



Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

April 29, 2022



OVERVIEW

Message from President & CEO, David Musyj.

Windsor Regional Hospital (WRH), is the 15th largest hospital in Ontario and the 7th largest community teaching hospital. It serves a population of over 400,000 in the City of Windsor and the County of Essex, and provides tertiary and quaternary care to thousands more. We respectfully acknowledge that Windsor Regional Hospital occupies the traditional, ancestral and contemporary lands of the Niswi Ishkodewan Anishinaabeg: The Three Fires Confederacy) Ojibwe, Odawa and Potawatomi). We acknowledge the land and the surrounding waters for sustaining us and we are committed to protecting and restoring these lands from environmental degradation.

WRH's 2022/2023 Quality Improvement Plan (QIP) builds on our Vision of Outstanding Care... No Exceptions! The QIP aligns with the Ministry of Health Services Accountability Agreement (HSAA), and Windsor Regional Hospital's updated Strategic Plan (2021-2024). This year, the QIP introduces collaborative indicators (cQIP) that are intended to establish common quality improvement goals with the newly announced Windsor Essex Ontario Health Team (WEOHT).

The QIP reflects Windsor Regional Hospital's overall mission to provide quality person-centered care services to our community. The work of 4200 staff, 538 physicians, and over 800 volunteers demonstrates compassion, commitment and excellence in the pursuit of our vision. Our vision for the future, was further realized in March 2021 with the Government of Ontario's funding

announcement of the Stage 2 planning costs for the development of the new Windsor Regional Hospital acute care hospital for Windsor Essex.

Covid-19 has reinforced that a continued, focused commitment to quality is vital, and while we have been forced to adapt quickly, the pandemic has served as a catalyst for change and collaboration. WRH continued to provide lifesaving care to our patients while providing support to our community: supporting long term care, rest and retirement homes, and congregate care settings; opening a COVID-19 field hospital for LTC residents; opening COVID-19 assessment centers with drive-through and mobile sites to reach the underserved and migrant workers; scaling-up operations to open mass vaccination centers contributing to 79.7% (as of March 31st, 2022) of Windsor and Essex County being fully vaccinated, and 100% of WRH staff being fully vaccinated; and, supporting our emergency first responders as they protected our community from those opposing public health mandates and measures with protests and the blockade that closed the Ambassador Bridge in February 2022.

The past two years, can be summarized with one phrase: "Together WE Stay Strong". This motto is shown across the hospital representing the resiliency and commitment of our staff. In so many ways our staff and patients have confronted challenges brought about by the pandemic with remarkable courage and strength. The 22/23 QIP reflects quality themes that support our vision for a high performing health care system. This year, the introduction of collaborative QIP (cQIP) indicators complement the hospital level indicators. The cQIP indicators are intended to focus on provincial

priorities to drive improvement of population health outcomes by aligning efforts across OHT partners and encouraging a culture of equity and quality improvement.

The 22/23 QIP was vetted through various teams and committees including: the Executive, the Patient and Caregiver Council, Finance Committee, Medical Advisory Committee (MAC), and the Quality of Care Committee of the Board, who made the recommendation to the Board of Directors for approval. The QIP sets aggressive targets with planned improvement initiatives, reflecting a multiyear strategy that supports the tenets of the operating model for our two acute care sites.

The QIP focuses on the four hospital priority indicators and the two collaborative indicators and includes the following:

Hospital Priority Indicators

- Discharge summaries sent from hospital to community care providers within 48 hours of discharge
- Patient Experience - "Did you receive enough information upon leaving the hospital?"
- Number of Workplace Violence Incidents
- Medication Reconciliation at Discharge

Ontario Health Team Collaborative Indicators (cQIP)

- Percentage of inpatient days with an Alternate Level of Care

Designation

- NEW: Number of people whose first point of contact for a mental health and/or addiction-related condition is the Emergency Department

The QIP is intended to inspire conversation about quality among our patient and family representatives, board members, leaders, physicians, and clinical and non-clinical staff. Our change ideas are intended to result in performance improvement stimulating new ways of thinking about how to improve quality. Performance improvements are achieved by collaboration among sectors, research of best practices, consultation and support with our health care partners, review of our own data, setting ambitious targets, and most notably, feedback from staff, patients, and their families. The reactivation of the QIP is a positive step forward, reinforcing the plan to begin a stable but undoubtedly long recovery period, cautiously returning to "normal" operations.

