

Date: April 2019



Accreditation Update

Preparation for Accreditation 2019 is progressing well. Phase one, focused on self-assessments, is complete and we are now moving into phase 2. Teams responsible for the program based accreditation standards have conducted their self-assessments, are looking at the results, and developing action plans for areas that need improvement. Teams are also reviewing the Required Organizational Practices (ROPs).

The Accreditation Canada surveyors will be coming to WRH for the onsite survey November 25-29th, 2019. Look for more information and activity about accreditation in the upcoming months.

If you are interested in being part of the 2019 accreditation process, please contact Sherri Franz at sherri.franz@wrh.on.ca or at 519-995-1856.

Ontario Health and Ontario Health Team Update

Since my last report, all of the Board of Directors for the following agencies have been provided notice their services will no longer be required. Six agencies that will be consolidated under Ontario Health, in addition to the 14 LHINs, are:

- Cancer Care Ontario.
- eHealth Ontario.
- Trillium Gift of Life Network.
- Health Shared Services.
- Health Quality Ontario.
- HealthForce Ontario Marketing and Recruitment Agency.

The inaugural Board of Directors of Ontario Health has been appointed as announced in the attached link <https://news.ontario.ca/mohltc/en/2019/03/ontario-health-board-of-directors.html>

The underlying legislation, Bill 74, *The People's Health Care Act, 2019* is still processing its way through the legislative process. <https://www.ola.org/en/legislative-business/bills/parliament-42/session-1/bill-74>. In the meantime, the powers of the new Ontario Health Board comes from them acting as the Board for the 14 LHINs and the six agencies.

On a local level, what we are hearing is there will be an expression of interest or readiness assessment sent to regions requesting organizations to respond on their “readiness” to become an Ontario Health Team. As stated, they expect in the next 3 years to create 30-50 of these teams across Ontario. They will be population focused.



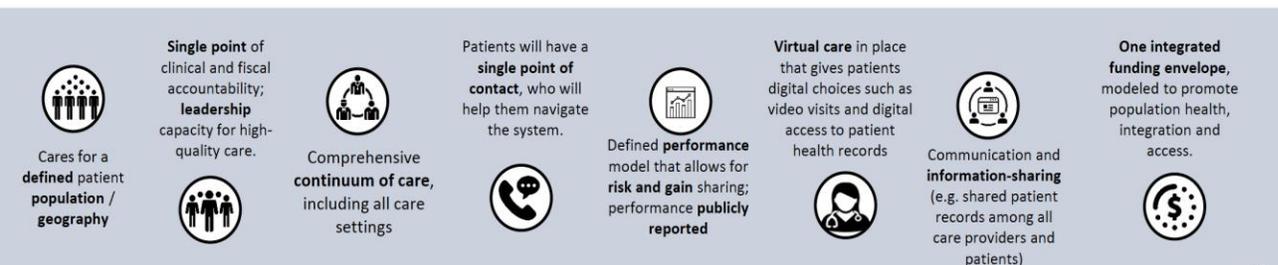
A good description of an OHT is as follows:

Coordinated Care & Service Delivery: Ontario Health Teams

A system where health care providers partner to coordinate and deliver care.

- 'Ontario Health Teams' (OHT) is a new model of integrated care where a group of providers (e.g. hospitals, home care, primary care, mental health and others) are held clinically and fiscally accountable for delivering a coordinated continuum of care to a defined population.
- As part of an Ontario Health Team, patients will receive seamless and coordinated care no matter where they are located or what their health needs are. Ontario Health Teams will ensure patients have a single team of providers for all their care needs and will not experience gaps in service.

At maturity, Ontario Health Teams across the province would provide the following key components:



Ending Hallway Medicine

As you know, the Province is currently working on the second report regarding Ending Hallway Medicine – to be published later in 2019.

The first report and its summary can be found at:

http://www.health.gov.on.ca/en/public/publications/premiers_council/default.aspx

At Windsor Regional Hospital, we have been working on this for the last few years and over the last couple of years have had amazing results.

Admitted patients are benefitting from work being done to improve transfer times to a hospital bed, thanks to the work of Medicine Patient Flow project teams and hospital leadership.

As a part of continuous improvement, attention is being placed on the earliest phase of an inpatient's journey – the time they were admitted to the hospital in the Emergency Department (ED), to the time they arrived in an inpatient bed. There are numerous processes that occur as a part of this transfer, and every effort is made to ensure that this transfer happens as timely as possible. During fiscal year 2016/17, at 7:00am there was an average of 8 medicine patients at the Met campus and 16 medicine patients at the Ouellette campus who were admitted in the ED and did not have an inpatient bed on the appropriate Medicine unit readily available. Currently, those average numbers are 1 and 2 patients for Met and Ouellette respectively. Even though as an organization we have achieved some of the best patient transfer times in the province for moving patients from the ED to their unit, there is always room for improvement.

Focus is now being placed on these “Admit No Bed” patients who wait 3 hours or greater to arrive to a Medicine inpatient bed. With support from the SOP department, when cases like this happen the transfer is analyzed to understand what contributed to the delay. Doing so allows the team to identify the challenges and assist in developing ways to improve the process. The patient-centered goal is to have the transfer to the unit happen as quickly as possible and eliminate or minimize any delays in this transfer process. The expectation is that patient transfers occur long before a red flag needs to be raised. The 3-hour delay marker serves as that red flag that lets us know that an ED to unit transfer has not occurred in the manner expected. In the Command Centre there are tools used such as VIBE, which help to manage the transfer. Other efforts to assist in a timely transfer include the use of a wheelchair for patients whose medical and mobility status allow it.

Patients will directly benefit from these improvements as it minimizes their length of stay in the ED and allows their care plan to be started sooner because of timely arrival to the appropriate inpatient unit. Staff have worked very hard to achieve excellent results so far, and their efforts will help ensure these results can be sustained long-term.

