

## **CHECKLISTS AND GOAL SETTINGS. A CHALLENGING APPROACH TO QUALITY IMPROVEMENT IN RESIDENTIAL CHILDCARE**

**Calin A. DRAGOI**  
**Pedagogue - Germany**  
[dragoic@gmx.de](mailto:dragoic@gmx.de)

*"(Checklists) not only offer the possibility of verification but also instil a kind of discipline of higher performance." Atul Gawande, MD, "The Checklist Manifesto"*

**Abstract:** *Using checklists in the field of medicine became very popular in the last years and was intensively mediated, even if the opinions are still controversial.*

*The paper presents a relatively inedited (and challenging) approach regarding the use of checklists in the field of childcare and discuss some possibilities to implement specific checklists in the residential care institutions for children and youngsters. The author spotlights the main results of a pilot study that took place between 2011 and 2016 and labels relevant aspects concerning the implementation of some specially designed checklists in the daily activity in childcare institutions. The importance and especially the possible main impacts of using this method currently in youth care centers are also analyzed.*

**Key words:** *checklists in residential childcare, checklists methodology, validation, impact and implementation of the checklist method in childcare institutions.*

### **Premises**

The implementation of the checklist method in the childcare units was started some years ago in order to achieve a better quality, to optimize some of the specific care processes and procedures and to avoid inaccuracies, gaps, mistakes.

In the field of childcare know-how and sophistication cumulate continuously. Despite the increasing of the objectivity and the development of more complex assessment and intervention methods most of the failures are due to certain ignorance. This has currently an emotional valence that seems to influence the way we think about them. We tend to show a certain “tolerance” and the care units are in most of the cases just simply content to have “someone” to do the work, respectively staff making its best effort. The lack of staff in the residential care became anyhow in the last decades chronic...

A second trend is to consider that the adequate professional knowledge already exists but there are many errors in applying it correctly. Mass media contributed also to emphasize the idea that the only real problem we have to face is the ineptitude or the negligence of the staff. Of those who do the work, take care of the children, respond when needed and practice the law. It seems that many of the people involved – directly or indirectly – in the childcare processes started to ignore how extremely difficult the job is. And mistakes occur because of the daily stress and the efforts to manage more and more complex situations and problems and not because of the lack of motivation, interest or professional knowledge.

The challenge is still, under these circumstances, to facilitate for the practitioners ways to access the adequate knowledge and to apply it correctly.

The checklists could be seen as a possibility to bring more professionalism (competences and skills) and to offer a way to avoid mistakes or misunderstandings. Despite the many controversial papers that have been published in the last decade in the USA as well as in Europe, considering that the effectiveness of checklists is limited, uncertain or that they have no effect on the care process, they continued to be used in many different medical care centers and hospitals.

But they were not very frequently used by the practitioners and specialists working in the field of childcare, respectively in different care centers and units or for governmental<sup>1</sup> and non-governmental organizations, associations or private care-providers. In this context our study represents a beginning. Most of the checklists have been developed in order to improve the assessment, like for instance the assessment of the school dropout or difficult behavior.

Implementing checklists and goal settings became for the very beginning a real challenge, mostly because of:

- Complexity and the heterogeneity of the care settings in each institution;
- Diversity of the current quality standards, different for each care-center;

- Large variety of the intervention methods;
- Long traditions and long established and recognized ways of thinking (that became for some practitioners and specialists real taboos);
- Strong synergy and syncretism of the care systems;
- Inappropriate strategies and action models (mostly “imported”);
- Empirical assessment methodology, descriptive and obsolete.

