
Date: April 2016

Strategic Direction - Excel in Patient Safety and Quality

Successfully integrating acute care and primary care through data sharing

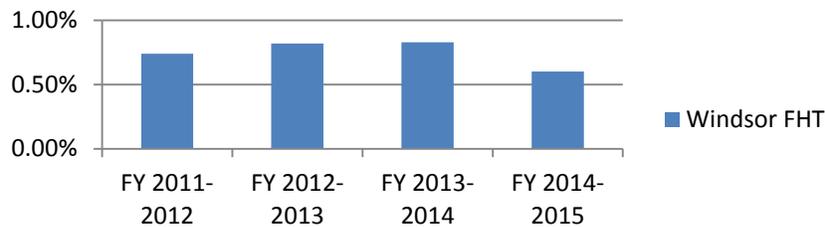
- One of the strategic areas of efforts for the Windsor Family Health Team, identified by the Joint Board (WRH/WFHT) Committee and aligned with provincial policy priorities, has been to leverage data sharing opportunities to improve patient care while reducing burden on hospital services.

- Sharing hospital discharge information (both ED and in-patient) with the Windsor FHT for rostered patients has been an integration initiative to achieve system impact. The premise behind the initiative was that timely access to discharge information for primary care providers improves transition of care, reduces repeat utilization of more costly hospital services and improves health outcomes. To evaluate effectiveness, the MoHLTC monitors and reports on the following primary care indicators:
 - Follow up within 7 days of discharge
 - Hospital readmission within 30 days of discharge
 - ED utilization for conditions considered best managed elsewhere (low acuity)

- WRH began sharing discharge data for the **Met campus in June 2014** and for the **Ouellette campus in December 2014**.

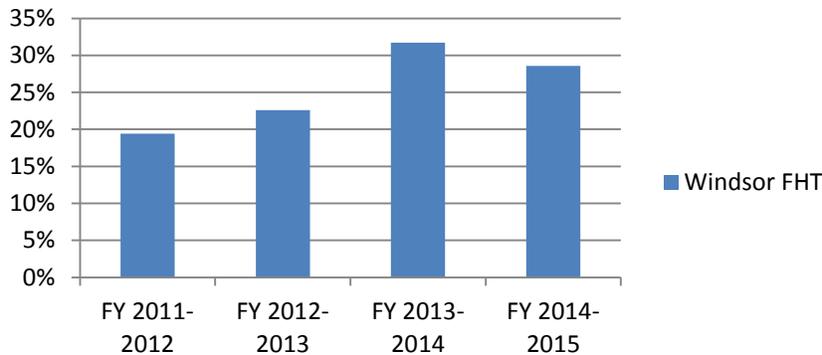
- Each year the Health Data Branch of the Ministry releases primary care level reporting on these indicators to aid in the development of Quality Improvement Programs.
- For fiscal year 14/15 the WFHT produced the following results:
 - Most improved rate, and the only FHT to see improvement, for follow up within 7 days of discharge among the 9 FHTs in the ESC LHIN

% of patients using ED for conditions best managed elsewhere



- Most improved rate for Hospital readmission within 30 days of discharge among the 9 FHTs in the ESC LHIN

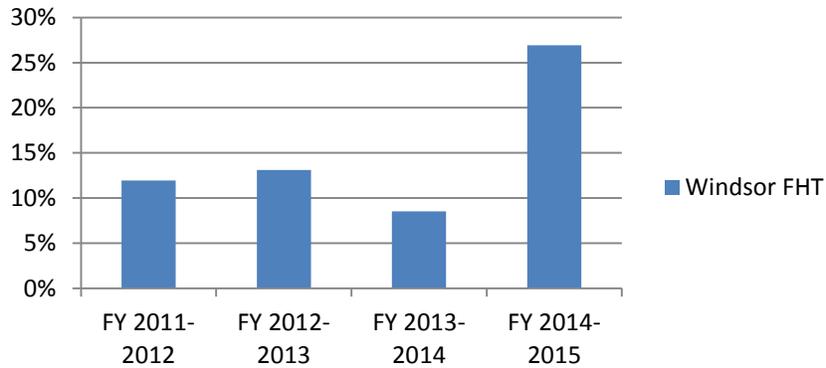
Readmission within 30 days



- Most improved rate for ED utilization for conditions considered best managed elsewhere (low acuity) among the 9 FHTs in the ESC LHIN



Discharge follow up within 7 days



- Lowest number of ED visits for any reason amongst the 9 FHTs in the ESC LHIN
- These successes are directly attributed to having daily access to hospital discharge data and implementing primary care response strategies. Patients are responding positively to the efficiency of follow-up. The WFHT will continue to look for new ways of improving upon these results. Primary care providers say that in addition to having daily discharge data they could be more effective if they also had timely access to reports. We would welcome any improvement in delivery times as hospital records only flow to primary care once transcribed.
- Congratulations to Mark Ferrari, ED for WFHT, and the Windsor Family Health Team !

