

## 2020/21 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 Issue	Quality dimension	Measure/Indicator	Unit / Population	Source / Period	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Service Excellence	Client Centred	Percent response "How often did staff listen carefully to you?" <b>Always</b>	Addictions & Mental Health; Rehabilitative Care	In house survey 2019	76.70%	80%	Improve results by 4% from current performance	1) Evaluate 2019 client experience survey results, develop and implement change ideas.	Programs will review their results and use their client and family engagement structure to identify areas for improvement.	Change ideas implemented	June 2020	Improving communication is key to developing a therapeutic relationship with clients and their families.
								2) Rehabilitative Care Inpatient Services White Board Evaluation	Inpatient services will evaluate the effectiveness of the new white boards with feedback from clients & families and continue with staff re-education and redesign of process, as required.	Evaluation completed.	June 2020	The white boards were re-designed in 19-20 to improve communication with clients and families with a focus on 'listening carefully' and supporting the therapeutic relationship.
Timely and Efficient Transitions	Efficient	Percent Alternate Level of Care (ALC) Days. Total number of ALC days contributed by ALC clients 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 2019	37%	36%	Keep existing target due to system challenges related to availability of long-term care home and supportive housing options	1) Work with community partners to develop plan to increase supply of supportive housing.	Identify clients across the healthcare system who have been designated ALC but do not meet eligibility criteria for transitioning to another level of care due to complexity of needs and/or extensive wait times for supported housing	Current and projected number of clients in need of supported housing identified	June 2020	
									Explore innovative models of supported housing, which would be best suited to meet the needs of clients who are under age 65 and living with complex or concurrent health care concerns. Work in collaboration with community partners to identify current and future capacity needs, potential service location(s) and sources of funding.	Determine client centre, effective, efficient model of care and functional design elements Identify potential locations to suit Secure capital and operational funding	June 2021	
	Timely	90th percentile wait in Acute Care for Rehabilitative Care Bed. The time in days from date of acute care referral to date admitted to rehabilitative care bed.	Days/Medically Complex, Physical Rehabilitation, Geriatric Rehabilitation	In house data collection / Oct-Dec 2019	3	3	Target based on Ontario Rehabilitative Care Alliance	1) Sustain Patient Orientated Discharge Summary (PODS) form process and develop a post discharge evaluation strategy	1. Develop a post discharge evaluation strategy	Business Plan developed.	Mar 2021	PODS was successfully implemented in 2019-20

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								2) Evaluate and embed geriatric assessment bed model	1. Participate in provincial Transitions Strategy Evaluation Framework 2. Develop Permanent Funding Proposal	1.Wait Time 2.Funding Obtained	3 days Mar 2021	Geriatric Assessment bed service opened in 2019-20 to improve access to rehabilitative care.
								3) Develop and implement acute/post-acute care transition process improvements	1.Participate in joint Transitional Strategic Steering Committee. 2. Identify priority transition process improvements. 3. Implement priority transition improvements	Change ideas implemented	Mar 2021	Collaborate with Thunder Bay Regional Health Sciences Centre
								4)Develop joint planning strategy for indigenous clients transferring from hospital back to home community.	1. Collaborate with acute and Indigenous partners. 2. Develop transition processes for regional acute and post acute hospitals. 3. Identify resources to support new transitions processes. 4.Implement tests of change.	Change ideas implemented	Mar 2021	Collaborate with Thunder Bay Regional Health Sciences Centre discharge planners to reduce delays in discharge.
Safe and Effective Care	Effective	Proportion of hospitalizations where clients with a progressive, life-limiting illness, are identified to benefit from palliative care, and subsequently (within the episode of care) have their palliative care needs assessed using a comprehensive and holistic assessment.	Hospital	Local data collection / Most recent 6 month period	Collect Baseline	Collect Baseline	Collect Baseline	1)Collect baseline data in a targeted area.	SJCG Regional palliative care program will provide support to hospital	Baseline data collected	Sept 2020	
								2)Develop a structured identification and assessment process	SJCG Regional palliative care program will provide support to hospital	Process developed.	Mar 2021	
	Effective	Medication reconciliation at discharge: Total number of discharged clients for whom a Best Possible Medication Discharge Plan was created as a proportion the total number of clients discharged.	Rate per total number of discharged clients / Discharged clients	Hospital collected data / October – December (Q3) 2019	70	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.	All inpatient areas implemented by June 30, 2020	100%	This initiative is carry forward from 2019-20
								2)Implement new Medication Reconciliation model with Pharmacy Technicians.	Implement new model which will include clarification of roles for pharmacy technician, nursing, physicians and pharmacist lead.	Implement in all inpatient areas by December 2020	100%	This initiative is carry forward from 2019-20 and was delayed due to difficulty in recruiting Pharmacy Technicians.

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	Safe	Number of workplace violence incidents (as defined by OHSA) within a 12 month period.	Count / Worker Hospital site	Local data collection / January - December 2019	82	82	Continue to encourage a reporting culture	1)Gentle Persuasive Approach (GPA)Training	Assess and determine where GPA will be implemented and deliver training as appropriate.	Training completed for group identified.	Mar 2021	FTE = 648 workers at St. Joseph's Hospital