

Let's Make Healthy
Change Happen.



Quality Improvement Plan (QIP) Narrative for Health Care Organizations in Ontario



Weeneebayko Area Health Authority
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4/10/2019

This document is intended to provide health care organizations in Ontario with guidance as to how they can develop a Quality Improvement Plan. While much effort and care has gone into preparing this document, this document should not be relied on as legal advice and organizations should consult with their legal, governance and other relevant advisors as appropriate in preparing their quality improvement plans. Furthermore, organizations are free to design their own public quality improvement plans using alternative formats and contents, provided that they submit a version of their quality improvement plan to Health Quality Ontario (if required) in the format described herein.

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Overview

Background

The Weeneebayko Area Health Authority (WAHA) was named for the word the Cree people of the James/Hudson Bay lowlands use when referring to the waterways that make up their traditional territory “Weeneebayko”. The majority of the citizens of the coastal communities that make up the Weeneebayko region are of proud Cree lineage.

The health authority’s governance structure reflects the needs of the six communities served by Weeneebayko. The sixteen (16) member volunteer board provides a regional lens and guidance to WAHA’s senior leadership team. WAHA’s Board of Directors, staff and physicians are committed to providing the highest quality of health care within our region.

Region Served

WAHA provide acute health-care services and oversees the management of all its facilities, in the communities in Ontario’s James Bay and Hudson Bay coastal regions.

Integration

The health authority resulted from the 2010 integration of Weeneebayko Health Ahtuskaywin/Weeneebayko General Hospital in Moose Factory, James Bay General Hospital in Moosonee, and the hospitals in Fort Albany and Attawapiskat. Also included was the integration of some services with the federal nursing station in Kashechewan and Peawanuck.

Regional Population Estimate

The total catchment area for the James Bay coast is estimated to be roughly 12,000 people.

WAHA Mission, Vision and Values

Mission Statement

WAHA is a regional, community-focused organization, committed to providing optimum health care as close to home as possible.

Vision Statement

WAHA will distinguish itself as a provider of quality health services with a holistic approach that reflects the distinct needs of all peoples in the Weeneebayko region.

Our Values

- WAHA is committed to promoting healthier lifestyles while continuing to improve the holistic, lifelong well-being of all peoples in the Weeneebayko area
- WAHA supports families and communities through health education, advocacy and Cree language services
- WAHA is committed to providing high-quality health services that include traditional and cultural healing methods
- WAHA supports western and Traditional approaches to medicine

2018-2019 Quality Improvement Plan Progress Report

1. Patient Satisfaction Surveys

- a. ER (Emergency Room) Patient Satisfaction: The ER patient satisfaction rate for Weeneebayko General Hospital (WGH), Fort Albany Hospital (FAH) and Attawapiskat Hospital (AH) went down from 92.15% in 2017-2018 to 77% in 2018-2019. We are currently reviewing the survey feedback from patients/clients to identify opportunities for improvement.
- b. Inpatient Satisfaction – IPD (all sites): 92.3% of respondents who answered this question in the WAHA ER and Inpatient satisfaction surveys indicated they would recommend WAHA's inpatient department to friends and family in 2019-2020, which represents an increase of almost 15% when compared to 78.57% in 2018-2019. The 92.3% satisfaction also exceeded WAHA's target goal of 83.5%.
- c. Patient Information Satisfaction (all sites): 93.51% of people chose "yes" when replying to the question "Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital? This question was included in our ER and IPD satisfaction surveys for the first time this past fiscal year (2018/19). We also introduced a Cree version of the ER and IPD surveys in the 2018/19 fiscal year with plans to translate more patient material into Cree.

2. Hand Hygiene Performance

Our hand hygiene compliance has improved from 73% in 2017-2018 to 88% in 2018-2019 across all sites and has been steadily increasing since 2016-2017. We narrowly missed our performance target of 89% for this fiscal year but we are very pleased with our overall improvement and expect to meet our target by the end of 2019-2020. WAHA will continue to monitor hand hygiene compliance.

3. Medication Reconciliation at Admission and Discharge

WAHA's approved its first medication reconciliation policy on March 29, 2019. Data shows that WAHA improved performance in its "retrospective" medication reconciliation admission process from 71% in 2017-2018 to 88% in 2018-2019. The organization will collect baseline data for admission and discharge medication reconciliation in 2019-2020 with its new program in place.

4. Falls Prevention Program (Falls for Long Stay Clients)

WAHA approved a new falls prevention program on February 22, 2019. To ensure the quality of our data, we intend to collect two years of baseline data now that WGH, FAH and AH are fully staffed. We will set a falls performance target for the 2020-2021 QIP.

5. Workplace Violence and Harassment Prevention Program

In 2018-2019, five incidents of workplace violence and harassment were reported across all sites and follow-up was done by the Occupational Health and Safety Nurse. To ensure the quality of our data, we intend to collect two years of baseline data now that WGH, FAH and AH are fully staffed. We will set a workplace violence and harassment performance target for the 2020-2021 QIP.

WAHA continues to offer the workplace violence and harassment program, the Occupational Health and Safety Nurse Investigates any complaints brought forth through the program.

6. Alternate Level of Care (Inpatient Bed Days)

WAHA's performance led to a very noticeable decrease in Alternate Level of Care (ALC) inpatient days from 24.1 in 2017-2018 to 18.3 in 2018-2019. This represents a 25% decrease, and can be credited to the continued teamwork and collaboration between WAHA's Discharge Planning department, the nursing team and physicians. We formalized our family communications, for example:

- Nurses, physicians and the discharge planning have the authority to initiate family meetings prior to discharge

The teamwork resulted in patients being discharged sooner and to help them find community care supports/access to other care facilities more quickly and efficiently.

