2019/20 Quality Improvement Plan
Improvement Targets and Initiatives

Weeneebayko Area Health Authority, 19 Hospital Drive, PO Box 664, Moose Factory, ON P0L 1W0

AIM		Measure									Change				
Issue	Quality dimension	Measure / Indicator	Type	Unit / Population	Source / Period	Organization ID	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change ideas)	Methods	Process measures	Target for process measure	Comments
M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) C = custom (add any other indicators you are working on)															
Theme I: Timely and Efficient Transitions	**Efficient**	Average number of inpatients receiving care in unconventional spaces or ER stretchers per day within a given time period.	P	Count / All patients	Daily BCS / October - December 2018	973*	0				1)				Reporting at the corporate level
		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	P	Rate per 100 inpatient days / All inpatients	WTIS, CCO, BCS, MOHLTC / July - September 2018	973*	18.3	16.50	10% when compared to 2017-2018 performance.		1)Patient and Family Communication	WAHA's discharge planning, nursing teams and physicians conduct family meetings for higher risk ALC patients and have also communicated the benefits of moving ALC patients to more appropriate care facilities as needed. The teams are also in close contact with the families of ALC patients to help make sure they receive the care they need, whether this is obtained through WAHA, by transitioning patients back home with the appropriate community care supports or by moving patients to other care facilities as required.	High risk patients and their families have the opportunity to participate in meetings with WAHA health care providers when required to discuss care needs during their inpatient stays	100% of high-risk patients and their families have a meeting shortly after admission to Weeneebayko General Hospital (WGH), Fort Albany Hospital (FAH) and Attawapiskat Hospital (AH) and follow-up meetings are coordinated as required	WAHA continues to make strides in this area, inpatients are being linked to the care supports required during their inpatient stays, transitioned back to their homes with community care assistance when appropriate or they are moved to other care facilities as required. WAHA's discharge planning, nursing and physician teams continue to work together, keeping patients engaged about their care and also communicating with identified family members as needed.
	Timely	Percentage of patients discharged from hospital with a discharge summary sent to the primary care provider within 48 hours of patient's discharge from hospital.	P	% / Discharged patients	Hospital collected data / Most recent 3 month period	973*					1)				Reporting at the corporate level
Theme II: Service Excellence	**Patient-centred**	Percentage of complaints acknowledged to within five business days	P	% / All patients	Local data collection / Most recent 12 month period	973*	93.75	100.00	WAHA tracked performance on this metric from October 2018 - March 2019 and aims to achieve 100% compliance in 2019-2020		1)Development of a formal tracking system to record the amount of time required to acknowledge complaints received from when they were initially submitted	WAHA has hired a Quality Associate and this person will serve as the main contact to receive and follow-up on patient complaints. This individual along with support from Quality colleagues, will develop a tracking system to ensure WAHA acknowledges patient complaints within five business days.	Number of times that WAHA successfully acknowledges receiving a patient complaint within five business days versus number of total complaints received by WAHA in 2019-2020.	100% of patietn complaints acknoledged within five business days of receiving the complaint	Stretch target: WAHA acknowledges patient complaints 100% of the time within 5 business days each and every year on a go forward basis
											2)Communication tools monitored daily	1) Ensure the Quality Department's patientsatisfaction@waha.ca e-mail, office phone lines and mailbox are monitored daily	Ensure daily monitoring occurs	100% / every business day at least once check of Quality department's voice mail and email accounts	WAHA will monitor its reponse times to ensure 100% compliance and make adjustments to its tools and systems as required
											3)Progress reporting to the Public and WAHA staff	WAHA's Quality Department will be developing a process to report quarterly and yearly progress of outcomes for projects undertaken and will include this information within the report generated	A progress report will be sent out every three months to WAHA staff and the yearly reporting for the public will be included in WAHA's QIP for 2019-2020	WAHA's Quality Department will send out four quarterly reports to staff in 2019-2020 and generate a QIP in 2019-2020	WAHA believes it is important for staff and the public to be informed of the organization's continued performance regarding the acknowledgment of complaints within legislative mandated timelines.
