## 2024/25 Quality Improvement Plan "Improvement Targets and Initiatives"



Weeneebayko Area Health Authority 19 Hospital Drive Box 664, Moose Factory , ON, POL1W

	Quality dimension	Measure/Indicator Ty	Type	Unit / Population	Source / Period	Organization Id	Current performance	Target	Target justification	External Collaborators	Planned improvement initiatives (Change Ideas)	Methods	Process measures	Target for process measure	Comme
Mandatory (all ce	lls must be completed)	= Priority (complete ONL					nal (do not select if	you are not wo	rking on this indica	tor) C = Custom (add any other i					
and Flow	Efficient	Alternate level of care O	)	Ratio (No unit) /	WTIS / July 1	973*	x	0.10	This is our		1)Use a screening process or	Early Identification & Assessment. Prior to ALC	There is a scheduled opportunity for the interdisciplinary	Draft of screening	Establis
		(ALC) throughput		ALC patients	2023 -				corporate target.		tool to identify patients at	designation, ensure that the following occurs in	team to review all older adults identified as "at-risk" (e.g.	tool complete by	group w
		ratio			September 30,						risk of delayed transitions in	partnership with older adults and their designated	"at-risk" (ALC) rounds) monthly "At-risk" (ALC) rounds	June 30,2024. Hard	represe
					2023 (Q2)						care.	caregiver. a. Screening for early identification and risk- stratification as soon as possible upon admission (if not	include the following: a. Chaired and/or attended by a representative at a director/vice-president. b. Internal	Copy Completed by September 30.	y from all
											2]Monitor Wait Time	Stratification as soon as possible upon admission (if not Generate reports (weekly monthly, quarterly, and yearly)	Work with IPD to ensure data is correctly reported, and	Review WTIS data	
											Information System (WTIS)	Total number of inpatient days by through Meditech. Get	reviewed by ALC Rounds Team & Discharge planning per	monthly starting in	n design
											data monthly.	access to WTIS portal.	month.	June 30, 2024 to	by a p
														have correct	a pati
														information to	occup
											3)Provide training to ensure clarity about when to	Develop ALC Designation Education- Internally Training is provided to hospital staff and physicians.	Training is provided to hospital staff and physicians to ensure clarity about: a. How early transition planning is	10% of staff and physicians by	
											recommend an ALC	provided to nospital staff and physicians.	incorporated into the admission process. (via inservice,	September 30.	
											designation.		face to face and teams, surge learning, communication,	2024, and 25%	
											ocagnicon.		etc.)	trained by	
,	Equitable	Percentage of staff O	0	% / Staff	Local data	973*	0	25.00	The goal is to		1)Develop a policy on	The education and human resources department will	The number of equity, inclusion, diversity, and anti-	One policy working	8
		(executive-level,			collection / Most				improve by 25%		equity, inclusion, diversity,	oversee the development and implementation of the	racism policy working group meeting geared towards	group meeting per	r
		management, or all)			recent				of staff who have		and anti-racism with an	equity, inclusion, diversity, and anti-racism policy.	policy development per month.	month with a	
		who have completed relevant equity,			consecutive 12- month period				completed the relevant equity,		indigenous focus.			target to have the policy in place by	
		diversity, inclusion,			month period				diversity, and		2]Develop training material	Education and HR departments to develop training	"Online and print materials developed with specific	Target to have	+
		and anti-racism							inclusion		for WAHA staff on diversity.	material on inclusion and diversity-related topics.	modules for the cultural competency Designation of	mandatory module	e
		education							training.		inclusion, and anti-racism,	including unconscious bias, Indigenous focus, anti-black	online module as mandatory for all WAHA staff*	developed by	
									_		with an Indigenous focus.	racism, cultural awareness, and competence.	· ·	September 30,	
														2024	
											3)Provide education to WAHA staff on equity.	Inclusion of training materials in the onboarding and orientation of all new staff. Provision of training	Percentage of all staff who completed equity, inclusion,	25% of all WAHA staff will have	
											WAHA staff on equity, diversity, inclusion, and anti-	orientation of all new staff. Provision of training materials to contractors providing services at WAHA	diversity and anti-racism learning sessions on surge learning.	staff will have documentation of	
											racism	Designate as mandatory specific training materials for all	rearring.	equity, inclusion,	
												staff at WAHA with refresher time frame included in the		diversity, and anti-	
		Percentage of new C	-	% / Staff	In house data	973*	0	25.00	The goal is to		1)Incorporation of	WAHA Education and Human Resources Department will	Number of new hires that received indigenous cultural	25% of new hires	
		hires with			collection / 12				improve by 25%		indigenous cultural	oversee the indigenous cultural awareness and	awareness and competency training orientation per	will have	
		documentation of			month period.				each year,		awareness and competency	competency orientation training for all new hires. Form	quarter. Number of non-indigenous staff and contractors	documentation of	
		indigenous cultural							working toward the theoretical		training to the WAHA orientation package for new	a committee to develop and select the cultural competency materials to be used at WAHA.	who have completed the cultural competency training.	indigenous cultural awareness and	al
		awareness and competency training							best target of		2)Developing a cultural	The Minomathasowin team would be responsible for	Number of targeted meetings and collaborative	The target is to	WAF
		within a 12-month							100%		awareness and competency	creating an educational tool for cultural competence and	discussions by the Minomathasowin team per month	have the cultural	impl
		period.									training material that is	content delivery.		competency	pers
											specific to the James Bay			training or materia	al awa
	Patient-centred	Number of responses C		Number / All	Hospital	973*		80.00			region.  1)Increase awareness of the			available by 2 stakeholder	train
erience	Patient-centred	received from	-	patients	collected data /	9/3*	40	80.00	The goal is to improve by 100%		WAHA patient experience	Engage stakeholders e.g. managers, communication dept. IT dept., at all sites and discharge planning. Repost	Number of stakeholder engagement per quarter	engagement by	
		patients through		pucients	2024-2025				from the current		survey	and advertise surveys using social media, website and		September 30,	
		WAHA patient							performance			displays		2024 and 6 by	
		experience survey.							ľ					December 31, 2024	24
											2)Implement patient surveys	The quality department will continue collating, analyzing,	Number of patient surveys completed or received per	The target is 40	
											as a strategy to improve data on patient experience	and sharing survey results with the WAHA Quality Council Committee and the senior executive team every	month.	surveys completed	1
											annually throughout WAHA.	quarter. Boost survey completion rates by educating		patients/clients/fa	.
