

Excellent Care for All

Quality Improvement Plans (QIP): WAHA Progress Report for 2013/14 QIP



The following template has been provided to assist with completion of reporting on the progress of your organization's QIP. Please review the information provided in the first row of the template which outlines the requirements for each reporting parameter.

Priority Indicator	Performance	Performance Goal	Progress to date	Comments
% of no shows from scheduled appts without notification for cancellation % Population Period Source Improve	70.00	80.00	66.00	Staff turnover in the Diabetes Program Coordinator position made it difficult to fully implement initiatives proposed in 2013-2014 QIP. The Diabetes Program is currently piloting a new client notification system to provide more continual reminders to client of their appointments, with the intended outcome of improving client show rates. As part of the new notification system implemented, appointment cards are being sent to patients 10-14 before their scheduled appointment and patients are being contacted by phone 2-3 days as a reminder. WAHA will monitor the progress of the new client notification system for possible improvement of the patient no-show rate
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	68.00	73.00	59.00	WAHA will continue to implement a patient satisfaction survey in 2014-2015 to compare satisfaction rates to baseline information from 2013-2014

provide good quality care?"

%

Population

Period

Source

Improve

In-house survey (if available): 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?"

rating out of ten

Population

Period

Source

Improve

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

2012

Publicly Reported,

MOH

Improve

Hand hygiene

compliance before

patient contact: The

number of times that

5.30

-333333.00

5.10

0.00

-222222.00

95.00

97.00

82.80

As a result of the findings from the 2013-2014 survey, two major projects were identified as areas requiring improvements; these will be implemented in 2014-2015. WAHA will continue implementing a standardized performance appraisal process and staff recognition program for all of our sites.

WAHA had one reported case of CDI FY 2013-2014.

The performance stated (95%) and performance goals (97%) stated were for Weeneebayko General Hospital (WGH) FY

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

2012

Publicly Reported,

MOH

Improve

2013-2014. Compliance for before patient-environment contact at WGH was 90% and exceeded the provincial average FY 2012-2013 (85.6%). WGH will work to maintain or exceed its current performance. Fort Albany Hospital (FAH) hand hygiene compliance before patient-environment contact was 68% and FAH will work to improve its compliance next fiscal year. Attawapiskat Hospital (AH) increased its compliance rates significantly from 2012-2013 and reported before patient-environment contact compliance of 69%, AH will continue to work towards improving its compliance rate. WAHA's Infection Control Nurse conducted the hand hygiene audits at all three sites and increased the number of audits done from last fiscal year. The Infection Control department also participated in "Infection Control Week" and conducted activities that promoted infection control awareness to all staff in the WGH site. 167 staff received hand hygiene training FY 2013-2014. Staff turnover continues to be an on-going struggle for maintenance of staff training and follow through however, WAHA will continue to deliver the mandatory hand hygiene training in all of our sites.

Compliance increased 9% at WGH from 2012-2013 to 2013-2014. WAHA's Infection Control Nurse visited WGH's Surgical Department to collect monthly statistics FY 2013-2014

Surgical Safety

Checklist: number of times all three phases of the surgical safety checklist was performed ('briefing',

89.60

100.00

98.60

‘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
2012

Publicly Reported,
MOH

Improve

on SSC compliance and also conducted regular education/debrief sessions with the Surgical Department staff. WGH's SSC compliance figures are posted quarterly and yearly on WAHA website at weeneebaykohealth.ca

Rate of completed medication reconciliation.
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.

%

Population
Period

Source

Improve

0.00	-111111.00	11.00
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Medication reconciliations were completed on 11 complex continuing care patients aged 55+ residing in Fort Albany Hospital's IPD Q3 2013-2014 as part of a special geriatric clinic conducted. Medication reconciliations are also currently being completed for patient admissions in the WGH Emergency Department that occur between 0800-1600 hrs Monday through Friday; patients are assessed by the pharmacist pertaining to their medication regime. The WGH Emergency Department nurses are required to call NorthWest Telepharmacy Solutions (NTS) to set up a videoconference interview between the patient and the NTS pharmacist prior to admission orders being finalized. One of the WGH pharmacy assistants will contact the NTS pharmacist and negotiate an interview time via teleconference. The NTS pharmacist will conduct the interview with the patient and then review the medication regime with the admitting physician. Interviews typically

take between 40-60 minutes. The medication reconciliation program technology is also being introduced to frontline staff and a new medication reconciliation form has been developed to identify all medications taken by a patient upon admission. The new medication reconciliation program for those being admitted to WGH's IPD is being piloted and a geriatrician will visit the IPD unit FY 2014-2015 to conduct medication reconciliations.

Pressure Ulcers:
Percent of complex continuing care residents with new pressure ulcer in the last three months (stage 2 or higher) - Q2, FY 2012/13, CCRS %

0.00

0.00

Due to WAHA hospital sites not having any reported pressure ulcers in the past three years, WAHA will adjust this indicator to a priority 3 for 2014-2015

Population
Period
Source
Improve

Falls: Percent of complex continuing care residents who fell in 2012-2013 %

4.00

2.00

0.37

Upon admission to Fort Albany Hospital (FAH), a patient's risk for falling is assessed using the Morse Falls Scale. Patients who are identified as having elevated risk for falls have bedside signage posted as staff reminders. Falls prevention training was provided to coastal staff on proper utilization of patient lifts. Those patients aged 55 and above who were identified as high risk were assessed by geriatricians in the FAH Geriatric Clinic pilot project. An environmental

Population
Period
Source
Improve

assessment was conducted in FAH identified areas of improvement for falls prevention (ie. Placement of furniture & lighting). Staff turnover continues to be an on-going struggle for maintenance of staff training and follow through. Please note the figure listed in the progress to date section is a new method that WAHA is using to track % of CCC falls for Q1 2013-2014 in FAH. The falls prevention initiative will be carried over to the Attawapiskat Hospital FY 2014-2015 and the new methodology will be used to track future progress.