



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

Quality Improvement Plan (QIP)

Weeneebayko Area Health Authority (WAHA)

2011-2012

Background:

Weeneebayko Area Health Authority (WAHA) oversees the medical services and facilities in six communities of Ontario's James Bay and Hudson Bay coastal regions. The organization resulted from the October 1, 2010 amalgamation of the Weeneebayko Health Ahtuskaywin (WHA) in Moose Factory, the James Bay General Hospital (JBGH) in Fort Albany and Attawapiskat, and the hospitals' associated agencies in these communities and in Moosonee, Kashechewan and Peawanuck.

The Hudson's Bay Company built a trading post in what is now known as Moose Factory in 1673; it is the oldest community in Ontario established by anglophone settlers. Moose Factory is located on an island near the mouth of the Moose River, a strategically important setting for the early traders. That same location would be strategic in 1949, when the Canadian government built a tuberculosis hospital there. Its position off the mainland, officials reasoned, would effectively quarantine patients. The facility, called Weeneebayko General Hospital, was built in the shape of the Cross of Lorraine, symbolic of tuberculosis prevention at that time. This building still serves as the primary in-patient hospital for the Weeneebayko Area Health Authority. It is the chief health centre for Moose Factory and the referral hospital for the James Bay coast.

James Bay General Hospital grew out of the Catholic Hospitals of James Bay, established in 1902 in Fort Albany. Today's hospital serves patients who need chronic and emergency care in Fort Albany and Attawapiskat. In addition, there are out patient and emergency services in Moosonee. Weeneebayko General, in combination with the James Bay Hospital and a variety

of other providers (for example a mental health program and an ambulance service), jointly make up the Weeneebayko Area Health Authority.

Overview (WAHA's Commitment to Quality Improvement):

Weeneebayko Health is committed to ensuring that the hospital fulfills its obligation to achieve high standards in everything that it does for patients, staff and partners. The QIP provides the framework to systematically assess, evaluate and improve structure, process and outcome related activities in care and services, using an organization wide approach which is collaborative and interdisciplinary in nature. WAHA's commitment to quality aligns with the organization's mission and vision.

Mission Statement:

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

Board members emphasized that WAHA reaches out to communities rather than having communities come to a centralized location. WAHA endorses the following elements in the health care delivery model for the region:

- WAHA is committed to promoting healthier lifestyles while continuing to improve the holistic, lifelong wellbeing 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 including a traditional healing program and cultural healing methods.

Vision:

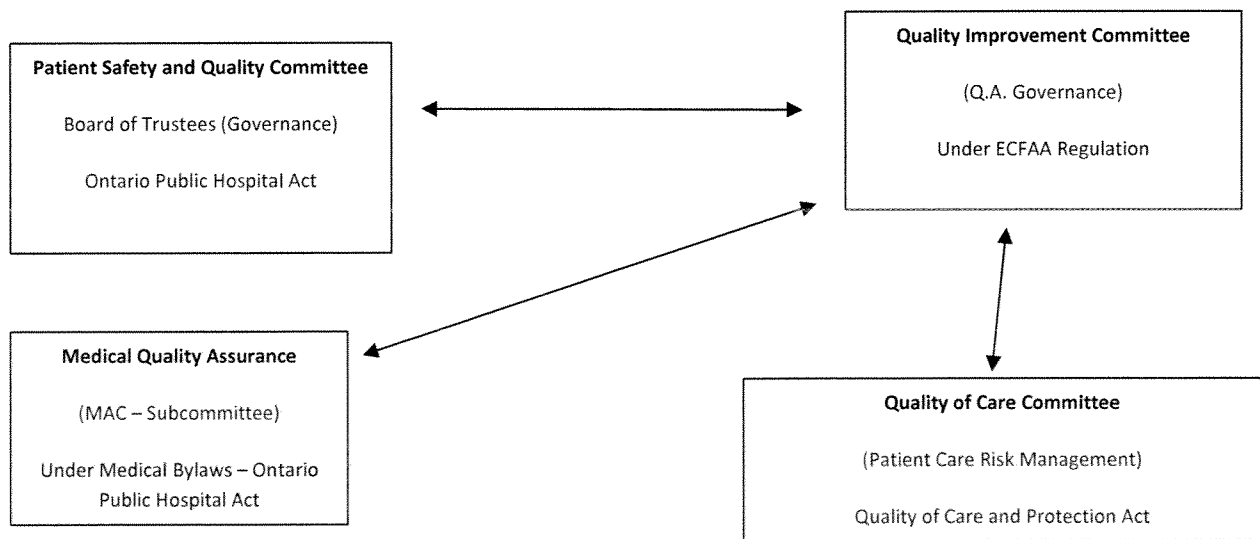
Weeneebayko Area Health Authority will distinguish itself as a provider of quality health services with a holistic approach that reflects the distinct needs of all peoples in the Weeneebayko region.

