

Bethammi Nursing Home

2024/25 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
Equity	Equitable	Number of referrals for Indigenous Traditional Healing and Medicine	C	Number / LTC home residents	In house data collection / 2024	Bethammi Nursing Home	CB	CB	Improve current performance	1)Self-ID implementation, department/program education (services/referral pathways)	1. Meet with department directors and program managers to establish a process to roll out Self-ID. 2. Share information about the Self-ID process and Indigenous Health/Traditional Healing programs/services.	1. Individual program processes established. 2. All departments/programs are aware of the Self-ID process and Indigenous Health department/Traditional Healing services	Self-ID rolled out in 95% clinical areas by June 2024
		Percentage of staff who have completed relevant equity, diversity, inclusion, anti-racism education - Repairing the Sacred Circle 2 (Management)	C	% / management	In house data collection / 2024	Bethammi Nursing Home	CB	75.00	improve current performance	1)Develop communication and promotion strategy to all management of the identified education.	Implementation/communication plan: 1. Leadership Team messaging of QIP indicator. 2. Communication to Management Team of QIP indicator and 24/25 targets.	Communication plan complete by Q2.	100% communication/promotion roll out complete by end of Aug 2024
		Percentage of staff who have completed relevant equity, diversity, inclusion, anti-racism education - Wake the Giant (all staff)	C	% / Staff	In house data collection / 2023	Bethammi Nursing Home	89	90.00	improve current performance	1)Develop communication and promotion strategy to all staff.	Communicate at Spring Hire and Summer BBQs	Communication plan complete by Q2	100% promotion activity complete by Q3
Experience	Patient-centred	"Do you feel that you can raise a concern about staff without it negatively affecting your (or your family members') care? Response: Yes Definitely	C	% / LTC home residents	In-house survey / 2023	Bethammi Nursing Home	28.6	30.00	5% improvement on current performance	1)To improve our current communication/strategy around raising a concern.	1. Change idea identified, and developed with input from from family/ resident councils. 2. Process identified and developed and implemented with N'doo'owe Binesi 3. Continue with Whistle blower protection as a standing item in both council meetings. 4. All newsletters to include whistleblower protection information. 5. New complaint signage to be installed on 2nd and 3rd floor	1. Process established and implemented with N'doo'owe Binesi by Sept. 2024. 2. 100% of all meetings to have Whistle blower protections discussed. 3. 100% of all newsletters to include Whistle blower protection. 4. New signage in place by September 2024.	1. Process established and implemented with N'doo'owe Binesi by Sept. 2024. 2. 100% of all meetings to have Whistle blower protections discussed. 3. 100% of all newsletters to include Whistle blower protection. 4. New signage in place by September 2024.
		"How often did staff involve you in planning your (or your family members') care?" Response: Always	C	% / LTC home residents	In-house survey / 2023	Bethammi Nursing Home	58.5	61.00	5% improvement on current performance	1)To improve communication with residents/family members when planning care.	1. Plan to meet with family/resident councils in February to establish change goals and confirm proposed targets. 2. Create a communication process that supports regular communication with residents and families.	1. Process measures confirmed with family/resident councils 2. Percentage of communication completed.	1. Process measures complete by Sept. 2024 2. Once communication process is create, communicate 80% of instances communication is to occur.
		"How often did staff listen carefully to you?" Response: Always	C	% / LTC home residents	In-house survey / 2023	Bethammi Nursing Home	51.2	54.00	5% improvement on current performance	1)To improve communication with residents/family members including how carefully do staff listen to you	1. Plan to meet with family/resident councils in February to establish change methods and confirm proposed targets. 2. Managers to encourage staff in huddles to end a conversation with "Is there anything else I can do for you before I go?"	1. Process measures confirmed with family/resident councils 2. Percentage of huddles that managers remind staff to end interaction with phrase.	1. Process measures complete by Sept 2024 2. 90% of huddles attended by managers will include reminder to staff to end resident interaction with phrase.
Safety	Safe	Number of workplace violence incidents reported by hospital workers (as defined by OHS) within a 12 month period	C	Number / Staff	In house data collection / 2023	Bethammi Nursing Home	28	25.00	Reduce by 10%	1)To develop a plan to have GPA recertification in place. To also create a plan to move dementiability training forward through out the home.	Work with Education to have a GPA recertification process in place. To create a plan to have Dementiability available for all staff in Bethammi.	The number of our staff completing GPA certification. For staff to complete dementiability.	To have 75% of our staff complete GPA recertification by March 31, 2025. To have 25% of our staff complete Dementiability by March 31, 2025.