Access and Flow | Efficient | Optional Indicator

	Last Year		This Year		
Indicator #1 Alternate level of care (ALC) throughput ratio (Weeneebayko Area Health Authority)	**X** Performance (2024/25)	**0.10** Target (2024/25)	**X** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Change Idea #1 ☐ Implemented ☑ Not Implemented ☐ In Progress

Use a screening process or tool to identify patients at risk of delayed transitions in care.

Process measure

- There is a scheduled opportunity for the interdisciplinary team to review all older adults identified as “at-risk”(e.g. “at-risk” (ALC) rounds) monthly “At-risk” (ALC) rounds include the following: a. Chaired and/or attended by a representative at a director/vice-president. b. Internal stakeholders (i.e., managers, discharge planning team, front line staff etc.). The older adult and their designated caregiver / SDM, along with physicians, are also included in team rounds. c. Key external agencies are invited to participate as required (i.e., home care coordinator or community support services representatives). d. Discussion includes a review of risks for each older adult.

Target for process measure

- Draft of screening tool complete by June 30,2024. Hard Copy Completed by September 30, 2024.

Progress on Process Measure

-

Lessons Learned

Moving forward, we plan to improve coordination with community resources to ensure smooth transitions from ALC beds to outpatient services, supporting long-term recovery.(dash)

Change Idea #2 ☐ Implemented ☑ Not Implemented ☐ In Progress

Monitor Wait Time Information System (WTIS) data monthly.

Process measure

- Work with IPD to ensure data is correctly reported. and reviewed by ALC Rounds Team & Discharge planning per month.

Target for process measure

- Review WTIS data monthly starting in June 30, 2024 to have correct information to know how WAHA is doing in this area.

Progress on Process Measure

-

Lessons Learned

n/a

Change Idea #3 ☑ Implemented ☐ Not Implemented ☐ In Progress

Provide training to ensure clarity about when to recommend an ALC designation.

Process measure

- Training is provided to hospital staff and physicians to ensure clarity about: a. How early transition planning is incorporated into the admission process. (via Inservice, face to face and teams, surge learning, communication, etc.)

Target for process measure

- 10% of staff and physicians by September 30, 2024, and 25% trained by December 31, 2024.

Progress on Process Measure

-

Lessons Learned

This is done continuously with patient, family and staff.

Comment

numbers too low.

Safety | Safe | Optional Indicator

	Last Year		This Year		
Indicator #2	**29.58**	**31.06**	**CB**	**--**	**74**
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. (Weeneebayko Area Health Authority)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

Conduct medication reconciliation within 24-48 hours of being admitted to the hospital.

Process measure

- Percentage Medication Reconciliation conducted within 24-48 hours per month

Target for process measure

- WAHA will achieve at least 2% by September 2024 and 4% by December 2024.

Progress on Process Measure

-

Lessons Learned

We have had positive experience with Meditech Expanse, particularly for the Best Possible Medication History (BPMH).

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

Orientation quality department for BPMDP/ Medication Reconciliation report.

Process measure

- % of Quality department staff trained on Meditech expanse.

Target for process measure

- 100% of quality department trained on Meditech expanse by end of April 2024

Progress on Process Measure

-

Lessons Learned

We have had positive experience with Meditech Expanse, particularly for the Best Possible Medication History (BPMH).

Change Idea #3 ☑ Implemented ☐ Not Implemented ☐ In Progress

Orientation most responsible staff/IPD nurses on the use of Meditech Expanse for BPMDP/ Medication Reconciliation.

Process measure

- Number of most responsible staff trained on Meditech expanse for the use of BPMDP/ Medication Reconciliation.

Target for process measure

- 50% of IPD nurses or most responsible staff will have documented training on use of BPMDP/ Medication Reconciliation by September 30 2024.

Progress on Process Measure

-

Lessons Learned

We have had positive experience with Meditech Expanse, particularly for the Best Possible Medication History (BPMH).

Change Idea #4 ☑ Implemented ☐ Not Implemented ☐ In Progress

Review progress of BPMDP/ Medication Reconciliation through Meditech expanse.

Process measure

- % of report reviewed by quality staff in each quarter.

Target for process measure

- 100% report reviewed by quality department in each quarter.

