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**Date:** September 2019

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Cannot believe it is September already! I recall when I was growing up, summers seemed to last forever. Not so much anymore. I also remember growing up when my parents were even younger than I am now, I considered them very old. Interesting how one's perception of things changes over time.

I want to focus this month on three issues.

1. Upcoming Influenza Season
2. Accreditation
3. Capital Planning Update

There is a fourth – I heard they just wrapped up the filming of the Breaking Bad movie. A must see when it comes out. Save that summary for a future report.

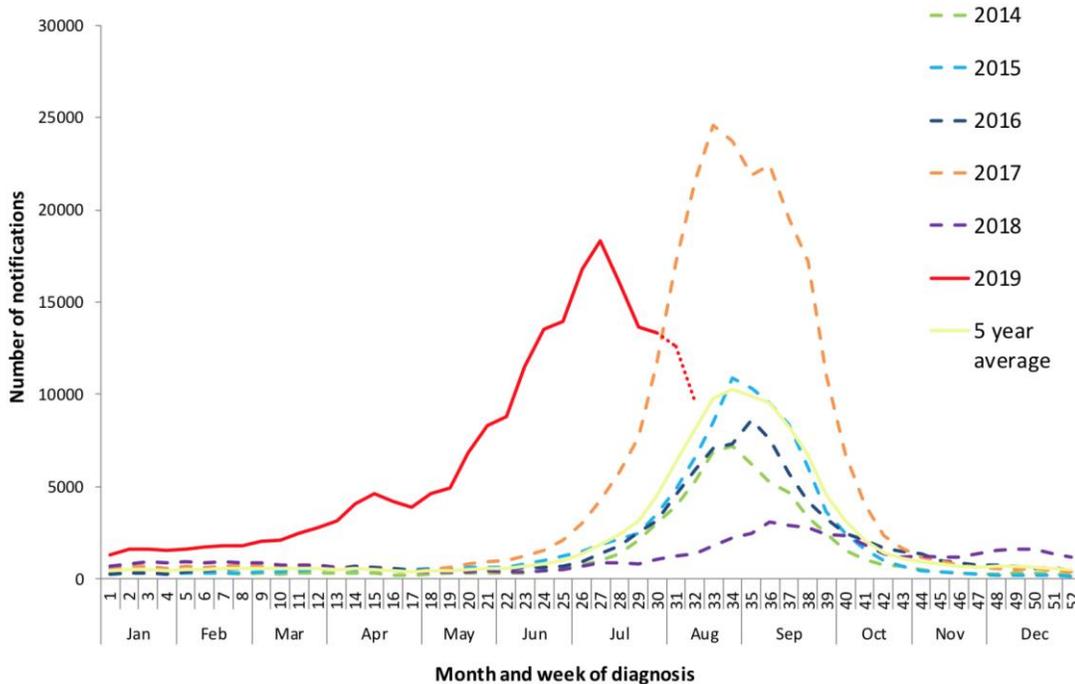
### 1. Upcoming Influenza Season

Over the past few months there has been a dramatic increase in media reports warning Ontario and Canada that this influenza season could be the worst ever based upon the early numbers from Australia. <https://www.thesudburystar.com/news/provincial/difficult-flu-season-ahead-health-minister-christine-elliott/wcm/81d4c56c-16a9-4a3d-8df4-fb784d3ee5f4>

Traditionally, the severity of our influenza season is mirrored from the Australia experience.

Starting in January 2019 to approximately July 2019, the rate of influenza reported cases in Australia was dramatically higher than previous years as shown on the chart below. I personally even raised this issue in my Board report of May 2019.

**Figure 5. Notifications of laboratory confirmed influenza, Australia, 1 January 2013 to 211 August 2019, by month and week of diagnosis.\***



Source: NNDSS  
\*NNDSS notification data provided for the current and most recent weeks may be incomplete. All data are preliminary and subject to change as updates are received.

As you can tell from the chart above, the severity of influenza cases in Australia peaked in early July and has dropped dramatically ever since. What we can tell is the influenza season in Australia was not as bad as it was two years ago BUT the onset was sooner than normal.

