
Date: January 2018

Happy New Year. To a great 2018 !

December 1, 2017 will be remembered as a pivotal date in the history of Hospital Health Services for Windsor-Essex.

Dr Eric Hoskins, Minister of Health and Long Term Care (MOH), attended the Ouellette campus of Windsor Regional Hospital and, among other things, officially announced that the new state-of-the-art acute care hospital is officially in Stage 2 of the five Stage MOH capital planning process, that Infrastructure Ontario is now appointed to the project and that the necessary monies have been set aside in the Provincial “fiscal plan”.

As a result of this historical announcement, I thought it opportune to reflect back some 4 years ago when we realigned acute care services in Windsor-Essex to examine the goals we set back then and how we have progressed in achieving those goals.

This process started in January 2013 with a letter from the then Minister of MOH, Ms. Deb Matthews, that provided a capital planning grant of \$2.5 million to define core services in a new proposed acute facility. One of the requirements identified in the letter was “to develop a new governance model and structure”. The two Windsor hospitals viewed this as a defining opportunity to address the challenges with the delivery and organization of acute care services, and to leverage the opportunities that would come with a realignment of acute care services.

The CEO’s proposed that (a) there would continue to be two hospital corporations, (b) WRH would assume responsibility for all acute care services and would govern and manage the new acute care hospital, and (c) HDGH would assume responsibility for post-acute services. This proposal was approved by both boards February 2013 and in July 2013 the boards approved the realignment of services effective October 1, 2013.

The CEO's pushed to accelerate realignment before a new single site acute care hospital was constructed because the hospital system at that time was sub-optimal given the historic relationship between the two hospitals, the challenges regarding patient flow, capacity management, cooperation, communication, coordination, and the complexity associated with two organizations having responsibility for acute care in a moderately sized community. The Windsor Star heralded the realignment under the banner "No More Turf Wars" and took the position that a state-of-the-art hospital is in the best interest of the community.

The approach adopted back in January 2013 by both acute care hospital organizations was to clearly state the main goals in the realignment of acute care services as follows:

"Realigning all acute services under one organization even before moving to one site makes it possible to:

- ✓ Optimize capacity across both sites;
- ✓ Re-balance activity across both sites;
- ✓ Explore operating efficiencies with a higher critical mass of activity;
- ✓ Improve coordination and consistency in service delivery;
- ✓ Adopt a consistent city-wide approach to patient quality and safety;
- ✓ Qualify for increased cancer funding;
- ✓ Establish a single professional (medical/dental/midwives) staff structure;
- ✓ Commence the detailed planning required before the eventual move to a new single acute care site;
- ✓ Allow for administration and professional staff to make day-to-day operational decisions and Boards to govern with a vision to the future;
- ✓ Facilitate best practices and models of care and standardization of both clinical and non-clinical processes and practices that have been shown to optimize the efficiency of acute care services;
- ✓ Create a single unified professional staff, unified medical departments and a single Medical Advisory Committee (MAC) that should facilitate improved inter-site access to clinical consultation and clinical technologies; and
- ✓ Explore opportunities for improved operating efficiency through economies of scale in administrative and support services."

One of the first operational initiatives we started immediately after October 2013 at WRH was the Standardization and Optimization Process (SOP) across both campuses. The SOP process was created as a way to bring the two hospitals together; that meant finding a way to



standardize the work we do for our patients and creating shared goals that staff at both campuses could get behind and work toward achieving them together. Change is never easy, but realignment offered Windsor Regional Hospital a blank canvas upon which we could draw out our future together. It was an opportunity to take a deep look at the two established and unique hospital campuses, find out what was working, what wasn't, and make sure that we were moving forward with a solid foundation for our future built on best practices.

The goals of SOP were:

- Standardize care so patients receive the same outstanding care, regardless of location;
- Identify and implement best practices at both campuses;
- Create a foundation of best practices that will eventually dictate the design of a new state-of-the-art acute care facility;
- Strengthen the capability of the WRH team so staff can flow seamlessly between campuses; and
- Create sustainability through knowledge transfer & capability building.

SOP has truly created the foundation for achieving many of the goals we set back in 2013. However, to borrow from Walter Emerson's famous quote, SOP at Windsor Regional Hospital is a journey, it is not a destination.

SOP has not only involved front line and professional staff but has also included medical students and Masters of Business Administration (MBA) students. Most importantly we have patients at the table sharing their experiences and making recommendations on how we can improve from the patient's perspective. SOP has touched each and every square inch of our operations and has resulted in a "new way of doing business" that benefits our patients, staff and community.