Progress on Process Measure

-

Lessons Learned

We have had positive experience with Meditech Expanse, particularly for the Best Possible Medication History (BPMH).

Change Idea #5 ☑ Implemented ☐ Not Implemented ☐ In Progress

Develop Best Medication Discharge plan for each patient by using Meditech tool.

Process measure

- % of Best Medication Discharge plan developed per month.

Target for process measure

- WAHA will achieve at least 2% by September 2024 and 4% by December 2024.

Progress on Process Measure

-

Lessons Learned

We have had positive experience with Meditech Expanse, particularly for the Best Possible Medication History (BPMH).

Change Idea #6 ☑ Implemented ☐ Not Implemented ☐ In Progress

Conduct medication reconciliation upon discharge.

Process measure

- Reports created and shared workflows with the new MT expanse modules have been created to include the creation of the BPMD and the medication reconciliation.

Target for process measure

- 31.06% of all discharged patients will have their medications reconciled upon discharge by December 31, 2024.

Progress on Process Measure

-

Lessons Learned

We have had positive experience with Meditech Expanse, particularly for the Best Possible Medication History (BPMH).

Comment

we will continue to work with meditech expanse and qip for -2025-2026.

Experience | Patient-centred | Custom Indicator

	Last Year		This Year		
Indicator #3 Number of responses received from patients through WAHA patient experience survey. (Weeneebayko Area Health Authority)	**40.00** Performance (2024/25)	**80** Target (2024/25)	**86.00** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

Increase awareness of the WAHA patient experience survey

Process measure

- Number of stakeholder engagement per quarter

Target for process measure

- 2 stakeholder engagement by September 30, 2024 and 6 by December 31, 2024

Progress on Process Measure

-

Lessons Learned

succesfully done.

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

Implement patient surveys as a strategy to improve data on patient experience annually throughout WAHA.

Process measure

- Number of patient surveys completed or received per month.

Target for process measure

- The target is 40 surveys completed by patients/clients/families by September 30, 2024, and 80 surveys completed by December 31, 2024.

Progress on Process Measure

-

Lessons Learned

succesfully done.

Comment

will work with technology and qualtrics 2025 2026

Safety | Safe | Custom Indicator

	Last Year		This Year		
Indicator #4 Number of workplace violence incidents reported by hospital workers within a 12 month period. (Weeneebayko Area Health Authority)	**24.00** Performance (2024/25)	**26** Target (2024/25)	**46.00** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

Create a culture that requires and encourages reporting by promoting the WAHA Workplace Violence Prevention Program through workplace violence training.

Process measure

- Percent of staff with documented education completion on workplace violence per quarter.

Target for process measure

- 25% of total staff will have documentation of workplace violence education completion by December 31, 2024.

Progress on Process Measure

-

Lessons Learned

Successfully implemented change idea but short fall of the targeted 25% of staff with documented completion of the workplace violence education

Change Idea #2 ☐ Implemented ☑ Not Implemented ☐ In Progress

Conduct workplace violence risk assessment as per recommended risk assessment tools.

Process measure

- % of workplace violence risk assessments completed.

Target for process measure

- 50% risk assessment done by October 2024 and 70% by December 2024.

Progress on Process Measure

-

Lessons Learned

Success - Heightened organization awareness regarding workplace violence risk assessment.

Challenges - Workplace violence risk assessment to be completed by external partner and available April 2025

Change Idea #3 ☑ Implemented ☐ Not Implemented ☐ In Progress

Leadership commitment to workplace violence prevention through knowledge of their overall responsibility and accountability for workplace violence prevention.

Process measure

- Workplace violence reports will be analyzed for trends/patterns and overall data shared with leadership team quarterly.

Target for process measure

- 70% of workplace violence incident reports are analyzed and shared with leadership team every quarter.

Progress on Process Measure

-

Lessons Learned

Workplace violence reports included at our monthly quality of care committee meeting

Change Idea #4 ☑ Implemented ☐ Not Implemented ☐ In Progress

Display workplace violence education/awareness posters at strategic locations in all WAHA hospital/facilities/clinic

Process measure

- Numbers of WAHA hospitals/facilities with displayed workplace violence education/awareness posters.

