

April 2023 to March 2024

Quality Assurance Strategy

Annual Report (2023-2024)

Tasha Mergaert (Data Analyst)
Jennifer Wiwchar (Director of Quality Assurance)
© 2024 COMMUNITY LIVING ALGOMA. ALL RIGHTS RESERVED

Welcome to the annual report showcasing Community Living Algoma’s (CLA) robust Quality Assurance Strategy (QAS). This report provides a detailed analysis of the organization’s performance over the 2023-2024 fiscal year, highlighting key achievements and areas of improvement.

Through the use of Key Performance Indicators (KPIs), the organization can reflect on the successes achieved, as well as identify opportunities for growth. As advocates for inclusivity and empowerment, CLA remains dedicated to enhancing the quality of life for people with intellectual disabilities.

Join us on this journey as we celebrate the organization’s accomplishments and commit to continuous improvement in service delivery and community support!

Background

In 2022, CLA launched the first QAS with the use of KPIs. This plan was developed as part of the Quality Assurance Policy to improve overall supports CLA provides and the working conditions of the organization.

CLA strongly believes that what gets measured gets done. Having KPIs ensures consistent growth as part of CLA’s commitment to continuous improvement for all stakeholders, to be transparent, and to make sound decisions for providing the best quality of supports and services.

This document encompasses CLA’s 2023-2024 QAS results collected between April 1, 2023 to March 31, 2024.

Key Achievements

In the past year, CLA has achieved several milestones, showcasing the organization’s unwavering commitment to excellence and quality assurance.

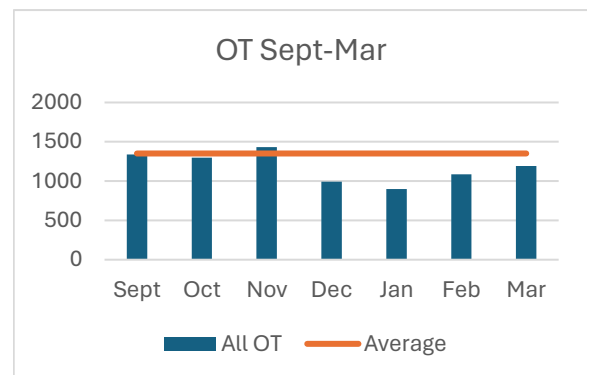
Compliance rates soared from 68% to 95%, surpassing targets by 15% and marking a remarkable 40% increase.

Bathing supervision compliance reached exceptional levels, with three out of the four months achieving 100% compliance, with the fourth month seeing complete adherence to all indicators.

CLA’s dedication to fostering community connections was evident in the Social Capital Index (SCI), exceeding 2019 scores by 1.6%. This demonstrates the organization’s success to rekindling relationships within the person’s community.

Moreover, employee retention resulted in an average retention rate of 97.9% per month, while the addition of 14 permanent staff members strengthened organizational capacity.

Despite challenges, CLA’s proactive measures led to a notable decline in overtime (OT) hours from September 2023 to March 2024, underscoring CLA’s commitment to operational efficiency and staff well-being.



These achievements reflect CLA’s ongoing pursuit of excellence and dedication to enhancing the lives of those we serve.

Executive Summary

	Measurement	Grade	Trend Line
Quality of Life	Overall Compliance		
	Medication Errors		
	Social Capital Index		
	Financial Restrictions Reductions		
Workforce Excellence	Service Capacity		
	Retention Rate		
	Resignation Rate		
	New Hires		
	All Overtime		
	Overall Sick Time		

Key Performance Metrics

The following is a summary of CLA’s key performance metrics. For more information on how these metrics were decided upon, please refer to the 2023-2024 Quality Assurance Strategy.

Overall Compliance

The organization saw an outstanding success on Ministry Compliance indicators. Adherence to these indicators is important because it helps protect people’s rights, dignity, safety, and wellbeing, along with ensuring a minimum standard of care.

A total of 29 staff files, 35 services, and 151 people supported files had full or partial audits completed.

