2022/23 Quality Improvement Plan
"Improvement Targets and Initiatives"

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

St. Joseph's Care Group

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	Did clients feel they received adequate information about their health and their care at discharge?	Priority	Hospital-Rehabilitative Care	In house survey	Collect Baseline	Collect Baseline	First year for data collection	Implement a method of data collection to collect baseline data from discharged clients from Inpatient Rehabilitative Care.	1. SJCG Regional Seniors' Care Program Manager will lead hospital to collect baseline data from discharged clients. Question on "did you receive adequate information about their health and their care when they were discharged from the hospital." will be added to Post-Discharge call.	Percentage of clients who were asked the question "did you receive adequate information about their health and their care when they were discharged from the hospital. Upon discharge. Question is added to Post-Discharge Calls. Data collected to support improvement initiative in 2023	Implement measure by June 2022 (Q2) Q2 data is analysed by Q3 and opportunities for improvement are identified	Post-discharge call process will be augmented to include a process to collect data on the question by implementing a method of collection through the RedCap tool.
				Hospital-Addictions & Mental Health	In house survey	Collect Baseline	Collect Baseline	First year for data collection	Implement a data collection process.	1. Clinical team will develop a process to collect this information post-discharge.	Data collection process is implemented.	Implement by Sept 2022	
Here for our Clients	Service Excellence	Do clients feel they can speak up without fear of consequences?	Priority	Hospital - Addictions & Mental Health/Rehabilitative Care	In house survey	Collect Baseline	Collect Baseline	First year for data collection	Survey clients in all inpatient and outpatient programs.	Add question to Annual Client Satisfaction Survey.	Question added to Annual Client Satisfaction Survey	Sept 2022	
Here for our Clients	Service Excellence	How often did staff involve you in planning your (or your family member's care)? Always	Custom	Hospital - Addictions & Mental Health (inpatient/outpatient)	In house survey	69.8	71	Increase current performance by 2%	1. Select key strategies and initiatives to improve client and family involvement in their care. 2. Implement change ideas and quality improvements based on client and family input.	1. Facilitate client and family focus groups to gather feedback and recommended changes to enhance involvement in their care. 2. Select key strategies based on the feedback provided and implement a quality improvement plan.	Client and Satisfaction Survey.	2% increase over last year's results	
	Service Excellence		Custom	Hospital - Rehabilitative Care (inpatient/outpatient)	In house survey	73.7	75	Increase current performance by 2%	Develop consistent care plans on all inpatient care units	1. Assess current state 2. Redesign care planning process and documentation in collaboration with client and family partners 3. Implementation	1. Redesigned Care Plan 2. Percent of clients with care plans implemented on admission within 24 hours	Improved Client satisfaction, involved in their care	

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Here for our Clients	Service Excellence	How often did staff listen carefully to you? Always	Priority	Hospital Rehabilitative Care Inpatient	In house survey	51.6	52.6	Increase current performance by 2%	1. Evaluate Client Whiteboards through the audit tool.	1. Re-establish the Whiteboard Work Group to advise on evaluation phase and early auditing results. 2. Develop improvement activity based on audit results.ie.re-educate front-line staff to consistently engage clients to complete/update the whiteboard daily 3. Managers conduct weekly whiteboard audits.	1. % improvement activity ie staff education completed 2. % whiteboards completed daily / unit	1. 85% improvement activity /unit 2. 80 % whiteboard completed / unit	
Here for our Clients	Safe & Effective Care	Proportion of hospitalizations where patients 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.	Custom	Hospital Rehabilitative Care	Collect Baseline	Collect Baseline	Collect Baseline	First year for data collection	1. Implement an early identification screening process for all clients admitted within a targeted area.	SJCG Regional palliative care program is leading implementation by the following: 1) Implement admission screening for Early Palliative Care. 2) Education of interprofessional staff on Advance Care Planning and Goals of Care conversations. 3) Develop a process for staff to engage clients in Advance Care Planning(ACP) and Goals of Care conversation (GOC). 4) Develop a process for tracking the number of ACP and GOC conversations	1. % of new admissions who have been screened. 2. % of IP staff who receive ACP GOC education. 3. % of clients who have conversations documented in health care record.	80% of new admissions are screened by March 31, 2023	Baseline date is being collected to determine targeted area by May 31, 2022.
Here for our Clients	Timely & Efficient Transitions	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.	Custom	Hospital- Rehabilitative Care	Local data collection/ Oct to Dec 2021	8	3	Target based on ON Rehabilitative Care Alliance	1)Develop and implement acute/post-acute care transition process improvements in collaboration with acute care partner.	1.Establish joint Client Flow Committee. 2. Identify priority transition process improvements. 3. Implement priority transition improvements	Process improvements implemented	Implemented by June 2022	Initiation of committee delayed due to pandemic although day to day joint client flow activity continues to address key issues in response to surge capacity.
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	Hospital - Rehabilitative Care	Local data collection / Jan - Dec 2021	66	66	Target based on current performance. Continuing to improve the culture of incident reporting.	1)Gentle Persuasive Approach (GPA)Training inpatient Rehabilitative Care	Prioritize and implement GPA training for Rehabilitative Care staff on 4th and 5th floor and float pool as possible. .	Training completed for group identified.	target of 80 staff by March 2023	Delays due to pandemic and staffing shortages. Total staff trained to date = 30 (21 in 2020; 9 in 2021) Reassess priorities for 2022-23 .
			Priority	Hospital - Addictions & Mental Health					Ensure designated staff are certified in Non-Violent Crisis Intervention (NVCI).	1. Resume in-person Non-violent crisis intervention training. 2. Prioritize East Wing, Supportive Housing, Isolation Shelter and Balmoral Centre staff in the first wave of training. 3. Ensure all remaining staff receive NVCI certification or recertification.	Training completed for identified groups.	100% of staff trained by Dec 31, 2022.	Training delays due to pandemic.

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Here of our Partners	Timely & Efficient Transitions	Total number of alternate level of care (ALC) days contributed by ALC patients within the specific reporting quarter using near-real time post-acute ALC information and monthly bed census data.	Priority	Hospital - Addictions & Mental Health and Rehabilitative Care	Local data collection / Oct - Dec 2021	29	29	Maintain current performance due to supply challenges for supportive housing and long term care	Convert PR Cook market rent units to seniors' supportive housing units	As tenants without service either move out or require services, convert to a supported unit; inform OHN and set up processes to receive funding and implement services.	Number of units converted over 22/23 fiscal year	10 units will be converted	
									Investigate opening of Community Based Transitional Care Unit	With community partners, develop proposal for OHN to build a transitional care unit in space not being used by TBRHSC.	1. Proposal Completed 2. Opening of beds, if approved	1. Proposal submitted to OHN with partner agreement 2. 28-32 beds are opened.	