Quality Improvement Plan
2019-20

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Thrive Counselling
2018-20

Section 1 Introduction

Introduction **:** Thrive Counselling has a long-standing commitment to serving the Halton community through evidence-based, professional services contributing to our community's ability to thrive. As a family service organization, Thrive's mandate is to provide high quality counselling services, programs and supports in line with our Vision, Mission, Values.

Our Vision:

Strong people
Strong families
Strong communities

Our Mission:

We partner with you to manage life's challenges.

Our Values:

Care and compassion
Respect and Dignity
Professionalism & Quality
Inclusion & Safety

The following Quality Improvement Plan serves as the foundation of the commitment of this agency to continuously improve the quality of the treatment and services it provides.

Quality Principles

Quality services are services that are provided in a safe, effective, client-centered, timely, equitable manner.
Thrive is committed to the ongoing improvement of the quality of care its clients receive, as evidenced by the outcomes of that care. The organization continuously strives to ensure that:

The interventions provided incorporates evidence based, effective practices;

- The interventions and services are appropriate to each client's needs, and available when needed;

- Risk to clients, providers and others is minimized, and errors in the delivery of services are prevented;
- Clients' individual needs and expectations are respected, that they have the opportunity to participate in decisions regarding their treatment where possible; and services are provided with sensitivity and caring;
- Interventions and services are provided in a timely and efficient manner, with appropriate coordination and continuity across all phases of care and all providers of care.

Quality Improvement Principles. Quality improvement is a systematic approach to assessing services and improving them on a priority basis. Thrive's approach to quality improvement is based on the following principles:

- ***Client Focus***. High quality organizations focus on their clients and stakeholders and on meeting or exceeding needs and expectations.

- **Recovery-oriented**. Services are characterized by a commitment to promoting and preserving wellness and to expanding choice. This approach promotes maximum flexibility and choice to meet individually defined goals and to permit person-centered services.

- **Employee Empowerment**. Effective programs involve people at all levels of the organization in improving quality.

- **Leadership Involvement**. Strong leadership, direction and support of quality improvement activities by the governing body and ED are key to performance improvement. This involvement of organizational leadership assures that quality improvement initiatives are consistent with provider mission and/or strategic plan.

- **Data Informed Practice**. Successful QI processes create feedback loops, using data to inform practice and measure results. Fact-based decisions are likely to be correct decisions.

- **Statistical Tools**. For continuous improvement of care, tools and methods are needed that foster knowledge and understanding.

- ***Prevention Over Correction***. Continuous Quality Improvement entities seek to design good processes to achieve excellent outcomes rather than fix processes after the fact.

- ***Continuous Improvement***. Processes must be continually reviewed and improved. Small incremental changes do make an impact, and providers can almost always find an opportunity to make things better.

Continuous Quality Improvement Activities. Quality improvement activities emerge from a systematic and organized framework for improvement. This framework, adopted by leadership, is accepted and utilized throughout the organization. Quality Improvement involves two primary activities:

- Measuring and assessing the performance of services through the collection and analysis of data.

- Conducting quality improvement initiatives and taking action where indicated, including the

- design of new services, and/or
- improvement of existing services

Section 2 Leadership and Organization

Leadership. The key to the success of the Continuous Quality Improvement process is leadership. The following describes how the leaders of Thrive provide support to quality improvement activities.

The ***Quality Improvement Committee*** is a standing committee within the management Team Meeting and provides ongoing operational leadership of continuous quality improvement activities. It meets at least monthly or not less than ten (10) times per year and consists of the following individuals: Chondrena Vieira-Martin – E.D., Tricia Varey Business Manager, Connie DeForest Director of Clinical Services, Carol Oosting Director of Clinical Services

The responsibilities of the Committee include:

- Developing and approving the Quality Improvement Plan.
- As part of the Plan, establishing measurable objectives based upon agency priorities**.**
- Developing indicators of quality.
- Periodically assessing information based on the indicators, taking action as evidenced through quality improvement initiatives to solve problems and pursue opportunities to improve quality.
- Establishing and supporting specific quality improvement initiatives.
- Reporting to the Board of Directors (.E.D) on quality improvement activities of the agency on a regular basis (minimum 2 X year)
- Formally adopting a specific approach to Continuous Quality Improvement (PDSA – Plan, Do, Study, Act).

The ***Board of Directors*** also provides leadership for the Quality Improvement process as follows:

- Supporting implementation of quality improvement activities at the agency.
- Reviewing, evaluating and approving the Quality Improvement Plan annually.

The Leaders support QI activities through the planned coordination and communication of the results of measurement activities related to QI initiatives and overall efforts to continually improve the quality of care provided. This sharing of QI data and information is an important leadership function. Leaders, through a planned and shared communication approach, ensure the Board of Directors, staff, clients and stake holders have knowledge of and input into ongoing QI initiatives as a means of continually improving performance.