WAHA’s Quality Improvement Plan demonstrates our hospital’s commitment to improve the quality of care we deliver.

Quality Improvement Committee (governance)

The WAHA Quality Improvement committee is responsible for overseeing the effective implementation of the quality improvement plan. They are responsible for the evaluation and ultimate success of the quality improvement plan. They provide materials and support, make recommendations and disseminate information related to quality activities. They delegate responsibilities for the day-to-day operation of the QI program to appropriate staff members.

Quality Assurance Structure



Membership

- (2) members of the Board of Directors
 - One member is appointed as Chair of the Committee
- (1) Chief Executive Officer
- (2) Medical Advisory Committee
- (1) Executive Director – Patient Care (Moose Factory, Fort Albany, Attawapiskat, and Moosonee)
- (1) Chief Nursing Officer
- (1) Chief Quality Officer

The committee will ensure the results of the plan are publicly reported and posted on the WAHA website in April 2012.

Objectives:

1. To create an implementation plan for a staff satisfaction survey for the employees of WAHA. This survey would be the first completed by the newly integrated organization.
2. To create and implement a patient satisfaction survey for the clients of WAHA. This survey would be the first completed by the newly integrated organization.
3. To design and implement an integrated patient relations process that concentrates on client satisfaction and dissatisfaction.
4. To create and implement a quality assurance review among 6 WAHA committees that has an emphasis on patient quality.
5. To define quality indicators for the WAHA in the following areas: occupational health and safety, alternate level of care and laboratory services.

6. To update and endorse integrated policies and procedures for occupational health and safety – hand hygiene and critical incident reporting.
7. To create an implementation plan for the updated occupational health and safety and critical incident reporting policies and procedures.
8. To improve access to Cree translation services for the patients of WAHA.

What we will be focusing on and how these objectives will be achieved:

Please refer to the below chart for reference on how we propose to accomplish the 8 objectives we have outlined for this fiscal year. By March 31, 2012 we will:

Objective	Measurement Tools Strategies Employed	Desired Target
<p>To create an implementation plan for a staff satisfaction survey for the employees of WAHA. This survey would be the first completed by the newly integrated organization.</p> <ul style="list-style-type: none"> • The implementation plan will include patient care (regulated and unregulated professions), physicians, and support services staff and will be completed by March 2012. • The survey will be implemented with the regulated and unregulated patient care staff in October 2011. • The first set of results will be collected, analyzed and posted by the end of March 2012 and will serve as a base line upon which to measure from for future staff satisfaction surveys. 	<p>Revamp the JBGH previous survey to ensure that it is applicable to WAHA sites before implementation</p>	<p>To establish a baseline number</p> <p>To have 50% of our target employee population respond to survey</p>
<p>To create and implement a patient satisfaction survey for the clients of WAHA. This survey would be the first completed by the newly integrated organization.</p> <ul style="list-style-type: none"> • The implementation plan will include the following: emergency department, in/out patient services, operating services and referral services and will be completed by March 2012. • The survey will be implemented with in-patient and walk-in (patient clinic) services in October 2011. • The first set of results will be collected, analyzed and posted by the end of March 2012 and will serve as a base line upon which to measure from for future patient satisfaction surveys. 	<p>Revamp the WHA previous survey to ensure that it is applicable to WAHA sites before implementation</p>	<p>To establish a baseline number</p> <p>To have 20% of our distributed patient survey's responded to</p>

