



Report of the President & CEO to the Board of Directors

Date: November 2011

“The trick to juggling is determining which balls are made of rubber and which ones are made of glass”

There has been a lot of discussion about the impact Alternative Level of Care (ALC) patients are having on our local and provincial healthcare system.

An ALC patient is defined as:

When a patient is occupying a bed in a hospital and does not require the intensity of resources/services provided in this care setting (Acute, Complex Continuing Care, Mental Health or Rehabilitation), the patient must be designated Alternate Level of Care (ALC) at that time by the physician or her/his delegate. The ALC wait period starts at the time of designation and ends at the time of discharge/transfer to a discharge destination (or when the patient’s needs or condition changes and the designation of ALC no longer applies).

Over the last twelve months the number of ALC patients in local hospitals has been approximately 150 individuals.

We will never be at a point where all ALCs are not in acute care beds. However, when this ALC number was approximately 40 we had no holds in the ER, no threat of cancelled surgeries, census rates in the hospital ran at the optimum 85-90% and staff could focus on what was their primary focus – providing exceptional care to the patients.

Clearly, the opening of the 260 bed new Long Term Care (LTC) facility will help the situation. However, that is 18 months away, two more winter seasons.

In the meantime, what can we do? I have some possible short term solutions.

1. Re-institute the First Bed Available Policy. This policy required individuals in an acute care bed designated ALC to take the first LTC bed available and wait in that facility, without prejudice to the wait for their first choice, or face a possible \$600-\$1500 per day charge. We can clearly have parameters around when this policy would become effective (i.e. when surgeries are cancelled could be a trigger, when ALCs in acute care exceed

8%, etc.) This policy was abolished immediately before the recent provincial election. Its abolishment has resulted in, as predicted, empty LTC beds in the community. In fact, we are now seeing individuals refuse their first choice.

2. In conjunction with #1 above, determine why people do not want to go to certain LTC facilities and fix it.
3. Examine all existing LTC facilities and non-acute care facilities and grant necessary licenses and approvals to open up as many ALC type beds as possible.
4. Due to the fact we have been proactive, on-time and on-budget with respect to our Western Redevelopment we will have 65 Specialized Mental Health beds coming on line starting November 15, 2011 and completed by March 31, 2012. In addition, in June 2012, when we move rehabilitation to the Tower we will have capacity to add another 10 inpatient rehabilitation beds and for another 50 complex continuing care beds at the Malden facility.
5. Continue to advocate to the community NOT to come to the Emergency Department unless it is a true emergency that cannot be cared for by their primary care Physician. Many of the Family Health Teams have vacancies for patients. We need to continue to impress upon our community to use these available resources first.

If the First Bed Available Policy is not re-instituted do we need to look at placing ALC patients in the hallway permanently and place “ER hold” patients in the rooms on the floors?

This strategy does not solve the problem because inpatient floor staff would have more patients on the floor than capacity and could lead to unsafe situations. That is NOT to say having delays in the ER is safe. However, in effect, running at possibly 120% plus capacity is a recipe for disaster, unless by placing ALC patients in the hallway will promote them to move to an ALC bed. An interesting dialogue on this possible solution can be accessed at www.healthleadersmedia.com/content/225805/topic/WS_HLM2_QUA/Patients-in-the-Halls-Readers-Have-Their-Say.html

Windsor Regional Hospital will continue to press the options outlined below and will continue to update our staff on any changes to the system that will help with this situation.

Strategic Direction – Embed Patient Quality and Safety in Our Culture

Windsor Regional Hospital Once Again Placed on International Patient Quality and Safety Map

- On December 4-7, 2011, Windsor Regional Hospital will once again be honoured by presenting two (2) of its Leading Practices at the 23rd Annual National Forum hosted by the Institute for Healthcare Improvement (IHI) in Orlando, Florida. Last year Windsor Regional Hospital had one leading practice highlighted at the event.

