

MIND FORWARD BRAIN INJURY SERVICES

Quality Improvement Plan: 2022-2023

RATIONALE:

As a means of accountability to legislation, Excellent Care for All Act (2010) our Quality Improvement Plan (QIP) helps us document and review our current performance in a variety of areas. With this plan, we will be able to clearly see our targeted areas for improvement and chart our progress.

PROCEDURES:

Over the course of the fiscal year, Mind Forward will engage in a continual quality improvement process that involves ongoing tracking of quality indicators as well as quarterly activities that analyze the quality of services.

The quarterly activities are carried out in accordance with processes outlined in PROG-16 Audits. Recommendations resulting from each activity will be communicated to the appropriate staff, Service Stream Managers, and Senior Management team members. An audit report will also be produced for each activity for the Mind Forward Board & Senior Management Team outlining agency areas of both strength and improvement.

An annual summary will also be produced with an overall summary of all QIP indicator data, recommendations, and action plans.

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PURPOSE AND SCOPE

A Quality Improvement Plan (QIP) is a documented set of quality commitments made by a health care organization to its patients, clients, residents, staff and community on an annual basis. The goal is to improve quality through focused targets and actions (HQO, 2022).

QIPs are to be developed by the organization. The Board, senior management, clinicians, other staff, and patients/clients/residents should be engaged in its development. The Board as well as its Senior Management should ensure they are meeting the targets set out in their QIP. It is expected that the QIP will support performance improvement in the organization to achieve the targets established by the organization. The Ministry is not prescriptive about what targets are to be set within the QIP (HQO, 2022).

The Excellent Care for All Act 2010 and other accountability agreements require all public hospitals, most of the team-based inter-professional primary health care organizations, home and community care support services, and long-term care homes to create a Quality Improvement Plan every year. Each organization develops a plan including specific targets and actions that reflect the province's health care improvement priorities, as well as the quality issues that are locally relevant (HQO, 2022).

Although Mind Forward does not fall specifically within one of these mandated organization, we are obligated through our Multi Sector Accountability Agreement (MSAA) that we participate in this annual exercise as part of our commitment to continuous quality improvement and best practice in order to embed a culture of quality in our agency.

Throughout the 2020-2022 period, QIP submissions have been on pause while healthcare organizations focused on managing the COVID-19 pandemic. For 2022-2023 Ontario Health QIP directives continue to be voluntary, as this is seen as a period of recovery and re-evaluation. Ontario Health further recommends not bringing previous indicators forward, rather think of this time as a reset for the program (HQO, 2022).

Throughout the COVID-19 pandemic Mind Forward's focus on the health and safety of our clients and staff have been paramount. As we reflect on these 2 years and plans moving forward, Mind Forward's QIP will be reassessed in order to determine targeted indicators across quality, performance, and accountability. Baseline data across all quality activities for the 2021-2022 fiscal year has been evaluated in order to determine these indicators moving forward into 2022-2023 year.

