

Direct Support professionals – personal outcomes still apply

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Since CQL published the Personal Outcome Measures® in 1993, we have continued to emphasize the importance of understanding how individuals define the outcomes for themselves. The Personal Outcome Measures® are not prescriptive. There is no uniform requirement for friendships, being safe, or being respected. The Personal Outcome Measures® promote diversity, differences among people, and recognition that there are very often alternative paths to people's personal outcomes. The values and principles of the Personal Outcome Measures® provide a framework for supporting Direct Support Professionals.

Managers and organizations can use the Rule of Seven as a guide to sustaining Direct Support Professionals:

- Recognize and understand the personality, preferences, culture, and abilities of the Direct Support Professionals. Understand what is important in their lives, their culture, and their work setting.
- Set expectations in terms of personal outcomes – those for people with disabilities and those for the Direct Support Professionals. Make sure that the Direct Support Professionals define quality in terms of personal outcomes and not by conformity for organizational rules or their job descriptions. In the same manner, assist the Direct Support Professionals to articulate their own personal goals and objectives.
- Replace management with leadership in guiding Direct Support Professionals. Management through organizational hierarchies, rules, and job descriptions simply won't work. Provide mentors during the initial period of employment and then develop relationships with Direct Support Professionals that emphasize responsibility and accountability for decentralized decision-making.
- Promote opportunities for creativity and innovation by dropping firm anchors. When organizations are strongly anchored in protocols and procedures to prevent abuse and neglect, promote people's best possible health, and facilitate safety and security, then Direct Support Professionals can exercise creativity and innovation.
- Provide Direct Support Professionals training in generic skills such as problem solving, negotiating, time management, and community resource development.
- Provide Direct Support Professionals with training in positive behavioral supports, promotion of legal rights, advocacy, and the use of alternative technologies to facilitate communication and mobility
- Finally, promote inclusion of Direct Support Professionals in their own communities. Inclusion for people with disabilities will require that Direct Support Professionals are part of their own communities. Organizations can

encourage Direct Support Professionals to establish their own linkages with their communities by becoming engaged in the cultural, religious, social, economic, and civic community organizations.

The roles and responsibilities of Direct Support Professionals have increased dramatically as services and supports have moved from the institution to the community. Centralized management through rules, regulations, and job descriptions no longer facilitate personal outcomes. Direct Support Professionals, working in systems of defined responsibility and accountability, can find creative alternatives that promote personal outcomes.

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Weaving the Threads of Quality

James F. Gardner, PhD

Since its formation in 1969, CQL has provided international leadership in the simultaneous definition, measurement and improvement of quality in the field of intellectual and developmental disabilities.

CQL repeatedly linked values-based definitions of quality with practical measurement and improvement methods. Linking theory and practice, CQL has made leadership contributions in the field of intellectual and developmental disabilities through repeated demonstrations of practical and usable innovation.

CQL has continually raised the bar on the definition and context for quality. CQL introduced standards that addressed quality in services. We changed the discussions about quality when we moved attention from compliance with organizational process to being responsive to people. We are now reframing personal quality of life within the context of community.

But, reframing quality and offering new definitions is only a first step. CQL's continuous leadership results from its ability to link definition with practical and usable methods of measurement and improvement. Throughout its five decades of leadership, CQL has demonstrated the practical application of the three dimensions of quality:

- Definition - What is quality?
- Measurement - How do we know we have it?
- Improvement - How do we get better?

1970-1990

Definition: National exposés of conditions in public institutions focused public, family, and professional attention on the question of quality. In response, CQL set performance standards in the areas of professional services, habilitation, legal and human rights, positive behavioral practices, team process and individual program plan development. The CQL definitions of

quality were included in Judge Johnston's court ruling in the Wyatt v Stickney decision.

Measurement: CQL sought out professional, public and family input in the development of measurable standards and criteria. We wrote standards manuals and designed survey methods that addressed a range of organizational processes. The Health Care Financing Administration cited the CQL leadership initiative in the Federal Register as it incorporated the CQL measures into the Federal Medicaid regulations.

Improvement: Throughout the 1970s and 1980s CQL Accreditation served as the "gold standard" in the evaluation of services for people with intellectual and developmental disabilities.

1990-2005

Definition: CQL shifted the definition of quality from compliance with its process standards to responsiveness to the people receiving the services. CQL introduced the Personal Outcome Measures® after extensive focus group meetings with people with intellectual and developmental disabilities and their families.