											annually unbugnous warra.	staff on the importance of mandating nurses review the		milies by	
	Effective	Medication 0	)	% / Discharged	Local data	973*	29.58	31.06	WAHA will look		1)Conduct medication	WAHA is adapting Meditech Expanse and BPMDP/	Percentage Medication Reconciliation conducted within		_
														WAHA will achieve	
		reconciliation at		patients	collection / Most				to improve from		reconciliation within 24-48	Medication Reconciliation is part of it. IPD department	24-48 hours per month	at least 2% by	e
		discharge: Total		patients	collection / Most recent				to improve from the previous year		reconciliation within 24-48 hours of being admitted to	Medication Reconciliation is part of it. IPD department would complete BPMDP/medication reconciliation		at least 2% by September 2024	e
		discharge: Total number of discharged		patients	collection / Most recent consecutive 12-				to improve from		reconciliation within 24-48	Medication Reconciliation is part of it. IPD department would complete BPMDP/medication reconciliation through Meditech and quality department would have		at least 2% by September 2024 and 4% by	e
		discharge: Total number of discharged patients for whom a		patients	collection / Most recent				to improve from the previous year		reconciliation within 24-48 hours of being admitted to the hospital.	Medication Reconciliation is part of it. IPD department would complete BPMDP/medication reconciliation through Meditech and quality department would have access this data to track the progress	24-48 hours per month	at least 2% by September 2024 and 4% by December 2024.	e
		discharge: Total number of discharged patients for whom a Best Possible		patients	collection / Most recent consecutive 12-				to improve from the previous year		reconcilitation within 24-48 hours of being admitted to the hospital. 2)Develop Best Medication	Medication Reconciliation is part of it. IPD department would complete BPMDP/medication reconciliation through Meditech and quality department would have		at least 2% by September 2024 and 4% by December 2024. WAHA will achieve	e
		discharge: Total number of discharged patients for whom a		patients	collection / Most recent consecutive 12-				to improve from the previous year		reconciliation within 24-48 hours of being admitted to the hospital.	Medication Reconciliation is part of it. IPD department would complete BPMDP/medication reconciliation through Meditech and quality department would have access this data to track the progress Meditech expanse tools will be used for developing	24-48 hours per month	at least 2% by September 2024 and 4% by December 2024. WAHA will achieve at least 2% by September 2024	e
		discharge: Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion the total		patients	collection / Most recent consecutive 12-				to improve from the previous year		reconciliation within 24-48 hours of being admitted to the hospital. 2)Develop Best Medication Discharge plan for each	Medication Reconciliation is part of it. IPD department would complete BPMDP/medication reconciliation through Meditech and quality department would have access this data to track the progress Meditech expanse tools will be used for developing	24-48 hours per month	at least 2% by September 2024 and 4% by December 2024. WAHA will achieve at least 2% by September 2024 and 4% by	e
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		discharge: Total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion the total number of patients		patients	collection / Most recent consecutive 12-				to improve from the previous year		reconciliation within 24-48 hours of being admitted to the hospital.  2]Develop Best Medication Discharge plan for each patient by using Meditech tool.  3]Orientation most responsible staff/IPD nurses	Medication Reconciliation is part of it. IPD department would complete BrMDP/medication reconciliation through Meditech and quality department would have access this data to track the progress Meditech expanse tools will be used for developing BPMDP.	24-48 hours per month  N of Best Medication Discharge plan developed per month.	at least 2% by September 2024 and 4% by December 2024. WAHA will achieve at least 2% by September 2024 and 4% by December 2024.	expa
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