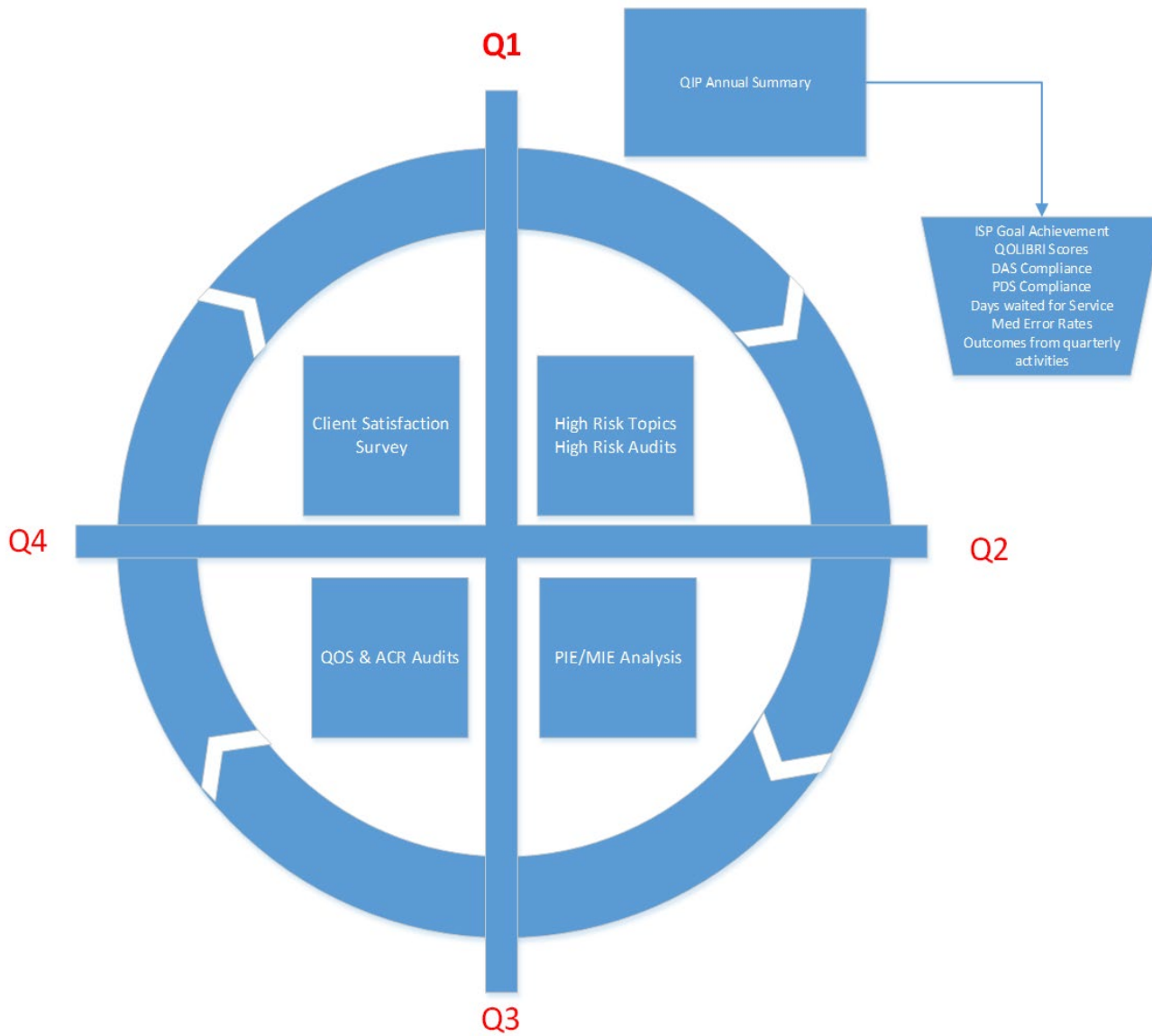
The scope of the QIP includes a detailed analysis of all quality based activities throughout the agency, as well as consideration of other data currently tracked that could provide evidence for the quality of work being provided by the agency.

Utilizing the Provincial Quality Framework developed by Health Quality Ontario, Mind Forward existing quality assessment activities, key performance indicators, and provincial reporting numbers were assess and matched to the appropriate defining element of quality care and set as the baseline collection points for 2021-2022. The following categories and data collection points identified are as follows:

