

## SJCCC Quality Improvement Plan (QIP) 2020-2021: Improvement Targets and Initiatives

*Indicates HQO Reported Indicator			CHANGE				
MEASURE			CHANGE				
Measure / Indicator	2020 Target	Target Justification	Planned Improvement Initiative	Methods	Process Measures	Goal	Comments
<b>ALC Building</b> - % of days in the facility at all levels of care designated ALC	4.60%	Our target remains the same as last year in an effort to improve performance.	Proactively addressing family/patient resistance to ALC discharge	Focused conversations between manager and patient/family as soon as resistance to discharge is identified	Conversation between manager and family/patient occurs within 7 days when resistance to discharge is identified	To decrease % ALC days	
<b>Percent of patients who would recommend facility to others:</b> Number of patients who responded Strongly Agree or Agree to the question, "I would feel comfortable recommending St. Joseph's Continuing Care Centre to friends or family" divided by the total number of survey respondents.	98.00%	Our target remains the same as in 2019 in anticipation of meeting past performance.	Increase patient involvement in goal setting	Interprofessional team work collaboratively with one another and the patient to determine the patient-centred goals for rehabilitation	Number of admitted patients for whom the team identified the patient-centred goal(s)	Maintain patient satisfaction	
<b>Patient Experience:</b> Number of patients who responded Completely or Quite a bit to the question "Did you receive enough information from staff about what to do to manage your condition after leaving our facility."	85.00%	Our target remains the same as 2019 in an effort to improve performance	Increase patient involvement in goal setting	Interprofessional team work collaboratively with one another and the patient to determine the patient-centred goals for rehabilitation	Number of admitted patients for whom the team identified the patient-centred goal(s)	Improve patient knowledge	
<b>Number of workplace violence incidents</b> reported by hospital workers (as defined by OHSAs as the exercise or attempted exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker, or a statement or behaviour that is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker. ) within a 12 month period	0	Our target remains the same as in 2019 as we are striving for theoretical best.	Increase staff trained in GPA	Provide GPA training to all previously untrained staff	The total # of staff trained	Increase the percentage of staff trained from 77% to 85%	
<b>Discharge summary</b> sent from hospital to community care provider within 48 hours of planned discharge	85.00%	Our target remains the same as 2019 in an effort to improve performance	Review our data collection for accuracy	Data deep dive to ensure that deaths and unplanned discharges are not included in the metric	data reflects # of planned discharges	Accurate data collection and performance measure	
<b>Documented assessment of palliative care needs</b> among patients with progressive, life-limiting illness who were identified to benefit from palliative care	80.00%	Collecting Baseline.	Ensuring social work and/or chaplain assessment of palliative care needs occur for patients identified with a transitional Palliative Performance Scale (PPS)	Implement a process to identify patients requiring assessment	# of patients who have PPS in transitional group with documented assessment from sw/chaplain in health record	80% of identified patients received assessment	Multi-year plan