Town Hall Meeting-Operational Update
August 12, 2014

I am confident all of you have been able to enjoy the summer with your family and friends. There is plenty of summer left to enjoy. I am hopeful that you can.

It has been just over ten months since realignment occurred. We continue to learn a lot about the operations at both acute care campuses. The one thing i have learned is that we have a great group of staff at both campuses who now call themselves part of the Windsor Regional Hospital team.

Our future looks very bright.

We continue to plan for the new acute care hospital with the request for proposal stage for an actual location is underway.

On the heels of saving thoracic cancer surgery for our region we then had operational funding for the men's health program announced. The first operation with the DaVinci robot will take place in September. Most recently we received approval for the 24/7 angioplasty program, a second cath table and the renovations to 2nd floor Ouellette to accommodate the day surgery program from the 5th floor. This will allow day surgery to be immediately adjacent to inpatient surgery that benefits our patients and staff. In addition, some 500 patient annually going to the States or London that will stay in Windsor – where they belong.

Being the first hospital the new Minister of Health, Dr. Hoskins, visited is a honour that we should be proud of and not interpret lightly. He made some very complementary comments regarding the realignment as well as the planning that is underway for the new hospital. I have always stated that as we get our internal house in order good things happens. Ministers and ministries want to work and support successful, progressive and positive organizations. With limited overall resources they need to make sure every investment they make is successful. That is a good sign we are thought of positively in those circles.

With these positive changes does come some other operational changes that needed to be made.

First, the patient food service at Ouellette. Ouellette campus was in the process of having to move forward with a new underlying software upgrade to their patient food program. As a result of realignment we took a look at the various options and determined that for patient satisfaction moving towards a menu style service was the best option for our patients. As a result, in the fall, we will be moving ahead with upgrading the Ouellette campus software to the menu feature and then implement that software at met as well. Meaning the upgraded Ouellette software will replace the existing software at met. However on a practical level the

system in place at met for ordering, preparing and delivering patient food will stay the same. This will result both campuses using the same menus for patients and same room service patient food service. This will standardize the patient food delivery system. This also requires more staff to operate.

Second, the cafeteria at Ouellette, similar to many other cafeterias in Ontario, was not break even financially and had reduced hours over the years. This was not the fault of the staff or their dedication. Many hospital's cafeterias outside of a busy downtown location loses money and has switched to third party providers. We are going to do the same. The staff working in the cafeteria will be needed to support the patient food service change. We will have 40 more hours a week of cafeteria operation at Ouellette. We need to go to tender to determine the provider of the cafeteria service. This will happen during fall as well.

Third, the coffee shop at Ouellette. It is expertly supported by volunteers and some paid staff currently. However, after a survey of staff, it was asked that we bring in a "brand" coffee service. We have approached Tim Horton's and they have agreed we can continue to have volunteers support the coffee shop along with paid employees. It will stay open 18 more hours a week and we are confident it will make at least as much as the current operation does with volunteers continuing to support the service. This is in discussion stage currently. Timing still to be determined. However, volunteers will still be needed and wanted to support the coffee shop.

Fourth, is nuclear medicine. Over the past few years this area has been hit was isotope shortages which has resulted in other treatment options for patients being used. The volumes never rebounded. As a result we have no other option but to reduce staff to accommodate our inpatients and some outpatients.

Fifth, is the OB clinic at met. There have been some volume changes we have been addressing.

Sixth, is the OR. There was a report done a couple years ago called the Sullivan report. It called for staffing changes in the OR. It was never fully implemented due to realignment occurring. We now need to fully implement in order to ensure we do not reduce volumes in the OR. Staff will be impacted but with retirements and normal attrition we will try to find jobs for everyone.

Seventh is utilization management. Patient flow is paramount. After discussing options with clinical leadership a transition to a utilization team was necessary. The expected length of stays for patients was not matching actual. As a result we are not being as efficient as we could be, resulting in bed crunches caused by the difference in actual versus expected. This will not result in a reduction of staff only a different model for the team.

Eighth, but not least important, is the planned closures of 5t and assess and restore beds once the Schlegel long term care beds opened. There were temporary beds put into place due to the delay of the grace LTC facility opening. We are working through these patient placements with CCAC and the LHIN.

We have made all of the clinical decisions above with the close consultation with the medical leadership. None of them were made lightly. Our board of directors reviewed all of the recommendations and supported our recommendations. No one likes to make changes. However, if we make the patient the center of the decision the right decision will be made.

The KMT team is completing their opportunity assessment and the timeline for the standardization and optimization process to implement best practices in all programs and services will be announced next month.

In addition to these operational changes comes investment on our infrastructure. It will be some ten years before we are able to occupy a new state of the art hospital. In the meantime we need to continue to maintain our current infrastructure. As a result, each floor at the Ouellette campus will be undergoing a refreshing and investment program. Each floor, on by one, will be painted, cleaned and where possible sinks will be installed outside patient rooms. This will enhance the patient and staff experience as well as support our daily focus on not harming our patients – not spreading hospital acquired infections.

Once this has been completed we will continue to maintain the two campuses with regular and ongoing maintenance investments.

This past spring a local leader approached me about his father passing away at our hospital. He passed with an infection. An infection he got from us.

In September we will be joining forces to focus on stopping the spread of hospital acquired infections. Focusing on all 4 moments of hand hygiene. In fact, empowering our patients to ask us if we washed our hands. This campaign will publicize our handwashing rates both internally and externally. Having handwashing rates corporately of 80% and some departments of 50% in not tolerable. Harming patients is not tolerable.

What if one of these patients being harmed was your mom or dad. What would you say about someone not washing their hands and causing this harm?

Well a local leader is speaking up and will be saying it is time to stop spreading hospital infections and stop harming patients.

The same campaign will focus on two patient identifiers. This is an accreditation required operational practice. It requires that before any interaction with a patient providing treatment we need to ensure we identify the patient with two patient identifiers. This prevents errors from happening. This prevents patients from being harmed. Again, patients are being empowered to ask us if we are doing this. We will be sending out the hospital wide policy to everyone shortly as a reminder for this practice.

As I stated – our future looks very bright. However, before we hold ourselves out as a centre of excellence for everyone to aspire to we need to do all we can do to stop harming patients. We are not there yet.

Similar to the advice i give to my son in baseball. Before you hit homeruns you need to hit the ball hard and get some singles. Then the homeruns will come naturally. If you focus only on hitting homeruns you will be striking out more often than not.

We cannot strike out when it comes to patient safety and quality. We need to focus on it daily.

A great quote i saw at this weeks Monday morning huddle sums it up best

“You don’t have to be great to start,
But you have to start to be great.”

I have always stated that if we treat our patients the way we would want our loved ones to be treated we will never be wrong in what we do.

Next month I will be holding another town hall to discuss the results of the opportunity assessment conducted by KMT and next steps in the standardization and optimization process.

In the meantime if you have any questions for me please call me or email me anytime. I will do my best to answer or find you the answer.

Thank you.