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Quality Element	Quality Improvement Focus	Measure
Patient Centered	Overall Clients Satisfaction of Service and Quality of Life of clients	<ol style="list-style-type: none"> 1. Client Satisfaction Survey (Overall satisfaction /respect) 2. MPAI; GAD-7; PHQ-9
Effective	Improve overall team performance across Agency Service Stream.	<ol style="list-style-type: none"> 1. DAS Compliance 2. PDS Compliance 3. PIE data (aggregate scores) 4. ISP Goal Achievement
Timely	Reduction in wait time from application for service to service initiation	<ol style="list-style-type: none"> 1. Average day from app to assessment 2. Average number of days from approval to service initiation
Safe	Maintain staff medication error rates at or below provincial benchmark	<ol style="list-style-type: none"> 1. Measure medication error rates 2. Administer PIEs as outlined in audit policy 3. High Risk Audit Scores
	Ensure programming is being implemented as recommended	
	Ensure the safety for all clients, staff, and individuals who interact with clients	

Annual Schedule for Quality Assurance Activities



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BASELINE DATA SUMMARY 2021-2022

Measure	Baseline 2021		Comment/Recommendations
Client Satisfaction Survey	Respected- 97% Overall Satisfied- 93%		Satisfactory scores- flagged for reliability of data and low number of respondents (n=71). <i>See below Q4 data</i>
Mayo Portland Adaptability Indicator	Ability – 46.7 Adjustment – 45.1 Participation – 50.4 Total - 49		Stable scores, no significant change from 2020. Continue to monitor.
General Anxiety Disorder Scale	6.2		Noted for baseline: monitor
Patient Health Questionnaire	6.88		Noted for baseline: monitor
DAS Compliance	40%		Below benchmark- target for QIP
PDS Compliance	83%		Satisfactory score with improvement from 2020. Continue to monitor.
PIE data	88.5%		Satisfactory Score <i>See below Q2 data</i>
ISP Goal Achievement	98%		Satisfactory Score <i>See below Q4 data</i>
Average day from app to assessment	PSIT	AL	Below benchmark- Target for QIP
	277	435	
Average number of days from approval to service initiation	445	2280	Below benchmark- Target for QIP
Measure medication error rates	0.07%		Satisfactory Score- Below Provincial Benchmark - Flagged for reliability of data/CIR data collection process

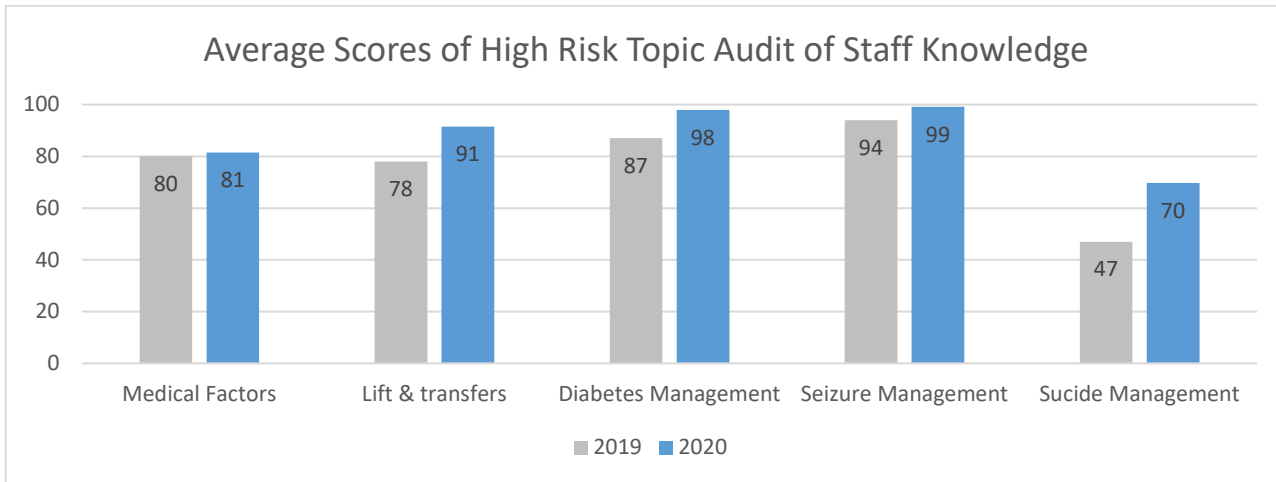
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Administer PIEs as outlined in audit policy	34%	Below benchmark- target for QIP <i>See below Q2 for summary of data</i>
HR Audit Scores	87.8%	Satisfactory benchmark- <i>See Q1 below for summary of data</i>

