

Access and Flow | Timely | Custom Indicator

| | Last Year | | This Year | |
|--|-----------------------|------------------|-----------------------|------------------|
| Indicator #19 | 9 | 6 | 6 | NA |
| Wait time in acute care (days) for inpatient Rehabilitative Care (Medically Complex, Rehabilitation, Geriatric Assess and Restore) (St. Joseph's Care Group) | Performance (2023/24) | Target (2023/24) | Performance (2024/25) | Target (2024/25) |

Change Idea #1 Implemented Not Implemented

Develop and implement acute/post-acute care transition process improvement in collaboration with system partners, Thunder Bay Regional Health Sciences Centre, Long-Term Care, Home and Community Care Services

Process measure

- Process improvements implemented

Target for process measure

- Process improvements implemented by September 2023

Lessons Learned

Completed gap analysis related to transitions with acute care (emergency department). Established Acute-Rehabilitation Transitions Committee and participating with North West OHT Health Access and Flow Work Group. Developed process to monitor access and flow performance through Quality Committee structure.

Comment

Reducing wait time will continue as a priority for 2024-25.

Equity | Equitable | Custom Indicator

| | Last Year | | This Year | |
|---|-----------------------|------------------|-----------------------|------------------|
| Indicator #1 | 65 | 75 | 75 | NA |
| Number of referrals for Indigenous Traditional Healing and Medicine (St. Joseph's Care Group) | Performance (2023/24) | Target (2023/24) | Performance (2024/25) | Target (2024/25) |

Change Idea #1 Implemented Not Implemented

Provide education to increase staff knowledge of Traditional Healing and Medicine

Process measure

- Percentage of inpatient units receiving a staff education session.

Target for process measure

- By March 31, 2024, 100% of inpatient units will have received a staff education session.

Lessons Learned

Implementing a Traditional Healing Self-Learning Module was an efficient way to increase staff knowledge.

Comment

Current performance period is April 2023 to December 2023.

Experience | Patient-centred | **Custom Indicator**

| | | Last Year | | This Year | |
|--|--------------------------------------|-----------------------|------------------|-----------------------|------------------|
| Indicator #12 | Rehabilitative Care Inpatient | | | | |
| Percentage of respondents who responded "Completely" to "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?" (St. Joseph's Care Group) | | 49 | 51 | 51 | NA |
| | | Performance (2023/24) | Target (2023/24) | Performance (2024/25) | Target (2024/25) |

Change Idea #1 Implemented Not Implemented

Assess post-discharge survey data to Identify gaps and develop and implement improvement strategies that address priorities

Process measure

- Implement improvement strategies.

Target for process measure

- Improvement strategies implemented by June 30, 2023

Lessons Learned

Identified improvement needed with patient-oriented discharge summary process. Actions underway to improve.

| Indicator #5 | Rehabilitative Care Inpatient | Last Year | | This Year | |
|---|-------------------------------|-----------------------|------------------|-----------------------|------------------|
| | | Performance (2023/24) | Target (2023/24) | Performance (2024/25) | Target (2024/25) |
| Percentage of respondents who responded "Always" to the following question "How often did staff involve you in planning your (or your family member's care)"? (St. Joseph's Care Group) | | 44.60 | 46.60 | 52.50 | NA |

Change Idea #1 Implemented Not Implemented

Develop standardized care planning processes for inpatient care

Process measure

- 1. Redesigned Care Plans; 2. Implement redesigned care plan and new process, including documenting client goals on whiteboard

Target for process measure

- 1. Redesign care plan by Sept 30, 2023 2. Implement new care plan process by January 2024

Lessons Learned

Re-design process delayed until early 2024. Focus on re-design will include care planning for clients with Substance Use Disorder and Complex Behaviours. Substance Use Care Planning Working Group has been established.

| | | Last Year | | This Year | |
|---|---------------------------------------|--------------------------|---------------------|--------------------------|---------------------|
| Indicator #14 | Rehabilitative Care Outpatient | 53 | 55 | 47.30 | NA |
| Percentage of respondents who responded "Yes Definitely" to the question "Do you feel that you can raise a concern about staff without it affecting your (or your family member's) care?" (St. Joseph's Care Group) | | Performance (2023/24) | Target (2023/24) | Performance (2024/25) | Target (2024/25) |

Change Idea #1 **Implemented** **Not Implemented**

Using multiple strategies, provide information to all clients on how to make a compliment/complaint.

Process measure

- Percentage increase in complaints received from complaint database.

Target for process measure

- 10% increase in complaints received.

Lessons Learned

Pamphlets and rack cards have been made available to all clients.

Scripted message developed and staff using to inform clients on first visit.

Poster posted in high traffic areas and drop box implemented.

Change Idea #2 **Implemented** **Not Implemented**

Strengthen processes to support Indigenous clients to report a concern.

Process measure

- Identify processes to improve and implement

Target for process measure

- Improvements implemented by July 31, 2023

Lessons Learned

Geriatric Telemedicine and RDP/NDP programs participated in Self ID that will facilitate connecting Indigenous clients with Indigenous Health Services to support clients to report a concern.

Will continue to engage with Indigenous Health Team to strengthen processes, work will continue on 2024/2025 QIP Plan. Update difficult to assess as there was no a good baselines to compare change but this should improve as we collect data over time to see if this changes.

Indicator #13 Mental Health Inpatient

Percentage of respondents who responded "Yes Definitely" to the following question "Do you feel that you can raise a concern about staff without it affecting your (or your family member's) care?"
(St. Joseph's Care Group)

Last Year

18.50

Performance
(2023/24)

20.50

Target
(2023/24)

This Year

35

Performance
(2024/25)

NA

Target
(2024/25)

Change Idea #1 **Implemented** **Not Implemented**

Ensure clients know how to raise concerns and that they are protected from negative consequences as a result of raising those concerns.

