

Theme II: Service Excellence

Measure Dimension: Patient-centred

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of complaints acknowledged by the Patient Relations Officer with the individual who placed the complaint within 5 business day of receiving the complaint	C	% / People	In house data collection / Jan- Dec 2022	90.00	90.00	We feel maintaining 90% is a reasonable target	

Change Ideas

Change Idea #1 Our vision is to ensure we deliver the highest quality and safest care possible. We recognize however there are times patients and families, and/or caregivers, identify opportunities for us to improve and share their feedback through the issuance of a complaint. Guidelines offered by Health Quality Ontario and regulatory requirements outlined in the Excellent Care for All Act (ECFAA) suggest a benchmark of acknowledging complaints within five (5) business days. At SJGHEL, we understand the courage it takes for an individual to raise concerns to their health service provider, a manager, or the Patient Relations Officer.

Methods	Process measures	Target for process measure	Comments
In a culture dedicated to patient- and family-centred care, SJGHEL will publicly display how patients and families may report a complaint in all patient care departments. Information about how to report will be tailored to the needs of patients and family members in consultation with our Patient and Family Advisors.	Publicly display how patients and families may report a complaint; Working group will be established to track and monitor progress.	In all patient care departments.	100% compliance with all patient care departments by December 31, 2023

Theme III: Safe and Effective Care

Measure Dimension: Effective

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Hand hygiene compliance before patient contact - The % hand hygiene performed before initial patient contact.	C	% / Other	In-home audit / Jan-Dec 2022	78.00	80.00	We feel a 2 % increase is a reasonable target	

Change Ideas

Change Idea #1 Complete education on hand hygiene for staff which provides an in-depth understanding of the importance of proper hand hygiene in the 4 moments

Methods	Process measures	Target for process measure	Comments
Attending staff meetings, displaying posters, providing education at new hire orientation sessions and provide an annual education blitz	# of staff that attended staff meetings and orientation sessions	100% of new staff that attend orientation session will receive hand hygiene education by Dec 31, 2023	

Change Idea #2 Post monthly audit results in Information Alley and in departments to communicate results to staff

Methods	Process measures	Target for process measure	Comments
Post audit results in quality boards and in departments	The number of months the audit results are posted on quality boards and in department	100% of quality boards and departments will have monthly audits results posted each month by Dec 31, 2023	

Change Idea #3 Reinstigate " Wash & Glow" hand hygiene education to enable staff and physicians to test their hand washing technique

Methods	Process measures	Target for process measure	Comments
IPAC Officer will randomly attend departments and have staff and physicians use " wash & glow", then wash their hands to assess the effectiveness of their hand hygiene technique. The IPAC Officer will also educate on proper hand hygiene technique in the moment	# of completed "Wash & Glow" hand hygiene education sessions provided	Complete 6 "wash & glow" hand hygiene education sessions testing a minimum 30 staff by Dec 31, 2023	

Change Idea #4 All Environmental Services and Nursing staff with complete annual review of the ARI Screening and Surveillance Policy INF v- 50

Methods	Process measures	Target for process measure	Comments
Utilizing Surge Learning all Environmental Services and Nursing staff will be assigned a task to review the ARI Screening and Surveillance Policy INF v-50 policy and complete a quiz	The number of Environmental Services and Nursing staff which have completed the annual policy review and quiz	100 % of all active Environmental Services and Nursing staff will have completed the annual policy review and quiz by December 31, 2023	Active staff is defined as those not on LTD or maternity leave, etc.

Measure Dimension: Effective

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
SJGHEL will focus on maximizing patient safety and reduce medication errors through improving medication reconciliation on admission (2 sources, QA signatures, medication name, dose and frequency documented)	C	% / All inpatients	In-home audit / Jan-Dec 2022	45.00	55.00	We feel an increase of 10% is a reasonable goal. Meditech Expense implementation in Nov 2023 will impact compliance	

Change Ideas

Change Idea #1 Evaluate the documentation of utilizing 2 or more medication information sources to complete medication reconciliation

Methods	Process measures	Target for process measure	Comments
Provide education to nursing staff regarding the reconciliation completion process and the rational through Surge learning and other education methodologies such as one on one, and huddles	Complete monthly audits for medication reconciliation completeness(2 sources, QA signatures, medication name, dose and frequency documented) on the first 10 admissions to each in-patient unit	80% of nursing staff will complete the education	

Measure **Dimension: Safe**

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Number of workplace violence incidents reported by hospital workers (as defined by OHSa) within a 12 month period.	P	Count / Worker	Local data collection / Jan 2022–Dec 2022	31.00	39.00	Our organization is focused on building our reporting culture, our QIP target for this indicator is to increase the number of reported incidents	

Change Ideas

Change Idea #1 We are focused on building your reporting culture and will complete Education for all hires from January 2020- December 2023 on the electronic reporting system

Methods	Process measures	Target for process measure	Comments
Human Resources will develop a process for providing education to all new hires such as via Surge learning , General orientation	The % of new hires educated on the electronic reporting system in a set period of time	80% of new hires are trained in reporting incidents in the electronic reporting system by December 31 , 2023	FTE=204