Figure 1: Compliance Scores by Category

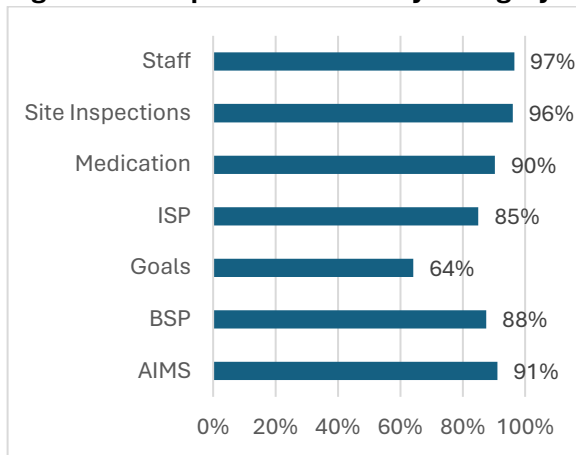
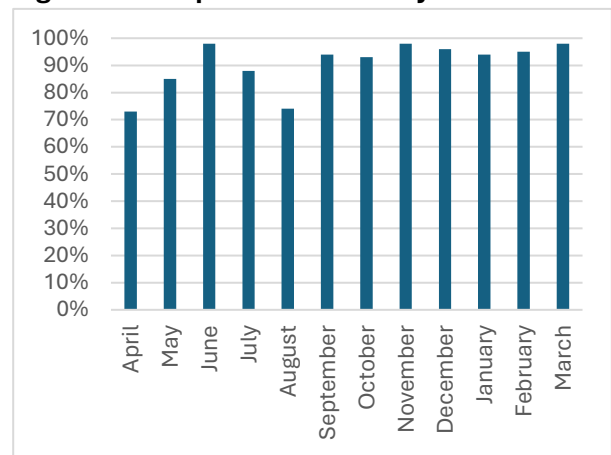


Figure 2: Compliance Scores by Month



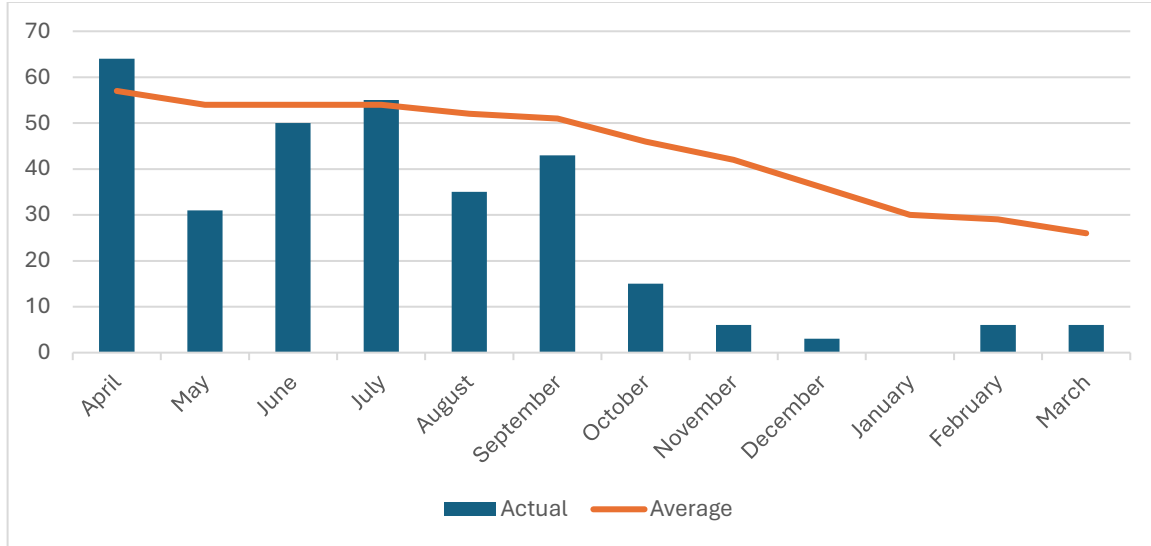
This reporting period, CLA consistently achieved high compliance scores (over 90%). The organization considers this an area of strength.

