

Report of the President & CEO to the Board of Directors

Date: March 2015

**People ask me what I do in winter when there's no baseball. I'll tell you what I do.
I stare out the window and wait for spring. ~ Rogers Hornsby**

We all know spring is around the corner when Pitchers and Catchers report for spring training. That marvelous day occurred on Thursday, February 19, 2015. A day I had circled on my calendar since the Detroit Tigers were swept by the Baltimore Orioles on October 5, 2014, by a final score of 2-1 in the American League Division Series. However, at least their season did not end on September 28, 2015, with a loss to the same Orioles 1-0.

With the coming of another spring and another baseball season comes optimism, excitement and outdoor activity without having to worry about parkas, toques and boots.

This spring and summer, we start construction on moving the out-patient surgical program from the 5th floor at Ouellette to the 2nd floor making room for the new Catheterization Laboratory with two Cath tables and a 24x7 Percutaneous Coronary Intervention (PCI) program. In addition, we will be making some modifications to the laboratory at the Met campus as well as continue renovations and construction on the Bell building to support the Renal Dialysis program. All of this is in addition to the ongoing “refresh” of the units at the Ouellette campus that includes window replacements.

In addition, this spring/early summer we will be announcing the location for the new state-of-the-art acute care hospital. There are over 20 properties from across Windsor and Essex County being considered for the new state-of-the-art acute care hospital. A volunteer site selection sub-committee made up of ten members of our community are currently in the process of evaluating each of the 20 plus properties in accordance with the 32 criteria that has been vetted by some 600 plus people in our community. When you do the math that means each person on the sub-committee must individually score the properties more than 700 times. The site selection sub-

committee will then be meeting together and examining each of these 700 scores and coming to a consensus score for each of them. A short list of no more than 5 properties will then go onto Phase 2 of the process where further due diligence is conducted (i.e. soil samples) along with price being considered.

The goal is for the site selection sub-committee to recommend a preferred location to the Steering Committee in June 2015. That recommendation will then go to the Hospital Board of Directors and eventually to the LHIN/MoH for approval.

Even though you are not on the committee are you tired yet? It is clearly a lot of work.

Even though this process has been called the most inclusive, transparent and thorough site selection process this Province has ever seen, we know one thing – they will get it wrong. What did I just say?

Yes. How do we know that they will be accused of getting it wrong? We know that because every single square inch of Windsor/Essex has been suggested for the new hospital site. In addition, there will always be someone that wanted the hospital in their backyard and did not get it and someone who did not want it in their backyard and now has it there.

What we cannot do is allow this decision made by 10 volunteers from our community using a very thorough, inclusive and transparent process stop this process from moving forward. We all know we need a new state-of-the-art acute care hospital. We all work in the existing infrastructure and all of us hear from patients/families about their desire to have better facilities to rest, visit and heal. In addition, this is not about doing nothing versus building a new state-of-the-art acute care hospital. Doing nothing is not an option. Renovating the existing sites has been determined both structurally and financially not to be an option either. Finally, we are all paying for new state-of-the-art facilities in over 22 different locations across Ontario over the last 10 years. Why does Windsor/Essex deserve something less? It is about time Toronto starts paying for a new Hospital in Windsor/Essex.

While we plan for a new state-of-the-art acute care hospital, the LHIN is also continuing its work on what is called a Community Capacity Plan (CCP). The CCP is co chaired by Sally Bennett Olczak, CEO, Alzheimer Society of Windsor and Essex County and Lori Marshall, CEO, Erie St Clair CCAC. The CCP is examining what services can be delivered in the community and also what services need to exist wherever the new acute care hospital “is not” located. For



example, we will be creating an Urgent Care Centre similar to the one at Queensway Health Centre Urgent Care. Soon we will be highlighting what an Urgent Care Centre will mean to our community and what it has meant to the Mississauga community. The impact on their existing Emergency Department and patient access to emergency services is very positive.

For the latest and the greatest information on the new state-of-the-art acute hospital planning go to www.windsorhospitals.ca

In the meantime, play ball!

Strategic Direction - Excel in Patient Safety and Quality

Update on the 2 BY 4 Campaign

- During 2014, Windsor Regional Hospital introduced the 2 BY 4 initiative. The initiative highlighted for everyone the importance of two major patient safety initiatives: 2 patient identifiers and the 4 moments of hand hygiene. Both also are required organizational practices for accreditation. In addition, a public campaign was launched to educate and encourage the public to ask us if we are complying with both initiatives.
- Dino Chiodo, President of Local 444 UNIFOR was asked to share his story at a media conference about his father who suffered as the result of a health care associated infection. "I don't want to blame but rather support the staff at the hospital in the 2 BY 4 campaign," stated Chiodo. "By working together, we can do a better job at reducing hospital-acquired infections." It was on Dino's advice that all bargaining units at Windsor Regional Hospital (ONA, UNIFOR, CUPE, OPSEU, PIPSC and IBEW) rallied with him, joining forces with non-union employees, professional staff, volunteers and labour retirees to spread the word about the two critical patient safety measures that can prevent patient harm.

