

WAHA Quality Improvement Plans (QIP) 2012/13: Progress on QIP Year One (2011/12)

Priority Indicator (year 1)	Performance as stated in the year 1 QIP	Performance Goal as stated in the year 1 QIP	Progress to date	Comments
2011-2012 WAHA Staff satisfaction survey	To establish baseline data	Have 50% of our staff respond to the survey	29.8% of staff (129 of 433 staff) responded to the survey	<ul style="list-style-type: none"> • We learned a great deal from having conducted this survey with our newly integrated organization. This is the first survey for all WAHA sites. • An infrastructure has been created to support the next roll out. • A quality improvement suggestions process was designed as a result of learning from this survey. • We have established a question to assist in benchmarking future performance: <ul style="list-style-type: none"> ○ “On a scale of 1-10 (1 being the lowest rating, 10 being the highest rating), how would you rank WAHA as an employer?” ○ The staff gave WAHA an overall average ranking of 5.3 out of 10 for fiscal year 2011-2012 • For our 2012-2013 QIP, we have identified 2 major projects which will be implemented as a result from the 2011-2012 survey: <ol style="list-style-type: none"> a) Establish a standardized employee recognition program across all sites b) Establish a standardized performance review process for staff across all sites
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Patient satisfaction survey	To establish baseline data	Have 20% of our patient surveys responded to when disseminating surveys to our 3 WAHA sites: Moose Factory, Fort Albany and Attawapiskat	<p>A survey was implemented in our in-patient departments across all sites</p> <p>17.2% of patients from December 23, 2011 to February 6, 2012</p>	<ul style="list-style-type: none"> • A patient satisfaction survey will be rolled out in the ER department for 2012-2013. • After analysis we have established a baseline question upon which to measure future performance.

			<p>responded to the survey when combining the 3 WAHA sites</p> <p>Individual response rates from each site</p> <p>a) Fort Albany = 57.1%</p> <p>b) Attawapiskat = 25%</p> <p>c) Moose Factory = 5.4%</p>	<ul style="list-style-type: none"> ○ # of patients responding excellent or great to the question “overall how would you rate the services provided to you”? ● We will continue to work on improving response rates by our patients/clients in each site.
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Client satisfaction	To establish baseline data	<p>Develop a policy and implementation plan for WAHA’s patient relations process</p> <p>To deliver 10 privacy/confidentiality training sessions to WAHA staff</p> <p>To establish a baseline data number for the number of complaints / compliments received and a baseline number for WAHA’s response time to complaints</p>	<p>Policy and implementation plan was developed</p> <p>13 privacy training sessions were offered in 2011-2012 - (189 staff trained in total)</p>	<ul style="list-style-type: none"> ● It took longer than expected to roll the strategy out for complaints management <ul style="list-style-type: none"> ○ Extra time was needed to ensure processes were created to support the needs of our coastal community sites ● Training curriculum is designed for complaints management and roll out will occur in 2012-2013.
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Quality Assurance Review	To identify if there are any gaps and overlaps that need to be addressed	<p>To ensure that each of the 6 committees being reviewed 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>Standardized a template for terms of reference across the organization</p> <p>Reviewed membership to ensure appropriate representation on each committee</p>	<ul style="list-style-type: none"> ● We will continue to work towards ensuring that the committees have adequate resources and accountabilities in place.

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To define quality indicators for WAHA in the following areas: occupational health and safety (OH&S), alternate level of care and laboratory services.	To establish baseline data	To have 3 OH&S indicators defined To have 3 ALC indicators defined To have 3 lab indicators defined	OH&S indicators are: - # of staff workplace injuries within all WAHA sites Lab indicators are: - Average monthly STAT test turnaround time per test for glucose, Na, K, CL and Troponin (based on yearly results)	<ul style="list-style-type: none"> • WAHA has established a 3 Year Quality Strategy (2012-2015) for implementation across the organization. <ul style="list-style-type: none"> ○ Indicators have been developed ○ Baseline data collection process outlined ○ Targets established • The strategy will help us measure and benchmark future performance across the organization.
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To update and endorse integrated policies and procedures in the following areas: <ul style="list-style-type: none"> • Infection Control/ Occupational Health and Safety – hand hygiene policies and procedures • Incident Reporting for Moose Factory, Moosonee, Fort Albany and Attawapiskat 	To establish baseline data	To have 75% of our staff trained in hand hygiene competency To deliver 10 hand hygiene training sessions to WAHA staff To establish a baseline number for hand hygiene compliance for all of WAHA To deliver incident management training to staff	Hand Hygiene 21 hand hygiene training sessions were offered within WAHA in 2011-2012 341 out of 433 staff (79%) has received training for hand hygiene this fiscal year Hand hygiene compliance figures for Moose Factory site a) Before patient/patient environment contact(%): 87% b) After patient/patient environment contact (%): 91% Hand Hygiene compliance figures for Fort Albany & Attawapiskat Site a) Before Patient/ patient Environment contact (%): 56% b) After Patient/ patient Environment contact (%): 87%	<ul style="list-style-type: none"> • We have established a benchmark for WAHA upon which to measure future performance in hand hygiene compliance. • We will deliver our patient incident management training to staff in 2012-2013 • We piloted an integrated incident management process across all sites to help inform us about the needs for staff <ul style="list-style-type: none"> ○ training design – learning from this process indicated we needed to approach training from the following perspectives: <ul style="list-style-type: none"> ▪ Executive (infrastructure and information exchange) ▪ Management (problem solving and action planning follow-up) ▪ Staff (procedural understanding and incident reporting) ▪ Physicians (awareness and reporting)

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To improve access to Cree translation services for the patients of WAHA.	To establish baseline data	To have a baseline number of translation needs for the WAHA region	Incident Management Training curriculum is designed Cultural competency training curriculum incorporated into the staff orientation program	<ul style="list-style-type: none"> • A Community Relations Director was hired to assist with effective outreach to our population that we service. • The in-patient satisfaction survey was translated to Cree before dissemination. • Weekly Cree radio programming is delivered to our communities about health topics.