



Executive Summary

During a period of preparation to renew accredited status at CMHA Simcoe County, an organized view of data collection initiatives, reporting and resources was identified. Developing a framework would aid connecting the loop and complete the Quality Improvement (QI) cycle while initiatives were considered under a common ‘umbrella’.

Stakeholders (leadership, management and staff) need to be involved in the process. A performance management and quality improvement framework is being proposed in this document. This framework will provide organization and will combine the efforts already made by staff and the opportunities for new strategies. Performance management should be risk-assessment and goal sensitive. Sections from the Integrated Quality Improvement Plan from 2016/17 have been incorporated in this document, as a continuation of the work started a year ago.

A Performance Management and Quality Improvement Framework is proposed in this document with the following four domains:

- Performance Standards and Measurements.

This domain will provide the process map, requirements and rationale for a quality improvement strategy. It will help us answer the question: *What are we trying to accomplish? (from the Model of Improvement)*. Once the expectations (standards) are established, performance measurements must be identified, usually called performance indicators. This domain includes the MSAA (OHRS – MIS), Strategic Plan and Strategic Directions, Organizational Standards, Baseline data (population based and program based), etc.

- Data Collection Strategies

This domain will support the validity of the previous one. Because performance measurements and/or indicators must be measurable, knowing how they will be collected, when and how often is essential for a clear framework. This domain includes MIS reporting, evaluation and monitoring strategies, program profiles, etc. *What are we trying to accomplish? (from the Model of Improvement)*

- Reporting and Decision Making

This domain is essential for accountability and transparency. Baseline measures can be reported, as well as measures collected after a QI initiative. This domain is important for leadership and decision makers (including staff) to know if a quality improvement initiative is needed and start the planning process. Committees and meetings, communication strategies are involved in this domain; dashboards, storyboards and internal reports are means of reporting. The question *How do we know that a change is an improvement?* From the Model of Improvement can be answered in this domain.

- Quality Improvement

This is the domain where changes happen. Based on the results reported, decision makers will implement the QI strategies. On this domain is where QI tools and resources are implemented. This domain will answer the question: *What changes can we make that will result in improvement? (from the Model of Improvement)*.

A final approval of this framework is sought from the CEO and the Quality, Risk & Asset Management Committee (QRAM). Once the approval is granted, education to all levels of the organization is needed, along with support from the Research, Evaluation and Quality Improvement team to close the loop. Timelines of this approval will be negotiated as it sees fit by the organization's leadership.

Vision: *An inclusive society which values human dignity and enhances the well-being of all.*

Mission: *to work in collaboration with individuals and their families offering a full spectrum of addiction and mental health services based on a philosophy of recovery and a respect for individual uniqueness and choice.*

