

Excellent Care for All

Quality Improvement Plans (QIP): Progress Report for 2014/15 QIP

The Progress Report is a tool that will help organizations make linkages between change ideas and improvement, and gain insight into how their change ideas might be refined in the future. The new Progress Report is mostly automated, so very little data entry is required, freeing up time for reflection and quality improvement activities.

Health Quality Ontario (HQO) will use the updated Progress Reports to share effective change initiatives, spread successful change ideas, and inform robust curriculum for future educational sessions.

ID	Measure/Indicator from 2014/2015	Current Performance as stated on QIP14/15	Target as stated on QIP 14/15	Current Performance 2015	Comments
1	In-house survey: provide the percent response to a summary question such as the "Number of patients responding yes to the question "In your opinion, does WAHA provide good quality care?" % All patients 2013-2014 In-house survey	59.00	64.00	72.00	The WAHA Patient Navigator helped to improve results immensely by approaching patients and assisting them if required to complete the survey. Access to Cree translation also helped improve the results collected. The patient satisfaction survey was also placed on the WAHA website www.waha.ca to make it more accessible to the public. A patient satisfaction e-mail was introduced on the WAHA website and patients were able to report their levels of satisfaction electronically.

Realizing that the QIP is a living document and the change ideas may fluctuate as you test and implement throughout the year, we want you to reflect on which change ideas had an impact and which ones you were able to adopt, adapt or abandon. This learning will help build capacity across the province.

Change Ideas from Last Years QIP (QIP 2014/15)	Was this change idea implemented as intended? (Y/N button)	Lessons Learned: (Some Questions to Consider) What was your experience with this indicator? What were your key learnings? Did the change ideas make an impact? What advice would you give to others?
WAHA will continue to implement a patient satisfaction survey implementation in the emergency departments for 2014-2015 at	Yes	Placing the patient satisfaction survey on the WAHA website made it more accessible to the public.

Weeneebayko General Hospital (WGH), Fort Albany Hospital (FAH) and Attawapiskat Hospital (AH)

Communication intervention Yes

Outreach of the WAHA Patient Navigator helped increase the number of surveys completed.

Incentive intervention No

The Quality Department learned that the survey tool needed to be adjusted to include patient contact information.

Feedback intervention No

The feedback was provided on a yearly basis.

Introduction of patient satisfaction e-mail
The patient satisfaction e-mail was introduced to the public on the WAHA website www.waha.ca and patients were able to report their levels of satisfaction electronically.

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2	In-house survey: provide the numerical response to a summary question such as the "On a scale of 1 to 10 (1 being the lowest rating, 10 being the highest rating) how would you rank WAHA as an employer?" % N/a 2014-2015 Staff survey	5.10	5.10	6.00	The performance appraisal process was reviewed and major updates were completed. Training to support management on using the new tools is being developed by the Human Resources to support roll-out. The staff recognition program was updated to recognize employees who were retiring from the organization.

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Measurement intervention	Yes	The performance appraisal process was reviewed and major updates were completed. Training to support management on using the new tools is being developed by the Human Resources to support roll-out. The staff recognition program was updated to recognize employees who were retiring from the organization.

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3	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. % All patients Most recent quarter available (e.g. Q2 2013/14, Q3 2013/14 etc) Hospital collected data	CB	11.00	85.43	WAHA's pharmacy team collaborated with WGH and the Moose Factory Community Pharmacy to develop a new medication reconciliation process for newly admitted patients. 170 medication reconciliations were completed in a 6 month timeframe (August 2014 - January 2015). WGH will continue implementing the process April 1, 2015 onward. 11 medication reconciliations were completed on 11 chronic continuing care patients during the Fort Albany Hospital geriatric clinic, representing a 100% compliance rate. These reconciliations were completed by geriatricians who conducted comprehensive geriatric assessments in January 2014. In February 2015, 15 inpatients were seen in Weeneebayko General Hospital and received comprehensive geriatric assessments which included medication reconciliations.