REFLECTIONS SINCE YOUR LAST QIP SUBMISSION

Throughout this pandemic, WRH remained unwavering in its commitment to outstanding and compassionate care. While facing the COVID-19 pandemic head on, we also tackled the challenges brought about with the implementation of a new Hospital Information System (HIS), and, at the same time rallying the community behind plans for a new acute care hospital. The pandemic and other events that occurred over the past two years have pushed us even more toward responsible stewardship and innovative thinking.

The pandemic has also taught us about the value of community partnerships. As a hospital system, we were tasked with the honor of helping to lead our community through the most turbulent time of our generation. We supported long term care homes in their

efforts to care for the vulnerable and elderly by opening a COVID-19 Field Hospital in partnership with St. Clair College for patients from LTC infected and/or dying from the virus. We supported measures locally to rapidly scale-up operations to test and vaccinate thousands of individuals working in the agricultural food sector as well as other vulnerable settings. We created COVID-19 clinical assessment centers for adults and children, and then further expanded operations to include monoclonal antibody therapy as a way to prevent severe symptoms from developing in those at high risk. We worked closely with our Public Health and community partners to convert stadiums and academic centers (St. Clair College and the University of Windsor), and big box shopping venues (the old "Sears" building) into mass vaccination centers. We ensured that the mass vaccination centers responded to the unique needs of our community including seniors, children, those with complex medical conditions and our indigenous community, while also vaccinating the general public. Reports early on in the pandemic showed that COVID-19 was disproportionately impacting racialized communities. WRH and the Southwest Aboriginal Access Centre (SOAHAC) partnered to identify and encourage the Indigenous community in Windsor-Essex to get vaccinated. The vaccination center created an environment with tribal printed curtains, cedar washed walls and smudging ceremonies to create a welcoming space. The Every Child Matters movement further reinforced the importance of reconciliation and our collective need to embrace all peoples' cultural experiences.

All of this work over the past 2 years has been in the face of rising numbers of hospitalizations and deaths related to COVID. As of

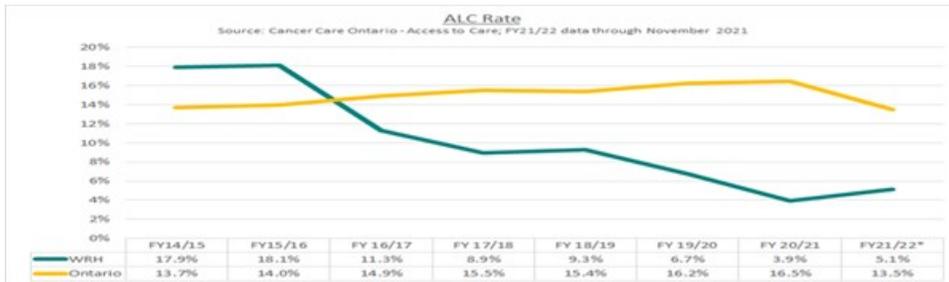
March 31st, 2022 in Windsor-Essex, 598 individuals passed away as a result of COVID; 391 in hospital.

