

Aim		Measure									Change				
Issue	Quality Dimension	Chosen Indicator	Measure (statement of the indicator that tells you what is being measured)	Unit of Measurement	Population of Focus (which services)	Data source (where are you getting your data from?)	Reporting period	Current Performance (baseline numbers)	Target performance (desired state)	Target justification (how did you set the target?)	Planned improvement initiatives (What are your change ideas?)	Methods (What will you do to make your planned changes happen?)	Process measures (what would tell you the changes are in progress?)	Target for process measures (what numbers will you monitor to show your changes are in progress?)	Comments (is there anything you think might be a barrier or enabler that leadership needs to know?)
Clients are provided information on complaints policy	Client-centered	Client Experience Survey (CES) item: Radius staff explained how to make a complaint at Radius.	Positive responses (Agree)	percentage	Radius clients and caregivers receiving assessment or counselling/therapy services.	Survey responses are collected via IntakeQ	April 1, 2022-March 31, 2023	55%	70%	Prior to introduction of change initiatives, survey responses increased from 44% to 55%. We believe that this increase may be, at least in part, attributed to increased discussion of Radius' complaints procedure in the development of this quality improvement project. Radius' Quality Committee agreed that a further increase of 15% was feasible once improvement initiatives were implemented.	Reduce barriers to clients, specifically for being able to remember Radius' complaints procedure.	Develop client-facing document with simplified instructions.	% of incoming clients who receive written instructions for complaints procedure	100% of clients should receive document.	
Completion of Client Experience Survey	Client-centered	Completed Client Experience Surveys (CES)	% of surveys completed (numerator = number of surveys completed / denominator = total number of active clients)	percentage	Radius clients and caregivers receiving services in Assessment and Treatment programs	Survey responses are collected via IntakeQ	April 1, 2022-March 31, 2023	13%	30%	The target is based on evidence suggesting that satisfaction surveys are completed by approximately one-third (33%) of client groups.	Increase staff engagement with survey completion.	Staff will ask clients to complete CES during 2-week survey blitz (2x/year; May and November).	% of clinical staff who ask clients/caregivers to complete surveys	100% of clinical staff should ask clients to complete surveys.	Engaging an entire staff group is always somewhat challenging. There are various reasons why clinicians might not ask their clients to complete the surveys, including forgetting, lack of buy-in or disinterest, and other priorities during therapy sessions. Evaluation staff will aim to connect with each clinician before and during the 2022-23 Survey Blitz dates to increase engagement.
Clients confirm interest in services prior to case assignment	Efficient	Cases discharged from Assessment program because service is declined.	Number of cases where Assessment service is declined after case assignment.	count	Radius clients who are discharged from Assessment program.	Electronic client records (Program History, EMHware)	April 1, 2022-March 31, 2023	In 2021/22 year, 6 cases were discharged because clients declined Radius' Assessment program. This constitutes 10% of all cases discharged from Assessment during this period.	0 cases discharged at Assessment because service is declined.	Interest in Assessment program should be confirmed prior to case assignment by Intake team, thereby eliminating instances of this reason for discharge at Assessment.	Implement policy where Intake staff confirm client interest in Assessment program prior to case assignment.	Intake team will confirm interest in services before assigning cases to clinical staff in Assessment program.	% of incoming Assessment clients with interest confirmed by Intake team (as indicated on Intake File Audit checklist in EMHware).	100% of incoming assessment clients.	It is possible that a small number of cases will have been assigned into Assessment program prior to the implementation of the planned change. For this reason, this project will focus on Assessment closures that were referred from Intake after April 1, 2022.
