QUALITY AND PERFORMANCE MANAGEMENT PROGRAM (QPMP)

Northwood & Shoreham

Aligned with Accreditation Canada and Health Standards Organization (HSO) Requirements

Program Overview:
The Quality and Performance Management Program (QPMP) outlines Northwood and Shoreham's comprehensive, organization-wide approach to embedding quality, safety, and performance excellence across all programs and services. The program integrates strategic planning, governance, continuous quality improvement, risk management, and performance measurement into a cohesive system that guides decision-making and promotes safe, effective, person-centred care.

The QPMP ensures alignment with Accreditation Canada standards, legislative requirements, licensing expectations, and provincial priorities. It provides the structure for monitoring outcomes, identifying opportunities for improvement, and sustaining quality through clear goals, data, and transparent reporting. The program is operationalized through the Quality Improvement Plan (QIP), a living document that captures and guides all active quality initiatives.

Scope: This program applies to all programs, teams, and staff across Northwood and Shoreham.

Key Contacts & Leads:

- **Director, Organizational Performance & Privacy Officer** – Provides overall oversight of the QPMP, ensures alignment with organizational strategy, and reports to leadership and the governing body.

- **Quality, Research & Organizational Performance Team** – Provides analytical, quality improvement, and implementation support for Quality Improvement initiatives, dashboards, reporting, and evaluation.

- **Program and Operational Leaders** – Responsible for implementing and sustaining quality and performance activities within their program areas.

- **Other Assigned Leads** – Support specific quality, safety, and performance initiatives as identified through strategic priorities, regulatory needs, feedback loops, or emerging risks.

Version Information:

- **Created:** August 2025

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1. EXECUTIVE SUMMARY

Northwood and Shoreham are committed to delivering safe, high-quality, person-centered care across the continuum of continuing care services, including long-term care, home care, and community support programs. Our QPMP provides the foundational framework to embed quality, safety, and performance excellence into every level of our organization.

The QPMP represents an integrated, strategic, and evidence-informed approach that aligns organizational efforts with leading quality frameworks, including the Canadian Quality and Patient Safety Framework, the Institute for Healthcare Improvement (IHI) Quadruple Aim, and Accreditation Canada's Quality Dimensions. This program supports broader health system priorities such as enhancing client experiences, promoting population health, supporting staff well-being, and optimizing resource utilization.

Within this overarching program, the Quality Improvement Plan (QIP) serves as the dynamic, "living" document that houses specific quality improvement initiatives. The QIP operationalizes the QPMP by defining SMART objectives, setting measurable goals, and outlining actionable initiatives aligned with our strategic priorities. These initiatives are collaboratively developed with leadership, front-line staff, clients, and families, and are continuously monitored, evaluated, and refined throughout the year.

Transparency and accountability are key pillars of our approach. The QIP is reviewed and approved annually by the Board, and performance is tracked through a comprehensive measurement framework. Results are communicated across all organizational levels and shared with stakeholders, including clients and families.

Our approach to quality improvement is adaptive and lifecycle-driven supporting initiatives from planning through implementation, closure, and sustainment. This ensures each effort delivers meaningful, sustained improvements in care and services.

In summary, the QPMP and its living QIP embody Northwood and Shoreham's collective commitment to continuous learning, innovation, and person-centered care. Together, they ensure we remain trusted partners within Nova Scotia's evolving health system and recognized leaders in long-term, home, and community care.

2. PURPOSE OF THE QPMP

The purpose of this Program is to:

- Integrate initiatives aimed at improving the quality of care and services provided by our organization.

- Ensure alignment with Accreditation Canada standards, licensing, auditing, relevant legislative and regulatory requirements.

- Utilize data, feedback from clients/families, and input from key stakeholders to drive continuous improvement.

- Promote a culture of learning, reflection, and accountability across all areas of service.

3. KEY DEFINITIONS AND CONCEPTS

To support shared understanding across Northwood and Shoreham, the following definitions clarify the core terms and concepts that underpin our QPMP (also, refer to **Appendix A: Abbreviations and Acronyms):**

Continuous Quality Improvement (CQI): An ongoing effort to improve services, processes, and outcomes through iterative cycles of evaluation and refinement. CQI emphasizes learning, collaboration, and the use of real-time data to drive decisions.

Key Performance Indicator (KPI): A specific, measurable value used to assess the performance, quality, or effectiveness of a process, service, or outcome. KPIs can be quantitative (e.g., infection rates) or qualitative (e.g., client satisfaction scores), and are used to track progress, evaluate success, and guide quality improvement efforts.

Person-Centred Care: An approach that respects and responds to individual preferences, needs, and values. Person-centered care ensures that clients and families are active partners in care planning and decision-making.

