

2016-17 Quality Plan Scorecard

Quality Dimension	Goal	Indicator	Target for 2016/17	Q1 April - June 2016	Q2 July - Sept 2016	Q3 Oct - Dec 2016	Q4 Jan - Mar 2017	Final	Activity	Indicator	Target	Reported	Q1 April - June 2016	Q2 July - Sept 2016	Q3 Oct - Dec 2016	Q4 Jan - Mar 2017	Final		
Safety	To improve medication administration practices	Reduction in the number of staff administration errors annually	170	40 — 42.5					Staff focus group to review definitions of medication errors	% of recommendations from focus group implemented	85%	Apr-16	100%						
					Review data to determine reason for missed dose medication errors	% of recommendations outlined in a report regarding missed dose errors implemented	90%	May-16	100%										
		Reduction in documentation errors on the MAR annually	140	17 — 35						Implementation of electronic medication ordering system	All service live by August 16	Y/N	Aug-16		Complete				
					Staff trained on using the system by August 2016	90%	Aug-16		Complete										
					Complete medication error staff retraining according to policy	% of staff requiring retraining complete it	100%	Quarterly	100%										
					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	Complete										

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	To improve client overall health	Score of 4 or greater on client satisfaction survey related to overall health	4						Provide education on healthy living through group services	1 session per month (12 sessions) related to healthy living	90%	Quarterly	1					
		Maintain physical activation and prevention domain caps triggered for clients	25%						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	0 1.25						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										
					Resource nurses to provide education to staff related to monitoring skin and skin checks	Education to FT residential staff on how to properly monitor skin breakdown	95%	Bi-Annually - Q2 and Q4										
Safety	Reduce incidents of UTI's	10	2 2.5					Implement recommendations for change from Prospective risk analysis on UTI's	All recommendations are implemented	90%	Q3							

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	To improve client overall health	The number of clients who attempt to stop smoking	10						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					

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	Reduce incidents of client injury	Fewer falls will require medical treatment annually	5	1 1.25					Review and revise FRAT for frequency of use	CFs attend training about the updated use of FRAT	90%	Jun-16	100%				
		Reduce the number of clients who exceed their baseline fall rate in a month	24	11 6					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%	Annual					
									Root cause analysis of all client falls that	% Decrease in number of falls for clients where a root cause analysis has been completed following a fall	20%	Annual					

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									surpass their threshold	RCA completed on all falls exceeding threshold	100%	Quarterly	100%				
	Clients will be more involved in safety activities in their home	Good catches from clients annually	40	4	10				Client training on good catches	Number of good catches from clients per quarter	10	Q2					
									Develop client good catch form	Good catch form in use by Aug 1, 2016	Y/N	Q1		Complete			
									Include residential client during monthly H&S bedroom checks	% of residential clients participating in health and safety bedroom safety audits	90%	Quarterly					

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Access	Improve Client Access to Service	New admissions annually	40 annually	10 — 10					Review service delivery model in community services to explore opportunities for flow through	37 of clients discharged from outreach	40	Quarterly	7 — 10						
		Score of 4.3 or greater on question related to access on client satisfaction survey	4.5						Review service delivery model in community services to explore opportunities for flow through	% of recommendations from review implemented	80%	Annually	100%						
		Score of 4.0 or greater on a question related to access to service in family satisfaction survey	4.5							Consult with virtual family advisory council for feedback on organizational initiatives	Implement, where appropriate, 50% of family council recommendations	10%	Quarterly						
				Monthly Friday night family information session	# completed per year	12	Quarterly	3 — 3											
				Information to families and clients on services and activities offered	# of "Heads Up" or in mail outs containing service information per year	2	Biannual	1											

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Client Centered	Clients, and families where appropriate, will be involved in the development of their goals and rehabilitation programs	Score of 3.5 or greater on post goal review meeting question related to value of meeting	4.0	3.75					Administration of post goal review survey	% of families will complete the survey	75%	Quarterly	98%				
		Score of 4.3 or greater on client survey question related to involvement in programming	4.5						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						Administration of family satisfaction survey	% Response rate	25%	Annually					
		Score of 4.5 or greater on family survey question related to involvement in programming	4.5						Regular interaction with virtual family advisory committee	# requests for input sent to families annually	12	Quarterly	3 — 3				

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Client Centered	Clients, and families where appropriate, will be involved in the development of their goals and rehabilitation programs	Adopt client and family centered care framework	Framework developed and approved		Complete				Develop client and family centered care framework	Framework approved by board by September 2016	Y/N	Q2		Complete			
									Post information in client/family section of the website	New information posted on website quarterly	100%	Quarterly	Complete				
									Offer client and family centered care training	% of direct care staff receive client centered care training	80%	Bi-annual					

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Effectiveness	Improve goal identification and achievement for client programs	Staff achieve a mastery level of identified educative routines	80%						New hires will complete one educative routine during level 2 training	% new hires completing one educative routine during level 2 of O&T	75%	Bi-Ann						
		All CFs will complete ABA training	15						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	85%	76%						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	4.5							Goal review meetings will be used to formally identify goals	% of clients that participate in goal review meetings	60%	Quarterly	100%				
		Residential clients will demonstrate improvement in skill in performance of educative routines	35%							All residential clients are involved in at least one educative routine	% residential clients participating in educatve routine	100%	Mar-17					

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Effectiveness	Improve goal identification and achievement for client programs	Goals will be viewed as appropriate by families as indicated by a score of 4.3 or greater on the family satisfaction survey	4.5						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	80%	78%						Online training for managers and supervisors	% of managers and supervisors trained	100%	Q2	100%			
										In class DAS training for managers and supervisors	% of managers and supervisors trained	100%	Q2	100%			
											# of DAS's evaluated using the DAS-Q	100%	Quarterly				

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Integrate	Clients will use an alternative health care option other than an Emergency Department where appropriate	Fewer residential clients visit an Emergency Department annually	60	16 — 15					Develop threshold that would trigger a RCA following an ED visit	Threshold developed for all identified clients	Y/N	Quarterly	Complete				
									Complete RCA's for clients that exceed threshold	% RCA's completed for all clients that exceed threshold	95%	Quarterly	100%				
									Education for clients on appropriate use of community healthcare resources	% of clients receiving education on appropriate ED use	75%	Jan-17					

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									Revise client safety presentation in O&T to include ED usage	Present revised client safety O&T presentation by June 2016	Y/N	Sep-16					
Integrate	Clients will use an alternative health care option other than an Emergency Department where appropriate	Fewer community services clients visit an Emergency Department annually	30	2 7.5					Information session for community services clients regarding appropriate use of ED services	% score on knowledge test about appropriate use of ED	100%	Quarterly					
	Monitor ALC in residential services	Reduce the number of residential clients who are identified as ALC	10%						Implement suitability of care evaluation	% residential clients for whom suitability of care evaluation is administered	100%	Quarterly					