



Performance Measurement and Management Analysis

Objective	Indicator	Rationale	Time of Measure	Data Source / Obtained by	Expected Outcome
	What are you counting? Who is relevant and to be counted?		When will we measure?	Where is data located? Who is responsible for obtaining the data?	

DOMAIN: ACCEPTABILITY / SATISFACTION

Definition: Services provided will meet expectations of Client, Providers, Community, Payer and Other Stakeholders

CLIENT SATISFACTION

To provide a positive service experience that meets client and key stakeholders' satisfaction.	<ul style="list-style-type: none"> The overall rating of client satisfaction as well as other ratings of interest Each client will be given the option to complete a periodic Client Satisfaction Survey. 	Satisfaction is an indicator of the extent to which services and supports meet the needs of various stakeholders and are a dimension of service quality	<ul style="list-style-type: none"> Once per year and post discharge when possible. 	<ul style="list-style-type: none"> Client Satisfaction survey Management Team or designee 	Client Satisfaction survey average rating will be: Satisfaction with Services [4.00 or higher out of 5.00 points (max)]
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PERFORMANCE ANALYSIS:

RESULT:

- A total of 10 Client Satisfaction Surveys were completed representing 50% of current caseload. Watson Community Health Centre, on average, exceeded the set target set in 6 of the 7 areas analyzed.

RESULT:

- Crisis Intervention
 - 100% responded "strongly agree" that they liked the services at Watson Community Health Centre and 30% "agreed".
 - 90% would strongly recommend to friend and family and 100% would recommend Watson Community Health Centre.
 - 100% were very satisfied and 50% were satisfied with the services at Watson Community Health Centre.
 - The one area needing attention is "convenience of service": 20% "strongly agree"; 70% "agree"; 10% "neutral";
- Case Management



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- 100% responded “strongly agree” that they liked the services at Watson Community Health Centre.
- 80% would strongly recommend to a friend or family and 20% would recommend us.
- Overall, 100% were satisfied with their services at Watson Community Health Centre.

ACTION PLAN:

- The Client Satisfaction Survey Summary and Analysis for 2022 has been distributed to the Watson Community Health Centre Mgt.Team and will be posted on the web for staff and Key Stakeholders.
- Continue to focus on areas that are less than Expected Outcome

TIME LINE:

Continue to conduct satisfaction surveys as indicated for Clients and Key Stakeholders annually.

CLIENT COMPLAINTS / GRIEVANCES					
Reduced Client complaints / grievances	<ul style="list-style-type: none"> • # of Client complaints filed; • At orientation, clients will be given information on how to submit client complaint. 	Complaints received indicate a lack of acceptability of Watson Community Health Centre, staff and/or supports among by clients and also within the broader community.	Review and analyzed every 6 months	<ul style="list-style-type: none"> • Client Complaint Form • Management Team or designee 	Minimal number of Client Complaints / Grievances received and those resolved within 30 days

PERFORMANCE ANALYSIS:

RESULTS:

- 1 complaint was filed with the Compliance Officer indicating displeasure with assigned staff and the supervisor.



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- The client was upset because he had a court case and the court mandated he receive integrated drug, alcohol and mental health treatment at another agency.
- Staff followed up with the agency mandated by the court and the client intake was completed by agency.

ACTION PLAN: NA

TIME LINE: NA

EMPLOYEE SATISFACTION

Increased employee satisfaction	<ul style="list-style-type: none"> • Overall rating(s) within employee satisfaction survey; • Reduction in staff turnover 	An employee that is pleased / satisfied with their employment will remain within the organization, resulting in a reduction in employee turnover and accompanying cost, be more productive and provide better services.	At least on an annual basis	<ul style="list-style-type: none"> • Employee Satisfaction Survey • Management Team or designee 	Overall rating will exceed 3.75 on a 5.00 pt. scale
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PERFORMANCE ANALYSIS:

RESULT:

- Employee Satisfaction Surveys were developed using a 5-point Likert Scale with “5” as Strongly Agree through “1” as Strongly Disagree.
- A total of 4 Employee Satisfaction Surveys were completed.
- Of the 7 questions reviewed and analyzed, on average, the organization exceeded the set target of 3.75 on 6 occasions.
- Areas that received an average rating less than set target will be a focus for discussion and improvement and include:
 - Management involves me in decisions that affect my work: 15% disagree

ACTION PLAN AND TIMELINE:

- After review by the Senior Management Team, the Employee Satisfaction Survey Summary and Analysis for 2022 will be posted for staff review and discussion.



