

Date: November 2016



Strategic Direction - Strengthen the Culture of Patient Safety and Quality Care

A “Refresh” Of Patient Safety and Quality

The changes to skill mix at Windsor Regional Hospital created an opportunity to take a step back and redesign how nursing care is provided at the hospital. Using the Standardization and Optimization (SOP) framework, the roles of Registered Nurses and Registered Practical Nurses were reviewed and revised to ensure each classification of nursing staff would be working to their full scope of practice. In addition how these roles contribute to the quality and safety of patient care was examined in conjunction with best practices that were evidence based and proven to enhance patient care.

The goal of the changes was to create an environment and to bring to life the requirement for all to staff to provide care that is *Patient Centered*. Two days of Model of Care training for nursing staff on in-patient medicine and surgical units focused on this core value of WRH. Patient stories and experiences were presented and discussed throughout the training to reinforce how important it is that we all put the needs of the patient at the center of all conversations and decisions. The stories of each of the five (5) patients shown in the graphic being used to report quality and safety indicators are told and are used to demonstrate that patients are literally at the center of our work.



A total of seven (7) clinical best practices that would significantly improve patient care and experiences were identified and introduced (through model of care training) and implemented by the SOP teams.

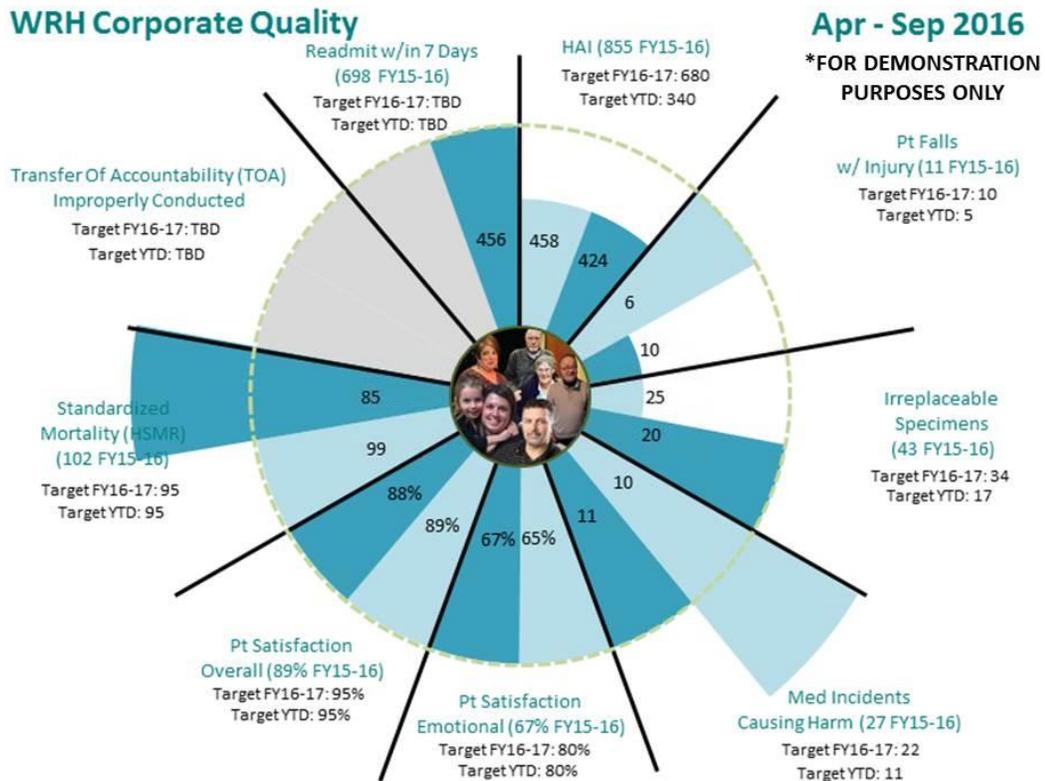
Standardized Practice	Patient Outcomes
Care Rounds	<ul style="list-style-type: none"> Identify and communicate daily plan of care and discharge plan resulting in increased patient satisfaction, decrease in length of stay
Shift to Shift Report	<ul style="list-style-type: none"> Increase in patient satisfaction based on having the appropriate care provider assigned to be their nurse Decrease in errors as a result of improved communication by nurses and staff
In-Room Patient White Boards	<ul style="list-style-type: none"> Increase in patient satisfaction as a result of improved communication
Performance Boards	<ul style="list-style-type: none"> Decrease in number of patients harmed as a result of increased awareness of staff of the opportunities for improvement and the recognition of a job well done
Comfort Rounds	<ul style="list-style-type: none"> Decrease in patient falls Increase in patient satisfaction as a result of improved face to face communication
Leadership Rounding	<ul style="list-style-type: none"> Increase in patient satisfaction as a result of improved communication
Safety Huddles	<ul style="list-style-type: none"> Decrease in patient harm as a result of injury prevention

