

Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2017/18 QIP

The Progress Report is a tool that will help organizations make linkages between change ideas and improvement, and gain insight into how their change ideas might be refined in the future. The new Progress Report is mostly automated, so very little data entry is required, freeing up time for reflection and quality improvement activities.

Health Quality Ontario (HQO) will use the updated Progress Reports to share effective change initiatives, spread successful change ideas, and inform robust curriculum for future educational sessions.

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
1	"Would you recommend this emergency department to your friends and family?" (%; Survey respondents; April - June 2016 (Q1 FY 2016/17); EDPEC)	973	CB	CB	92.15	WAHA learned that conducting public outreach activities to encourage people to fill out surveys will improve the response rate going forward and the organization will continue to implement the methods described as change ideas in 2017-2018 for 2018-2019. Uptake of the survey in the AH and FAH ER was low and WAHA will examine ideas to improve response. This being said, the current program has worked well from the time it was implemented to the end of March and the organization is very pleased with achieving a 92.15% satisfaction rate, and public participation in filling out the surveys.

Realizing that the QIP is a living document and the change ideas may fluctuate as you test and implement throughout the year, we want you to reflect on which change ideas had an impact and which ones you were able to adopt, adapt or abandon. This learning will help build capacity across the province.

Change Ideas from Last Years QIP (QIP 2017/18)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
Offer online survey at www.waha.ca	Yes	
Communication of results to the public and WAHA staff	Yes	WAHA will ensure the results of the survey are made available to the public via waha.ca

Continue to offer an emergency department survey in the ER units within Weeneebayko General Hospital (WGH), Fort Albany Hospital (FAH), Moosonee Health Centre (MHC) and Attawapiskat Hospital (AH).

Yes

and to staff through internal communications. WAHA offered surveys in all listed sites and actually developed a shortened version survey which was implemented and used from January - March 2018 to improve the response rate. The organization also used 3 interns to help encourage people to fill out surveys at WGH and MHC. WAHA also used community surveyors in Attawapiskat, Moose Factory and Moosonee to collect additional surveys.

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2	"Would you recommend this hospital to your friends and family?" (Inpatient care) (%; Survey respondents; April - June 2016 (Q1 FY 2016/17); CIHI CPES)	973	CB	CB	78.57	WAHA learned that using a multi-pronged strategy to encourage people to fill out surveys will improve the response rate going forward and the organization will continue to implement the methods described as change ideas in 2017-2018 for 2018-2019. Staff shortages made the full implementation of the program challenging for follow-up with past inpatients but the organization will look to implement this idea in 2018-2019. Our current program has worked well from the time it was implemented to the end of March and the organization is satisfied with its current response rate and will look to improve on it in 2018-2019.

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Continue to offer an inpatient satisfaction survey in the WAHA inpatient units within Weeneebayko General Hospital (WGH), Fort Albany Hospital (FAH) and Attawapiskat Hospital (AH).	Yes	WAHA offered surveys in all listed sites and actually developed a shortened version survey which was implemented and used from January - March 2018 to improve the response rate. The organization also used 3 interns to help encourage people to fill out surveys at WGH. Nurses and the Discharge Planning Department worked together to also encourage inpatients to fill out surveys.
Communication with past inpatients after discharge	No	WAHA will continue to work with the Discharge Planning Department for full implementation of

Offer survey online at www.waha.ca	Yes
Communication of results to the public and WAHA staff	Yes

this.

WAHA will ensure the results of the survey are made available to the public via waha.ca and to staff through internal communications.

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3	Hand hygiene compliance before patient contact - The number of times that hand hygiene was performed before initial patient contact divided by the number of observed hand hygiene actions for before initial patient contact multiplied by 100 - April 2016 - March 2017, consistent with publicly reportable patient safety data (%; Health providers in the entire facility; April 2016 - March 2017; Publicly Reported, MOH)	973	69.00	87.00	72.60	Hand hygiene compliance is still low and audits will continue to be conducted in 2018-2019 with the hopes of improving overall performance in alignment with provincial standards.

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Have hand hygiene monitors at each site	Yes	WAHA utilized high school students to conduct audits at all three of its hospitals.
Staff Training	Yes	WAHA implemented a new learning management system (Surge Learning) which required all staff within the organization to complete mandatory hand hygiene education online.
Staff and public communication	Yes	Staff were made aware of organizational hand hygiene performance via quarterly communiques.

ID	Measure/Indicator from 2017/18	Org Id	Current Performance as stated on QIP2017/18	Target as stated on QIP 2017/18	Current Performance 2018	Comments
4	Hand hygiene performance after patient contact - The number of times that hand hygiene was performed after patient contact divided by the number of observed hand hygiene actions multiplied by 100 - April 2016 - March 2017, consistent with publicly reportable patient safety data. (%; Health providers in the entire facility; April 2016 - March 2017; Publicly Reported, MOH)	973	85.00	91.00	73.50	Hand hygiene compliance is still low and audits will continue to be conducted in 2018-2019 with the hopes of improving overall performance in alignment with provincial standards.

