

Quality Improvement Plan 2019

Quality Dimension	Measure/Indicator	Source	Current Performance	Target	Improvement Strategies	Progress
Client Satisfaction /Experience	% of clients who would recommend Storefront Humber Inc. to family/friends	Annual Client Survey (NRC Health)	89% of 248 surveyed	90%	<ul style="list-style-type: none"> <li>Use of NRC Health (external agency) to do next evaluation (May 2018) so that we can compare benchmarks with those of LHIN HC &amp; C and other providers -<b>completed</b></li> <li>2018-2019 –established baseline-<b>completed</b></li> <li>Develop action plan based on most common issues raised-<b>completed</b></li> <li>Action plan to be approved by Board Committee –<b>completed</b></li> <li>Monthly monitoring</li> </ul>	NRC will be contracted in September 2019 to repeat survey
	% clients who are satisfied with the services they receive		89% of 248 surveyed	90%		Survey to be completed in October/November
	% clients who state the care they receive meets their needs		84% of 248 surveyed	90%		
	# Complaints received	Annual Client Survey CIMS/AlayaCare	75 of 248 surveyed (30%)	10% decrease		
Client Safety	# clients who had a fall	Storefront Monthly statistics from CIMS/AlayaCare	43 reported falls	10% reduction in clients reporting falls (40 reported falls)	<ul style="list-style-type: none"> <li>Annual staff education regarding environmental hazards and falls prevention strategies-)–Surge modules (<b>Feb 2019</b>) and external education if possible (Capacity Builders) –<b>March 2019-completed</b></li> <li>Staff education regarding the importance of asking clients re falls and reporting (witnessed and unwitnessed falls-all programs )- <b>PSW meetings completed (Nov. Dec) and on-going</b></li> <li>Coaching of Admin staff to Improved documentation of falls in all community programs</li> <li>Implementation of Care Coordinator role within organization who will be</li> </ul>	53 reported falls April-April. Increase may be indicative of training focus last year
	# clients who had a fall with injury		10 of 43 reported (24%)	10% reduction in falls reported that result in injury		9 injuries –none as a result of care (17%)
	# clients who had a fall risk assessment on admission	RAI-CHA	100%	100%		All clients have a risk assessment done. We have developed a more robust falls strategy.

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					responsible for care and follow-up- <b>established and on-going support and growth. All Care Coordinators have been to 2 day training on core competency of Care Coordination</b>	We will be implementing the Morse Falls scale which quantifies risk and have developed strategies based on score – see falls strategy document
	# clients who had a reassessment post fall	Storefront Monthly statistics from CIMS/AlayaCare	New indicator-baseline to be established	100% completion of clients reported	<ul style="list-style-type: none"> <li>Increased care coordination to other services as required (e.g. OT/PT)-monthly reporting of Care Coordinators – <b>to begin with implementation of AlayaCare</b></li> </ul>	To begin October once AlayaCare fully implemented
	% clients with a documented falls prevention plan	Care Coordinator report	New indicator-baseline to be established	100% completion of clients reporting falls or have Morse scale >25	<ul style="list-style-type: none"> <li>Implementation of Care Coordinator role within organization who will be responsible for care and follow-up (<b>see above</b>)</li> <li>Implementation of Morse Falls Scale- <b>with implementation of AlayaCare</b></li> <li>Development of standard and high risk falls prevention strategies – <b>completed (see falls stragety)</b></li> </ul>	See above
Infection Prevention and Control	# staff completing online education	Hand Hygiene Monitoring Tool	New indicator- baseline to be established	100% completion rate	<ul style="list-style-type: none"> <li>Surge Learning modules to be completed yearly (mandatory as compliance part of performance appraisal) – <b>On-going monitoring</b></li> <li>2017-2018 determine compliance rate</li> </ul>	• 70% completion
	# of direct worker observations		10% of point of care staff observed	90% of point of care staff (78/86 staff)		77 direct observations completed