The following excerpt is from the Australian Department of Health website:

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/cda-surveil-ozflu-flucurr.htm#current> in their Australian influenza surveillance report No. 8, 2019, 29 July to 11 August 2019

- **Activity** – Currently, influenza and influenza-like illness (ILI) activity is lower than average for this time of year compared to previous years, and is consistent with past activity following a

peak in notifications. At the national level, notifications of laboratory-confirmed influenza have decreased in the past fortnight; however, this may be due in some measure to data entry backlogs.

- **Severity** – Clinical severity for the season to date, as measured through the proportion of patients admitted directly to ICU, and deaths attributed to influenza, is low.
- **Virology** – The majority of confirmed influenza cases reported nationally were influenza A in the year to date (81%) and past fortnight (77%). The proportion of cases attributed to influenza B has increased slightly in the past fortnight, following a steady decline during July.

Needless to say, what we should learn from Australia is our influenza season could start early. That is why early vaccination is important. Do NOT wait.

Also, please, even though you personally might think you are healthy and can handle influenza think about your loved ones that might not be able to. The young and elderly you come in contact with. You could spread the virus to them without even showing symptoms, so getting your vaccination late accomplished nothing, and could possibly harm them.

As healthcare workers, let us set the example for our community and get the vaccination early.

## 2. Accreditation

We are now 3 months away from our on-site Accreditation Canada survey Nov. 25-29<sup>th</sup>. Work is well underway in addressing the accreditation standards that need improvement based on our self-assessments.

Accreditation 2019 preparations continue to move forward. Teams continue to work on phase 2. All teams have created Quality Roadmaps. Quality Roadmaps contain action plans based on results of self-assessments of Accreditation Canada standards. The Quality Roadmaps and self-assessments were completed with input and opportunities for input from frontline staff, professional staff and Leadership. Thanks to everyone who provided their feedback.

In August, we began to provide corporate-wide education to staff about Accreditation and how WRH meets various standards. To help spread the word, we have over 80 frontline staff who have volunteered to be our Accreditation Ambassadors. These folks share Accreditation news, facts, and provide education for their co-workers on how we meet the standards in each department. They will

also be conduits to ensure all accreditation questions are answered. Thank you Accreditation Ambassadors for volunteering!

For details about Quality Roadmaps, ROPs & Standards, go to [Accreditation 2019 on Internet](#), under “Programs and Services”.

If you are interested in being part of the 2019 accreditation process, please contact Sherri Franz at [sherri.franz@wrh.on.ca](mailto:sherri.franz@wrh.on.ca) or at 519-991-1856.

<b>Accreditation 2019 — Timeline</b>				<b>Status</b>								
<b>Phase 1 Assessment Jan.- Mar.</b>	Surveys	→ Distribute Worklife Pulse Surveys → Distribute Patient Safety Culture surveys	Nov. 26 - Dec. 21	✓								
		→ Distribute Professional Staff Worklife Pulse Survey	Dec. 20 – Jan. 15	✓								
		→ Governance Survey	Jan. 15 - Feb. 15	✓								
	ROPs	→ Create teams → Complete ROP assessments → Create action plans for ROPs	Jan. 7 – Mar. 1	✓								
	Standards	→ Create teams → Complete mock tracers (optional) → Complete & submit AC self-assessment	Jan. 15 - Mar. 15	✓								
<b>Phase 2 Preparation Apr.- Nov.</b>	Quality Road Map & Action Plan	→ Continue completing ROP action plans	Apr. 1 - Oct. 30	IP								
		→ Create & complete action plans (for Standards & Surveys)	Apr. 1 - Oct. 1	IP								
	Corporate Education	→ Education: Ambassadors & Bulletin Boards	June 1 – Nov. 12	IP								
		→ Educate & Assess readiness: Complete mock tracers (optional)	Sept. 1 - Nov. 12									
	On-site Preparations	→ Compile needed documentation	Sept 15 - Nov 1									
→ Set-up survey schedule & Surveyor preparations		Sept 15 –Nov 20										
<b>Phase 3 On-site Survey Nov. 25-29, 2019</b>	Accreditation Canada On-site Survey	→ Meet with on-site surveyors	<b>Nov 25 - 29</b>									
				<table border="1"> <thead> <tr> <th colspan="2"><b>Legend</b></th> </tr> </thead> <tbody> <tr> <td>✓</td> <td>complete</td> </tr> <tr> <td>IP</td> <td>in progress</td> </tr> <tr> <td>ROP</td> <td>Required Organizational Practices</td> </tr> </tbody> </table>	<b>Legend</b>		✓	complete	IP	in progress	ROP	Required Organizational Practices
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### 3. Capital Planning Update