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5	Medication reconciliation at admission: The total number of patients with medications reconciled as a proportion of the total number of patients admitted to the hospital (Rate per total number of admitted patients; Hospital admitted patients; Most recent 3 month period; Hospital collected data)	973	58.64	66.00	71.21	WAHA will continue to work towards implementing a full medication reconciliation process in 2018-2019.

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Creation of a Best Possible Medication History (BPMH) for patients who will be admitted to WGH	No	WAHA is still using a retroactive medication reconciliation process. A BPMH form has been created and a new draft is being worked on (Nov 2017) as well as a brand new Policy and Procedure for Med Rec. Nursing staff will be doing the BPMH and the Retroactive Med Rec in 2018-2019.
Staff Training	No	Training will occur once the full medication reconciliation process is finalized.
Creation of a Best Possible Medication History Admission assessment tool	Yes	A BPMH form has been created and a new draft is being worked on (Nov 2017) as well as a brand new Policy and Procedure for Med Rec.
Staff and public communication	No	No communication has been done with staff or the public - this will happen once the new medication reconciliation process is introduced.

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6	Medication reconciliation at discharge: Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients discharged. (Rate per total number of discharged patients; Discharged patients ; Most recent quarter available; Hospital collected data)	973	CB	CB	CB	WAHA will continue to work towards implementing a full medication reconciliation process in 2018-2019.

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Medication Reconciliation Discharge Process	No	WAHA is still using a retroactive medication reconciliation process. A BPMH form has been created and a new draft is being worked on (Nov 2017) as well as a brand new Policy and Procedure for Med Rec. Nursing staff will be doing the BPMH and the Retroactive Med Rec in 2018-2019.
Staff training	No	Training will occur once the full medication reconciliation process is finalized.
Creation of a Best Possible Medication Discharge Planning assessment tool	Yes	A BPMH form has been created and a new draft is being worked on (Nov 2017) as well as a brand new Policy and Procedure for Med Rec.
Staff and public communication	No	No communication has been done with staff or the public - this will happen once the new medication reconciliation process is introduced.

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7	Number of chronic continuing care patient falls/Number of total inpatient days for chronic continuing care patients. (%; % of falls complex for continuing care residents / Complex continuing care residents; April 2016 - March 2017; In house data collection)	973	0.00	2.00	0.00	WAHA will be rolling out a new falls prevention policy in 2018-2019, with training delivered to FAH and clinical staff at other WAHA sites in the new fiscal year. The falls rate continues to be very low in FAH and clinical staff are conducting extensive reviews to identify solutions when falls occur, keeping patients safe in the long run.

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Staff Training	No	Staff reviews of falls are incorporated into the daily nursing rounds conducted in FAH but WAHA is in the process of validating a new falls prevention program and it will be available to FAH and other WAHA clinical staff in 2018-2019.
Falls and risk assessment tools	Yes	Fort Albany uses the Resident Assessment Index (RAI) to conduct a full assessment of each incoming CCC inpatient needs prior to their admission, this includes their risk level for falls. The RAI is then completed for each inpatient every 90 days and adjustments are made if inpatients fall. For each fall occurring in Fort Albany, a comprehensive review is done and incident report submitted to the WAHA Quality Department to identify what occurred and interventions taken to keep the patient safe.
Reporting of CCC patient falls	Yes	4 falls were reported for CCC inpatients in Fort Albany for 2017-2018

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8	Reduce rates of deaths and complications associated with surgical care (Surgical Safety Checklist (SSCL): number of times all three steps of the surgical safety checklist were done ('briefing', 'time out' and 'debriefing') divided by the total number of surgeries performed, multiplied by 100; % / All surgical procedures; Hospital collected data / January - December 2016; In house data collection)	973	91.04	98.47	98.53	WAHA's performance is in alignment with provincial standards and the organization will be retiring SSCL from its 2018-2019 QIP.

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Surgical Safety Checklist (SSCL) monitoring	Yes	SSCL monitoring was excellent and monthly reports outlining performance were provided to the Quality Department
Communication to WAHA staff and to the public	Yes	Performance has been reported to the public through quarterly patient safety reports posted on waha.ca. These reports will also be sent to staff.
Review of cases where SSCL is not completed	Yes	SSCL monitoring was excellent and instances where SSCL reviews were not properly completed, were reviewed to identify and prevent future non-compliances.
Training of new WAHA OR staff	Yes	New have been trained as they have started working within the OR department.

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9	WAHA has developed cultural competency training to educate staff about Cree Aboriginal history, traditions, teachings and effective ways of communicating with people from the Weeneebayko Region (Number; Health and Service Providers throughout WAHA who participate in cultural competency training; April 2016 - March 2017; In house data collection)	973	29.00	60.00	49.00	WAHA is currently exploring ways to offer cultural competency training online in 2018-2019 for all WAHA staff and will continue delivering face to face training opportunities for new hires in 2018-2019.

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Face to Face Training Sessions for Staff	Yes	Face to face in-person training sessions, with OTN connections for those in coastal sites were offered on a bi-monthly basis to newly hired staff in 2017-2018. 49 people participated in this training.
Online training of staff	No	Online training of staff was not offered for cultural competency in 2017-2018 but this will be explored for 2018-2019.
Communication to staff	Yes	Staff will receive a summary of the total number of people who participated in cultural competency training for 2017-2018.