



WAHA Quality Improvement Plans (QIP): Progress Report for 2012/13 QIP

Priority Indicator (2012/13 QIP)	Performance as stated in the 2012/13 QIP	Performance Goal as stated in the 2012/13 QIP	Progress to date	Comments
<p>Avoid patient falls for complex continuing care (CCC) patients in Fort Albany Hospital (FAH)</p>	<p>To establish a baseline</p>	<p>To collect baseline data for number of falls recorded by CCC patients in FAH</p>	<ul style="list-style-type: none"> • Baseline data collected. FAH decreased its number of patient falls for CCC patients: <ul style="list-style-type: none"> ○ 12 falls recorded in FY 2011/12 ○ 4 falls recorded in FY 2012/13 	<ul style="list-style-type: none"> • Performance Goal for 2013-2014: Reduce falls by 100% in FAH • Development of falls program in FAH led to significant decrease in number of patient falls • A policy was developed to implement a formalized falls prevention program • Standardized data collection tool developed and utilized to compile baseline data • Upon admission, a patient's risk for falling is assessed using the Morse Falls Scale • Patient Falls were reported in the data collection tool and also through WAHA's Incident Management Policy • Falls prevention training curriculum was designed for staff to implement intervention components • Falls prevention program to be carried over and implemented at Weeneebayko General Hospital (WGH) Moose Factory FY 2013/14

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<p>Improve provider hand hygiene compliance within WAHA hospitals</p>	<ul style="list-style-type: none"> • Weeneebayko General Hospital (WGH) Moose Factory - before patient-environment contact: 87 % • Fort Albany Hospital (FAH) - before patient-environment contact: 56% • Attawapiskat Hospital (AH) - before patient-environment contact: 56% 	<ul style="list-style-type: none"> • To increase compliance by at least 5% at WGH • To increase compliance by at least 14% at FAH and AH 	<p>Hand hygiene compliance for WGH</p> <ul style="list-style-type: none"> • Before patient-environment contact: 95% <p>Hand hygiene compliance for FAH</p> <ul style="list-style-type: none"> • Before patient-environment contact: 73% <p>Hand hygiene compliance for AH</p> <ul style="list-style-type: none"> • Before patient-environment contact: 48% <p>Staff Training</p> <ul style="list-style-type: none"> • 260 total staff have received training for hand hygiene FY 2012-2013 	<ul style="list-style-type: none"> • Compliance at WGH exceeded the provincial hand hygiene compliance rate of 74% • FAH increased compliance rates significantly from the previous fiscal year • WAHA's Infection Control Nurse conducted all of the hand hygiene audits at all three listed sites • We will work to improve our compliance rate in AH to meet provincial standards • We are modifying our approach to hand hygiene auditing and will pilot the new model next fiscal • We will continue to deliver the mandatory hand hygiene training in all of our sites • This project will continue at each site FY 2013/14

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Reduce incidence of pressure ulcers for complex continuing care (CCC) patients stage 2 or worse in Attawapiskat Hospital (AH)	To establish a baseline	To collect baseline data for number of pressure ulcers recorded by CCC patients that were stage or worse in AH	<ul style="list-style-type: none"> Baseline data collected There were no reported (zero) pressure ulcers for CCC patients in AH FY 2011/12 and 2012/13 	<ul style="list-style-type: none"> Standardized data collection tool developed and utilized to compile baseline data Staging of stage I, II, III, IV DTI ulcers were measured monthly Use of Braden Scale to assess risk (standardized the procedure) Pressure ulcers prevention program to be implemented at WGH FY 2013/14
Improve Medication Safety at Weeneebayko General Hospital (WGH) in Moose Factory	To establish a baseline	<p>To collect baseline data:</p> <ul style="list-style-type: none"> Numerator - # of patients admitted during the measurement period receiving formal medication reconciliation. Denominator - total # of patients admitted during the reporting period. Multiply results by 100 to determine the percentage. 	<ul style="list-style-type: none"> New medication reconciliation program for those being admitted to WGH in-patient unit is being piloted 	<ul style="list-style-type: none"> The medication reconciliation program technology is being introduced to frontline staff A new medication reconciliation form has been developed to identify all medications taken by a patient upon admission Baseline data for # of patients receiving formal medication reconciliation will be acquired pending program implementation – this is being carried over into our next QIP