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Gap analysis	Yes	Done in collaboration with Moose Factory Community Pharmacy.
Policy standardization	No	The WAHA Pharmacy & Therapeutics committee is working towards updating the medication dispensing policy for WGH. In addition, WAHA is making improvements to the overall process such as dispensing checks, dispensing of medications and completion of the dispensing of medications to patients before moving to new tasks.
Process intervention	Yes	WAHA's pharmacy team collaborated with WGH and the Moose Factory Community Pharmacy to develop a new medication reconciliation process for newly admitted patients. 170 medication reconciliations were completed in a 6

Communication
interventions

No

month timeframe (August 2014 - January 2015). WGH will continue implementing the process April 1, 2015 onward.
Still ongoing.

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4	CDI rate per 1,000 patient days: Number of patients newly diagnosed with hospital-acquired CDI, divided by the number of patient days in that month, multiplied by 1,000 - Average for Jan-Dec. 2013, consistent with publicly reportable patient safety data. Rate per 1,000 patient days All patients 2013 Publicly Reported, MOH	1.00	1.00	0.00	There were no reported CDI cases within WAHA hospital sites.

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5	Hand hygiene compliance before patient contact: The number of times that hand hygiene was performed before initial patient contact divided by the number of observed hand hygiene indications for before initial patient contact multiplied by 100 - consistent with publicly reportable patient safety data. % Health providers in the entire facility 2013 Publicly Reported, MOH	82.80	85.50	81.25	WAHA will report outcomes from WGH, Fort Albany Hospital and Attawapiskat Hospital moving forward. Change ideas will be developed according to the results of each individual site.

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WAHA will identify individuals to serve as staff auditors at WGH, FAH and AH	No	This was a difficult process to implement due to large staff turnover in WAHA.
Training intervention	Yes	Training was delivered to 163 staff within the organization.
Communication interventions	Yes	Hand hygiene results are posted on the WAHA website every month.
Feedback intervention	Yes	Feedback was delivered to the Senior Leadership team through the Chief Quality Officer

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6	Percent of complex continuing care (CCC) residents who fell in the last 30 days. % Complex continuing care residents Q2 2013/14 CCRS, CIHI (eReports)	CB	0.37	0.21	The fall rate in Fort Albany Hospital continues to improve. Last year the number of reported falls was 12 and has decreased to 7 this year.

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Gap analysis	Yes	Training needs were identified for staff at Fort Albany Hospital. The Staff Educator is responsible to develop training curriculum to support the staff.
Training intervention	No	Training curriculum has been developed for the 3 D's (dementia, delirium and depression) and will be rolled out to staff.
Measurement Intervention	No	We created a calculation to measure the fall rate at Fort Albany Hospital (# of chronic continuing care patient falls/# of chronic continuing care inpatient days). Further work is required to identify baseline data in Attawapiskat Hospital.
Communication intervention	No	The monthly reporting to staff will now align with the Board Quality Committee report.
Process intervention	Yes	The Morse Falls Scale was selected and will be utilized as the assessment tool.

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7	Surgical Safety Checklist: number of times all three phases of the surgical safety checklist was performed ('briefing', 'time out' and 'debriefing') divided by the total number of surgeries performed, multiplied by 100 - consistent with publicly reportable patient safety data. % All surgical procedures 2013 Publicly Reported, MOH	98.60	100.00	99.44	The surgical nursing staff is currently in the process of updating the surgical safety checklist to include additional safety checks. WGH's Operating Room achieved a 97.36% compliance rate for 2014-2015.

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Training intervention	No	
Increase rigour of audits	Yes	The Infection Control Nurse conducted at minimum monthly audits in the Operating Room.
Measurement intervention	Yes	We now have an established process to collect ongoing surgical safety data in order to create targets for performance.
Communication intervention	Yes	The surgical safety checklist data is posted on the WAHA website www.waha.ca on a monthly basis.
Process intervention	Yes	The surgical nursing staff is currently in the process of updating the surgical safety checklist to include additional safety checks.

