



Windsor Regional Hospital

Accredited with Exemplary Standing

November 2019 to 2023

Windsor Regional Hospital has gone beyond the requirements of the Qmentum accreditation program and demonstrates excellence in quality improvement. It is accredited until November 2023 provided program requirements continue to be met.

Windsor Regional Hospital is participating in the Accreditation Canada Qmentum accreditation program. Qmentum helps organizations strengthen their quality improvement efforts by identifying what they are doing well and where improvements are needed.

Organizations that become accredited with Accreditation Canada do so as a mark of pride and as a way to create a strong and sustainable culture of quality and safety.

Accreditation Canada commends **Windsor Regional Hospital** for its ongoing work to integrate accreditation into its operations to improve the quality and safety of its programs and services.

Windsor Regional Hospital (2019)

Windsor Regional Hospital is the 3rd largest community teaching hospital in Ontario, serving a population of 400,000 people in Windsor and Essex County. The hospital provides acute care services and operates two campuses. The hospital has 3,700 staff, 581 professional staff, 890 volunteers, and a number of medical school students and resident physicians.

WRH is the regional provider of advanced care and provides the following services for the entire former Erie St. Clair LHIN: Complex Trauma, Renal Dialysis, Cardiac Care, Stroke and Neurosurgery, Intensive Care, Acute Mental Health, Family Birthing Centre, Neonatal Intensive Care, Paediatric Services, and Regional Cancer services.

Accreditation Canada

We are independent, not-for-profit, and 100 percent Canadian. For more than 55 years, we have set national standards and shared leading practices from around the globe so we can continue to raise the bar for health quality.

As the leader in Canadian health care accreditation, we accredit more than 1,100 health care and social services organizations in Canada and around the world.

Accreditation Canada is accredited by the International Society for Quality in Health Care (ISQua) www.isqua.org, a tangible demonstration that our programs meet international standards.

Find out more about what we do at www.accreditation.ca.

Demonstrating a commitment to quality and safety

Accreditation is an ongoing process of evaluating and recognizing a program or service as meeting established standards. It is a powerful tool for quality improvement. As a roadmap to quality, Accreditation Canada's Qmentum accreditation program provides evidence-informed standards, tools, resources, and guidance to health care and social services organizations on their journey to excellence.

As part of the program, most organizations conduct an extensive self-assessment to determine the extent to which they are meeting the Accreditation Canada standards and make changes to areas that need improvement. Every four years, Accreditation Canada surveyors, who are health care professionals from accredited organizations, visit the organization and conduct an on-site survey. After the survey, an accreditation decision is issued and the ongoing cycle of assessment and improvement continues.

This Executive Summary highlights some of the key achievements, strengths, and opportunities for improvement that were identified during the on-site survey at the organization. Detailed results are found in the organization's Accreditation Report.

On-site survey dates

November 24, 2019 to November 29, 2019

Locations surveyed

- **2** locations were assessed by the surveyor team during the on-site survey. Locations and sites visited were identified by considering risk factors such as the complexity of the organization, the scope of services at various sites, high or low volume sites, patient flow, geographical location, issues or concerns that may have arisen during the accreditation cycle, and results from previous on-site surveys. As a rule, sites that were not surveyed during one accreditation cycle become priorities for survey in the next.
- All sites and services are deemed **Accredited with Exemplary Standing** as of the date of this report.

See **Appendix A** for a list of the locations that were surveyed.

Standards used in the assessment

- **18 sets of standards** were used in the assessment.

Summary of surveyor team observations

These surveyor observations appear in both the Executive Summary and the Accreditation Report.

During the on-site survey, the surveyor team undertook a number of activities to determine the extent to which the organization met the accreditation program requirements. They observed the care that was provided; talked to staff, clients, families and others; reviewed documents and files; and recorded the results.

This process, known as a tracer, helped the surveyors follow a client's path through the organization. It gives them a clear picture of how service is delivered at any given point in the process.

The following is a summary of the surveyor team's overall observations.

Windsor Regional Hospital (WRH) is the third largest community teaching hospital in Ontario. It is located in the southwest region of Ontario that was part of the former St. Clair Essex Local Health Integration Network.

In 2013, a realignment of acute care services in the city resulted in WRH having responsibility for all acute care services at two campuses. Both locations have a historical significance to the city with each having a special legacy of providing health care services to the community. With over 570 beds, the Metropolitan and Ouellette campuses have been involved in significant clinical service reviews, standardization of processes, and realignment of supporting services. There are three regional programs: cancer care at the Metropolitan campus, and the renal program and the regional trauma program at the Ouellette campus.

WRH is affiliated with the University of Windsor and the Schulich School of Medicine and students from a variety of programs report high satisfaction with their clinical placements. Research is supported by an impressive Research Ethics Board and chair. The cancer centre is involved in many clinical trial studies in concert with Cancer Care Ontario.

WRH has made its mission, Outstanding Care – No Exceptions, a priority and the cornerstone of everything it does. The focus on patient safety and reducing harm is evident in how the hospital strategically standardizes bundles of care activities and processes based on best evidence. The governance structures that provide oversight to monitor quality indicators and action plans are impressive. Committees are structured to support this work from the board to program teams. Posters that announce “you can't manage what you don't measure” display results of the corporate patient harm index, which includes indicators for hospital-acquired infections, falls with injury, and irreplaceable laboratory specimens.

