

Health Service Provider Name	Alzheimer Society Brant, Haldimand Norfolk, Hamilton Halton
Sector	COMMUNITY SUPPORT SERVICES

Quarter Results

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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?						
Quality dimension	Objective	Measure/Indicator	Population	Time Period	Previous Fiscal Year Performance	Annual Target	Current Performance Q1	Target Justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas	Data Source	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 your current result Year-to-date?	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	Where is this information coming from?	
SAFETY	No clients develop COVID through contact with AS	No spread of COVID 19 traceable to contact with AS	All clients	2020-21	N/A	No spread of COVID 19 traceable to contact with AS	0	We know that the virus will be in our community for the coming year and we need to adjust our practices accordingly.	Implementation of infection control policies and procedures	Phased in approach that begins with one on one client interactions, and grows as allowable given changing circumstances	Staff are trained on screening practices, use of PPE and regular audits of our processes are undertaken	0 Clients develop COVID-19 as a consequence of contact with AS	Human Resource Files	
PATIENT CENTERED	Improve client engagement	Increase services for persons experiencing young onset dementia	PLWD (Younger Onset)	2020-21	N/A	Recruit 10 PLWD (younger onset) to participate in codesign	N/A	Codesign requires input from this population	A codesign initiative is launched	Using Co-design, create new approach to service	Survey of young onset population to gather information and recruitment of participants for codesign process	Clear and actionable initiatives are designed to serve this population	Penelope	
		Increase # of Persons living with dementia (PLWD) who provide feedback on services received	all PLWD served	2020-21	113 PLWD provided feedback	Receive feedback from at least 150 PLWD	N/A	Peer leading organizations (other Alzheimer Societies)	Focus on capturing the experience of PLWD	1. Capture PLWD's experience using direct face-to-face interactions in addition to on-line surveys	Track results of program evaluation and observations/conversations with PLWD during programming	receive feedback from at least 150 PLWD	Client satisfaction surveys returned by PLWD or face to face interviews with PLWD	
EQUITABLE	Continue to expand our outreach services to diverse populations	increased # of at-risk clients served	BSO population	2019-20	3501	2400 clients served through BSO teams	793	Ontario Health target reduced to reflect overlap in services prior to integration	Operationalize integration of BSO Teams; outreach to higher risk clients	1. First Place hub reaches clients in lower City of Hamilton 2. Strengthen partnership with De dwa da dehs ney-s	25% of clients will come from lower City of Hamilton At risk clients identified by presence of Coordinated Care plan	2400 clients served	Stats from Penelope for BSO Community Team + stats from Dana for BSO COT Team	Note: reduced target due to duplications in individuals served by two teams
		# of clients served from local indigenous communities	residents of local First Nations + those who self identify as indigenous who live off reserve	2019-20	117 new clients served from First Nations	200 clients served from First Nations	7	Based on our experience	Expand on existing partnership and develop new ones	1. Continue to develop the partnership with Six Nations to offer new First Link Care Navigator supports to indigenous peoples 2. Explore opportunities to expand upon this approach	Track results in quarterly statistical reports and monitor results	200 clients served from First Nations	FLCN stats for Six Nations + all others who identify as indigenous in Penelope database	FLCN from Six Nations was not able to serve clients virtually during this quarters
EFFICIENT	AS is more proficient in delivering care virtually to clients	Increase # of persons who access the services of the AS through on-line or video technology (through both individual and group sessions)	All clients	2020-21	N/A	500 clients served through on-line, videoconferencing	402 sessions provided	Move to virtual delivery of care is an expectation of all health care providers	Use of virtual care to expand our reach to those who have barriers to access services	1. Inventory of on-line services available 2. Sampling of users to obtain feedback on what is working well/not well 3. Identify solutions for barriers to access	Feedback received from clients	500 client served	Still working on this	Issue with tracking the number of individuals served...rather we can capture the number of sessions
EFFECTIVE	Care partners report reduced burden	% of care partners who report that they are less stressed as a result of supports provided by the Alzheimer Society	care partners	2020-21	73%	75% of care partners surveyed report reduced stress.	N/A	Research shows that care partner burden is a major contributor to hospital and LTC admission	Identify impact of our supports on care partners.	1. Modify client feedback mechanisms to capture care partner burden.	1. Pre and post scores on Zarit scale for caregiver burden (respite recipients) 2. Question on annual client satisfaction survey	Care partners report reduced burden	On-line care partner surveys	
	Help people to remain in the community longer	Increase number of clients who benefit from dementia specific respite services	Clients who receive respite supports	2020-21	157 clients	200 clients	83	We have shown that respite services assist individuals to remain in their own homes for as long as possible	1. Opportunities to train other respite providers in dementia care 2. Build case to fund for additional respite	1. Educators provide the training to respite providers 2. Organization makes a case for increased funding	1. % of clients who report they are able to stay home longer with support from respite services 2. # of PSWs providers trained	200 clients have access to respite services	Penelope	

Table 1: Defining elements of quality care

Element	Patient meaning	Provider meaning
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.