The care systems knew in the last twenty years, especially in East Europe, a strong development and specialization (professionalization). The formal authorities, institutions, non-governmental organization and some political bodies have also been more than ever before focused on improving the quality of the provided services. Most of the specialists notice in this context the subsequently prevalence of the qualitative assessments of the individual evolution of the children and also the imperious need to reconsider the way the structures and the processes that are involved in the daily care interventions (actions) are commonly assessed. The empiricism and the emotionality that characterized the pedagogical literature at the end of the 20th century – the beginning of the 21<sup>th</sup> century have to be replaced by more objective approaches and more rigorous assessments and action programs focused on the needs and expectations of the children, on their social milieus, according to existing human, financial and staff resources.

## **Objectives**

The main goal of the study was to introduce more objectivity in a domain that is (still) dependent on subjective approaches and descriptive methods and to develop tools to ensure that essentials components of the care setting and process are not omitted.

The issues:

- To develop checklists for care planning and for replacement of the child into supported loggings (in the so called “living residential care” phase) and
- To determine whether a multifaceted quality improvement reduces the failures and increases the personal contentment of the youngsters in childcare centers.

## **Design, setting and participants**

The study had 2 phases:

- a) Phase 1 consisted of an observational study that was designed in order to assess baseline data on care processes and pedagogical outcomes and was conducted between August 2011 and March 2014

in a childcare center for youngsters between 16 and 22 years old.

- b) Phase 2, conducted between March 2014 and September 2016 consisted in the evaluation of the quality improvement, including developing checklists for some main processes (care planning and admission in a supported logging for instance) and goal settings during multidisciplinary meetings with the specialists and practitioners in charge.

A total of 58 youngsters (mean age 18,7 years; 10% girls) were enrolled in the baseline, observational and validation phases.

The checklists have been designed taking into consideration the features proposed by A. Gavandi. He considers that a checklist is not a teaching tool or an algorithm. The lists:

- utilise natural breaks in workflow,
- use simple sentence structures and basic language,
- have titles that reflects its objectives,
- have a simple, uncluttered and logical format,
- fit on one page,
- can be read easily (were written dark on a light background for instance),
- have fewer than 10 items per pause point,
- have the “identification data” (for instance date of assessment or revision and the person who did them clearly marked)

The initial checklists have been continuously improved, re-structured, modified according to the feedbacks from youngsters and staff (front line users)

and also from the strategic and executive managers involved in the running of the institution during regular formal meetings and individual interviews and discussions. This gave us the possibility to detect errors at a time when they could still be corrected.

## **Interventions**

We started in 2011 to implement and to validate five checklists in a care center for youngsters between 16 and 21 years in Germany in order to achieve a better quality in the care process. From that perspective the actual study can be considered a pilot research.

The checklists were focused on two main aspects (processes):

- a) Designing and implementing the care planning and

- b) Optimizing the transition from residential care to non-residential (part-time) assistance in supported (assisted) loggings.

After analyzing the structure and the specific resources involved in the so-called “transition to a non-residential form of care” (Figure 2) and identifying the “crucial points”, the “hubs” of the process and the most frequent impediments and malfunctions at the level of the institution we decided to implement five different checklists. They were designed both for handling long- and short-term processes and for issues that have to be done by different categories of staff:

1. Checklist “Care setting” – covers items regarding the steps to be followed in order to assess the individual evolution of the clients (children and youngsters), to organize the case analyzing meetings and the care planning (negotiating the future appropriate pedagogical and individual structured care settings). It assumes inter- and intra-institutional cooperation (multi-professional approach).
2. Checklist “Beneficiary” – refers to the activities that have to be done with the young people in order to prepare them for the new situation and to clear the future tasks. It is based on a participation and co-decision model. The list also includes practical tasks that have to be accomplished together with the beneficiaries.
3. Checklist “Documents” – covers all the written documents that have to be assembled and to be made available for the institution and for the persons who will take over the case.
4. Checklist “Manager” – contains the specific tasks of the care center (care institution) executive manager.
5. Checklist “Staff” – covering specific responsibilities of the pedagogical and non-pedagogical employees.

The checklists have not been intended to be comprehensive. Additions and modifications to fit local practice were encouraged.