Plan-Do-Study-Act (PDSA) Cycle: A four-step quality improvement method used to test and refine changes: **Plan** a strategy, **Do** implement it on a small scale, **Study** the results, and **Act** by adopting, adjusting, or abandoning the change based on findings.

Quality: The degree to which care, and services are safe, effective, person-centered, timely, equitable, and efficient. These dimensions align with Accreditation Canada and international frameworks.

Quality Culture: An organizational environment in which quality and safety are embedded into daily practice, supported by leadership, and embraced by all staff, clients, and stakeholders.

Quality Improvement (QI): A systematic, data-driven approach to improving the quality, safety, effectiveness, and experience of care and services. QI involves identifying opportunities for improvement, testing changes through structured methodologies (e.g., Plan-Do-Study-Act), and evaluating outcomes to ensure sustained positive impact.

Quality Improvement Initiative: A focused project or set of actions designed to address a specific opportunity for improvement. QI initiatives are aligned with strategic goals, informed by data and stakeholder input, and evaluated using measurable outcomes. They follow a defined lifecycle from planning through to closure and sustainability.

Risk Management: A proactive process of identifying, analyzing, and addressing potential risks to client safety, service delivery, or organizational reputation. It is tightly integrated with quality improvement to ensure safe, effective care.

SBAR (Situation, Background, Assessment, Recommendation): A structured communication tool used to concisely organize information and facilitate clear, effective exchanges, especially in healthcare and quality improvement contexts. SBAR outlines the Situation (what is happening now), Background (relevant history or context), Assessment (analysis or concerns), and Recommendation (proposed actions or next steps). It is widely used for clinical handovers, decision-making, and project communication.

SMART Objective: A clearly defined goal that is **S**pecific, **M**easurable, **A**chievable, **R**elevant, and **T**ime-bound. SMART objectives provide structure and clarity to QI initiatives.

4. VISION, MISSION, AND VALUES

The QPMP is guided by our vision, mission, and core values. These statements provide the foundation for all quality improvement initiatives, shaping how we deliver services, engage with our community, and measure our success. They reflect our organizational identity, purpose, and the principles that inform decision-making at every level.

- **Vision Statement**: *People living life to the fullest, flourishing in a community of belonging, dignity and choice.*

- **Mission Statement**: *As a leader in continuing care, we build meaningful relationships with our clients everyday and make a positive difference in the communities we serve.*

- **Core Values**: *We Respect Everyone, People Come First, Everyone Plays a Part, Promote Social Justice, We Are All Accountable, We Can Always Do Better*

5. COMMITMENT TO QUALITY

We are committed to providing high-quality care and services to our clients, families, staff, volunteers, and community partners. This commitment is demonstrated through well-defined quality processes that are delivered by trained, compassionate staff to ensure consistency and excellence every day.

Our governance, leadership and management teams are dedicated to continual improvement, innovation, and responsiveness to client needs. Quality is embedded in everything we do from daily care delivery to strategic planning.

These efforts form the foundation of our QPMP, a structured, organization-wide approach to managing and improving quality. Guided by Accreditation Canada standards, Department of Seniors and Long-Term Care Program Standards, and applicable legislation, the QPMP ensures that quality is a shared responsibility and remains a continuous priority across the organization.

6. QUALITY INFRASTRUCTURE, ACCOUNTABILITY AND GOVERNANCE OVERVIEW

Northwood and Shoreham have established a comprehensive quality infrastructure that embeds leadership, accountability, and continuous improvement across all program areas. This integrated structure ensures collaboration, transparency, and data-informed decision-making from governance through to frontline teams, supporting consistent, organization-wide quality monitoring and improvement. Refer to **Appendix B**: QI Infrastructure Overview diagram.

Governance Structure

- **Board of Governors/Directors and Safety & Quality Committee of the Board**
  Reviews and approves the Quality Improvement Plan (QIP) annually, monitors organizational priorities and outcomes.

- **Senior Leadership Team**
  Aligns quality priorities with strategic planning, resource allocation, and operational goals. Provides strategic direction and monitors progress on QI initiatives.

- **Manager, Quality, Research and Organizational Performance, Quality Council and Shoreham Leadership Team**
  Oversees the QPMP and Quality Improvement Plan (QIP), monitors performance indicators and risk management, ensures cross-program coordination of improvement initiatives, and ensures alignment with Accreditation Canada standards and legislative requirements.

Operational Leadership

- **Program and Service Leadership (Leadership Convention: Program Managers, Supervisors, Team Leads)**
  Operationalizes QI initiatives within program areas, supports frontline staff, and drives day-to-day performance improvement.

