

ID	Measure/Indicator from 2015/16	Org Id	Current Performance as stated on QIP2015/16	Target as stated on QIP 2015/16	Current Performance 2016	Comments
2	<p>CDI rate per 1,000 patient days: Number of patients newly diagnosed with hospital-acquired CDI during the reporting period, divided by the number of patient days in the reporting period, multiplied by 1,000.</p> <p>(Rate per 1,000 patient days; All patients; Jan 1, 2014 - Dec 31, 2014; Publicly Reported, MOH)</p>	973	0.00	0.00	0.00	There were no reported CDI cases within WAHA hospital sites for January - December 2015.

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Change Ideas from Last Years QIP (QIP 2015/16)	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?
N/A		

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5	<p>CDI rate per 1,000 patient days: Number of patients newly diagnosed with hospital-acquired CDI during the reporting period, divided by the number of patient days in the reporting period, multiplied by 1,000.</p> <p>(Rate per 1,000 patient days; All patients; Jan 1, 2014 - Dec 31, 2014; Publicly Reported, MOH)</p>	4698	0.00	0.00	0.00	

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8	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 - April 2015 - March 2016, consistent with publicly reportable patient safety data. (%; Health providers in the entire facility; 2015-2016; Publicly Reported, MOH)	4700	82.14	85.14		

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Training will be provided to new staff upon orientation #2 - Identification of site specific hand hygiene auditor(s) #3 - Communication of monthly hand hygiene results to staff and on the WAHA website www.waha.ca	No	
	No	

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9	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 - April 2015 - March 2016, consistent with publicly reportable patient safety data. (%; Health providers in the entire facility; 2015-2016; Publicly Reported, MOH)	4698	81.25	84.25	56.00	Please note that this hand hygiene performance rate combines the results from Weeneebayko General (WGH), Attawapiskat (AH) and Fort Albany (FAH) Hospitals from 2015-2016. The performance rate this year was low compared to the 2014-2015 provincial average. The 2015-2016 performance at each site was WGH: 64.9%, FAH: 28.6% and ATT: 50%. Results from 2015-2016 were low as WAHA did not have an Infection Prevention and Control Manager. This means many staff did not participate in hand hygiene training. WAHA has hired an Infection Prevention and Control Manager and hand hygiene performance will be worked on for 2016-2017.

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Training will be provided to new staff upon orientation #2 - Identification of site specific hand hygiene auditor(s) #3 - Communication of monthly hand hygiene results to staff and on the WAHA website www.waha.ca	No	The training of new staff upon orientation and identification of specific site auditors did not happen as WAHA was without an Infection Control Manager for most of 2015-2016. Increased hand hygiene performance will be worked on for 2016-2017. Communication of yearly hand hygiene results was told to staff and the public on WAHA's website at www.waha.ca.
Increase # of hand hygiene reviews (audits)	Yes	WAHA's Infection and Prevention Control Manager conducted

done at each WAHA hospital site

the following number of hand hygiene reviews at each site in 2015-2016. Weeneebayko General Hospital (WGH):106 Fort Albany Hospital (FAH): 21 Attawapiskat Hospital (AH): 23 The Manager will put together a team of monitors to assist with doing hand hygiene reviews. Both FAH and AH will participate in at least 50 hand hygiene reviews in 2016-2017. The Manager and the team will also be doing at least 100 hand hygiene reviews at WGH in 2016-2017.

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10	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?" (%; WAHA Staff; 2015-2016; WAHA Staff Satisfaction Survey)	973	60.00	62.00	60.00	161 staff provided WAHA with an average ranking of 6 out of 10 in the 2015-2016 Staff Satisfaction Survey. WAHA hosted a staff awards event to honour those who worked for 5 years or more with the organization.

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Continue to implement a patient satisfaction survey in WAHA emergency departments and inpatient units.	Yes	This should read "Implement a staff satisfaction survey across all WAHA sites". WAHA did a staff satisfaction survey and collected staff opinions about WAHA. WAHA put together a performance review process for staff at all WAHA sites. The Human Resources Department met with managers to review the policy and forms. WAHA put together a staff rewards event to honour those who worked 5 years or more in the organization.
Employee Assistance Program	Yes	WAHA has hired Shepell Employee and Family Assistance Program (EFAP) to assist employees and their families o Short-term Professional Counselling o Legal Support Services o Financial Support Services o Family Support Services o Naturopathic Services o Nutritional Services o Health Coaching o Specialized Counselling and Online Programs

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11	In-house survey: provide the percent response to the summary question "Number of patients responding yes to the question "In your opinion, does WAHA provide good quality care?" (%; Emergency Department and Inpatient Department Patients; 2015-2016; WAHA Patient Satisfaction Surveys)	973	72.00	75.00	80.00	4 out of 5 patients said that WAHA provides good quality care in the satisfaction survey from 2015-2016. WAHA receives e-mails from the public to report their satisfaction levels.