- The IHI is an independent, not-for profit-organization based in Cambridge, Massachusetts. IHI focuses on motivating and building the will for change, identifying and testing new models of care in partnership with both patients and health care professionals, and ensuring the broadest possible adoption of best practices and effective innovations.
- Over 6000 healthcare professionals from around the world attend this annual IHI conference.
- The two Leading Practices highlighted are as follows:

- ✓ Creating Sustainable Patient Safety Improvements

This Leading Practice focuses on our journey that started with the creation of our Strategic Plan and the focus on embedding patient safety into the culture of the Hospital. It then addresses the creation of the 14 core corporate indicators, tracking the performance on a daily/weekly basis, making changes and continuing to improve performance. It then focuses on avoiding corporate “drift” and having to revitalize the process to ensure not only the improvements are achieved but that they are sustained.

- ✓ Patient Safety from Boardroom to Bedside

This Leading Practice focuses on the creation and tracking of the 14 core corporate indicators. The use of Monday Morning Huddles and the involvement of the Board of Director’s Quality of Care Committee monitoring the indicators, addressing patient safety issues through patient stories and providing support for changes required to overcome systemic issues.

Strategic Direction – Cultivate an Environment of Accountability and Transparency

2012-2013 Budget Process

- Similar to the budget process we have completed in the past few years, the team at Windsor Regional Hospital has undertaken a review of its operations in preparation of anticipated revenue and expense projections.
- This process has resulted in Windsor Regional Hospital being on target to obtain balanced operating results for its third straight year of operations. I cannot credit the front line staff enough considering the funding restrictions, expense increases and volume increases over that period of time.
- We will be submitting our plans to the Board of Directors and the Finance & Audit Committee in early November 2011 with decisions being made by the Board of Directors

before the end of this calendar year. These decisions will ensure the Hospital enters and exits the 2012-2013 year in a balanced position.

Strategic Direction – Build and Sustain Financial Health

The Tayfour Campus Announced

- Through the amazing generosity of the Tayfour Foundation the campus located on Prince Road has been renamed the **TAYFOUR CAMPUS**.
- Dr. Fouad Tayfour, Ophthalmologist and Eye Surgeon in Windsor, Ontario, was present with his family (Lisa, Amir and Sammy) and guests at the announcement last month. We are confident with Dr. Tayfour's support for the Cornerstone of Caring Campaign we will reach our target of raising the \$7.5 million goal by June 2012.



Strategic Direction – Enhance our Status as an Employer of Choice

Quality of Worklife Survey Results

- We are pleased to provide you with the results of the 2011 Quality of Worklife Survey. This is the 7th QoWLS for Windsor Regional Hospital. 1163 employees responded to the survey which is a 40.4% response rate. The highest response rate ever.
- In addition, the answer to the question of whether staff would recommend WRH to a friend as a place of employment is 86.5%. It is once again its highest level in 7 years.
- The largest positive increase was in answer to the question whether you feel WRH "is committed to doing quality work". It moved from 74.2% to 84.3% a 13.7% increase. This truly supports our continued journey to embed patient safety in the culture of WRH.
- Moving forward we will be doing the following
 1. Using these results to influence corporate operational planning and changes;
 2. We have "drilled down" department responses that will be shared with individual departments to determine variance from corporate trends; and
 3. We have already reached out to individuals that have asked to be contacted with respect to this survey and your comments will be used for current and future planning.
- For those of you that took the time to complete the survey we thank you!
- To access the full report please go to the following link
[http://www.wrh.on.ca/webbuild/site/wrh-internet-upload/file_collection/Quality Worklife Results, 2011 - Technical Report \(full\).pdf](http://www.wrh.on.ca/webbuild/site/wrh-internet-upload/file_collection/Quality%20Worklife%20Results,%202011%20-%20Technical%20Report%20(full).pdf)

Undercover Boss

- I once again ask team members that would like me to spend a couple of hours with them while they support the exceptional care we are providing to our patients, to please contact me at david_musyj@wrh.on.ca, 519-995-2966 (cell), (519) 254-5577 ext. 56018 (office) or (519) 726-5617 (home).
- The feedback I am getting from those of you that have participated to date has been very positive. I have thoroughly enjoyed it myself. You can never stop learning.

