

**Quality Plan for Community Service Sector
Holmes House
2014/15**



Community Service Sector Quality Plan

Overview of Our Organization's Quality Plan (QP)

The Mission Statement for Holmes House Addiction Program is to work with community partners to address issues related to concurrent disorders, substance use and gambling in order to achieve healthy lifestyles.

The Quality Plan for Holmes House is directly aligned with the four foundational priorities identified in the new Strategic Plan. The four priorities identified in the Strategic Plan include:

Improved Access: Improve wait times and help people get the care they need

Incredible Experience: Develop unparalleled customer service

Passionate Teams: Entrench a positive culture and grow our team

Effective Enablers: Ensure we have the physical plant and equipment, financial stability, workplace environment and technological support to enable our staff to do the very best job they can in taking care of our patients and their families

The highlights of our Quality Plan include:

- Improving access to intensive case management
- Improving safety by implementing a process and policy for the use of Automatic External Defibrillation (AED)
- Improving our financial health
- Focus on patient engagement by surveying our patients about their experience

Integration and continuity of care

Holmes House, in cooperation with community partners, provides evidence informed services to persons living with addictions. This facility has a well-established relationship with the Haldimand Norfolk Community for Addictions and Mental Health Services, Community of Practice and Brant Haldimand Norfolk Mental Health Network. Service integration and adoption of leading practices are strengthened as these partners work together to service the identified client population.

Improvement opportunities identified within the Hamilton Niagara Haldimand Brant LHIN strategic priorities are foundational to developing goals for this site (improve patient experience, align with a common vision for all residents in the HNHB LHIN, improve quality of care, therapeutic self-care guidelines and manage chronic conditions). As a partner in Health Links, Holmes House is committed to ensuring that care must be wrapped around the patient improving accessibility to the right care at the right time in the right place by the right care provider and avoiding admissions to acute care services. (Ontario's Action Plan for Health)

Holmes House has the benefit of close proximity to Norfolk General Hospital which provides support for resources that enhance efficiencies such as financial services and human resources.

Challenges, risks and mitigation strategies

Multiple agency process for client assessment and intake are problematic for clients and care providers.

Opportunities to work with partner agencies to develop a common IT platform would mitigate this risk for our clients and improve timeliness of the initiation of services.

Many of these clients do not have access to Family Physicians which makes medical intervention and medications such as Nicotine Replacement Therapy difficult to access.

Lack of psychiatric services in this community can have an impact on how quickly clients are assessed and care plans initiated. Haldimand Norfolk has been identified as having the least number of Psychiatrists per population.

We will continue to work with our community partners to develop means to provide access to necessary psychiatric and medical care.

Information management:

Holmes House collects baseline information electronically and draws on reports to review client demographics, volumes, services provided and financial data. Trending analysis is used to identify changes in client needs, which can then be acted upon.

Engagement of staff and leadership:

Holmes House has a strong committed leadership team that is focused on client centered care and a multidisciplinary team approach to service provision. The program advisory committee develops quality goals and reviews the metrics for the quality indicators quarterly. This team advises the addiction treatment programs representing the interest of clients and their families as well as the referring agencies.

Accountability management:

Indicators will be reviewed by management on a quarterly basis to assess performance. Progress will be reported to the Quality Committee of the Board quarterly.

Objective	Indicator	Current Performance	Target	Strategy	Reporting/ Monitoring Frequency	Most Responsible Person	Comments
Access Access to Intensive Case Management and Crisis Capacity Strategic Plan: Improve Access	Average days waited for service initiation	Current Performance is 4.7 days	4.5 days	Aligning communication with community partners to ensure rapid follow up for clients who present with substance use	Quarterly	Rose Gass	Maintain the gains Less than or equal to 5 days
Safety Implement an AED protocol on location Strategic plan: Effective Enablers	Number of staff trained in use of AED	Current performance is 85% trained	100% staff trained	Education regarding use of AED according to Heart and Stroke guidelines	Yearly	Rose Gass	Improve performance
Efficiency Improve organizational financial health Strategic Plan: Effective enabler	Total Margin	0%	0%	10% proportion of budget spent on administration	Quarterly	Tom Thomson	Maintain
Patient Centered Care Strategic Plan: Incredible experience	Client survey Overall care received Enough say about care Treated with dignity and respect	Not currently in place	Overall care received = 75% Enough say about care = 75% Treated with dignity and respect = 90%	Survey provided to all clients at discharge Customer Service education for 100% staff	Quarterly	Rose Gass	New initiative

Sign-off

I have reviewed and approved our organization's Quality Plan

Elizabeth Snowden
Board Chair Name

Elizabeth Snowden
Signature

March 31 2014
Date

KELLY ISFAN
CEO/Executive Director Name

[Signature]
Signature

MARCH 31, 2014
Date

Madlene Robinson
Quality Committee Chair

[Signature]
Signature

March 31 2014
Date