

# Weeneebayko Area Health Authority (WAHA) Quality Improvement Plan Progress Report for 2018/19

The Quality Improvement Plan Progress Report is a tool that helps organizations make linkages between change ideas and improvement and gain insight into how their change ideas might be refined in the future. Health Quality Ontario (HQO) uses the updated Progress Reports to share effective change initiatives, spread successful change ideas, and inform robust curriculum for future educational sessions.

## 1. Measure/indicator: Would you recommend this emergency department to your friends and family?

ID	Measure/indicator from 2018/19	Org ID	Current Performance as stated on QIP 2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
1	"Would you recommend this emergency department to your friends and family?" (%; Survey respondents; April - June 2017 (Q1 FY 2017/18); EDPEC)	973	92.15	92.15	77.00	WAHA's Emergency Room satisfaction rate went down from 92.15% in 2017-2018 to 77% in 2018-2019. WAHA is currently reviewing written feedback provided by clients to identify themes for improvement.  Source: Emergency Department Patient Experience Surveys

Change ideas from last years QIP (2018/19)	Was this change idea implemented as intended? (Yes/No)	Lessons Learned
Shortened Emergency Room (ER) Survey and nursing interns/community surveyors recruited to increase participation	Yes	WAHA's Quality department created a shorter version of its ER survey as planned and introduced a Cree version. The department also recruited a high-school student volunteer and a community surveyor to conduct the ER survey in collection kiosks in the James and Hudson Bay region. The additional outreach from the organization was viewed favorably by the communities. This change was successfully implemented overall.
Offer online survey at <a href="http://www.waha.ca">www.waha.ca</a>	Yes	WAHA does have its survey available for people to fill out on the website ( <a href="http://www.waha.ca">www.waha.ca</a> ). However, it is believed that community members are generally unaware that the survey is available through the website. WAHA will use the website to create further awareness that the survey exists.
Communication of results to the public and WAHA staff	Yes	WAHA's Quality department is reviewing the 2018-2019 survey results and will develop a public report in 2019-2020. The department will also liaise with the Director of Communications to ensure communities are aware of the results.

Quality Associate hired to provide additional supports for QIP development	Yes	WAHA's Quality Department learned that it required more staffing support to keep up with managing patient incidents received, responding to patient complaints and keeping up with other quality-based projects. In response to this need, WAHA hired an additional support staff, a new Quality Associate, to further support the development and monitoring of progress for its annual QIP.
Introduction of shortened Cree and English ER survey within all WAHA ER Departments	Yes	The Quality Department provided all WAHA ER sites (Moosonee Health Centre, Weeneebayko General, Fort Albany and Attawapiskat Hospitals with copies of the Cree and English ER surveys. Clinical staff at each site have been asked to provide patients with the survey and help if required. Patient feedback about the shorter survey was positive and it was easier to collect responses.

2. Measure/indicator: Would you recommend this hospital to your friends and family?

ID	Measure/indicator from 2018/19	Org ID	Current Performance as stated on QIP 2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
2	"Would you recommend this hospital to your friends and family?" (Inpatient care) (%; Survey respondents; April - June 2017 (Q1 FY 2017/18); CIHI CPES)	973	78.57	83.50	92.30	92.3% of respondents indicated they would recommend WAHA's inpatient department (IPD) to friends and family in 2018-2019, which represents an increase of almost 15% when compared to 78.57% in 2017-2018. The 92.3% satisfaction rate also exceeded WAHA's 2018-2019 target goal of 83.5%.

Change ideas from last years QIP (2018/19)	Was this change idea implemented as intended? (Yes/No)	Lessons Learned
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Shortened Inpatient (IPD) Survey and nursing interns/community surveyors recruited to increase participation	Yes	WAHA's Quality Department shortened its IPD survey as planned and introduced a Cree version. The Quality department enlisted the support of the Discharge Planning department to collect surveys at Weeneebayko General Hospital (WGH) and used clinical staff at Fort Albany and Attawapiskat hospitals to collect surveys. The Quality Department did not have access to nursing interns this year did not use interns or community surveyors to fill out IPD surveys. Instead it was decided to focus community outreach efforts on the collection of ER surveys.
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Offer online survey at www.waha.ca	No	WAHA does have its survey available for people to fill out from the website - waha.ca. However, it is believed that community members are generally unaware that the survey is available through the website. WAHA will use the website to create further awareness that the survey exists.
Communication of results to the public and WAHA staff	No	WAHA's Quality Department is currently reviewing the results from the 2018-2019 survey and will develop a report for dissemination to the public in the 2019-2020 fiscal year. The department will also liaise with the Director of Communications as previously mentioned to ensure communities are aware of the results.
Introduction of shortened Cree and English IPD survey within all WAHA inpatient sites and support received from Discharge Planning Department.	Yes	The Quality Department provided all WAHA IPD sites with copies of the Cree and English IPD surveys. Clinical staff at each site have been asked to provide patients with the survey and to offer assistance if required. The WAHA Discharge Planning department is assisting with the collection of IPD surveys at WGH. Through feedback received from patient, WAHA learned that offering a shorter survey would make it easier to obtain responses.