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	% of compliance handwashing/hand sanitizer		48%(84% of staff observed )	90% of those observed	<ul style="list-style-type: none"> <li>Average % of tests (2017/18 to establish baseline)</li> <li>Supervisor observations during home visits – <b>on - going</b></li> <li>Point of care teaching and guidance – <b>on-going</b></li> </ul>	Data collected not comprehensive. Will be purchasing an online auditing system (SpeedyAudit) which will allow for trending, creation of reports and set targets
	% compliance of appropriate glove use		82% of staff observed	90% of those observed		
Chart Audits	% chart audits completed	Chart review (manual and CIMS/AlayaCare)	0% Last done in 2016	10 % of each program charts to be audited	<ul style="list-style-type: none"> <li>Identification of gaps and action plan to be developed if required - <b>completed</b></li> </ul>	10% of each program were reviewed prior to Accreditation (175 charts reviewed- PSW and Homemaking only)
Adverse/Client Events	# staff completing online education Abuse Falls Skin care for wound prevention	Surge Learning reports	New indicator-baseline to be established	95% completion rate	<ul style="list-style-type: none"> <li>Surge Learning modules to be completed yearly (mandatory as compliance part of performance appraisal)</li> <li>Average % of tests -2017/18 to establish baseline</li> </ul>	To restart in September. Put on hold due to accreditation and AlayaCare implementation
	# adverse events reported	Storefront Monthly statistics from CIMS/AlayaCare	0 events reported	100% events reported	<ul style="list-style-type: none"> <li>Staff education on importance of reporting-<b>PSW Meetings (November and December) and on-going</b></li> <li>Root cause analysis to be completed for all events- <b>process in development</b></li> <li>Plan of action developed dependent on Root Cause Analysis</li> </ul>	No adverse events. Accreditation identified our reporting system not robust enough. We will have a report that is accessible through AlayaCare (all staff). Once completed the

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						manager and myself will get a text indicating that incident report has been completed. Managers will then do follow up (documented on same form) and later a root cause analysis will be completed (all steps and results will be available on the one form)
# clients with missed care	LHIN and Storefront Monthly statistics from CIMS/AlayaCare	4 clients missed care	Maintain	<ul style="list-style-type: none"> <li>• Real time monitoring with AlayaCare (visit validation)</li> <li>• Education re importance of following schedule (point of care staff)-<b>PSW meetings</b></li> <li>• Consistent follow up by Managers as to cause</li> <li>• Managers to monitor monthly – <b>on-going</b></li> </ul>	Had a brief increase in missed care-communication issues from schedulers. We continue to support schedulers All missed care is followed up immediately by managers	
# Complaints	Storefront Monthly statistics from CIMS/AlayaCare Email Mail Telephone	26 reported complaints	10% decrease	<ul style="list-style-type: none"> <li>• Consistent follow up by Managers to complaints (within 24 hrs) – <b>process in development</b></li> <li>• Complaints to be reviewed by Quality Committee quarterly and plans of action developed – <b>on-going</b></li> </ul>	36 complaints (April-April) Follow up process in place and continues to be a work in progress All complaints reviewed by committee for trends/themes etc.	

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	# Compliments	Storefront Monthly statistics from CIMS/AlayaCare Email Mail Telephone	17 reported compliments	10% increase	<ul style="list-style-type: none"> <li>Staff education on increased documentation of complaints</li> <li>Email/letter compliments to be collated</li> </ul>	<ul style="list-style-type: none"> <li>19 compliments</li> </ul>
Worklife	# staff completing Staff Satisfaction Survey	Worklife Pulse Survey	113 completed	75% completed	<ul style="list-style-type: none"> <li>Strategies will be implemented dependent on survey results- <b>survey completed; Action plan completed</b></li> </ul>	<ul style="list-style-type: none"> <li>Part of Accreditation</li> </ul>
	# performance appraisals completed (Admin and Point of Care)	Completed forms	12 point of care staff completed	75% of point of care staff completed	<ul style="list-style-type: none"> <li>All Admin staff appraisals to be completed by fiscal year end (March 31, 2019)) -<b>completed</b></li> <li>Managers/Supervisors to complete 7 per month to complete all staff by year end</li> </ul>	100% complete of all current staff
	% of staff turnover	HR Statistics	6.4%	5%	<ul style="list-style-type: none"> <li>Monitoring by HR</li> </ul>	Monitored by HR. Reviewed quarterly
	# staff injuries	HR Statistics	15 reported injuries (9% of staff)	5% of staff	<ul style="list-style-type: none"> <li>Monitoring by Managers, Health and Safety committee and HR</li> </ul>	Monitored by HR Reviewed by Health and Safety and Quality committees
Timeliness of Service	Average length of time before assessment (Bathing/ Home Help)	Monthly statistics from CIMS/AlayaCare	New Indicator- baseline to be established	< 5days from referral	<ul style="list-style-type: none"> <li>2017/18 to establish baseline</li> <li>Data to be used for capacity planning</li> </ul>	<ul style="list-style-type: none"> <li>To be implemented with AlayaCare</li> </ul>
	Average length of time before initiation of service (Bathing/ Home Help)	Monthly statistics from CIMS/AlayaCare	New Indicator-baseline to be established	2 days from assessment	<ul style="list-style-type: none"> <li>2017/18 to establish baseline</li> <li>Data to be used for capacity planning</li> </ul>	<ul style="list-style-type: none"> <li>As above</li> </ul>