2019-2020 QIP Workplan Summary - Description of Projects

1. Alternate Level of Care (Inpatient Bed Days)

WAHA's physicians, discharge planning and nursing teams will continue to support safe and timely returns to the community by linking patients, families and caregivers with the care supports required to safely return home or transfer to other care facilities. Our goal is to decrease the number of inpatient bed days by 10% or 16.5 days in 2019-2020.

2. Percentage of complaints acknowledged to the individual who made a complaint within five business days

In 2018-2019, our Quality Department contacted people who submitted complaints within five business days 93.75% of the time. In 2019-2020, the Department's goal is to respond to 100% of complaints within five business days. The department will implement a tracking solution to monitor response times, the current status of each complaint/concern and when/how complaints were resolved by the end of 2019/20.

3. Patient Experience Surveys

The Quality Department will meet with communications and clinical staff to develop a strategy to increase survey response rates.

4. Medication Reconciliation at Admission and Discharge

WAHA's health care providers will implement and complete medication reconciliation upon admission to and prior to discharge at WGH in 2019-2020. We will look to conduct medication reconciliations in FAH and AH once the full implementation is completed at WGH.

5. Workplace Violence and Harassment Prevention Program

The Quality Department and Occupational Health/Safety Nurse will review the workplace violence and harassment incidents received for 2018-2019, working together to determine trends and identifying solutions for the types of incidents received. The Quality Department will meet with communications and clinical staff to develop a strategy to increase staff awareness of our program and to also help them with accessing the program if required.

6. Falls Prevention Program (Falls for Long Stay Clients)

WAHA's health care providers will implement a falls prevention program in FAH for 2019-2020. The program will be rolled out to WGH and AH once it is fully implemented in FAH.

7. In-Hospital Sepsis

WAHA will develop a process in 2019-2020 to evaluate the number of times that patients diagnosed with sepsis have received antibiotics; this is a new indicator for our organization. "Sepsis is the body's overwhelming and life-threatening response to infection that can lead to tissue damage, organ failure, and death" (sourced from www.sepsis.org). Best practice guidelines indicate that some patients who receive antibiotics within one hour of diagnosis can avoid complications.

Describe your organization's greatest QI achievement from the past year

We are proud of the continued efforts made by our physicians, discharge planning, nursing staff, allied health care professionals, supportive care staff and administrative teams who work collaboratively to make sure our patients receive high-quality care across all of WAHA's sites. The teams also work closely together to effectively transition inpatients back into their homes with the appropriate community care supports available, or to other long-term care settings as required. Additionally, the teams formalized our family communication process, enabling nurses, physicians and the discharge planning team to initiate family meetings prior to discharge. The work and coordination of this group continues to evolve with each passing year and WAHA is highlighting their efforts as this year's greatest QI achievement.

Patient/client/resident partnering and relations

Over the last 18 months the organization has faced dramatic change, it is our goal to re-establish a regular meeting schedule for the Quality committees in 2019-2020. Working in conjunction with the Director of Communications, a particular focus will be placed on developing patient and public engagement strategies to solicit feedback, and ideas for WAHA's Quality projects.

Workplace Violence Prevention

Workplace violence prevention is a priority for WAHA. The number of workplace violence incidents is reported to WAHA's Board of Directors and the Senior Management team. Each instance of reported workplace violence is investigated, with solutions identified and implemented by the Occupational Health and Safety Nurse along with Departmental Managers. The Quality Department and Occupational Health and Safety Nurse work together to keep track of the number of workplace violence incidents reported each year.

The organization has made significant investments in developing its program, as it hired an external company to help shape its existing program. WAHA will also look to bolster the program in the upcoming fiscal year, by offering face to face, in-service education sessions for staff. It is hoped the sessions will increase their familiarity with the program, and to make sure they know how to report workplace violence incidents.

Executive Compensation

President and Chief Executive Officer

- Is responsible to make sure the QIP is developed and implemented, with progress being reported to the public and WAHA's Board of Directors
- Makes sure projects included in the plan are completed by staff

Director of Finance and Materials Management

- Is responsible to make sure QIP goals and projects are mentioned in the budgets of each department
- Provide reports that keep the public informed about WAHA's finances

Vice President of Human Resources and Organizational Development

- Helps with the deployment of patient and staff satisfaction programs
- Staff satisfaction survey and progress reporting is done every two years
- Make sure staff are recognized for their hard work at all WAHA sites
- Works with managers to make sure staff participate in performance evaluations across all sites
- Monitors the workplace violence and harassment prevention program

Director of Support Services

- Help with patient and staff satisfaction programs
- To make sure WAHA buildings are clean and safe
- To make sure ordering of hand hygiene products and supplies is done for all WAHA sites

Vice President of Clinical Services & Chief Nursing Executive

- Support patient and staff satisfaction programs
- Ensure falls prevention program is delivered
- Oversee medication safety program and assists with monitoring hand hygiene performance

Chief of Staff

- Ensure falls prevention and medication reconciliation programs are delivered

Compensation

- President and Chief Executive Officer (3% compensation)
- Director of Finance and Materials Management (3% compensation)
- Vice President of Human Resources and Organizational Development (3% compensation)
- Director of Support Services (3% compensation)
- Vice President of Clinical Services & Chief Nursing Executive (3% compensation)
- Chief of Staff (3% compensation)

Contact Information

Members of the public are encouraged to contact WAHA's Quality Department for any questions regarding the QIP at 705-658-4544 ext. 2332

Sign-off

I have reviewed and approved our organization's Quality Improvement Plan

Interim Board Chair: To be determined

Quality Committee Chair: To be determined

Interim Chief Executive Officer: John McIntosh

Other leadership as appropriate