3. Measure/indicator: Did you receive enough information from staff about what to do if you are worried about your condition or treatment after leaving the hospital?

ID	Measure/indicator from 2018/19	Org ID	Current Performance as stated on QIP 2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
3	Did you receive enough information from staff about what to do if you were worried about your condition or treatment after you left the hospital? (%; Survey respondents; April - June 2017(Q1 FY 2017/18); CIHI CPES)	973	Collecting baseline	Collecting baseline	93.80	More than 9 out of 10 people (93.8%) said "yes", indicating they received enough information from hospital staff if they were worried about their condition or treatment after they left the hospital. This question was included within WAHA's ER and IPD surveys for the first time this past fiscal year (2018-2019).

Change ideas from last years QIP (2018/19)	Was this change idea implemented as intended? (Yes/No)	Lessons Learned
Integrate this question in the WAHA IPD and ER surveys	Yes	Including this question in both surveys enabled WAHA to receive responses as expected and we will continue to make sure it appears in future surveys.

4. Measure/indicator: Handy hygiene compliance before and after patient contact

ID	Measure/indicator from 2018/19	Org ID	Current Performance as stated on QIP 2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
4	Hand hygiene compliance before and after patient contact (%; Health providers in the entire facility; April 2017-March 2018; Publicly Reported, MOH)	973	73.00	89.00	88.00	Hand hygiene is a priority for WAHA. The organization continues to improve hand hygiene performance at all three of its acute care sites. The organization's combined hand hygiene performance has increased from 73% in 2017-2018 to 88% in 2018-2019 and has been steadily increasing since 2016-2017. The organization narrowly missed its performance target for this fiscal year of 89% but is very pleased with the overall improvement. WAHA will continue to monitor hand hygiene compliance for 2019-2020.

Change ideas from last years QIP (2018/19)	Was this change idea implemented as intended? (Yes/No)	Lessons Learned
Have hand hygiene monitors at each site	No	WAHA's Infection and Control Manager is conducting the hand hygiene audits at our three acute care sites and has been able to conduct the number of audits required without the need for hand hygiene monitors.
Staff Training	Yes	Staff are required to complete annual hand hygiene training online through its e-learning system, Surge Learning
Staff and public communication	No	The staff and public will receive the total results later in 2019

5. Measure/indicator: Medication reconciliation at admission

ID	Measure/indicator from 2018/19	Org ID	Current Performance as stated on QIP 2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
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; October – December (Q3) 2017; Hospital collected data)	973	71.21	75.00	88.00	WAHA's medication reconciliation policy is approved for use in early 2019-2020. WAHA improved performance in its current "retrospective" medication reconciliation process from 71% in 2017-2018 to 88% in 2018-2019.

Change ideas from last years QIP (2018/19)	Was this change idea implemented as intended? (Yes/No)	Lessons Learned
Creation of a Policy and Best Possible Medication History (BPMH) for patients who will be admitted to WGH	No	WAHA endorsed its medication reconciliation policy and will start delivering the program in WGH for 2019-2020. The program will eventually be offered in our two other acute care sites after the medication reconciliation program is fully implemented in WGH.
Staff Training	Yes	Clinical staff at WGH will be trained in 2019-2020 and staff at both of the other hospitals will be trained once the program is offered in those facilities.
Staff and public communication	No	Results from this program will be delivered to staff and the public once statistics are collected.

6. Measure/indicator: Medication reconciliation at discharge

ID	Measure/Indicator from 2018/19	Org ID	Current Performance as stated on QIP 2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
6	Medication reconciliation at discharge: Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion to the total number of patients discharged. (rate per total number of discharged patients; October - December (Q3) 2017; Hospital collected data)	973	Collecting baseline data	Collecting baseline data	Collecting baseline data	The medication reconciliation policy and program will be implemented at WGH in 2019-2020.

Change ideas from last years QIP (2018/19)	Was this change idea implemented as intended? (Yes/No)	Lessons Learned
Creation of a policy and a medication reconciliation discharge process - Best Possible Medication History (BPMH)	Yes	WAHA endorsed its medication reconciliation policy and will start delivering the program in WGH for 2019-2020. The program will eventually be offered in its two other acute care sites.
Staff Training	Yes	Clinical staff at WGH will be trained in 2019-2020 and staff at both of the other hospitals will be trained once the program is offered in those facilities.
Staff and public communication	Yes	Results from this program will be delivered to staff and the public once statistics are collected.

7. Measure/indicator: Number of chronic continuing care patient falls

ID	Measure/indicator from 2018/19	Org ID	Current Performance as stated on QIP 2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
7	Number of chronic continuing care patient falls/Number of total inpatient days for chronic continuing care patients. (%; Complex continuing care patients; April 2017-March 2018; In house data collection)	973	0.00	2.00	0.00	When the results are rounded to the lowest number, WAHA had a near zero falls rate in 2018-2019. WAHA has an endorsed falls prevention program for 2019-2020 and will be launching in our Fort Albany Hospital site first. Our other two acute care sites will follow afterwards.