Process measure

- Number of locations where information is posted

Target for process measure

- 6 high traffic locations within two units

Lessons Learned

Some clients accessing inpatient mental health services are doing so involuntarily and sensitivity must be ensured when discussing these concerns; clients may not feel their concerns are heard/addressed if the outcome they seek is discharge.

Change Idea #2 **Implemented** **Not Implemented**

Strengthen processes to support Indigenous clients to report a concern.

Process measure

- Identify processes to improve and implement

Target for process measure

- Improvements implemented by July 31, 2023.

Lessons Learned

Increased work with the Indigenous Health Team has supported dialogue for clients who have requested traditional supports.

| | | Last Year | | This Year | |
|--|--------------------------------|-----------------------|------------------|-----------------------|------------------|
| Indicator #18 | Mental Health Inpatient | CB | CB | 45 | NA |
| Percentage of respondents who responded positively to "Did you feel you received adequate information about your health and your care at discharge? (St. Joseph's Care Group)" | | Performance (2023/24) | Target (2023/24) | Performance (2024/25) | Target (2024/25) |

Change Idea #1 Implemented Not Implemented

A process will be developed to monitor follow up and inform changes to the process to support a client-centred approach.

Process measure

- Percent of discharged clients for whom a discharge phone call was completed.

Target for process measure

- 80% of discharged clients, a follow-up phone call will be recorded.

Lessons Learned

80% of clients received a call within 7 days of discharge in last quarter (Oct to Dec 2023)

Indicator #17 Rehabilitative Care Inpatient
 Percentage of respondents who responded "Yes, Definitely" to the following question "Do you feel that you can raise a concern about staff without it affecting your (or your family member's) care?" (St. Joseph's Care Group)

Last Year

23.10

Performance
(2023/24)

25.10

Target
(2023/24)

This Year

31.30

Performance
(2024/25)

NA

Target
(2024/25)

Change Idea #1 Implemented Not Implemented

Using multiple strategies, provide information to all clients on how to make a compliment/complaint.

Process measure

- Percentage increase in complaints received

Target for process measure

- 10% increase in number of complaints received

Lessons Learned

Signage outlining Compliment and Concern process developed and implemented on all inpatients units and common spaces. Signage includes QR code to access online process.

Change Idea #2 Implemented Not Implemented

Strengthen processes to support Indigenous clients to report a concern.

Process measure

- Identify processes to improve and implement

Target for process measure

- Improvements implemented by July 31, 2023

Lessons Learned

Continue to engage Indigenous Health Team to strengthen processes, work will continue on 2024/2025 QIP Plan

| | | Last Year | | This Year | |
|--|--------------------------------|-----------------------|------------------|-----------------------|------------------|
| Indicator #8 | Mental Health Inpatient | 29.20 | 32.20 | 61.90 | NA |
| Percentage of respondents who responded "Always" to the following question "How often did staff involve you in planning your (or your family member's care)? (St. Joseph's Care Group) | | Performance (2023/24) | Target (2023/24) | Performance (2024/25) | Target (2024/25) |

Change Idea #1 Implemented Not Implemented

Track percentage of clients for whom Wellness Plan is completed to ensure process is sustained.

Process measure

- Percentage of clients for whom a wellness plan is developed within four weeks of admission.

Target for process measure

- 90% of clients will have a completed wellness plan within four weeks of admission.

Lessons Learned

Implemented in quarter 2 with 81% of clients having a wellness plan developed within four weeks of admission.

| Indicator #9 | Rehabilitative Care Inpatient | Last Year | | This Year | |
|---|-------------------------------|-----------------------|------------------|-----------------------|------------------|
| | | Performance (2023/24) | Target (2023/24) | Performance (2024/25) | Target (2024/25) |
| Percentage of respondents who responded "Always" to the following question "How often did staff listen carefully to you?" (St. Joseph's Care Group) | | 50 | 52.60 | 50.80 | NA |

Change Idea #1 Implemented Not Implemented

Adopt consistent use of the bedside client whiteboard tool to engage client in a daily conversation about their personal goals of care

Process measure

- Percentage of whiteboards completed appropriately, as identified through weekly auditing process

Target for process measure

- 80% of whiteboards completed appropriately on each unit; evaluated through weekly auditing process

Lessons Learned

Whiteboard audits implemented and reviewed with staff. Unit huddles used to reinforce expectations on consistent use of whiteboards.

Safety | Safe | Priority Indicator

| | Last Year | | This Year | |
|--|--------------------------|---------------------|--------------------------|---------------------|
| Indicator #2 | 60 | 60 | 74 | NA |
| Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period. (St. Joseph's Care Group) | Performance (2023/24) | Target (2023/24) | Performance (2024/25) | Target (2024/25) |

Change Idea #1 **Implemented** **Not Implemented**

Continue Gentle Persuasive Approach (GPA) training for staff on Inpatient Units and explore strategies that support early client de-escalation and minimize Code Whites e.g. Aggressive Behaviours Response Team.

Process measure

- Complete assessment of current state and develop a process for ongoing education.

Target for process measure

- Current state assessment completed and process developed by June 30th

Lessons Learned

Process developed for on-going GPA education. Providing one education session per month.

Change Idea #2 **Implemented** **Not Implemented**

In Rehabilitative Care inpatient, develop resources and supports for staff and clients to minimize the risks of workplace injuries specific to client substance use

Process measure

- Staff education program developed.

Target for process measure

- Education program developed by September 30, 2023

Lessons Learned

Responsive Behaviour Working Group meeting monthly to provide guidance to staff.
Behaviour Support staff hired to support clients and staff. Currently in trial phase.

Comment

Current performance Jan 2023 to Dec 2023