Strategic Direction – Distinguish Ourselves through Superior Performance, Innovation and Exceptional Customer Service

Parking at the Metropolitan Campus

- As previously announced we are getting ready to proceed with the changes to parking at the Metropolitan campus to better serve our patients and families. These changes are to convert the existing staff parking lot located at the east end of the Lens lot to patient/family parking.
- Since Windsor Regional Hospital has been informed that it needs to look to an external site within the next 10-15 years, building and operating a parking structure is NOT financially possible.
- Windsor Regional has expanded its offsite parking on Kildare in order to accommodate all staff that wish to park offsite. This work has been delayed as a result of weather conditions. This will then result in Windsor Regional Hospital being able to maximize its onsite parking for its patients and families.
- **These parking changes are to take effect November 1, 2011. As with any change there will be a time of disruption. I would ask everyone to have patience with this change that will benefit our patients and families and accessibility to the Hospital.**

Strategic Direction – Strengthen our Relationships with External Partners

Windsor Regional Once Again Reaches out to our Teachers

- Webcast to take place on the November 18, 2011 PD day. In keeping with the same format as last year, all Principals, Vice Principals, Elementary/Secondary teachers, EA's, Professional/paraprofessional staff, Consultants, Coordinators and Itinerant staff will hear from Dr. Len Cortese, Chief of Psychiatry, Windsor Regional Hospital and others.
- Last year's focus was creating awareness. This year's plan will focus on *Next Steps – What can we do within our existing role?*
- I want to thank Dr. Cortese, Dr. Cory Saunders and Dr. Mary Broga on their outreach to our community and helping those who take care of our children in the school system.



**WINDSOR-ESSEX CATHOLIC
DISTRICT SCHOOL BOARD**

Student Achievement K - 12

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Board Numbered Memorandum: 2011 /2012 - # 36

TO: WEPVPA
FROM: Cathy Geml, Associate Director of Education
DATE: October 21, 2011
RE: Student Mental Health and Well –Being – Year II

As a follow up to last year's webcast with Dr. Leonardo Cortese, a second webcast has been planned for the November 18, 2011 PD day. In keeping with the same format as last year, all Principals, Vice Principals, Elementary/Secondary teachers, EA's, Professional/paraprofessional staff (CUPE 2), Consultants, Coordinators and Itinerant staff will report to the **Secondary school within their existing Family of Schools (with the exception, EA's from Catholic Central and elementary EA's within the Catholic Central Family of Schools will report to Assumption High School)**. The Broadcast will begin at **9:00 a.m.** and finish at approximately 11:15 a.m. It is crucial for everyone to be seated and ready to begin by **8:45 a.m.** in order to synchronize the broadcast across the system.

Last year's focus was creating awareness. This year's plan will focus on *Next Steps – What can we do within our existing role?*

In order to address school/classroom based questions, this year's format will consist of a panel of experts. The panel will include:

<i>Dr. Mary Broga</i>	Vice President of Family Mental Health Services – Windsor Regional Hospital
<i>Connie Martin</i>	Executive Director, Maryvale
<i>Dr. Cory Saunders</i>	Director Coordinated Access – Windsor Regional Hospital
<i>Mr. Paul Howard</i>	Lawyer – Shibley-Righton – Specialization in Special Education Law
<i>Dr. Erin Picard</i>	Chief Psychologist, WECDSB
<i>Katherine Beecroft</i>	Social Worker, WECDSB

*****All staff are invited to forward general questions or questions specific to a panel member via email by forwarding the questions to Terri Maitre by November 7, 2011. All questions presented to the panel during the webcast will be anonymous.***

The Board will be launching a new support guide for immediate release during this session.

Upon completion of the broadcast, **Elementary Teachers and Secondary Teachers will be released for self directed Professional Development.**

"Learning together in faith and service"