<p>To design and implement an integrated patient relations process that concentrates on client satisfaction and dissatisfaction.</p> <ul style="list-style-type: none"> To design and implement a complaints policy and procedures for WAHA sites. To train staff on the developed process/procedure. To provide customer/client interaction training to front-line staff members in order to support the patient relations process. To provide privacy/confidentiality training to WAHA staff members in order to support the patient relations process. 	<p>Creation of a measurement tool for data collection for complaints and satisfaction</p> <p>Creation of a training module on implementing the new procedure for complaints and satisfaction</p> <p>To deliver privacy and confidentiality training to WAHA staff</p>	<p>To establish a baseline number for the number of complaints / complements received</p> <p>To establish a baseline number for WAHA's response time to complaints</p> <p>To deliver 10 privacy/confidentiality training sessions to WAHA staff</p>
<p>To create and implement a quality assurance review among 6 WAHA committees that has an emphasis on patient quality.</p> <p>Board of Directors – Patient Safety and Quality Committee Administration and Patient Care – Quality of Care Committee Medical Advisory Board – Medical Quality Assurance and Utilization Committee Infection Prevention and Control Committee Joint Occupational Health and Safety Committee Traditional Healing Advisory Committee</p> <p>The quality assurance review will include:</p> <ul style="list-style-type: none"> Looking to ensure each committee has an appropriate terms of reference Ensure appropriate data collection and documentation procedures are adhered to Identification of who the committee members are Development of quality indicators To identify if there are any gaps and overlaps that need to be addressed 	<p>Development of a report based on the review that includes action items for relevant staff members</p>	<p>To ensure the committees have accurate representation</p> <p>To ensure the committees have adequate resources and accountabilities in place like record keeping</p> <p>To ensure the terms of reference for each committee are in compliance with provincial legislation</p>
<p>To define quality indicators for the WAHA in the following areas: occupational health and safety (OH&S), alternate level of care and laboratory services.</p> <ul style="list-style-type: none"> Work towards further integration of patient files between Weeneebayko Health Ahtuskaywin and James Bay General Hospital. Input relevant data into Practice Solutions. Create measurement techniques for the provincial targets so that WAHA is able to effectively report on outcomes. 	<p>To conduct review in each departmental area lead by the management in each of the desired areas</p> <p>The Quality of Care Committee will review the proposed indicators and provide recommendations and a report to the Patient Safety and Quality Committee of the Board for final approval</p>	<p>To have 3 OH&S indicators defined</p> <p>To have 3 ALC indicators defined</p> <p>To have 3 lab indicators defined</p>
<p>To update and endorse integrated policies and procedures in the following areas:</p> <ul style="list-style-type: none"> Occupational Health and Safety – hand hygiene policies and procedures Critical Incident Reporting for Moose Factory, Moosonee, Fort Albany and Attawapiskat 	<p>To have training designed and delivered to staff on hand hygiene</p> <ul style="list-style-type: none"> Create an implementation plan for the training delivery 	<p>To have 75% of our staff trained in hand hygiene competency</p> <p>To deliver 10 hand hygiene training</p>