Establishing separate lists for different categories of tasks for different categories or staff that have to be simultaneously used in the same institution should not be an impediment for an intra- and interinstitutional cooperation. To achieve the planned goals and a better quality of provided childcare services teamwork remains crucial.

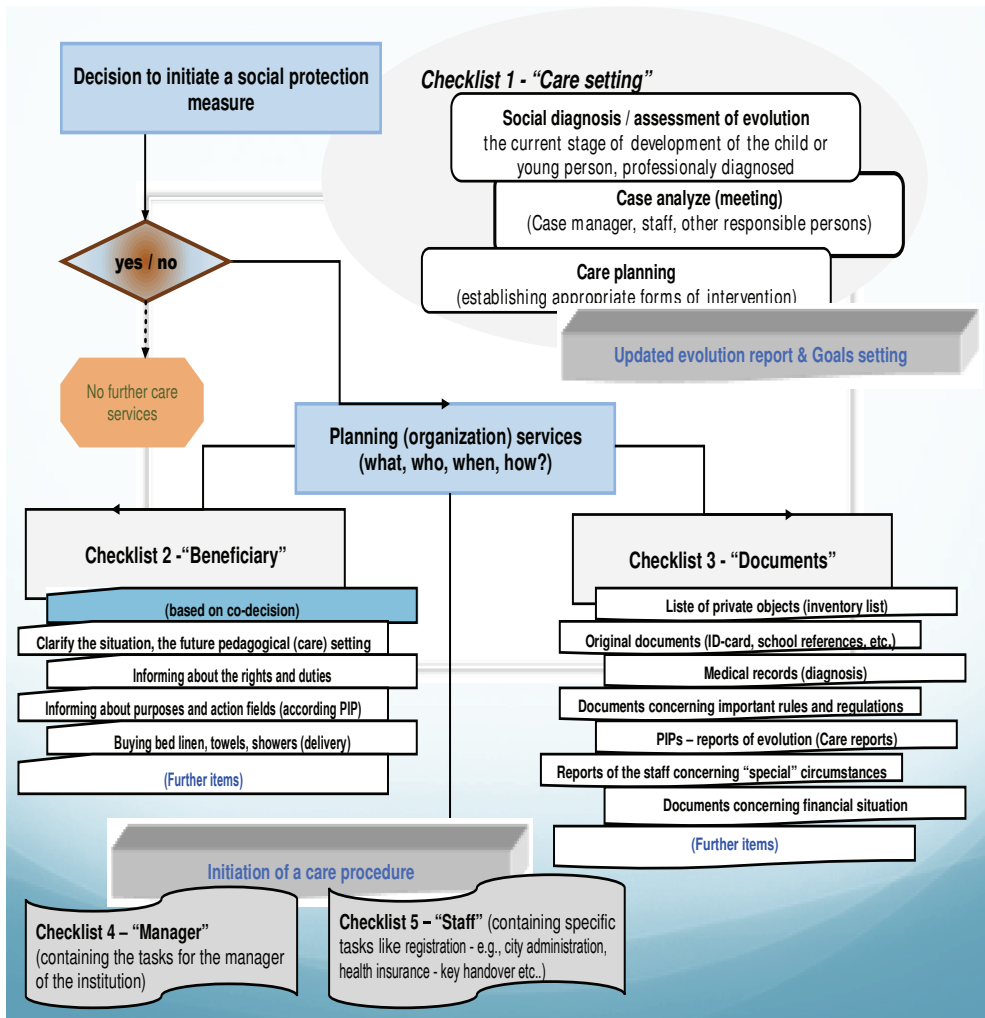
### **Main outcomes and measures**

1. Our data confirms that the checklists may have a crucial contribution to a better structuring of the specific interventions and they might become one of the most important instruments for strategic as well as for executive management in the childcare institutions.

