

2018/19 Quality Improvement Plan

"Improvement Targets and Initiatives"

Weeneebayko Area Health Authority 19 Hospital Drive Box 664

AIM		Measure							Change					
Quality dimension	Issue	Measure/Indicator	Type	Unit / Population	Source / Period	Org. Id	Current performance	Target	Target justification	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comments
Effective	Effective transitions	Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?	P	% / Survey respondents	CIHI CPES / April - June 2017(Q1 FY 2017/18)	973*	CB	CB	WAHA will collect baseline data in 2018-2019 for development of a future performance target	1)Integrate this question in the WAHA inpatient and ER surveys	The Quality Department will add this questions to both surveys mentioned and will collect baseline data on the responses received in 2018-2019	1) Number of patients/clients that fill out surveys yearly 2) The number of patients surveyed will be counted for each site/community along with the % of patients answering yes to the question "Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?"	To collect as many responses as possible from the inpatient and ER surveys collected over a 12 month period 2) To figure out the % of people that answer yes to this question	Ultimate goal: To collect as many responses from those filling out inpatient and ER patient satisfaction surveys, to see how many % of people answer yes to this question
Efficient	Access to right level of care	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	P	Rate per 100 inpatient days / All inpatients	WTIS, CCO, BCS, MOHLTC / July - September 2017	973*	24.1	22.00	WAHA will look to improve on its performance by 2% when compared to 2017-2018 performance, but will monitor if this is a reasonable target when tracking 2018-2019 performance	1)Conduct case review of each ALC inpatient occupying a bed at Weeneebayko General Hopsital (WGH)	Data collected for each case review conducted to determine ALC inpatients who are able, willing and appropriate for discharge	Number of ALC inpatients who are able, willing and appropriate for discharge per quarter	Number of ALC inpatients who were discharged per quarter divided by number of ALC inpatients who were able, willing and appropriate for discharge per quarter	The majority of ALC inpatients at WGH are Continuing Complex Care (CCC) inpatients and WAHA is currently pursuing a designation to have CCC inpatient beds designated for WGH.

M = Mandatory (all cells must be completed) P = Priority (complete ONLY the comments cell if you are not working on this indicator) A= Additional (do not select from drop down menu if you are not working on this indicator) C = custom (add any other indicators you are working on)

Patient-centred	Person experience	"Would you recommend this emergency department to your friends and family?"	P	% / Survey respondents	EDPEC / April - June 2017 (Q1 FY 2017/18)	973*	92.15	92.15	WAHA will look to continue the positive performance achieved in 2017-2018 and will keep its performance target for 2018-2019 the same, to at least match 2017-2018 performance. Over 9 out of 10 patients indicated they would recommend WAHA emergency department services to friends and family.	1)Shortened ER Survey and nursing interns/community surveyors recruited to increase participation	WAHA has developed a shorter survey to help encourage participation for those leaving ER after being seen. The survey was used during the last 2 months in the WGH and MHC sites, and the survey will be offered in AH and FAH for 2018-2019. WAHA also had 3 nursing interns dedicated to helping encourage patients to fill out surveys after being seen. Lastly, WAHA also conducted community outreach in Moosonee, Moose Factory and Attawapiskat, allowing for people who have used ER services in the past year(s) to comment on the services received - WAHA will use this same strategy in 2018-2019 to increase participation.	1) Number of patients/clients that fill out surveys yearly 2) The number of patients surveyed will be counted for each site/community along with the % of patients answering yes to the question "would you recommend this emergency department to your friends and family" on a yearly basis	To collect 100 surveys in total over a 12 month period 2) To figure out the % of people that answer yes to this question	Ultimate goal: To collect as many emergency department patient satisfaction surveys as possible and to see how many % of people would recommend WAHA emergency departments to family and friends
										2)Offer online survey at www.waha.ca	WAHA will create a section on its website at www.waha.ca where people can fill out a survey electronically.	WAHA will post the survey on its website in 2018-2019	WAHA will post the survey on its website in 2018-2019	Ultimate goal: To collect as many emergency department patient
										3)Communication of results to the public and WAHA staff	Results from WAHA Emergency Department survey provided by the WAHA Quality Department to staff via e-mail and through departmental managers 2) Results from Emergency Department survey provided to the public online through www.waha.ca	Emergency Department results are sent to staff and the public at least once in fiscal year 2018-2019	1) To post the results for the public on www.waha.ca 2) To send out the results to 100% of WAHA staff in 2017-2018 3) To make sure WAHA staff and the public know how patients feel about the quality of service they receive	WAHA staff will monitor how patients answer this question and work to improve the service they provide to patients according to the results provided