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Improve patient satisfaction in the Emergency Departments of WGH, FAH and AH	To establish a baseline	To collect baseline data from responses from patients who answered "Yes" to the question, "In your opinion, does WAHA provide good quality care?"	<ul style="list-style-type: none"> Baseline data collected for 2012-2013, 68% of patients believed that WAHA provided good quality care 	<ul style="list-style-type: none"> Survey will continue to be implemented in 2013/14 to compare satisfaction rate to baseline from 2012/13 WAHA Performance target for 2013-2014: Improvement of patient satisfaction by at least 5% from 2012-2013 baseline
Improve Staff Satisfaction	Staff provided WAHA with an overall ranking of 5.3 when asked the question "On a scale of 1-10, 1 being the lowest rating and 10 being the highest rating, how would you rank WAHA as an employer?"	To implement major findings from the 2011-2012 staff satisfaction results	<ul style="list-style-type: none"> Staff satisfaction survey disseminated to staff in 2011-2012. As a result of the findings, two major projects will be implemented in 2013-2014 A staff recognition program and performance appraisal process have been developed 	<ul style="list-style-type: none"> A performance appraisal policy, draft employee appraisal template and probationary evaluation form have been developed and will be administered with all WAHA staff in 2013-2014 Quality Improvement Project (QIP) Staff recognition letters were distributed to 6 people in Fort Albany for positive performance, similar letters to WAHA staff for positive performance will be distributed on a yearly basis Staff recognition process will continue to be developed, with new components introduced in 2013-2014

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Senior Friendly Hospital Initiative <ul style="list-style-type: none"> • Reduce Functional Decline Amongst Seniors in Hospitals 	To establish a baseline	<ul style="list-style-type: none"> • To collect baseline data, 100% of our patients aged 65 and over staying in the IPD at WGH have been assessed for functional decline during project period 	<ul style="list-style-type: none"> • An environmental scan will be conducted within WGH to assess and determine what changes can be made to the facility, to better accommodate the senior population • Daily living activity assessment tools are currently being reviewed for suitability within WGH 	<ul style="list-style-type: none"> • Baseline data and all listed projects will be worked on in 2013-2014 • This project is being carried over due to challenges we experienced with turnover of staff
Senior Friendly Hospital Initiative <ul style="list-style-type: none"> • Reduce rates of and/or duration of delirium episodes amongst seniors in hospitals 	To establish a baseline	<ul style="list-style-type: none"> • To collect baseline data, 100% of our patients aged 65 have been assessed using the DOS scale during project period 	<ul style="list-style-type: none"> • Training for frontline staff has been developed for the nursing staff on the 3 D's (dementia, delirium and depression) - to support the implementation of the DOS screening tool • This training was recorded so that it can be delivered on an on-going basis thereby decreasing cost for outside trainers 	<ul style="list-style-type: none"> • Baseline data will be acquired and training delivered to the nursing staff on the 3D's in 2013-2014 • This project is being carried over due to challenges we experienced with turnover of staff

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Inpatient Satisfaction Survey for WGH, FAH and AH IPD	To establish a baseline	<ul style="list-style-type: none"> To collect baseline data from patients who answered "Excellent" or "Good" to the question, "Overall, how would you rate the care provided to you by the nurses and physicians?" 	<ul style="list-style-type: none"> Baseline data collected from 2011-2012 and 2012-2013, 74% of patients stated that they received "Excellent" or "Good" care within a WAHA IPD 	<ul style="list-style-type: none"> WAHA Performance target for 2013-2014: Improvement of patient satisfaction by at least 5% from 2012-2013 baseline