

Quality Improvement Plan 2021-22



**Quality Improvement Plan
Thrive Counselling
2021-22**

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 and 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

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 **2021-22**

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 2021-22 specific objectives for the Quality Improvement plan.

The impact of the global pandemic has significantly impacted the agency's activities around the monitoring of client outcomes as a key indicator of quality improvement. Thrive's quality improvement plan for this period focuses its full weight on the revision and re-development of client outcome monitoring across all programs. Given the rapid introduction of virtual programming, a key element will be collecting data on this new service offering. Other key elements are the digitalization of these outcome measure processes to be highly labour efficient and flexible to function fluidly across in-person and virtual services.

Action	Specific	Measurable	Appropriate	Realistic	Time	Staff Responsible	Status
Utilization of Greenspace outcome measurement platform for measuring counselling outcomes in ICF and VAW	Agency developed Pre/post aligned with reporting measures to our funders	Platform produces indicators demonstrating clinical outcomes at the client, program and agency level	Information matched to reporting requirements Administration methodology efficient and sustainable	Administration methodology efficient and sustainable	Outcomes measured at program start and after 4-5 sessions	Intake staff responsible for most initial client enrollment Clinical staff responsible to administer 2 nd scale Clinical Director and ED responsible for implementation and support	
Electronic administration of Client feedback for groups	PAR & VAW	Results will be available electronically	Possible for virtual and in-person offerings	Process started but not fully implemented	Once at group end	Group leaders for administration. Admin for delivery of measure in electronic form	
3. Walk-In Clinic Evaluation	Digitalization of Walk-in outcome measure prior to Clinics re-opening	Scaled pre and post measures Diversion Frequency Checklist Available electronically	Ease of use both in-person and virtually allowing for easier data roll-up	Technology available	Each visit	Walk-In Clinic Intake worker for administration. ED for development	

Reduce cancellations and no-shows	Institute program reminders	Reports available through client data system	Reduce admin & clinical load & enhance client ease of access	Yes, purchased and installed module	Reminder after each booked appointment & 2 days before	Admin & counsellor	
Evaluate client experience of virtual appointments	Choose from 2 validated measures & administration means i.e blitz	Two surveys available	Agency requires information about new service delivery modality	Measure is free. Requires implementation	Should occur in spring during max virtual appts	Mgt and admin	
Create comprehensive outcome measurement plan for roll-out across all programs	Written plan available	Plan with tools and methodology available	Increased need for process across programs	Planning underway, Human resources limited	Completed by end of fiscal 2021-22	Management 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.

