

Access and Flow | Timely | Custom Indicator

Indicator #14	Last Year		This Year		
	6.00	4	7.00	--	NA
90th percentile Acute Care wait time for a Rehabilitative Care Bed. The time in days from date of acute care referral to date admitted to rehabilitative care bed (St. Joseph's Care Group)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Further develop and implement acute/post-acute care process improvements that support client transitions in collaboration with all system partners, e.g Thunder Bay Regional Health Sciences Centre, Long-term Care, Home and Community Care Services

Process measure

- 1. Structured Transitions in Care workplan that supports client flow and improves processes, practices and pathways for clients requiring alternate levels of care is complete
- 2. Number of improvement opportunities identified and prioritized by Q4 and the top priority implemented by Q4 based on the gap analysis which addressed on MOH Direction - Rehabilitation and Complex Continuing Care Care Capacity and Flow Inpatient Rehab.

Target for process measure

- 1. Time in days from date of acute care referral to date admitted to rehabilitative care bed
- 2. Occupancy Rate >95%
- 3. ALC throughput >1

Lessons Learned

Intentional and consistent engagement and collaboration with system partners has improved communication and contributed to better client flow. Ongoing advocacy is required to support transitions of clients with increased care needs i.e. supportive housing, mental health and addiction treatment options

Equity | Equitable | Custom Indicator

	Last Year		This Year		
Indicator #17	57.00	62	143.00	--	NA
Number of referrals for Indigenous Traditional Healing and Medicine (St. Joseph's Care Group)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Self-ID implementation, department/program education (services/referral pathways)

- Process measure

 - 1. Individual program processes established. 2. All departments/programs are aware of the Self-ID process and Indigenous Health department/Traditional Healing services

Target for process measure

 - Self-ID rolled out in 95% clinical areas by June 2024

Lessons Learned

Unique program needs, HR challenges need to be considered as risk to meeting deliverables and timelines with multi-year, large scale projects.

Indicator #26	Last Year		This Year		
	73.00	90	83.00	--	NA
Percentage of staff who have completed relevant equity, diversity, inclusion, anti-racism education - Wake the Giant (all staff) (St. Joseph's Care Group)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Develop communication and promotion strategy for all staff

- Process measure
- Communication plan complete by Q2
- Target for process measure
- 100 % promotion activities complete by Q3

Lessons Learned

Inter-departmental collaboration helpful to support knowledge sharing and efficiencies. Staying up to date with the data supports proactive response to future needs.

Indicator #23	Last Year		This Year		
	CB	75	69.00	--	NA
Percentage of staff who have completed relevant equity, diversity, inclusion, anti-racism education - Repairing the Sacred Circle 2 (Management) (St. Joseph's Care Group)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Develop communication and promotion strategy to all management of the identified education.

Process measure

- Communication plan complete by Q2.

Target for process measure

- 100% communication/promotion roll out complete by end of Aug 2024

Lessons Learned

Inter-departmental collaboration helpful to support knowledge sharing and efficiencies. Staying up to date with the data supports proactive response to future needs.

Experience | Patient-centred | Custom Indicator

Indicator #9	Last Year		This Year		
	52.50	55	48.50	--	NA
"How often did staff involve you in planning your (or your family members') care?"	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Response: Always (St. Joseph's Care Group)					

Change Idea #1 ☒ Implemented ☐ Not Implemented

Revise and standardize care planning processes to ensure that they are client-centred, timely and goal-oriented based on 2023/24 QIP care planning improvement initiatives.

Process measure

- Number of Inpatient Rehab. Units that implement/integrate new care panning principles and processes

Target for process measure

- Implementation/ integration of new care panning principles and processes on 100% of Inpatient Rehab Units

Lessons Learned

A sustainability plan and ongoing education will likely be required to maintain/improve performance.

	Last Year		This Year		
Indicator #10	62.00	65	43.50	--	NA
"How often did staff involve you in planning your (or your family members') care?"	Performance	Target	Performance	Percentage Improvement	Target
Response: Always (St. Joseph's Care Group)	(2024/25)	(2024/25)	(2025/26)	(2025/26)	(2025/26)

Change Idea #1 ☒ **Implemented** ☐ **Not Implemented**

Continue to initiate Wellness planning within 4 weeks of admission

- Process measure**
 - Number of Wellness plans reported by staff and tracked by the PSR Coordinator
- Target for process measure**
 - 80% completion of Wellness planning within 4 weeks of admission.

Lessons Learned

Understanding the mix of clients staying in MHR at the time of the survey will support understanding of the results. Clients who are involuntary and have limited passes/LOAs may not feel engaged in planning their care.