2. The validation and the continuous update of the checklists have been mainly based on:

- a) regular feedbacks of the staff,
- b) feedbacks from the beneficiaries (youngsters),
- c) significant results of the assessments made by the employees of the youth care county office (Jugendamt),
- d) evaluations and assessments made by specialists and executive managers in charge.

**Diagram 1** - Implementation of a care setting - process and checklists diagram



The lists have been also modified in response to different trials. The items have been reviewed and revised several times.

3. The feedback of the staff working “on the front line” with children and youngsters or having leading positions was essential for the validation of the applied methodology.

- In most of the cases the caretakers and the executive managers pointed out that working with checklists empowers the feeling of working more accurate, more precise and being simply more protected against different kinds of mistakes (errors and “negligence”).

- The checklists allow designing interventions according to the real needs of the children and making it also easier to supervise complex long-time processes and to avoid staff overlaps and overstrain.

4. Most of the specialists agreed that the using of standardized and validated checklists must be done at the level of each institution, according to its specificity and individual structures, existing (and properly functioning) mechanisms and existing staff resources.

Because of the size of the sample such testimonies must be of course circumspectly analyzed and evaluated.

## **Conclusions**

The paper doesn't intend to simply advance common solutions that could be just simply applied everywhere and at any time, general valid answers or panaceas for all organizational and structural problems of all residential care institutions.

We just considered that we need different approaches for overcoming failure, errors, “omissions” and routine, other strategies based as before on experience and professional traditions but also on multi-disciplinary ways of thinking and acting, on concepts that include recent knowledge. We need another methodology, less randomly, emotionally and quasi-exclusive empirical. In this context the checklists represent a realistic alternative.

The success of implementation of checklists largely depends on the assessment strategies currently used in institutions and on the willingness of staff to accept a standardized assessment tool. Some non-cooperation is not surprising, it is even to be expected. Some staff considered for instance the checklists having exclusively a controlling role. Certain reluctance was not to avoid.

In order to increase the positive impact of the methodology some characteristics of checklists in childcare should be predominantly taken into consideration:

- The checklists should be individually designed (depending upon the institution or care unit, the main processes and existing human resources)
- They should be strongly correlated with the “real life” of those units, with the realities the care takers and the managers have to face in their daily work. That’s the reason why we haven’t presented an exhaustive glossary but only some examples of using the method in practice.
- The checklists should be periodically actualized. The feedback of the beneficiaries and of the caretakers is extremely important.
- They have to be validated - as rigorous as possible.
- They should be the result of teamwork (multidisciplinary team). The practitioners (social workers, educators, caretakers, etc.) should not be disregarded. The lists are not the exclusive task of the specialists (psychologists, pedagogues, doctors) or managers (directors, case managers, etc.). The inter- and intra-institutional cooperation is imperious.

Despite the inevitable diversity of the ways to structure and to implement the checklists, we consider the method as a viable alternative to the classical methodology (based mainly on the qualitative analysis of the structures, processes and results), that offers numerous possibilities to achieve more coherence and more inter-active structuring of the complex process of planning, designing, putting into practice and evaluating the individually structured care settings, specific for residential child care.

Some advantages:

- The implementation of a multifaceted quality improvement intervention with checklists designed for the main specific care processes and goal setting could reduce the non-integration and the care dropping.
- It facilitates a better correlation between care planning and the needs and expectations of the institutionalized young people.
- The post-residential alternatives and the care–settings for the phase after living of the institution (non-residential care settings) can also be more realistic and efficiently organized and carried out.