- **Quality, Research, and Organizational Performance Team**
  Supports program teams by developing, implementing, evaluating, and reporting on QI initiatives, providing data, tools, training, and facilitation, as needed.

- **Standing Program-Level Committees**
  Committees with quality mandates support evaluation, improvement, and implementation in specialized areas such as Infection Control, Wound Care, Fall Prevention, and Pharmacy & Therapeutics. This includes program-level quality/clinical practice committees, which provide oversight, guidance, and recommendations to program teams, ensuring consistent application of best practices and alignment with organizational quality priorities.

Performance Monitoring and Resources

The quality infrastructure described above forms the foundation for effective performance monitoring and resource allocation. Scorecards, program-level dashboards, and quarterly and annual reviews enable the organization to track progress, identify trends, and guide prioritization of initiatives (refer to **Section 9: Data-Driven Quality and Performance** for more details). Adequate staffing, budgets, tools, and training are provided to ensure initiatives can be successfully implemented and sustained. Continuous professional development and organizational support equip staff with the knowledge and resources needed to deliver safe, effective, and person-centered care, while findings from performance monitoring inform operational planning and strategic decision-making.

7. STAKEHOLDER ENGAGEMENT AND FEEDBACK

Engaging clients, families, staff, volunteers, and community partners is central to Northwood and Shoreham's commitment to person-centered care. One of our strategic priorities is to empower client and resident voices, ensuring that decisions are made collaboratively reflecting our belief of *"nothing about us without us."*

Gathering and Using Feedback
Feedback is actively sought through surveys, councils, committees, focus groups, and direct conversations. Insights are reviewed alongside performance data to guide priorities, co-develop improvement initiatives, and inform planning and service design.

Closing the Loop
To maintain transparency and accountability, results and improvements are communicated back to stakeholders via newsletters, meetings, online platforms, and council updates. This reinforces trust, demonstrates responsiveness, and ensures that stakeholder input shapes ongoing quality initiatives.

8. GUIDING FRAMEWORKS AND ALIGNMENT

Northwood and Shoreham's QPMP is grounded in national and international frameworks that ensure a comprehensive, system-level approach to quality and safety. These include:

- **The Canadian Quality and Patient Safety (CQPS) Framework for Health Services**, which provides five overarching goals to guide improvement across all care settings:

  - Person-Centred Care

  - Safe Care

  - Accessible Care

  - Appropriate Care

  - Integrated Care

- **The Institute for Healthcare Improvement (IHI) Quintuple Aim**, which frames our improvement efforts around:

  - Improving the client and family experience

  - Improving the health and well-being of the populations we serve

  - Improving the work life and well-being of staff

  - Optimizing resource use to ensure sustainable, high-quality care

  - Advancing health equity to address disparities and promote fairness in health outcomes

- **Accreditation Canada's Quality Dimensions**, which are embedded into our standards and evaluations:

  - **Accessibility –** Provide timely and equitable services

  - **Appropriateness –** Do the right thing to achieve the best results

  - **Continuity –** Coordinate care across the continuum

  - **Efficiency –** Make the best use of resources

  - **Person-Centred –** Partner with clients and families

  - **Population-Focused –** Work with communities to understand, anticipate and meet their needs

  - **Safety –** Keep client's safe

  - **Work-life –** Healthy and safe environments where staff find meaning and satisfaction in their work

These frameworks are not used in isolation; they are actively integrated to provide a common language and structure for setting priorities, designing initiatives, and evaluating outcomes. This approach helps coordinate improvement efforts across all levels of the organization while supporting system-wide priorities in Nova Scotia, such as delivering care closer to home, optimizing resources, and improving population health outcomes. Refer to **Appendix C:** Northwood and Shoreham Quality Framework.

9. DATA-DRIVEN QUALITY AND PERFORMANCE

Data-driven decision-making is central to our QPMP. Performance dashboards and regular reporting enable the Board, senior leadership and operational teams to monitor trends, guide planning, and prioritize resources.

Performance Monitoring

A structured, multi-tiered approach supports strategic alignment, operational excellence, and accountability:

- **Corporate Scorecard:** Tracks organizational priorities and system-wide outcomes; reviewed by the Board and Senior Leadership Team.

- **Program-Level Dashboards:** Provides service-specific insights (e.g., LTC, Home Support).

- **Regulatory & Accreditation Reports:** Ensures readiness for external reviews.

- **Real-Time Indicators:** Monitors key measures like occupancy and staffing ratios.

- **Quarterly & Annual Reviews:** Assess progress and highlight areas for improvement.