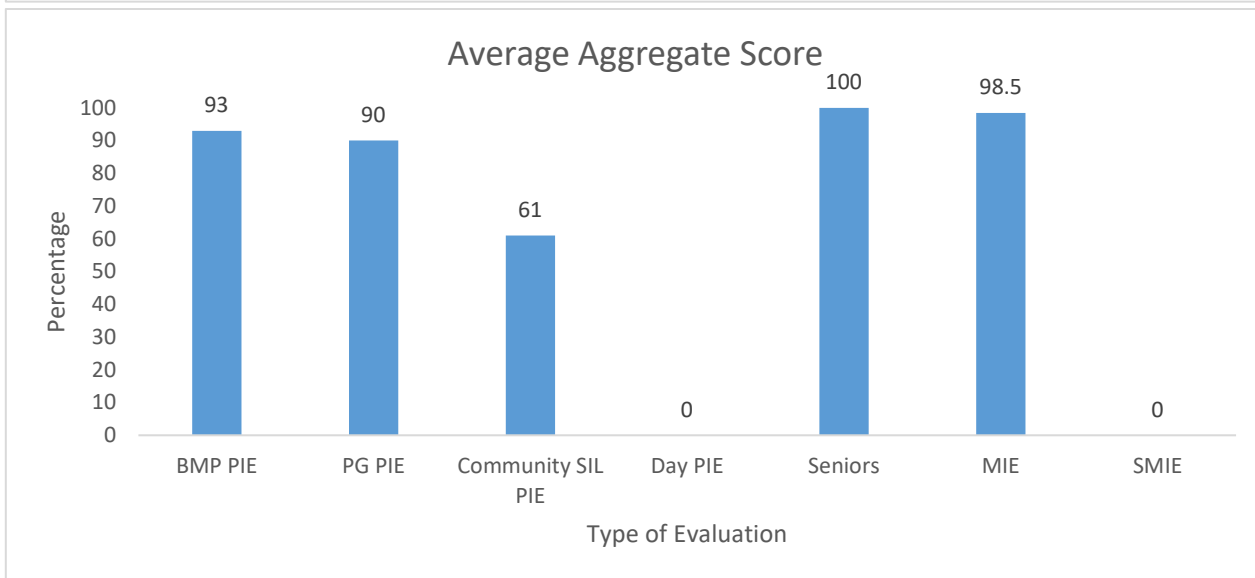
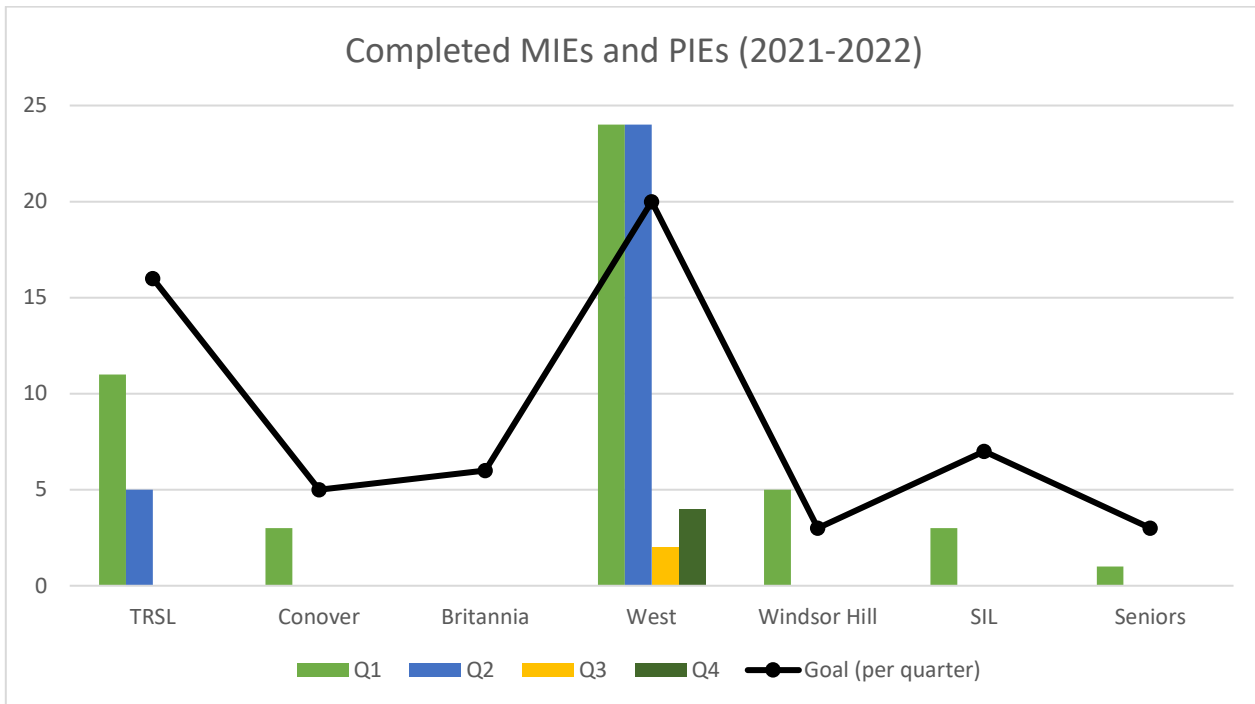
BASELINE