Temperature Readings

The organization saw positive trends in this area. For most months, flagged temperature readings – a reading that is either below 25.0°C or above 49.0°C – were resolved satisfactorily 100% of the time. However, three months, November, December, and February, did not meet this requirement of success. The Quality Assurance Department reminded those responsible for resolving flagged temperature readings of the correct process as outlined in CLA’s policies and procedures in accordance with the Ministry of Children, Community and Social Services (MCCSS) Quality Assurance Measures (QAM).

Where CLA did see great success is in the decrease in missed temperature readings. **Figure 3** outlines the change in the average missed temperature readings over the year. To summarize, the organization would, on average, see 56 missed readings per month. A change in the process of who was checking and following up on missed temperature readings saw this average decrease to 26 missed readings per month.

Figure 3: Missed Temperature Readings, Average vs Actual



As **Figure 3** details, missed temperature readings dropped significantly in October 2023 onward. Overall, the organization considers this an area of strength.

Bathing Supervision

The organization finished the reporting period with bathing supervision protocols 100% compliant. While the previous quarter did not see 100% compliance, all of the non-compliant items were rectified, and any new protocols developed from then were compliant with QAM.

Medication Errors

This was an area that the organization continuously struggled with. On average, there were 6 medication errors per month. The final quarter in the reporting period had an average of 7 medication errors per month, indicating that there has been no progress made in reducing the number of medication errors made each month.

Overall, the organization reported 69 medication errors for this reporting period. The year prior (April 1, 2022 to March 31, 2023) had 81 medication errors. This is 12% lower and a 15% decrease year over year, a small yet positive result.

The majority (77%) of all medication errors made were documentation errors, which include omission of signature or a missed narcotic count. This is followed by administration errors, which include an omission of medication or the wrong dose, accounting for 17% of all medication errors made. A concerning trend noted is that 67% of all administrative errors in the reporting period happened in the last quarter. A further analysis will be completed on potential causes for this spike in administration errors.

A positive trend observed showed that there has been a 61% decrease in documentation errors from October to December 2023 over January to March 2024. While documentation errors do not typically involve immediate or imminent concern for safety, there is still the potential for harm to the person supported. Therefore, it is important that we continue to address all medication errors, regardless of the seriousness. See **Figure 5** for more details.

Figure 4: Ratio of Medication Errors by Category of Error

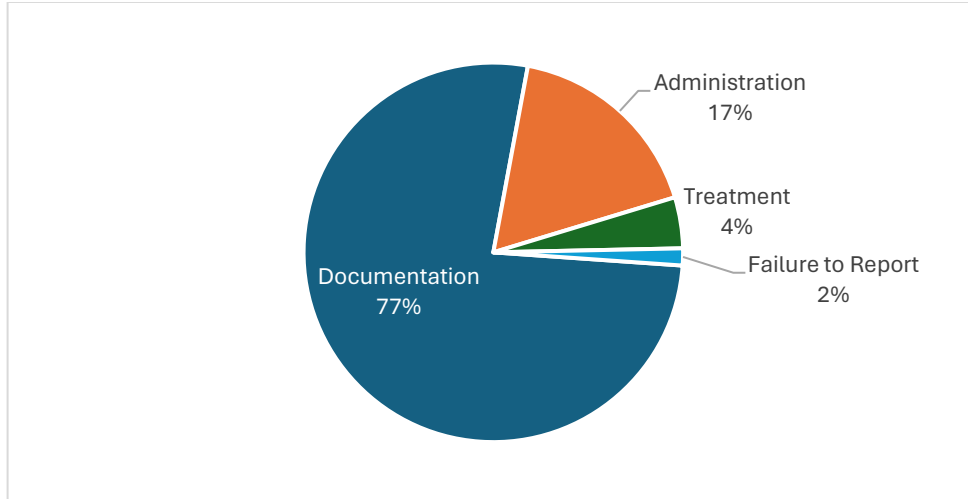
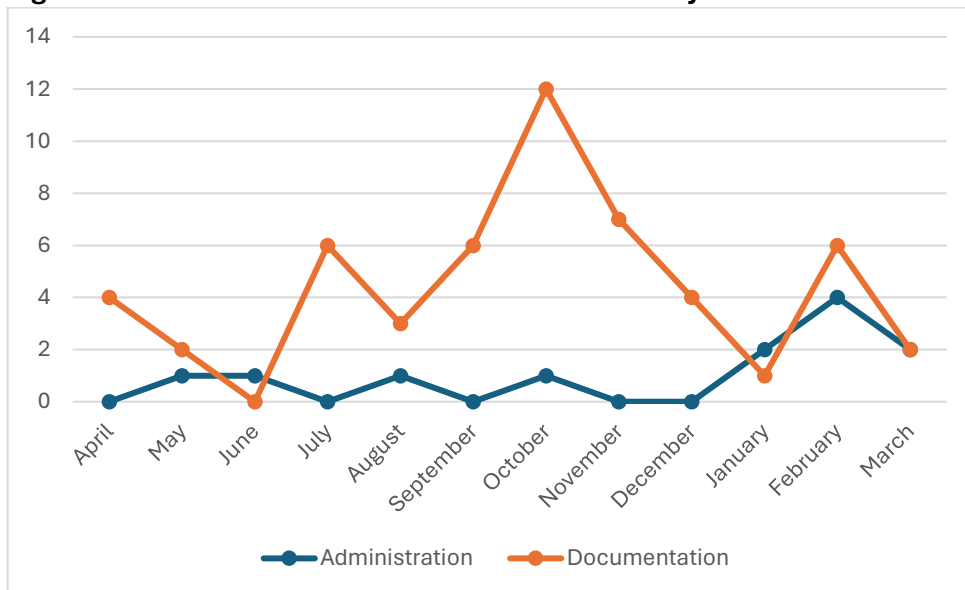