Performance data informs strategic decision-making, resource allocation, trend identification, QI initiatives, and external reporting.

Key Performance Indicators (KPIs)

KPIs are aligned with strategic priorities and regularly reviewed. Examples include client and family experience, infection rates, incident rates, and compliance with safety protocols. Both leading (e.g., hand hygiene compliance) and lagging (e.g., fall rates) indicators are monitored, along with balance measures such as staff engagement and workflow efficiency.

Data Sources & Analysis

Data is collected from surveys, audits, chart reviews, incident reports, and real-time systems. Analysis occurs monthly, quarterly, and annually to track trends, identify gaps, and guide targeted QI actions, ensuring continuous system-level learning and improvement.

10. QUALITY IMPROVEMENT PLAN (QIP): PROCESS AND LIFECYCLE

The QIP functions as a dynamic, living document within the broader QPMP. It captures, tracks, and guides all active quality improvement initiatives across Northwood and Shoreham, ensuring alignment with our strategic priorities and quality framework.

Each quality improvement initiative follows a structured lifecycle from planning and implementation through evaluation, closure, and sustainment providing oversight that ensures initiatives not only address targeted improvement opportunities but also contribute to the ongoing advancement and sustainability of our overarching QPMP.

Our improvement efforts are supported by a range of proven methodologies and tools designed to facilitate effective problem-solving and process enhancement (Refer to **Appendix D**: Quick Reference Table of Quality Improvement Methodologies and Tools). Common approaches include Plan-Do-Study-Act (PDSA) cycles, fishbone diagrams, root cause analysis, and process mapping.

Initiatives are managed and monitored through two core documents:

- **Quality Improvement Plan Template** (Refer to **Appendix E**)**:** Provides a high-level, organization-wide overview of all current and planned initiatives, enabling strategic alignment and coordinated oversight.

- **Quality Improvement Charter Tool:** A foundational document that supports the initiation, development, and evaluation of individual QI projects. It outlines the project rationale, objectives, team roles, measures, timelines, and expected outcomes, ensuring a standardized and rigorous improvement process.

The QIP is maintained within the Quality Council folder and reviewed regularly, typically monthly or as required by the Quality Council. It is continuously updated to reflect emerging priorities, project progress, and evolving organizational needs, ensuring that quality improvement remains an active, integrated component of our comprehensive quality and performance management efforts.

a. Identification and Prioritization

- Improvement opportunities are identified through multiple sources, such as:

    o   Resident, family, staff, community feedback (e.g. surveys, focus groups)

    o   Incident and near miss reports

    o   Research, best practice and accreditation standards

    o   Compliance audits and regulatory reviews

    o   Key performance indicators (KPIs) and risk assessments

- These opportunities are reviewed by the Senior Leadership Team and Quality Council and prioritized based on impact, feasibility, and alignment with strategic goals.

b. Planning and Development

- Each initiative is developed with a clearly defined SMART objective to provide focus and measurable outcomes.

- Project leads are assigned with defined roles and responsibilities.

- Resources (financial, human, training) required for implementation are identified and secured.

- A timeline with milestones is established to track progress.

c. Implementation

- Initiatives are executed according to the project plan.

- Communication strategies ensure all stakeholders are informed and engaged.

- Data is collected regularly to monitor progress toward objectives.

- Teams meet periodically to review status, troubleshoot challenges, and adjust activities as needed to stay on track.

d. Monitoring and Evaluation

- Progress is measured using predefined KPIs tied to each initiative.

- Quantitative and qualitative data are analyzed regularly (monthly, quarterly) to assess effectiveness.

- Balance measures are reviewed to identify unintended consequences or negative impacts in other areas.

- Adjustments are made to processes or goals based on findings to optimize outcomes.

e. Closure and Archiving

- Once an initiative achieves its objectives or it is determined that the project is no longer viable, a formal closure process is initiated.

- The project lead completes a **Quality Improvement Initiative Closure Report** that includes:

    o   Summary of outcomes and whether objectives were met

    o   Lessons learned and best practices identified

    o   Any ongoing monitoring or sustainment plans required

    o   Recommendations for future improvement opportunities related to the initiative

- The closure report is reviewed and approved by the Manager, Quality, Research & Organizational Performance and Quality Council.

- Documentation, data, and reports are archived in the applicable project folder for reference and accountability.

- Completed initiatives may be showcased in organizational communications to celebrate successes and share knowledge.

f. Sustainability

- For initiatives with lasting impact, sustainability plans are developed to embed changes into regular operations.

- Ongoing monitoring and periodic reassessment ensure improvements are maintained over time.