		"Would you recommend this hospital to your friends and family?" (Inpatient care)	P	% / Survey respondents	CIHI CPES / April - June 2017 (Q1 FY 2017/18)	973*	78.57	83.50	WAHA will look to improve inpatient satisfaction by 5% for 2018-2019. Over 3 out of 4 inpatients indicated they would recommend WAHA inpatient department services to friends and family.	1)Shortened IPD Survey and nursing interns/community surveyors recruited to increase participation	WAHA has developed a shorter survey to help encourage participation for IPD patients. The survey was used during the last 2 months in the WGH and AH sites, and the survey will be offered in FAH for 2018-2019. WGH also had 2 nursing interns dedicated to helping encourage patients to fill out surveys after being seen.	1) Number of patients/clients that fill out surveys yearly 2) The number of patients surveyed will be counted for each site/community along with the % of patients answering yes to the question "would you recommend this inpatient department to your friends and family" on a yearly basis	To collect at least 100 surveys over a 12 month period 2) To figure out the % of people that answer yes to this question	Ultimate goal: To collect as many inpatient department patient satisfaction surveys as possible and to see how many % of people would recommend WAHA emergency departments to family and friends
										2)Offer online survey at www.waha.ca	WAHA will create a section on its website at www.waha.ca where people can fill out a survey electronically.	WAHA will post the survey on its website in 2018-2019	WAHA will post the survey on its website in 2018-2019	Ultimate goal: To collect as many inpatient department patient
										3)Communication of results to the public and WAHA staff	Results from WAHA Inpatient Department survey provided by the WAHA Quality Department to staff via e-mail and through departmental managers 2) Results from Inpatient Department survey provided to the public online through www.waha.ca	Inpatient Department results are sent to staff and the public at least once in fiscal year 2018-2019	1) To post the results for the public on www.waha.ca 2) To send out the results to 100% of WAHA staff in 2017-2018 3) To make sure WAHA staff and the public know how patients feel about the quality of service they receive	WAHA staff will monitor how patients answer this question and work to improve the service they provide to patients according to the results provided

Safe	Safe care/Medication safety	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	A	Rate per total number of admitted patients / Hospital admitted patients	Hospital collected data / October – December (Q3) 2017	973*	71.21	75.00	To improve performance by over 3 percent at WGH when compared to 2017-2018 performance	1)Creation of a Policy and Best Possible Medication History (BPMH) for patients who will be admitted to WGH	WAHA Policy and BPMH tool used by health care providers in the emergency department before transferring patients to the inpatient unit	1) Every 3 months the number of BPMH's reconciliations for admitted inpatients at WGH will be compared to the number of admitted inpatients and a report will be delivered to the WAHA Quality Department to keep track of progress. 2) Number of inpatient medication profiles reviewed/Number of inpatients admitted to WGH in 2018-2019	1) Policy and BPMH finalized 2) To have at least 80% of WGH inpatients participate in medication profile reviews for 2018-2019	Ultimate goal: 100% of admitted patients have participated in WGH have participated in medication profile reviews. WAHA is currently revamping its medication reconciliation policy and procedure for implementation. This review process will be also be done in FAH and AH once it is fully offered at WGH.
										2)Staff Training	Deliver training on WAHA BPMH Admission process to doctors and nurses through development of an e-learning module	Number of doctors and nurses trained on BPMH Admission process divided by total number of doctors and nurses working at WAHA	80% of doctors and nurses are trained	Ultimate goal: to make sure all doctors and nurses are trained, ensuring patient medication profiles are completed for admissions
										3)Staff and public communication	Communication of medication reconciliation discharge results to staff and public	Number of medication reconciliation reports sent to staff and public in 2018-2019	Medication reconciliation results are reported to staff and the public	Ultimate goal: to make staff and the public aware of WAHA's performance