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COMMUNITY STAKEHOLDERS SATISFACTION					
Increased Community Stakeholders Satisfaction	Overall rating(s) within referral source satisfaction survey;	A referral source that is pleased /satisfied with Watson Community Health Centre performance will continue to make referrals to organization and will likely increase Watson Community Health Centre revenue and reputation	At least on an annual basis	<ul style="list-style-type: none"> Referral Source Satisfaction Survey Executive Management Team or designee 	Overall rating will exceed 4.50 on a 5.00 pt. scale

PERFORMANCE ANALYSIS:

RESULT:

- A Community Stakeholder Satisfaction Survey was developed.
- A total of 3 Community Stakeholder Satisfaction Surveys were received.
- Of the 6 questions reviewed and analyzed, on average, exceeded the set target on all the questions with a favorable rating 90% of the time and 10% reporting that the question was not applicable.
- 100% of respondents rated the quality of Watson Community Health Centre an Excellent (80%) or Good (20%)
- There were no areas indicating that improvement was needed, however respondents indicated a several service gap in the area served including:
 - Outpatient Treatment
 - Case Management Services
 - Crisis Intervention



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ACTION PLAN:

- The Community Stakeholder Satisfaction Summary and Analysis for 2022 has been distributed to Watson Community Health Centre Management Team for their review and distribution.
- Watson Community Health Centre is currently planning on expanding its array of services to include substance abuse prevention and treatment and eliminate the gap of services identified in the analysis.

DOMAIN: ACCESSIBILITY

Definition: Ability of Clients to obtain the right care/service at the right place and right time based on needs.

ACCESSIBILITY

The leadership will have a working knowledge of what should be done to promote accessibility and remove identified barriers in 8 specific areas	Identification of barriers and consider any accessibility needs that may hinder full and effective participation on an equal basis with other residents / employees	<ul style="list-style-type: none"> • To enhance the quality of life of clients • To implement nondiscriminatory employment practices • To meet legal and regulatory requirements 	Annual	<ul style="list-style-type: none"> • Client Satisfaction survey • Program Administrator or designee or designee or designee 	<ul style="list-style-type: none"> • Average Rating Target is 3.75 or greater • Identification of perceived accessibility barriers • Removal or accommodation of those identified barriers as appropriate
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PERFORMANCE ANALYSIS:

RESULT:

- A total of 3 surveys were completed achieving the following results, none of which were scored below the 3.75 threshold.



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BARRIER	Rating (Avg. out of 5.00)	Description of Barrier (if less than 3.75)	Solution (Action Plan for scores less than 3.75)	Priority High / Medium / Low	Cost	Status	Due Date	Responsible Person
Architectural	4.5	Access to offices	NA	NA	NA	NA	NA	NA
Attitudinal	4.75	Satisfaction Surveys Knowledge of treatment issues	NA	NA	NA	NA	NA	NA
Environmental	4.0	Welcoming & confidential	NA	NA	NA	NA	NA	NA
Education	3.85	Clients are educated regarding their treatment and participate in developing goals	NA	NA	NA	NA	NA	NA
Communication	4.0	Multi-lingual staff available	NA	NA	NA	NA	NA	NA
	3.75	Telecommunication devices available	NA	NA	NA	NA	NA	NA



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	4.00	Multi-language documents available	NA	NA	NA	NA	NA	NA
Transportation	4.5	Transportation available to participate in full range of services	NA	NA	NA	NA	NA	NA
Financial	NA	Fees requested from insurance are justified	NA	NA	NA	NA	NA	NA
Community Integration	4.25	Organization works to eliminate barriers for participation	NA	NA	NA	NA	NA	NA
	3.75	Able to participate in community activities	NA	NA	NA	NA	NA	NA
Overall Satisfaction	4.75	Organization treats persons well	NA	NA	NA	NA	NA	NA
	4.75	I would recommend the organization to a person in need of services	NA	NA	NA	NA	NA	NA



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DOMAIN: EFFECTIVENESS
 Definition: Care/services, intervention or action that achieve desired results.

