

2015/16 Quality Improvement Plan for Ontario Hospitals

"Improvement Targets and Initiatives"



Weeneebayko Area Health Authority 19 Hospital Drive Box 664

AIM		Measure						
Quality dimension	Objective	Measure/Indicator	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification
Effectiveness	Improve organizational financial health	Total Margin (consolidated): % by which total corporate (consolidated) revenues exceed or	% / N/a	OHRs, MOH / Q3 FY 2014/15 (cumulative from April 1, 2014 to December 31,	973*	-4.4	0	Revenue equals expenses.
Patient-centred	Improve patient satisfaction	In-house survey: provide the numerical response to a summary question such as the "On a	% / WAHA Staff	In-house survey / 2015-2016	973*	60	62	Improved staff satisfaction will help with improved patient satisfaction.
		In-house survey: provide the percent response to the summary question "Number of patients	% / All patients	In-house survey / 2015-2016	973*	72	75	To have 3 out of 4 every people indicate WAHA provides good quality care.
Safety	Increase proportion of patients receiving medication reconciliation upon admission	Medication reconciliation at admission: The total number of patients with medications	% / Inpatients at WGH	Hospital collected data / 2015-2016	4698*	85.43	86	To improve medication reconciliation rate from previous fiscal
	Reduce hospital acquired infection rates	CDI rate per 1,000 patient days: Number of patients newly diagnosed with hospital-acquired CDI,	Rate per 1,000 patient days / All patients	Publicly Reported, MOH / Jan 1, 2014 - Dec 31, 2014	973*	0	0	To maintain current performance for 2015-2016.

	CDI rate per 1,000 patient days: Number of patients newly diagnosed with hospital-acquired CDI,	Rate per 1,000 patient days / All patients	Publicly Reported, MOH / Jan 1, 2014 - Dec 31, 2014	4692*	0	0	N/A
	CDI rate per 1,000 patient days: Number of patients newly diagnosed with hospital-acquired CDI,	Rate per 1,000 patient days / All patients	Publicly Reported, MOH / Jan 1, 2014 - Dec 31, 2014	4698*	0	0	To maintain current performance for 2015-2016.
	CDI rate per 1,000 patient days: Number of patients newly diagnosed with hospital-acquired CDI,	Rate per 1,000 patient days / All patients	Publicly Reported, MOH / Jan 1, 2014 - Dec 31, 2014	4700*	0	0	To maintain current performance for 2015-2016.
	CDI rate per 1,000 patient days: Number of patients newly diagnosed with hospital-acquired CDI,	Rate per 1,000 patient days / All patients	Publicly Reported, MOH / Jan 1, 2014 - Dec 31, 2014	4702*	0	0	To maintain current performance for 2015-2016.
	Hand hygiene compliance before patient contact - The number of times that hand hygiene was	% / Health providers in the entire facility	Publicly Reported, MOH / Upcoming fiscal year	4702*	60	70	In 2015-2016, Attawapiskat Hospital will look to increase hand hygiene
	Hand hygiene compliance before patient contact: The number of times that hand hygiene was	% / Health providers in the entire facility	Publicly Reported, MOH / 2015-2016	4700*	82.14	85.14	In 2015-2016, Fort Albany Hospital will look to increase hand hygiene
	Hand hygiene compliance before patient contact: The number of times that hand hygiene was	% / Health providers in the entire facility	Publicly Reported, MOH / 2015-2016	4698*	81.25	84.25	In 2015-2016, WGH will look to increase hand hygiene compliance for
Avoid Patient falls	Number of chronic continuing care patient falls/Number of total inpatient days for chronic continuing	% / Complex continuing care residents	Hospital collected data / 2015-2016	4700*	0.21	0	The target is to continue being below a 2% fall rate for patients in chronic