Figure 5: Documentation vs Administration Errors by Month



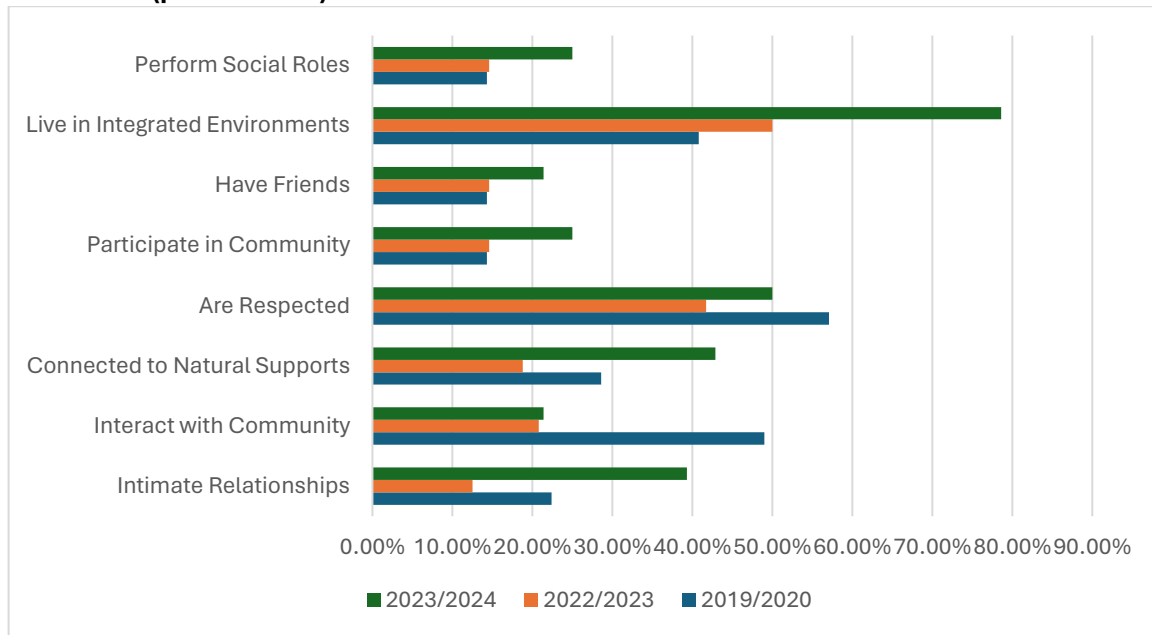
To address these medication errors, an electronic Medication Administration Record (eMAR) system was implemented. Since October 2023, all locations where staff are responsible for administering medications to people supported have been transitioned to this system, with all locations fully transitioned as of March 2024. Continuous analysis will assist the organization in determining the frequency with which medication errors are made and whether the eMAR system is aiding in reducing medication errors.

