



Casey House Quality Improvement & Safety Plan
2025-2026

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 2025 -2026 fiscal year the following areas of focus and metrics have been identified:

1. Reimagining Care
2. Ongoing quality improvement post accreditation, further development/evolution of initiatives
3. Transition to EPIC

QUALITY COMMITTEE: QUALITY IMPROVEMENT PLAN

2025/2026 FISCAL YEAR

| AIM | | Measure | | | |
|---------------|-------------------|--|--|--|--------------|
| Issue | Quality dimension | Measure/Indicator | Unit / Population | Source / Period | 24-25 Target |
| Access & Flow | Client Centered | Percentage of Inpatient Clients who are discharged to the Outpatient Program and attend programming within four weeks of discharge | % / Discharged patients | Local data collection / Most recent 12 month period | 80% |
| | Timely | The number of Inpatient Referrals acknowledged within two business days of receipt | % / all inpatient referrals | Local data collection | 100% |
| 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 | Local data collection /Most recent 12-month period/ Reported Quarterly | 80% |
| Experience | Client Centered | Percentage of respondents who responded positively when asked about their involvement in decisions about their care Note: Pulled from Client experience verbal survey, completed by Peers for clients in all programs. Includes all clients who meet the following criteria under the domain of "client involvement in their own care": <ul style="list-style-type: none"> - Consistent and thorough discussions about holistic health ensure comprehensive client history. - Client is involved in decisions about their care and has no concerns about the care approach taken by staff - The client felt completely heard and understood. They had ample opportunity to discuss and document holistic health history, leading to highly personalized care plans. - *Client is proactively informed regarding their care plan and decisions are made collectively and in advance. | % / Survey respondents | Local data collection / Most recent 12 month period | 75% |
| Safety | 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 |
| | 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% |
| | Effective | Medication reconciliation at transitions of Care. Focus: Inpatient admission/discharge and initiation of care in Depo and/or Long Acting ARV clinic | Rate per total number of clients in these programs | Local data collection / Most recent 12 month period | 100% |
| | 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% |