
Date: September 2015

“Labour Day is a glorious holiday because your child will be going back to school the next day. It would have been called Independence Day, but that name was already taken” - Bill Dodds

Immediately after realignment I heard a catchy acronym for the Ouellette campus - WROC for Windsor Regional Ouellette Campus. People also pronounced it as “We ROCK”.

Months passed of trying to figure out a way to build off of this acronym for both the Ouellette and Met campuses. It was not until I attended a Standardization and Optimization session that one of the team members innocently provided the answer. Michelle McArthur who is the Co-Lead for the OR turnaround times was describing the different processes that occur at each campus as they relate to OR turnaround times.

When describing Ouellette, Michelle stated “Windsor Regional on Ouellette”. When describing Met Michelle stated “Windsor Regional on Lens”. Immediately it hit me. She did it.

“We ROCK” and “We ROLI”



In order to celebrate the two year anniversary of the realignment we are planning a special event. On September 26, 2015, we will be hosting the “We ROCK” and “We ROLI” walk/run. The WROCK & WROLL Walk is a 3.6 km walk from the Met Campus to the Ouellette Campus with shuttle return back to Met.

With a Rock n’ Roll theme, participants will be encouraged to dress the part and come as their favorite rock stars.

Participants meet at the Met Courtyard prior to the walk. Coffee and water will be available. Music will be played at the start to go with the Rock n’ Roll theme. Event host will get the crowd pumped and send them off to Ouellette.

Music provided by a DJ, beverages and snacks (rock n’ roll themed cupcakes) will be available to guests when they arrive at Ouellette.

Best Costume Prizes will be awarded to the individual and WRH department/program (i.e. both Met/Ouellette ERs, Medicine Program, housekeeping)..

You will hear more about this Windsor Regional “ROCK and ROLI” event shortly.

Thanks Michelle - you will be getting a Genius Lab recognition.



Strategic Direction - Excel in Patient Safety and Quality

Accreditation Update

We are now less than three months away from our on-site Accreditation Canada survey.
November 30th-December 4th

Accreditation 2015 Timeline			
Phase 1 ASSESSMENT Jan. – Apr.	Required Organizational Practices (ROPs)	Jan.-Feb.	
	Surveys	Mar.	
	Standards	Feb. – Apr.	
Phase 2 PREPARATION Apr.- Nov.	Complete ROP action plans	Feb. – Oct. 30	IP
	Create and complete Standards action plans	Mar. – Oct. 30	IP
	Create and complete Survey action plan	May – Oct 30	IP
	Complete Mock tracers	Aug. – Oct 1.	IP

Addressing Standards in Need of Improvement

Last winter we completed self-assessments to see what standards we needed to improve. Over the last several months, much of the work needed to address the standards in need of improvement was completed.

Providing Accreditation Education to Staff

In August we began to provide education to staff about accreditation in general and how our hospital meets the standards and ROPs. To help with this, all areas have a display board to share information about accreditation. We also have dozens of frontline staff who have volunteered to be Accreditation Ambassadors. These folks help keep our display boards up-to-date and share the information with their coworkers at staff meetings.

Over the summer, our Ambassadors and standards teams have come up with many creative and fun ways to learn about accreditation standards and ROPs, and how we are meeting them. For



example, Critical Care sends out online surveys, Diagnostic Imaging created an Accreditation Crossword, and Pharmacy is displaying trivia questions.

Preparing for Mock Tracers

Tracers are a method used by surveyors to evaluate priority processes during the on-site survey. During the tracer, surveyors observe and interact with a wide variety of staff, clients, and stakeholders to gather evidence about the quality and safety of care and services in a particular service area. Basically, anyone in the area can be asked questions or observed. Tracers help surveyors evaluate both clinical and administrative processes.

The tracer method is flexible and responsive, allowing surveyors to observe and interact directly with staff in their working environment. As surveyors conduct a tracer, they rate each criterion using “yes”, “no”, or “n/a”.

It is important to note that surveyors are not evaluating individual staff performance during the tracer. They are observing processes and procedures to assess compliance with the standards. Tracers involve reviewing files/documents, talking and listening, and observing processes, procedures, and direct care activities in service areas.

In August, we began preparing several mock tracers. September to mid-October we will complete mock tracers. Mock tracers will be completed by WRH staff to assess how well we meet the standards and as another method to provide education to staff. The results allow us to pinpoint the standards we need to focus on. Mock tracers are done in the same way as accreditation tracers which also helps staff be better prepared for what to expect during the onsite survey. Staff will be informed beforehand if and when a mock tracer is being completed in their area. For more information about tracers, click [here](#).