Social Capital Index (SCI)

Social Capital is a concept that recognizes that people’s relationships and social networks are an important aspect of a person’s health and quality of life. By measuring this through Personal Outcome Measures (POM) interviews, the effectiveness of the organization’s goal to be person centered can be measured. While having a high SCI score is not the sole determinant of organizational person centeredness, achieving these specific outcomes plays an important role in striving to be person centered.

The organization met the goal of having a SCI score equal to or greater than that of pre-covid scores. The final SCI score was 37.9%, which was 1.6% higher than the target. SCI is measured through 8 outcomes, outlined in **Figure 6** below. As noted, in most cases, 2023/2024 numbers superseded 2019/2020 numbers, which was the period just before social isolation protocols were implemented by the government in response to COVID. This indicates that the organization is headed in the right direction and should continue efforts to help people interact with the members of their community.

Figure 6: SCI Outcomes Comparison for 2019/2020 (pre-COVID), 2022/2023, and 2023/2024 (post-COVID)



Financial Rights Restrictions

Due to unforeseen circumstances, the Rights Review Commission (RRC) was unable to meet in March. As they meet bi-monthly, they did not meet in February either. In January, there were no financial restrictions eliminated. As a result, the organization did not meet the goal of eliminating eight rights restrictions this reporting period. A total of seven rights restrictions were eliminated from April 2023 to March 2024. At the next RRC meeting, there are two financial rights restrictions that are anticipated to be discontinued.

Service Capacity

The organization did not meet Service Capacity this reporting period. The target was set for a fiscal capacity of 95%, a goal that was met on the previous QAS. However, this year, the organization only reached 84% capacity, 11% below the target. There was a peak current capacity of 65%. Fiscal capacity is a running total of the number of people that are supported throughout the year. Current capacity is a snapshot in time of who is supported at the time of the report.

Retention and Resignation

This reporting period, the organization had a monthly average of 97.9% retention and a turnover rate of 2.1%. The turnover rate works out to approximately 6 staff leaving the organization each month.

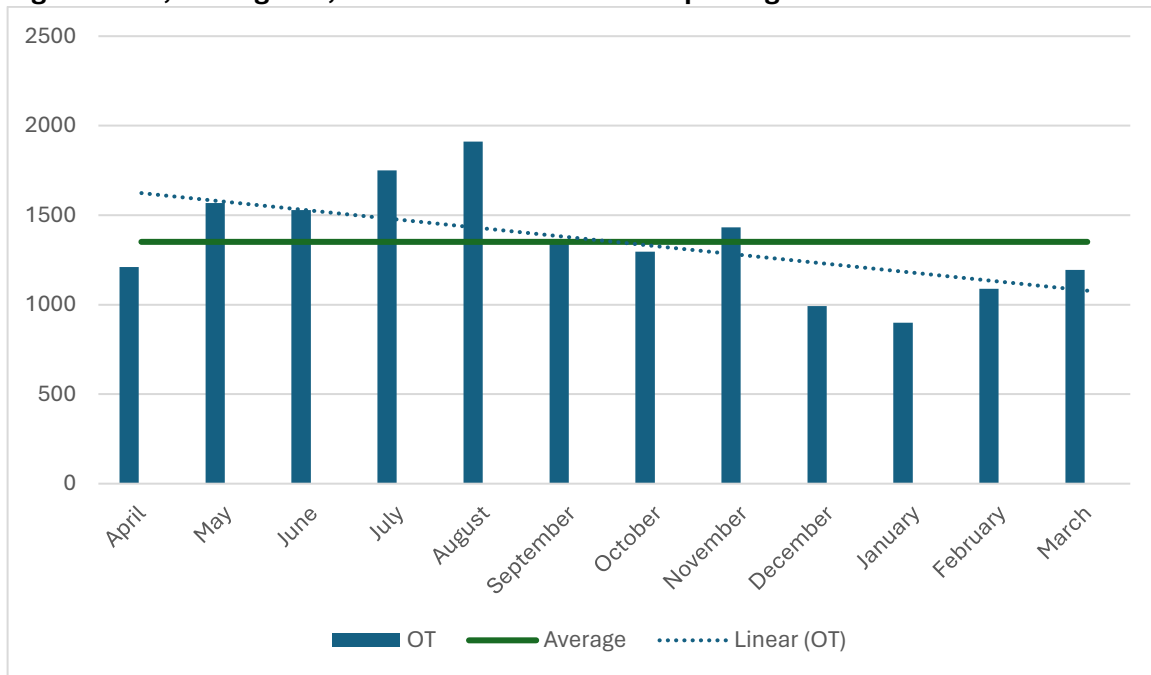
It is estimated that it costs \$3,138.82 to onboard a new employee. There were 93 new hires this reporting period, meaning the organization spent \$291,910.26 in recruitment. The number of employees who left the organization amounted to 79, meaning that the organization’s capacity grew by 14 staff.

