

2022/23 Quality Improvement Plan
"Improvement Targets and Initiatives"



Providence Care Centre 752 King St. W., Kingston, ON, K7L4X3

AIM		Measure								Change					
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Theme I: Timely and Efficient Transitions	Efficient	Hours per unit of service - Increase # of hours of capacity enhancement training provided to partners by 5%	C	Hours of CE activity / Community partners across sectors	In house data collection / April 1 2022, March 31, 2023	695*	850	900.00	Increase # of hours of capacity enhancement training provided to partners across the system by 5%. Capacity Enhancement is a key role of community specialty mental health and support services and serves to develop a system of care that is able to provide people-centered and evidenced based care.	Health (comm/hosp/LTC) Community support Education Social services EMS Police, legal AMH, other	1)Implementation of standardized Community Capacity Enhancement Tracker across all Community Programs	Capacity Enhancement is integral to the work and partnerships in the community. A standardized activity tracker was developed in fall of 2021 and will be used across all community programs to capture all CE related activities. Capacity Enhancement activities vary across community programs and the standardized tool will serve to more accurately capture this important part of the specialty role. PDSA with team members across AMH, SMH, CSS portfolios through Jan-March 2022. Use of CE Tracking tool with AMH, CSS capacity enhancement roles + 1 SMH PRC began in April 2022. The remainder of the SMH PRC team (2) completed orientation to the tool CE Tracking tool May 9 with full implementation May 10,2022	# of hours of Capacity Enhancement Training activity across community programs	> 900 hours of Capacity Enhancement Training across Community Programs	
Theme II: Service Excellence	Patient-centred	Patient/Resident Experience - House Council (inclusive of residents, families and staff) will serve as a vehicle for communication and quality improvement and meet at least 8x in the year	C	Count / Meetings	House Council meeting minutes / April 1/22 - March 31/23	51108*	CB	8.00	This forum is integral to the inclusion of resident, staff and family stakeholders. The intention is to foster "we" through information sharing, decision-making and a broader, more inclusive team approach.	Residents, Family/Significant Others, in-house Staff, external partners when education or information sessions offered; examples: Alzheimer Society, Product Vendors	1)This forum is new in the Home. The hope is to generate inclusive discussion about opportunities and issues that all stakeholders can hear, be consulted about and both offer feedback and take information forward to their respective cohorts.	Meet monthly with representatives from each department in the Home as well as one Resident and one Family Council representative to share information, plan events, gather feedback, offer education about activities in the Home, new products, redevelopment etc.	Invitations sent out monthly. House Council Terms of Reference were established in Q1 of 2020 and refreshed in Q4 of 2021 to be more reflective of the integration we hope to achieve in the membership. Terms of reference will be reviewed annually. Annual review will also include qualitative accounts of member experience in relation to consistency of vision and values and work of the team.	Minutes from meetings will demonstrate that meetings have been held. Participant attendance will demonstrate integration of stakeholders.	
Theme III: Safe and Effective Care	Effective	% Patients with post-discharge follow-up appointment arranged	C	% / PTCC patients	In house data collection / monthly	695*	0.8	80.00	Aligns to sustain or improve current performance as we transfer this test of change to standard practice	Community primary care physician offices	1)Test of change to implement Unit clerk booking patient/client follow-up appointment with family physician post-discharge as standard practice	Prior to discharge, the Unit Clerk books the appointment with the primary care provider with a goal to be within a week of discharge but no later than 30 days of discharge. Unit Clerk utilizes a tracking sheet to capture the information for documentation purposes. The appointment date and time are noted in the discharge letter that is provided to the patient at discharge. The tracking sheet goes to the Admin Assistant who ensures data capture. Process went live in Q3 21/22.	Number of patients/clients with discharge follow-up appointment booked divided by total discharges, tracked manually by Unit Clerk, reported at monthly Quality Team	>80% patients/ clients will have a discharge follow-up appointment booked	
	Safe	Number of workplace violence incidents reported by staff resulting in staff injury or had potential to result in physical or psychological injury.	C	Count / Worker	In house data collection / Jan-Dec	695*	296	296.00	With the integration of patient and staff incident reporting into one form in April 2021, we saw close to a 40% increase in reporting. With the need to now only report into one incident form, we are confident that our reported incidents more accurately reflective of actual patient to staff violence against staff and are therefore setting a goal to maintain this performance for the next year.	Kingston Health Sciences Centre	1)Rollout of a joint Prov Care/KHSC 'H&S Supervisory Competency' manager training program.	Engage with KHSC to collaborate on content development and finalize timelines for completion of H&S supervisory competency training.	Training rolled out to first cohort of managers before year end.	Project is on track for completion as per our project plan that is developed.	
											2)Provide management with incident review training.	Develop content and conduct virtual training sessions with the Safety Specialist starting in Q2	% of Managers trained on conducting incident reviews	80% of managers trained before end of Q4	
										3)Respond to workplace violence staff survey results from 2021 to address opportunities/concerns.	Prepare a Briefing note with summary of findings and recommendations and present at SLT meeting on June 14 2022	Completion of the analysis of the workplace violence staff survey results and presentation to SLT/Operations Committee. Development of an action plan	Survey results summarized by end of Q1 and presented to SLT and Operations Committee, with proposed action plan, prior to the end of Q2. Action plan is implemented as per established timeline after discussion with SLT and Operations Committee.		
										4)Conduct a review of the workplace violence training provided to various staff groups (content, frequency, e-learning/in-person) and develop and implement a plan to streamline and improve.	Safety Specialist to attend and observe current NVCI training sessions, review course evaluations & survey data from staff training, and review violence incidents in SafetE-Net to identify potential training gaps.	Completion of the review and development of an Action Plan for review by Operations Committee.	Review of our training program conducted before end of Q3 with a proposed plan developed and taken to Operations Committee before the end of Q4.		

M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) A= Additional (do not select if you are not working on this indicator) C = Custom (add any other indicators you are working on)