As always, please visit the [Accreditation 2015](#) website on the intranet for further details.

Strategic Direction – Create a Vibrant Workplace



**Bullying in the
workplace
hurts everyone.**

Speak up and speak out!

We must be vigilant in ensuring the safety of our fellow employees. Any incident of bullying in the workplace should be reported immediately.

WORKPLACE ABUSE WILL NOT BE TOLERATED - NO EXCEPTIONS!

Report to your Manager, Human Resources or Commissioner
Mediation & Human Rights Services, Aruna Koushik
519.254.5577 ext.32523 or 519.792.3654



OUTSTANDING CARE – NO EXCEPTIONS!

OUR VISION Outstanding care - No Exceptions!

OUR MISSION Deliver an outstanding care experience driven by a passionate commitment to excellence.

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

Impact of Alternative Level of Care Patients on Hospital Funding

Hospital funding has a component that is the Health-Based Allocation Model (HBAM). For every admitted patient, depending on their documented and coded diagnosis and comorbidities the Ministry of Health and Long-Term Care (Ministry) has determined province-wide average length of stays (ALOS). The given “weight/acuity” of that patient dictates how much funding is available for care.

The financial impact of LOS (length of stay) targets is that patient days above and beyond the provincial ALOS target no longer receive HBAM funding. Meaning a patient that stays in hospital past their expected length of stay does not attract Ministry funding for any of those days past their expected length of stay.

Given the HBAM implications, it is important to note that, this negative financial impact occurs regardless of the designation of patient, once their LOS is beyond the ALOS targeted days. For example, if a patient is designated ALC at the point of reaching the targeted LOS, there is no difference on the funding. Theoretically, if ALC days are beyond the ALOS, these days may not be funded as the other two components of hospital funding (Global and Quality-Based Procedures), may or may not mitigate again a negative financial variance.

Conversely, the Health System Funding Reform (HSFR) rewards hospitals where they are able to successfully improve their LOS below the provincial expected LOS as these cases would cost the hospital less than the expected cost. In addition, this generates through put and the potential to add additional expected cases and revenue for the hospital as you serve more patients within your bed complement at the same or lower cost structure. Achieving this goal requires a maximization of clinical interventions at the front end of a patient’s acute stay and strong community and post-acute partnerships.

While the above is purely a financial view of HSFR, the foundation of this formula is built upon improved patient outcomes and satisfaction, such that individuals continue improve in their homes with the appropriate supports after hospitalizations for treatment of an acute episode/event.

On any given day Windsor Regional Hospital has approximately 100 patients in beds at its two campuses declared ALC. At a cost of \$600 per day this equates to expenses of approximately \$20M for which the hospital receives no funding.



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

Dr. Timothy Gilligan to visit WRH – October 1, 2015

The Patient Experience Task Force is pleased to host Dr. Timothy Gilligan at Windsor Regional Hospital.

On October 1st, I hope you'll take advantage of an opportunity to listen to one of the world's renowned experts in health care communication as he makes a visit to our hospital.

Timothy Gilligan is co-director for the centre for healthcare communication at the Cleveland Clinic. He focuses on improved communication skills and training to improve client-patient interactions.

There will an opportunity for physicians to hear Dr. Gilligan at 7:30am and two presentations that will be video-conferenced to both campuses at 10am and 2pm for all staff.

You'll hear more about his visit in the weeks to come - please make an effort to hear Dr. Gilligan on October 1st.

WINDSOR REGIONAL HOSPITAL
OUTSTANDING CARE—NO EXCEPTIONS!
Cleveland Clinic

Dr. Timothy Gilligan, M.D.

The Patient Experience Task Force is pleased to present

Providing Compassionate Care
With guest speaker Dr. Timothy Gilligan

THURSDAY, OCTOBER 1

10AM, Ouellette Campus, Essex Room (Video conferenced to Auditorium A & B)
2PM, Met Campus, Auditorium A & B (video conferenced to Essex Room)

Timothy Gilligan is an Associate Professor of Medicine at the Cleveland Clinic. He is recognized as an expert in testicular cancer. He teaches communication skills and coaches medical professionals in providing compassionate care.

EVERYONE WELCOME!