<ul style="list-style-type: none"> To provide staff training on hand hygiene (Ministry of Health core competencies for Infection Prevention and Control – Hand Hygiene) 	<p>To design a hand hygiene auditing process for WAHA sites to report results in order to be compliant with provincial guidelines</p> <p>To have a finalized and endorsed Critical Reporting procedure in place for all WAHA sites</p>	<p>sessions to WAHA staff</p> <p>To establish a baseline number for hand hygiene compliance for all of WAHA</p>
<p>To improve access to Cree translation services for the patients of WAHA.</p>	<p>To create and implement a patient satisfaction survey for translation services targeting the areas of: in-patient, out-patient, and client services</p>	<p>To have a baseline number of translation needs for the WAHA region</p>

Manner in and extent to which compensation of our executives is tied to achievement of targets:

1. President and Chief Executive Officer
 - a. Is responsible to ensure the overall plan is implemented and reported on to the public of the WAHA region
 - i. Deliverables of the plan appear in each Senior Director’s departmental work plan
 - b. Is accountable to the board of directors of WAHA
2. Chief of Staff
 - a. Will be responsible for the active participation of physicians in the staff satisfaction survey
 - b. Is responsible for overseeing the effective operation of the medical advisory committees linked to quality assurance and risk management

Senior Management Team

- Vice President of Finance and Corporate Affairs
 - Will be responsible to ensure financial accountability throughout the implementation of the QIP indicators

- Vice President of Human Resources
 - Will be responsible for the effective implementation of the employee satisfaction surveys
 - To assist with the development of occupational health and safety indicators
- Vice President Support Services
 - Will be responsible to ensure that patients are satisfied with the facilities
 - To ensure the facility is clean and safe from potential harm
 - To assist with the development of occupational health and safety indicators
- Vice President Communications and Community Relations
 - Will be responsible for the implementation of the patient relations process
 - To ensure the satisfaction and dissatisfaction policies and procedures are effectively implemented
- Chief Nursing Officer
 - Will be responsible to ensure the patient satisfaction surveys are implemented in the Moose Factory site
 - To assist with the development of ALC indicators for WAHA sites
 - To assist with the development of laboratory indicators for WAHA sites
- Executive Director, Patient Care – Moosonee, Fort Albany and Attawapiskat
 - Will be responsible to ensure the patient satisfaction surveys are implemented in the Moosonee, Fort Albany and Attawapiskat sites
 - To assist with the development of ALC indicators for WAHA sites
- Chief Quality Officer
 - Will be responsible to train staff on the implementation of the client satisfaction / dissatisfaction policy
 - Will be responsible for leading the quality assurance review

Terms

- Members of the senior management team do not currently have a bonus structure to their compensation
- Each member of the senior management team will be responsible for including the QIP deliverables in their department work plans to ensure accountability
- At this present time all management salaries will be paid at 100% of the salary entitlement
 - WAHA will review this system once base line indicators and data are collected so that we are able to more effectively rate performance and quality improvements

How the plan aligns with other planning processes:

- Key actionable items from the QIP are implemented within the senior management team's departmental work plans
- The Health Services Accountability Agreement (H-SAA) was reviewed along with the Board Strategic Plan when designing the QIP

Challenges, risks and mitigation strategies

Challenges

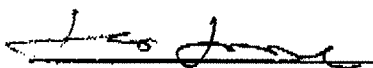
- Weeneebayko has recently completed an integration process with the previously known James Bay General Hospital and Weeneebayko Health Ahtuskaywin
- This integration occurred in October 2010
- WHA was previously under federal jurisdiction and since the integration has now moved under provincial jurisdiction
- At this time we are challenged to report on baseline information for the integrated organization because we are working towards moving all reporting and data management systems to provincial frameworks
- The data reporting and measurement requirements were significantly different under the federal system

Risk and Mitigation Strategies

- The emphasis of this QIP is to set up the appropriate systems so that we are able to effectively create baseline data for the organization to build from
- We are providing proper training supports to our staff to ensure they are capable of being compliant under the provincial systems and structure

Accountability:

Signatures



**Leo Loone
WAHA Board Chair**



**Lucille Uiset
WAHA Chair of Quality
Improvement Committee**



**Jim Harrold
WAHA Chief Executive Office**