**Diagram 2 – Checklist „Care Setting“**

- Tasks of case responsible practitioners (educators, social workers, care takers) -

<b>Phase 1 – Assessment (evaluation)</b>	<b>Phase 2 - Care planning meeting</b>	<b>Phase 3 - Implementation</b>
<p><b>Assessment of the child development (evolution)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Collect all available and relevant data</li> <li><input type="checkbox"/> observation data (<i>from the staff, team colleagues, etc.</i>)</li> <li><input type="checkbox"/> medical diagnosis</li> <li><input type="checkbox"/> pedagogical and psychological reports (relevant data)</li> <li><input type="checkbox"/> other categories of assessment data (indicate source)</li> </ul>	<p><b>Fill up an items list</b> (tops that should be discussed)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Item 1 (<i>description</i>)</li> <li><input type="checkbox"/> Item 2 (<i>description</i>)</li> <li><input type="checkbox"/> Item 3 (<i>description</i>)</li> <li><input type="checkbox"/> Item 4 (<i>description</i>)</li> </ul>	<p><b>List of the anticipated goals and further pedagogical setting</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Goal / setting (<i>only goals and / or settings discussed and agreed in care planning meeting</i>)</li> <li><input type="checkbox"/> 2. Goal / setting</li> <li><input type="checkbox"/> 3. Goal / setting</li> </ul>
<p><b>Assessment report and Case analysis</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> organize a case analysis team meeting</li> <li><input type="checkbox"/> ask and include in the report the opinion of beneficiary (child) <i>– opinions about its actual situation, future plans, personal desires and goals, personal satisfaction, etc. -</i></li> <li><input type="checkbox"/> ask and include in the report the meaning of other specialists (psychologist, therapist)</li> <li><input type="checkbox"/> write an assessment report</li> </ul>	<p><b>Organize the meeting (PIP)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> plan date and hour</li> <li><input type="checkbox"/> find (booking) a location</li> <li><input type="checkbox"/> invite (inform about date, time, place) the case manager from local authorities (county)</li> <li><input type="checkbox"/> invite parents (legal representatives)</li> <li><input type="checkbox"/> invite other persons – if necessary (psychologist, social worker, doctor, therapist)</li> <li><input type="checkbox"/> arrange the room for the</li> </ul>	<p><b>Final report (PIP report)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> read report</li> <li><input type="checkbox"/> discuss the contents with the colleagues</li> <li><input type="checkbox"/> discuss the contents with the manager of the institution</li> <li><input type="checkbox"/> copy it and send to all persons (authorities, bodies) involved (responsible and having the right to get it)</li> <li><input type="checkbox"/> copy the report for the client (child) and give it to him / her</li> <li><input type="checkbox"/> copy and send the report to family and / or to legal</li> </ul>

<ul style="list-style-type: none"> <li><input type="checkbox"/> let the manager read (supervise) the report –</li> <li><input type="checkbox"/> ask for feedback</li> <li><input type="checkbox"/> (eventually) modify parts of the report</li> <li><input type="checkbox"/> send it to local (county) formal authorities and other persons in charge</li> <li><input type="checkbox"/> copy all the needed documents</li> </ul>	<p>meeting</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> provide refreshments</li> <li><input type="checkbox"/> distribute the copies of all needed documents</li> </ul>	<p>representatives</p>
<p><b>Organize the contents</b><i>(Items that have to be discussed from the perspective of the child and the institution)</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> anticipate and point out critical issues (tops to be discussed)</li> <li><input type="checkbox"/> discuss the tops with the child</li> <li><input type="checkbox"/> discuss the tops with the manager</li> <li><input type="checkbox"/> discuss the tops to be mentioned in the meeting with the team colleagues</li> </ul>	<p><b>Attend the meeting (PIP)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> present the important items (tops to be discuss from the perspective of the team of practitioners responsible for the child) according to the previously prepared list</li> <li><input type="checkbox"/> present the opinion of the team</li> <li><input type="checkbox"/> suggest ways of action from the perspective of the existing human and material resources</li> </ul>	<p><b>Discussion with the client</b> – informing about the contents of the final report</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> organizing the meeting (date, hour, place)</li> <li><input type="checkbox"/> read and explain all the items of the final report</li> <li><input type="checkbox"/> signature of the client</li> <li><input type="checkbox"/> signature of the educator</li> <li><input type="checkbox"/> signature of the care center manager</li> </ul>

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