

## Quality Improvement Plan (QIP): Progress Report for SJCCC 2019 QIP

Indicator	Current Performance (2019)	Target	Comments
<p><b>Percent of staff members who recommend the organization as a good place to work:</b> Number of staff members who responded Strongly Agree or Agree to the summary question "I would recommend St. Joseph's Continuing Care Centre as a good place to work" divided by the total number of survey respondents. <i>(%, all staff, in house survey, total 2019)</i></p>	69%	90%	We did not meet our target for this indicator. A root cause analysis indicates that the lowest areas are related to rapid change in work flow and increase in patient activity.
<p><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. <i>(%, all patients discharged, in house survey, total 2019)</i></p>	98.25%	98%	We met our target for this indicator.
<p><b>Patient Experience – Did you receive enough information when you left the hospital:</b> Number of patients who responded Completely or Quite a bit to the : "Did you receive enough information from staff about what to do to manage your condition after leaving our facility" divided by the total number of survey respondents. <i>(%, all residents, in house survey, total 2019)</i></p>	75.0%	85%	We did not meet our target for this indicator. This will continue to be a focus into the next year.
<p><b>Hand hygiene - % compliance before contact:</b> Number of times hand-hygiene was performed before initial patient contact during observed hand hygiene indications divided by the number of observed hand hygiene indications before initial patient contact. <i>(%, health providers in facility, in house data collection, average for 2019)</i></p>	99.18%	90%	We met our target for this indicator.
<p><b>Hand hygiene - % compliance after contact:</b> Number of times hand-hygiene was performed after resident contact during observed hand hygiene indications divided by the number of observed hand hygiene indications after resident contact. <i>(%, health providers in facility, in house data collection, average for 2019)</i></p>	99.67	95%	We met our target for this indicator.
<p><b>Number of workplace violence incidents</b> reported by organization 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</p>	1	0	We did not meet our target for this indicator, although the actual number of incidents is quite low. We will continue to strive for 0.

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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 (#, staff, in house data collection, total rolling 12 months)			
<b>Discharge summary</b> sent from hospital to community care provider within 48 hours of discharge (%, all discharged patients, hospital collected data, average for 2019)	78.69%	85%	We did not meet our target for this indicator. This is primarily due to unexpected discharges for whom discharge summaries were not completed by the day of discharge.
<b>Discharges due to enhanced functional ability</b> (#, all discharged patients, in house data collection, total 2019)	470	410	We met our target for this indicator.
<b>ALC Rehab</b> - % of days in the Rehab level of care designated ALC (%, rehab bed days, in house data collection, total 2019)	4.98%	3.8%	We did not meet our target for this indicator, due primarily to patients too complex to be discharged home to community to wait for LTC.
<b>ALC Complex Medical Management Short Term (CMM-ST)</b> - % of days in the CMM-ST level of care designated as ALC (%, ST-bed days, in house data collection, total 2019)	0.28%	0%	We did not meet our target for this indicator.
<b>ALC Complex Medical Long Term (CMM-LT)</b> - % of days in the CMM-LT level of care designated as ALC (%, LT-bed days, in house data collection, total 2019)	0.05%	0.8%	We met our target for this indicator.
<b>Average Length of Stay (ALOS) Rehab:</b> The average number of days patients admitted to the Rehab level of care spend in CCC from the time of admission to the time of discharge. (#, all discharged patients, in house data collection, average 2019)	40.99	42	We met our target for this indicator.
<b>Average Length of Stay (ALOS) Complex Medical Management-Short Term:</b> The average number of days patients admitted to the CMM-ST spends in CCC from the time of admission to the time of discharge. (#, all discharged patients, in house data collection, average 2019)	21.94	26.5	We met our target for this indicator.
<b>Annual Ethical Discernment Framework - % of staff with complete training:</b> Number of staff who have completed training divided by the total number of current active staff. ( %; All current active staff; Percent trained as of December 31, 2019; In house data collection )	98.0%	95.0%	We met our target for this indicator.

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<p><b>Chaplain's time - % spent in direct care:</b> Number of hours the Chaplain spent in direct resident care divided by total number of hours worked by the Chaplain. ( %; Chaplain; Average for 2019; In house data collection)</p>	76.46%	75.0%	We met our target for this indicator.
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Planned Improvement Initiative	Method	Was Change Implemented?	Lessons Learned
<b>Staff recommend organization as a good place to work</b>			
Improve communication between staff and their supervisors	A new organizational structure will be implemented, which will improve direct communication and support with front line staff.	Yes	Staff struggled with the impact this change had on their everyday work life but have since stated that it is working much better and communication is improved. This will be evaluated with the next annual staff satisfaction survey.
<b>Patients receive enough information to manage their condition after leaving our facility</b>			
Increase patient involvement in goal setting	Interprofessional team work collaboratively with one another and the patient to determine the patient-centred goals for rehabilitation	No	The patient-centred goals project is still underway. It was a much larger project than initially anticipated so it had to be broken down into several smaller projects. This project is expected to be completed by summer 2020.
<b>Workplace violence incidents</b>			
Increase staff trained in GPA	Provide GPA training to all previously untrained staff	Yes/No	Although the overall percentage has increased, work is still underway to complete the initial training of all staff in all departments.
<b>Discharge summary sent from hospital to community care provider within 48 hours of discharge</b>			
Ensure discharge summaries are completed by the time of discharge.	Unit Assistants to audit health records of each discharged patient	Yes	This is not always possible in cases where the patient is unexpectedly discharged, without sufficient time for the physician to dictate the discharge summary and have it transcribed for the community practitioner.