PATIENT SAFETY 2 by 4

It takes 2
to know
it's you

At Windsor Regional Hospital,
we will check it **TWICE!**

- We will ask your legal **FIRST** and **LAST** name
- We will ask your date of birth
- We will check and compare the information you provide with your identification band, health record or requisition before proceeding!

It takes 2
to prevent patient harm!

4 moments for
hand hygiene

- 1** BEFORE initial patient/patient environment contact
- 2** BEFORE aseptic procedure
- 3** AFTER body fluid exposure risk
- 4** AFTER patient/patient environment contact

We check every patient. It's your right to check that we did!

We always wash our hands. It's your right to ask if we did!

www.wr.h.on.ca

➤ During the fall of 2014:

- ✓ Entrances were staffed at both Campuses during 2 blitzes - at different key times by staff and volunteers to raise awareness;
- ✓ Promotional material, buttons and t-shirts were made available to staff and public;
- ✓ Leadership Volunteers visited every unit -with a travelling "Roadshow" during a one week period;
- ✓ An online quiz tested the knowledge of staff of the campaign elements (prizes included dinner for 2 and dinner for 4); and
- ✓ Handwashing compliance rates were published on TV monitors, website and outside signage and continue to be updated weekly.

➤ In 2015, Phase II will consist of:

- ✓ Launch of a new initiative to give each patient information on 2 BY 4 on admission to the hospital encouraging patient engagement: ASK ME;
- ✓ Admitting staff wearing t-shirts identifying the importance of the campaign;
- ✓ Ongoing blitzes across both campuses identifying the importance of the 2 BY4 campaign;
- ✓ A taping of a patient testimonial featuring Dino Chiodo telling the story of his

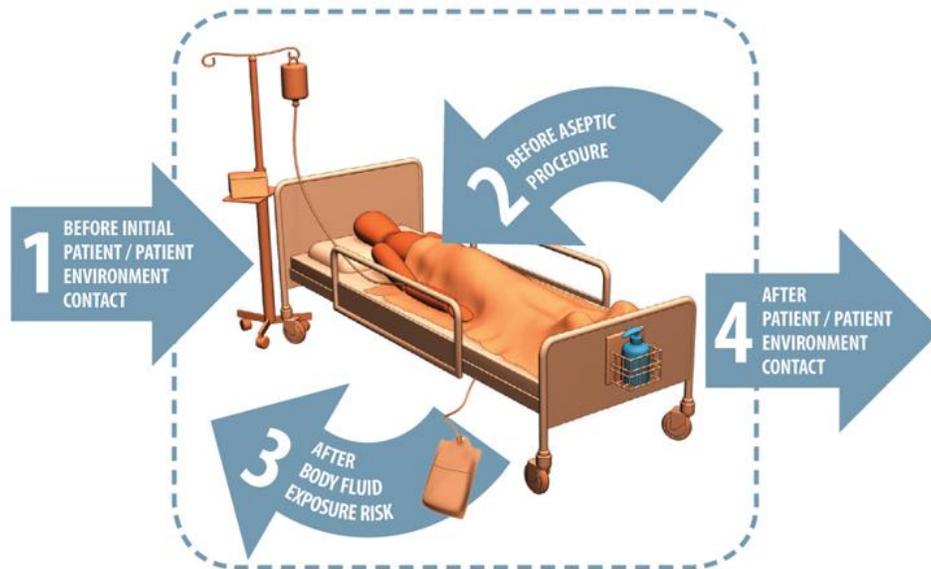
- father affected by an HAI (Taping Feb 20th, 2015);
- ✓ On February 24th we will be asking staff to “pop by” for Cake Pops (with healthy alternatives); and
 - ✓ Another Quiz featuring 2 x 4 Questions- with a chance to win a dinner for 2 and a dinner for 4.

Remember what 2 BY 4 stands for:

- Properly identifying each patient in each encounter by the use of **two (2) patient identifiers**. The intent here is two-fold: first, to reliably identify the individual as the person for whom the service or treatment is intended; second, to match the service or treatment to that individual. Therefore, the two patient/client/resident-specific identifiers must be directly associated with the individual and the same two identifiers must be directly associated with the medications, blood products, specimen containers (such as on an attached label), other treatments or procedures.



- **Four (4) moments of hand hygiene.** It has been proven over and over again one of the easiest ways to avoid the spread of HAIs is to properly wash your hands. Our own statistics show when our handwashing rates are low, infections increase. When handwashing rates are high, infections decrease and patients are not harmed by us. Would you expect any less for your loved one?



