

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 I: Timely and Efficient Transitions	Timely	Wait time in acute care (days) for inpatient Rehabilitative Care (Medically Complex, Rehabilitation, Geriatric Assess and Restore)	C	90th percentile / St. Joseph's Hospital Admissions	Strata Referrals / Oct to Dec 2022	781 Hospital	9	6.00	interim target to reach provincial target of 3 days	1)Develop and implement acute/post-acute care transition process improvement in collaboration with system partners, Thunder Bay Regional Health Sciences Centre, Long-Term Care, Home and Community Care Services	Further develop a Joint Client Flow committee and identify priority transition improvement opportunities and challenges	Process improvements implemented	Process improvements implemented by September 2023	Areas to review include bed matching and referral processes and consideration of 7 day a week transfer possibilities and implications
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	% / Rehabilitative Care Inpatient	In-house survey / 2022-23	781 Hospital	44.6	46.60	Improve current performance	1)Develop standardized care planning processes for inpatient care	1. Complete current state assessment; identify gaps and redesign care planning processes and documentation in collaboration with client and family partners; 2. Implement new care planning processes 3. Identify client goals of care on bedside whiteboard	1. Redesigned Care Plans; 2. Implement redesigned care plan and new process, including documenting client goals on whiteboard	1. Redesign care plan by Sept 30, 2023 2. Implement new care plan process by January 2024	
		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	% / Mental Health Inpatient	In-house survey / 2022-23	781 Hospital	29.2	32.20	Improve current performance	1)Track percentage of clients for whom Wellness Plan is completed to ensure process is sustained.	1. Create a formal tracking process for completion of the Wellness plans 2. Develop method for sharing completion rates with staff to drive improvement.	Percentage of clients for whom a wellness plan is developed within four weeks of admission.	90% of clients will have a completed wellness plan within four weeks of admission.	Within four weeks of admission, a wellness plan is developed with the client, family and staff.
		Percentage of respondents who responded "Always" to the following question "How often did staff listen carefully to you?"	C	% / Rehabilitative Care Inpatient	In-house survey / 2022-23	781 Hospital	50	52.60	Improve current performance	1)Adopt consistent use of the bedside client whiteboard tool to engage client in a daily conversation about their personal goals of care	1. Re-establish the Whiteboard Working Group. 2. Review results of Q2 2022/23 whiteboard audits 3. Develop improvement activities based on audit results e.g. re-educate front line staff on whiteboard guidelines, importance of engaging clients when completing whiteboards 4. Managers will continue to complete weekly whiteboard audits	Percentage of whiteboards completed appropriately, as identified through weekly auditing process	80% of whiteboards completed appropriately on each unit; evaluated through weekly auditing process	
		Percentage of respondents who responded "Completely" to "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?"	C	% / Rehabilitative Care Inpatient	In-house survey / Dec 2022 to Feb 2023	781 Hospital	49	51.00	Improve current performance	1)Assess post-discharge survey data to identify gaps and develop and implement improvement strategies that address priorities	Post-Discharge working group will review data and identify priority areas for improvement.	Implement improvement strategies.	Improvement strategies implemented by June 30, 2023	
		Percentage of respondents who responded positively to "Did you feel you received adequate information about your health and your care at discharge?"	C	% / Mental Health Inpatient	In-house survey / 2023-24	781 Hospital	CB	CB	First year data collection	1)A process will be developed to monitor follow up and inform changes to the process to support a client-centred approach.	1. Develop a tracking tool and process to share results with team. 2. Collate and theme data received from follow-up phone calls to begin improvement efforts.	Percent of discharged clients for whom a discharge phone call was completed.	80% of discharged clients, a follow-up phone call will be recorded.	Within 7 days of discharge, clients are contacted by the Social Worker to follow up and provide information as requested.

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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
		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	% / Mental Health Inpatient	In-house survey / 2022-23	781 Hospital	18.5	20.50	Improve current performance	1)Ensure clients know how to raise concerns and that they are protected from negative consequences as a result of raising those concerns.	Post information about how to share a concern or compliment in key locations on units, including a declaration regarding Whistleblower Protection. Remind clients at start of client partner (What's Up?) meetings of Whistleblower protection	Number of locations where information is posted	6 high traffic locations within two units	
										2)Strengthen processes to support Indigenous clients to report a concern.	Collaborate with Indigenous Health Team to identify process improvements	Identify processes to improve and implement	Improvements implemented by July 31, 2023.	
		Percentage of respondents who responded "Yes Definitely" to the question "Do you feel that you can raise a concern about staff without it affecting your (or your family member's) care?"	C	% / Rehab Care Outpatient	In-house survey / 2022-23	781 Hospital	53	55.00	Improve current performance	1)Using multiple strategies, provide information to all clients on how to make a compliment/complaint.	Provide "How to Give a Compliment or Make a Complaint brochure" to all clients. Staff will have a scripted message to give clients on first visit about reporting concerns. Locate posters with information about how to report concerns in high volume client areas. Pilot a comments box for receiving complaints.	Percentage increase in complaints received from complaint database.	10% increase in complaints received.	
										2)Strengthen processes to support Indigenous clients to report a concern.	Collaborate with Indigenous Health Team to identify process improvements	Identify processes to improve and implement	Improvements implemented by July 31, 2023	
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	% / Rehabilitative Care Inpatient	In-house survey / 2022-23	781 Hospital	23.1	25.10	Improve current performance	1)Using multiple strategies, provide information to all clients on how to make a compliment/complaint.	Provide "How to Give a Compliment or Make a Complaint brochure" to all clients on admission. Staff will have a scripted message to give clients at admission about reporting concerns. Locate posters with information about how to report concerns in high volume client areas. Pilot a comments box for receiving complaints.	Percentage increase in complaints received	10% increase in number of complaints received			
								2)Strengthen processes to support Indigenous clients to report a concern.	Collaborate with Indigenous Health Team to identify process improvements	Identify processes to improve and implement	Improvements implemented by July 31, 2023			
Theme III: Safe and Effective Care	Safe	Number of workplace violence incidents reported by hospital workers (as defined by OHS) within a 12 month period.	P	Count / Worker	Local data collection / Jan 2022–Dec 2022	781 Hospital	60	60	Maintain current performance	1)Continue Gentle Persuasive Approach (GPA) training for staff on Inpatient Units and explore strategies that support early client de-escalation and minimize Code Whites e.g. Aggressive Behaviours Response Team.	Assess current state regarding percentage of staff with GPA training and establish a formalized process to offer ongoing education	Complete assessment of current state and develop a process for ongoing education.	Current state assessment completed and process developed by June 30th	
										2)In Rehabilitative Care inpatient, develop resources and supports for staff and clients to minimize the risks of workplace injuries specific to client substance use	Collaborate with Addictions and Mental Health to provide opportunities and resources for staff to gain/maintain skills training; consider best practices/research to inform other mitigation strategies	Staff education program developed.	Education program developed by September 30, 2023	
Equity	Equitable	Number of referrals for Indigenous Traditional Healing and Medicine	C	Count / Referrals	Local data collection / 2022	781 Hospital	65	75	Increase current performance by 15%	1)Provide education to increase staff knowledge of Traditional Healing and Medicine	Traditional Healing Supervisor will provide education sessions to staff.	Percentage of inpatient units receiving a staff education session.	By March 31, 2024, 100% of inpatient units will have received a staff education session.	