This planned communication may take place through the following methods;

- *Reporting on QI at Staff meetings*
- *Including QI report in Annual General Report*
- *Posting relevant QI data to Website*
- *Soliciting client feedback through surveys and individual feedback opportunities (.i.e website)*
- *Reporting on QI at Board Meetings*

Section 3 Goals, Objectives & Measurement

The Quality Improvement Committee identifies and defines goals and specific objectives to be accomplished each year. These goals include training of clinical and administrative staff regarding both continuous quality improvement principles and specific quality improvement initiative(s). Progress in meeting these goals and objectives is an important part of the annual evaluation of quality improvement activities.

The following are the long term goals for Thrive's QI Program and the specific objectives for accomplishing these goals for the years *2018-2020*.

1. To implement quantitative measurement to assess key processes or outcomes
2. To bring managers, clinicians, and staff together to review quantitative data
3. To meet internal and external reporting requirements
4. To provide education and training to managers, clinicians, and staff.

Below are the 2018-19 specific objectives for the Quality Improvement plan. They respond to particular aspects of Thrive's longer term objectives for quality improvement stated below

Action	Specific	Measurable	Appropriate	Realistic	Time	Staff Responsible	Status
1.**Utilization of Greenspace outcome measurement platform for measuring counselling outcomes for clients presenting with anxiety and depression**	Depression (PHQ 9) ☐ Generalized Anxiety (GAD 7) Ability Assessment (WHODAS) ☐ Work and Social Functioning (WSAS)	Platform produces indicators demonstrating clinical outcomes at the client, clinician and agency level , utilizing a number of methods to visualize data	Reliable and Valid and being utilized across Family Service and Mental health sectors	Scales implemented across 31 family service organizations. Costs are $325month	Outcomes measured bi-weekly or monthly depending on scale after baseline tests	Intake staff responsible for most initial client enrolllments Clinical staff responsible to administer 1 scale and track client's progress Clinical Director and ED responsible for implementation and support	
2. Share QI data with staff for feedback	Share yearly evaluation and interim results	Minutes of Staff Meetings Emails	Regular communication routes for staff information	Communication channels established and effective	Minimum annually with 1-2 other annual interim reports	E.D	
3. Walk-In Clinic Evaluation	Utilize pre-post measure to measure client change and system diversion	Scaled pre and post measures Diversion Frequency Checklist	Measures in line with Walk-In Clinics across Ontario and measurements utilized in published Walk-in literature	Pre- measure completed prior to every appointment and administered at end of every appointment	Weekly	Walk-In Clinic Intake worker	

4.Utilize three quality improvement tools in agency projects	a)PDSA – Walk-In Clinic Oakville rollout b) SWOT analysis as part of Strategic Planning c) Improve cancellation and re-scheduling rates to reduce administrative time through	Frequency measure of number of tools and types b) documentation of SWOT analysis c) Checklist to document quantitative analysis of administrative time spent	Strong matches of tools with project needs	a)PDSA cycle is structured approach to rapid testing of the idea on a small scale b)SWOT has widespread familiarity with Board c) checklist created	a)Walk-in – Multiple PDSA cycle over a 12 month period b) Swot analysis – ½ day workshop plus data analysis c) daily for monthly periods	a)Management team plus Walk-In staff b)Board c) admin team, Mgt team	

Assessment. Assessment is accomplished by comparing actual performance on an indicator with:

- Self over time.
- Pre-established standards, goals or expected levels of performance.

All objectives will be measured on the basis of pre-established standards or goals and where possible self over time. The measure indicators will be complete, in progress with explanation, or incomplete.

Section 4 Quality Improvement Initiative

Once the performance of *a* selected process has been measured, assessed and analyzed, the information gathered is used to identify a continuous quality improvement initiative to be undertaken. The decision to undertake the initiative is based upon agency priorities. The purpose of an initiative is to improve the performance of existing services or to design new ones. The model utilized at Thrive is called Plan-Do-Study-Act (PDSA)

- **Plan** - The first step involves identifying preliminary opportunities for improvement. At this point the focus is to analyze data to identify concerns and to determine anticipated

outcomes. Ideas for improving processes are identified. This step requires the most time and effort. Affected staff or people served are identified, data compiled, and solutions proposed.

- **Do** - This step involves using the proposed solution, and if it proves successful, as determined through measuring and assessing, implementing the solution usually on a trial basis as a new part of the process.
- **Study** - At this stage, data is again collected to compare the results of the new process with those of the previous one.
- **Act** - This stage involves making the changes a routine part of the targeted activity. It also means "Acting" to involve others (other staff, program components or consumers) - those who will be affected by the changes, those whose cooperation is needed to implement the changes on a larger scale, and those who may benefit from what has been learned. Finally, it means documenting and reporting findings and follow up.

Section 5 Evaluation

An evaluation is completed at the end of each fiscal year. The annual evaluation is conducted by the agency and kept on file in the agency, along with the Quality Improvement Plan.

The evaluation summarizes the goals and objectives of the clinic's Quality Improvement Plan, the quality improvement activities conducted during the past year, including the targeted process, systems and outcomes, the performance indicators utilized, the findings of the measurement, and the quality improvement initiatives taken in response to the findings.