REPORT

NOMINAL GROUP TECHNIQUE PROCESS

August 23, 2011

QSPAND

Carrington, ND

Introduction

A meeting of Qualified Service Providers (QSP) was held at Carrington, ND on August 23, 2011. The Nominal Group Process Technique (NGT) was used to generate ideas from the QSPs, related to their work as caregivers in Home & Community-Based Services (HCBS) programs.

Purpose

The purpose of carrying out the NGT activity at this meeting was to generate ideas to address priority areas which are important to QSPs and their work. The question that was posed to the group to focus and guide the NGT process was the following:

What things would make it easier to be a QSP?

This report is a summary of the priority ideas that emerged from the NGT session held in Carrington on August 23, 2011.

QSPAND

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Nominal Group Technique Report

Method

Nominal Group Method (NGT) was a technique designed by Delbeq & Van de Ven in the late 1960's to maximize group participation in making decisions and reaching consensus. The process includes a number of steps, which can be adapted in small ways, while retaining the goal of the method. The steps used in the August 23rd meeting of QSPAND at Carrington are presented below:

1. Preparation for session: set up room, materials, etc.
2. Silent idea generation: participants write down as many ideas as possible in brief form on a piece of paper, responding to the specific question to be addressed
3. Round-robin recording: Co-facilitators call on each participant (in turn) to share an idea from their list. Then, each idea is written with markers on a flip chart poster, in the exact words of each participant.
4. Clarification of all ideas: each flip chart sheet is taped to the wall for all to read. Then, each idea is read to the group by one of the co-facilitators, and questions or clarifications on any item is addressed
5. Voting: participants rank the priority goals/ideas on index cards, noting their respective choices from "most important" to "least important"
6. Tally of the rankings: each of the top 10 items identified by the group is given a rank score

Results

Immediately below, in Table 1, are the "top ten" ideas as prioritized during the QSPAND meeting in response to the question: **What things would make it easier to be a QSP?**

TABLE 1: Top Priority Items as Identified by NGT Session with QSPs

ITEM #	ITEM LABEL	SCORE
7	No "15 minute" billing system	20
27	Mentoring from an Experienced QSP for new QSPs	11
10	Get paid two times per month instead of one time per month	10
19	Mileage reimbursement	9
2	How to do the documentation for Respite Care: What do you put down especially for people with Alzheimers?	9
10	Meeting between the QSP and the Case Manager at least 3 times per year to review clients	8
4	Medication Training: knowing the effects that different medications can cause	8
23	Training for QSPs: CNA & CPR & First Aid	7
26	Allowing non-medical transportation into town for clients, for example, getting hair done	7
31	Educate LSWs (licensed social workers) in hospitals & counties about other services for clients *besides* palliative, hospice, or nursing home care	6

The 10 items above were the ideas *prioritized by QSPs* in response to the question: **What things would make it easier to be a QSP?**

Through the NGT methodology, these 10 items were identified as the most important from a slate of 40 ideas generated by the QSPs on August 23. The entire listing of the 40 ideas generated by the QSPs are listed below under **Appendix A (see following page)**. Although all of the ideas that were generated were important to this group of QSPs, the 10 identified above were identified as the most important. Addressing these items could prove particularly useful to improving support for the important work of QSPs who are providing HCBS in ND.

APPENDIX A

Total listing of recommendations from the NGT session held on August 23, 2011 with QSPs in response to the question:

What things would make it easier to be a QSP?

- Get good direct directions, for example, going to the front door or back door when visiting a client
- Documentation for respite care: What do you put down, especially for a client with Alzheimers?
- Making sure you have a list of doctors & first responders
- Medication training: knowing the effects on a client that can be caused by different medications
- Understanding the client services clearly, exactly what they will need
- Standardized Intake Form *created by experienced QSPs*
- No 15 minute unit billing system
- Meeting with other QSPs to get ideas how to work with clients who have Alzheimers
- More than 2 log sheets given to the QSP by the HCBS office at a time, so QSP does not have to go find someplace & also pay to make copies (*not even half of these QSPs have a computer with a printer to make copies)*

- Meeting between the QSP and the Case Manager at least 3 times a year to review clients
- Website for QSPs for "networking", for support
- Get paid 2 times per month instead of one time per month
- Having a history on the clients to be cared for
- When to call "911", especially on client with Alzheimers
- Billing schedule around the holidays that will not require the QSP to wait for paycheck
- First Aid training
- Knowing if a client is supposed to have CPR or "no CPR"
- When trying to get signed up for the online billing system, not having to wait two months before it finally gets activated
- Mileage reimbursement for transporting clients
- Knowing a history of clients with Alzheimers or other illnesses that may cause special problems for the QSP. Alert the QSP to possible issues.
- Too many letters from Bismarck that use words the QSP does not understand, and use abbreviations that are not explained, what all the initials stand for
- Mileage when the QSP goes more than 10 miles to a job
- CNA training, CPR & First Aid training for QSPs
- All the family supporting the QSP in the same way *(that's a dream)*
- Knowing how far the privacy policy goes? Where do you get more information needed to take care of a client? HIPPA?
- Allowed to have authorizations for non-medical transportation to take clients to town, for things like getting their hair done
- Mentoring from an experienced QSP for new QSPs
- What to do in emergencies? Re: medications? For example, what happens if a person needs a nitro tablet? Can't let them have a heart attack!
- What do you do to get more clients?
- Making own copies of billing forms when you have no way to make copies
- More instructions on policy for QSPs related to medications
- More permissions to take people shopping or going shopping for them
- Educate Licensed Social Workers in hospitals & Counties about other services like QSP, besides palliative, hospice, and nursing home care

- Fix shortage of "back-up" QSPs, others not available to take care of clients
- Different way to have pre-printed billing forms – if a client has changes, all the forms that have all their information cannot be used
- Volunteer mentor to help QSPs who need to learn
- Encourage use of online billing
- Need more information about the basic forms, the process of being a QSP, billing, and where the problems are
- Every QSP worker needs an updated packet from HCBS at least every 1-2 years
- Knowing why people quit being QSPs
- Why do you have to recertify, if the nurse is just going to fill out a form
- A meeting with the Dept. of Human Services with QSPs at least once a year for updates