel.Evaluation@SurreyPlace.on.ca.