One key piece of information the organization is missing is *why* employees are leaving. It is strongly recommended that exit interviews be completed for each employee who voluntarily resigns in order to identify trends.

Overtime (OT)

While the organization consistently did not meet OT targets, it is notable to state that since September 2023, OT has been trending downwards. The average OT per month for the reporting period is 1,351 hours. This is a positive trend that showcases the organization’s commitment to employees’ wellbeing.

Figure 7: OT, Average OT, and Trendline of OT for Reporting Period



Additionally, the last quarter of the reporting period had 20 hours of forced OT (FOT) reported, an average of 7 hours of FOT per month. Previous to that, the monthly FOT average was 104 hours. This is an outstanding improvement and is one of CLA’s strategies to help combat the effects of burnout.

Sick Time

The organization consistently met sick time targets for the reporting period. There is an average of 1,269 hours taken in paid and unpaid sick time per month. There are no notable trends identified as sick time stays fairly consistent throughout the year, aside from the spike at the beginning of winter. This spike is expected and was observed in the previous QAS as well, as it corresponds to flu season.

Summary

Overall, the organization made notable progress this reporting period. While there are still opportunities for improvement, there are several key areas where success was measured and should be acknowledged.

Strengths

If a KPI met the target, the area is considered a strength. This reporting period, the organization's strengths are identified in Compliance, the Social Capital Index, Retention and Resignation, and Sick Time.

Compliance consistently showed that the organization was meeting MCCSS QAM standards. Missed temperature readings drastically reduced, flagged temperature readings were regularly resolved satisfactorily, and bathing supervision protocols were all compliant.

The organization's SCI score showed that CLA is moving in the right direction to help people recognize their full potential within their community. More work needs to be done to help people interact with members of the community, however, overall people have seen SCI scores similar to those of pre-COVID.

Retention and Resignation numbers indicated that the organization did not see a drastic drop in employees. Overall, the organization's capacity increased by 14 staff, aligning CLA better to address waitlist pressures and further meet our MCCSS set targets.

Sick Time had few deviations from the average. All targets for the year were met.

Moderate Improvement

If a KPI did not meet the target, but positive trends were noted, the area is considered to have moderate improvement. Financial Rights Restrictions, New Hires, and Overtime are all considered to have met this criterion.

Financial Rights Restrictions had 7 out of the 8 planned restrictions eliminated, New Hires amounted to 93 out of the 99 target, and Overtime saw a significant reduction since September 2023. These are all positive signs, showing that while the actual target wasn't met, CLA is headed in the right direction with these initiatives.

Opportunity for Improvement

If the KPI did not meet the target, and no positive trends were noted, the area is considered to have an opportunity for improvement. Medication Errors did not once meet the monthly target, though it should be noted there were fewer errors in the reporting period than in the previous reporting period. Service Capacity also fell short of the intended target by 11%.

Conclusion

CLA has much to celebrate in the identified strengths. By leveraging these and addressing areas of improvement, the organization can continue to enhance its performance and better serve staff and people supported!