

2023/24 Quality Improvement Plan "Improvement Targets and Initiatives"



Weeneebayko Area Health Authority 19 Hospital Drive Box 664, Moose Factory, ON, P0L1W0

Issue	Quality dimension	Measure			Current performance					Target		Change		Process measures	Target for process measure	Comments	
		Measure/Indicator	Type	Unit / Population	Source / Period	Organization Id	Current	Target	Justification	External Collaborators	Planned improvement Initiatives (Change Ideas)	Methods					
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 if you are not working on this indicator) C = Custom (add any other indicators you are working on)																	
Theme I: Timely and Efficient Transitions	Timely	Percentage of respondents who responded "Satisfied" to the following question:	C	% / Survey respondents	Local data collection / Most recent consecutive 12 - month period	973*	CB	CB	WAHA will collect baseline data through our patient surveys for identification		1)Integrate this question in the WAHA inpatient and ER surveys	The Quality Department will add this questions to the WAHA inpatients and ER surveys and will collect baseline data on the responses received.	Number of patients/clients/families surveyed per month	Target of 10 surveys completed by patients/clients/families by June 30			
		Percentage of respondents who responded "completely" to the following 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?	P	% / Survey respondents	CIHI CPES / Most recent consecutive 12- month period	973*	CB	CB	WAHA will collect baseline data for development of a future performance target		1)Integrate this question in the WAHA inpatient and ER surveys 2)Discharge education material available in Cree language 3)Adopt the Patient Oriented Discharge Summary (PODS) tools and standard of process changes 4)Implementation of post-discharge phone calls	1) The Quality Department will add this questions to the WAHA inpatients and ER surveys and will collect baseline data on the responses received. 2) The number of patients surveyed will be counted for each site/community along with the % of patients answering 1) Pilot the translation of discharge education material in Cree language in the in-patient department by the WAHA discharge and quality team 1) The Quality Department will collaborate with WAHA Discharge planning team to adopt and implement the patient oriented discharge summary at Weeneebayko General Hospital 1) Follow up post-discharge phone call survey by discharge team of a sample of inpatient or families to assess on the question: "Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after	Number of patients/clients/families surveyed per month Number of in-patients that receive discharge education material in their native language per quarter Number of patient oriented discharge summary completed per month by WAHA discharge team Number of patients who received post-discharge follow up phone calls per month	Target of 10 surveys completed by patients/clients/families by June 30 To be determined 5% of discharged inpatients will have documentation of patient oriented Target is to complete 6 post-discharge follow up phone calls by June 30, 2023 and		Ultimate goal: To collect as many responses through the inpatient and ER	
Theme II: Service Excellence	Patient-centred	Percentage of new hires with documentation of indigenous cultural awareness and	C	% / Worker	In house data collection / January 1 to December 31, 2023	973*	CB	CB	WAHA will collect baseline data for development of future		1)Incorporation of indigenous cultural awareness and competency training to the WAHA orientation package for	WAHA Education and Human Resources Department will oversee the indigenous cultural awareness and competency orientation training for all new hires	Number of new hires that received indigenous cultural awareness and competency training orientation per quarter	5% of new hires will have documentation of indigenous cultural awareness and			
		Medication reconciliation at discharge. Total number of discharged patients	P	Rate per total number of discharged patients / Discharged	Hospital collected data / Oct-Dec 2022 (Q3 2022/23)	973*	CB	CB	WAHA will collect baseline data for identification of a future		1)Creation of a Best Possible Medication Discharge Plan (BPMDDP) program for WAHA with WGH as first site and to	1) Development of the BPMDDP form. 2) Revision of WAHA Med Rec Policy and Procedure to include this piece 3) The hiring of a BPMDDP staff who will oversee the BPMDDP and BPMDDP process at all transition point and collect data. 4)The Quality Department will share	1) Every 3 months the number of BPMDDP for discharged inpatients at WGH will be compared to the number of discharged inpatients and a report will be delivered to the WAHA Quality Department to keep track of progress. 2) Total number of discharged	1) At least 5% of WGH inpatients will have a BPMDDP created upon being discharged	Ultimate goal: to have BPMDDP created for 100% of discharged inpatients once it		
Theme III: Safe and Effective Care	Safe	Number of workplace violence incidents reported by hospital workers (as defined by OHSA) within a 12 month period.	P	Count / Worker	Local data collection / Jan 2022-Dec 2022	973*	3	4.00	The goal is to build a reporting culture for workplace violence. To this end a 40% increase in reporting target has been established. Increased reporting will provide us with a better dataset to pareto and understand our top issues to target improvement		1)1)Conduct a workplace violence risk assessment annually or more often as may be recommended using risk assessment tools 2)Building a safe culture throughout the organization 3)Conduct a debriefing after incidences of workplace violence and communicate ideas with key stakeholders e.g. JHSC 4)Creates a culture that requires and encourages reporting by promoting the WAHA Workplace Violence Prevention Program	1) OHS team will oversee the completion of Workplace Violence and Risk Assessments per facility. 2) Develop multidisciplinary review team with OHS as team lead. 3) Review and analysis of reported work place violence events by multidisciplinary team and OHS to identify 1)New employees will be trained on workplace violence prevention throughout the onboarding process by OHS and Education. 2) Additional training will be performed as required. Departmental lead, OHS and HR will ensure that employees are aware of the Debrief report after incidences of workplace violence will be distributed to key stakeholders including the JHSC by the department or facility lead. 1)The WAHA workplace violence prevention program will be updated as required by WAHA Human Resources Team. 2)The policy will be stored as per policy to allow access. 3)Requirement for staff to review policy annually with appropriate documentation	Percent of Workplace Violence Risk Assessments completed per quarter. Number of new staff trained on workplace violence quarterly. Number of workplace violence debrief sessions completed after incidences of workplace violence per quarter. Number of workplace violence reviewed by JHSC per quarter. Number of staff with documented review completion of the WAHA workplace violence prevention program per quarter	80% of workplace violence risk assessment completed by December 31 30% of new employees will have documentation of workplace violence 50% debriefing sessions for workplace violence incidents will be completed by 5% of WAHA staff will have documentation of successful review completion of the	Expectation that an action plan will be completed following Use the hospital's LMS to track compliance. Ensure that Goal is to have a debriefing session for all workplace violence		