Two additional activities that occurred on each unit with extensive involvement of the staff were standardizing the way the units were set up and where equipment and supplies are stored. This activity is known as 5 S (sort, set in order, shine, standardize and sustain). All patient charts are now organized the same way on each nursing unit making it much easier to navigate through a patient chart.



While Model of Care training was being provided and the standardized processes were being implemented, a significant amount of time was spent on finding the best way to communicate the results of the changes to all WRH staff. This resulted in the new Patient Safety and Quality report. The key changes to the Patient-Centred report are:

- Focus is on actual number of patients harmed;
- Easy identification of results based on last years results and how they compare to this year (year to date);
- Targets are easy to see and are based on the plan to improve by 20% over the previous year (**note the goal, while not on the new charts, is to be perfect: either zero or 100% is what we are trying to achieve**)
 - Outside the target line: exceeded target: great work, keep going;
 - At target line: met target: keep on course, going in the right direction;
 - Needs Improvement: inside the target line (white space showing) with 40% opportunity for improvement: unit/program actions required; and
 - Needs significant improvement: inside the target line (white space showing) with 60% opportunity for improvement: corporate actions required.



Strategic Direction – Champion Accountability and Transparency

Sterilization Process at the Ouellette Campus

“Steam to Steam” has arrived. Below is a photo of the two steam to steam generators. By the time you are reading this they should be up and running.



In the case of a “steam to steam” generator, the concentration of contaminants is eliminated by taking clean softened water from the city and using the heat generated by the in house plant steam to create a clean steam system. This is a once through system, meaning that the water used in the system is only ever exposed to the heat once and then not returned to the generator. In essence taking the same water that is consumed by each of us everyday and making it into steam. The entire system, from the piping to the generator itself is made using 316 stainless steel, which is the highest purity stainless steel that can be used. Stainless steel will not oxidize the same way as carbon steel and, therefore, provides a clean environment for the steam to travel to the sterilizers. The steam passes through a large chamber and the clean water passes through tubes inside the chamber ensuring that the clean water never comes in contact with the plant steam. The heat transfer across the tubes creates steam from the clean water which is then used to fill the stainless steel piping to the sterilizers.

Again, I want to thank the WRH team on addressing these infrastructure issues, getting the ORs back to running and also rebooking all the cases that were postponed. Well done!

Strategic Direction - Develop a Sustainable Corporate Financial Strategy

2016-17 Financial Projections

The budget for the 2016-17 fiscal year that Hospital's Board of Directors approved the first week of September 2016 indicated an overall deficit of \$3.3 million but a positive Ministry of Health hospital margin of \$315,000. This budget was finalized just as the Hospital was becoming aware of the sterilization issues at our Ouellette Campus Medical Device Reprocessing Department (MDRD). By the end of September 2016, we have incurred approximately \$1.3 million in one time costs. This cost could be as high as \$2.0 million when the work to resolve this issue is completed. While our plans are to mitigate these costs through a combination of insurance recoveries or through the receipt of one time Ministry / LHIN funding, we have recently been advised by the Ministry and the Erie St. Clair LHIN that we will be receiving approximately \$1.7 million in additional base funding.

This funding plus the great work by departmental managers/directors and clinical chiefs in managing their departmental budgets at, or better than budget, should help the Hospital bridge any unfunded MDRD one time costs and see our projected deficit for the year ending March 31, 2017 to be less than \$3.0 million with a Ministry Hospital margin of a positive \$661,000.

This is a dramatic change from 2015-16 where we announced an operating deficit of \$21M that followed an \$11M deficit from the year before.

We are working with the Ministry of Health and Long Term Care and the Erie St Clair LHIN to identify how our organization went from operating for 6 straight years at balanced and/or surplus to two years post realignment with a combined \$31M deficit.

Needless to say, similar to many other hospitals across the Province, we have more work to accomplish while continuing to provide Outstanding Care to our community.



