

# Our Approach to the Realignment



## Letter to Staff from Ken and David

August 14, 2013

### Introduction

As many of you have heard by now, there will be a significant change in the way health services and programs are organized and delivered within the Windsor-Essex County. In mid-July, the Boards of both hospitals have approved the realignment of programs and services between Hotel-Dieu Grace and Windsor Regional.

Effective October 1, 2013, Windsor Regional will be responsible for the governance and management of the programs and services on the Metropolitan and Ouellette campuses. Hotel-Dieu Grace will be responsible for the governance and management of the programs and services on the Tayfour campus and those off-site programs associated with the Tayfour campus. The exception is the Crisis Program that will continue to be governed and managed by Hotel-Dieu Grace.

It is important to note that programs and services are not changing location and that patients will continue to access each hospital campus the same way. As stated, for patients and families, October 1, 2013 is to be “business as usual”, and their access to hospital healthcare services will not be changed as a result of this realignment.

This realignment is a major undertaking and, as such, it is important that we ‘get it right’. Based on experience in other jurisdictions, there are four key factors that will impact the success of hospital realignments:

1. Strong case for change
2. Degree of preparation
3. Committed and aligned leadership
4. Effective implementation

We would like to take this opportunity to discuss how the two hospital organizations have come and will continue to work together to address each of the four factors listed above.

## Case for Change

To start, it is necessary to define the case for change in order for all individuals impacted to understand the need for change and to support the change. We believe there is a strong case for change based on our assessment of the current hospital system, our future aspirations for healthcare in Windsor-Essex, and our goal of a new single site acute care hospital to serve Windsor-Essex.

**The current hospital system:** Acute care services in Windsor are currently divided between two-medium sized hospitals, and most members of the professional staff in Windsor practice at both facilities. This division of services was predicated on the assumption that the hospitals would work together. However, for many years, the relationship between the two organizations has been marked by competition and a lack of coordination, communication, and cooperation. Additionally, the presence of two-medium sized acute care facilities in a moderately sized community with two separate boards and administrations increases complexity and creates challenges regarding patient flow, capacity management, and quality. Furthermore, the current healthcare structure resulted in a lack of a singular focus on psychiatric and post-acute care delivery, as it was distributed between the two-acute care hospital organizations.

As a result, the Windsor hospitals have missed many opportunities to improve the healthcare system for Windsor-Essex. Historically, the Windsor hospitals have not worked together to solve issues that they both faced. Examples of these missed opportunities and the results of not working together are listed in the table below:

Opportunity	Outcome resulting from not jointly working together
<ul style="list-style-type: none"><li>• Coordinated and measured development of new or expansion of programs</li></ul>	<ul style="list-style-type: none"><li>• Organic, unplanned growth</li></ul>
<ul style="list-style-type: none"><li>• Optimize capacity and activity between all sites</li></ul>	<ul style="list-style-type: none"><li>• Situations of over capacity at one site when the other has excess capacity</li></ul>
<ul style="list-style-type: none"><li>• Develop standardized work and clinical processes across similar departments across organizations</li></ul>	<ul style="list-style-type: none"><li>• Different systems and processes that professional staff and staff have to manage</li><li>• Different patient experiences</li></ul>
<ul style="list-style-type: none"><li>• Maximize all resources through rationalization of services (clinical and support)</li></ul>	<ul style="list-style-type: none"><li>• Duplication of services (clinical and support)</li></ul>
<ul style="list-style-type: none"><li>• Share experience, expertise and leading practices across the organizations</li></ul>	<ul style="list-style-type: none"><li>• Inability to leverage local knowledge and expertise</li></ul>

**Our aspirations:** Our case for change also reflects our aspiration to develop *an integrated healthcare system* for Windsor-Essex that (a) delivers high quality and safe patient care across all sites; (b) has strong linkages to the University of Windsor, St. Clair College, and the Schulich School of Medicine and Dentistry; (c) is a magnet for top talent; (d) is well positioned in a new funding environment; (e) drives health related economic development and growth; (f) delivers a high performing post-acute sector that is interwoven to the acute care hospital and other providers to address the entire continuum of healthcare needs; and (g) acts in public interest by maintaining strong relationships with government agencies. Evidence suggests that organizations with a specific focus on post-acute care and specialized continuing care services provide better and more effective care than organizations that provide these services as an adjunct to acute care. Oftentimes, post-acute care activities are neglected, as attention is focused on acute care services. By creating an organization whose focus is these specialized services and how they fit into the continuum of healthcare, the people of Windsor-Essex will benefit.

