

Improving Social Service Delivery

Reinventing How a Troubled Organization Operates

Situation Description

When institutions fail, the damage is not always measured in dollars. Sometimes it is measured in human lives.

Fircrest School in Washington State serves roughly 800 adults and children with severe developmental and emotional disabilities. The facility operates with funding from both Washington State and the federal government and is managed by the Department of Social and Health Services.

Caring for such vulnerable residents requires disciplined systems, careful oversight, and consistent professional care. But troubling signs had begun to emerge.

Outside reviewers reported an overuse of psychoactive medications and physical restraints. Quality assurance procedures were weak. Medical and nursing records were often incomplete or delayed, leaving an unclear picture of the care residents were receiving.

Operational pressures made the situation worse.

Too many nurses had been pulled into administrative roles, leaving too few available for direct treatment and monitoring. Several unexplained injuries raised concern among families and regulators alike. Confidence in the institution began to erode.

Then the crisis deepened. A suspicious resident death triggered a federal investigation. The audit concluded that Fircrest's care practices did not meet required standards. Federal certification was revoked—along with millions of dollars in federal funding that supported the institution. Fircrest leadership now faced an urgent challenge.


They needed to restore safe care, rebuild regulatory confidence, and correct systemic weaknesses across the organization. Quick reactions alone would not be enough. What was required was a clear design for how the institution should function.

To guide that effort, the management team applied the Logical Framework approach.

Working together, they clarified the condition the institution needed to achieve, identified the operational outcomes required to restore proper care, and defined the organizational changes necessary to make those outcomes possible. The LogFrame allowed the team to move beyond scattered fixes and design a coherent recovery strategy.

The resulting plan guided improvements in staffing, medical documentation, quality assurance, and resident care practices. Over time, Fircrest regained its federal certification and restored the funding needed to operate. The lesson is clear: when systems fail under pressure, the path forward begins with disciplined design.

Logical Framework for *Improving Social Service Delivery*

OBJECTIVES	SUCCESS MEASURES	VERIFICATION	ASSUMPTIONS
<p>Then</p> <p>Goal: Federal certification standards are achieved and maintained at Fircrest School.</p> 	<p>GOAL MEASURES:</p> <ol style="list-style-type: none"> Sometime after October 31, all ICF/MR regulatory surveys will be completed with no findings of conditional level deficiencies Fircrest continues to operate at high standards of health safety, quality care and human rights 	<ol style="list-style-type: none"> Written decision from survey team with no conditional level findings Follow up on annual surveys with no negative findings 	<p>Assumptions to reach Goal:</p> <ol style="list-style-type: none"> DSHS Secretary does not make agreement with government of which Fircrest is unaware of. No unanticipated Federal government (HCFA or Dept. of Justice) litigation actions. State Attorney General will have plan in place to file appeal by 8/3.
<p>If</p> <p>Purpose: People who live at Fircrest are safe, healthy, receive quality care and their human rights are protected.</p>	<p>PURPOSE MEASURES:</p> <ol style="list-style-type: none"> A 50% reduction in resident injury that requires nursing or medical care or intervention occurs between 1/1 and 10/31 No unusual or suspicious resident deaths occur between 1/1 and 10/31 An 80% reduction in restraints and time out use will be achieved between 1/1 and 10/31 A 25% reduction in number of residents being prescribed psychoactive medication occurs between 1/1 & 10/31 Resident-initiated grievances followed up on within 48 hours. 	<ol style="list-style-type: none"> 1.1 Review and summarize incident reports 1.2 Review/tabulate injuries from medical notes 2. Review coroner reports 3. Review and summarize restraint and time-out records 4. Review pharmacy/drug administration records 5. Reports 	<p>Assumptions to reach Purpose:</p> <ol style="list-style-type: none"> Resident injuries are all reported on incident reports and progress notes. Coroner conducts autopsies on all deaths. Staff fill out restraint/time out records. Production records are kept with sufficient detail.

