

TRANSFORMING LIVES, BUILDING FUTURES

Evaluation of Scorecards and Targeted Training to Increase Staff Performance in an Adult Residential Care Facility



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INTRODUCTION:

- Direct support staff (DSPs) in group homes face unique challenges balancing critical clinical responsibilities with additional priorities to adequately support the individuals they serve.
- Maintaining consistent, high-quality staff performance can be difficult for clinicians.
- Previous studies have used scorecards, targeted training, public posting, and performance feedback to increase staff performance (Griffin, et. al., 2019; Szabo, et. al., 2012).
- Performance scorecards are tools that measure staff across multiple criteria to provide a single overall performance score, which can be used as feedback for employees (Griffin, et. al., 2019).
- The current study evaluates the effects of:
 - A clinical checklist and weighted scorecard.
 - Performance feedback
 - Public posting
 - Targeted training.

METHOD:

Participants and Setting:

- N = 3
- Each group home functioned as a separate unit of analysis in a multiple baseline design.
- Performance scores ranged from 0% (min.) to 110% (max.)
- DSPs working within these homes were the participants whose performance were assessed to obtain an overall program score.

Data Collection:

- Dependent measure for this study was the performance scorecard score.
- Clinical checklists were completed on-site, and results were then aggregated into a weighted scorecard.

PROCEDURES:

Clinical Checklist:

• Includes 4 Key Performance Indicators (KPIs) and one bonus category.

Performance Feedback:

• During the intervention phase clinicians provided on-the-spot feedback to staff based on results from the clinical checklist.

Performance Scorecard:

• Checklist results converted into a weighted score (0–110%).

Scoring Rubric:

- Guides intervention decisions:
 - 0%–39.9% on a single visit or 40%–79.9% on two consecutive visits
 - → Qualifies group home for targeted training.
- The acceptable performance criterion was set at 80%.
- Targeted training includes a one-week scoring pause, administration of the Performance Diagnostic Checklist Human Services (PDC-HS; Carr & Wilder, 2015) with the group home supervisor, development of an action plan, and resumed scoring.

Public Posting:

- Program scores shared with director and manager of residential services, director of clinical services, and group home supervisor via email.
- Written performance feedback provided to staff.

RESULTS:

- The findings are preliminary as this project is ongoing. Additional data collection and analysis are in progress. Thus far we have observed:
- Group Home 1: The mean score during the baseline phase was 38%, while the mean score during the treatment phase increased to 83%.
- Group Home 2: The mean score during the baseline phase was 43%. The first two scores during the treatment phase were both 57%.
- Group Home 3: Baseline data were highly variable, with scores ranging from 22.5% to 60.5%. Following the introduction of the intervention, scores increased to 72% and 88.5%, respectively.
- Interobserver Agreement a second independent observer collected data during 35.7% of observations with a 96% total agreement.

