

Quality Improvement Plan - CMHA
Lambton Kent 2016-17

Plans for Change

Objective	#	Safe	2016-17	2015-16	2014-15	Change over prior year	Target	Imp	Tgt	Target Justification	Methods and process measures	Planned improvement initiatives (Change Ideas)	Goal for change ideas (2017/18)
Improve medication safety (if applicable)	1	Medication Errors: # of incidents that are medication errors	1.0	1.0	0.0	1.0	N/A	→	●	Error rate should be very close to zero, as medication errors are significant issues. "Target" is not necessarily appropriate for this type of measure. With further data available from our CMHA over time, and other CMHA's with posted QIPs, we may be able to assess reasonable range for concern.	Incident tracking sheets.		
	2	Medication Reconciliation: % of clients/client files with a completed medication reconciliation at intake/admission	100.0	100.0	100.0	0.0	95.0	→	●	Compliance should be close to 100%. As employees/clients come and leave, and/or scheduling conflicts at a particular training or tracking event would mean there may always be a small percentage awaiting next session.	e-mail confirmation (Margot Korpan, Debra Vezina)		
Reduce risk of suicide	3	Staff Training: % of staff with up-to-date suicide intervention training	100.0	100.0	100.0	0.0	95.0	→	●	Compliance should be close to 100%. As employees/clients come and leave, and/or scheduling conflicts at a particular training or tracking event would mean there may always be a small percentage awaiting next session.	HR Tracking System. E-mail confirmation - Apr 7, 2016		
Reduce risk of violence and victimization	4	Client Violence: # of incidents that involve client violence/aggression/victimization	3.0	3.0	21.0	-18.0	N/A	→			Incident tracking sheets.	Changes and clarification - "Violence" restricted to physical acts or threats. Prior years included verbal aggression as "violence" which inflated the historic counts.	
	5	Crisis Intervention: % of staff with up-to-date crisis/safety training (e.g., NVCI)	97.0	100.0	84.0	16.0	95.0		●	Compliance should be close to 100%. As employees/clients come and leave, and/or scheduling conflicts at a particular training or tracking event would mean there may always be a small percentage awaiting next session.	HR Tracking System. E-mail confirmation - Apr 7, 2016	Updating tracking mechanism to make sure we properly count who was due and who was refreshed.	
Reduce risk of harm	6	Staff Training: % of staff with up-to-date harm reduction training	100.0	100.0	95.0	5.0	95.0		●	Compliance should be close to 100%. As employees/clients come and leave, and/or scheduling conflicts at a particular training or tracking event would mean there may always be a small percentage awaiting next session.	HR Tracking System. E-mail confirmation - Apr 7, 2016	Identified 20 staff for in-depth training, doing a 2 year cycle of full-staff addiction training	Formalized training plan for HR being created for June 2014.
	7	Staff Training: % of staff with up-to-date trauma-informed care training	100.0	100.0	N/A		95.0		●	Compliance should be close to 100%. As employees/clients come and leave, and/or scheduling conflicts at a particular training or tracking event would mean there may always be a small percentage awaiting next session.	HR Tracking System. E-mail confirmation - Apr 7, 2016	Under Review	On training plan for 2015-16.
Reduce risk of falls	8	Falls Risk Screen: % of eligible clients with a fall risk screen completed	86.0	100.0	100.0	0.0	95.0		●	Compliance should be close to 100%. As employees/clients come and leave, and/or scheduling conflicts at a particular training or tracking event would mean there may always be a small percentage awaiting next session.	OT tracking	Adding question to membership listing to track. Case Management clients (100% expected) along with Depot and EI and community GMHOT.	
	9	Falls: # of client falls	35.0	49.0	80.0	-31.0	N/A	↑			Barb McMaster - collected falls and followup		
	10	Staff Training: % of staff with up-to-date fall prevention training	100.0	100.0	100.0	0.0	95.0		●	Compliance should be close to 100%. As employees/clients come and leave, and/or scheduling conflicts at a particular training or tracking event would mean there may always be a small percentage awaiting next session.	HR Tracking System. E-mail confirmation - Apr 7, 2016		
Reduce incidence of infection	11	Hand Hygiene: % compliance with hand hygiene protocols (survey or audit)	97.8	99.0	94.0	5.0	95.0	→	●	Compliance should approach 100%.	Nurse staff tracking - e-mail Margot Mar 24/16, Deb March 29		