The increased hospitalizations and hospital overcapacity during Waves 1 and 2, prompted our need for support from other hospitals. At the same time, the Ontario Government, issued Directive 2 to preserve hospital capacity, ramping down non-emergent and non-urgent surgeries and procedures. Karen Riddell, Chief Nursing Executive (CNE) and Chief Operating Officer (COO) stated, "Hospital partners across the region stepped in to alleviate the pressure by accepting patients from WRH...and WRH was able to reciprocate during Wave 3, when our capacity allowed us to offer support to other hospitals from the greater Toronto area and Manitoba which were overwhelmed by hospitalizations and over capacity". With the most recent lifting of Directive #2, Chief of Staff (COS) Dr. Wassim Saad stated, "The hospital will gradually work toward completing the back log of cases. Internal initiatives put in place to respond to the elective surgical cases awaiting to be completed include consolidating ambulatory clinics to one site, moving cases out of the main OR into the ambulatory area, moving cases out of the ambulatory area into the community, reducing in-hospital and ICU stays, moving procedures such as cataract surgeries and vitrectomies to an offsite location, and lastly, increasing OR technology and equipment".

While surges in hospitalizations remain a constant issue, the pandemic also created challenges related to ALC's, with longer lengths of stay and diminished bed capacity in long term care, rest homes and congregate care settings. As one of the top performers

in the province over the past few years, WRH's current overall rate (5.1%) shown below, remains below the provincial average (~13.5%). Ongoing collaboration with community partners and the utilization of enhanced community service plans has been key to lower rates of ALC's.

The "percentage of inpatient days with an Alternate Level of Care Designation" is one of the new cQIP indicators for this upcoming year, and will now be the collective focus of the newly formed Windsor Essex Ontario Health Team.



continually improving the care experience for patients and their families. Involving patients and families in the care provided is embedded in the culture at WRH. The Patient and Caregiver Council (PCC) met to review the QIP and provide their feedback. To ensure the highest level of care is delivered, the PCC offered insight, as they often do with professional staff, nurses, and other health care providers,

When health care is perceived through the eyes of the patient, family/ caregiver, research shows that the quality of care rises, costs decrease, provider satisfaction increases and the overall patient care experience improves. Patient satisfaction is one of the more difficult indicators to improve upon and can take years for an initiative focused on patient experience to show improvement. This upcoming year we will continue to focus our attention on the QIP indicator "ensuring that patients receive adequate information about their health and their care at discharge".

Restricted essential caregiver policies adopted throughout the pandemic have been difficult for patients and their families/caregivers, especially those grieving the loss of a loved one. These policies have been necessary to keep people safe and lessen the transmission of COVID. To offer some comfort to patients and their families, the Virtual Assistant Program supported alternative methods such as telephone and virtual/video visits, allowing patients to connect with their loved ones during all stages of care.

For care to be truly patient centered, it must be coordinated, collaborative and integrated ensuring the right patient, receives the

PATIENT/CLIENT/RESIDENT PARTNERING AND RELATIONS

Patient engagement is fundamental to the QIP's core objective of

right care, at the right time. The realignment of programs and services across Windsor's two acute care hospitals back in 2013 provided the necessary first step toward the future of healthcare in our community. We look to the future of health care within an integrated system and with WRH's new single site acute care hospital. The creation of the Windsor Essex Ontario Health Team in 2022 further supports the goal of integrated care ensuring transition from one care setting to another with fewer barriers. The formalized connections to support coordinated and efficient care across the continuum creates a complete system of care that is inter-connected and works for every patient.

PROVIDER EXPERIENCE

Health care staff have been overburdened by the tremendous and ongoing stress related to the pandemic. The global shortage of health care workers, especially nurses, also challenged WRH from a health and human resource (HHR) perspective. Various strategies were implemented to support our staff, keep them safe and help mitigate these challenges. WRH provided staff with appropriate personal protective equipment (PPE) as well as providing take-home rapid antigen tests to help keep families safe and lessen the transmission. Leadership worked hard to communicate and engage staff in meaningful ways. The CEO's morning update (email sent each morning at 6 am) provided all staff with the most up to date and relevant information. On a regular basis, senior leaders hosted virtual town hall ZOOM meetings allowing staff to ask questions or raise concerns. A weekly segment on a local radio station, had the CEO, Chief of Staff or the CNE/COO as guests providing COVID updates and answering questions from the public.