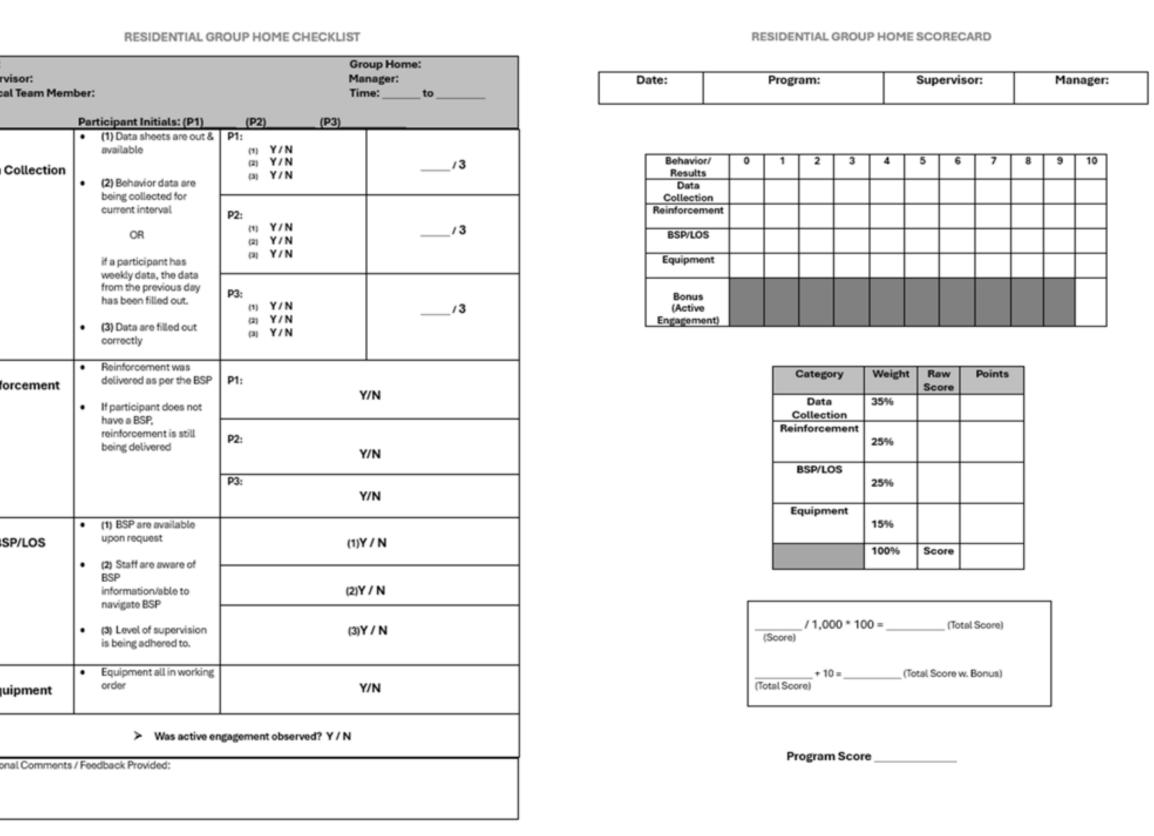


Figure 1. Clinical checklist and scorecard

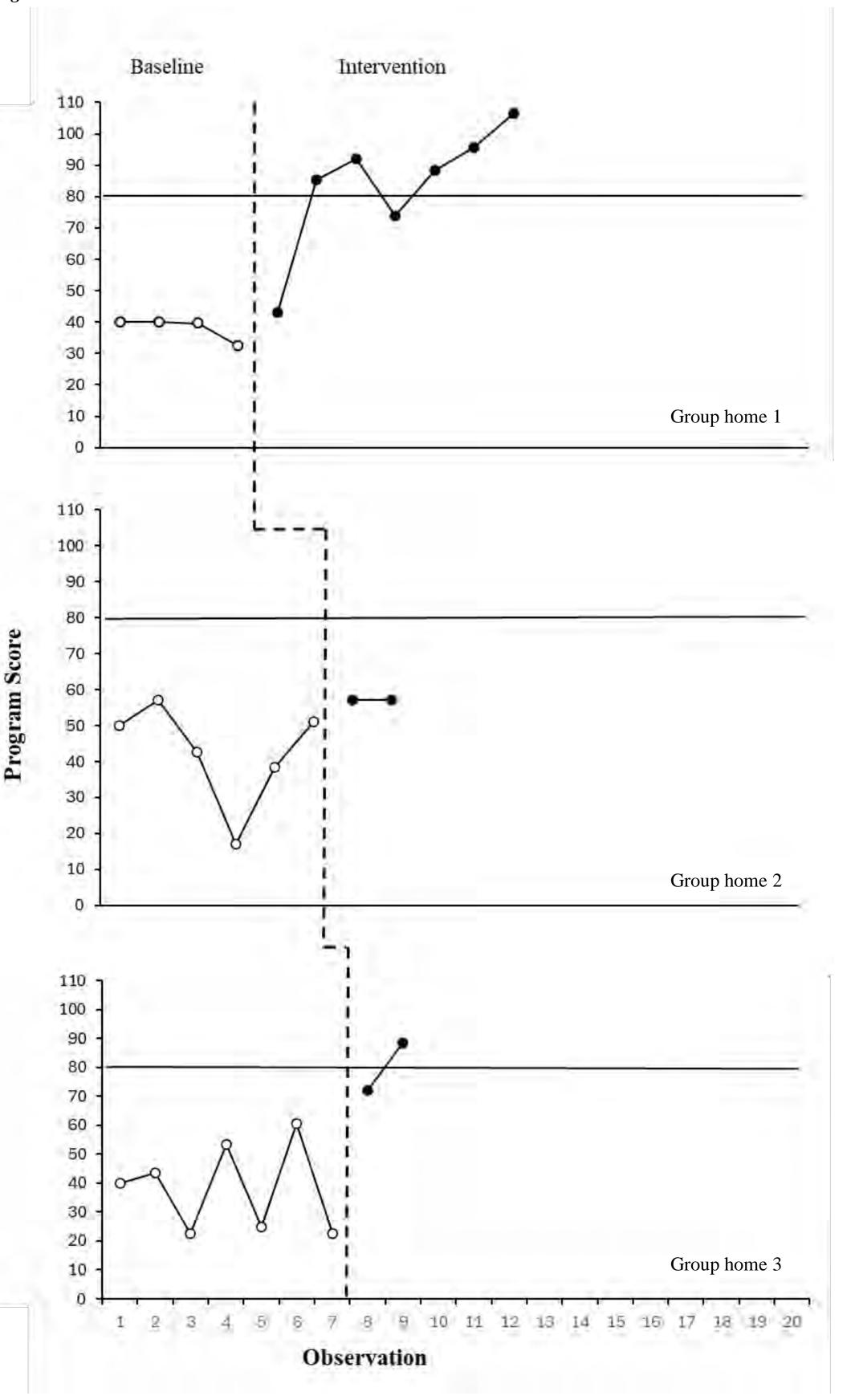


Figure 2. Program scores for three residential group homes

DISCUSSION:

Limitations:

- Checklist and scorecard were applied at the group home level and did not require individual staff members to be scored independently. As a result, the scores may have reflected the performance of a single staff member.
- The presence of an observer may have influenced staff behavior during data collection.
- Current data are preliminary, and data sets are not yet complete limiting the generality of the findings.

Future directions:

- Future efforts will focus on expanding the number of key performance indicators included in the checklist and scorecard.
- Adjusting the weights on the scorecard to examine whether staff performance is influenced by higher-weighted components.
- Measure social validity with supervisors and managers of group homes.
- Evaluate the effects of scores on client outcomes (e.g., reduction of problem behavior, increases in communication, etc.).

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