

Quality Improvement Plan 2017-2018 CMHA Brant-Haldimand-Norfolk Branch (still a draft document)

AIM	OBJECTIVE	MEASURE				CHANGE				
QUALITY DIMENSION		MEASURE AND/OR INDICATOR				Planned Improvement Initiatives	Methods	Measurements	Goal for Change Ideas	Progress Update 2016-2017 Fiscal Year
		Measure	Unit / population	Source /period	Baseline Data	Improvement				
SAFETY	<i>Identify Trends by assessing the root causes of incidents and work to mitigate some of these.</i>	Continue to refine our Adverse Event and Near Miss reporting processes and report these each quarter to the Board and to other stakeholders as required	Incident Reports	Q1 to Q4	2016-2017 Report = 11 Adverse Events & 5 Near Misses, 3 other and 2 med errors. (total = 21)	Monitoring and assessing trends demonstrates- reduction in medication errors, but increase in occupational accidents. Set a goal to reduce this by % in 2017-2018!	Monthly tally & reports = SIX reports were provided to the Board in 2016-17. Minimum of SIX reports targeted for 2017-2018.	Document the number and type (kind) of AE&NM each month (compared to 2015-16 incident reports = 30) Reduced by 30% from previous year	Evaluate each quarter & document for 12 months to identify trends for 2017-18. Present findings to QI Committee. Maintain the 2016-2017 data of 20 incidents annually.	An evaluation of each quarter (Q 2,3 and 4) with the identified trends outlined in red in previous cells. Findings have not been presented to the QIC - but will be presented at our next meeting.
			Accidents & Injuries	Q1 to Q4	2016-2017 Report = 1 accident, 2 injuries, 1 fall, 2 slips, and 2 occupational issues (sick leaves) Total = 8.			Document the number & type of accidents, injuries each month (compare to 2015-16 stats = 2) Increased by 300%		
ACCESS	<i>Improve access to case management services provided by the agency</i>	Gather information on barriers from different stakeholders and assess the issues related to access. Discuss at strategic planning	Monitor the needs & presenting issues of individuals who are eligible for case management services	Q1 to Q4	List the barriers to access.	List identified barriers and designate barriers deemed "controllable". Develop a plan to address controllable factors -comment/remark on the others. Repeat this objective.	Service Teams (under direction of Management Team) will hold brainstorm sessions - develop a workplan for each item. Mini surveys, etc will be used.	Workplan developed, workplan has timelines, measurable outcomes, and reporting deadlines.	Evaluate progress each quarter & document for 12 months. Present our findings to QI Committee. Monitor waiting list size and maintain a current or lessor levels.	This domain was not fully achieved due to other priorities & human resource limitations. However, the waiting list for case management has dropped by 31% Brant and by 1% for HN in 2016-17. Activations for Brant = 89 and 40 for HN. The waiting lists are reviewed often.
CLIENT-CENTERED	<i>Improve the overall satisfaction of service users</i>	Continue with the client experience surveys with improved quality of information gathered and increased client feedback.	Client experience surveys implemented semi-annually at Q2 and Q4 (annual reporting to LHIN is required)	Q1 and Q4	Review the feedback data and comments. List and report these. Note - Currently 100 received annually in 2015-16	Align the survey process between sites regarding method, delivery & reporting. Documented the most common issues. OPOC is being implemented in 2017-2018. Assess OPOC feedback.	Discontinue with these surveys. Implement OPOC surveys - phased in by program until agency wide achieved. Document common themes and/or issues (via the comment section).	Document new instrument and any themes or issues. Start a PDSA model to address these.	Evaluate every six months & document for a 12 month period to establish trends for 2017-18. Present findings of OPOC to QIC.	In 2016-2017, the Client Experience survey results exceeded 96% agency wide. 2016-17 will be the last "site reported" data. Data will be combined and reported as one agency in 2017-18.
POPULATION HEALTH	<i>Provide education to informal support providers of service users.</i>	Gather and document the support needs of family members of service users by using a standardized survey tool. (added)	Start with identified family members of individuals served by our agency.	Q1 to Q4	List the support needs reported via the Family Support sessions (occasional meetings and regular family support meetings)	Develop an education plan in 2017-2018 which involves scheduling various education session topics.	Survey family members of established groups. Plus, its time to seek broader feedback on educational needs of families. Survey?	Evaluate the survey feedback. Evaluate the survey instrument. List improvement areas.	Reported to QIC and Board. Four education sessions will be developed, scheduled and evaluated in 2017-18.	2016-2017 exceeded the targets. Four Special Education sessions held, 12 NAMI sessions held, 11 suicide bereavements sessions held, and eight Family sessions held. Total groups = 35, total participants = 221, plus 60+ individuals supported one-to-one.

* see below

* The health system should work to prevent sickness and improve the health of the people of Ontario.

Revised - May 24-2017 / Mike Benin

Developed- May 2017 / QIC/CMHA BHN Branch