Recently, the government of Ontario confirmed they will be spending approximately \$17B on hospital infrastructure renewal over the next ten years. They have not outlined which projects form part of this \$17B, however in our discussions with Ministry staff, we have been informed we are a “project” and still slated to go to Request for Information (market) in 2021.

Even though it was announced in December 2017 that the project is moved into Stage 2 of the 5 stage capital planning process, the flow of the monies to start that Stage 2 planning has still not arrived. It will take approximately \$9M dollars to do Stage 2 planning.



↳ Deputy Mayor Joe Bachetti Retweeted



**Gary McNamara**  
@mayormcnamara



Deputy Mayor Bachetti asking Minister Elliott about the need for moving forward on the new mega hospital.



3:54 PM · Aug 20, 2019 · [Twitter for iPhone](#)

Recently at the Association of Municipalities of Ontario a question was asked of the Minister of Health regarding our project and how the \$17B will be prioritized. Without mentioning any projects the Minister stated they would be prioritized based on “patient safety.”

Needless to say, as you all know, we struggle on a daily basis to ensure the safety of our patients, staff and families. All of you do an amazing job in this regard. However, considering even if we started today getting the planning done in Stages 2 and 3, it would take 3 years alone and construction another 3 years. Best case we are 6 years away from a new facility. Being in our current facilities for the next 6 years will be difficult.