DIVERSITY SURVEY					
To assess Management and Staff perception of diversity within Watson Community Health Centre.	Ratings of Watson Community Health Centre employees	Watson Community Health Centre staff are diverse, and recognition is important for their continued provision of quality of service to Watson Community Health Centre clients	Annually	● Employee Satisfaction Survey	Rating will be 3.75 or greater on a 5-pt. scale

PERFORMANCE ANALYSIS:

RESULT:

- 10 employees completed the Survey.
- Questions were rated on a 5-point Likert Scale with “5” as Strongly Agree and Convenient through “1” Strongly Disagree.
- Of the 33 questions analyzed, on average the organization exceeded the set target of 3.75, 80.7% of the time.
- Areas receiving average ratings below target include:
 - CAREER DEVELOPMENT
 - 90% Management involves me in decisions that affect my work.
 - 90% Experienced professional growth through updating and learning new skills.
 - 90% Satisfied with the information I receive from management on what is going on in the company



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<ul style="list-style-type: none"> 95% Would recommend a family member to Watson Community Health Centre if they needed behavioral healthcare services. 90% Are satisfied with their overall job. 80% Feel the company has a positive image in the community <p>ACTION PLAN:</p> <ul style="list-style-type: none"> Develop and implement a marketing plan to promote Watson Community Health Centre. <p>TIME LINE:</p> <ul style="list-style-type: none"> Develop a marketing plan April 2022 Implement marketing plan June 2022

QUALITY RECORD REVIEW					
Ensure consistency of clinical recordkeeping	# of deficiencies per Quality Record Review Summary	Risk Management issue	Quarterly	<ul style="list-style-type: none"> Quality Record Review Clinical Director or designee 	A target score of 80% completeness in quality reviews.

<p>PERFORMANCE ANALYSIS:</p> <p>RESULT:</p> <ul style="list-style-type: none"> A sampling of 12 clinical records was selected to be reviewed for completeness and quality over the course of 3 quarters. Of these records, 12 were currently open and 0 were a closed record. Areas of Improvement identified with an “out of compliance rating” of greater than 20%: <ul style="list-style-type: none"> ORIENTATION <ul style="list-style-type: none"> 5% - had not signed the orientation handbook acknowledgement ASSESSMENT
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- 6 % - Assessment was not present, thorough, complete and timely.
- INDIVIDUAL TREATMENT PLAN
 - 9.6% - Treatment plan was not updated, signed and dated by the client and the clinician?
- DOCUMENTATION
 - 7% - Services not documented in accordance with agency policy.
 - 3 % - Releases of information not entirely filled out.
- TRANSITION AND DISCHARGE – All present and complete
- REFERRALS – Present and complete when appropriate
- SERVICE PROVIDERS – All appropriate and documented
- CLINICIAN GIVE A COPY OF QRR FOR CORRECTION AND INFORMATION - yes

ACTION PLAN:

- For those staff identified with out of compliance charting, corrective action was addressed and identified staff will modify the chart to be compliant with Watson Community Health Centrestandards; thereafter, identified employee will return completed corrective action to their supervisor for approval. The identified staff will receive additional training and supervision if required in order to achieve and maintain compliance in this area.
- Additional training will also be provided to entire team at team meetings as necessary to ensure documentation compliance.

TIME LINE:

- On a quarterly basis. Additional clinical files will be assessed to determine compliance with target.

CLINICAL SUPERVISION



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Improved client quality of care and effectiveness of services		Quality of Life will be an indicator of service benefits derived by clients as a basis for evaluating program effectiveness	<ul style="list-style-type: none"> Monthly Quarterly 	<ul style="list-style-type: none"> Clinical Supervision Log Clinical Director or designee 	<ul style="list-style-type: none"> Reduction in clinical documentation issues. Improved clinical quality care
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PERFORMANCE ANALYSIS:

RESULTS:

- All clinical supervision sessions were documented and occur on a monthly basis. There were no items that were identified as being below the established target.

ACTION PLAN:

- Continue to document clinical supervision to determine if there are issues in the future.