SUMMARY OF QUARTERLY ACTIVIES DATA

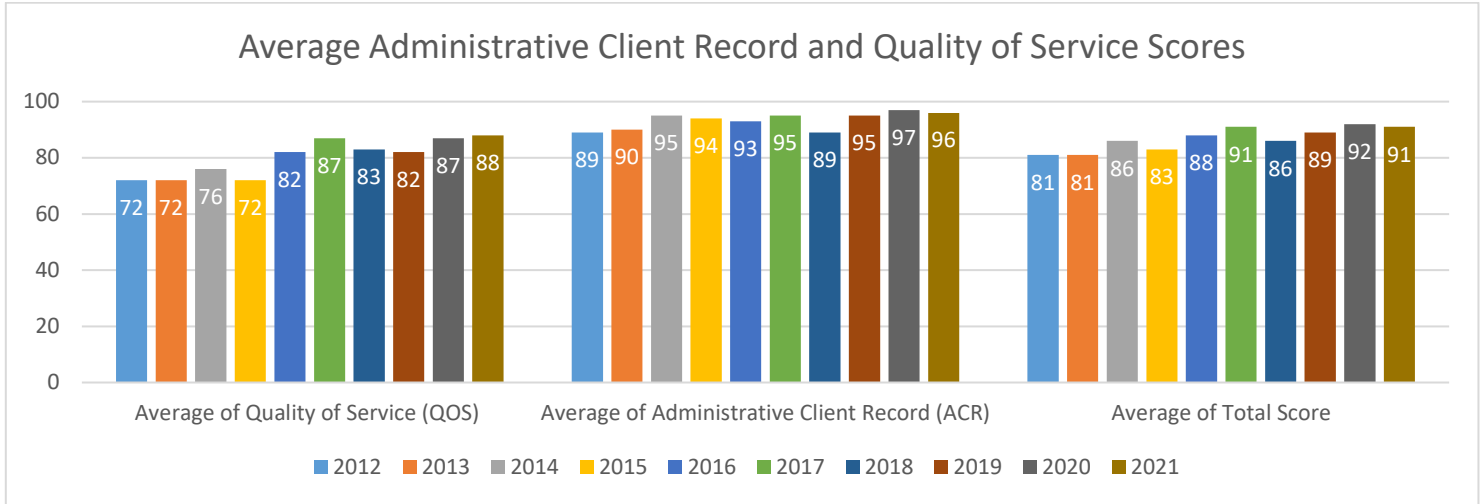
Q1- High Risk Audits



