

2019/20 Quality Improvement Plan
"Improvement Targets and Initiatives"

ST. JOSEPH'S HOSPITAL



St. Joseph's Care Group 35 North Algoma Street Box 3251

AIM		Measure						Change				
Quality dimension	Issue	Measure/Indicator	Unit / Population	Source / Period	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Client Centred	Service Excellence	"How often did staff listen carefully to you?" Always	Complex Care/Physical Rehabilitation/ Addictions and Mental Health	In house survey 2018	75.60%	83%	Improve results by 10% from current performance	Each care area will implement strategies focused on daily communication between our people, clients and families that promote listening, understanding, and client centered care principles.	Guided by the client satisfaction and client-nurse therapeutic relationship survey results, clinical directors and managers with their teams will develop and implement a daily communication method.	1)Percentage of care areas implemented by June 30, 2019	100%	Listening is key to developing a therapeutic relationship with clients and their families and supports the principles of our Client-Centred Care model.
Efficient	Access to right level of care	Percent Alternate Level of Care (ALC) Days. Total number of 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	WTIS, CCO, BCS, MOHLTC /July-Sept 2018	40%	36%	Decrease by 11% from current performance	1)Plan for the opening of 64 long-term care beds at Hogarth Riverview Manor	Continue to meet long-term care home compliance requirements and have staffing in place.	Beds open with 100% occupancy.	April 2020	There is a shortage of available personal support worker staff. This limitation is extending the timeline to open the 64 beds.
								2) Continue weekly meeting of Joint Discharge Operational Team (JDOT) involving North West Home and Community Care Staff				

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Effective	Medication Safety	Medication reconciliation at discharge: Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients discharged.	Rate per total number of discharged patients / Discharged patients	Hospital collected data / October – December (Q3) 2018	83	85	This is an interim target to move towards theoretical best of 100%.	1) Educate clients and families about importance of medication reconciliation and their role in process.	The Medication Reconciliation Committee will implement the ISMP 5 Question poster (5 questions to ask about your medications when you see your doctor, nurse or pharmacist) to educate clients and families about the importance of medication reconciliation and their role in the process.	Percentage of inpatient areas implementing the posters.	100%	This initiative is carryforward from 2018-19.
								2) Implement new Medication Reconciliation model with Pharmacy Technicians.	Develop plan to implement new model which will include clarification of roles for pharmacy technician, nursing, physicians and pharmacist lead.	1) Plan Developed 2) Implement plan	1) June 30 2) Sept 30	
Safe	Workplace Violence	Number of workplace violence incidents reported by hospital workers (as defined by OSHA) within a 12 month period.	Count / Worker	Local data collection / January - December 2018	67	67	Target based on not exceeding current performance.	1) Complete violence risk assessments in all areas	1) Occupational Health & Safety will schedule and support programs/departments to complete assessments.	1) Percent of violence risk assessments completed	80% by Mar 31, 2020	FTE=690.8
								2) Complete Code White evaluation after each code white incident.	1) Manager of area calling code white, review and submit completed code white evaluation form to Occupational Health & Safety.	1) Percent of code white incidents with evaluation form completed.	85%	
								3) Conduct root cause analysis of code white incidents to evaluate the effectiveness of harm reduction tactics.	1) Occupational Health & Safety along with each clinical division, conduct root cause analysis to identify and implement improvement factors to reduce future incidents.	1) Percent of code white incidents with root cause analysis completed	20%	
								4) Review incidents and risk assessment data to identify themes	1) Occupational Health & Safety conduct data review, identify risk themes and work with Collaborative Practice to develop action plan to address.	Data review complete and action plan in place	June 30, 2019	

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Timely	Timely access to care/services	Acute Care Wait Time for Rehabilitative Care Bed	90th percentile in days from date of referral to date of admission to a rehabilitative care bed	In house data collection / Oct-Dec 2018	7	3	Target based on Ontario Rehabilitative Care Alliance recommendations	1)Improve discharge planning process to reduce delays in discharge	1)Establish standardized process for management review/approval of length of stay extension requests in complex care - medically complex and geriatric rehabilitative care inpatient programs.	1)Percent of case reviews completed where date of discharge exceeded target discharge date	90%	This indicator excludes hospice, transitional care and mental health. Wait time is also impacted by alternate level of care rate.
								2)Establish "Pull" Admission Process for clients in acute care no longer requiring acute care services	1) In collaboration with acute care utilization coordinators, utilize 24 assessment bed unit in complex care to expedite transition of clients from acute care to most appropriate post-acute care service. Actions include establishing a shared understanding of acute care clients eligible for rehabilitation services through education, identify acute care clients earlier and establish a real time joint review of eligible clients.	1) Wait Time from date of referral from acute care to admission to complex care assessment unit; 2) Percent discharged home from complex care	1)3 days 2)80%	This is a collaborative initiative between Thunder Bay Regional Health Sciences Centre (TBRHSC) and St. Joseph's Care Group that can potentially reduce number of new ALC designations to Long-Term Care