



# PERSONAL OUTCOME MEASURES®

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1. People are safe
2. People are free from abuse and neglect
3. People have the best possible health
4. People experience continuity and security

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MEASURING *Personal* QUALITY OF LIFE



# Change *Inspires* us.

“Quality is a  
**continuous journey**,  
it’s not a destination.

*-Jeff Pederson, CHI Friendship*

# DEFINITIONS *of* QUALITY

#1 Person-Centered Assessment  
and Discovery.

Ask

Listen

Learn



*Personal*  
**OUTCOME  
MEASURES**

People are safe





# People are Safe Live, Work, and Leisure

Joe lives in a house with five men. Joe does not use words to speak and depends upon staff to interpret daily wants and needs. He requires assistance to complete all areas of personal care. When discussing his safety, staff stated that Joe is usually okay with leaving the house for fire drills except when it is cold. He attends a day program and the staff, who works with Joe in the home, was not sure if there were any issues there. Joe likes to use his wheelchair to go on walks during the warm months and when his neighbors dogs bark, Joe seems to be a bit nervous. At those times, staff are told to say “You are okay, the dogs cannot get out of the fence.”



# People are safe.

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- 1.1. Does Joe live, work, and pursue leisure activities in environments that are safe?
- 1.2. Does Joe know how to respond in the event of an Emergency at home, at work, and in the community?
- 1.3. Are all Joe's safety concerns addressed at home, at Work, and in the community?

Is the outcome present?

1. Yes
2. No

# People are safe

## Supports: Education and support

- 1.A. Assessment of safety issues
- 1.B. Supports to address identified safety concerns

Are supports in place?

1. Yes-Supports in place
2. No-Developing plans
3. No-Aware, but no plans
4. No-Not in place

# People are Safe

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## Questions



# People are free from abuse and neglect.

Physical and emotional harm

Recognize and report

Joe, at times, will cry and yell in high pitched sounds. The staff have begun to log times when Joe is upset per request of the Behavioral Analyst. They have been keeping data for about 3 months. Staff do not know what is happening with the data, but have noticed that mornings seem to be the hardest time for him, especially when the day program van arrives to take him to the day program. Staff have included a one on one time with Joe prior to the van arriving, explaining what is going to happen next. There also seems to be one staff member that he prefers and one housemate that he does not prefer. There are a number of incident reports on file regarding this man who targets Joe at home by teasing and staff attempt to keep Joe and his housemate apart, especially in the morning.

# People are free from abuse and neglect.

- 2.1. Does Joe understand the meaning of abuse, neglect, exploitation and mistreatment?
- 2.2. Have there been any allegations by or on behalf of Joe?
- 2.3. Is there any evidence that Joe has been abused, neglected, exploited, and/or mistreated?
- 2.4. Is Joe experiencing personal distress from any occurrence?

Is the outcome present?

1. Yes
2. No

# People are free from abuse and neglect

## Supports: Allegations, recognize and support

- 2.A. Knowledge of concerns
- 2.B. Education
- 2.C. Support for concerns
- 2.D. Support if danger or risk of harm is present
- 2.E. Are an/all allegations reported and investigated

Are supports in place?

- 1. Yes-Supports in place
- 2. No-Developing plans
- 3. No-Aware, but no plans
- 4. No-Not in place

# People are free from abuse and neglect

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## Questions



# People have the best possible health

Defined, unique, personalized

Joe has numerous health issues including diabetes, high blood pressure, high cholesterol, and anxiety. According to his doctor he needs to lose weight, so has prescribed a 1300 calorie diet. Joe takes medication for all of his diagnoses prescribed by his Primary Health Care physician. Assessments have indicated that Joe has no interest in taking his own medicines. All health care is tracked by a staff nurse and Joe is taken to his appointments by a designated medical staff. Joe does not have a guardian/power of attorney, nor proxy for health care decisions. He needs some dental work completed and the organization is looking into avenues of payment.

# People have the best possible health

- 3.1. Does Joe see health care professionals?
- 3.2. Have health care professionals identified Joe's current best possible health situation..
- 3.3. Have health interventions been selected by Joe?
- 3.4. Have health interventions been effective?
- 3.5. Is Joe receiving health care as recommended?

Is the outcome present?

1. Yes
2. No

# People have the best possible health

Education, support to manage and direct, and access to health services

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- 3.A. Know Joes definition of best possible health
- 3.B. Supports in place to maintain best possible health
- 3.C. Supports are in place to obtain regular health services
- 3.D. Responds to changing health needs and preference
- 3.E. Education of medical issues and impacts
- 3.F. Supports Self-management

Are supports in place?

- 1. Yes-Supports in place
- 2. No-Developing plans
- 3. No-Aware, but no plans
- 4. No-Not in place

## Questions



# People experience continuity and security

## Control over change, economic security

Joe has enough money for the things that he needs from his disability payment. There is not a lot of money for extras but staff report he doesn't seem to want anything. He has Medicaid for his medical needs, except for dental work. He has lived in his present house for 2 years. Prior to that, he had moved a number of times due to reorganization of living situations. Staff report that Joe doesn't really mind changes in schedules, other than in the morning or if his preferred staff doesn't come in to work. Staff work diligently to find the "best" things for Joe and adjust as he indicates changes they believe he want. Assessments indicate that, presently, Joe is "happy" with the way things are.

- 4.1. Does Joe have economic resources to meet his basic needs?
- 4.2. Does Joe have any financial protection for himself or his belongings?
- 4.3. Have changes occurred in the past two years?
- 4.4. Who was responsible for the changes?
- 4.5. Are there changes anticipated in the next two years?
- 4.6. Is the control over changes similar to that exercised by other people?

Is the outcome present?

1. Yes
2. No

## People experience continuity and security

Minimize disruption, maintain stability, corrective actions, system advocacy

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4.A. Does the organization know what is required for Joe to experience continuity and security or are efforts being made to learn?

4.B. Are supports provided to assist the person in attaining and maintain continuity and security?

Are supports in place?

1. Yes-Supports in place
2. No-Developing plans
3. No-Aware, but no plans
4. No-Not in place

## Questions



[www.c-q-l.org](http://www.c-q-l.org)

# Questions, Comments, Thoughts?

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