

# Strategic Plan 2020 Update

Thanks to your hard work, we continue to advance our Strategic Plan 2020. Here are some highlights of what we've accomplished this quarter.

## JUNE 2017

### Patient Experience

#### Patient Satisfaction

2017/18 initiatives aimed at improving quality of care for patients were approved including; an ALC reduction, medication reconciliation program on admission and discharge, and ensuring patients have enough information on discharge.

#### Healthy Workplace

The Healthy Workplace Model was approved by SLC on March 7, which focuses on key areas of physical and psychosocial work environments, and personal health resources. Working Groups have been established to begin developing implementation plans.

#### Digital QBP Order Sets

The Digital Order Sets project was formally kicked off with vendor Think Research on March 28<sup>th</sup>. Clinical lead, Julie Vinet, has been hired to assist with developing the order sets and to provide education.

### Comprehensive Clinical Care

#### Patient Flow

The Physicians Length of Stay working group developed their 2017/18 priorities for improvement that will contribute to the overall patient flow strategy. Areas of focus include Expected Length of Stay (ELOS) and using Emerald reports.

A process improvement initiative was undertaken to develop a coordinated approach between ED and inpatient units to improve patient transfer times. A new communication process will now be piloted to assist the care team with more timely transfers.

#### Cardiovascular Service

The first EVAR surgery was completed at TBRHSC in January. Patients can now receive this minimally invasive surgery closer to home.

### Seniors' Health

#### Pressure Injuries

In Q4 staff conducted head to toe skin assessments on 240 patients. 90% of these patients had a Braden Skin Assessment completed within 24 hours of being admitted. The prevalence rate for these patients was 11% which outperforms the Ontario hospital average prevalence of 14%.

#### Frail Seniors Pathway

The Geriatric Care Coordinator is working with the ED Utilization Coordinator to facilitate direct admissions from the ED to SJCG for patients, avoiding unnecessary admissions and ensuring patients received the appropriate care they require.

### Indigenous Health

#### Multi-Faith Centre

The multi-faith centre is designed for spiritual practice and to be a space for quiet reflection. New benches have made the room feel more spiritual and opened it up for more people to use. The space can now accommodate more than 10 people at a time for smudging ceremonies. The new space offer patients and families a quiet place to congregate.

#### Discharge Planning

Additional resources are now available on the Intranet to assist staff in meeting the needs of indigenous people during their stay and support with discharge to remote communities.

### Acute Mental Health

#### Consultation Liaison Service

An interim model for the Consultation Liaison Service has begun using a Registered Nurse, providing off service mental health patients with the required consultations and follow up in a timely manner.

#### Mental Illness Screening

The Mental Illness Screening pilot was a success on 1A and feedback will be used to make small adjustments for a hospital wide implementation throughout the summer. This screening tool is completed upon admission and quickly indicates that a patient is having a mental health issue, allowing the nurse to notify the MRP that a consultation is required.

#### Psychiatry Recruitment

Recruitment and retention of suitable psychiatrists proves to be significantly challenging despite active recruitment and innovative ways to attract psychiatrists to the hospital.

