



## Report of the President & CEO to the Board of Directors

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**Date:** March 2013

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As we have discussed previously, the Windsor Hospitals Study Task Force has recommended that “the Provincial Government, with this community involvement, proceed immediately in working with the Ministry of Health and Long-Term Care (MOHLTC) and the Erie St. Clair Local Health Integration Network (ESCLHIN) in approving a plan to move forward on a new state-of-the-art single site acute care hospital for the Windsor Essex region”.

As a result of the Task Force’s strong recommendation, the (MOHLTC) took action in January 2013 by providing an initial advance of \$2.5 million to commence the capital planning process to achieve this vision.

The initial grant required the existing Hospital corporations, Hôtel-Dieu Grace and Windsor Regional Hospital, to address and resolve their respective rolls in the future of healthcare governance in the region. In addition, with community engagement, the grant required that the “core” services be defined that form the basis of the single site acute care hospital. In addition, the government committed up to an additional \$35 million towards the more detailed capital and operational planning once, and only if, the governance and core services issues was completed.

The Board of Directors of both Windsor Regional Hospital and Hôtel-Dieu Grace Hospital recognized that our community would not tolerate any delay in the resolution of the governance issue which then would allow the community to be a part of the detailed planning that lies ahead of us.

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Both Hospital Boards are very cognizant that this process is about infrastructure/capital investment in the hospitals in Windsor. If we do not move swiftly yet thoroughly forward with this process towards a new state-of-the-art acute care hospital, then there is little chance and/or rationale from both a clinical and financial basis to support the continued capital investment by the government in the two existing acute care facilities.

On February 7, 2013, the Hospital corporations agreed to the following Long Term Vision, subject to approval by the Ministry of Health and Long-Term Care:

1. All Acute care services and necessary support for these services at the single site acute care hospital will be operated and governed by Windsor Regional Hospital;
2. All Sub-Acute services (Rehabilitation, Chronic Care, Specialized Mental Health, Addictions and Children's Mental Health) will be operated and governed by Hôtel-Dieu Grace Hospital; and
3. Once the single site acute care hospital is operational, the existing Hôtel-Dieu Grace Hospital site (Ouellette) will be reconfigured to facilitate Ambulatory Care, Urgent Care, Diagnostic Services and possibly Day Surgery.

In order to facilitate the detailed planning that will be required to implement this longer term vision, the Boards of Directors of HDGH and WRH have endorsed the interim transfer of acute services from HDGH to WRH and the interim transfer of Chronic Care, Rehabilitation, Specialized Mental Health, Addictions and Children's Mental Health from WRH to HDGH.

Realigning all acute services under one organization even in the immediate term 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.

Both Hospitals will continue to actively communicate with everyone as we move forward with this exciting transformation and realignment of healthcare services in Windsor/Essex towards the eventual design and operation of a state-of-the-art, new acute care facility.

In the meantime it is “business as usual”. Our community deserves that we stay focused on day-to-day operations and use the time we have to properly and thoroughly plan for the future. One thing we do have is time and the ability to properly plan for the arrival of the new acute care facility.

Again, use the email system to ask questions that I can answer for the benefit of everyone. Call me at 519-995-2966 if you have a specific question or you do not feel like emailing me. No question is silly. If you have a question, chances are others have the same question and need it answered.

## **Strategic Direction - Excel in Patient Safety and Quality**

### **Windsor Regional On National Stage...Again !**

- Windsor Regional Hospital has been asked by Accreditation Canada to present at the upcoming 2<sup>nd</sup> Annual Quality Conference that will be held on May 9 and 10, 2013 at The Westin Edmonton.

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- Windsor Regional Hospital's topic of "*Sustaining a Patient Safety Culture: From Boardroom to Bedside*" for plenary presentation at the conference.
- Only 6 other Canadian organizations will present at the conference. Details of the conference can be found at [http://www.accreditation.ca/Quality\\_Conference\\_2013.aspx](http://www.accreditation.ca/Quality_Conference_2013.aspx).
- Congrats to everyone at Windsor Regional Hospital for once again being placed on the National map for healthcare quality and safety!

## Strategic Direction - Champion Accountability and Transparency

### Sign of the Times

- In the United States of America, there has been a large trend in the past 12-18 months for **not-for-profit** hospitals becoming more aggressive in pursuing potential deals and also developing a closer working relationship with their for-profit counterparts in forming long-term ownership partnerships.
- In the name of getting ready for a healthcare reimbursement environment that places more emphasis on quality and continuity of care and less on fee-for-service payment, the number of deals in 2012 has increased from previous years.
- Data collected for Modern Healthcare's 19th Annual Mergers & Acquisitions Report show the number of hospital deals climbing more than 18% to 109 in 2012, up from 92 deals recorded for 2011.
- At the same time, with 10 not-for-profit hospital owners agreeing to deals that change the ownership of more than 160 hospitals in 2012, the number of hospitals in M&A deals rose to 352, up from the 212 the previous year.



- You do not have to look far and notice the recent announcement of the Henry Ford Hospital System and Beaumont Health System. They recently signed a letter of intent to combine their operations into a new \$6.4 billion organization.
- Although not a merger or amalgamation, the realignment or unification as we like to call it of healthcare services in Windsor/Essex by Hôtel-Dieu Grace Hospital and Windsor Regional will result in the following for our patients:
  - ✓ Greater, more convenient access to high quality care,
  - ✓ Better coordination of patient care,
  - ✓ Better patient safety and quality by combining the expertise of Hôtel-Dieu and Windsor Regional Hospital team members, and
  - ✓ The ability to attract the very best national and international talent.

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

### Doing it Right the first Time

- Fast forwarding to the time we start to plan for the detailed design of the new acute care facility (Stage 3 and 4 of the Ministry of Health and Long Term Care Capital Planning

Process), we need to examine processes that we can ensure are in place to “do it right” the first time.

