

Quality Plan 2016-17

AIM		MEASURE				CHANGE			
Quality Dimension	Objective	Measure/Indicator	Current Performance	Target for 2016/17	Target Justification	Planned improvement initiative (Change Idea)	Methods and process measures	Target	Measurement Frequency
Safety: Don't Hurt Me	To improve medication administration practices	Reduction in the number of staff administration errors annually	184	170	Targets based on a two year trend.	Staff focus group to review definitions of medication errors	% of recommendations from focus group implemented	85%	Quarterly
						Review data to determine reason for missed dose medication errors	% of recommendations outlined in a report regarding missed dose errors implemented	90%	Quarterly
		Reduction in documentation errors on the MAR annually	160	140	Targets based on a two year trend.	Implementation of electronic medication ordering system	All service live by August 16	Y/N	Aug-16
							Staff trained on using the system by August 2016	90%	Aug-16
						Complete medication error staff retraining according to policy	% of staff requiring retraining complete it	100%	Quarterly
						Update day plan responsibility sheet to include process for second med check within one hour if single medication staff on duty	Process introduced	Y/N	Mar-17
	To improve client overall health	Score of 4 or greater on client satisfaction survey related to overall health	3.9	4	Target from existing data	Provide education on healthy living through group services	1 session per month (12 sessions) related to healthy living	90%	Quarterly
		Maintain physical activation and prevention domain CAPS triggered for clients	22%	25%	Target taken from interRAI-CHA data for community	Residential services client DAS will include 30 minutes of physical activity per day	Number of clients in residential services with 30 min of physical activity included in their DAS.	90%	Quarterly
		Reduce level 2 or greater ratings as indicated by the skin care protocol scale in residential services	5	5	Target based on current trend as well as client population	Client education around personal care	Clients in all services will receive personal care education/information	50%	Bi-Annually - Q2 and Q4
						Staff training in personal care for clients	Residential employees will complete training in personal care	70%	Bi-Annually - Q2 and Q4

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	To improve client overall health					Resource nurses to provide education to staff related to monitoring skin and skin checks	Education to all residential staff on how to properly monitor skin breakdown	95%	Bi-Annually - Q2 and Q4
		Reduce incidents of UTI's	16	10	Target based on reduction of current trend	Implement recommendations for change from Prospective risk analysis on UTI's	All recommendations are implemented	90%	Q3
		The number of clients who attempt to stop smoking	N/D	10	No baseline information available for this target. Target is a guesstimate	Provide clients/families education around smoking cessation	Two times annually smoking cessation information will be presented at Friday evening information sessions	2	Bi-Annually - Q2 and Q4
						Develop smoking cessation information package for clients	All clients who request smoking cessation package receive the information	90%	Quarterly
						Explore alternative reinforcers for smoking in BSP's	The use of smoking as a reinforcer in BSPs will be reduced by 10%	10%	Mar-17
	Reduce incidents of client injury	Fewer falls will require medical treatment annually	7	5	Target based on existing data	Review and revise FRAT for frequency of use	CFs attend training about the updated use of FRAT	90%	Jun-16
		Reduce the number of clients who exceed their baseline fall rate in a month	N/D	24	No data is available for this target. Baseline will be collected this year	Staff training in assistive device use	% of residential staff trained	70%	Bi-Annually - Q2 and Q4
						Training for clients about safety while walking/transferring	Decrease falls related to transfers	5%	Quarterly
						Root cause analysis of all client falls that surpass their threshold	% Decrease in number of falls for clients where a root cause analysis has been completed following a fall	20%	Quarterly
							RCA completed on all falls exceeding threshold	100%	Quarterly
	Clients will be more				No data available for this target	Client training on good catches	Number of good catches from clients per quarter	10	Q1
						Develop client good catch form	Good catch form in use by April 1, 2016	Y/N	Q1

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	involved in safety activities in their home	Good catches from clients per quarter	N/D	40	for this target. Baseline data will be collected this year	Include residential client during monthly H&S bedroom checks	# of residential clients participating in health and safety bedroom safety audits	90%	Quarterly

MAR - Medication Administration Record
DAS - Daily Activity Schedule
UTI - Urinary Tract Infection
BSP - Behavioural Support Plan
CAPS - Clinical Assessment Protocols

CF - Case Facilitator
FRAT - Falls Risk Assessment Tool
RCA - Root Cause Analysis
N/D - No Data

interRAI-CHA - international Residential Assessment instrument - Community Health Assessment

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Access: Give Me the Care I Need	Improve Client Access to Service	New admissions annually	31	40 annually	This represents approximately a 20% increase in new admission from the previous year	Review service delivery model in community services to explore opportunities for flow through	37 of clients discharged from outreach	40	Quarterly
		Score of 4.3 or greater on question related to access on client satisfaction survey	4.3	4.5	Target based on historical trends and limited opportunity for improvement		% of recommendations from review implemented	80%	Annually
		Score of 4.0 or greater on a question related to access to service in family satisfaction survey	4.0	4.5	Target based on historical trends and limited opportunity for improvement	Consult with virtual family advisory council for feedback on organizational initiatives	Implement, where appropriate, family council recommendations	10%	Quarterly
						Monthly Friday night family information session	# completed per year	12	Quarterly
						Information to families and clients on services and activities offered	# of "Heads Up" or in mail outs containing service information per year	2	Quarterly

