

2022/23 Quality Improvement Plan - Bethammi Nursing Home

"Improvement Targets and Initiatives"

St. Joseph's Care Group 35 North Algoma Street Box 3251, Thunder Bay , ON, P7B5G7



2024 Strategic Plan Priority	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Here for our Clients	Service Excellence	Do residents feel they can speak up without fear of consequences?	Priority	Bethammi Nursing Home	In house survey	Collect Baseline	Collect Baseline	First year for data collection	1. A family support group will be re-initiated. 2. Engage with Compassion Research Lab to identify potential measures and/or interventions re: compassion at front-line.	1. Re-start Family Support Group and share "What's Next" resource 2. Meet with researcher; identify potential for measures and/or interventions; identify pilot area(s)	1. Support Group is Implemented 2. Clear decision re: go/no go and, if going ahead, at least one unit is identified as a pilot.	1. Support Group is initiated by January 2023 2.If home decides to go ahead with compassion lab tools, one unit has implemented by March 2023.	
Here for our Clients	Service Excellence	How often did staff involve you in planning your (or your family member's care)? Always	Custom	Bethammi Nursing Home	In house survey	66.7	68	Increase current performance by 2%	1. Implement pre-admission meetings 2. Families will be called either the evening of admission or the following day.	1. Pilot a pre-admission meeting with families to include one Director, Unit Manager, Social Work and the new Family Engagement Liaison to share information and give residents and families a chance to share needs prior to move-in. 2. Social Work will call family first full day in the home to see how first day went and to identify any immediate feedback and/or need for follow up	1. Percentage of new admissions who receive pre-admission meeting 2. Percentage of families of newly admitted residents who get phone call day after admission.	1. 25% of residents will receive a pre-admission meeting 2. 75% of families of newly admitted residents will receive a phone call day after admission.	
Here for our Clients	Service Excellence	How often did staff listen carefully to you? Always	Priority	Bethammi Nursing Home	In house survey	69.4	70.8	Increase current performance by 2%	1. Make staff members aware of call bell response time through tracking at unit level. 2. Conduct scheduled leader walkabouts	1. Add call bell response time to quality boards to ensure weekly discussion at rocket rounds regarding responsiveness to resident needs. 2. Consistently implement Manager, Director and VP-level formal walkabouts to get client feedback on areas of improvement.	1. Percentage of time that call bell response time is discussed at weekly rocket rounds 2. Number of walkabouts conducted by each management level annually.	1. Call bell response time will be reviewed weekly on both units 80% of the time. 2. Manager - each unit once per month; Directors - two units per month; VP - one unit per month	
Here for our Clients	Safe & Effective Care	The proportion of residents with a progressive, life-limiting illness, that are identified to benefit from palliative care, who subsequently have their palliative care needs assessed using a comprehensive and holistic assessment.	Custom	Bethammi Nursing Home	Local data/Oct to Dec 2021	100	100	Maintain current performance	Formal and routine process to identify individuals who would benefit from a palliative assessment and ensure this is completed.	RAI Coordinator will report all quarterly PPS due dates to clinical team and will follow up with team if not completed Once assessment is complete, team will identify appropriate interventions. As well, materials recently developed with help of the Regional Palliative Care Program will be shared with families.	Percent of residents with a CHESS score 3 who receive palliative assessment	100% of residents with a CHESS SCORE of 3 or more will receive a palliative assessment	

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Here for our People	Safe & Effective Care	Number of workplace violence incidents reported by workers (as defined by OHSA) within a 12 month period.	Priority	Bethammi Nursing Home	Local data collection / Jan - Dec 2021	17	17	Target based on current performance. Continuing to improve the culture of incident reporting.	1. Train staff in Gentle Persuasive Approach (GPA). 2. With enhancement funding, add Therapeutic Recreationists to engage residents and prevent responsive behaviours	1. Direct care staff (registered and unregistered staff) will be trained in the gentle persuasive approach. 2. Home will increase TR complement and activities for residents.	1. Percentage of staff trained by March 2023 2. Increase in number of activities offered to residents.	1. 100% of direct care staff will complete education by March 2023. 2. 10% increase in # of activities offered in Home	