TIME LINE:

- Monthly, at a minimum

SERVICE EVALUATION

The provision of treatment services will have a lasting effect upon the client	Self-report of client of improved quality of life on Outcome surveys.	Response by the client will give information as to effectiveness of services and service changes that might need to be made	At intake, at 6 months, annually and at discharge when possible	Intake and clinical staff	Target rating shows improvement over time.
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PERFORMANCE ANALYSIS:

RESULTS:

PERFORMANCE MEASUREMENT & MANAGEMENT ANALYSIS	
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- 15 Initial Outcomes and 10 Six-month Outcomes were completed. We had only 5 Annual outcomes at this point because of the newness of the procedure and the annual results skewed the total due to the low numbers and COVID-19
 - SYMPTOM MANAGEMENT
 - The aggregate shows improved management from initial to 6 months. There was an increase of 1% who “never” were bothered by symptoms, a decrease of 12% who were “often” or “always” bothered by symptoms and this was transferred to those who “sometimes” are bothered by symptoms which increased by 11%
 - Clients also reported less interference with symptoms on a day to day basis from initial to 6 months. Those who were “never” bothered increased by 11% and those that were “always” bothered decreased by 9%.
 - SATISFACTION WITH DAILY ACTIVITIES
 - No client reported “never” having satisfaction with activities at 6 months, a reduction of 20% and “sometimes” and “always” feeling satisfaction increased by 33%.
 - HOUSING
 - 27% more clients were living independently at 6 months.
 - 19% fewer clients were living with family or in shelters.
 - No clients were homeless at intake.
 - HOSPITALIZATION & JAIL
 - There was no significant increase in psychiatric hospitalizations or incarcerations.
 - RECOVERY AND EMPOWERMENT
 - There was a decrease of 5% in clients who “never” felt in control of their lives and a 5% increase in clients reporting feeling more empowered.
 - 1% reported an improvement in their satisfaction with relationships in their lives.
 - 15% more clients reported “always” being committed to improving their lives and getting better while none reported “never”, after 6 months.

ACTION PLAN:

PERFORMANCE MEASUREMENT & MANAGEMENT ANALYSIS	
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- The Service Evaluation Results will be distributed to the Watson Community Health Centre Management Team and for their review and distribution.
 - There will be a concerted effort to obtain annual evaluations so that data can be more complete.
- TIME LINE:**
- Continue to distribute Quality of Life Outcome evaluations at Intake, 6 months, annually and at termination when possible.

DOMAIN: EFFICIENCY
 Definition: Achieving desired results with the most cost-effective use of resources.

HUMAN RESOURCES					
Improved human resources retention and recruitment; minimize staff turnover; reduction in training costs	# of employees who leave the organization	Reduction in loss of personnel will mean less cost in orientation and training and a more productive staff and higher quality of services and reduction in loss of service revenue	Quarterly	<ul style="list-style-type: none"> • Human Resources • Clinical Director or designee or designee or designee 	

- PERFORMANCE ANALYSIS:**
- RECRUITMENT EFFORTS**
- Recruitment efforts focused on “word of mouth” and indeed recruiting of independent contractors. No significant advertising expenses were incurred.
 - Internal job postings to all employees with interviews, whether advertising outside of company or not; Indeed (internet), word of mouth, referrals
- RETENTION EFFORTS**



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- Competitive compensation and excellent benefits package.
- IDENTIFICATION OF ANY TRENDS IN PERSONNEL TURNOVER**
- There has been very few staff turnover in the past year.
- REVIEW OF PROCESS / PERFORMANCE IMPROVEMENT PLANS IN HUMAN RESOURCES**
- NA

AVERAGE CASE LOADS					
Increase in # of clients treated and units of service	<ul style="list-style-type: none"> # of discharged clients Units of Service 	An increase in # of clients treated, and Units of Service will yield an increase in revenue and profit to the organization and may result in additional funding and profitability to the organization	<ul style="list-style-type: none"> Quarterly 	<ul style="list-style-type: none"> Executive Management Team or designee Program Committee 	<ul style="list-style-type: none"> Projected increase in clients of 10% from baseline.