- Continuous feedback loops allow identification of emerging issues or further improvement opportunities.

g. Continuous Evaluation and Improvement of the QIP

Our QIP itself is a living program, continuously refined to reflect evolving priorities.

- **Regular Reviews:** Quality initiatives within the QIP are reviewed by the Quality Council monthly, to assess progress, identify emerging opportunities, and adjust priorities. Findings and updates are then shared with the Safety and Quality Committee of the Board to maintain alignment with organizational goals and provide governance oversight.

- **Annual Evaluation:** An in-depth annual evaluation by Quality Council and the Senior Leadership Team assesses the effectiveness of the QIP and larger QPMP as a whole. This includes analysis of performance against strategic goals, stakeholder engagement, resource allocation, and outcomes achieved.

- **Knowledge Sharing:** Lessons learned and successful practices from completed initiatives are communicated broadly to encourage a culture of quality and continuous improvement throughout the organization.

11. EVALUATION AND SUSTAINABILITY

Northwood and Shoreham continuously evaluate the QPMP to ensure it remains effective, responsive, and aligned with organizational priorities and Accreditation Canada standards.

Monitoring and Evaluation

- Ongoing tracking of KPIs and program-specific metrics.

- Quarterly reviews of QI initiatives to assess outcomes and identify improvements.

- Annual evaluation of the QIP, including progress toward objectives, initiative effectiveness, stakeholder feedback, system-wide trends, and alignment with strategic goals and accreditation requirements.

Sustainability

- Embed QI practices into daily operations and decision-making.

- Provide ongoing staff education and capacity building.

- Maintain transparent reporting, celebrate successes, and share lessons learned.

- Foster a culture of learning, innovation, and continuous improvement.

- Use evaluation findings to inform future quality planning cycles, ensuring sustained momentum and alignment with Northwood and Shoreham's mission, vision and values.

12. CONCLUSION

This Integrated QPMP reflects Northwood and Shoreham's commitment to both continuous improvement and sustained excellence. By aligning our quality work with real-time performance data and strategic priorities, we ensure that all parts of the organization are working together to deliver safe, effective, and person-centred care in a responsive and accountable way.

13. SUPPORTING INTERNAL DOCUMENTS

- Quality Improvement and Risk Management Policies

  - O.W.13.1 Incident Management Policy

  - O.W.13.10 Incident Management Procedure

  - O.W.13.15 Integrated Quality Improvement

  - O.W.13.25 Disclosure of Safety Incidents

  - O.W.13.45 Stakeholder Experience

  - O.W.13.65 Handling of Complaints

- Client and Stakeholder Engagement Framework

- Quality Improvement Charter Tool (for QI Initiative Submission)

- Quality Improvement Initiative Closure Report

- Project Charter

- Key Performance Indicator Fact Sheets

- Key Performance Indicator Mapping Tracking Spreadsheet

- Client Safety Plan

- Integrated Risk Management Plan

  - Risk Register

- o   Risk and Serious Events Report

- Accreditation Canada Quality Improvement Action Plan

- Data Strategy

- AI & Digital Health Strategy

14. REFERENCES

Accreditation Canada. (2025). Leadership Standards.

Health Quality Ontario. (2017). *Quality improvement science: A guide for improving care*. https://quorum.hqontario.ca/Portals/0/QI-Tools-and-Resources/QI-Science-Guide.pdf

Healthcare Excellence Canada. (2021). *Canadian Quality and Patient Safety Framework for Health and Social Services*. https://www.healthcareexcellence.ca/media/e3dkkwos/cpsi-10001-cqps-framework-english_fa_online-final-ua.pdf

Health Standards Organization. (2020, September). *Shared Health Manitoba embraces new Canadian Quality & Patient Safety Framework during major transformation: "You can't have quality without safety"*. HSO Health Standards Organization. Retrieved from https://healthstandards.org/general-updates/shared-services-manitoba-embraces-new-canadian-quality-patient-safety-framework-major-transformation-cant-quality-without-safety/

15. APPENDICES

- **Appendix A**: Abbreviations and Acronyms

- **Appendix B**: QI Infrastructure Overview diagram

- **Appendix C:** Northwood and Shoreham Quality Framework

- **Appendix D**: Quick Reference Table of Quality Improvement Methodologies and Tools

- **Appendix E:** Quality Improvement Plan Tracker Template

Acronym	Full Term
CFAC	Client and Family Advisory Council
CQI	Continuous Quality Improvement
HQO	Health Quality Ontario
HSO	Health Standards Organization
IHI	Institute for Healthcare Improvement
IPAC	Infection Prevention and Control
KPI	Key Performance Indicator
LTC	Long-Term Care
NS	Nova Scotia
NSH	Nova Scotia Health
PDSA	Plan-Do-Study-Act (cycle for quality improvement)
PSW	Personal Support Worker
QI	Quality Improvement
QIP	Quality Improvement Plan
QPMP	Quality and Performance Management Program
SBAR	Situation, Background, Assessment, Recommendation
SMART	Specific, Measurable, Achievable, Relevant, Time-Bound

Shoreham VILLAGE   Northwood

Quality Infrastructure, Accountability & Governance

Quality, Research, & Organizational Performance Team

Supports program teams, leadership, and the Board, by providing data, tools, and guidance to develop, implement, and report on QI initiatives, ensuring coordination and informed decision-making across the organization.