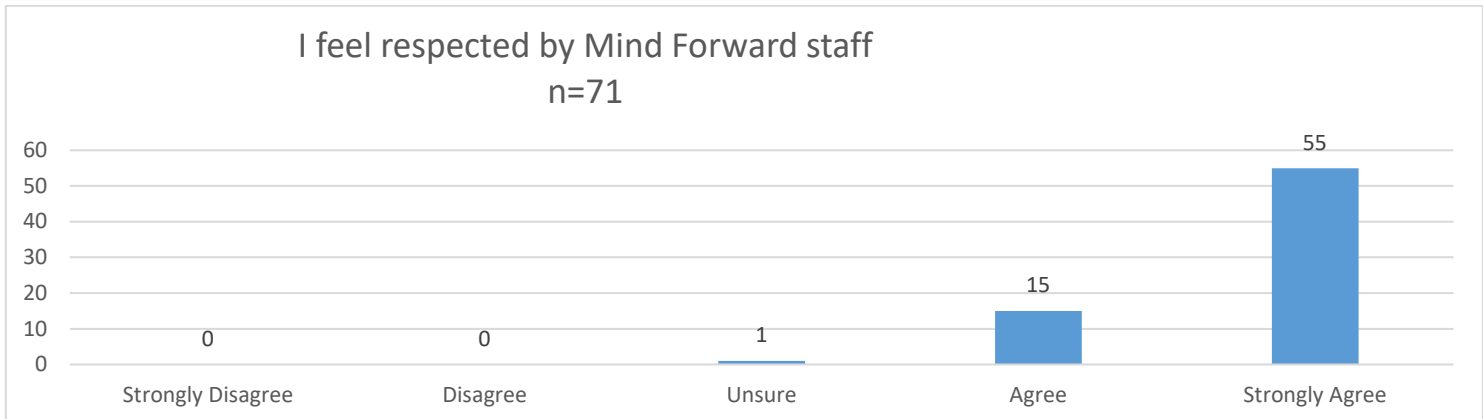
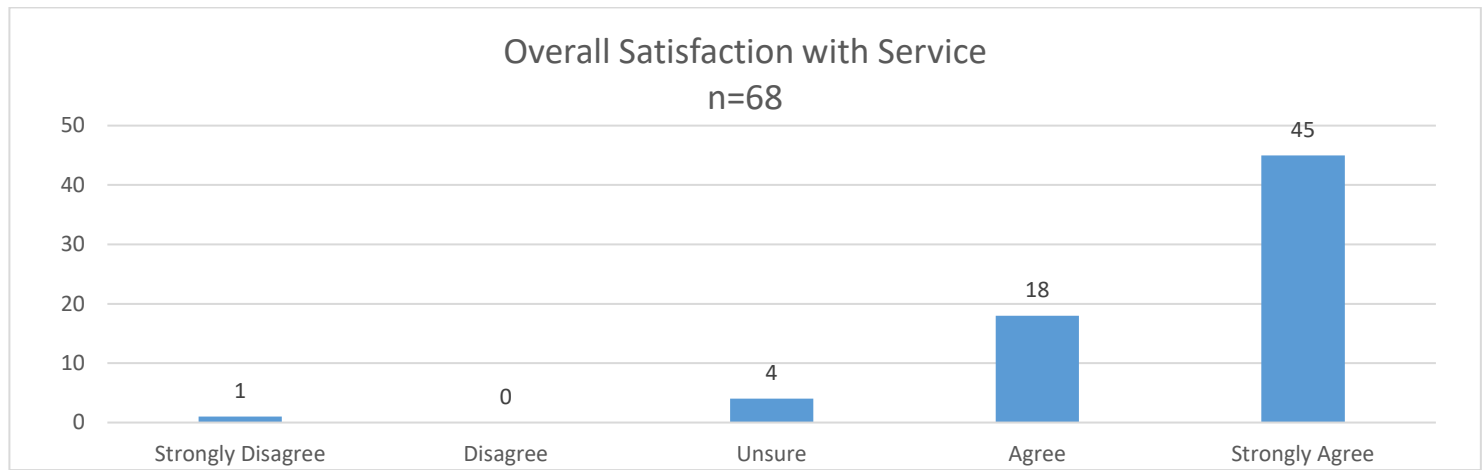
Q2 Program/Medication Implementation Evaluations