Other strategies to sustain and build the WRH workforce included innovative recruitment and retention strategies and safe workplace initiatives. Providing new nursing hires with pay incentives and rehiring retired staff back into the workforce were strategies used to augment clinical and non-clinical areas. Additionally, one of the most successful human resource programs was the Undergraduate Nurse Employee (UNE) program. Karen Riddell (CNE/COO) stated, "The program was introduced early in the pandemic to bolster the HHR capacity and later expanded to include undergraduate respiratory therapy employees to assist with the increased demand. Overall, the program further strengthened the partnerships with the University of Windsor and St. Clair College. Over 200 UNE's were hired to work in clinical, including COVID specific areas, as well as the COVID Assessment and mass vaccination center".

Unfortunately, the pandemic and the resulting vaccine mandates and public health measures, brought about a rise of threats and/or threats of violence toward the hospital and health care workers. The protests and rallies included a small but vocal minority, culminating locally in the trucker's convoy in February 2022 that resulted in the closing of the Ambassador Bridge - the international border crossing between Canada and the United States. WRH has a zero tolerance approach to threats toward health care and health care workers and workplace violence. WRH remains committed to provide a safe, healthy and secure work environment where the dignity and worth of every person is respected. This is reflected in WRH's 'Creating a Safe Workplace' Program and in this year's QIP indicator 'Reduce the Incidence of Workplace Violence'. WRH has

also taken extra precautions in protecting their employees: police on-site presence 24/7 in our mass vaccination centers and entrances to our hospital sites; internal alerting system and emergency preparedness ensured that the hospital is ready for emergent situations in the community. Other safety measures support efforts to ensure that staff and residents of Windsor Essex are safe by bringing local authorities together including police, fire and ambulance services.

In response to the resiliency and strength shown by our staff, our Board President Mr. Anthony Paniccia said it best, "I want to make sure I thank all our WRH team members for their dedicated, compassionate care and support this past year. As stated on our building – heroes work here. Every single one of them".

EXECUTIVE COMPENSATION

The 22/23 QIP is linked to performance based compensation for all non-union staff, and is consistent with the Excellent Care for All Act. This link to performance establishes how leadership will be held accountable for achieving targets set in the QIP. The performance based compensation allows all non-union staff to have an opportunity to earn up to a 2% bonus, and the CNE, COS and CEO up to a 5% bonus. The results for the performance based compensation, over the past 11 years, ranged from 43.5% to 83% of the bonus.

This year, ten (10) quality improvement indicators were selected for the performance based compensation and given a weighting. The indicators include:

- Alternative Level of Care (ALC) Rate;
- Inpatient Discharge by 1100;
- Patient Experience –Did you receive enough information when you left the hospital?
- Emergency Department Wait Time for an Inpatient Bed;
- Hospital Standardized Mortality Ratio;
- Medication Reconciliation at Discharge;
- 7 Day All Cause Readmission for Our 7 Focus QBP's;
- Hospital Acquired Infection Rate;
- Overall Hand Hygiene Compliance (4 moments);
- Patient Falls with Injury for Admitted Patients;

These performance indicators are also incorporated into the Board, Corporate, and Program Scorecards and are updated weekly and/or monthly with ongoing tracking and monitoring.

Finally, during this time of global unrest... Peace for Ukraine.

SIGN-OFF

It is recommended that the following individuals review and sign-off on your organization's Quality Improvement Plan (where applicable):

I have reviewed and approved our organization's Quality Improvement Plan on **April 29, 2022**

Anthony Paniccia, Board Chair

Michael Lavoie, Board Quality Committee Chair

David Musyj, Chief Executive Officer

Karen Riddell, Other leadership as appropriate