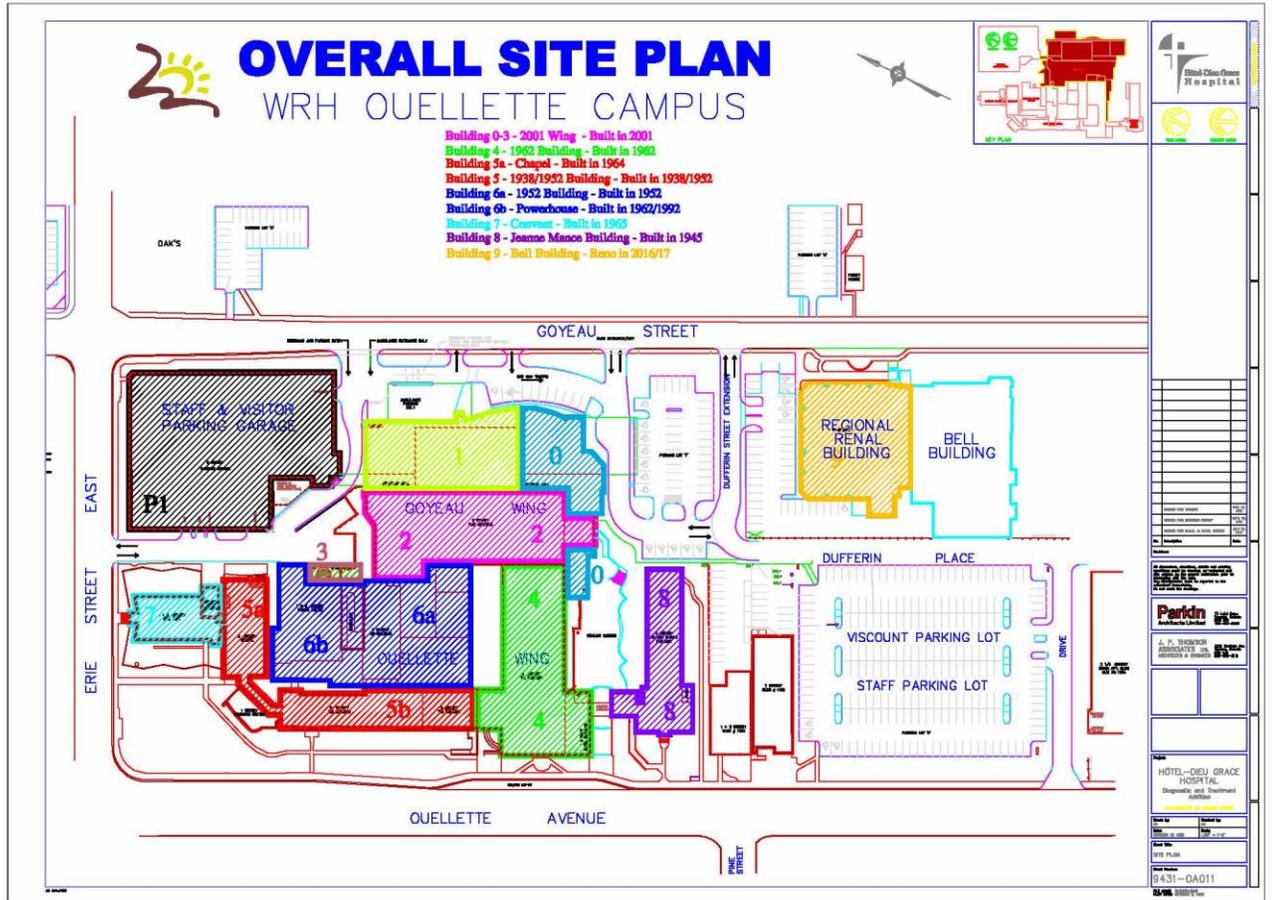
Yes, there are sections in both campuses that are approximately 20 years old. Met has the Cancer Centre, front entrance, cafeteria and some in patient floors that are 20 years old. But in large part many sections are much older. Here is a diagram showing the age of various sections of the Met campus going back to 1927. Yes that section still exists.



Ouellette on the other hand is a whole different story. Other than the ORs and the standalone Bell Building that houses out patient dialysis, the last renovations occurred in the 1960s. Ouellette has



some of the oldest inpatient floors in the Province of Ontario. Considering the services provided at Ouellette and the fact WRH is the 11<sup>th</sup> largest hospital in the Province, this is not appropriate at all.



From a patient and staff lens we have struggled with infrastructure issues at both campuses. From floods resulting from aging piping in the walls, to MDRD vents we had to abandon, to an aging powerhouse, to multiple patients in pretty much every room we are spending far too much time and money on existing issues that could be better spent on patient care.

Here are some photos:

## WINDSOR REGIONAL HOSPITAL METROPOLITAN & OUELLETTE CAMPUSES



Tight & Uncomfortable Patient Spaces



Flood & Temporary Chiller



COMPASSION is our  
**PASSION**

**OUR VISION:** OUTSTANDING CARE - NO EXCEPTIONS!

**OUR MISSION:** DELIVER AN OUTSTANDING CARE EXPERIENCE DRIVEN BY A PASSIONATE COMMITMENT TO EXCELLENCE

Interestingly, but not surprising, a new hospital in Montreal that has 100% private rooms just reported a dramatic decrease in HAIs pretty much the day they opened the new hospital. Currently we have at best 20% private rooms at both campuses.

<https://montrealgazette.com/news/local-news/muhc-superhospitals-new-single-patient-rooms-credited-for-drop-in-gut-infections-study>

Clearly, we should be near the top, if not the top of the list moving forward for hospital infrastructure investment in Ontario. Our current “plants” have served an amazing purpose but they are tired.

Again, we cannot assume anything is guaranteed. Some will say the money will always be there for a new hospital. Please do NOT listen to that. We have to justify the need daily.