Objective	Accessible	2016-17	2015-16	2014-15	Change	Target	Imp	Tgt	Target Justification	Methods and process measures	Planned improvement initiatives (Change Ideas)	Goal for change ideas (2013/14)
Decrease wait times	12 Wait Times: Average length of wait from referral to assessment	23.0	15.1	15.1	0.0	N/A	↓	●		MIS Reports - clients waiting and days waiting stats for fiscal year end financial reporting - case management clients (Raw data - # of days waited average)		
	13 Wait Times: Average length of wait from assessment to service initiation	11.2	68.3	65.8	2.5	N/A	↑	●		CDS Reports - clients waiting and days waiting stats for fiscal year end financial reporting - case management clients (Raw data - # of days waited average)	- result is slightly misleading. The number of clients on waitlist is increasing, however, programs such as RAIT and The Brief Service programs are shortening The average time people spend on waitlist.	
Increase accessibility and accommodation for clients with disabilities	14 Staff Training: % of staff and volunteers who have received currently required AODA training	100.0	100.0	100.0	0.0	95.0		●	Compliance should be close to 100%. As employees come and leave, and/or scheduling conflicts at a particular training event would mean there may always be a small percentage awaiting next session.	HR Tracking System. E-mail confirmation - Apr 7, 2016	June 2014 we will be rolling out new AODA training for all staff	
Increase hours of service	15 Services were available at times that were good for me.		97.3	99.0	-1.7	80.0		●		Consumer Survey - Annual		
Increase service location convenience	16 The location of services was convenient for me (parking, public transportation, distance, etc..)		100.0	97.0	3.0	80.0		●		Consumer Survey - Annual		
	17 Staff were willing to see me as often as I felt it was necessary.		100.0	97.0	3.0	80.0		●		Consumer Survey - Annual		
Objective	Client Centered	2016-17	2015-16	2014-15	Change	Target	Imp	Tgt	Target Justification	Methods and process measures	Planned improvement initiatives (Change Ideas)	Goal for change ideas (2013/14)
Increase client satisfaction	18 I would recommend this agency to a friend or family member in need.		97.2	98.0	-0.8	80.0		●		Consumer Survey - Annual		
	19 I am satisfied with the services that I receive at CMHA.		97.3	99.0	-1.7	80.0		●		Consumer Survey - Annual		
	20 Client Complaints: # of client complaints	3.0	15.0	3.0	12.0	N/A	↑	●		Incident Tracking	Increase in complaints likely due to clarification of the need to collect the data and targeting to getting staff to record complaints in the proper mechanism.	
	21 Client Complaints: % of client complaints resolved to client's satisfaction (add to client survey and to complaint form follow-up)	100.0	100.0	100.0	0.0	80.0	↑	●		HR tracking complaints and follow-up.	Not currently tracked in formal mechanism. Followups for significant complaints are 100%. Looking to update Incident Tracking system to accommodate followup.	
Increase diversity/equity competency	22 Staff were sensitive to my cultural background (race, religion, language, etc.)		95.8	96.0	-0.2	80.0		●		Consumer Survey - Annual		
	23 Staff Training: % of staff receiving an annual diversity training	100.0	100.0	94.0	6.0	95.0		●	Compliance should be close to 100%. As employees/clients come and leave, and/or scheduling conflicts at a particular training or tracking event would mean there may always be a small percentage awaiting next session.	HR Tracking System. E-mail confirmation - Apr 7, 2016		
	24 Staff show respect by not stigmatizing or judging based upon mental illness or addiction.		97.3	95.3	2.0	80.0		●		Consumer Survey - Annual		

