

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

Quality Improvement Plan 2022-23

Quarter Results

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	Previous Fiscal Year Performance	Annual Target	Q1	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Goal for change ideas	Data Source/ MRP
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 is happening?	What population are you targeting for the quality improvement initiative?	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 ?	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	Minimize risk of COVID for clients	Maintenance of workplace health and safety protocols	All clients	0 clients exposed	Health & Safety protocols followed 90% of time		We know that the virus will be in our community for the coming year and we need to adjust our practises accordingly.	Continued monitoring of infection control polices and procedures	1. Ensure AS following H&S advice of Public Health 2. Adjust practises as restrictions are lifted 3. Ensure plan in place should #s increase in fall	Staff are trained on new practises as restrictions are lifted Guidelines are modified to accommodate changing practises	Number of hours of training provided to staff re: H&S protocols Manager of Human Resources	Bi-weekly timesheets
PATIENT CENTERED	Improve client engagement	# of social recreation matches that have been made (age and stage appropriate)	PLWD	12 voluteer visiting matches throughout year - 10 functioning at end of year	50 matches created		We have heard from our clients that services do not meet the needs of different ages and stages	A codesign initiative was launched last fiscal and we hope to adapt current programs to be more tailored to needs of our clients	1. Bring staff together to look at ways to adapt current programming to be more tailored to age and stage 2. Ensure client input on activities to be provided in home 3. Training of volunteers on activities and approaches to supporting PLWD 4. Ongoing check-ins with client and/or CP to see how match is working	% of PLWD and CP who report activities plan is meeting their needs	80% of PLWD and CP report activity plan developed is meeting their needs	Director of Strategic Partnerships/Director of Programs
		Increase # of opportunities for Persons living with dementia (PLWD) to be engaged in AS programs and services	PLWD	24 programs offerings for PLWD	25% increase in these programs , or 30 programs offerings		As part of our annual client satisfaction surveys, we have heard that we do not offer many services for persons living with dementia.	Have more programs for PLWD in education/social recreation and counselling services	1. Offer programming for PLWD simultaneous with programs for CP at same site/time 2. Obtain feedback from participants at the end of each session 3. Redesign based on feedback	% increase over baseline from last fiscal % satisfaction with these program offerings	25% increase or 30 program offerings for PLWD by March 31, 2023 80% satisfaction rate of PLWD who participate in these programs	Director of Strategic Partnerships/Director of Programs and Services
EQUITABLE	Continue to support expansion of services to Indigenous populations	# of collaborations made with Indigenous services and/or other organizations that serve this population	Urban Indigenous persons affected by dementia	We supported 33 Indigenous persons (not inclusive of Six Nations)	5 new collaborations created with organizations that serve Indigenous persons in Hamilton		A key strategic priority has been identified to provide better outreach to BIPOC communities. Last year, we had hoped to focus on Indigenous communities but due to discovery of unmarked graves and ongoing COVID, this work was not started.	Dedicate resources to achieving greater collaboration with Urban Indigenous persons affected by dementia.	1. Hire a Care Navigator, Urban Indigenous Communities to focus on this indicator's objectives 2. Create respectful relationships with Indigenous organizations in Hamilton 3. Connect with individuals who require AS services 4. Offer education on dementia as requested.	# of new collaborations created	5 new collaborations created with Indigenous serving organizations by March 31, 2023	Director of Programs and Services
	Expand outreach to under-served populations	# of individuals served in the identified "at risk" postal codes	All clients	N/A	New activity - Target TBD		Recognizing the "under-served" can come in many different backgrounds, we are going to try to use existing demographic data to map against those we current serve to determine where gaps may be occurring.	Better outreach to underserved areas of our catchment region	1.Enhance collection of demographic and postal code data 2. Map of demographic for a specific underserved population in each of our regions developed. 3. Strategies to address these populations developed.	Mapping exercise completed One (1) outreach strategy identified for a specific community in each of our regions developed and implemented # of individuals served in under-served regions	Mapping exercise completed by September 30, 2022 Strategies developed and implemented by March 31, 2023 Number of individuals served in these areas captured for 2023-24 baseline	Penelope database Director of Programs and Services
EFFICIENT	Expand use of Volunteers	Increase # of volunteers supporting AS programs and services	All volunteers	66 volunteers	150 volunteers recruited to support programs and/or act as Dementia Champions		Demand for service exceeds available resources - need to develop innovative approaches to engaging volunteers	Greater engagement of volunteers to expand our reach to those we serve	1. Create framework for Volunteer Services and developing workflows for recruitment, training, retention and recognition 2. Implement strategies for each of processes noted above 3.Evaluate success of strategies	# of volunteers engaged in AS programs and services % satisfaction of volunteers % retention of vounteers year over year	150 volunteers 90% of volunteers report satisfaction with roles 50% retention of volunteers from 2021-22	Manager of Education, Health Promotion and Volunteer Services/Penelope Database

	AS responds to new referrals in a more timely way	People have easy and timely access to AS programs and services	All clients	Intake in some communities was often several months behind	75% of all new referrals have a direct contact from the AS within 3 business days		Significant backlog in new referrals was addressed last fiscal and recommendations for new approaches to Intake made by external consultant.	More timely response to new referrals.	1. Action recommendations of external review of Intake 2. Explore options for live answer tracking with our current phone technology	% of contacts with person being referred made within 3 business days	75% of all new referrals have a direct contact from the AS within 3 business days	Penelope database Manager of Clinical Programs and Services and Privacy
EFFECTIVE	Primary care engagement	Increase # of primary care referrals received by AS	All clients	1135 referrals	1300 referrals from primary care		Primary care is often the first point of referral, yet is not our major source of referrals.	More referrals are received from primary care.	1. Identification of physician champion to assist with campaign developed to share information on AS with primary care. 2. Mail out letters to all primary care providers, outlining why early diagnosis and referral to AS is important. 3. Ensure website is easy to use for referral parties.	% of primary care providers who reported the referral process to AS was easy % of local primary care providers who receive letters about the AS programs and services	90% of primary care providers report making a referral to the AS is easy 60% of local primary care providers receive the letter	Intake tracking forms Manager of Clinical Programs and Services and Privacy
	Provide meaningful support to the care partner so that the PLWD can remain in the home longer	Increase number of hours of respite provided # of PLWD supported	All clients	75,000 hours of respite provided 325 PLWD	85% of care partners report they are able to keep their family at home longer		We have shown that respite services assist care partners to support individuals to remain in their own homes for as long as possible	1. Seek additional respite funding thru Ontario Health	1. Organization makes a case for increased funding for non-HISH respite 2. Ensure respite recipients are asked this question on surveys	% of care partners who report they are able to keep their family member home longer with support from respite services	85% of care partners report they are able to keep their family member at home longer	Manager, Programs and Services and Privacy, Director of Programs and Services and Director of Strategic Partnerships Provincial Caregiver Survey
	Care partners report reduced stress	% of care partners who report that they are less stressed as a result of supports received through the AS	Care partners	100% report reduced burden who received respite services	85% of care partners surveyed report reduced stress.		Research shows that care partner burden is a major contributor to hospital and LTC admission	Identify impact of our supports on care partners.	1. Use Provincial survey on care partner experience	Feedback on Care Partner Surveys re: self-reported stress	85% of Care partners surveyed report reduced stress	Director of Programs and Services and Director of Strategic Partnerships

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.

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>