Reduce rates of deaths and complications associated with surgical care	Surgical Safety Checklist (SSCL): number of times all three phases of the surgical safety	% / All surgical procedures	Hospital collected data / 2015-2016	4698*	97.36	99	To improve performance and move towards 100% compliance.
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Change				
Planned improvement initiatives (Change Ideas)			Goal for change ideas	Comments
	Methods	Process measures		
1)N/A	N/A	N/A	N/A	Baseline data established in 2014-2015.
1)Continue to implement a patient satisfaction survey in WAHA emergency departments and inpatient units.	Quality department to check-in with each site monthly to see how many patient satisfaction surveys have been filled out. Patient Navigator will also encourage patients/clients/residents to fill out patient satisfaction surveys and will provide Cree translation supports when	WAHA will aim to collect 2 patient satisfaction surveys per week.	To collect 104 patient satisfaction surveys overall.	Stretch target: to collect 125 patient satisfaction surveys overall.
1)Survey implementation - Implement a staff satisfaction survey across all WAHA sites.	Disseminate staff satisfaction survey to all WAHA sites starting October 2015; collect surveys by Decemeber 18, 2015	To collect a minimum of 100 completed staff satisfaction surveys.	To collect 150 staff satisfaction surveys.	Stretch target: to have 40% of our staff complete satisfaction surveys.
1)To look at medication history of newly admitted inpatients at WGH through the Moose Factory Pharmacy.	WGH medical staff will contact Moose Factory Pharmacy to get medication history for newly admitted inpatients. Moose Factory pharmacist sends information to WGH. This information is looked at monthly and compared to number of newly admitted inpatients to	Every 3 months the number of admitted inpatients is compared to the number of medication reconciliations completed and a report is delivered to the WAHA pharmacy and therapeutics committee.	To maintain an 85% or better medication reconciliation rate for patients upon	Stretch target: to complete medication reconciliations on 90% of newly
1)N/A	N/A	N/A	N/A	Stretch Target: To have no cases of CDI reported in 2015-2016.

1)N/A	N/A	N/A	N/A	Reporting at the corporate level.
1)N/A	N/A	N/A	N/A	Stretch Target: To have no cases of CDI reported in 2015-2016.
1)N/A	N/A	N/A	N/A	Stretch Target: To have no cases of CDI reported in 2015-2016.
1)N/A	N/A	N/A	N/A	Stretch Target: To have no cases of CDI reported in 2015-2016.
1)Training will be provided to new staff upon orientation #2 - Identification of site specific hand hygiene auditor(s) #3 -	#1 - Work in collaboration with health care providers to train auditors to assist with compliance checks #2 - Monthly staff communiques to tell them about progress made #3 - Monthly hand hygiene audits will be collected by auditors and analyzed by the Infection Control Nurse	Number of hand hygiene audits collected by auditors at Attawapiskat Hospital on a yearly basis Number of staff trained on hand hygiene each year Number of auditors trained	To conduct 20 hand hygiene audits in the Attawapiskat Hospital inpatient	Stretch target: To conduct 30 hand hygiene audits in the Attawapiskat Hospital inpatient
1)Training will be provided to new staff upon orientation #2 - Identification of site specific hand hygiene auditor(s) #3 -	#1 - Work in collaboration with health care providers to train auditors to assist with compliance checks #2 - Monthly staff communiques to tell them about progress made #3 - Monthly hand hygiene audits will be collected by auditors and analyzed by the Infection Control Nurse	Number of hand hygiene audits collected by auditors at Fort Albany Hospital on a yearly basis Number of staff trained on hand hygiene each year Number of auditors trained	To conduct 20 hand hygiene audits in the Fort Albany Hospital inpatient unit	Stretch target: To conduct 30 hand hygiene audits in the Fort Albany Hospital inpatient
1)Training will be provided to new staff upon orientation #2 - Identification of site specific hand hygiene auditor(s) #3 -	#1 - Work in collaboration with health care providers to train auditors to assist with compliance checks #2 - Monthly staff communiques to tell them about progress made #3 - Monthly hand hygiene audits will be collected by auditors and analyzed by the Infection Control Nurse	Number of hand hygiene audits collected by auditors at Weeneebayko General Hospital on a yearly basis Number of staff trained on hand hygiene each year Number of auditors trained	To conduct 50 hand hygiene audits in the Weeneebayko General Hospital	Stretch target: To conduct 75 hand hygiene audits in the Weeneebayko
1)Have staff use the Morse Falls Scale with chronic continuing care patients upon admission. #2 - Deliver training on the 3 D's	Each Morse Fall Scale is placed in the chronic continuing care patients medical chart Patient falls are reported to the Quality Department on the WAHA Patient Incident Report Form E-mail sent to staff every month from the Quality Department highlighting falls results Signage	Number of Morse Fall Scale assessments placed in chronic continuing care patients medical charts every 3 months Number of patient falls reported to staff by the Quality Department on a monthly basis Number of reports sent to staff via e-mail Number of patients	90% compliance achieved for all chronic continuing care patients	Stretch target: 100% compliance achieved for all chronic continuing care

1) Auditing process done by Infection Control Nurse to ensure surgical safety checklists are completed at WGH. #2 - Conduct monthly	Infection Control Nurse collects surgical safety checklists each month from the Operating Room Inspections done by the Infection Control Nurse to ensure surgical safety checklists were completed prior to each surgery Communication of surgical safety checklist results to	Number of surgical safety checklists completed each month compared to number of surgeries done in the Operating Room Inspections done by the Infection Control Nurse on a monthly basis Surgical safety checklist results are sent to staff via e-mail and posted	99% compliance on completion of surgical safety checklist	Stretch target: 100% compliance on completion of surgical safety checklist
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