	Last Year		This Year		
Indicator #13	50.80	53	58.30	--	NA
"How often did staff listen carefully to you?"					
Response: Always (St. Joseph's Care Group)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Formalize a process utilizing the client white board to promote listening and enhance communication with clients and their care team. When done collaboratively the white boards enhance equal partnership in clients plan of care

Process measure

- 1. Formal process in place to utilization of white boards 2. Share education at all QPCs 3. Collect baseline data 4. Establish an action plan

Target for process measure

- 1. Process complete May 2024 2. 100% June 2024 3. Collected- June 2024 4. Action plan complete- Sept 2024

Lessons Learned

- Integrate into future practice
- Managers/teams to talk about boards at huddles
 - CRCs trained as after-hour resource; PPLs to support as needed
 - Built into new hire orientation package (provided on Day 2 Nursing Skills Orientation)
 - Support at unit level on orientation of new hires
 - One on one education as needed

Indicator #1	Last Year		This Year		
	51.00	54	52.00	--	NA
"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?"	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Response: Completely (St. Joseph's Care Group)					

Change Idea #1 ☒ Implemented ☐ Not Implemented

Evaluate PODS audits, post-discharge call back and remote care monitoring data to identify gaps and develop and implement improvement strategies that address priorities

Process measure

- 1. Data reviewed and priority areas for improvement identified 2. Action plan developed 3. Priorities implemented

Target for process measure

- 1. Process completed May 2024 2. Action plan developed by July 2024 3. Priorities implemented by Sept 2024

Lessons Learned

PODS and Medication Reconciliation is to be integrated into future practice to support the full implementation of the change idea. A review of the question being asked is necessary to ensure the question reflects what we are trying to achieve.

Indicator #2	Last Year		This Year		
	45.00	47	100.00	--	NA
"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?"	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Response: Completely (St. Joseph's Care Group)					

Change Idea #1 ☒ Implemented ☐ Not Implemented

Monitor discharge calls from Social Work within 7 days of discharge to support questions and provide information or resources post discharge.

Process measure

- Number of Post Discharge calls made each month

Target for process measure

- Achieve 100% of calls within 7 days of discharge

Lessons Learned

Generally clients were satisfied with their stay in MHR noting benefit from the group and individual supports they received. More activities were suggested which has prompted an alteration to the usual planning for Q4.

Indicator #5	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
"Do you feel that you can raise a concern about staff without it negatively affecting your (or your family members') care? Response: Yes Definitely (St. Joseph's Care Group)	32.00	34	35.70	--	NA

Change Idea #1 ☒ **Implemented** ☐ **Not Implemented**

Develop and implement a standardized promotion/communication strategy that informs clients and families about how to raise a concern.

Process measure

- 1. Signage is posted 2. Scripted message developed and shared with staff. 3. Admission package includes " how to raise a concern"

Target for process measure

- 100 % strategies in place by September 2024

Lessons Learned

Performance is based on an annual survey/small client sampling and may not provide a true picture of client experience. Real time surveys may provide a truer picture of performance

Change Idea #2 ☒ **Implemented** ☐ **Not Implemented**

Develop and implement a communication strategy to support Indigenous clients to report a concern to support cultural safety.

Process measure

- Process identified, developed and implemented with N'doo owe Binesi.

Target for process measure

- Improvement initiative in place by Sept. 2024

Lessons Learned

Collaboration with the the N-doo-owe Binesi team continues to be crucial in understanding and developing strategies.

	Last Year		This Year		
Indicator #6	47.30	50	51.90	--	NA
"Do you feel that you can raise a concern about staff without it negatively affecting your (or your family members') care?"	Performance	Target	Performance	Percentage Improvement	Target
Response: Yes Definitely (St. Joseph's Care Group)	(2024/25)	(2024/25)	(2025/26)	(2025/26)	(2025/26)

Change Idea #1 ☒ **Implemented** ☐ **Not Implemented**

Develop and implement a standardized promotion/communication strategy that informs clients and families about how to raise a concern.

Process measure

- 1. Scripted message developed and shared with all clients on first admission 2. Posters put up in 100% high volume client areas

Target for process measure

- 1. 10% increase in complaints received. 2. 100 % Improvements implemented by September 2024.

Lessons Learned

The mail box, although was not used heavily, was most effective in senior's OP. We have learned that providing information to the client earlier is important. Use of posters and rack cards did not seem to have significant impact.

Change Idea #2 ☒ **Implemented** ☐ **Not Implemented**

Develop and implement a communication strategy to support Indigenous clients to report a concern to support cultural safety.

Process measure

- Initiative identified, developed and implemented with N'doo'owe Binesi.

Target for process measure

- Initiative implemented by Sept. 2024

Lessons Learned

Collaboration with the the N-doo-owe Binesi team continues to be crucial in understanding and developing strategies.

Safety | Safe | Custom Indicator

	Last Year		This Year		
Indicator #20	74.00	67	95.00	--	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 (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☒ Implemented ☐ Not Implemented

Develop a Policy and Procedure (P&P) for Responsive Behaviours for Rehabilitative Care Division

Process measure

- Policy and Procedure is drafted, completed and approved, and rolled out

Target for process measure

- Policy complete and rolled out to all clinical staff by Dec 31/24)

Lessons Learned

Strong engagement with front-line and management is required and takes time. The applicability of this policy could be corporate based on work completed. It was also found that staff needed guidance with the policy so a SOI is being created.