



TRAVERSE
INDEPENDENCE

QUALITY MANAGEMENT PLAN

APRIL 2021 – 2022
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INTRODUCTION

The delivery of quality services to those we serve has been a Traverse Independence priority over the past many years. As the organization has grown and expanded this is one value and principle that has been constant.

To drive the quest for quality forward, the board of directors have consistently had the expectation of quality service delivery in their strategic plan. It is the board’s responsibility to lead the organization forward through the mission, vision, values and strategic plan, and quality has always been front and centre. Keeping in mind that the board’s strategic plan has a number of priority objectives within it, the first one has a strong focus on quality: *Provide a recognized service that supports quality care and client safety.* (See excerpt from the board’s strategic plan below.)

The Board’s Strategic Plan Priorities (see Quality and Client Safety)

Quality & Client Safety	Comprehensive Service Mix	Sustainable Outcomes	Health System Partnerships	Engagement
Focus on safe, effective high-quality services that ensures a safe environment for clients and staff.	Provide services through an integrated service delivery model focused on a person-centered care framework	Refine and support key client outcomes in a health ecosystem of team partners.	Active health system partner engaged in enabling a continuum of services for clients, families and the community.	Our participation on identified Ontario Health Teams and within our Ontario Health region will strengthen integrated service delivery for clients, families in the community.
<p>Align and Integrate Systems: We will integrate OHT performance indicators or quality improvement plans (C-QIPs) into accreditation standards and external third-party requirements such as Ontario Neurotrauma Foundation</p> <p>Talent Management: We will build an energetic and dedicated staff roster to safely support the work of the organization.</p>	We will provide a core set of services that enables clients to live well in the community. Our services will build on the best practice to meet the emerging needs of clients	We will refine and support key client outcomes in a robust ecosystem of team partners. The evaluation framework and outcome measures will enable funding, planning, collaboration and network partnership.	We will be an active health system partner engaged in enabling a continuum of services for clients, families and the community	Establish formal standing in the Ontario Health structure both on local teams and within west region Align our integration with strategic partners to better offer knowledge exchange and service design that is inclusive of clients with brain injury and physical disabilities.

As an organization, we are fully committed to a culture where quality client care is integrated into our daily services, thus ensuring our services are provided in an effective and competent manner. The board fosters and supports a culture of client and staff safety and regularly receives reports and updates on measures related to safety such as data on WSIB, lost time claims, accidents and injuries, client falls, medication errors and reconciliation, infection prevention and control and other such data.

We currently serve clients with an acquired brain injury and with a physical disability across three business units in Waterloo-Wellington. Quality management is necessary to ensure all services are designed and rendered to meet the current and emerging quality needs of clients, their families, employees, and members of our broader community.

SCOPE

This document applies to all programs of Traverse Independence.

THE QUALITY PLAN STRATEGIC PRIORITIES

The quality plan was developed to support the quality and safety pillar in the board’s strategic plan. Three areas of focus have been selected to do this, with goals in each area.

KEEP THE CLIENTS AND STAFF SAFE	ACHIEVE THE BEST RESULTS	PEOPLE CENTRED CARE
<ul style="list-style-type: none">• Improve food-handling practices.• Improve safe handwashing practices and audit• Reduce incidents of client injury related to falls.	<ul style="list-style-type: none">• The ethics framework is utilized across the organization.• Incident reports will be used for quality improvement and risk management.• Recruit and retain talented and committed employees to support the work of the organization.	<ul style="list-style-type: none">• Clients and families will be engaged and involved at all levels of the organization.• Key documents will be made public by posting on the website.• Membership on the board of directors will be extended to those with lived experience, caregivers or families.

RESPONSIBILITY

Quality management is the responsibility of the governors, employees, clients, and caregivers/family. The managers and front-line employees play a part in the quality, reliability, and safety of the programs and services provided to our clients. The board of directors ultimately holds the responsibility for the implementation of the quality plan.

It is up to management to ensure that quality systems are designed, implemented, monitored, and evaluated on an ongoing basis and that the board of directors has the background information they require to support the quality plan.

