

Excellent Care for All

Quality Improvement Plans (QIP): St. Joseph's Care Group (SJCG) Progress Report for 2018/19 QIP

Quality Dimension	Measure/Indicator from 2018/19	Org Id	Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance Results 2018-19	Comments
Client Centred	"How would you rate the overall quality of care you (or your family member) have received?" Good and Excellent % response 2017 Survey	Bethammi	75.7	79.5	90.5	Current performance is based on 2018 Survey Results. This indicator will not continue for 2019-20. The focus for 2019-20 will be improving communication with clients and families. Improving communication between our people, clients and families is a key component within SJCG Model of Client-Centred Care
		HRM	79.5	83.50	77.7	
	"How would you rate the overall quality of care you (or your family member) have received?" Excellent (complex care, rehabilitation, addictions & mental health services) (%; Survey respondents 2017; In-house survey)	Hospital	71	73	76.8	
Safe	Medication reconciliation at discharge: Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion of the total number of patients discharged.) Oct – Dec 2017	Hospital	65	70	83	Current performance based on Oct-Dec 2018 results showing good improvement from prior year to move towards theoretical best of 100%. This will continue as a safety priority for 2019-20 QIP.
	Number of workplace violence incidents reported by hospital/long-term care home workers (as defined by OHSA) within 12 month period. Jan-Dec 2017	Hospital	62	62	67	Current performance based on Jan-Dec 2018 period. The number of reported incidents has increased. This indicator continues to be a mandatory safety priority for 2019-20 QIP.
		Bethammi	22	22	28	
		HRM	124	124	180	
	Percentage of residents who were given antipsychotic medication without psychosis in the 7 days preceding their resident assessment (%; LTC home residents; Oct 2016- September 2017; CIHI CCRS)	Bethammi	14	14	12.21	Current performance based on Oct 2017-Sept 2018 has improved from prior year. We are continuing with this priority for 2019-20.
		HRM	24	20	23.67	

Quality Dimension	Measure/Indicator from 2018/19	Org Id	Performance as stated on QIP2018/19	Target as stated on QIP 2018/19	Current Performance Results 2018-19	Comments
	Percentage of residents who were physically restrained every day during the 7 days preceding their resident assessment (%; LTC home residents; Oct 2016 - September 2017; CIHI CCRS)	Bethammi	16.3	10	15.85	Current performance based on Oct 2017-Sept 2018 has improved from previous year. We will continue with this priority for 2019-20.
		HRM	29.2	20	25.06	
Effective	Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital? Response to Yes, Definitely	Hospital	Collecting Baseline	Collecting Baseline	Collecting Baseline	Initially, this survey question was administered to clients in hospital just prior to discharge. It has been determined this process is not the best way to capture the client's perspective. The team is reviewing alternative methods to administer the question such as a telephone call post-discharge. This indicator will continue as an internal priority for 2019-20.
	Number of ED visits for modified list of ambulatory care–sensitive conditions per 100 long-term care residents. Oct 2016-Sept 2017	Bethammi	23	21	10.42	Current performance based on Oct 2017-Sept 2018 is showing improvement from previous year. This will continue as a priority for 2019-20 QIP.
	HRM	20.5	18.5	16.33		
Efficient	Total number of alternate level of care (ALC) days contributed by ALC patients within the specific reporting month/quarter using near-real time acute and post-acute ALC information and monthly bed census data (Rate per 100 inpatient days; All inpatients; July – September 2017)	Hospital	35	32	40.0	Current performance based on results from July-Sept 2018 is showing increase from prior year baseline. Based on Oct –Dec 2018 results, performance is starting to improve with results at 37%. This indicator will continue as a priority for 2019-20 QIP.
Timely	90 th Percentile Wait in Acute Care for Rehabilitative Care Bed - Time in days from date of referral from Thunder Bay Regional HSC (acute care) to admission to inpatient complex care and physical rehabilitation (excluding hospice, transitional care and mental health). Oct-Dec 2017	Hospital	7	5	7	Current performance based on results from Oct – Dec 2018 has not changed. This will continue as priority for 2019-20 QIP.
	Number of Days (average) to fill bed from date of vacancy. Date of admission minus date bed is available. (July to Dec 2017) Strata Referrals	Bethammi	7	5	14	Current performance based on Oct-Dec 2018 period. Work is continuing with North West LHIN Home and Community Care to improve time to fill a long-term care home bed. This will continue as an internal priority for 2019-20.
		HRM	10	5	9	

HRM = Hogarth Riverview Manor
Bethammi = Bethammi Nursing Home
Hospital = St. Joseph's Hospital