One Person At a Time

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A Quarterly Newsletter About Innovative Ways to Support and Enhance Quality Lives and Services for Californians with Developmental Disabilities

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Quality of Life and Quality Assurance

Note: This article has been excerpted without permission from Chapter 9 Quality of Life and Quality Assurance by Robert Schalock in Quality of Life in Health Promotion and Rehabilitation (Sage, 1996), edited by Rebecca Renwick, Ivan Brown and Mark Nagler.

Quality Assurance, Then and Now. Historically, quality assurance methods have involved certification, licensure, accreditation, citizen monitoring, or a combination. We have begun to rethink the purpose and process of quality assurance in light of the quality revolution. At least three phenomena are significantly affecting this reevaluation:

- A focus on quality enhancement rather than quality assurance;
- A paradigm shift that places the focus of best practices on the strengths and capacities of the person, normalized environments, integrated services with supports, and the empowerment of persons served; and,
- A person-centered planning and supports model that focuses on developing partnerships with families, professionals, and communities.

These three phenomena have resulted in a significant reformulation of how quality assurance should be viewed and implemented. In addressing this reformulation, I would like to suggest that we consider the concept of a person-referenced quality assurance system. What would such a system look like? [It has] five characteristics:

1. It is based on a comprehensive framework.
2. It begins with the end (that is, person-referenced outcomes) in mind.
3. It considers quality assurance as a form of internal program evaluation.
4. It is a shared process involving consumers, providers, and regulatory bodies.
5. It results in quantitative information that can be aggregated for multiple uses.

Comprehensive Framework. A comprehensive client-referenced quality assurance system should focus on three major program-related factors: desired person-referenced outcomes

(e.g. independence, productivity, community integration, and health and wellness), program structure (the focus here is primarily on the program's mission statement and conversion activities), and program process (the focus of looking at program process is to continue emphasizing the critical nature of the quality enhancement and quality management techniques).

Begin with the End in Mind. Consistent with the current paradigm shift toward person-centered planning and service delivery, the selection of these desired outcomes is made primarily by consumers and their advocates.

Internal Program Evaluation. Quality assurance can be considered a type of internal program evaluation that uses a decision-making model and focuses on self-monitoring and self-evaluation.

Shared Process. Consumer empowerment and equity represent the essence of the paradigm shift currently affecting rehabilitation and health promotion services. Thus a reformulation of quality assurance should incorporate this change.

Using the Data. The specific use will depend on a number of factors, such as whether or not the outcomes meet the needs and expectations of the consumers and the capacity of the program to change. For example, if the person-referenced outcomes are less than optimal, the key players can sit down and problem solve as to how specific quality enhancement techniques can be implemented.

Conclusion. In summary, what I have suggest[ed] [is] that the concept of quality of life is the overriding principle of the l990s and will continue to influence significantly rehabilitation and community health programs. If this is true, then it is essential that (re)habilitation and community health programs be guided by quality of life models that provide a framework for service provision, quality assurance, and program evaluation. Furthermore, we should embrace a quality assurance system that is consumer-referenced and results in quantitative data that can be used to enhance quality, including one's quality of life.