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Survey implementation - Implement a staff satisfaction survey across all WAHA sites.	Yes	This was meant to read, "WAHA to implement a patient satisfaction survey across all WAHA sites". WAHA's Patient Navigator asked people to fill out satisfaction surveys in 2015-2016.
	No	

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12	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. (%; Inpatients at WGH; 2015-2016; Hospital collected data)	4698	85.43	86.00	CB	WGH will continue to improve its electronic collection system, by having the Medical Records and Pharmacy Departments work together to create reports. Information collected by the WAHA Pharmacy Department will be used to keep track of how many medication profiles are completed each month. WAHA's Pharmacy Team worked with WGH and the Moose Factory Community Pharmacy to offer the medication review process for newly admitted inpatients. 185 medication reviews were completed in 9 months (January - December 2015). WGH will continue doing medication reviews in 2016-2017. Additionally, WAHA worked in partnership with the Northeast Specialized Geriatric Services (NESGS) to offer geriatric clinics in Fort Albany and in Moose Factory/Moosonee in 2015-2016. 20 patients/clients participated in the Fort Albany Clinic and were seen by geriatricians, medication reviews were completed on each patient as part of their assessments. 39 patients participated in the Moose Factory/Moosonee Clinic and also had medication reviews completed. Medication reviews are also being completed for patients/clients who were not seen in 2015-2016 but participated in the 2014 Fort Albany and 2015 Moose Factory/Moosonee Geriatric Clinics.

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To look at medication history of newly admitted inpatients at WGH through the Moose Factory Pharmacy.	Yes	Medication histories of newly admitted inpatients were reviewed through the Moose Factory Pharmacy and also through the Moosonee Pharmacy depending on where the inpatients are from.
Training of staff	Yes	WAHA offered 2 pharmacy training sessions to its nurses in 2015-2016, to work on RNAO and CNO guidelines/best practices for medication administration, transcription, patient assessment and documentation guidelines. Nurses were required to successfully complete 3 medication administrations under supervision from a WAHA Nursing Assessor.

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13	Number of chronic continuing care patient falls/Number of total inpatient days for chronic continuing care patients. (%; Complex continuing care residents; 2015-2016; Hospital collected data)	4700	0.21	0.00	0.45	The number of falls in Fort Albany Hospital (FAH) for CCC patients increased from 7 in 2014-2015 to 15 this year, resulting in a 0.45% falls performance for 2015-2016. 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 high risk for falls have bedside signage posted to remind staff. When falls happen, each case is looked at and actions are taken to prevent future falls.

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Have staff use the Morse Falls Scale with chronic	Yes	The Morse Falls Scale continues to be used in Fort

continuing care patients upon admission. #2 - Deliver training on the 3 D's (delirium, depression and dementia) to staff. #3 - Report progress to staff every month through the quality department #4 - Signage placed at patient's bedside who are identified as high risk

Training of staff

Yes

Albany Hospital as CCC patients are admitted and falls are reported to WAHA's Quality Department (WAHA QD). When falls happen, each case is looked at and actions are taken to prevent future falls. Signage continues to be placed at the patient's bedside for those who are high risk. Fort Albany staff have not received training on the 3 D's this past fiscal year but WAHA is planning to offer this training in 2016-2017.

WAHA's Director of Professional Practice went to FAH in 2015-2016 to provide training and education for development of health care staff. The training and education included going over what staff can do for prevention and management of patient falls.

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14	Surgical Safety Checklist (SSCL): 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 - Jan-Dec. 2012, consistent with publicly reportable patient safety data (%; All surgical procedures; 2015-2016; Hospital collected data)	4698	97.36	99.00	98.47	WAHA did not have an Infection Prevention and Control Manager for most of the year, checklist reviews were still completed and reported reach. The newly hired Infection Prevention and Control Manager will support Operating Room staff at WGH in 2016-2017 to make sure checklists are being completed.

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Auditing process done by Infection Control Nurse to

Yes

Surgical safety checklists were completed and

ensure surgical safety checklists are completed at WGH.
#2 - Conduct monthly review of surgical safety checklists
#3 - Posting of surgical safety checklist results on WAHA website www.waha.ca
#4 - Review of patient incident reports submitted to Quality Department

No

reviewed for almost all of the surgeries done in the WGH Operating Room each month. The performance results were put on the WAHA website for the public. The WGH Operating Room staff sent patient incident reports to the Quality Department.