



Quality Improvement Plan (Oct. 1/18 to Oct. 31/19)

AIM		MEASURE				CHANGE				
Quality Dimension	Objective	Measure/Indicator	Current Performance Baseline (2017-18 YE)	Target for This QIP Period	Target Justification	Initiative Number	Planned Improvement Initiative (change ideas)	Methods and Process Measures	Goal for Change Ideas	Comments
Safe (Prevent Harm)	Prevent Falls Amongst Enrolled Clients	<i>% of Clients:</i> % of unique ABI ADS Clients who fell during reporting period	7/134 = 5%	% Clients <5%	In 2017-18, 47% of Cota occurrences related to falls and, of those, 29% happened at ABI ADS. Based on 2017-18 results, targets set to prevent approx..2 unique clients at ABI ADS from falling and reducing the number of falls by approx. 2 incidents.	1	Manager to Conduct Falls Prevention Training Refresher with Staff, including use of a Falls Risk Assessment to objectively assess individual client risk.	Staff to apply knowledge acquired via training	Improved staff awareness and removal of tripping hazards	
		<i>Rate per Quarter:</i> Overall # falls in the ABI ADS per 1000 attendance days, during the reporting period	8/(3,893/1,000) = 2.06	Rate of < 1.54		2	Develop new falls prevention training materials for ABI clients and deliver to clients individually and in groups.	<ul style="list-style-type: none"> Training materials developed by Director ABI & Developmental services and reviewed by Senior Director, Clinical Operations and QI Orientation provided to applicable staff/managers Clients to receive training 	Improved client awareness of falling risks Individual client falls prevention strategies implemented, as applicable	

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Effective <i>(Services Lead to Intended Outcomes)</i>	Achieve positive health and housing outcomes for Cota's Clients	DEVELOPMENTAL MEASURE: A minimum of 1 - 2 outcome measures confirmed and in place for each of our respective services in order to better gauge the effectiveness of those services in our clients' lives	0	At least 25% of confirmed outcome measures and tracking/reporting systems in place by October 31, 2019	Cota presently does not have service level outcome measures in place. Therefore, it is very difficult for us to gauge the effectiveness of our services beyond the basic service utilization rates (e.g., number of clients served), productivity rates (e.g., number of contacts and residential days) we are required to report to our funders, or through feedback we received from clients regarding perceptions of care).	1	Identify financial resources to support a full-time QI & Risk Management Project Lead for 2 years, to begin no later than April 1, 2019	Executive Team to identify and allocate resources for this role in the 2019-20 budget development process. If/where needed ED to request support for this role/project via the Strategic Initiatives Fund that the Board oversees by January 17, 2019.	Funds confirmed to support the role and initiative.	
						2	Develop job description and post for QI & Risk Management Project Lead by January 31, 2019. Aim to recruit no later than March 31, 2019.	Post and/or seek secondment opportunity through networks or potential partnership.	Qualified QI & Risk Manager Project Lead recruited by March 31, 2019	
						3	QI & Risk Management Project Lead to take draft work already developed and work with management to confirm the recommended list and total # of outcome measures to be implemented Final list/# recommended outcome measures and tracking systems to be vetted with Q&P Committee of Board and approved by the Board by June 30, 2019.	Will build on work already started and refine via further consultation with leadership and Executive Team.	Outcomes measures confirmed	
						4	QI & Risk Manager Project Lead to work with management and applicable teams to orient/train and implement at least 25% of approved outcome measures by Sept.1, 2019	Design systems for gathering/tracking, orient leadership to these systems and provide training to applicable staff. Managers to monitor adherence to new protocols re: data collection and reporting.	Outcome measures implemented and tracking/reporting systems in place.	

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<p>Effective <i>(Services Meet Clients Expressed Needs)</i></p>	<p>To Increase/Improve Services to Foster a Greater Sense of Community and Social Connectedness Amongst Clients</p>	<p>% Active Case Management and Scattered-Site Supportive Housing Clients Who Report Unmet Needs in the Areas of:</p> <ul style="list-style-type: none"> • Company 	<p>36%</p>	<p>N/A Developmental</p>	<p>Having more opportunities for social connections and creating community amongst clients were areas clients identified as being of primary importance in focus groups leading to the development of Cota’s Strategic Plan 2016-17.</p> <p>OCAN results indicate that “Company” is an unmet need for many of our clients.</p>	<p>1</p>	<p>Intentionally design group and or other program offerings to improve social connectedness for/amongst clients, in a manner that is responsive to client preferences.</p>	<p>a) Recruit Full-time QI & Risk Manager no later than March 31, 2019</p>	<p>Intentionally designed approach(es) are developed for each community in advance of the 2020-21 budget cycle so that resource allocations can be considered and implementation can begin no later than April 1, 2020.</p> <p>Management to recruit students and/or volunteers, as may be needed, to assist in implementing identified social connection activities.</p>	
								<p>b) QI & Risk Manager to conduct client surveys and/or focus groups to determine client satisfaction with existing approaches, in each of the following geographic areas by July 31, 2019:</p> <ul style="list-style-type: none"> ▪ North York ▪ Scarborough ▪ Toronto East ▪ Toronto Mid-East ▪ Toronto West 		