Q3- Administrative Client Record and Quality of Services Audits



Q4-Client Satisfaction Survey



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QUALITY IMPROVEMENT PLAN 2022-2023

Target Indicators	Current Performance (2021-2022)	Target Q1 2023	Improvement Initiatives
Client Satisfaction Survey	n= 71	n> 100	<p>Create Quality Committee</p> <ul style="list-style-type: none"> -Develop action plan for committee to engage staff support for filling out surveys (to improve validity); consultation with client advisory committee; virtual and in-person “blitzes” -Randomized audit of data quality
DAS Adherence: Activities completed per day West location	40%	80%	Implement 5 stages of DAS project as outlines in project charter entitled DAS
Intake Process: PSIT -Days waited to assessment -Days waited service (SI)	- 277 (9 months) - 445 (15 months)	Reduction of 25%	<p>Set Targets & Monitor at Intake Committee Meeting:</p> <ul style="list-style-type: none"> SI = 5 per Month Intake = 7 per moth <p>Monitor progress at intake committee meeting</p> <p>Formalize discussion of capacity, i.e. understand the numbers of each program</p> <p>Apply for grant funding to increase resources</p> <p>Track benchmarks for clients in-services</p>

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Medication Error Rates Data Entry/Tracking	15 /136 = 11% error rate (Data entry, categorized incorrectly)	50% reduction in errors in data entry and categorization of data. Target of 6% or less. Subjective observation of improvement in efficiency of data analysis and data collection process.	Improve data tracking system and accountability for quality of reportage. Update policy and forms to better define categories.
PIEs	34%	80%	Engage leadership team to assess barriers Engage with external consultant to assess and establish process, benchmarks, expectations Start the SMIEs Monitor data more closely over the course of the year and share data with team quarterly Clinical Team to complete set number each quarter

SUMMARY

Of the 13 measures assessed, five have been identified as targets for the upcoming QIP cycle. Of note, despite satisfactory scores, two of these targets (Client Satisfaction Survey and Medication Error rates) are being targeted due to uncertainty of the quality and therefore reliability and validity of the data. Many errors and inconsistencies were noted throughout the analysis of data collected. Although the Clinical Team corrected any errors noted, the process highlighted many areas for improvement. Therefore improving processes and quality control of data collection will be a planned improvement initiative.

The remaining three targets, Daily Activity Schedule (DAS) Adherence, Intake Process, and Program Implementation Evaluations (PIEs) have all been identified as areas for improvement as the current performance is well under benchmarks set by policy or best practice initiatives. Each target will have an improvement initiatives in order to improve performance over the 2022-2023 fiscal year.

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REPORT COMPLETED BY: Anna Cook, Director of Quality and Clinical Services



SIGNATURE

Date: May 16, 2022

Approved By: Keitha McNeil, CEO



SIGNATURE

Date: May 22, 2022

References:

Health Quality Ontario (HQO). February 18, 2022. *Quality Improvement Plans*. <https://www.hqontario.ca/Quality-Improvement/Quality-Improvement-Plans>.