Measurement: After meeting with people with disabilities and their families, CQL designed and introduced a valid and reliable methodology for measuring the Personal Outcome Measures®. CQL published research data in peer reviewed journals such as Mental Retardation and the International Review of Research in Mental Retardation. CQL continues to maintain a national database of over 6,000 Personal Outcome Measures® interviews.

Improvement: The redefinition of quality as responsiveness and the introduction of the Personal Outcome Measures® greatly expanded the options for quality improvement. After two decades of leadership under the accreditation banner, the organization changed its name to CQL (The Council on Quality and Leadership) and introduced new methods of quality improvement. CQL began the development of a worldwide cadre of interviewers and trainers certified to use the Personal Outcome Measures®. The response to the personal outcome approach to planning, support provision and the measurement of results also resulted in new quality improvement initiatives in training, consultation, workshops, conferences and state contracts.

2005 -

Definition: The continuing analysis of Personal Outcome Measures® data pointed to the importance of community connections for many outcomes that were seldom within the purview of a single disability organization. CQL linked personal outcome achievement with social capital, redefined quality within the context of community rather than programs, services or organizations. In addition, CQL redefined the role of organizations from providing services and

supports to that of connecting people to their communities. Organizations serve as bridges between people and community resources and supports.

Measurement: CQL developed the Social Capital Index® as the metric for individual and organizational social capital attainment. In addition, CQL added requirement to its accreditation program that organizations collect and analyze community data and information in the areas of health, housing, employment, transportation, education and social capital. CQL also introduced the Certified Quality Analyst initiative to assist organizations, communities and states to use data in decision-making and public policy development.

Improvement: Building on the social capital initiative and the emphasis on community as the focus for quality improvement, CQL introduced Community Life® in the Quality Measures 2005®. After several field tests and trials, CQL introduced the Community Life® LENS workshop as a participant action research model for exploring, gathering and analyzing community quality variables in the areas of health, housing, employment, transportation, education and social capital.

Organizations and communities are examining personal quality of life through the lens of community. CQL has redefined quality as personal quality of life in a community context. We have looked at the broad themes of social capital, Community Life®, and the bridging role of organizations. We have again raised the bar in our definition of quality. We are offering individuals, organizations, and communities the tools for measuring these new aspects of quality. In addition, we are providing practical and usable methods for improving the quality of community-focused quality of life for all people.

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Creating Possibilities

Most people agree that an effective quality improvement effort requires a combination of leadership, commitment, and belief in the possibility of change. The difficulty is how to design an approach that is simple, clear, and consistent while leaving room for creativity. Many quality improvement efforts get bogged down in the technical application and statistical measurement processes of Total Quality Improvement or other change programs. People struggle to carry out technical quality processes like benchmarking competitors, strategic planning, and process analysis only to eventually lose touch with priorities.

Consistency in the communication and measurement of quality improvement priorities is especially critical to the success of change efforts in service organizations. Lack of clarity about the focus and purpose of services creates chaos in practice. Service process requirements can override the person-centered rationale for services. The presence of requirements to monitor

everything from records to water temperature can also help to skew activities in many directions. When many different activities occur in the name of quality, employees get confused and feel pulled in many directions. A comprehensive and consistent approach helps to link quality to all internal and external activities.

The Personal Outcome Measures® communicate priorities for people with simplicity and clarity. They provide a way to explore and measure issues important in people's lives. Organizations use the measures as the foundation for staff training and development activities. In addition, the design and structure of the measures and review process provide the perfect structure around which to build an internal quality enhancement process.

Using Outcome Measures keeps measurement and changes for quality improvement focused on the most important variable in the service industry – the customer. Although there are other variables to measure, if the ultimate measure is the impact of the service on the people supported, the rationale and motivation for change is clear. But because the measures are not prescriptive, there is plenty of room for creativity. A focus on creating or identifying meaningful supports for people shifts attention away from existing service barriers to potential and possibility.

The Personal Outcome Measures® direct staff attention to the critical issues for people without requiring any specific action. Supported by a set of values about people, the Personal Outcomes serve as a guide to help staff think through the most difficult and challenging service dilemmas. As a leadership tool, Personal Outcomes assist managers to express commitment to people as a priority. Using Outcome Measures in quality efforts provides a structure that remains responsive to individual needs, yet supports consistency in principle and action.

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