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<p style="text-align: center;">Client Centred <i>(Positive Client Experience)</i></p>	<p>Positive client perception of care relating to STRB service</p>	<p>% Short-Term Residential Bed OPOC respondents in reporting that they <i>Strongly Agree</i> that:</p> <p>a) The area in and around my room was comfortable for sleeping</p> <p>b) There were enough activities of interest to me during free time</p>	<p>a) 44.4%</p> <p>b) 27.8%</p>	<p>a) 49.4%</p> <p>b) 32.8%</p>	<p>a) The present STRB location is a known challenge, the environment is less than ideal and we have/continue to receive complaints from clients (and staff) in relation to it.</p> <p>b) At present there is no meaningful group/day programming in place at STRB. Also highlighted in OPOC results.</p>	1	<p>Relating to a):</p> <ul style="list-style-type: none"> Refresh units in fall of 2018 (done) as an interim measure to improve satisfaction with rooms Improved cleaning services 	<ul style="list-style-type: none"> Identify 2018-19 funds and coordinate painting, purchasing of new furniture/linens etc. Allocate additional operating funds to enhance cleaning services 	<ul style="list-style-type: none"> All units are refreshed by Dec. 31, 2018 Enhanced cleaning services in place by Dec. 31, 2018 	
						2	<p>Relating to a):</p> <ul style="list-style-type: none"> Developmental step: Contract with a development consultant to work with Cota's senior management team and Board to create tangible plan for relocation of the program to a purpose built/renovated site. 	<p>Identify funds during 2019-20 budget process to contract with development consultant and initiate recruitment efforts.</p>	<p>Consultant contracted by April 1, 2019</p> <p>Performa and strategy developed and presented to Board no later than Oct. 31, 2019.</p>	
						3	<p>Relating to b):</p> <ul style="list-style-type: none"> Recruit students and/or volunteers to assist in developing meaningful activities for STRB clients to participate in, at least 3 times /week 	<p>Program manager to survey and/or hold focus groups with clients to identify areas of /preference re: activities of interest by Jan. 31, 2019</p> <p>Develop volunteer role descriptions for volunteer and/or student placement descriptions by March 1, 2019</p> <p>Recruit volunteers and students by May 1, 2019</p> <p>Implement new activities by June 1, 2019</p>	<p>Meaningful activities offered at least 3 times/week starting no later June 1, 2019</p>	

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<p>Client Centred <i>(Positive Client Experience)</i></p>	<p>...continued.</p> <p>Positive client perception of care relating to STRB service</p>	<p>% Short-Term Residential Bed OPOC respondents in reporting that they <i>Strongly Agree</i> that:</p> <p>c) The quality of food was acceptable</p> <p>d) My special dietary needs were met (e.g., diabetic, halal, vegetarian, kosher, etc.)</p>	<p>c) 55.6%</p> <p>d) 27.8%</p>	<p>c) 60.6%</p> <p>d) 32.80%</p>	<p>Food security and improved nutrition were areas clients identified as being of primary importance in focus groups leading to the development of Cota’s Strategic Plan 2016-17.</p> <p>Also highlighted in OPOC results.</p>	4	<p>Related to c) and d):</p> <p>As an interim measure, until a new site is secured which would be equipped with a better kitchen for on-site meal preparation, Implement catering services for supper meal at STRB to improve food quality and meet s special dietary needs</p>	<p>Related to c) and d):</p> <p>Allocate additional base resources for food catering service at STRB</p> <p>Contract with a catering service to provide suppers 7 days/week by January 31, 2019</p>	<p>Catered meals (suppers) that account for active client special dietary requirements are delivered 7 days per week beginning no later than February 2019.</p>	<p>Related to c) and d):</p> <p>As an interim measure, until a new site is secured which would be equipped with a better kitchen for on-site meal preparation, Implement catering services for supper meal at STRB to improve food quality and meet s special dietary needs</p>

