

# Person Centered Planning and Quality Improvement

Defining, Measuring, and Improving the Quality of  
Life of People with Disabilities

Part 1

# What is Person Centered Planning?

Person Centered Planning includes services that are person-centered that support each person to live his or her own life to plan, to contribute, to participate, to choose; and to be respected and valued – this is what really matters.

# What is Quality?

Quality is the promise that is made to the individual.

Organizations and systems should continuously define, measure and improve the quality of life of all people.

# How do we measure quality?

We measure quality by using qualitative and quantitative data that can help organizations and agencies see what and where quality of life for persons receiving supports and services can be improved.

# How do we measure quality?

Traditional quality measures include input, process, and program outcome measures.<sup>1</sup>

# Input Measures

**Input measures** focus attention on resources such as physical environment, financial support, people and technology that are put into a program.

# Process Measures

**Process measures** focus on how the inputs are used and arranged and describes how the organization operates.

Standards that require consumer choice in making employment decisions, specify team members interactions, and describe how planning decisions are recorded, reported and reviewed are process oriented.

# Program Outcome Measures

**Program outcome measures** define the intended impact of resources and process.

Program outcomes target goals, such as total number of work placements. While these measures may be preferable to input or process measures, they still contain the potential for targeting the wrong issues for the wrong people.

Placing everyone in supported employment may sound like a great outcome, but not if it doesn't match the needs and desires of the people being served.

Within the last two decades, person-centered outcomes have been added to the traditional quality measures.

# Person-Centered Outcome Measures

**Person-centered outcomes** describe personal preferences.

For example, outcomes can be stated in terms of money earned, stability and security, privacy, choice, satisfaction and goal attainment.

A specific program, service or support process is designed to produce outcomes.

Consider for example, a vocational training program. The question to ask is "How well does the vocational training program assist people to achieve outcomes?"

The following outcomes are what most people want from their work experience.

- Choosing where to work
- Having friends
- Participating in the community
- Exercising rights
- Being respected
- Being safe
- Expanding social roles
- Experiencing continuity and security

Similarly, these and other outcomes are what people with disabilities want from residential, health, work, leisure, education, and other services.

The support and services provided by the human service system are the methods or processes to enable people to reach those ends.

As such, self developed and imposed criteria of effectiveness and efficiency can describe an organization's processes.

# How do we improve Person-Centered Outcomes?

There are several person-centered quality improvement systems that have proven to be reliable and valid.

Two widely known systems are the National Core Indicators<sup>2</sup> and The Council's 8 Key Factors and 34 Success Indicators.<sup>3</sup>

# *The Council*

The Council developed the Guide to Person-Centered Excellence to encourage organizations to provide the supports and services for people that really matter.

The Guide utilizes 8 Key Factors and 34 Success Indicators that promote personal quality of life and can be used as part of your own internal quality improvement program.

# *National Core Indicators*

National Core Indicators are a set of performance indicators which includes approximately 100 consumer, family, systemic, cost, and health and safety outcomes.

Associated with each indicator is a source from which the data is collected. Sources of information include consumer surveys, family surveys, and provider surveys.

# References

<sup>1</sup> *State Operations Manual Appendix L - Guidance for Surveyors: Ambulatory Surgical Centers*. (Rev. 76, 12-22-11). Retrieved from [http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap\\_l\\_ambulatory.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_l_ambulatory.pdf) (pp. 67–78).

<sup>2</sup> National Core Indicators. (2013). Retrieved from <http://www.nationalcoreindicators.org/indicators/>

<sup>3</sup> Personal Outcome Measures. (2012). Retrieved from <http://www.thecouncil.org/pomindex.aspx> and <http://www.thecouncil.org/assets/0/235/087af781-114b-4739-804c-79f9caac04d9.pdf>

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