PERFORMANCE ANALYSIS:

RESULTS:	# of Clients Served	% Increase in billing
	Increase in clients from baseline	% of annual budget
October - December 2022	30%	10%
January – June 2022	60%	27%



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ACTION PLAN:

- No change

TIME LINE: Monitor Monthly and Quarterly

DOMAIN: RISK – FINANCIAL

Definition: Achieving desired results will create and maintain an organization that is financially viable and stable

PROFIT / LOSS

Improve financial stability of organization	Profit / Loss Statement for fiscal year per financial audit	A financially stable organization will demonstrate stability and profitability in order to expand services	Annually	<ul style="list-style-type: none"> • Annual financial audit • Executive Team or designee 	Watson Community Health Centre will demonstrate a profit of 10% for FY2022
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PERFORMANCE ANALYSIS:

RESULTS: The Net Profit for Watson Community Health Centre exceeded the targeted benchmark. *Refer to WCHC Budget.

DOMAIN: RISK – HEALTH & SAFETY

Definition: Achieving desired results will create a safe environment for clients, staff, visitors

EMERGENCY EVACUATION REPORT



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Reduction in deficiencies noted within the Emergency Evacuation Report	Identified deficiencies needing correction per report	Reduction in emergency deficiencies will create a protective environment for Watson Community Health Centre client and staff and reduce financial risk to organization	Annually	<ul style="list-style-type: none"> Emergency Evacuation Report Program Director or designee 	Improvement in environment safety; reduction of potential financial loss
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PERFORMANCE ANALYSIS:

RESULTS:

- A total of 12 Emergency Evacuation drills have taken place in the last 7 months.
- Average Egress Time: Approximately 10 minutes

<u>LOCATION</u>		Clinical / Administration	
<u>COUNT</u>		(7)	
<u>SHIFT</u>	Day	Narrative	
Medical Emergency (1)	1		
Utility(1)	1	An unscheduled (actual situation) utility failure occurred. There was a short power outage and all staff and other occupants followed the necessary procedures. Through the outage it was discovered that the battery backup system of the WCHC Server was no longer working. This increased the total time of the drill due to the server having to reboot before normal business could resume. Total length of time of the drill: 15 minutes (due to server restarting).	



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Natural Disaster (1)	1	Due to extreme cold, an unscheduled (actual situation) occurred which resulted in the facility's closing early and remaining closed the following day. The decision to close was made by the administrative staff based on the forecasts of the extreme temperature. The staff were notified via email and phone, and they were instructed to cancel all appointments for the following day and contact the client to inform them. The outcome was the building closed 2 hours early and remained closed the following day.
Violence (1)	1	N/A
Bomb Threat (1)	1	An unannounced bomb threat drill was conducted via a simulated phone threat. The staff member answering the call, completed the bomb threat checklist and informed a nearby staff member of the situation via a note. The CEO was informed immediately, and they proceeded to inform all building occupants of the situation. This was the first bomb threat drill to be conducted. The length of time for the Bomb Threat Drill was 8 minutes, and to evacuate was 12 minutes, which was the total time to confirm everyone had exited the building and in their designated areas. These will be used as a baseline and future drills will seek to reduce the times.
Fire (1)	1	An unannounced fire drill was conducted, all staff, clients and visitors cooperated with the fire drill. It was conducted during normal business hours during the morning which is generally busier. The length of time to evacuate the building was 2:57 which higher than the previous year, and the total time to complete the drill was 8 minutes which was significantly higher than the previous year. It took 13 minutes to confirm all occupants were in their designated locations outside.



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ACTION PLAN:

- Continue 7 types of Emergency Evacuation Drills on an annual basis. If specific drill lengths are identified as being too long, then the drills should be conducted semi-annually until the length of the drill is reduced. In the case of a national pandemic, as with COVID-19, continue to follow the best practices set forth by the Centers for Disease Control (CDC).
- Other action items related to the unscheduled drills are addressed in the situation's critical incident report.

TIME LINE:

- Annually



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CRITICAL INCIDENTS

Reduction in number of identified critical incidents	<ul style="list-style-type: none"> # of critical incidents reported Clients, employees, visitors 	Reduction in critical incidents will create a protective environment for Watson Community Health Centre/ staff and reduced financial risk to organization	As submitted	<ul style="list-style-type: none"> Critical Incident Form Management Team or designee 	Identification and reduction in areas of potential financial risk by analysis of CI and reductions
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PERFORMANCE ANALYSIS:

LOCATION OF INCIDENT: A total of 9 critical incidents were filed in the past 12 months.