Hand hygiene compliance	Safety	Hand hygiene compliance	Rate of hand hygiene compliance by Radius personnel upon entry into office.	percentage	Radius personnel (staff, consultants, volunteers, students)	hand hygiene audits performed by Radius personnel (overseen by Joint Health and Safety Committee)	April 1, 2022-March 31, 2023	40%	85%	Target is based on provincial averages for health care providers reported by Health Quality Ontario.	Increased education and reminders for Radius personnel.	Expectations communicated at all staff meeting (April 2022). Hand hygiene instructions included in May 2022 Accreditation Nation (internal newsletter). Annual health and safety training required of Radius staff and management (training completion verification/attestation required).	Annual training completion rates (numerator = number of completed trainings, denominator = total number of personnel)	100%	Provincial average is based on hand hygiene compliance by healthcare providers at Ontario hospitals prior to patient contact (2020/21). It is notable that this average is not based on the exact conditions being observed at Radius, so there may be some variance.
Rate of MHA-related hospitalizations	Client-centered	MHA-related hospitalizations	Total number of hospital admissions for mental health and addictions reasons	count	Radius clients	Electronic client records ("Critical" entries, EMHware)	April 1, 2022-March 31, 2023	N/A	Collecting baseline.	N/A	N/A	N/A	N/A	N/A	This indicator is based on priority indicators identified for other areas within the sector. Radius has not previously monitored client hospitalizations, so this item provides an opportunity to implement and track recently developed client safety events.
Complaints Addressed	Timely, Client-centred	Complaint response time (in days)	Percentage of complaints addressed within Client Feedback and Complaints Policy timelines: - Five (5) working days for Clinical Director/Manager; - Fifteen (15) working days for Executive Director and Chair of the Board of Directors.	percentage	All services	Radius Complaint Documentation spreadsheet	April 1, 2022-March 31, 2023	N/A	100%	Timelines for responding to a complaint are stipulated in Radius' Feedback and Complaints Policy. As per the policy, managers are expected to provide an initial response and resolution to a formal complaint within 5 working days of receipt, and the Executive Director and Board of Directors are expected to provide a response and resolution within 15 working days of receipt. Although response times have not previously been recorded and monitored at Radius, instances of formal complaints have been rare (e.g., 1-2 complaints per year); as such, it is not anticipated that the volume of complaints would make attaining policy timelines unrealistic.	Increase procedural clarity for Radius staff and management team.	Radius staff and management will complete annual training on the complaints policy. Newly developed training materials include a step-by-step guide for directing client complaints and a video that reviews the processes involved in receiving and responding to feedback and complaints.	% of staff and managers who complete Feedback and Complaints training video.	100% of Radius personnel should complete training video.	Formal complaints at Radius Child and Youth Services are a relatively rare occurrence (e.g., 1-2 per year); as such, there may be little data on which to base this quality improvement initiative. Due to the critical importance of these events, even if rare, this indicator has been included to monitor adherence to the recently revised policy.
Identify equity issues	Equitable	Client demographic information is collected.	Proportion of incoming clients who complete Intake Demographic Form.	percentage	New Intake clients for whom Intake Demographic Form is completed (by client/caregiver).	Electronic client records (Case Data, EMHware)	April 1, 2022-March 31, 2023	N/A	Collecting baseline.	N/A	Implement client portal and case data forms in client information management system (EMHware).	Train Intake team on use and set-up of client portal and case data forms.	Clients are accessing the client portal. Specifically, the % of incoming Intake clients for whom a client portal login is assigned.	30%	There is limited research on the use of client portals in child and youth mental health services, although their adoption has likely increased during the COVID-19 pandemic due to increased reliance on virtual service tools. Achieving client portal usage among 30% of incoming clients would provide a reasonable starting point for evaluating its adoption among Radius clients.
Improve safety reporting	Safety	Safety events are monitored and reported	Proportion of monthly safety reports completed and distributed to management team and board.	percentage	All services	Monthly Safety Report	April 1, 2022-March 31, 2023	N/A	100%	Safety is of paramount importance and will be prioritized by the Quality and Safety Team.	A new monthly reporting template has been developed for monitoring occurrences of client and worker safety events. Managers responsible for these reports have been trained in their use.	Monthly meetings have been scheduled to record safety events and ensure the accuracy of their input.	Occurrence of monthly meetings.	100%	N/A