

2022/2023 Quality Plan

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| Health Service Provider Name | Head Injury Rehabilitation Ontario |
| Sector | |

| AIM: What are we trying to accomplish? | | MEASURE: How do we know that a change is an improvement? | | | | | | CHANGE: What changes can we make that will result in the improvements we seek? | | | | |
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| Quality dimension | Objective | Measure/Indicator | Population | Period | Current performance | Target | Target justification | Planned improvement initiatives (Change Ideas) | Methods | Process measures | Goal for change ideas | Comments |
| Which dimension does your quality initiative align with? (See definitions below) | What is the objective of the quality improvement initiative? | What is the indicator that will tell you whether an improvement in happening? | What population are you targeting for the quality improvement initiative? | What is the time period representing the current performance? | What is the current performance in the time period specified? | What are you aiming for at the end of the fiscal year? What does the organization aspire to? | What is the rationale for selecting the target? How do you justify it? Provincial benchmark?, theoretical best?, Provincial Average?, Peer Leading Organization? | What initiatives will you put in place that will lead to the improvement being sought? | What step-by-step methods will you be using to track progress on the planned initiatives? | What measures will allow you to evaluate when an activity has been accomplished? Processes must be measurable as rates, percentages and/or numbers over specific timeframes | What is the numeric goal specifically related to the process measure? E.g. 100% compliance by Dec 31, 2015 | Additional Information? |
| SAFE | Reduce stage 2 or greater ratings on wound care protocol scale in residential | Number of wounds among residential clients | Residential clients | April 1 2021 - March 31, 2022 | 8 | <9 | Target established based on last year's performance. | Engage primary care | 1. Involve each residential client's primary care provider to discuss client's history with wounds and wound prevention. | 1. % of residential clients services who have a high risk of wounds have met with their primary care provider to discuss history and prevention | 1. 100% of residential clients who have high risk of wounds have met with their primary care provider | |
| | | | | | | | | Education of staff around wound care | 1. Education module on wound care prevention for staff who work with residential clients | 1. % of staff who work with residential clients who have completed skin care assessment training | 1. 100% of staff who work with residential clients have completed training | |
| | | | | | | | | Implement individualized prevention strategy | 1. Wound prevention plan will be reviewed with all clients who reported a wound in the previous year | 1. % of residential clients who have a high risk of wounds have a prevention plan | 1. 100% of residential clients who have a high risk of wounds have a prevention plan in place 2. 100% of residential clients will complete the skin assessment annually | |
| SAFE | Reduce number of residential clients falls that require medical attention | Number of falls that require medical attention among residential clients | Residential Clients | April 1 2021 - March 31, 2022 | 5 | <6 | Target established based on last year's performance | Implement individualized prevention strategy | 1. Falls prevention plan will be reviewed with all residential clients who had a fall requiring medical attention | 1. % of residential clients who have a high risk of falls will have a prevention plan | 1. 100% of residential clients who have a high risk of falls will have a prevention plan in place 2. 100% of residential clients will complete the falls risk assessment annually | |
| SAFE | Reduce number of staff med admin errors | % of staff admin med errors amongst residential clients | Residential clients | April 1 2021 - March 31, 2022 | 0.08% | <0.09% | Target established based on last year's performance. | Staff retraining | 1. Staff retraining after each med admin error | 1. % of staff retrained within 2 weeks of identified error | 1. 95% of staff are retrained within 2 weeks | |
| | | | | | | | | Additional verification of med process completed | 1. Second staff sign off that meds were completed | 1. % of staff signature on sign off documentation | 1. 95% of completed signatures | |

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| EFFECTIVE | Clients will achieve identified goals | % of client goal achievement | Community and Residential clients | April 1 2021 - March 31, 2022 | 69% | >68% | Target established based on last year's performance. | Engagement of staff and client | 1. Participation of staff and clients in goal identification. | 1. % of residential and outreach clients have identified goals | 1. 100% of Residential and Outreach clients have identified goal/s. |
| | | | | | | | | Engagement of client and family | 1. Participation in goal review meetings | 1. % of completion of goal reviews with clients and family | 1. 95% survey completion |
| EFFECTIVE | Positive rating of over Quality of Life after Brain Injury (QOLIBRI) score | % of completed of QOLIBRI: (Average, high, very high scores) | Community and Residential clients | April 1 2021 - March 31, 2022 | 89% | >88% | Target established based on last year's performance. | Engagement of clients | 1. Participation in QOLIBRI | 1. % of completed QOLIBRI | 1. 100% of Community and residential clients have annual QOLIBRI |
| PATIENT CENTERED | Positive rating of how clients rate their overall care and services and decisions about care | Rating on survey: Overall care and services | Community and Residential clients | April 1 2021 - March 31, 2022 | 89% | >88% | Target established based on last year's performance. | Client and Family Focus Group | 1. Running focus group | 1. # of client and family focus groups completed | 1. 5 client and family focus groups |
| | | Decisions about care | | | 86% | >85% | | Client and Family Engagement | 1. Provide client and family opportunities for feedback and involvement | 1. Number of requests for feedback on agency protocols | 1. 3 requests for feedback on agency protocols |
| TIMELY | Reduce wait times to access services in Outreach | Wait time to access services in Outreach | Community clients | April 1 2021 - March 31, 2022 | 4.3 months | >4.5 months | Target established based on last year's performance. | Outreach model | 1. Evaluate the outreach model | 1. Number of clients following outreach model | 1. 80% of clients follow outreach model |
| TIMELY | Transition identified residential clients to the most appropriate care location | Number of identified residential clients moved to the most appropriate care location | Residential clients | April 1 2021 - March 31, 2022 | 8 clients | 3 clients | Target established based on last year's performance. | Review opportunities for transition | 1. Review opportunities through clinical rounds | 1. Number of identified residential clients appropriate for transition | 1. 3 identified residential clients transition to most appropriate care location |

Table 1: Defining elements of quality care

| Element | Patient meaning | Provider meaning |
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| Safe | I will not be harmed by the health system. | The care my patient receives does not cause the patient to be harmed. |
| Effective | I receive the right treatment for my condition, and it contributes to improving my health. | The care I provide is based on best evidence and produces the desired outcome. |
| Patient centered | My goals and preferences are respected. My family and I are treated with respect and dignity. | Decisions about my patient's care reflect the goals and preferences of the patient and his or her family or caregivers. |
| Efficient | The care I receive from all practitioners is well coordinated and efforts are not duplicated. | I deliver care to my patients using available human, physical, and financial resources efficiently, with no waste to the system. |
| Timely | I know how long I have to wait to see a doctor or for tests or treatments I need and why. I am confident this wait time is safe and appropriate. | My patient can receive care within an acceptable time after the need is identified. |
| Equitable | No matter who I am or where I live, I can access services that benefit me. I am fairly treated by the health care system. | Every individual has access to the services they need, regardless of his or her location, age, gender, or socio- economic status. |

SOURCE: Health Quality Ontario - Quality Matters: Realizing Excellent Care for All

<http://www.hqontario.ca/portals/0/Documents/pr/realizing-excellent-care-for-all-en.pdf>