



**DR. WASSIM SAAD**  
**CHIEF OF STAFF**

# CHIEF PROGRESS REPORT

## November 2019 Edition

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“great vision without great people is irrelevant” – Jim Collins

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I would like to start by thanking everyone for the feedback received after my first Chief Progress Report last month. I have been approached not only by physicians, but by front line staff, pharmacists, and allied health professionals who want to be involved in the quality framework discussed. I could tell that there was a genuine interest in this culture changing initiative and I have no doubt it will be successful with all the energy and enthusiasm expressed.

We have since approved the terms of reference for the new Quality Practice Committee at the MAC. We will be presenting the first cases this month and I am looking forward to the robust discussion that will follow. We have also completed an algorithm to appropriately choose which cases will be reviewed through Morbidity and Mortality rounds and which ones will still fall under QCIPA reviews. This is going to be a work in progress, but the first steps have been taken and I am eager to see this through to fruition.

This month I would like to discuss the second objective of my five-point plan towards improving the overall quality of care in the organization and this involves a recruitment and retention (R&R) strategy. I have heard your comments loud and clear. The recent work-life pulse survey results show that we have a lot of work to do in terms of physician engagement as well as with recruitment and retention. I have heard from staff comments like “why would anyone want to come work in Windsor?” or “the only reason that person is here is because they grew up here” and along the same lines “we will never be able to keep that person here because they are going back to their hometown”. I think that for some people that is true and there is plenty of research and evidence to suggest that people will work and live where they grew up or where they trained. We have already seen this phenomenon with our local campus of the Medical School and our 2 stand-alone residency programs in Family Medicine and Psychiatry. Having said that, I do think Windsor/Essex as a community and Windsor Regional Hospital have many qualities and attributes that can and will attract new talent to our area. We just need to centralize our recruitment efforts and the creation of this new committee with help harness those energies to accomplish our goals.

I am happy to report that at the last Medical Advisory Committee (MAC) meeting we approved terms of reference for a new R&R committee. This unique committee will be represented by many key stakeholders including representatives from each of the Departments, Administration, the Schulich School of Medicine, The University of Windsor, City of Windsor task force and County representatives.

The new R&R committee will be responsible for many things including maintaining and updating a Human Resources plan for the professional staff. We have many speciality areas where our physicians are stretched thin with call coverage, overworked with patient volumes and just barely able to cover clinical responsibilities. We do not have enough redundancy built into this system to protect against a sudden illness or loss due to attrition or relocation. The R&R committee will be expected to plan for these contingencies and look at the appropriate HR complement that will ensure we are able to delivery quality care in any field of medicine and guard against these unforeseen circumstances. This became obvious recently in the Department of Anesthesia where sudden medical leaves, retirements and unplanned personal departures prompted the closure of operating rooms. Although this Anesthesia shortage is national and not unique to Windsor, we needed to continue to be aggressive with our recruitment and retention efforts to have planned for this eventuality knowing we were close to our capacity. We are in the process of recruiting now and are having some success but once we are through this crisis, I do not want to see another one in this Department or any other Department. The way we do this is by anticipating, planning and adapting to the changing landscape of each specialty area and we do this through recruitment and retention strategies.

The R&R Committee will also be responsible for guided tours of the area for new candidates, setting up site visits with stakeholders, preparing a standardized interview panel, and having a transparent selection process. They will also be conducting exit interviews with physicians leaving the organization so that we can better understand the factors that contributed to the departure and work on addressing those factors for future candidates. There is always something to be learned from disappointment or failure.

One criticism might be that if we recruit more physicians, there will be less work per physician resulting in less pay. This might in all actuality be the case. However, we will see other much-needed improvements in our work life balance and to the quality of the medical care we provide to our patients. Our patients will be less likely to suffer due to gaps in call schedules, closed operating rooms, overworked colleagues, or the sudden loss or retirement of a physician. We need to stay focused on our main responsibilities and objectives; outstanding care for our patients, no exceptions.

Until next month,

A handwritten signature in black ink, appearing to read 'Wassim Saad', written in a cursive style.

Wassim

*Do you have questions, comments or thoughts about the topic discussed this month? Any ideas for future newsletters? Feel free to contact me anytime by e-mail [wassim.saad@wrh.on.ca](mailto:wassim.saad@wrh.on.ca)*