	Medication reconciliation at discharge: Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients discharged.	P	Rate per total number of discharged patients / Discharged patients	Hospital collected data / October – December (Q3) 2017	973*	CB	CB	To collect baseline data for development of a future performance target	1)Creation of a Policy and a Medication Reconciliation Discharge Process - Best Possible Medication History Discharge Plan (BPMHDP)	WAHA Policy and BPMH tool used by health care providers in the inpatient department before transferring patients to the inpatient unit	1) Every 3 months the number of BPMHDP's reconciliations for admitted inpatients at WGH will be compared to the number of admitted inpatients and a report will be delivered to the WAHA Quality Department to keep track of progress. 2) Total number of discharged patients for whom a BPMHDP was created divided by the total number of inpatients discharged.	1) Policy and BPMHDP finalized 2) At least 80% of inpatients have a BPMHDP created upon being discharged from the hospital	Ultimate goal: to have BPMHDP's created for 100% of discharged inpatients. WAHA is currently revamping its medication reconciliation policy and procedure for implementation. This review process will be also be done in FAH and AH once it is fully offered at WGH.
									2)Staff Training	Deliver training on WAHA BPMHDP discharge process to doctors and nurses	Number of doctors and nurses trained on BPMHDP discharge process/Total number of doctors and nurses working at WAHA	80% of doctors and nurses are trained	Ultimate goal: to make sure all doctors and nurses are trained, ensuring
									3)Staff and public communication	Communication of medication reconciliation admission results to staff and public	Number of medication reconciliation reports sent to staff and public in 2018-2019	Medication reconciliation results are reported to staff and the public	Ultimate goal: to make staff and the public aware of WAHA's performance
Workplace Violence	Number of workplace violence incidents reported by hospital workers (as by defined by OSHA) within a 12 month period.	M A N D A T O R Y	Count / Worker	Local data collection / January - December 2017	973*	CB	CB	WAHA will collect baseline data in 2018-2019 to develop a future performance target	1) Policy sent throughout all WAHA sites to make sure all staff are aware of it	Policy sent throughout all WAHA sites to make sure all staff are aware of it	# of full-time staff who receive the policy divided by the total # of full-time staff working at WAHA	100% of staff receive the policy to remind them of the organization's workplace violence and harassment program	FTE=420

									2) Data Collection	WAHA's Human Resource and Occupational Health and Safety Departments will use its current data tracking system to identify the # of workplace violence incidents reported within the organization, as defined by the OSHA guidelines	# of reported workplace violence incidents reported by hospital workers as defined by OSHA within a 12 month period	WAHA's Program will encourage all staff to report workplace violence incidents immediately after they happen, and on a regular basis	Ultimate Goal: To have 100% of staff report workplace violence incidents
									3) Organization wide "respect in the workplace" training offered via WAHA's e-learning system	WAHA's Human Resource and Occupational Health and Safety Departments will send this e-learning module for completion to all WAHA staff in 2018-2019	# of full-time staff who have completed the training module divided by the # of total full-time staff working at WAHA	To have 75% of staff complete this training in 2018-2019	Ultimate Goal: to have 100% of staff participate in this training
									4) Management specific training offered on staff engagement	WAHA will work with a hired company to conduct a survey with its Managers, to identify if certain Managers have opportunities for improvement in how they engage their staff. Training will be offered to Managers who are identified as needing supports.	# of Managers working within WAHA who complete the survey and are identified as needing supports divided by the # of total Managers working at WAHA	To have 100% of Managers complete the survey and to have 100% of identified Managers receive supports as needed	
In-Hospital Sepsis	Number of patients identified with sepsis within 1st hour, (time of triage in ER or from time of identification of sepsis) to time of antibiotic administration/Number of patients identified with sepsis, from patient case reviews	C	% / ED patients	In house data collection / July 2018-August 2019	973*	CB	CB	To collect baseline data for development of a future performance target	1)Improved identification of sepsis in ER	1) Triage nurse highlights the patient's abnormal vitals and identifies patient as CTAS 2, physician to see patient within 15 minutes 2) Physician assessment and diagnosis via SIRS criteria and initiate use of In-Hospital Sepsis Order Set	1) Time of patient triage in ER and identified as CTAS 2, to time patient seen by physician = less or equal to 15 minutes	100% of patients seen within 15 minutes by a physician when diagnosed as CTAS 2	
									2)Patients diagnosed with sepsis receive antibiotics within the first hour of diagnosis	Nurse to administer antibiotics once sepsis is identified and within the first hour	Identification of sepsis within 1st hour (time of triage in ER or from time of identification of sepsis) from time of presentation to time of antibiotic administration = 1 hour or less	100% of patients receive antibiotics within 1st hour	
									3)Case reviews for instances where antibiotic administration did not happen within the first hour	Physicians will review cases where the goal was not met	Number of cases where the goal was not met, that happen each month	100% of patients receive antibiotics within the first hour	

