



Casey House Quality Improvement & Safety Plan  
2024-2025

## Introduction

Casey House initially opened as a hospice in 1988. Since that time, in response to advancements in the care of people living with HIV, its role has transformed and Casey House as a hospital, now provides inpatient and outpatient health care for people with medical complexities who live with or at risk with HIV. Our purpose is to transform lives and healthcare through compassion and social justice. Our approach to care is grounded in a holistic approach, it is supported by our interdisciplinary care team, a broad range of collaborative partnerships, and includes support to address the broader social determinants of health. We aim to partner with Clients to provide safe, evidence informed high quality care and an exceptional experience.

In the fall of 2021, Casey House broadened our reach and expanded eligibility for clients who are at-risk of HIV. We have worked to build robust services that identifies and reduces barriers to access and engage health services for our community who experience homelessness, live with substance use, disabilities, and other ill health outcomes. We recognize a person's physical, mental, cultural and social well-being as fundamental components of wellness.

Casey House has also strengthened our harm reduction services in response to the ongoing opioid crisis happening in the community. In July 2021 we opened a supervised consumption site (SCS) in our inpatient unit and in April 2022 we opened an outpatient SCS.

## Purpose

Transform lives and health care through compassion and social justice.

## Values

Casey House believes passionately in our core values:

- Unequivocal Compassion
- Informed, Client-Driven Care
- Deliberate Inclusivity
- Creative, Mindful Collaboration
- Courageous Advocacy
- Responsive Innovation

## Philosophy of Care

Casey House engages compassion to deliver its holistic approach to health care; one that recognizes a person's physical, mental, cultural and social well-being as fundamental components of wellness. Our safe, welcoming and judgement-free environment promotes a sense of belonging and community.

Our philosophy is built on a history of activism, trust and respect, with care provided through a broad range of disciplines. We focus on possibilities rather than constraints through thoughtful, tailored care. We respect personal autonomy, and inform and engage clients to identify and attain their health goals in whatever way is meaningful to them.

We aspire to achieve stability in the health and lives of our clients. We recognize and acknowledge that systemic inequities have a profound effect on their lives. We work side-by-side, respectfully supporting them to address barriers they face. Our multidisciplinary team, including those with lived experience, develops lasting partnerships with clients.

We believe it is our responsibility to advocate for our model of compassionate and socially-just health care; everyone deserves judgement-free care.

## Overview

Casey House is committed to accountability to our community as we deliver on our purpose to transform lives and health care through compassion and social justice. As part of this commitment we prioritize Quality and Safety in all aspects of our work. For our clinical team, this includes an annual Quality Improvement Plan (QIP) and Safety Plan to provide an overview of the quality improvement initiatives happening within Casey House.

For the 2024 -2025 fiscal year the following areas of focus and metrics have been identified:

1. Medication management and ensuring training and support for staff around medication management, identifying system and process challenges which have lead to medication incidents and further developing our medication reconciliation process.
2. To ensure open and Accessible care by creating a streamlined approach to Inpatient and Outpatient admissions allowing for a more transparent admission process, better data collection and quicker turn around time.
3. Inpatient Discharge planning and wrap around supports
4. Develop Harm Reduction Programming that address wrap around supports required for People who Use Drugs that access services at Casey House. This continues to be an area of focus and in the 2024/25 fiscal year will include the launch of Contingency Management for people using Crystal Methamphetamines that would like to make changes to their use.

