

Quality Improvement Framework

Individual and Family Empowerment

Reducing
Barriers
Affecting
Service Equity

OUTCOMES

Youth will:

- positive engagement with the community
- Increase skills to reduce risk and harm
- Have the skills for successful, independent living

Attachment-Based Youth Engagement

Trauma-Informed

Evidence-Informed Practices:

- Cognitive Behavioural Therapy
- Dialectical Behavioural Therapy
- Harm Reduction
- Narrative Therapy

...utilized in a collaborative, team approach

INTRODUCTION:

Defining quality at WAYS Mental Health Support is done by using children's mental health evidence-informed practices and theories that include: an individual and family empowerment model; trauma- informed practices; attachment-based theory; the reduction of barriers affecting equitable service access, and youth engagement strategies. The tools used to support our practice include Dialectical Behavioral Therapy, Cognitive Behavioral Therapy, Narrative Therapy and harm reduction strategies. We strive to provide effective and efficient programs and services that help children and youth increase safety, security and positive engagement with the community, increase skills to reduce risk and harm and develop skills that will lead to successful independent living.

DEFINITION:

Quality improvement is defined as a systematic approach for making changes that lead to better client outcomes, stronger care performance and enhanced services necessary to consistently deliver quality programs.

CYCLE:

The quality improvement cycle is overseen by the Quality Improvement Committee at WAYS. There is a four step process to the cycle. It begins with a planning process that determines what questions we want answers to and what strategies will be used to collect the necessary data. The second step is implementing the data collection tools that will be used to measure and begin the process of analyzing the data. The third step is the completion of the analysis, summarizing the findings and developing an action plan that includes improvement and measurement outcomes. The final step in the process is recommending changes to the Executive Leadership Team who in turn determines what changes can and should be implemented and then supporting the changes in order to achieve the desired improvements. Reports on all Quality Improvement activities are made to the Board of Directors.



Quality Improvement Cycle

ACT

- Determine what changes can and should be implemented
- Make the changes to achieve the improvements

PIAN

- Define the questions to be answered
- Determine strategy to be used for data collection

STUDY

- Analyze data and summarize learnings
- Develop action plan that includes improvements and measurement

DO

Implement data collection tools

PROCESS:

Quality Improvement activities occur throughout the year. Information is collected from multiple sources including clients, their families, key community stakeholders, staff, students and through documentation audits. The WAYS Quality Improvement Framework is a blueprint demonstrating how we strive to meet or exceed improvement targets and outcomes that are set each year. Quality Improvement plans are designed to build off the previous years or earlier Quality Improvement plans as well as to exceed targets and benchmarks. By measuring programs towards targets, carefully studying changes that work and those that do not and by studying lessons learned during the year, we will be able to gather information necessary to develop the next year's quality improvement plan.

METHODS:

InterRAI ChYMH:

The InterAI ChYMH is a collection of assessment instruments used with children and youth facing mental health challenges. The instrument assists with screening, assessment, care planning, outcome measures and program evaluation. Scales provide information about the severity or frequency of a problem. They can help measure change over time and evaluate treatment outcomes by comparing scales before and after interventions. The ChYMH is administered within the first 30 days of admission to service and every 6 months thereafter until discharge. A discharge ChYMH is to be administered prior to discharge, where possible. Pre and post measurements are reviewed and assessed at program reviews as one of the methods to evaluate program and intervention effectiveness. The analysis and recommendations form part of annual program review reports that go to the Board of Directors.

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Satisfaction Questionnaires:

WAYS administers five satisfaction questionnaires annually to assist with feedback from key stakeholders including youth, parents and guardians, community partners, foster parents and students. The end of service survey is administered to clients and parents/guardians once a client is to be discharged. Results are rolled up with a full analysis completed by the Quality Improvement Committee. A report is developed that includes identified strengths, challenges and areas for improvement with an action plan for improvement. Survey reports are presented to the Executive Director and Board of Directors.

Focus Groups:

From time to time, focus groups are conducted with specific groups to ask structured questions to gather information on a particular subject matter. Often this will occur when collecting information from youth. Information is gathered and analyzed. A report is prepared including a summary of learnings including strengths, challenges, recommendations, goals and methods of measuring goal attainment. The report is reviewed by the Quality Improvement Committee as part of their ongoing Quality Improvement activities and presented to the Executive Leadership Team.

Program Reviews:

Each program conducts a comprehensive annual review of their program. Included is a review and update of program logic models, review of success and impact, including interRAI results, program- specific results from surveys and focus groups, review of program targets, identification of program risk factors, documentation and file audit review, Serious Occurrence reporting, staff training analysis, and a complete program SWOT analysis. A report is prepared for the Board of Directors that includes a synopsis of the analysis, recommendations, action plans and measurement methods.

File Audits:

File audits are completed twice per year for all programs at WAYS. File audits look at file completion, quality of documentation, timeline attainment, and other matters relating to quality of service delivered at WAYS. File audit reports are discussed with Program Supervisors and Managers where trends or deficiencies exist and are reviewed at program reviews with staff in programs. When required, recommendations and goals are developed including methods for measuring attainment.

Quality Improvement Committee:

The Quality Improvement Committee is comprised of front line staff, supervisors and managers who meet regularly throughout the year to discuss matters relating to the quality of services delivered at WAYS. The committee reviews surveys, annual roll-ups, summary reports and client complaints. The committee reviews the data, makes recommendations to the Executive Leadership Team including improvement suggestions, potential goals/action items, timelines and results measurement methods and or strategies.

Accreditation:

In addition to these regular Quality Improvement activities WAYS participates in an accreditation process with the Canadian Centre for Accreditation. This independent, third-party review adds assurance that the organization meets established standards of quality.