A QUALITY IMPROVEMENT FRAMEWORK FOR ANAGO

Introduction

The purpose of this framework is to support Anago in it's commitment to service excellence. The implementation of an intentional approach to continuous quality improvement provides a process and structure for systematically gathering and organizing input, generating ideas and solutions and trying them out while monitoring the results. Our approach is staff driven – we believe they are the experts in the work we do and the organization we are and can offer the best "out-of-the-box" ideas for creating and testing better ways of serving the individuals we support and our community.

Our organization's quality improvement plan (QIP) address two priority areas at this time: employee engagement and staff safety.
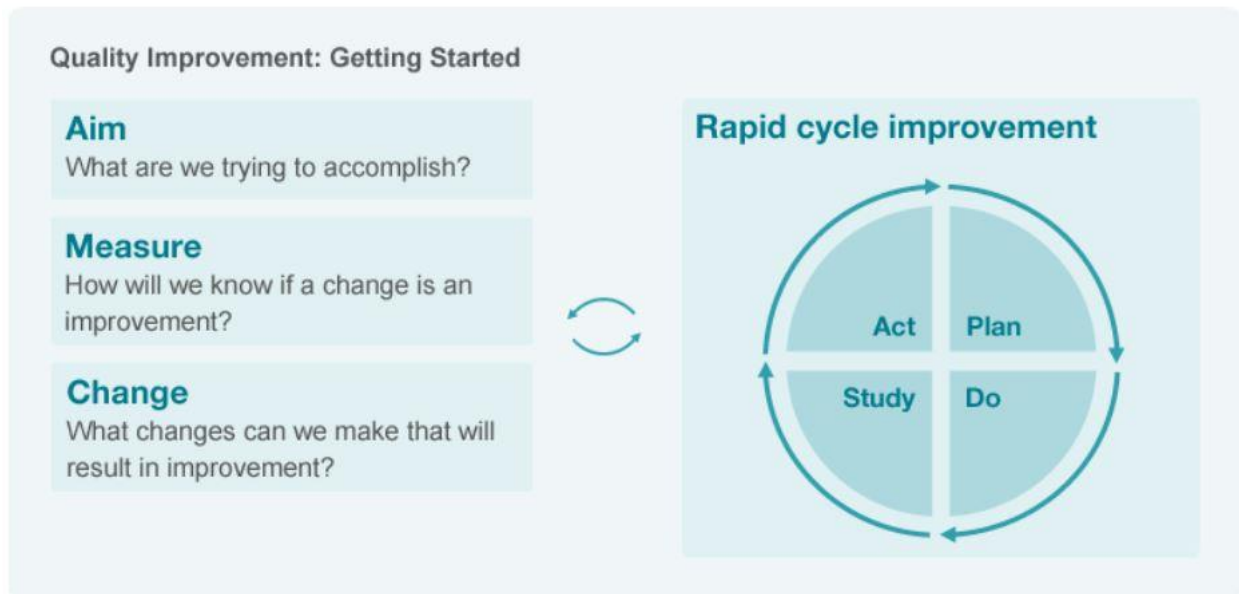
Background

Quality Improvement (QI) is a formal approach to the analysis of performance and systematic efforts to improve it.

Model for Improvement
There are two components**:**
- Three key questions
- The rapid cycle improvement process to develop, test and implement changes for improvement

Anago's Quality Improvement Process

Accountability and structure
The leadership team is the champion of our QI process. Program directors will work with staff teams to identify improvements needs and harness input through discussion groups, team meetings and other formal and informal dialogues. Other staff groups like the joint health and safety committee, wellness committee etc. will be accessed for input as well. Change ideas will be prioritized by the leadership team and then we will circle back to staff teams to develop the quality improvement plan. Operational and service data will be used to inform the quality improvement initiatives.

Identify the goal – what do we want to accomplish
Getting clarity on the goal for is important. The goal should be time-specific, measurable and define the specific population or system that will be affected, e.g. reduce staff workplace injuries by 20% by 31 Mar18

How will we measure
Teams will identify the quantitative measures to use that will determine if a specific change actually leads to an improvement. Qualitative data may also be used. We will focus on measuring what matters and gathering data to help us understand if the change implemented is an improvement.

Select changes

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Ideas for changes will come from staff who work in the program and can be informed by the experience of others who have successfully improved a similar initiative. What are the strategies that we can try out that may shift what is happening?

Test the changes
The Plan-Do-Study-Act (PDSA) cycle is shorthand for testing a change in the real work setting — by planning it, trying it, observing the results, and acting on what is learned. It is the structured method adapted for action-oriented learning. This is like a "test" phase where we plan the implementation of a change, try it for a specific time period and then look at our data to inform next steps.

Implement changes
After testing a change on a small scale, learning from each test and refining the change through PDSA cycles, the team may implement the change on a broader scale — for example, across the entire agency or for a specific program/process.

Reporting and monitoring
Program directors will report out at leadership team on specific quality improvements initiatives. The leadership team will provide quarterly reports to the governance & quality committee via the executive director. The governance and quality committee will provide summarized reporting to the board of directors quarterly.

| Program directors | Staff teams | Leadership Team •Champion | Governance & Quality Committee •Monitoring | Board of Directors •Monitoring |

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