Strategic Direction - Create a Vibrant Workplace

Quality of Worklife Survey

WRH publishes the Quality of Worklife survey to provide staff with the opportunity to give the organization valuable input and views on the overall work environment. Your feedback helps us make improvements in various aspects of your work life, including policy or process changes and program enhancements. This survey is voluntary, however, we recommend that you do complete it. Your Feedback IS important!

Your comments/suggestions will be kept confidential. Should you choose to identify yourself within the survey, we are committed to having someone from Human Resources get in touch with you to discuss your concerns following completion of the survey closing date. For staff in your area without computer access, please advise that a hard copy of this survey is available in the Human Resources Department at both campuses. Completed surveys can be dropped off in the internal applications drop-boxes at the Met and Ouellette Campuses.

To begin this online survey click on the following link:

http://www.wrh.on.ca/Site_Published/wrh_internet/OnlineForms.aspx?Body.Id=74781&LeftNav.QueryId.Categories=190

NOTE: if you miss a question, the survey will not submit, but will note that a required field has not been completed.

For everyone submitting a survey, once the survey has been submitted, you will be asked to complete a ballot for a prize to thank you for your feedback. This is a separate link so that your responses will not be attached to your ballot. We will be drawing for 2 IPADs, one for each campus.

The closing date for the survey is November 20, 2016. The draw will take place following the closing date.

Thank-you in advance for providing us with your input.

Dedicated Years of Service Program

Every year thousands of people in our community receive outstanding care from the dedicated team members who work in our hospital. To acknowledge our staff, we are hosting a "Celebration of Service" in December 2016 for those that had a milestone this year. Each staff being recognized will receive an email invite. The dates of the celebration are scheduled for:

Ouellette Campus – Thursday December 15th in the Tecumseh Room
Afternoon 1:30-4:30 pm /Evening 6:00-9:00 pm

Met Campus – Friday December 16th in the Clinical Education Classroom
Afternoon 1:30-4:30 pm /Evening 6:00-9:00 pm

Strategic Direction - Strategically Engage with External Partners

The Staff – Employees, Physicians, Volunteers and Affiliates do this in so many ways...every day.

First, there are our partnerships with education institutions – Windsor Regional Hospital participates and provides secondary and post secondary placements. This year there are 45 High School Co-op/17 full-time, 259 Clinical Students, and 1,464 Nursing students in both clinical and non-clinical areas. Two major partners are our local post secondary institutions - St. Clair College and the University of Windsor. Last month alone, post secondary students (Clinical and Nursing) logged 21,910 hours.

Secondly, as an extension of our Motto – *Compassion is our Passion*; WRH staff participate in a variety of community events and activities. Some of the recent ones include:

- Helping Street Help collect cereal
- WRH Staff - United Way Campaign
- Participating in Community Suicide Prevention activities

A complete list of *Compassion for our Community* can be found at www.wrhcompassionforcommunity.ca. Submissions are always welcome!

Lastly, WRH is fortunate to have community partners who support our patients and their loved ones with programming and fundraising support. This includes some organizations such as:

- The Hospice of Windsor,
- Ronald McDonald House Charities,
- Transition to Betterness,
- We Care for Kids, and
- In Honour of the Ones We Love.

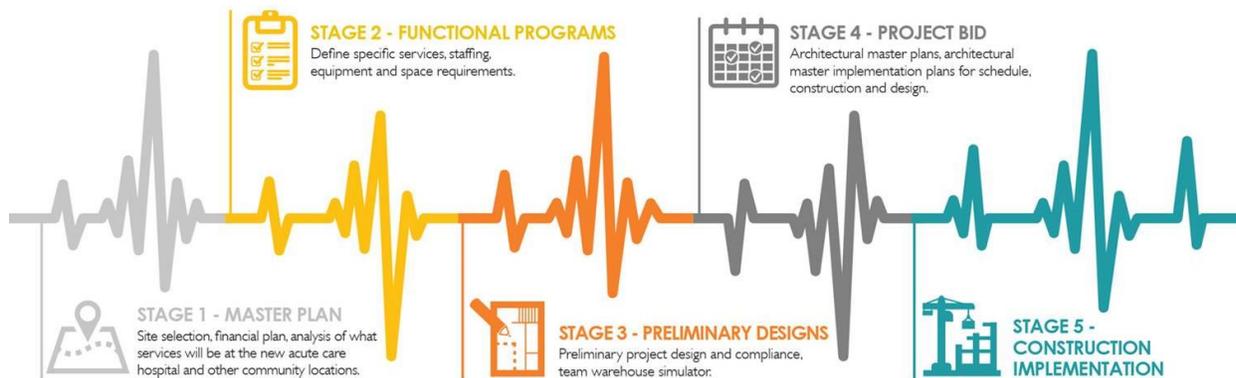
Each provide a unique opportunity for Windsor Regional Hospital to engage our community in supporting patients and their families and loved ones.



