



2015-2016 Quality Plan

Respect, Learning, Independence

SAFETY: "DON'T HURT ME"									
Goal	Indicator	Baseline	Activity	2015 Apr-Jun	2015 July-Sept	2015 Oct-Dec	2016 Jan-Mar	2015-16 Final	Action
To improve medication administration practices	There will be no more than 35 administration errors per quarter	45	Root cause analysis for all med errors with an adverse event level of 2 or more	46	52	41	41		
			Review medication administration process related to signing MAR to identify opportunities for improvement						
	There will be no more than 25 documentation errors on the MAR per quarter	30	Explore electronic medication dispensing system for residential services	28	52	40	32		
			Update day plan responsibility sheets to include second medication sign off staff						
			Compare documentation error on MARs with other similar agencies						

No Data <50% 50%-69% 70%-84% >84%

SAFETY: "DON'T HURT ME"

Goal	Indicator	Baseline	Activity	2015 Apr-Jun	2015 July-Sept	2015 Oct-Dec	2016 Jan-Mar	2015-16 Final	Action	
To improve client overall health	Score of 3 or greater on the client satisfaction survey question related to overall health	N/A	Administration of client experience survey		3.9%					
	Maintain 18% of Physical Activation and Prevention domain CAPs triggered for clients	18%	Weekly walking group offered through group services				11%			
			Weekly sit to be fit group offered through group services							
			Maintain or enhance client physical activation in residential services							
	No more than 6 level 2 or greater ratings as indicated by the Skin Care Protocol form scale in residential services	8	Monthly skin checks completed by medication coordinators in all residential services		6	4	5	1		
			Med Coordinators to complete service specific training as required							
			Staff specific training on personal care by June 2015							

No Data <50% 50%-69% 70%-84% >84%

			Staff training on wound care by Nov 2015						
SAFETY: "DON'T HURT ME"									
Goal	Indicator	Baseline	Activity	2015 Apr-Jun	2015 July-Sept	2015 Oct-Dec	2016 Jan-Mar	2015-16 Final	Action
Appropriate programs will be in place for clients identified as high risk	There will be no more than 3 person to locate request to the police	6	Training for clients in Hamilton and Niagara regarding AWN and their responsibilities; possible use of cell phone to call in	1	1	1	3		
			Staff training re AWN policies and procedures						
			Review programs of clients who frequently are AWN to see if they need enhancing						
Reduce incidents of client injury	Fewer than 12 falls require medical treatment annually	16	Sit to Be Fit classes in Group	2	2+1=3	3+1=4	4+1=5		
	Fewer than 5 preventable falls per quarter	N/A	Root cause analysis of client falls with injuries when staff are involved	1	1	6	5		
Staff will	90% compliance with hand hygiene at point of transfer	85%	Compliance audit	96%	100%	97%	98%		

No Data <50% 50%-69% 70%-84% >84%

Staff will demonstrate effective infection prevention and control practices	30% of outreach clients receive the influenza vaccine	31%	Flu clinic in group for staff and clients						
			Client training in group about flu vaccine			31%			

No Data
 <50%
 50%-69%
 70%-84%
 >84%

ACCESS: "GIVE ME THE SERVICES I NEED"

Goal	Indicator	Baseline	Activity	2015 Apr-Jun	2015 July-Sept	2015 Oct-Dec	2016 Jan-Mar	2015-16 Final	Action
Examine service continuum in community services to facilitate client flow (Strat Plan 1.2.2)	36 new admissions annually	30	Review structure of community services	10	10+10=20	20+11=31	31+10=41		
			Review waitlist management strategies						
Improve client access to services	Score of 3 or greater on client satisfaction survey on question related to access	N/A	Staff training on services available in the organization		4.3				
			Brochure/flyer of services available in organization for clients and families to be distributed with satisfaction survey						

No Data <50% 50%-69% 70%-84% >84%

CLIENT CENTERED: "LISTEN TO ME AND TREAT ME WITH RESPECT AND DIGNITY"

Goal	Indicator	Baseline	Activity	2015 Apr-Jun	2015 July-Sept	2015 Oct-Dec	2016 Jan-Mar	2015-16 Final	Action
Clients/Families will be involved in the development of their goals and rehabilitation programs	Score of 3.5 or greater on post goal review meeting survey related to value of meeting	N/A	Post goal review meeting survey to evaluate value of meeting			3.9			
	Score of 3.8 or greater on client survey related to involvement in programming	3.8	Client satisfaction survey		4.1				
	Score of 3.8 or greater on family survey related to involvement in programming	3.5	Family satisfaction survey		4.5				

No Data <50% 50%-69% 70%-84% >84%

EFFECTIVENESS: "HELP ME LEARN & GROW"

Goal	Indicator	Baseline	Activity	2015 Apr-Jun	2015 July-Sept	2015 Oct-Dec	2016 Jan-Mar	2015-16 Final	Action
Improve methods of teaching clients	90% Manager, House Supervisor, and CF attendance at teaching methods training	N/A	Back to Basics training for managers, HS and CF's				Complete		
			Multi trial training for staff with Clinical Director						
	85% achievement of client objectives	85%		81%	87%	74%	78%		
Improved goal identification	Goals will be viewed as appropriate by clients as indicated on client survey score of 4.0 or greater	4	Explore use of GAS orb in CRMS for goal tracking			4			
	Goals will be viewed as appropriate by families as indicated on family survey score of 4.0 or greater	N/A	Use of multidisciplinary teams to identify baselines info and set goals			4.3			
			Training regarding goal identification						
			Best practice in goal identification and changing goals: Part 2 of Teaching training						

No Data <50% 50%-69% 70%-84% >84%

INTEGRATE: " MAKE MY MOVE TO THE NEXT LEVEL OF SERVICE SMOOTH AND BARRIER FREE"

Goal	Indicator	Baseline	Activity	2015 Apr-Jun	2015 July-Sept	2015 Oct-Dec	2016 Jan-Mar	2015-16 Final	Action
Pursue integration opportunities that achieve efficiencies and enhance client services (Strat Plan 1.1.3)	one new MOU with a mental health or addictions provider by March 31 2016	N/A	Identify 3 opportunities for integration			Incomplete			
Fewer clients present at emergency departments	Fewer than 60 residential clients present at emergency departments	70	Staff training regarding ER diversion	25	25+14=39	39+18=57	57+18=75		
	Less than 60 outreach clients present at the emergency department	68	Identify frequent users of ER and review programs to determine if additions are required	4	4+13=17	17+7=24	25+8=32		
Monitor ALC in residential services	Less than 10% of residential clients will be ALC	N/A	Implement Suitability of Care evaluation				17%		

No Data <50% 50%-69% 70%-84% >84%

INTEGRATE: " MAKE MY MOVE TO THE NEXT LEVEL OF SERVICE SMOOTH AND BARRIER FREE"

Goal	Indicator	Baseline	Activity	2015 Apr-Jun	2015 July-Sept	2015 Oct-Dec	2016 Jan-Mar	2015-16 Final	Action
Improve flow through continuum of care	50 clients will be discharged or move to services with reduced supervision	44	Review structure of community services	13	13+8=21	21+6=27	27+19=46		
			Review waitlist management strategies						
			Develop minimal criteria for admission to each service						

No Data <50% 50%-69% 70%-84% >84%