REPORTING

Following is a critical path, which provides the goals, objectives, and measurable outcomes for the quality system along with who is responsible for achieving the measures.

Using a scorecard, the results of the goals and objectives will be measured quarterly with results provided not only to the board of directors, but to employees, clients, caregivers and the public.

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STRATEGIC PRIORITY	GOAL	OBJECTIVES	OUTCOMES	LEAD	TIMELINE	INDICATORS
KEEP THE CLIENTS AND STAFF SAFE	Improve food-handling practices.	Identify employee positions that are responsible for food handling.	Ensure safe food handling is a requirement in position description.	Client Safety Committee	Ongoing	100% of all employees who require Safe Food Handling training will obtain it.
		Revise the training policy to include safe food handling practices	The client safety committee will identify best practices in food handling.	Client Safety Committee	Ongoing	100% of recommendations of Client Safety Committee regarding safe food handling will be implemented.
	Reduce incidents of client injury related to falls.	All client falls information will be logged into the GoldCare client record keeping system.	Client falls data will be used to drive quality improvement across the organization.	Client Safety Committee	Ongoing	100% of the client falls data will be entered into the client specific GoldCare system.
		Using the falls prevention assessment tool all clients will be assessed for being at risk of falling	Assessment data will be used to identify when a proactive falls prevention program will be offered to individual clients.	Client Safety Committee	Ongoing	100% of clients at risk of falling are offered an individualized falls prevention program.
	Improve Hand Hygiene	Improve staff knowledge of hand hygiene practices	The staff will be provided training on hand hygiene	Management Team	ongoing	100% of staff are trained during orientation and then once annually on safe hand hygiene practices.
		Implement Hand hygiene audit	Audits meets the standards of	Client Safety	Ongoing	100% of recommendations are

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STRATEGIC PRIORITY	GOAL	OBJECTIVES	OUTCOMES	LEAD	TIMELINE	INDICATORS
		system	regional IPAC and Public Health	committee		follow regarding audit guidelines.
ACHIEVE THE BEST RESULTS	The ethics framework is utilized across the organization.	The ethics framework and its application will be utilized in day-to-day practice.	Ethics reviews are completed as required	Management Team	Ongoing	100% of ethical reviews completed are reviewed by leadership.
	Incident reports will be used for quality improvement and risk management using the risk management framework.	Incident data including the risk management information will be integrated into the GoldCare client and employee data system.	Incident reports will be trended with data being used to drive quality improvements.	GoldCare Lead	Ongoing	100 % of incident reports will be integrated into the GoldCare system with trending data generated.
		Near misses will be reported and monitored.	Near miss information will be used in quality improvement and risk management processes.	Client Safety Committee, Health and Safety Committee	Ongoing	100% of near misses will be logged into GoldCare.
	The emergency preparedness plan is implemented at all sites and locations.	Regular disaster drills will be held at all sites and programs.	Employees are prepared in the case of an emergency	Health and Safety Committee	March 2022	100% of the required drills as per the annual plan will be completed and logged into the system.
PEOPLE CENTRED CARE	Clients and families will be engaged and involved at all levels of the organization.	A variety of tools will be used to elicit feedback and promote engagement.	Clients and families will be engaged and involved in decision making at all levels of the	Management	Ongoing	A 40% response rate is obtained on all requests for input and information from families and caregivers.

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STRATEGIC PRIORITY	GOAL	OBJECTIVES	OUTCOMES	LEAD	TIMELINE	INDICATORS
			organization			
	Key documents will be made public by posting on website.	The quality, client safety, strategic and risk management plans will be publicly available	The quality goals, objectives, and outcomes will be transparent and available for all key stakeholders.	Management	Ongoing	100% of the identified plans and scorecards will be posted on the website for public access.
	Membership on the board of directors will be extended to those with lived experience, caregivers or families.	Competency matrix and policies highlight the pursuit of client and/or family members to join the board of directors.	All applicants to the board including family and clients will be considered.	Board	Ongoing	At least one board member will be a person with a disability or a caregiver of a person with a disability – a person with lived experience.