Governance Structure

Board of Governors / Directors Safety & Quality Committee
- Reviews & Approves QIP Annually
- Monitors organizational priorities & outcomes

Senior Leadership Team
- Aligns quality priorities with strategy, resources, and operational goals
- Provides strategic direction & monitors QI initiatives

Quality Council

Provides strategic oversight to the quality program and plan, monitoring performance and risks, and approving cross-program improvement initiatives. It serves as the organization's quality decision-making and accountability body

Operational Leadership

Standing Program-Level Committees
- Infection Control, Wound Care, Fall Prevention, Least Restraint, Pharmacy & Therapeutic
- Provide oversight, guidance & recommendations to program teams
- Ensure consistent best practices across programs

Program & Service Leadership
- Operationalizes QI initiatives
- Supports frontline staff
- Drives daily improvement

Drivers of Quality & Performance Change

Performance Monitoring
Track organizational and program-level performance through dashboards, reports, and key operational indicators.

Data Sources
Collected from surveys, audits, chart reviews, incident reports, and real-time systems to provide a comprehensive evidence base.

Key Performance Indicators (KPIs)
Metrics aligned with strategic priorities, including client outcomes, safety, and staff engagement; includes both leading and lagging indicators.
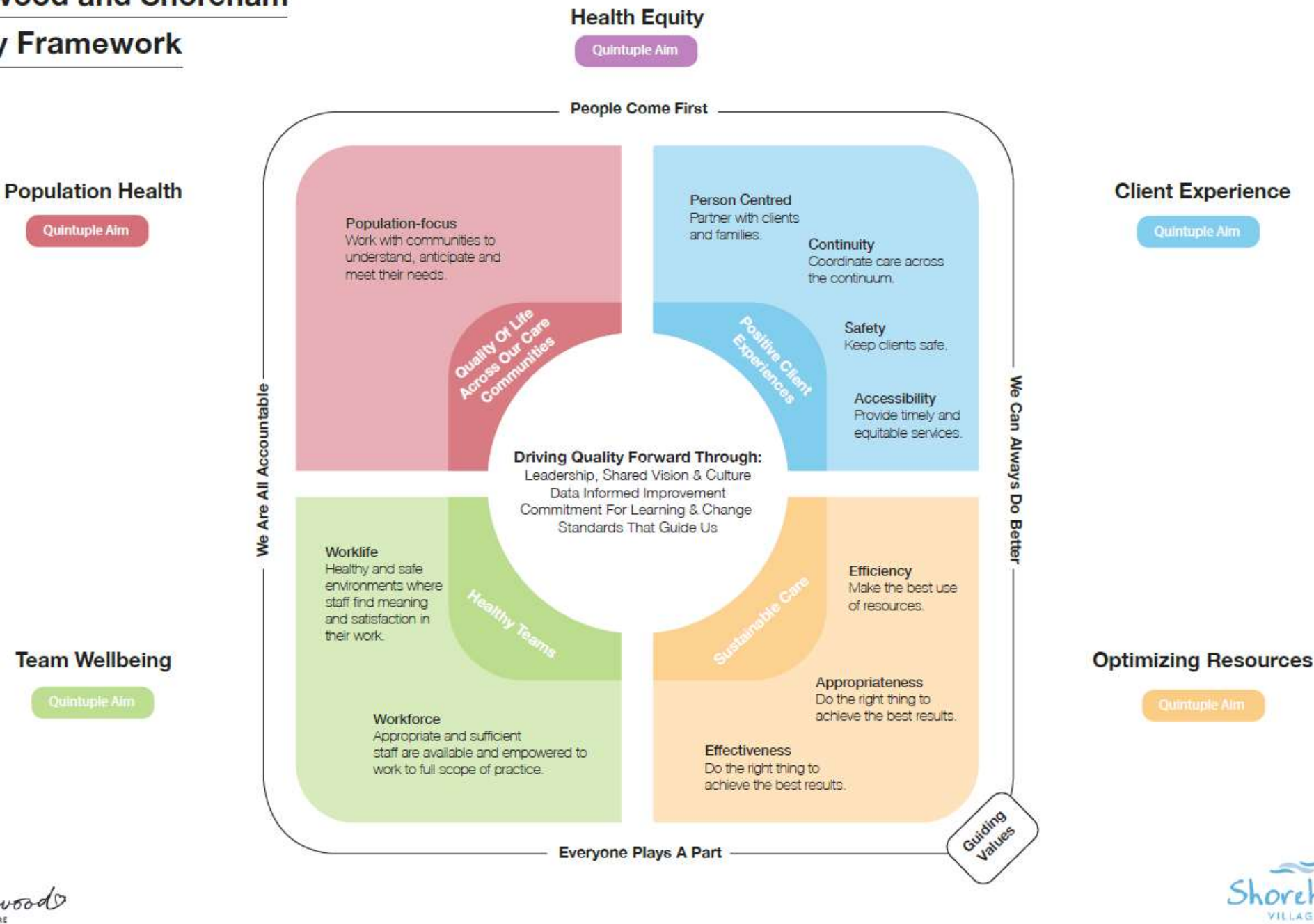
Analysis & Improvement
Trend review and continuous quality improvement cycles guide decisions, resource allocation, and targeted initiatives.