Objective	Integrated	2016-17	2015-16	2014-15	Change	Target	Imp #####	Tgt	Target Justification	Methods and process measures	Planned improvement initiatives (Change Ideas)	Goal for change ideas (2013/14)
Improve smooth transfer at transition points	25 I believe I have access to other services or would be referred as needed.		97.3	98.0	-0.7	80.0				Consumer Survey - Annual		
	26 Follow-Up: % of transferred clients who receive follow-up			N/A		N/A				Measure undefined	Will likely be helped by merged services - e.g. CMHA programs in place at CMHA offices will allow for tracking as well. Once Access movement	OCAN may be able to track this
Increase community partner satisfaction	27 Partner Satisfaction: % of community partner respondents satisfied with partnership (i.e., meet or exceed expectations)		73.7	100.0	-26.3	80.0			Survey measure - set to 80% NOTE fomrat change to survey resulted in lower average results, but better reach of partners	Community Partner Survey - Annual	Adding option next year for online survey completion and for identificaion of follow-up contact (user-identification to discuss any outstanding issues)	Maintina e-delivery of surveys. Review survye to add more "depth" information to assess how to improve services. Check consistency of results with repeated administrations in same format
Increase coordinated assessment	28 Use of integrated record: % of staff accessing integrated assessment record			N/A		80.0			Target is interim. Access issues reduce ability to understand needs and usage to set target.		System becoming online and functional	Prior, almost 100% CMHA - now have other agency records - increased value

Objective	Effective	2016-17	2015-16	2014-15	Change	Target	Imp ↓	Tgt	Target Justification	Methods and process measures	Planned improvement initiatives (Change Ideas)	Goal for change ideas (2013/14)
Decrease unmet needs	29 Unmet Needs: % change in unmet needs following 1 year of service (OCAN pre and post comparison)	67.3	79.8	69	10.8	75.0	↓		This is a new target- if half of the unmet needs are met in a year, this would be positive - not much history to go by. UPDATED Target 2015/16	OCAN - End of March each year, report 6A Change in Unmet Needs - for Case Management, summed across needs		
Reduce substance, gambling, and other process abuse/ dependencies	30 Dependency: % of clients reporting a reduction in (frequency of) use/abuse/dependency	92.3	96.3	70	26.3	75.0	→		This is a new target- if half of the unmet needs are met in a year, this would be positive - not much history to go by. UPDATED Target 2015/16	OCAN - 100-%Unmet need summed across alcohol, drugs, other additions	Identified to CCIM to report this back to CMHA (data exists)	
	31 Negative consequences: % of clients reporting a reduction in negative consequences	68.9	71.8	67.0	4.8	75.0	→		Updated Target 2015/16	OCAN - psychological distress, psychotic symptoms. Safety to self, safety to others	Identified to CCIM to report this back to CMHA (data exists)	
Improve outcomes	32 I feel better about myself.		73.0	86.0	-13.0	80.0			Survey Measures set to 80%.	Consumer Survey - Annual		
	33 I feel I can now deal more effectively with daily problems.		80.0	87.0	-7.0	80.0			Survey Measures set to 80%.	Consumer Survey - Annual		
Reduce involvement with the criminal justice system	34 Criminal justice system involvement: % of clients reporting involvement with criminal justice system (CDS/OCAN)		9.8	12.7	-2.9	N/A			Not enough data to assess values and create a "target". Will get better sense of this data over time	CDS Year End Reports - # of clients served (by program) and number of "Current Legal Issues" (e.g. not "no legal", "unknown"). Raw data average across all programs	Difficulties accessing IAR and OCANs reduce access to system. Access and training will increase usage in 2014-15.	

Objective	Appropriately Resourced/Work-Life	2016-17	2015-16	2014-15	Change	Target	Imp →	Tgt	Target Justification	Methods and process measures	Planned improvement initiatives (Change Ideas)	Goal for change ideas (2013/14)
Improve staff satisfaction and work-life balance	35 Overall, how satisfied are you with your job? ("Very Satisfied" + "Satisfied")	97.2	95.0	91.0	4.0	80.0	↑		Survey Measures set to 80%.	Staff Survey - Annual		
	36 In the past 12 months, would you say that most days at work were...(extremely stressful)	2.8	0.0	2.0	-2.0	N/A	↓		Percentage of "Extremely stressed" individuals should approach zero (e.g. the counterpoint to compliance checks). Target can be adjusted with several administrations of Staff Survey (new measure in 2013-14 staff survey)	Staff Survey - Annual		
	37 In the past 12 months, how frequently would you say you've been mentally or emotionally unable to come to work? (Often)	0.9	0.0	1.0	-1.0	N/A	→		Percentage of "too mentally or emotionally fit for work" should approach zero (e.g. the counterpoint to compliance checks). Target can be adjusted with several administrations of Staff Survey (new measure in 2013-14 staff survey)	Staff Survey - Annual		

Developmental
Optional
Required