

Excellent Care for All

**Quality Improvement Plans (QIP): Progress Report for 2016/17 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 2016/17	Org Id	Current Performance as stated on QIP2016/17	Target as stated on QIP 2016/17	Current Performance 2017	Comments
1	<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.                      ( Rate per 1,000 patient days; All patients; January 2015 – December 2015; Publicly Reported, MOH)</p>	973	0.00	0.00	0.00	There were no reported cases of CDI.

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Change Ideas from Last Years QIP (QIP 2016/17)	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	No	N/A

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2	ED Wait times: 90th percentile ED length of stay for Admitted patients. ( Hours; ED patients; January 2015 - December 2015; CCO iPort Access)	973	8.40	8.40	14.40	After revisions, WAHA's ED Wait Times last year was 15.7 and decreased to 14.4 this year.

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WAHA will be reporting on this corporately and will work to make sure the information is reported publicly	Yes	The public will receive this information as part of WAHA's QIP.

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3	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; Health providers in the entire facility; April 1, 2015 - March 31, 2016; Publicly Reported, MOH)	973	56.00	87.51	69.00	WAHA improved its performance by 13% when compared to last year and will look to complete the following tasks, to help improve hand hygiene next year. 1. Provide annual hand hygiene education to all staff 2. Collaborate with maintenance to relocate alcohol based hand rub stations were applicable to accommodate staff work flow 3. Provide in-service education for housekeeping staff regarding appropriate glove use 4. Provide hand hygiene report and feedback to frontline staff 5. Explore options to improve the number of hand hygiene audits in the coastal sites (recruit staff champions/more site visits) 6. Explore the option of electronic direct hand hygiene audits

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Have hand hygiene monitors at each site	No	WAHA went without an Infection Control and Prevention Manager for part of this fiscal year. The organization has since hired a Manager and he will recruit hand hygiene monitors at each site for 2017-2018.
Staff Training	No	WAHA went without an Infection Control and Prevention Manager for part of this fiscal year. The

Staff and public communication

Yes

organization has since hired a Manager and he will train staff at each site for 2017-2018.

Staff and public will receive information on WAHA's Hand Hygiene performance at the end of the fiscal year and the quarterly results from the past year will be posted on [www.waha.ca](http://www.waha.ca)

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4	Hand hygiene performance after patient contact - The number of times that hand hygiene was performed after patient contact divided by the number of seen hand hygiene actions multiplied by 100 ( %; Health providers in the entire facility; April 1, 2015 - March 31, 2016; Publicly Reported, MOH)	973	70.00	91.58	85.00	WAHA improved its performance by 15% when compared to last year and will look to complete the following tasks, to help improve hand hygiene next year. 1. Provide annual hand hygiene education to all staff 2. Collaborate with maintenance to relocate alcohol based hand rub stations were applicable to accommodate staff work flow 3. Provide in-service education for housekeeping staff regarding appropriate glove use 4. Provide hand hygiene report and feedback to frontline staff 5. Explore options to improve the number of hand hygiene audits in the coastal sites (recruit staff champions/more site visits) 6. Explore the option of electronic direct hand hygiene audits

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5	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?" ( Number; WAHA Staff; 2015-2016; In-house survey)	973	6.00	7.00	6.00	142 WAHA staff responded to this question in the 2015-2016 WAHA Staff Satisfaction Survey and provided the organization with an average overall rating of 6 out of 10.

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Improve staff satisfaction through by creating better communication that allows for more employee feedback	Yes	WAHA created a Junior Leadership Team Committee, enabling all WAHA Middle Managers to share feedback from their departments for identification of ways to work more effectively together.
Communication to staff of survey results	Yes	A report and presentation were developed and sent to staff, detailing the results from the 2015-2016 survey.

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6	Medication reconciliation (medication profile) at admission: The total number of patients with medication profiles done as a proportion of the total number of patients admitted to the hospital. ( %; Inpatients at WGH; Jan - Dec 2015; Hospital collected data)	973	CB	80.00	58.64	WAHA is still using a retroactive medication reconciliation progress and is currently working on finalizing a new medication reconciliation process upon admission. Performance will be measured once the new process is being used.

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Information collection system	Yes	Although the new medication reconciliation process has not been introduced as of yet, the pharmacy team tracks the number of medication reconciliations completed divided by the number of admitted patients to measure performance.
Medication histories	Yes	Medication histories are being collected from some patients upon admission
Reporting of medication incidents	Yes	Medication incidents are being reported by nurses and physicians. A committee was created to review WAHA's medication reconciliation program and continues to meet, to discuss medication incident trends for identification of solutions.