Strategic Direction - Continue the Pursuit of New State-of-the-Art Acute Care Facilities

Waiting for Stage 2

As we have discussed, we are waiting for approval to move to Stage 2 of the 5 stage planning process towards the new Windsor/Essex hospital system.



Recently, Dave Cooke and I, as co-chairs of the Planning and Services Steering Committee, met with the editorial board of the Windsor Star. This resulted in an article on the status of the project and the fact we cannot take it for granted. <http://windsorstar.com/news/local-news/mega-hospital-proponents-urge-people-to-go-public-with-their-support>

One of the main components of the planning in Stage 2 is the advancements that will happen for Research and Education. Very shortly you will be hearing about some very exciting planning that will commence in advance of officially moving to Stage 2 in this regard. Stay tuned!

Also, as we continue to communicate with our community on this project, we are hearing some ongoing “urban legends” or “myths” that come up during our discussions. These falsehoods are very damaging towards moving this project forward and are unfortunate that anyone would spread them – especially when they know the truth.

Below are some examples with the correct information. Please feel free to share.

THE NEW WINDSOR-ESSEX HOSPITALS SYSTEM
Just the Facts, Please!

COMMON MYTHS	FACTS
The new hospitals system will have fewer beds than currently exist.	The proposed Windsor-Essex Hospitals System includes the same number of acute beds as currently exist with room to expand both acute and sub acute beds based on the region’s projected future needs. Remember 60 acute mental health beds move to Tayfour during this process.
The proposal contains nothing for residents in the city’s core.	The proposal contains \$300,000,000 worth of investment in healthcare facilities in downtown Windsor . This includes an Urgent Care Centre at the currently vacant, former Grace Hospital site, and outpatient Mental Health Services at the Ouellette Campus.
The proposed Urgent Care Centre is no different than a walk-in clinic.	Urgent care is a new model of emergency care. The centre will be staffed by hospital emergency room staff and physicians and contain a CT scanner, a pharmacy and a lab. Ninety percent of current WRH emergency room patients are not admitted to hospital and many of those patients would receive quicker treatment at a hospital-run Urgent Care Centre.
The site for the new acute care hospital is inaccessible.	Accessibility was the number one criteria used to select the site. The new site is as accessible or more accessible to patients, staff, physicians and physician offices than the current two campuses. In addition, the plan includes additional services that will be located in downtown Windsor (urgent care, mental health, chronic pain management, dialysis, primary care etc.) and additional services in Windsor West at the Tayfour Campus (dialysis, diagnostics, acute mental health) to improve accessibility throughout the entire system. Transit Windsor will provide service to the new hospital when it opens.
Members of the public did not have a say in this plan.	There have been 55+ town hall discussions and other opportunities for individuals to ask questions and give feedback. In addition, members of the public were invited to give feedback on the criteria used to select the site and apply for a seat on the site-selection subcommittee. Experts involved in this project have described the level of community engagement as ‘unprecedented.’ Community involvement will continue to be an integral part of the process in future planning stages.



<p>The cost of roads and other infrastructure to support the new hospital will range from \$200 - \$400 million.</p>	<p>The cost of the roads “required” for a new hospital at County Road 42 and the 9th Concession is approximately \$22.9 million according to planners working on the new hospital project. Additional road projects, like the Lauzon Parkway Extension are not related to, or required for, the new hospital. These projects will be done regardless of when and where the new hospital is built.</p>
<p>Patients will be charged more for private rooms.</p>	<p>Hospitals built today must have 80% private rooms to limit the spread of infection and increase patient privacy. Those who do not have coverage for a private room will receive a free room upgrade if there are no semi-private or ward rooms available.</p>
<p>The region needs to rethink the existing plan.</p>	<p>This plan was created by a Steering Committee with representatives from the City of Windsor, County of Essex, all area hospitals, the Essex County Medical Society, the Erie St. Clair LHIN and CCAC. Planning to date has taken approximately 4 years and has cost \$2.5 million which was paid for by the province. The plan has received overwhelming support and both Windsor City Council and Essex County Council have endorsed the project by way of a \$200 million local share commitment. There is no reason to start over and no additional money to do so. The alternative to not moving forward with this plan is operating out of the two existing insufficient and outdated facilities.</p>