- Many hospitals have been built only to undergo expensive capital changes in the first week of operation.
- A lot of you have had the experience to build a home or renovate a part of your home. Many times we create architectural drawings and continually modify them on paper. Sometimes you have even prepared small desk top or computer based models to get a better appreciation of the design. For this hospital we need to take it one step further.
- The following is an excerpt from an article *Go Lean in 2010: Reducing Waste in Construction* by Karen Minich-Pourshadi, for HealthLeaders Media , January 4, 2010 describing the process used by Seattle Children's Hospital when designing their new hospital:

Rather than have the team continually review and alter the architects' paper design plans, which often takes facilities months, they decided to take the design to scale and finish the process in two weeks. The architect and contractors measured out and built a version of a patient room and sections of the floor to scale. The medical and administrative teams then toured the mock-up and tried out the design. Design flaws could be swiftly spotted and modified on the fly allowing the hospital's team to test out suggestions and changes.

Being able to see and touch the space helped everyone see where the inefficiencies in the layout were from the location of the patient bed to where the equipment should be positioned. They went so far as to analyze storage space, determining the exact size of the supply closet based on the historical supply data—thereby eliminating the need for large supply closets with unused space that was badly needed for exam rooms. The team mapped the flow of patients, supplies, and providers and even counted the actual number of physical steps it would take for different processes to be completed, such as a nurse gathering needed supplies.

"Usually when you construct a facility you do it generically, you reduce variations. But some areas are serving different needs and those may need more or less space. By using Lean thinking, and having the mock-ups, we got a true picture of what we needed," says Evans. "We ended up with five of these macro



mock-ups before we finalized the plan, and the team really found them beneficial. There's just no way we could have gotten all that by looking at a paper plan."

Toyota's Lean Model has been used for nearly every type of business, so it's not unusual that it made its way into construction. What is unique to Seattle Children's Hospital is the extensive application of the tenets.

By taking one extra step of creating a life-size mock up to test out the inefficiencies in their design, they were actually able to trim time from the architectural design process as well as prevent delays during construction by addressing new ideas in the mock-up phase and not the building one. The Lean process has proven successful for Seattle Children's Hospital, the project is on budget, and is expected to open on schedule this July.

- Stay tuned for much more on this process as we continue to move forward.

## Strategic Direction - Create a Vibrant Workplace

### Health and Wellness Fair

- The Healthy Lifestyles committee of Windsor Regional Hospital recently hosted two **Health and Wellness Fairs** for staff at both campuses. Over 300 professional staff, employees and volunteers attended the events featuring a variety of booths – from Fitness Facilities, Weight Watchers, and Pilates to the Heart and Stroke Foundation. Door prizes included everything from cameras to WRH gym memberships.

### Hats On for Healthcare

- Staff joined local businesses and community organizations in wearing hats on February 13<sup>th</sup> and supporting **Hats On for Healthcare**. This ‘grassroots’ campaign, with a simple concept of wearing a hat and donating a toonie raised over \$82,000 in three short years for the WRH Foundation. More importantly WRH staff showed their spirit and leadership by participating and embracing the concept. (See attached photos).



## Family Campaign

- It was another successful year for the Windsor Regional Hospital **Family Campaign**. Staff, physicians and volunteers enthusiastically supported the campaign with pledges totaling \$110,440. 2012 marked the fifth year of the campaign which has now raised over \$500,000 towards WRH capital projects.

## New ID Badges

- The Patient Experience Task Force will introduce new themed **ID badges** with the new motto: *Compassion is our Passion*. This initiative is aimed at supporting efforts to increase Patient Satisfaction and in particular our Emotional Support indicator. Staff will be invited to “upgrade” their badges.

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

## Preparing for 2013-2014 Quality Improvement Plan

- As outlined in my February 2013 report Windsor Regional Hospital has been very successful in enhancing patient safety and quality while being fiscally prudent by developing key operational metrics, measuring them, setting stretch targets and managing the results. This has resulted in numerous best and leading practice implementations across the organization for the benefit of our community while at the same time balancing its operating budget for the past 4 years running.
- In 2010, after Windsor Regional Hospital had been following this approach for 3 years previously, the Ministry adopted a systemic approach to quality, for the rest of the Province with the passing of the Excellent Care for All Act (ECFAA).



- The legislation requires that every health care organization (currently defined as an organization within the meaning of the Public Hospitals Act):
  - ✓ Establish a quality committee to report on quality-related issues;
  - ✓ Develop an annual quality improvement plan and make it available to the public;
  - ✓ Link executive compensation to the achievement of targets set out in the quality improvement plan;
  - ✓ Conduct patient/care provider satisfaction surveys;
  - ✓ Conduct employee/service provider surveys;
  - ✓ Develop a patient declaration of values following public consultation, if such a document is not currently in place; and
  - ✓ Establish a patient relations process to address and improve the patient experience.
  
- As we have seen at Windsor Regional Hospital, the QIP is a significant lever for driving change in any organization with the goal of improving system quality and performance.
  
- Many of you have been involved in the creation of Windsor Regional's 2013-2014 QIP. Next month I will be highlighting the 2013-2014 QIP and identifying any changes from the 2012-2013 QIP.

## Strategic Direction - Strategically Engage With External Partners

### W.E. Care for Kids House

- The March 1 Grand Opening of the WE CARE for Kids House was everything and more.
  
- The new facilities for the former Family Learning Place, gym and pool are the last piece to the renovations and expansion to the Tayfour campus.
  
- I truly want to thank the Windsor/Essex Care for Kids Foundation and MPP for Windsor West and newly appointed Minister of Family and Child Services, Teresa Pirruza for making this dream a reality.

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