Standards, Best Practice & Research
- Accreditation Canada standards
- IHI Quintuple Aim principles
- Canadian Quality and Patient Safety Framework
- Evidence-based research

Northwood and Shoreham Quality Framework

Health Equity — Quintuple Aim

Population Health — Quintuple Aim

Client Experience — Quintuple Aim

Team Wellbeing — Quintuple Aim

Optimizing Resources — Quintuple Aim

People Come First

We Are All Accountable

We Can Always Do Better

Everyone Plays A Part

Quality Of Life Across Our Care Communities

Positive Client Experiences

Healthy Teams

Sustainable Care

Guiding Values

Population-focus
Work with communities to understand, anticipate and meet their needs.

Person Centred
Partner with clients and families.

Continuity
Coordinate care across the continuum.

Safety
Keep clients safe.

Accessibility
Provide timely and equitable services.

Driving Quality Forward Through:
Leadership, Shared Vision & Culture
Data Informed Improvement
Commitment For Learning & Change
Standards That Guide Us

Worklife
Healthy and safe environments where staff find meaning and satisfaction in their work.

Efficiency
Make the best use of resources.

Appropriateness
Do the right thing to achieve the best results.

Workforce
Appropriate and sufficient staff are available and empowered to work to full scope of practice.

Effectiveness
Do the right thing to achieve the best results.

Reference: Redeveloped from the Manitoba Quality and Learning Framework Infographic: https://healthstandards.org/general-updates/shared-services-manitoba-embraces-new-canadian-quality-patient-safety-framework-major-transformation-cant-quality-without-safety/

Methodology/Tool	Description
SMART Objectives	A framework for setting clear, Specific, Measurable, Achievable, Relevant, and Time-bound goals to guide improvement initiatives.
SBAR (Situation-Background-Assessment-Recommendation)	A structured communication tool to succinctly convey important information about a situation, aiding decision-making and escalation.
SWOT Analysis	A strategic planning tool to identify Strengths, Weaknesses, Opportunities, and Threats to understand the internal and external context.
Benchmarking	The process of comparing organizational performance metrics against peers or industry standards to identify gaps and set improvement targets.
Fishbone Diagram (Cause and Effect)	A visual tool to systematically identify and categorize potential root causes of a problem, supporting thorough problem analysis.
5 Whys	A simple but effective technique to drill down to the root cause of a problem by repeatedly asking "Why?" until the underlying cause is identified.
Root Cause Analysis (RCA)	A structured, retrospective method to uncover the fundamental reasons behind an incident or problem, aiming to prevent recurrence.
Failure Modes and Effects Analysis (FMEA)	A proactive tool used to identify potential failure points in a process and prioritize them by impact and likelihood to mitigate risk.
Process Mapping	A step-by-step visual representation of a workflow that helps detect inefficiencies, redundancies, gaps, and opportunities for redesign.
Plan-Do-Study-Act (PDSA) Cycle	A four-step iterative model for testing changes, analyzing results, and refining approaches to support continuous quality improvement.
LEAN	A methodology focused on maximizing value by eliminating waste, improving flow, and streamlining processes to deliver more efficient and effective services.
Power BI	A data analytics and visualization tool used to monitor, analyze, and present real-time performance metrics to support data-driven decision-making.
Performance Dashboards	Visual tools used to display key performance indicators in real time or over time at the organizational, program, or team level. Enhance transparency and monitoring.
Balanced Scorecard *(Legacy Framework)*	A strategic planning and performance management framework that translates an organization's vision into measurable objectives across key domains such as client/resident outcomes, internal processes, learning & growth, and financial stewardship. Phased out in favour of integrated frameworks.
Integrated Quality and Performance Framework *(Current Framework)*	A comprehensive framework combining Accreditation Canada Quality Dimensions, the Institute for Healthcare Improvement (IHI) Quadruple Aim, and the Canadian Quality and Patient Safety Framework for Health Services, guiding quality and performance improvement efforts across programs and services.