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Timely <i>(Reduce the Wait)</i>	Reduced MH Case Management wait times for applicants at the Access Point	a) <u>Cota Referral Rate:</u> YTD number new MH CH referrals accepted by Cota from Access Point (cumulative per quarter)	a) <u>Cota Referral Rate:</u> Presently working with access Point to obtain 2017-18 rate	a) <u>Cota Referral Rate:</u> TBD – contingent on baseline info. from Access Point	The Access Point is the formal central intake and referral service for MH Case Management. It holds the majority of the waitlist for all applicants seeking MH Case Management support across the City Toronto and facilitates referrals to a broad network of MH CM service provider organizations. In 2017-18 Access Point’s MH CM applicants waited an average of 285.1 days MH CM services.	1	QI Project Lead to work with Senior Director, Clinical Operations, and applicable IST managers/teams to conduct a LEAN project in relation to MH Case Management length of stay and identify areas for improvement that will facilitated reduced wait times. Per outcome of LEAN Project, alter MH CM service model to facilitate greater flow through, thereby enabling more clients to be served annually and directing capacity created to accept Access Point referrals. This may be enabled, in part, by: a) Decreasing length of stay by: - Providing more ST – CM - Applying heightened criteria for continuance of service a) Adding Peer Support Specialists to the Teams and creating a step down level of care (e.g., weekly groups rather than multiple visits per week)	<ul style="list-style-type: none"> Identify resources for the Peer Support roles in 2019-20 budgeting process (done) Complete LEAN project by June 15, 2019 Work with teams/clients/stakeholders to adjust design and implement new service model by Sept. 30/19 	Increase net number of forecasted clients admitted to Cota’s service from Access Point when compared to 2017-18	
		b) <u>Cota Length of Stay:</u> average length of stay (in days) for active MH CM clients	b) <u>Cota Length of Stay:</u> TBC	b) <u>Cota Length of Stay:</u> TBD						
		c) <u>System Level Impact (for monitoring purposes only):</u> Access Point Average Wait Time for MH CM services	c) <u>System Level Impact (for monitoring purposes only):</u> 285.1 days	c) <u>System Level Impact (for monitoring purposes only):</u> < 285.1 days						

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Efficient <i>(Well Coordinated and No Wasted Resources)</i>	Cota's Services Offer Competitive Value for Money to Our Funders	With regards to TC LHIN Funded MH CM services: a) Ratio of Cota's cost per client served/TC LHIN Average should be maintained at ≤ 1	a) Cost Per Client Ratio: <u>\$3,506 (Cota)</u> <u>\$2,851 (LHIN ave. 2017-18)</u> = 1.23	a) Forecasted cost per client ratio reduced to ≤ 1.13 by Oct. 31, 2019, when using 2017-18 TC LHIN average <i>Note: to achieve this, Cota would need to:</i> <ul style="list-style-type: none"> • <i>Serve 100 more clients/yr. at same cost; or</i> • <i>Reduce expenditures by at least \$245,000; or</i> • <i>The most probable solution = some combination of the two.</i> 	Provincial funding/political context creating pressure for increased value for money. There are presently 27 agencies delivering MH CM Services in TC LHIN representing a total expenditure of \$24.5M in MH CM services. TC LHIN is comparing cost/unit and cost/client across organizations, with a backdrop of integration and/or transfers of services considerations. We need to demonstrate that we offer excellent value for money.	1.	Altering MH CM service model to facilitate greater flow through, thereby enabling more clients to be served annually. This can be enabled by: b) Decrease length of stay by: - Providing mote ST – CM - Applying heightened criteria for continuance of service c) Adding Peer Support Specialists to the Teams and creating a step down level of care (e.g., weekly groups rather than multiple visits per week)	<ul style="list-style-type: none"> • Identify resources for the Peer Support roles in 2019-20 budgeting process (done) • Work with teams/clients/stakeholders to adjust design and implement new service model by April 30, 2019 	Increase net number of forecasted clients served/year, at existing cost, by ≥ 70	
						2.	Identify and implement measures that will reduce lease costs of satellite offices (59 Adelaide St. E and 219 Dufferin St.) by \geq \$90,000/annum post implementation. Some examples of options include: a) Subletting more space at either or both; OR b) Assigning the lease outright at one location and merging operations into the remaining one c) Other arrangements that may result in achievement of the same cost savings	Ed and Executive Team to: a) Convey the rationale for the initiative to leadership/staff/affected clients and other stakeholders and ask for feedback re: preferences and options b) Confirm plan once input has been gathered and convey that plan to back to leadership/staff/clients c) Initiate market search for assignment successor and or sub-lessors d) Implement arrangement(s) by Aug. 30, 2019 e) Convert savings into service provider positions that can support additional clients	Savings of \geq \$45,000/annum projected following implementation of the solution.	

