

Hogarth Riverview Manor

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	Hogarth Riverview Manor	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	Hogarth Riverview Manor	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	Hogarth Riverview Manor	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	Hogarth Riverview Manor	27.7	29.00	5% improvement on current performance	1)To improve our current communication/strategy around raising a concern	1. General Team Meeting (GTM) Agendas that include Whistleblower Protection. 2. Monthly Newsletters that include Whistleblower Protection. 3. Monthly Inspection of signage 4. Process identified, developed and implemented with N'doo'owe Binesi	1. 12/12 GTM Agendas will have whistleblower as a standing agenda topic. 2. 12/12 Monthly Newsletters will include whistleblower protection. 3. 12 monthly inspections will confirm that Complaints Management Signs remain up. 4. Process established and implemented with N'doo'owe Binesi by Sept. 2024	1. 12/12 GTM Agendas will have whistleblower as a standing agenda topic. 2. 12/12 Monthly Newsletters will include whistleblower protection. 3. 12 monthly inspections will confirm that Complaints Management Signs remain up. 4. Process established and implemented with N'doo'owe Binesi by Sept. 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	Hogarth Riverview Manor	41.7	44.00	5% improvement on current performance	1)To improve communication with residents/family members when planning care	Our home plans to continue our previous actions by: 1. Communicating with resident and family both pre and post admission to foster a relationship and determine needs. 2. Using specific conversation starter questions with residents and families during walkabouts. 3. Ensuring the care plan is sent to billing contacts prior to each annual care conference for review.	1. Percentage of pre and post admission meetings/follow up 2.Percentage of walkabouts that capture resident or family communication 3. Percentage of how many care plans are mailed out to Billing Contacts post Care Conference.	1. 100% of admissions to receive a call pre admission and post admission. Pre admission meetings to be scheduled for all willing families and residents requesting or triggering a need for additional support. 2. 60% of assigned walkabouts will have resident or family communication captured. 3. 90% of active/willing billing contacts less PGT will receive a copy of the plan of care pre annual care conference.
		"How often did staff listen carefully to you?" Response: Always	C	% / LTC home residents	In-house survey / 2023	Hogarth Riverview Manor	39.9	42.00	5% improvement on current performance	1)To improve communication with residents/family members including how carefully do staff listen to you.	1. Managers will encourage staff during huddles to actively engage resident participation in decision making in all areas of daily care	1. Percentage of huddles where manager remind staff to listen to residents and engage them in their own care.	1. 90% of all huddles attended by managers will include a reminder to staff to listen to residents and engage them in their own care.

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Safety	Safe	Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period	C	Number / Staff	In house data collection / 2023	Hogarth Riverview Manor	121	109.00	reduce 10% from current performance	1)To develop a plan to have GPA recertification in place. To also create a plan to continue to move dementiability training forward through out the home.	1. Work with Education to have a GPA recertification process in place for eligible staff members. 2. To continue with our current plan to expand current Dementiability training.	1. The percentage of our staff completing GPA recertification. 2. The percentage of our staff completing dementiability training	1. To have 75% of eligible staff complete GPA recertification by March 31, 2025. 2. To have 75% of our staff complete Dementiability training by March 31, 2025.