The Standard is a weekly communication document that provides an outline of each and every week of the SOP process and what is currently being examined. It is truly amazing to reflect back on the progress that has been made and gains for our patients, staff and community. Select the following link to review past issues of *The Standard*:

http://www.wrh.on.ca/Site_Published/wrh_internet/RichText.aspx?Body.QueryId.Id=86202&LeftNav.QueryId.Categories=780

The most recent and massively successful SOP project has been the Patient Flow Improvement Program Priority Project. It has culminated in the creation of "command centres" at each of the



acute campuses that examine, monitor and address patient flow on a minute by minute basis. Shortly, we will be progressing with a software system that will support the manual work that has been undertaken in this regard but will also use historical data to create a predictive model. This means we will be able to predict, based upon historical data, what patient activity we should be experiencing in the future to support proactive planning. We state on many occasions that we can predict the number of patients, types of patients and time they will be attending the hospital – in many circumstances we can predict them by name.

Quality Based Procedures (QBP's) are yet another example of the ground-breaking work being undertaken by WRH within the SOP framework. Five initial QBP teams were tasked with creating a “foot print” for all other QBP teams to follow that would focus not only on developing best practice order sets but to also create a daily patient plan of care. This concept grew into a well-developed plan of care for all healthcare providers to follow and more importantly a plan of care was written for QBP's in patient friendly language so that each day the patient and family know what to expect. Patient focus groups were conducted to ensure the information being provided to patients and families were meeting their needs and that it was presented in a way that was clear and understandable. In addition, the QBP team found a company that worked with them on creating a mobile app that supports the information required for patients and families during and after their hospital admission. The QBP app is the first of its kind in Canada and will likely over time become a common method used for patient and family education. You will be hearing more about the app in early 2018.

The work currently undertaken in SOP has resulted in the following 2013 goals being accomplished:

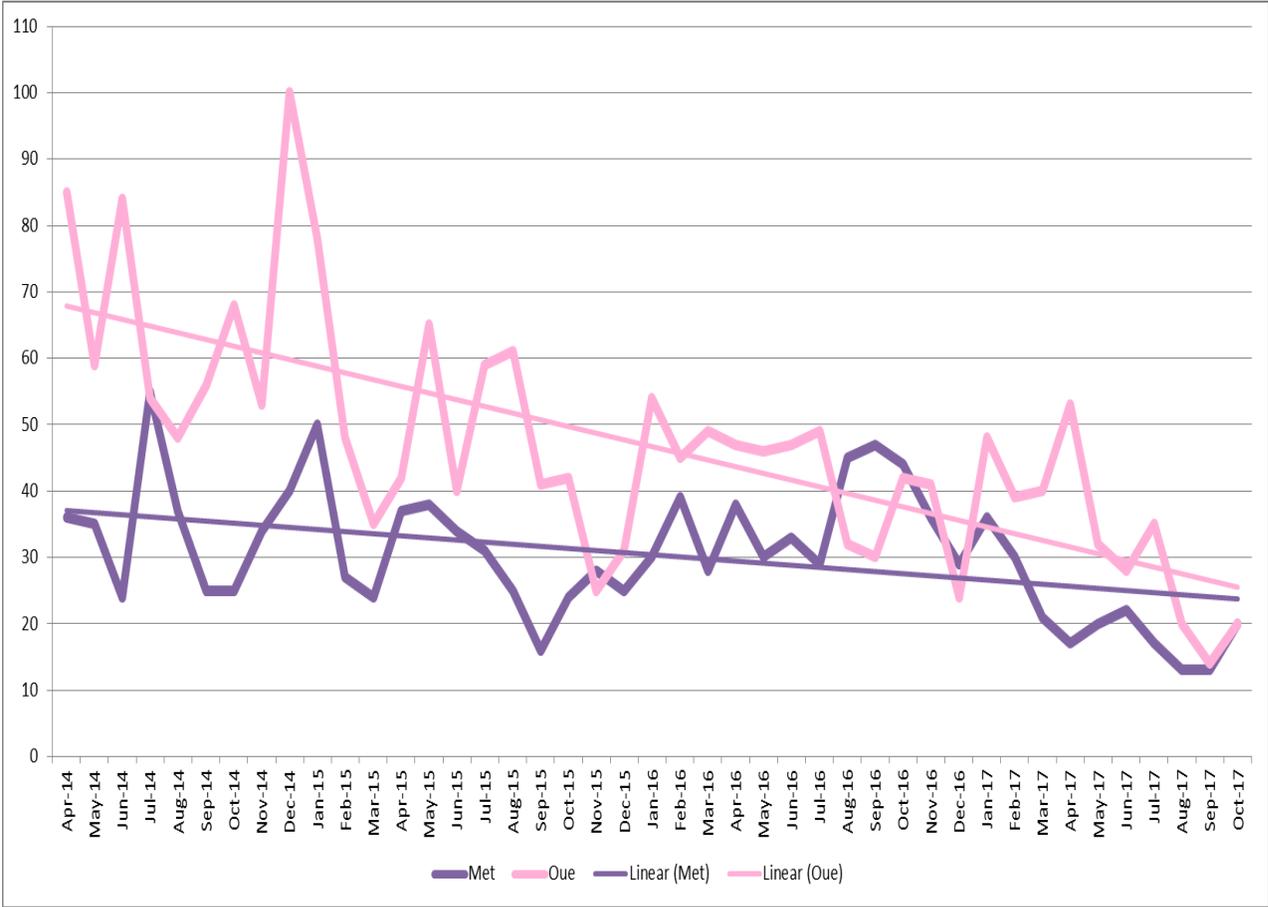
- ✓ Optimize capacity across both sites,
- ✓ Re-balance activity across both sites,
- ✓ Explore operating efficiencies with a higher critical mass of activity,
- ✓ Improve coordination and consistency in service delivery, and
- ✓ Facilitate best practices and models of care and standardization of both clinical and non-clinical processes and practices that have been shown to optimize the efficiency of acute care services.