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Then



If

OBJECTIVES	SUCCESS MEASURES	VERIFICATION	ASSUMPTIONS
<p>OUTCOMES:</p> <ol style="list-style-type: none"> 1. New resident rehabilitation program system is implemented. 2. Quality Assurance system is implemented to maintain rehabilitation program changes. 3. Facility reorganized with staff redeployed. 4. Human rights protection is implemented. 5. Medical and nursing care records are streamlined to free up more medical doctor (MD) and nurse treatment hours. 6. Physical plant "beautification" and modifications to support new programs are completed. 	<p>OUTCOMES MEASURES:</p> <ol style="list-style-type: none"> 1.1 By July 1, 95% of resident (awake) hours will be organized and managed by new treatment programs 2.1 At least 10 FTEs are assigned to conduct QA activities 2.2 QA checklist with target program indicators is implemented in all training locations. 2.3 QA data is used by program teams to modify/ revise/ correct faulty programs 3.1 By June 1, 100% of affected staffing change will be completed. Staff better deployed to support resident care and treatment 4.1 100% of resident behavior programs and 100% of prescribed psychoactive medications have consent from legal representative by 9/_ 4.2 By 9/_ , 80% of resident-initiated grievances will be recognized/responded to by at least one protection committee member within 48 hours. 4.3 An ombudsman is available for residents and families by 6/15. 5.1 By June 15, new medical record forms are in 100% of resident charts; and are being completed accurately. 5.2 By September 1, at least 85% of nurses and MDs will increase treatment hours by 20%. 6.1 1000 square feet of new Day Program space is created by June 1. 6.2 New living room furniture and furnishings will be in place in 28 houses by August 1. 6.3 All campus lawns are cut to "acceptable" level; and maintained on weekly basis, beginning May 1. 	<ol style="list-style-type: none"> 1. Observe each hour of program at each training site 2.1 Check personnel records 2.2 Checklist published 2.3 Survey all program teams for use of data 3.1 Check personnel records 4.1 Records reviewed 4.2 Minutes reviewed 4.3 Appointment announced 5.1 Review a sample 25% of records 5.2 Nurses and MDs will conduct one week of self-survey /work-time study 6.1 Tour and measure space 6.2 Tour all homes 6.3 Spot check weekly 	<p>Assumptions to produce outcomes:</p> <ol style="list-style-type: none"> 1. Staff are adequately trained and aware of new program expectations. 2. Union agreement can be reached. 3. Chosen leading indicators are accurate reflections of good programs from the perspective of the survey team members. 4. Forms and records changes selected will result in "real" rather than "perceived" time savings for targeted personnel. 5. Maintenance man-hours and funding available. 6. Budget authorized.

Logical Framework for Improving Social Service Delivery

INPUTS: How team will produce outcomes?			Schedule												Assumptions for Inputs Activities
Action Steps	Responsible	\$	J	F	M	A	M	J	J	A	S	O	N	D	
1. NEW RESIDENT HABILITATION PROGRAMS		\$60K													
1.1 Retain technical experts	Director		█												1. QA System/data can be computerized 2. Computer staff have expertise to design adequate system
1.2 Develop schedule	Expert		█	█											
1.3 Retrain staff	Expert				█	█									
1.4 Write new resident programs	Staff				█	█	█	█							
1.5 Implement & modify new programs as needed	Staff								█	█	█	█			
2. QUALITY ASSURANCE SYSTEM		\$25K													
2.1 Assign staff	Superintendent				█	█									3. Union agreement reached 4. Sufficient volunteers and non-staff committee members can be appointed
2.2 Design system	Expert			█	█	█									
2.3 Purchase computers	Bus manager			█	█	█									
2.4 Create prototype	QA Team				█	█	█								
2.5 Collect QA data	QA Team					█	█	█							
2.6 Distribute QA data	QA Team						█	█	█						
3. REORGANIZATION															
3.1 New/changed roles & responsibilities determined	Expert			█											
3.2 Roles matched to job classes	Personnel				█	█									
3.3 Resources for new roles determined	Superintendent				█	█									
3.4 Negotiate with unions	Superintendent				█	█									
3.5 Notify affected staff	Personnel					█	█								
3.6 Staff practice new roles	Staff						█	█	█	█	█	█			
4. HUMAN RIGHTS SYSTEM															
4.1 Write policy/procedure	Expert														
4.2 Establish new committees	Superintendent		█	█	█										
4.3 Appoint committee members	Superintendent			█	█	█									
4.4 Analyze QA data	Chair				█	█	█	█	█	█	█	█			
4.5 Review with Superintendent	Chair					█	█	█	█	█	█	█			
5. MEDICAL RECORDS		\$3K													
5.1 Identify target records	Expert				█	█									
5.2 Draft new forms & chart contents	Superintendent				█	█	█								
5.3 Change forms/reprint new forms	Superintendent					█	█	█							
5.4 Retrain staff	Chair							█	█	█					
5.6 Purge & revise charts	Chair							█	█	█					
6. PHYSICAL PLANT MODIFICATIONS		\$500k													
6.1 Design new program space	Staff			█	█										
6.2 Determine furniture requirements	Staff			█	█	█									
6.3 Purchase materials & furnishings	Bus manager				█	█	█								
6.4 Remodel/construct	Plant manager				█	█									
6.5 Install new furnishings	Plant manager					█	█	█	█						
6.6 Grounds maintenance scheduled implemented	Plant manager						█	█	█	█	█	█			
	\$Total	\$588K													