INCIDENT TYPE	LOCATION	Clinical / Administration	Narrative
Injury / Illness Requiring Professional Medical Intervention		1	See Below
Physical Injury to Client / Staff		0	See Below
Physical Aggression/Assault		0*	See Below
Alleged Client Abuse or Neglect		0*	See Below
Major Adverse Behavior Incident		0	See Below
Other		3	See Below
*One incident classified as both types.			See Below



Watson Community Health Centre

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There were no other types of incidents in the past 12 months



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Causes:

Injury/Illness Requiring Medical Attention

The one incident requiring medical attention were results of pre-existing medical conditions of the clients.

Physical Injury to Client/Staff

No physical injuries reported by Watson Community Health Centre staff, clients, or visitors.

Physical Aggression/Assault

No physical Aggression/Assault reported by Watson Community Health Centre staff, clients, or visitors. .

Alleged Client Abuse or Neglect

No client abuse or neglect reported by Watson Community Health Centre staff, clients, or visitors.

Major Adverse Behavior Incident

No major adverse Behavior incident by Watson Community Health Centre of, clients, or visitors.

Other

The incidents that were classified as other area verbal altercation between a Mother and Daughter. The causes were prior incidents that had occurred outside of the building. The other incident was the discovery of German Cockroaches in a staff member's office as a result of meeting with a client who had German Cockroaches in their home. The third situation was with a family member who became loud and upset because of having to wait for a client, who was being seen for a scheduled appointment.



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Trends:

The one trend that has been identified is a client with pre-existing conditions having incidents that require medical attention.

Actions for Improvement and Results of Performance Improvement Plans:

Due to the frequency of those situations, special attention is paid to that part of the training. Also, additional training is provided to certain staff members who are trained annually in CPR. Actions for improvements of the other items are specific to the various incidents and have been remedied accordingly. The medical attention situations are more difficult to remedy; however, all staff members are trained annually in health and safety.

Necessary Education/Training and Prevention of Recurrence:

Through the annual trainings and ongoing reviews and participation in emergency drills, the staff receives the necessary education to prevent reoccurrences and to ensure all situations are handled appropriately.

Internal and External Reporting Requirement:

All incidents were reported internally within the required period of time and reviewed by the appropriate staff members. None of the incidents required external reporting. The physical aggression/injury situation was discussed among the appropriate Management Team members, including Program Administrators, to decide if the police should be contacted. However, since the report was made neither from the person themselves, nor directly to a Watson Community Health Centre staff member, it was decided that the police would not be contacted due to a concern of causing additional harm. The person is now receiving services at Watson Community Health Centre. Further action or reporting was not required at that time. The Major Adverse Behavior Incident was discussed at the time with all staff present to ensure the safety of staff, visitors and clients of Watson Community Health Centre.

Other



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In the annual review of the critical incidents, an inconsistency with the versions of the forms was identified. Staff members were made aware that the correct form contains “Wandering/Elopement” and “Sexual Assault” listed in the type of incident. The correct form was distributed, and all outdated versions have been disposed of.

HEALTH AND SAFETY SELF – INSPECTION REPORT

Reduction in # of H & S citing’s	# of Health and Safety issues cited in report	Reduction of risk to clients, visitors and staff	Semi-Annual	• Health and Safety Inspection Report	Zero Health and Safety citing’s
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PERFORMANCE ANALYSIS:

RESULT:

- A total of 8 Health and Safety Self-Inspections were completed for our site in the past 9 months.
- There were no deficiencies identified.

ACTIONS TO BE TAKEN:

No actions were necessary from the Health and Safety Internal Inspections

RESULTS OF PERFORMANCE IMPROVEMENT PLANS:

- NA

NECESSARY EDUCATION AND TRAINING OF PERSONNEL

- NA

TIME LINE:

- Continue to conduct Health and Safety Self-Inspections every month



Watson Community Health Centre

Performance Measurement and Management Analysis

Objective	Indicator	Rationale	Time of Measure	Data Source / Obtained by	Expected Outcome
	What are you counting? Who is relevant and to be counted?		When will we measure?	Where is data located? Who is responsible for obtaining the data?	