Target for process measure

- 50% of WAHA facilities/sites would have documentation of workplace violence education/awareness poster displayed by September 30, 2024 and 70% by December 31, 2024

Progress on Process Measure

-

Lessons Learned

Strategically displayed workplace violence education/awareness posters at WAHA hospitals/facilities

Change Idea #5 ☑ Implemented ☐ Not Implemented ☐ In Progress

Promote incident reporting through recognition of departments/facilities with the highest number of incident repots by category per staff ratio using non-monetary incentives

Process measure

- Number of workplace violence incidents report analyzed and shared with leadership team by the quality team as per their staff ratio per quarter.

Target for process measure

- 75% of reported workplace violence incident reports will be analyzed and shared with leadership team by December 31 2024.

Progress on Process Measure

-

Lessons Learned

na

Comment

will continue to work on this qip for 2025-2026.

Equity | Equitable | Custom Indicator

	Last Year		This Year		
Indicator #5 Percentage of new hires with documentation of indigenous cultural awareness and competency training within a 12-month period. (Weeneebayko Area Health Authority)	**0.00** Performance (2024/25)	**25** Target (2024/25)	**33.00** Performance (2025/26)	**--** Percentage Improvement (2025/26)	**NA** Target (2025/26)

Change Idea #1 ☑ Implemented ☐ Not Implemented ☐ In Progress

Incorporation of indigenous cultural awareness and competency training to the WAHA orientation package for new hires. Acknowledging that cultural awareness is key to building a culturally responsive approach to patient care.

Process measure

- Number of new hires that received indigenous cultural awareness and competency training orientation per quarter. Number of non-indigenous staff and contractors who have completed the cultural competency training.

Target for process measure

- 25% of new hires will have documentation of indigenous cultural awareness and competency orientation by December 31, 2024.

Progress on Process Measure

-

Lessons Learned

By incorporating this type of training into the WAHA orientation package, new hires are better equipped to provide care that is not only clinically effective but also culturally appropriate. This ensures that Indigenous patients feel valued and understood within the healthcare system.

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

Developing a cultural awareness and competency training material that is specific to the James Bay region.

Process measure

- Number of targeted meetings and collaborative discussions by the Minomathasowin team per month

Target for process measure

- The target is to have the cultural competency training or material available by September 30, 2024.

Progress on Process Measure

-

Lessons Learned

By incorporating this type of training into the WAHA orientation package, new hires are better equipped to provide care that is not only clinically effective but also culturally appropriate. This ensures that Indigenous patients feel valued and understood within the healthcare system.

Comment

will continue to develop for 2025-2026.

Equity | Equitable | Optional Indicator

Indicator #6

Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education (Weeneebayko Area Health Authority)

Last Year		This Year		
0.00	**25**	**27.01**	**--**	**33.80**
Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 ☐ Implemented ☑ Not Implemented ☐ In Progress

Develop a policy on equity, inclusion, diversity, and anti-racism with an indigenous focus.

Process measure

- The number of equity, inclusion, diversity, and anti-racism policy working group meeting geared towards policy development per month.

Target for process measure

- One policy working group meeting per month with a target to have the policy in place by September 30, 2024.

Progress on Process Measure

-

Lessons Learned

still in draft.

Change Idea #2 ☑ Implemented ☐ Not Implemented ☐ In Progress

Develop training material for WAHA staff on diversity, inclusion, and anti-racism, with an Indigenous focus.

Process measure

- "Online and print materials developed with specific modules for the cultural competency Designation of online module as mandatory for all WAHA staff"

Target for process measure

- Target to have mandatory module developed by September 30, 2024

Progress on Process Measure

•

Lessons Learned

this is available on surge.

Change Idea #3 ☑ Implemented ☐ Not Implemented ☐ In Progress

Provide education to WAHA staff on equity, diversity, inclusion, and anti-racism

Process measure

- Percentage of all staff who completed equity, inclusion, diversity and anti-racism learning sessions on surge learning.

Target for process measure

- 25% of all WAHA staff will have documentation of equity, inclusion, diversity, and anti-racism education by March 31, 2025.

Progress on Process Measure

•

Lessons Learned

ongoing.

Comment

Going forward, we are committed to expanding access to this training and ensuring all staff have the tools and understanding to contribute to an inclusive culture."