Safe care/Falls Prevention	Number of chronic continuing care patient falls/Number of total inpatient days for chronic continuing care patients.	C	% / Complex continuing care patients	In house data collection / April 2017-March 2018	973*	0	2.00	The target is to continue being below a 2% fall rate for patients in CCC beds at Fort Albany Hospital (FAH). In 2017-2018, 4 CCC inpatient falls occurred when compared to a possible 3254 inpatient bed days, equalling a falls rate of .001 percent.	1)Policy review and finalization	WAHA clinical team is currently reviewing the falls prevention program policy and making amendments for finalization	# of clinical staff caring for CCC inpatients in Fort Albany who receive the finalized policy for review and understanding	100% of clinical staff caring for CCC inpatients will receive the policy in the summer of 2018	Ultimate Goal: To ensure all clinical staff caring for CCC inpatients in Fort Albany, WAHA will also look to offer to offer this education and use the falls program in Attawapiskat with CCC inpatients and WGH ALC patients in the future
									2)Staff Training	Deliver falls prevention training to health care staff (RNAO Best Practice Guidelines and Canadian Falls Prevention Curriculum), and deliver training on how to identify the 3 D's (delirium, depression and dementia) to this staff	1) Number of health care staff who receive falls prevention training in FAH 2) # of FAH health care staff who receive training on the 3 D's.	Make sure trained health care staff are aware of falls prevention strategies and how to tell the difference between each of the 3 D's.	Ultimate goal: to have 100% of FAH health care staff trained, with health care staff in AH and WGH receiving this training in the future
									3)Falls and risk assessment tools utilized for CCC inpatients	Have health care providers use the Morse Fall Scale with chronic continuing care (CCC) patients upon admission to FAH and when falls happen to re-evaluate patients. Utilize Morse Scale fall interventions for moderate and high risk patients.	1) Number of CCC patients assessed upon admission using the Morse Fall Scale 2) Number of CCC Morse Scale follow-up assessments conducted/number of CCC patient falls 3) Number of patients who are identified as high risk for falls/number of patients who have high risk signage interventions posted over their beds.	1) To have 100% of CCC patients in FAH assessed using the RAI upon admission and after falls. 1) To have signage posted above the beds of 100% of CCC patients who are identified as high risk for falls	Ultimate Goal: to ensure all patients are consistently monitored to assess their risk for future falls
									4)Reporting of CCC patient falls	Patient falls for CCC patients are reported by health care staff to the Quality Department on the WAHA Patient Incident Report Form	Number of CCC patient falls reported by FAH health care staff divided by number of CCC patient falls that have happened	100% of CCC patient falls are reported to the Quality Department	Ultimate goal: to promote a falls reporting culture, for identification of solutions to minimize the patients risk of falling in the future

									5)Staff and public communication	Inform staff and the public about falls prevention program results	Number of falls prevention program reports sent to staff and public in 2018-2019	Falls prevention program results are reported to staff and the public	Ultimate goal: to make staff and the public aware of WAHA's performance
Safe care/Hand Hygiene	Hand Hygiene Compliance Before and After Patient Contact	C	% / Health providers in the entire facility	Publicly Reported, MOH / April 2017-March 2018	973*	73	89.00	WAHA's health care provider hand hygiene performance at WGH before patient contact was 72.6% and after patient contact was 73.5%. The combined before and after patient contact performance was 73%, WAHA will look to improve its hand hygiene performance to 89% which aligns with provincial standards.	1)Have hand hygiene monitors at each site	The WAHA Infection and Prevention Control Manager will work with health care providers to train monitors on how to help staff with hand hygiene at WGH, FAH and WGH	1) Number of monitors trained 2) Number of hand hygiene reviews conducted by each monitor with health care staff at WGH, FAH and WGH	1) To train health care providers to become monitors 2) To do at least 100 hand hygiene reviews in the WGH Inpatient Department (IPD), 50 hand hygiene reviews in the AH IPD and 50 hand hygiene reviews in the FAH IPD	Ultimate goal: to have health care providers complete hand hygiene steps all the time
									2)Staff Training	An e-learning online training module has been developed for all WAHA staff to renew their hand hygiene certification each year.	Number of staff participating in training sessions divided by the total number of WAHA employees	To have 75% of staff participate in hand hygiene training sessions	Ultimate goal: to have 100% of staff participate in hand hygiene training sessions
									3)Staff and public communication	Inform staff and the public about hand hygiene results	1) Send staff information about progress made for hand hygiene at the end of the year 2) Hand hygiene reviews will be done by monitors, the Infection Prevention and Control Manager will keep track of these and the results will be shown to the public on www.waha.ca at the end of the year	1) Staff are informed about the importance of hand hygiene, leading to better performance 2) The public knows about the importance of hand hygiene, to prevent people from getting sick	Ultimate goal: to have staff and the public know how important hand hygiene is