		Percentage of respondents who responded positively to the following 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?	P	% / Survey respondents	CIHI CPES / Most recent consecutive 12-month period	973*	93.51	98.18	WAHA will improve by 5% in 2019-2020 when compared to 2018-2019 performance		1)Use of additional marketing mediums to increase participation in the organization's emergency and inpatient department surveys	WAHA's Quality Department use the corproate Facebook page to promote the survey to the public and make adjustments to the survey weblink on www.waha.ca to increase the number of responses	Number of survey responses received from the public through its website and through its Facebook page	To develop a baseline for identification of a future performance target	WAHA continues to encourage public participation in its survey and feedback processes, allowing the organization to review responses received and assess client/patient satisfaction
											2)Obtaining responses to this question through WAHA's Emergency and Inpatient Department Surveys	WAHA's Quality Department will collect emergency and inpatient department surveys and analyze the results for annual reporting	The Quality Department will record the number of emergency and inpatient department surveys returned and compare this against the number and percentage of respondents who answer "yes" to this question.	To have at least 80% of respondents respond to this question	Stretch target: to have 100% of respondents answer this question on a go forward basis
											3) Communication of results to the public and WAHA staff	1) Results from WAHA Emergency Department survey provided by the WAHA Quality Department to staff via e-mail and through departmental managers 2) Results from Emergency Department survey will be provided to the public online through www.waha.ca	Emergency Department results are sent to staff and the public at least once in fiscal year 2019-2020	1) To post the results for the public on www.waha.ca 2) To send out the results to 100% of WAHA staff in 2019-2020 3) To make sure WAHA staff and the public know how patients feel about the quality of information they received, to help them manage their condition and treatment after leaving the hospital	WAHA clinical and administrative staff will monitor how patients answer this question and work to improve performance in this area on a go forward basis
Theme III: Safe and Effective Care	**Effective**	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.	P	Rate per total number of discharged patients / Discharged patients	Hospital collected data / October - December 2018	973*	CB	CB	WAHA has an approved policy in place for medication reconciliation and will collect baseline data in 2019-2020 for identification of a future performance target in 2020-2021		1)Staff training initiative	Deliver training on WAHA Best Possible Medication History (BPMH) discharge process to doctors and nurses	Number of doctors and nurses trained on BPMH discharge process divided by the total number of doctors and nurses working at WAHA	100% of doctors and nurses are trained on the BPMH process	Ultimate goal: to make sure all doctors and nurses are trained and understand WAHA's medication reconciliation program
											2)Creation of a BPMH for inpatients who are preparing to be discharged from WGH	Medication reconciliation process including patient BPMH will be initiated in the WGH inpatient department	1) Every 3 months the number of BPMH reconciliations for discharged inpatients at WGH will be compared to the number of admitted inpatients and a report will be delivered to the WAHA Quality Department to keep track of progress. 2) Total number of discharged patients for whom a BPMH was created divided by the total number of inpatients discharged.	1) At least 60% of inpatients have a BPMH created upon being discharged from the hospital	Ultimate goal: to have BPMH created for 100% of discharged inpatients. This program will be offered in FAH and AH once it is fully implemented at WGH.
											3)Progress reporting to the public and WAHA staff	Communication of medication reconciliation discharge results to staff and public	Number of medication reconciliation reports sent to staff and public in 2018-2019	Medication reconciliation results are reported to staff and the public	Ultimate goal: to make staff and the public aware of WAHA's performance
		Proportion of hospitalizations where patients with a progressive, life-threatening illness have their palliative care needs identified early through a comprehensive and holistic assessment.	P	Proportion / at-risk cohort	Local data collection / Most recent 6 month period	973*					1)				Reporting at the corporate level
		Rate of mental health or addiction episodes of care that are followed within 30 days by another mental health and addiction admission.	P	Rate per 100 discharges / Discharged patients with mental health & addiction	CIHI DAD,CIHI OHMRS,MOHTLC RPDB / January - December 2017	973*	X				1)				Reporting at the corporate level
		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	C	% / All inpatients	In house data collection / October 2019 - March 2020	973*	CB	CB	WAHA has a new approved policy in place for medication reconciliation for 2019-2020. The medication reconciliation program will be piloted at WGH, with baseline data being collected to develop a future performance target in 2020-2021.		1)Staff training initiative	Deliver training on WAHA Best Possible Medication History (BPMH) Admission process to doctors and nurses	Number of doctors and nurses trained on BPMH Admission process divided by total number of doctors and nurses working at WAHA	100% of doctors and nurses are trained	Ultimate goal: to make sure all doctors and nurses are trained, ensuring patient medication profiles are completed for admissions
											2)Creation of a BPMH for patients who will be admitted to WGH	Medication reconciliation process including patient BPMH can be initiated in acute and primary care areas by health care providers	1) Every 3 months the number of BPMH's reconciliations for admitted inpatients at WGH will be compared to the number of admitted inpatients and a report will be delivered to the WAHA Quality Department to keep track of progress. 2) Number of inpatient medication profiles reviewed divided by the number of inpatients admitted to WGH in 2019-2020	To have at least 60% of WGH inpatients participate in medication profile reviews for 2019-2020	Ultimate goal: to have BPMH created for 100% of discharged inpatients. This program will be offered in FAH and AH once it is fully implemented at WGH.
