

**PART B: Improvement Targets and Initiatives**

**2013/14**



St. Joseph's Home Care 1550 Upper James, Hamilton ON, L9B 2L6

AIM		MEASURE					CHANGE	
Quality dimension	Objective	Measure/Indicator	Current performance (Quarter 3, 2012/2013 fiscal year)	Target for 2013/14	Target justification	Priority level	Planned improvement initiatives (Change ideas)	Methods and process measures
Safety	Improve provider hand hygiene compliance	<b>Hand Hygiene Audit:</b> Number of staff who washed their hands before and after providing care per total number of staff audited	94.25%	90%	Previous organizational performance, internal target	2	1) Continue to monitor performance for hand hygiene compliance with the goal to maintain target of a minimum 90%	% Compliance
	Reduce falls for long stay home care clients	<b>Falls:</b> Percentage of long stay* home care clients who <i>did not</i> report that they have fallen in the last 90 days  *A long-stay client is defined as an adult who requires more than 60 uninterrupted days of service	95.07%	90%	HNHB LHIN Falls Prevention Strategy Target	1	1) Continue Falls Prevention Strategy to provide a Safety at Home assessment to all individuals on service defined as long stay clients	% Completed
							2) Number of long stay clients who have reported they have not fallen	% Reported
Never Events	<b>Never Event:</b> Surgical, patient protection, care management, environmental, and criminal events (listed in Appendix A of the St. Joseph's Health System Never Event Reporting Policy).	0	0	SJHS Policy	2	1) Continue to manage, document, appropriately communicate and investigate promptly in a consistent and non-accusatory manner all Never Events (surgical, patient protection, care management, environmental, and criminal)	# Reported	
Effectiveness	Increase Emergency Department visits avoided	<b>Emergency Department Visits Avoided:</b> Percentage of long stay home care clients who required an Emergency Department visit in the last 30 days	6.4%	16%	HQO Quality Monitor and SJHC long stay case mix data	1	1) Develop and implement a survey tool for long stay clients	% Completed
							2) Collect data and evaluate results to look for areas of improvement related to prevention of emergency visits	% Completed
							3) Number of long stay clients who report an ER visit	% Reported
Access	Improve referral acceptance rate	<b>Referral Acceptance Rate:</b> Number of referrals accepted per total number of referrals made to all programs	93.3%	95%	Contractual, regulatory target	2	1) Optimize clinical resource utilization	% Completed
Patient-centred	Improve overall client satisfaction	<b>In-house survey (if available):</b> "All survey items combined" <b>All Items Combined:</b> Number of clients who have indicated they are either satisfied or very satisfied with all items on the survey per total number of survey respondents (Potential Responses: Strongly Agree, Agree, Neither, Disagree, Strongly Disagree, N/A)	97.0%	95%	Previous organizational performance, internal target	1	1) Maintain client satisfaction survey rate of return	% Reported
							2) Implement a client complaint resolution process to improve communication which was identified as a main driver of client dissatisfaction	% Completed
							3) Achieve client satisfaction indicator goal	% Satisfaction
	Improve client satisfaction with quality of care	<b>In-house survey (if available):</b> "I was satisfied with the overall quality of PSW/Cleaner service provided by SJHC" and "I was satisfied with the overall quality of nursing care provided by SJHC" <b>Quality of Care:</b> Number of clients who have indicated they are either satisfied or very satisfied with the quality of overall care received per total number of survey respondents (Potential Responses: Strongly Agree, Agree, Neither, Disagree, Strongly Disagree, N/A)	99.5%	95%	Previous organizational performance, internal target	2	1) Continue to monitor the Quality of Care - Client Satisfaction indicator with the goal to maintain a minimum target of 95%	% Reported