Strategic Direction – Create a Vibrant Workplace

Above and Beyond Closing in on a Decade

- In 2008 the Above and Beyond Program was started at Windsor Regional Hospital. It allows patients, visitors and fellow team members to submit a nomination for a Windsor Regional Hospital team member that they feel have gone “Above and Beyond”.
- Once an Above and Beyond nomination is electronically submitted, it is reviewed by a sub-committee of our Patient Experience Committee and in turn given to our President and C.E.O. for review and distribution.
- We wanted to do something unique with the program that was more than receiving a letter of recognition.
- Each person recognized will receive a letter of appreciation as well as an Above and Beyond token which can be exchanged for a small token of appreciation (i.e. gift cards, movie tickets) in the Human Resource’s office.
- Team members nominated also have their supervisor inform fellow team members of their honour and are also featured on our monthly Honour Roll which is on display throughout the internal hospital television system.
- Team members recognized through the Above and Beyond program may also be showcased on Hospital promotional material such as the website, wall frames, banners, brochures and patient menus throughout the hospital as well as possibly on billboards and banners external to the hospital.
- Our goal is to honour and recognize those that provide that little extra that makes your attendance at the hospital more comfortable while at the same time sharing their achievements both internally and externally for the world to see. So please take the time to recognize that someone that made you stay a little more special. They might be on a billboard as a result of your recognition. Even if you do not remember their exact name, if you outline enough details about your stay with us we will find that individual on your behalf.

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COMPASSION is our
PASSION

OUR VISION: OUTSTANDING CARE - NO EXCEPTIONS!

OUR MISSION: DELIVER AN OUTSTANDING CARE EXPERIENCE DRIVEN BY A PASSIONATE COMMITMENT TO EXCELLENCE

➤ Above and Beyond continues to be a strong program for WRH.

➤ Upcoming banners include:



➤ Since 2008, an average of 104 submissions per month were received in the first quarter of 2016.

Family Giving Campaign

➤ In March, Windsor Regional Hospital celebrated a successful “Family Campaign”. With a theme of “Giving begins at Home...”, Professional Staff, Employees, and Volunteers were asked to consider making a gift to the Hospital Foundation.

➤ The 2015 campaign achieved over \$100,000 in cash and pledges. With SOP team member Dayna Roberts as Chair, over 700 individuals participated and were able to designate their gifts to a variety of WRH programs and services.



- Since 2008, the Family Giving Campaign has raised over \$500,000 for Windsor Regional Hospital. Appreciation is extended to all for their support. It is inspiring to the community and donors to see WRH staff give so generously.
- Congrats and thanks Team !

Update on Staff Safety Initiatives

- On January 8th, 2016 WRH's Occupational Health and Safety team launched a staff safety initiative. The initiative provided clear messaging around "Respect" in the workplace and steps to take in the event of bullying, intimidation, harassment and/or violence.
- The program promotes an environment that is free from threats, intimidation, bullying, harassment, aggression and violent behaviours or actions which compromise our ability to fulfill our mission of delivering outstanding and compassionate care.
- The aim of the program is to:
 - i) encourage staff to report workplace staff safety incidents by reporting it to their managers/supervisors and also entering the incident into RL6. This will help us take quick action and resolution, and help us identify trends to be more proactive in the future; and
 - ii) to emphasize the importance of staff safety in the workplace. It is equally as



important as our patient safety indicators and is being reported at Monday Morning Huddles. It has an active team working on a process improvement plan (PIP).

- At the launch, booths manned by WRH leaders over two days provided information to staff on site. The focus was to provide information on the following five policies and procedures as part of the Safe Workplace Program:

1. Creating a Safe Workplace Policy: This is the overarching policy that outlines the standardized processes and procedures for reporting, investigating, resolving and appealing of any resolution/corrective actions.

2. Creating a Safer Workplace - Professional Staff Member Complaint Management Policy: ensures that there is a clear and precise mechanism in place to facilitate the reporting, investigation, and resolution of complaints against professional staff members.

3. Intimate Partner/Domestic Violence Policy: Provides guidelines and guidance for the awareness, education, intervention, support and protection of all staff from the potential for workplace violence as a result of intimate partner/domestic altercations.

4. Flagging Patient Behaviour: Provide staff with the tools necessary to assess, identify and flag patients who have the potential for aggressive or violent behaviour, and to ensure that appropriate care plans are in place that minimize the risk for injury to both staff and patient. (To be launched at Met soon.)

5. Code White: This is an emergency code policy used to signify that the behaviour of an individual is deemed to be out of control or at risk of becoming out of control, indicating the need for immediate assistance in managing them and/or the physical environment. (This is currently under revision for updating.)

In addition, online materials provided an opportunity for over 500 staff members to complete a safety "quiz" on these topics.

- The messages have since been prominently displayed on units and in public areas to reinforce the need to report unacceptable behaviours.

Respect

everyone
deserves it

WRH respects our patients, visitors,
employees, professional staff, and volunteers.

**Threats
Bullying
Intimidation
Harassment
Violence**

Are considered unacceptable behavior and
will not be tolerated.