QUALITY IMPROVEMENT PLAN  
2024/2025 FISCAL YEAR

AIM		Measure				Current Performance				
Issue	Quality dimension	Measure/Indicator	Unit / Population	Source / Period	24-25 Target					
						Q1	Q2	Q3	Jan/Feb	YTD
Access & Flow	Timely	Percentage of patients discharged from hospital for which discharge summaries are delivered to primary care provider (when available) within 48 hours of patient's discharge from hospital.	% / Discharged patients	Local data collection / Most recent 12 month period	100%	100% (n=37)	91% (n=33)	90% (n=20)	92% (n=13)	92%
	Patient Centered	Percentage of Inpatient Clients who are discharged to the Outpatient Program and attend programing within four weeks of discharge	% / Discharged patients w/ planned outpatient f/u	Local data collection / Most recent 12 month period	80%	78% (n=18)	76% (n=17)	63% (n=11)	100% (n=2)	73%
	Timely	The number of Inpatient Referrals acknowledged within two business days of receipt	% / all inpatient referrals	Local data collection	100%	90% (n=71)	98% (n=65)	96% (n=57)	91% (n=29)	95%
Equity	Equitable	Number of Active Clients with an MRAT completed during the previous 12 months.  Active clients defined as having one outpatient visit and/or inpatient admission during the specific reporting period.	% / Active Clients and MRAT data  YTD average	Local data collection /Most recent 12-month period/ Reported Quarterly	80%	45%	43%	35%	33%	40%
Experience	Patient Centered	Percentage of clients who use the Outpatient SCS with a completed Harm Reduction Assessment	% / all clients who use the Outpatient SCS	Local data collection / most recent 12-month period	100%	4%	7%	4%	4%	4%
	Patient Centered	Percentage of respondents who responded positively when asked "Did you feel involved in decisions about your care?"	% / Survey respondents	Local data collection / Most recent 12 month period	75%	100% (n=9)	100% (n=3)	100% (n=10)		100%
	Patient Centered	Percentage of respondents who responded positively when asked about the Continuity of care at Casey House Services	% / Survey respondents	Local data collection / Most recent 12 month period	75%	100% (n=9)	100% (n=3)	90% (n=10)		95%
	Timely	The number of privacy requests acknowledged within two business days of receipt	% / all requests received	Local data collection	100%	88% (n=8)	83% (n=6)	100% (n=5)	100% (n=10)	93%
Safety	Organizational	Successful completion of Accreditation Canada ROP's in preparation for May 2024 QMentum.	Proceed to Qmentum phase of Accreditation Canada.	Assessment from Accreditation Canada Surveyors.	% Completion of ROP's	100% (n=26)	-	-	-	100%
	Safe	Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12-month period.	Count / Worker	Local data collection / Most recent 12-month period	N/A	5	6	2	2	15
	Safe	Number of workplace Identify/Racism Incident reports by hospital workers (as defined by OHSA) within a 12-month period	Count / Worker	Local data collection / Most recent 12-month period	N/A	3	1	0	0	4

AIM		Measure					Current Performance				
Issue	Quality dimension	Measure/Indicator	Unit / Population	Source / Period	24-25 Target						
						Q1	Q2	Q3	Jan/Feb	YTD	
	Safe	Percentage of Workplace Violence Incident reports with documented follow-up, investigation & disclosure (if applicable)	% Total of # of Workplace Incident Reports	Completed incident-report	100%	100%	100%	100%	100%	100%	
	Effective	Medication reconciliation at admission. Inpatient: Total number of clients for whom at Best Possible Medication Reconciliation was done upon admission	Rate per total number of admissions	Local data collection / Most recent 12 month period	100%	100% (n=36)	100% (n=33)	100% (n=21)	100% (n=12)	100%	
		Medication reconciliation at admission. Outpatient: Total number of clients in the Depo or Long Acting Injectable ARV programs for whom a Best Possible Medication Reconciliation was done upon starting treatment	Rate per total number of admissions	Local data collection / Most recent 12 month period	100%	100% (n=41)	100% (n=47)	100% (n=49)	100% (n=54)	100%	
	Effective	Medication reconciliation at discharge: Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients discharged.	Rate per total number of discharged patients / Discharged patients - planned discharges	Local data collection / Most recent 12 month period	100%	79% (n=29)	85% (n=27)	89% (n=18)	100% (n=10)	86%	
	Safe	Number of Inpatient clients screened for falls risks within 48 hours of admission	% / all inpatient admissions	Local data collection	100%	97% (n=37)	100% (n=33)	95% (n=20)	100% (n=13)	98%	
	Safe	Number of hand hygiene audits completed where the individual completed the hand hygiene before and after contact with a client	Rate of 'complete' hand hygiene based on visual audits	Local data collection / MOH reporting	80%	Before 59% After 68% (n=76)	Before 63% After 72% (n=32)	Before 70% After 90% (n=10)	Before 60% After 70% (n=20)	Before 61% After 71%	