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Client Centered: Listen to Me and Treat me with Respect and Dignity	Clients, and families where appropriate, will be involved in the development of their goals and rehabilitation programs	Score of 4.0 or greater on post goal review meeting question related to value of meeting	3.5	4.0	Target based on first year baseline	Administration of post goal review survey	% of families will complete the survey	75%	Quarterly
		Score of 4.3 or greater on client survey question related to involvement in programming	4.1	4.5	Target based on historical trends	Administration of client satisfaction survey	% Response rate	65%	Annually
		Score of 4.5 or greater on family survey question related to involvement in programming	4.5	4.5	Target based on historical trend. Maintenance of score is intended	Administration of family satisfaction survey	% Response rate	25%	Annually
						Regular interaction with virtual family advisory committee	# requests for input sent to families annually	12	Quarterly
		Adopt person centered care framework	N/D	Framework developed and approved	Person centered care model guides organizational planning	Develop person centered care framework	Framework approved by board by September 2016	Y/N	Q2
						Post information in client/family section of the website	New information posted on website quarterly	100%	Quarterly
						Offer person centered care training	% of direct care staff receive person centered care training	80%	Bi-annual

N/D - No Data

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Effectiveness: Help Me Learn and Grow	Improve goal identification and achievement for client programs	Staff achieve a mastery level of identified educative routines	N/D	80%	Target based on one year baseline	New hires will complete one educative routine during level 2 training	% new hires completing one educative routine during level 2 of O&T	75%	Quarterly
		All CFs will complete ABA training	4	15	Target based on gradual introduction of mandatory requirement for CFs	ABA training offered to all CFs	% of CFs who attend ABA training in 2016-17 are successful in completing it	100%	Annually
		Clients will achieve identified objectives	80%	85%	Average trends of achievement over 4 quarters	Goal and objective identification training provided to CF's	% of CFs completing goal and objective identification training	80%	Annually
		Goals will be viewed as appropriate by clients as indicated by a score of 4.0 or greater on the client satisfaction survey	4	4.5	Average of survey results with an expectation of continuing quality service as seen by clients	Goal review meetings will be used to formally identify goals	% of clients/DM that participate in goal review meetings	100%	Quarterly
		Clients will demonstrate improvement in skill in performance of educative routines	N/D	35%	Target based on one year baseline data	All residential clients are involved in at least one educative routine	% residential clients participating in educative routine	100%	Quarterly
		Goals will be viewed as appropriate by families as indicated by a score of 4.3 or greater on the family satisfaction survey	4.3	4.5	Average of survey results with an expectation of continuing quality service as seen by families	Manager training on goal identification	% of Managers attend goal training	95%	Q2
		Clients will participate in an appropriate Daily Activity Schedule as measured by the DAS-Q	N/D	80%	Target based on recommendations of Behavioural Standards Review Committee	Online training for managers and supervisors	% of managers and supervisors trained	100%	Q2

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						In class DAS training for managers and supervisors	% of managers and supervisors trained	100%	Q2
							# of DAS's evaluated using the DAS-Q	100%	Quarterly

N/D - No Data

CF - Case Facilitator

ABA - Applied Behavioural Analysis

DAS - Daily Activity Schedule

DASq - Daily Activity Schedule quality measure

DM - Decision maker

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Integrate: Make My Move to the Next Level of Care Smooth and Barrier Free	Clients will use an alternative health care option other than an Emergency Department where appropriate	Fewer residential clients visit an Emergency Department annually	76	60	Target based on historical trends	Develop threshold that would trigger a RCA following an ED visit	Threshold developed for all identified clients	90%	Quarterly
						Complete RCA's for clients that exceed threshold	% RCA's completed for all clients that exceed threshold	95%	Quarterly
						Education for clients on appropriate use of community healthcare resources	% of clients receiving education on appropriate ED use	75%	Quarterly
						Revise client safety presentation in O&T to include ED usage	Present revised client safety O&T presentation by June 2016	Y/N	Jun-16
	Fewer community services clients visit an Emergency Department annually	34	30	Target based on historical trends	Information session for community services clients regarding appropriate use of ED services	% score on knowledge test about appropriate use of ED	60%	Quarterly	
Monitor ALC in residential services	Reduce the number of residential clients who are identified as ALC	17%	12%	First year data used as baseline	Implement suitability of care evaluation	% residential clients for whom suitability of care evaluation is administered	100%	Quarterly	

RCA - Root Cause Analysis
ED - Emergency Department
ALC - Alternative Level of Care
O&T - Orientation and Training