



Instructions: Vital Signs Tool Kit

Self-Assessment Indications of Organizational Recovery-Oriented/Person-Centered Practices (ROPC)

What are Vital Signs?

In the context of physical health care, vital signs are easily obtainable indicators that assess basic body functions. They include heart beat, breathing rate, temperature, and blood pressure. These signs may be watched, measured, and monitored to check an individual's level of physical functioning.

In the context of mental health care, Western New York Care Coordination's ***Vital Signs*** self-assessments provide similar types of indications that may be taken quickly and then watched, measured, and monitored to increase the likelihood that recipients, providers, and the organizations as a whole are practicing a person-centered approach founded in a goal of recovery for all individuals.

How are Vital Signs Measured?

Vital Signs are measured using one or more versions of a self-assessment survey. The surveys are not a substitute for formal training in person-centered practices, but they offer useful insight into areas that individuals, providers, and organizations might need to change to move toward recovery-oriented, person-centered practices.

Vital Signs surveys

- 1 Reflect WNYCCP values and practices
- 2 Complement the Foundations of Person-Centeredness training
- 3 Can be used in Learning Collaboratives and internal agency initiatives
- 4 Promote the transformational agenda envisioned for the project's Personal Health Advantage Plan

Why is there more than one version of the Vital Signs survey?

Each version of the ***Vital Signs*** survey is designed for a *specific audience*:

- **Version 1:** For recipients of services (peers, persons in recovery, consumers) to indicate their impressions of the kind of service they are receiving in the program or organization.

- **Version 2:** For providers of services, which is a parallel survey to the one filled out by recipients, asking the same questions but from the provider's point of view.
- **Version 3:** For administrators, supervisors, and staff, which asks supplemental questions about how well the overall program or organization is doing in moving toward recovery-oriented, person-centered practices.

Ideas for Suggested Use:

For provider agencies:

Surveys work best for specific programs within agencies (IPRT, clinic, CDT, Social Club, etc.), since practices and values vary across programs, indeed across individual staff within programs.

- 1 Use the recipient survey to determine your clients' views of services (you may want to consider using this survey as part of your OMH-required consumer satisfaction process).

Note on administering the recipient survey: In the pilot phase, we gave the survey to over 300 individuals. Most seemed to understand, and felt the survey items were very important. Some needed help understanding the questions and format. We recommend peers or other neutral parties be available to help. This could be a good activity for advisory councils, local advisory groups, or other peer organizations. A good-sized sample is recommended, as peer perspectives can vary widely.

- 2 Have the program's direct service staff complete the provider version, Part 2.

Compare peer survey results with staff surveys to see how these line up.

- 3 Have program staff and/or administration and supervisory staff complete Part 3. Compare top administration organizational survey results to direct care staff survey results.
- 4 Discuss the results internally, within the program, and at top management. During our pilot phase, the questionnaires led to serious discussion about the status of implementation of ROPC practices within the specific agencies. It is our hope that such discussion could lead to continuous quality improvement activities derived from the results.
- 5 Surveys can also be used for staff self-appraisal.

Scoring and Submission of Vital Signs Results

The toolkit is available for anyone to use. Each version is available in Excel format, which will automatically calculate a composite score for each item. WNYCCP provider organizations are encouraged to submit their composite scores to project staff at CCSI, and they will then be included in a project-wide base for comparison purposes. The project will make aggregate results available to the public, and post them on our website.

For the WNYCCP in general:

1. It could be woven into the Foundations Curriculum
2. It could be woven into PCP supervisory training about to be developed at both individual practice and agency-wide levels.
3. The project could provide technical assistance in compiling results and establishing baseline data for provider agencies. Collecting and processing the data is time-consuming.
4. The project could use collective data in determining project-wide gaps, training needs, and areas for improvement.

Feedback:

Pilot users liked all the questions
There are ranges of responses to all questions
Persons new to programs have trouble knowing how to respond
A few found some of the questions confusing
The pilot phase consisted mostly of giving the questionnaire and establishing its usefulness. A few agencies did some of their own analysis.

Steering Committee questions:

How likely is it providers will embrace and use such an approach?

How can the process be arranged to make maximum impact on each agency's transformational agenda?

What should the role of the project be?

Use data to identify project wide training needs and CQI activities?