Strategic Direction – Create a Vibrant Workplace

Getting Emails at Home

- Before realignment both hospitals made a decision to move to the Citrix environment. This is still being fully implemented. Part of the full implementation will be to allow employees/professional staff access to wrh.on.ca emails at home. Expect to hear something on this in the next couple of months.

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

2015 Operating and Capital Budget Planning Process

- We are actively involved in both the operating and capital budget planning for 2015-16. Normally we would be winding up the process at this time of the year. However, still not having completed a full fiscal year post realignment; we are just settling into the current budgets, volumes, revenues and expenses. The following is an outline of the current Health System Funding in place in Ontario.

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- In January 2012, the government introduced Ontario's Action Plan for Health Care.
- Ontario's health care system is moving away from a global funding system to a model that primarily follows the care that patients need and will be provided to them. A small portion will remain as global to cover facility level operating costs.
- In 2012-13, health care consumed 42 cents of every tax dollar. Without a change of course, health spending would eat up 70 per cent of the provincial budget within 12 years.
- Our population structure is changing. We're living longer and as we age, the more we depend on our health care system. We now have access to more and better drugs to prevent and treat disease, and there is a rise in the rate of chronic disease such as diabetes and high blood pressure. The current rate of growth is not sustainable. To ensure the health care system is there for our loved ones and future generations, we must start doing things differently.
- The main benefits of Health System Funding Reform (HSFR) include :
 - ✓ Patient-centred care, which will focus on individuals and ensure that funding is tied more directly to the quality care that is needed and will be provided; and
 - ✓ Smarter use of limited resources, which will drive a sustainable health care system based on quality.
- As of 2015/2016, HSFR will comprise 70 per cent of the funding envelope provided to hospitals with the remaining 30 per cent based on global funding.
- There are two key components to HSFR :
 1. Organizational-level funding (will comprise approximately 40 per cent of HSFR allocation): Funding is allocated to hospitals and Community Care Access Centres using the Health Based Allocation Model (HBAM).
 2. Quality-Based Procedures (will comprise approximately 30 per cent of HSFR allocation): Funding is allocated to specific procedures based on a "price X volume"

approach. This involves providing evidence-based allocations to targeted clinical groups. The price is structured to provide an incentive and to adequately reimburse providers for delivering high-quality care.

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

Accreditation 2015 Update

- We are almost two months into our preparation for Accreditation 2015. Accreditation Canada surveyors will be onsite **November 30th-December 4th**. Even though December seems like a long time away, Accreditation activities have already begun.
- Currently, we are in the Assessment Phase of the Accreditation process. So far, WRH teams have completed self-assessments on most of the Required Organizational Practices (ROPs). After completing self-assessments, the teams also created action plans in order to improve our performance. Once again, ROPs are organization-wide best practices which focus on patient and staff safety.
- During March teams will be reviewing and completing self-assessments for Accreditation (AC) Standards. Standards, like ROPs, are best practices; but unlike ROPs, Standards are program-specific. This year, the self-assessments will be completed as a group. Frontline staff may participate in Standards self-assessments. Any interested staff can speak to their manager about participating.
- March 2nd to 20th WRH will be asking for ALL STAFF to complete two surveys—the *Patient Safety Culture Survey* and the *Worklife Pulse Survey*. Professional Staff (medical/dental/midwives) will be asked to complete a *Physician Worklife Pulse Survey*. That is what they call it not us. By completing the surveys, all staff will be assisting WRH to identify areas of excellence and opportunities for improvement with patient safety and care; as well as the work environment All staff will receive an email with the all the information they need to complete the surveys. For those without email, the link to the surveys will be posted on the **Intranet** homepage. Some paper copies will also be available.



- For more information visit the Accreditation 2015 website on the Intranet (under Programs and Services - Accreditation). Remember all staff are welcome to participate in the Accreditation process. Please contact your Manager/Director or Chief of Service.
- Windsor Regional Hospital has been asked to present at their 4th Annual Quality Conference to be held on March 23 and 24, 2015, in Toronto, Ontario. We have been asked to present on the topic *Redesign of the Medicine Program from the Ground Up: Blending Theory, Method, and Staff Engagement for Ground-breaking Results.*

Strategic Direction - Strategically Engage With External Partners



- I want to thank the *Health Care Walkers* Team and all of the other teams that participated in the Coldest Night of the Year Walk 2015. The *Health Care Walkers* Team was lead by Karen Riddell and Steve Erwin.
- This walk supports our Downtown Mission as well as some 80 other agencies across Canada helping our homeless population. The money raised locally stays local.
- I am proud to announce our team was able to fundraise close to \$5000 for the Downtown Mission. Congrats team and all the donors. Well done.

