

2023/24 Quality Improvement Plan "Improvement Targets and Initiatives"

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

AIM		Measure								Change				
Issue	Quality dimension	Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Theme II: Service Excellence	Patient-centred	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)?"	C	% / Survey respondents	In-house survey / 2022-23	Bethammi Nursing Home	53.5	60.00	Improve current performance	1)Implement quarterly phone call by a Bethammi team member and/or person to person follow up to discuss care with Resident.	Schedule quarterly phone call with Power of Attorney (POA) or meeting with residents to discuss care.	Percentage of POA /Resident receiving a quarterly phone call/meeting.	80% of POA/Resident will receive quarterly phone call/meeting.	
										2)Family members will have the opportunity to provide Physician questions to the team prior to the Annual Care Conference, answers will be provided at the care conference and/or a physician phone call set up to review the questions.	Create a letter requesting questions for physicians be forwarded to Director of Care or Resident Counselor prior to Annual Care Conference. Letter to be sent out with all care plans prior to Annual Care conference.	Percentage of family members receiving letter. Percentage response to letter.	80% of family members will receive letters and have 25% response rate back to the home.	
		Percentage of respondents who responded "Always" to the following question How often did staff listen carefully to you?	C	% / Survey respondents	In-house survey / 2022-23	Bethammi Nursing Home	63.6	68.00	Improve current performance	1)Implement purposeful rounding under the supervision of the Director of Care.	Educate staff on purposeful rounding.	Percentage of staff trained in purposeful rounding. Purposeful rounding implemented.	80% of staff to be trained in purposeful rounding. Purposeful rounding to be implemented by June 2023	
										2)Implement quarterly phone call by Bethammi team member and/or person to person follow up with the resident or Power of Attorney (POA).	Schedule quarterly phone calls/meeting with POA/resident.	Percentage of POA/Resident receiving a quarterly phone call	80% of POA/Resident will receive a call	
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?"	C	% / Survey respondents	In-house survey / 2022-23	Bethammi Nursing Home	29.5	31.50	Improve current performance	1)Discuss Whistle Blower Protection at each family and resident council meeting	Add Whistle Blower Protection Standing Item at both Council meetings by April 2023.	Percentage of resident and family council meetings where Whistle Blower Protection is discussed	80% of all resident and family council meetings.			
								2)Director of Care (DOC)/Assistant Clinical Manager (ACM) will meet with 6-7 resident/family members per week to discuss and address any concerns that are raised during the discussion. Whistle Blower discussion will also occur.	Create weekly schedule to see each resident twice per year.	Percentage of residents receiving two meetings by March 31, 2024	80% will receive two meetings			
								3)Strengthen processes to support Indigenous clients to report a concern.	Collaborate with Indigenous Health Team to identify process improvements.	Identify process improvements and implement.	Improvements implemented by July 31, 2023			
Theme III: Safe and Effective Care	Safe	Number of workplace violence incidents reported by workers (as defined by OHSA) within a 12 month period.	C	Count / Worker	Local data collection / Jan to Dec 2022	Bethammi Nursing Home	18	17	Improve current performance	1)Implement Dementiability training for staff.	Educate Life Enrichment staff and Personal Support Worker (PSW) champions in Dementiability.	Percentage of staff who have completed Dementiability training by September 2023.	80% of identified staff complete Dementiability training.	Dementiability training is dependent upon additional funding. Will also continue with Gentle Persuasive Approach (GPA) training for all new staff and retraining for our current staff following the recommended schedule.
										2)Implement manager discussions at huddles focusing on approaching a resident exhibiting responsive behaviours towards staff	Add Manager Responsive Behaviour discussion/reminders to morning huddles	Percentage of huddles including Manager Responsive Behaviour Discussion by May 2023.	Manager responsive behaviour discussion at 80% of all huddles.	