Again, this is a journey. We have more work ahead of us; however, we should be very pleased at the results to date.



While the SOP work has been undertaken, we have had an astute focus on patient quality. From Monday Morning Huddles, Clinical Red/Green, to front line staff huddles we have seen a dramatic shift in patient quality and safety results. One item that provides an overall indicator of patient quality and safety is what we track daily – Patient Harm Index. The goal is to have this number hit zero and be sustained at that level. One patient harmed is one too many. We track patient harm focusing on three main indicators – patient falls, hospital acquired infections and irreplaceable laboratory specimens.

As a result of our daily examination of these indicators and proactive changes, we have seen a gradual decrease of the Patient Harm Index since 2013.



This has resulted in achieving the 2013 goal we set to:

- ✓ Adopt a consistent city-wide approach to patient quality and safety.

Another area we worked on and achieved since 2013 is to:

- ✓ Establish a single professional (medical/dental/midwives) staff structure, and
- ✓ Create a single unified professional staff, unified medical departments and a single Medical Advisory Committee (MAC) that should facilitate improved inter-site access to clinical consultation and clinical technologies.

What also happened as we created a single MAC was the focus on proactive problem solving. In the past it was not atypical for a substantial, last second and controversial motion to be tabled at the MAC for action. Those days are over. Through effective and constructive communication, we have a team of dedicated professionals that work together with front line employees and professional staff to address matters before they even become issues. This takes a considerable amount of team work and we can never take it for granted or get complacent.

As to this goal:

- ✓ Explore opportunities for improved operating efficiency through economies of scale in administrative and support services

we have seen for 2016-2017 our actual costs per weighted case for inpatient and day surgery was 2.46% below expected. There is an “actual” dollar value we spend on each weighted case and also an expected number. The actual is self-explanatory. It is how much it costs us to operate divided by the weighted cases. The expected is a formula driven number that identifies what "it should" cost us for each weighted case. Being “under” expected shows we are operating efficiently.

At the same time we have compared ourselves to other similar sized hospitals across the province and what we spend on administrative and support services is below median and also one of the lowest in the Province.

This brings us to the 2013 goal to:

- ✓ Commence the detailed planning required before the eventual move to a new single acute care site Allow for administration and professional staff to make day-to-day operational decisions and Boards to govern with a vision to the future.



Everything I have discussed in this memo has placed us in a great position to achieve this 2013 goal. Four years ago I personally recognized that we were not ready to move into one acute care hospital. We had so much work to do before we made that move. However, now on the basis of everything outlined in this memo we can see the benefits we will achieve by finally moving into one acute care hospital that we currently cannot achieve being in two. That focus will form the foundation of the Functional Planning we will be undertaking in Stage 2 of the MOH capital planning process.

I look forward to continuing this journey with all of you. You should be proud of what you have achieved together!