Update on Standardization and Optimization

It has been a busy summer for the various SOP teams. - Both Wave 1 and Wave 2. Wave 1 had their first graduation in April 2015

The Wave 1 projects are:

OR Scheduling Rollout, OR IT Systems & PSS: Co-chairs - Diane Gouin, Marylynn Hozel
MRI Wait Times: Chair- Michael Reinkober
Cath Lab: Co-chairs - Lesley Borrelli, Sharra Hodgins
Med Fluids: Co-chairs - Charlene Haluk-McMahon, Jennifer Shelpey

The Wave 2 projects are:

OR Turn Around Times: Co-chairs - Christine McDonough & Michelle McArthur
Outpatient Clinics: Co-chairs - Jennifer Williams-Crew, Anne Marie Herlehey
Critical Care: Co-chairs - Denise Deimling, Loretta Gallo
Surgical Inpatient: Co-chairs - Pam Essery, Wendie Turnbull

Please see the link below for the September 2015 - *The Standard*.

As you know *The Standard* highlights the previous month's Standard and Optimization (SOP) process and previews what is to come !

September SOP Standard View:

<http://data.axmag.com/data/VIP/201508/U77924/F350162/FLASH/index.html>

September SOP Standard Download:

http://www.wrh.on.ca/Site_Published/wrh_internet/Document.aspx?Body.Id=66310

To learn more about SOP or to stay up to date please visit:

http://www.wrh.on.ca/Site_Published/wrh_internet/RichText.aspx?Body.QueryId.Id=64080&LeftNav.QueryId.Categories=780

Final Changes to Food Service at Ouellette Completed

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As stated in the past we had to make changes to our overall food service for patients, visitors and staff at both campuses.

After discussions with the Unions and staff involved an overall plan to invest in patient food service enhancements was made along with removing the hospital as the direct operator of cafeteria service except for Tim's at both campuses.

The results are in –

- ✓ It has resulted in massive increase in patient satisfaction
<http://blogs.windsorstar.com/news/order-up-restaurant-style-choices-come-to-local-hospital>
- ✓ It has resulted in longer hours for coffee service at both campuses
- ✓ It has resulted in longer hours of service for cafeteria service at both campuses
- ✓ It has resulted in the hospital not having operating losses in the cafeteria at either campus

As of September 1, 2015

Met Campus

Tim Hortons

Monday – Friday	6 am – 11 pm
Saturday/Sunday/Holidays	8 am – 4 pm

Subway

Monday – Sunday:	8 am – 10 pm
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The Daily Grill

Monday – Friday	7 am – 8 pm
Saturday	8 am – 2 pm
Sunday/Holidays	Closed

Ouellette Campus

Tim Hortons

Monday – Sunday	6 am – 10 pm
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Armandos Café

Monday – Friday	8 am – 8 pm
Saturday/Sunday/Holidays	9 am – 6 pm



I want to thank the bargaining agents, front line staff and overall team for their team work, patience and commitment to ensuring the end result accomplished all of the goals we set at the start of the discussions. Kudos to the team!

Mayo Clinic Delivery Science Summit

Representatives of Windsor Regional Hospital will promote some of the incredible programs dedicated to providing quality care and an outstanding patient experience this month at the prestigious Mayo Clinic.

Multiple submissions were selected as poster presentations at the Mayo Clinic Delivery Science Summit, September 16-18, 2015, at the Mayo Civic Center in Rochester, Minnesota.

Selected among hundreds of applicants, the poster presentations by WRH involve:

- Practical Strategies for Improving Patient Satisfaction Through Improved Emotional Support
- Improving Patient Satisfaction Through and Enhanced Concierge Program
- Patient Safety from Boardroom to Bedside
- Strategies for Helping Patients Feel “WellCome”
- Right Place, Right Time, Right Care: Short Stay Medical Unit Improves Patient Flow

The full posters for each of these initiatives will be posted to WRH website.

Strategic Direction - Strategically Engage With External Partners

Building on Our Strengths

On July 16, 2015, The Program and Services Steering Committee that was created to conduct the necessary planning towards a new state of the art acute care hospital announced the proposed location for the new site and “so much more”. The “so much more” will result in a total reform to the delivery of hospital and community health care services for Windsor/Essex for generations to come.

The plan has been submitted to the Ministry of Health and Long Term Care. The Program and Services Steering Committee will now be working with the Ministry and the Erie St Clair LHIN on the submitted plan with a goal to move the planning process to Stage 2. Moving to Stage 2 of the 5 stage process will signify that a project will be proceeding. It will remove the “if” from

the “if and when” of the planning process. Once we move to stage 2 the only remaining factor is “when” will the actual construction begin.

For the most up to date information please visit www.windsorhospitals.ca

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