*For concerns please contact your Manager, Human Resources (x52512),
or Risk Manager (x52510).*

For details check wrhcreatingasafeworkplace.ca




Strategic Direction - Strengthen and Sustain a Proactive Approach to Health Care Funding Reform

Quality Based Procedure Funding

- As we have discussed, 30% of our annual funding comes in the form of Quality-Based Procedures (QBPs).
- QBPs are specific groups of patient services that offer opportunities for health care providers to share best practices that will allow the system to achieve even better quality and system efficiencies.

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- These clusters, which are comprised of clinically related diagnoses or treatments, have been identified by an evidence-based framework as providing opportunities for:
 - Process improvements;
 - Developing innovative care delivery models;
 - Clinical redesign;
 - Improved patient outcomes;
 - Greater standardization in care;
 - Enhanced patient experience; and
 - Potential cost savings.

- This approach reimburses health care providers for the types and quantities of patients they treat, using evidence-informed rates that are associated with the quality of care delivered.

- For example, a patient who has a total knee replacement needs both surgery and rehabilitation. Quality-Based Procedures set out how much money each health care provider receives for their contribution to that patient's care journey.

- Over the past three years, global funding will be reduced in proportion as funding for Quality-Based Procedures increases.

- Detailed clinical handbooks have been developed to support clinicians as they transition to the new procedures.

- At Windsor Regional the following is a list of QBP's that have been implemented over the past 3 years.

Stroke - Hemorrhagic
 Stroke - Ischemic/Unspecified
 Stroke - Transient Ischemic Attack
 Acute Hip Replacement (Unilateral)
 Rehab Hip Replacement (Unilateral)
 Acute Knee Replacement (Unilateral)
 Rehab Knee Replacement (Unilateral)
 Primary Bilateral Joint Replacement
 Hip Fracture
 Knee Arthroscopy



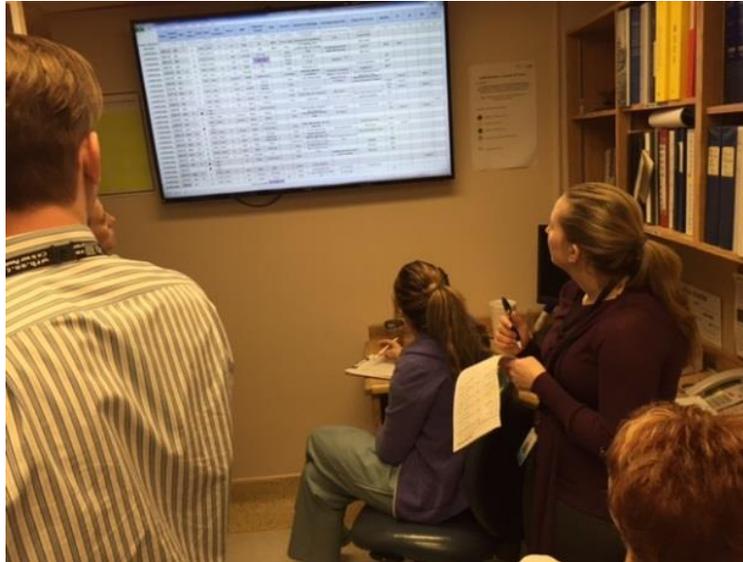
Congestive Heart Failure (CHF)
Chronic Obstructive Pulmonary Disease
Community Acquired Pneumonia
Aortic Aneurysm Repair
Lower Extremity Occlusive Disease
Pediatric Tonsillectomy
Cataract (Bilateral)
Cataract (Unilateral)
Colorectal
Prostate
Gastrointestinal Endoscopy (Weighted)

- There is a QBP Steering Committee that meets no less than monthly to discuss the status of the QBPs, tracking as to volumes allocated and planning prospectively and proactively.

Strategic Direction - Distinguish Ourselves Through Superior Performance, Innovation, and Exceptional Customer Service

Making Way for Standardized Electronic Care Round Boards

- Based upon a prior design session involving multidisciplinary staff and feedback from a longstanding trial on 8N (Met) and 6E (OUEL), a new version of the electronic Care Round Board has been completed. The Ouellette Campus units currently trialing this new version are; 6E, 6W, 8E and 8W.



- The new Care Round Board places an emphasis on the prediction and support of timely patient discharges. The new boards allow unit staff to come to rounds and report on barriers to discharge and actions for overcoming these barriers. As well, there's a focus on the key elements of a patient's plan of care to support a timely discharge from hospital. These changes, among others will help to make rounds quicker and more effective, thereby allowing nurses (and other members of the care team) to spend more time with patients.
- As the trial ramps up, more information will follow in preparation for spread to the remaining Surgical In-Patient and Medicine units.

Strategic Direction - Strategically Engage with External Partners

WE TIP OUR HATS TO YOU FOR SUPPORTING THE 2016 HATS FOR HEALTHCARE DAY!

We thank everyone for their support of the "Hats On For Healthcare Day" held on Wednesday, March 2. Many individuals and organizations, together with their employees put on their unique and creative head attire and made donations to the Mental Health Program at Windsor Regional Hospital.



www.hatsonforhealthcare.com