Change ideas from last years QIP (2018/19)	Was this change idea implemented as intended? (Yes/No)	Lessons Learned
Policy review and finalization	Yes	WAHA's has endorsed a policy for its falls prevention program. The program will be implemented in FAH in 2019-2020 and will also be carried to WGH and AH once it is fully operational in FAH.
Staff Training	No	Clinical staff will be trained on the new falls prevention program in 2019-2020.
Falls and risk assessment tools utilized for CCC inpatients	No	Clinical staff will be using the Morse Fall Scale (MFS) to assess CCC inpatients upon admission and also after each fall. The MFS will be used in 2019-2020.
Reporting of CCC patient falls	Yes	Clinical staff continues to report falls through WAHA's Patient Incident Reporting system.
Staff and public communication	No	Results from this program will be delivered to staff and the public once statistics are collected.

8. Measure/indicator: Number of patients identified with sepsis with first hour

ID	Measure/indicator from 2018/19	Org ID	Current Performance as stated on QIP 2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
8	Number of patients identified with sepsis within first hour (time from triage in ER or from time of identification of sepsis to time of antibiotic administration). Number of patients identified with sepsis, from patient case reviews (%; ED patients; July 2018-August 2019; In house data collection)	973	Collecting baseline data	Collecting baseline data	Collecting baseline data	WAHA's Quality department and the Infection Control/Prevention Manager will work together to identify an IT solution to improve tracking of patients diagnosed with sepsis.

Change ideas from last years QIP (2018/19)	Was this change idea implemented as intended? (Yes/No)	Lessons Learned
Improved identification of sepsis in ER	No	WAHA's Quality Department and Infection Control/Prevention Manager are currently in the process of trying to develop an easier method of finding patients that were identified with sepsis within the first hour. WAHA will engage with small and middle sized hospitals to obtain ideas on how they effectively identify sepsis at their sites, our organization will also work to find an electronic based solution for tracking.
Patients diagnosed with sepsis receive antibiotics within the first hour of diagnosis	No	Chart reviews were manually done from all ER visits at WAHA sites July to November of 2018, of the 8 identified cases, information on only one demonstrated that the patient received antibiotics within the first hour - it was difficult to find information on the 7 other cases as mentioned in the previous change idea due to technological limitations.
Case reviews for instances where antibiotic administration did not happen within the first hour	No	There was only one result tracked the start to end of visit and this case review concluded the patient received antibiotics within the first hour of identification.



9. Number of workplace violence incidents reported by hospital works

ID	Measure/indicator from 2018/19	Org ID	Current Performance as stated on QIP 2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
9	Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12-month period. (Count; Worker; January - December 2017; Local data collection)	973	Collecting baseline data	Collecting baseline data	5.00	In 2018-2019, 5 incidents were reported and follow-up was done by the Occupational Health and Safety Nurse.

Change ideas from last years QIP (2018/19)	Was this change idea implemented as intended? (Yes/No)	Lessons Learned
WAHA has a workplace violence and harassment program, it will continue to be offered in 2018-2019 and in future years	Yes	WAHA continues to offer the workplace violence and harassment program, the Occupational Health and Safety Nurse Investigates any complaints brought forth through the program.
Data Collection	Yes	The Occupational Health and Safety Nurse keeps track of all the complaints brought forth and provides the information to the Quality Department for annual reporting.
Organization wide "respect in the workplace" training offered via WAHA's e-learning system	Yes	"Respect in the Workplace Training" continues to be offered on WAHA's Surge Learning e-learning system annually to staff.
Management specific training offered on staff engagement	No	This idea was not implemented in 2018-2019 and will be re-evaluated for 2019-2020.

10. Measure/indicator: Total number of alternate level of care (ALC) days

ID	Measure/indicator from 2018/19	Org ID	Current Performance as stated on QIP 2018/19	Target as stated on QIP 2018/19	Current Performance 2019	Comments
10	Total number of alternate level of care (ALC) days (contributed by ALC patients within the specific reporting month/quarter using near-real time acute and post-acute ALC information and monthly bed census data) (Rate per 100 inpatient days; All inpatients; July - September 2017; WTIS, CCO, BCS, MOHLTC)	973	24.10	22.00	18.30	<p>WAHA's performance led to a very noticeable decrease in ALC inpatient days from 24.1 in 2017-2018 to 18.3 in 2018-2019. This represents a 25% decrease; the performance for this can be credited to the continued teamwork and collaboration between WAHA's Discharge Planning department, the nursing team and physicians. As an example of how the team worked well together to improve performance, we formalized our family communications, which means nurses, physicians and the discharge planning had the authority to initiate family meetings prior to discharge. Meetings were conducted with the patient and family members when required and this sometimes resulted in patients being discharged sooner home with community care supports or to access other care facilities that suited the needs of the patient.</p>
<p><b>Change ideas from last years QIP (2018/19)</b></p>		<p><b>Was this change idea implemented as intended? (Yes/No)</b></p>		<p><b>Lessons Learned</b></p>		
<p>Conduct case review of each ALC inpatient occupying a bed at WGH</p>		<p>No</p>		<p>This task was completed through WAHA's regular electronic reporting practices and individual case reviews were not necessary.</p>		