Purpose

This tracker supports the active monitoring, alignment, and evaluation of all quality improvement (QI) initiatives across Northwood and Shoreham. It ensures each initiative is structured, strategic, and measurable, contributing to our broader commitment to quality, safety, and continuous improvement.

Feedback-Driven Action Planning

Client and Family Experience Survey results, Workforce Surveys (e.g., staff engagement or workplace experience), and Community Engagement feedback are reviewed on a regular basis and inform separate but integrated Action Plans. These are maintained by the Quality Team and/or relevant leadership groups.

While not all actions are captured within the formal QIP, initiatives that involve system-level changes, interdepartmental coordination, or that align with organizational priorities and accreditation standards are incorporated into the QIP to support alignment, visibility, and oversight.

This integrated approach ensures that feedback from clients, families, staff, and community members informs continuous quality improvement and drives meaningful change across the organization.

Instructions

- Complete one row per quality improvement initiative under the relevant Strategic Priority.

- Refer to the **Quality and Performance Management Program** for definitions, expectations, and guidance.

- Each initiative must have a completed **Quality Improvement Charter**, **SBAR**, or **equivalent project document** outlining the rationale, project team, timelines, measures, and alignment with organizational priorities.

- Identify clear SMART objectives, key performance indicators, and evaluation criteria.

- Populate all required fields, including stakeholders, resources, data sources, and milestones.

- Initiative leads are responsible for maintaining progress updates and completing a **Closure Report** at project end to assess results, sustainability, and lessons learned.

Strategic Priority 1: Create Client-Centred Solutions in a Home and Community First Framework													
Initiative Title	Program/ Service Area	Guiding Framework(s) Alignment	SMART Objective	Initiative Summary	Relevant Standards/ Regulations	Key Performance Indicators (KPIs)	Data Sources	Stakeholder(s)	Resources Required	Timeline (Start/ End/ Milestones)	Evaluation & Success Criteria	Progress & Notes	Initiative Lead(s)
Initiative #1 Title	LTC, Homecare, Adult Day, Org Wide, etc.	What Quality Dimension(s), Aim(s) or Goal(s) is the initiative aligned with	Objective of the initiative (e.g., reduce infection rates by X%)	Brief description of the initiative (e.g., implement a new infection control protocol)	- Accreditation Canada: Infection Control Standard - Licensing: Provincial Infection	- Infection rates (measured monthly) - Compliance rates with protocols	- Infection control audit results - Incident and infection reports	- Infection control team - Nursing staff - Clinical managers	Key supports needed to implement the initiative, such as staffing, funding, tools, or training.	- Start Date: [MM/DD/YYYY] - End Date: [MM/DD/YYYY] - Milestones: [e.g., training completion, protocol rollout, first data review]	Success will be measured by a 15% reduction in infection rates over 12 months and improved adherence to infection control protocols as	Enter progress updates or any changes to the initiative's timeline, milestones, or outcomes here	Lead or Leads on initiative

					Control Guidelines						evidenced by audit results		
EXAMPLE: Reducing UTIs in LTC	Long-Term Care	Quality Dimension: Safety Aim: Population Health/ Wellbeing	Reduce UTI rates in LTC by 20% over 12 months	Launch new catheter care training and audit protocol	Infection Control Standard, Provincial Best Practices	UTI rate (monthly), staff audit compliance	EMR data, Incident Reports, Clinical Audits	Infection Control Team, Nursing Staff	Educational materials on UTI prevention, support from the educators.	Start: 01/01/2025 Milestone 1: Staff Training Complete (02/15/2025) End: 12/31/2025	Success = 20% decrease in UTI rate and 95% audit compliance over 3 months	Training delayed due to scheduling; rescheduled for 02/10/2025	IPAC Specialist, Educators

Strategic Priority 2: Be an Organization of Choice to Work, Volunteer and Grow

Strategic Priority 3: Programs and Partnerships that Make the Community Stronger

Strategic Priority 4: Encourage Discovery & Learning

Strategic Priority 5: Fortify Capacity to Fulfill our Mandate