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7	Number of chronic continuing care patient falls/Number of total inpatient days for chronic continuing care patients. ( % of falls complex for continuing care residents; Complex continuing care residents; 2015-2016; Hospital collected data)	973	0.45	0.20	0.00	There were 2 reported falls by CCC inpatients in Fort Albany for 2016-2017.

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Staff Training	No	The staff did not receive training related to patient falls prevention in 2016-2017
Falls and risk assessment tools	Yes	The Fort Albany clinical staff outline if CCC patients are at risk for falls within the Resident Assessment Index (RAI) that they complete for every admitted CCC patient
Reporting of patient falls	Yes	Fort Albany submitted 2 patient falls incident reports in 2016-2017

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8	Percent of complex continuing care (CCC) residents who fell in the last 30 days. ( %; Complex continuing care residents; July – Sept 2015 (Q2 FY 2015/16 report); CIHI CCRS)	973	X	0.00	0.00	There were no reported falls for CCC patients in Fort Albany over the past 30 days.

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9	Surgical Safety Checklist (SSCL): number of times all three steps of the surgical safety checklist were done ('briefing', 'time out' and 'debriefing') divided by the total number of surgeries performed, multiplied by 100 (%; All surgical procedures; January - December 2015; Hospital collected data)	973	98.47	98.47	91.04	WAHA's Infection Control and Prevention Manager, along with a Lead Nurse from the Weeneebayko General Hospital (WGH) Operating Room Department introduced a new Surgical Safety Checklist in the first quarter of this fiscal year. Results from the first quarter were low as the OR team was learning the new process but performance greatly improved in the second and third quarters.

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Infection Prevention and Control Manager to monitor how WAHA is doing	Yes	A lead nurse in WAHA's OR Department has been providing monthly and quarterly updates on SSCL performance. The updates have been provided to the Infection Prevention and Control Manager, as well as other key organizational contacts who continue to monitor performance.
Staff and public communication	Yes	WAHA will be posting the results from calendar year 2016 to the public and staff will also be informed of these results.
Review of cases where SSCL is not completed	Yes	A lead nurse in WAHA's OR Department reviews each case where SSCL is not completed to identify the causes and follows up with staff involved to prevent future mistakes.

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10	Survey for Patients who Visited the Emergency Department or were admitted as an Inpatient: "% of patients answering yes to the question "In your opinion, does WAHA provide good quality care?" ( %; All patients; April 1, 2015 - March 31, 2016; In-house survey)	973	80.00	83.00	78.00	The current performance is a slight decline from last year's total and WAHA will keep their patient satisfaction goal at 83% for 2017-2018.

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Continue to offer a patient satisfaction survey in the WAHA emergency departments and inpatient units within Weeneebayko General Hospital (WGH), Fort Albany Hospital (FAH) and Attawapiskat Hospital (AH) and Moosonee Health Centre (MHC).	Yes	The survey was filled out by patients from various communities.
Communication with the public	Yes	The public will receive results from this year's survey results, which will be posted on WAHA's QIP at <a href="http://www.waha.ca">www.waha.ca</a>
Staff communication	Yes	Staff will receive results from this year's survey results as the QIP will be sent to staff at the end of this fiscal year.

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11	Total number of alternate level of care (ALC) days contributed by ALC patients within the specific reporting month/quarter using near-real time acute and post-acute ALC information and monthly bed census data ( Rate per 100 inpatient days; All inpatients; July 2015 – September 2015; WTIS, CCO, BCS, MOHLTC)	973	5.90	5.90	6.50	WAHA only reported a minor increase ALC days when compared to last year's data.

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12	<p>WAHA is currently developing cultural competency training to educate staff about: - historical knowledge about people from the James and Hudson Bay Region - health status of those residing within the Region - effective ways of communication with people from the Region The training program will teach staff how to use the knowledge gained, to improve the service they provide to the patients.</p> <p>( 1) Number of WAHA staff participating in the cultural competency training sessions 2) Number of patient/client complaints received by the Quality Department; all WAHA staff; April 1, 2016 - March 31, 2017; Hospital collected data)</p>	973	CB	CB	29.00	<p>WAHA hosted a Cultural Day on November 21, 2016. The purpose of Cultural Day was to help facilitate health care provider and administrator understanding of Cree Aboriginal history, traditions and teachings. The Cultural day was jointly hosted and coordinated by WAHA's Traditional Healing Program as well as its Human Resources and Quality Departments. Twenty-nine invitees attended including members from WAHA's management teams, along with guests from Payukotayno James and Hudson Bay Family Services, Mushkegowuk Tribal Council and Emergency Measures Assistance Team Ontario.</p>

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