**Our goal:** Finally, as part of our case for change, we aspire to the ultimate goal of obtaining government approval and funding for a *new single site acute care hospital* to serve Windsor-Essex.

## **Preparation**

The second key factor impacting the success of hospital realignments is the degree of preparation and the development of a comprehensive and systematic plan. Therefore, we formed a Steering Committee that we co-chaired including representatives from both hospitals, the ESC LHIN, and from the community. The next step was to form seven working groups made up of individuals from both hospitals. Each working group was supported by outside management consulting and legal expertise. It is important to note that both hospitals used the same outside management and legal assistance to provide unbiased opinions and assistance. Working groups conducted due diligence and developed realignment plans that were vetted by the Steering Committee. Afterwards, both hospital Boards reviewed and approved the due diligence and plans.

We recognized the importance of communicating clearly, frequently, openly, and honestly. We understood that in this type of a process, there are fears, anxieties, and uncertainties. In addition, rumours are numerous, prevalent and self-perpetuating. Therefore, we put in place an on-line question and answer system so that anyone could post a question that would be quickly answered.

When two organizations come together, there is always a question as to whether staff will be treated equally and fairly. Therefore, we stated clearly on day one our commitment to fairness, equity and equality of opportunity. Following this commitment, we established human resources processes and the appointment process to ensure fairness, equity, and equality of opportunity for management and non-union staff. We moved quickly to establish and communicate the new organization structures that will be effective October 1, 2013. As people change sites, there is a clear expectation that information

will continue to be shared across sites in order to (a) reinforce interdependence, and (b) mitigate loss of organizational memory.

## **Committed and aligned leadership**

We believed that the realignment of services was in the public interest and would benefit the delivery of both acute services and post-acute services. Supported by our respective Boards of Directors, we embarked on a process that required a high degree of trust, transparency, and openness in all dealings. Both of us recognized the necessity of setting the tone “at the top”—between ourselves— for this process to work. This was important given the nature of the undertaking but even more important given the history between the two organizations and the need to create a new environment and future.

To clearly place the relationship on a new footing, the first decision was to jointly engage outside legal and management consulting support for the due diligence and planning process. This sent a strong message that both organizations were in this together and that alignment and cooperation was not optional. Furthermore, it also established the expectation that all information would be shared so that all participants were working with the same information.

Other mechanisms to foster and reinforce alignment and a collaborative working relationship included joint communiques from both of us to all staff and physicians, the establishment of a single website relating to the realignment, and jointly signing off on responses to questions on the website.

## **Implementation**

The holistic and collaborative approach taken to the realignment reflected our belief that this was not simply changing which organization was responsible for specific services. We believed this was about transforming how services are delivered and improving quality and the patient experience across the continuum of care for Windsor-Essex. It was communicated early on that we would adopt the leading practice from either organization or from other organizations.

During the four to six months after October 1, 2013, the leadership teams will not only continue to support ongoing hospital operations but will also familiarize themselves with staff, culture, clinical and operational processes. During this familiarization—“getting to know you period” —, leadership will conduct organizational and operational assessments to identify high performing areas and processes and areas and processes that have opportunities for improvement. Based on the organizational and operational assessments, leadership will (a) identify improvement goals and targets based on leading practices; (b) develop plans aimed at standardizing and optimizing operations to leading practice among the two acute care sites enabling a seamless, eventual move to a single new acute care hospital; (c) optimize processes to enable the smooth transition of patients between acute care and post-acute care; and (d) implement a performance measurement system to monitor progress to plan

and performance targets. This is not about adopting all of one site's operations at the other site. It is about looking at: "Are we delivering services in the most efficient and effective way? If not, what is the most efficient and effective way? Are there experiences elsewhere that we can learn from? Who is the best in the world at doing this ? Have we talked to them to find out how they do it?". We need to complete this work not only because it will result in a better experience for patients, families and staff, but because it places us in a great position to plan for a new state of the art acute care hospital.

## **Conclusion**

We believe that the realignment of services is a necessary condition to achieve our aspiration for the Windsor-Essex Health System, but it is not sufficient. The other condition that must and will be met is the ongoing close and collaborative relationship between the two organizations. Going forward, Hotel-Dieu Grace and Windsor Regional are inter-dependent and must work together in a way that is reflective of and builds upon how the two organizations came together to develop the realignment plan. To make this work, it will require close and collaborative relationships at all levels (from staff through to the CEOs) within the hospital organizations. This new relationship has only just begun and the next chapter starts October 1, 2013.