											3)Progress reporting to the public and WAHA staff	Communication of medication reconciliation admission results to staff and public	Number of medication reconciliation reports sent to staff and public in 2019-2020	Medication reconciliation results are reported to staff and the public	Ultimate goal: to make staff and the public aware of WAHA's performance
	Safe	Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period.	MANDATORY	Count / Worker	Local data collection / January - December 2018	973*	5	5.00	WAHA encourages staff to report incidents as they happen, the organization hopes the number of occurrences reduces over time, but has kept their performance target the same for 2019-2020.		1)Evaluate (trend analysis) the amount of patient/visitor to health care provider/staff workplace violence incidents received	WAHA's Quality Department and Occupational Health/Safety Nurse will review the number of incidents received through the organization's incident management system, to analyze if common trends exist. The data is already captured through a report generated by the Quality Department.	The number of workplace violence incidents reported by hospital workers in 2019-2020 will continue to be reported, according to OHSA guidelines	1) 100% of workplace violence incidents are investigated, with outcomes recorded as per OHSA guidelines 2) 100% of workplace violence incidents reviewed and categorized, for analysis of possible developing trends	FTE=430
											2) Strategy developed to increase staff awareness	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.	A formalized strategy will be developed and finalized	The strategy is 100% complete and ready for use	WAHA will make adjustments and changes to its program and training when required, to make sure it stays in compliance with legislative guidelines
		Falls for long stay clients	C	% / Complex continuing care residents	In house data collection / October 2019 - March 2020	973*	CB	CB	WAHA will be implementing its newly endorsed falls prevention policy in 2019-2020 and will identify a baseline to develop a future performance target in 2020-2021		1)Staff training initiative	Deliver training for WAHA falls prevention policy to health care providers and staff in FAH	Number of health care staff who receive falls prevention training in FAH	100% of health care staff are aware of how to implement the falls prevention program with long stay clients	Supplemental education will be offered to health care providers and staff in FAH for future years (eg. refresher training on how to tell the difference between dementia, delirium and depression, additional training on fall intervention best practices, etc.)
											2)Falls and risk assessment tools utilized for CCC inpatients	Have health care providers use the Morse Fall Scale with chronic continuing care (CCC) inpatients upon admission to FAH and when falls happen to re-evaluate patients. Utilize Morse Scale fall interventions for moderate and high risk patients.	1) Number of CCC patients assessed within 24 hours of their admission using the Morse Fall Scale divided by the total number of admitted inpatients 2) Number of CCC Morse Scale follow-up assessments conducted within 24 hours after a fall happens divided by the total number of CCC patient falls	1) 100% of CCC patients assessed within 24 hours of their admission using the Morse Fall Scale 2) 80% of CCC Morse Scale follow-up assessments conducted within 24 hours after a fall	Stretch Target: Morse Fall Scale assessment to be conducted 100% of the time within 24 hours of admission and also within 24 hours after a fall occurs
											3)Reporting of CCC patient falls	Patient falls for CCC patients are reported by health care staff to the Quality Department on the WAHA Patient Incident Report Form	Number of CCC patient falls reported by FAH health care staff	100% of CCC patient falls are reported to the Quality Department	Ultimate goal: to promote a falls reporting culture, for identification of solutions to minimize the patients risk of falling in the future
											4)Progress reporting to the public and WAHA staff	Results from the falls prevention program are communicated to the public and WAHA staff	Number of falls prevention program reports sent to the public and WAHA staff in 2019-2020	Falls prevention program results are reported to the public and WAHA staff	Ultimate goal: to make the public and WAHA staff aware of organizational performance
		In-Hospital Sepsis: Number of patients identified with sepsis within 1st hour, (time of triage in ER or from time of identification of sepsis) to time of antibiotic administration divided by the number of patients identified with sepsis, from patient case reviews	C	% / ED patients	In house data collection / July - November 2019	973*	CB	CB	To collect baseline data for development of a future performance target		1)Improved identification of sepsis in ER	1) Triage nurse highlights the patient's abnormal vitals and identifies patient as CTAS 2, physician to see patient within 15 minutes 2) Physician assessment and diagnosis via SIRS criteria and initiate use of In-Hospital Sepsis Order Set	Time of patient triage in ER and identified as CTAS 2, to time patient seen by physician = less or equal to 15 minutes	100% of patients seen within 15 minutes by a physician when diagnosed as CTAS 2	Stretch Target: To ensure 100% of CTAS 2 patients are seen within 15 minutes
											2)Patients diagnosed with sepsis receive antibiotics within the first hour of diagnosis	Nurse to administer antibiotics once sepsis is identified and within the first hour	Identification of sepsis within 1st hour (time of triage in ER or from time of identification of sepsis) from time of presentation to time of antibiotic administration = 1 hour or less	100% of patients receive antibiotics within 1st hour	Stretch Target: To ensure patients receive antibiotics 100% of the time within one hour of sepsis diagnosis
											3)Case reviews for instances where antibiotic administration did not happen within the first hour of identification	Physicians will review cases where the goal was not met and debrief for these cases, to prevent future reoccurence	Number of cases where antibiotic administration did not happen within the first hour of identification divided by the total number of diagnosed sepsis cases	100% of diagnosed sepsis cases receive antibiotics within the first hour of identification	Stretch target: to ensure 100% compliance
											4)Development of a electronic system, to aid in identifying patients who were diagnosed with sepsis	1) WAHA's Quality Department is looking to obtain Practice Solutions training for administrative and clinical staff, allowing for easier identification of patients diagnosed with sepsis	Number of administrative and clinical staff trained divided by the total number staff identified to participate	To have at least 66% of identified clinical and administrative staff trained	Stretch Target: To have 100% of identified clinical and administrative staff trained
Equity	**Equitable**	WAHA did not identify a project in 2019-2020 but will discuss opportunities to inlcude a project for 2020-2021	A	Other / Other	Other / Other	973*									