The organization's impressive improvements are acknowledged. In 2019, there were three weeks of zero harm at each campus. During one of those weeks, there was an overlap of zero harm for both campuses. Congratulations!

The board of directors, leaders, staff, physicians, and volunteers demonstrate a genuine commitment to quality, patient safety, risk management, ethical decision making, and patient- and family-centred care. The organization built on the recommendations and outcomes from the last on-site survey and made good programs and processes even better. In particular, the enterprise risk management program has been significantly strengthened and incorporated into the quality and safety activities and reporting processes.

Board members are extremely knowledgeable and use evidence-based governance strategies. The board is commended for creating an effective recruitment process for new members. Applications for board committees are broadly advertised and successful candidates spend time on these committees and then can be nominated for membership on the full board.

The 2016 – 2020 strategic plan was developed with guidance from the board and is due to be refreshed in 2020. The strategic directions will be evaluated using a collaborative approach, although they are likely to remain relevant for the next several years in light of the direction health care is moving in Ontario. The goals and activities are aligned with these priorities and reporting accountabilities involve all levels of the organization. The organization's mission, vision, and values are integrated into daily activities and are foundational to its recruitment and performance evaluation activities. The board receives updates on the strategic plan activities through a scorecard reporting structure. A comprehensive suite of committees, safety and team huddles, and leadership rounding keeps patient safety at the core of daily work.

Since the realignment in 2013, the organization has been challenged with the Ministry of Health funding formula. The leadership and board have been advocating for a more appropriate approach to their base budget funding. Benchmarking activities and Lean quality improvements have been implemented to ensure patient care and services are optimized and efficient. The leaders are encouraged to continue to seek and advocate for additional areas for optimization as discussed during the on-site survey.

The organization is working with a select group of partners to form an Ontario Health Team. The board and leaders expect that the strategic plan priorities will align well with the Ontario Health Team priorities. There is significant uncertainty in how the health team model will impact individual organizations.

The CEO is highly visible in the organization and is well respected. One Patient and Family Advisory Council (PFAC) member reported that the CEO is humble and responsive. A patient remarked that, "using the hospital's escalation policy, I can call the CEO if I have unaddressed concerns. Imagine that, I have his cell phone number."

The entire senior leadership team has an open-door policy and hears from staff, physicians, volunteers, patients, and families first hand as they conduct regular rounding on clinical units and in support departments. This is not an easy feat. Leaders are commended for their ability to demonstrate a presence at both campuses. Senior leaders participate in scrub Thursdays when they buddy with staff members and experience staff working conditions first hand. This is a commendable

activity that helps staff feel recognized and supported.

The leaders are very responsive to feedback from patient and physician engagement surveys and general discussions. Leaders conduct safety huddles at unit and department performance boards to discuss quality, safety, and risk issues, and recognize and celebrate individual and team success.

Physician engagement is encouraging. However, a physician manpower plan is needed to ensure there is adequate specialty staffing such as anaesthesia and plastic surgery. Many staff have worked at the organization for decades and continued to learn and grow throughout their career. Leader span of control is regularly monitored and support such as business analysts, decision support analysts, and clinical practice managers are available to assist them with operational oversight of their areas of responsibility. The organization is encouraged to continue to monitor the workload of its leaders, staff, and physicians because there is a real risk of change fatigue and burnout.

Patients and families are satisfied with the care they receive and their interactions with staff and physicians. More than 800 volunteers provide valuable support to patients, families, and staff. Staff and physicians are considered to be kind, caring, and compassionate and treat patients and families with dignity and respect. There is an impressive feeling of staff and physician engagement. One patient stated, "I was pleasantly surprised at how caring the staff were. The doctors really took time to listen to me." Patient satisfaction surveys are conducted regularly and overall results are positive. Satisfaction survey results are reviewed at the board and senior levels right through to the bedside care teams during huddles. The organization may wish to conduct just-in-time patient and family satisfaction surveys to receive more timely and specific feedback.

The organization's attention and focus on providing patient care through improved patient flow and patient experience are evident in the wide range of evidence-based and data-driven interventions. The operation of the command centre contributes to improved collaboration, transparency, and communication among the various stakeholders to improve patient flow. The command centre functions using standard work and runs like an air traffic control system—it is slick! Several initiatives that were implemented a number of years ago continue to contribute to patient flow improvements throughout the organization.

The patient health record is paper-based, with plans well underway to implement the Cerner electronic health record platform in the fall of 2020. Patient safety and quality care will be enhanced further once this solution is implemented. Quality auditing activities are performed manually so the organization is looking forward to this improvement. Front-line staff have been seconded to work on developing the programs and will act as champions.

Community partners are very satisfied with WRH, and their comments reflect those of the staff and physicians. There is a general theme of collaboration, trust, and inclusiveness, where the partners look to the hospital as being innovative, nimble, and willing to help. There are formal and informal linkages and communication venues. With regard to the creation of the strategic plan, the partners report that they had opportunities to provide feedback into the development of the strategic priorities and that generally the strategic plan was well communicated to them. The partners describe the organization as innovative, collaborative, influential, willing to listen, oriented to continuous quality improvement,

approachable, and responsive. The leaders are encouraged to improve their attendance at community and regional meetings or send delegates to ensure there is effective participation by WRH. The emergency departments (ED) would also benefit from a continued focus on cohesiveness.

The organization is encouraged to continue on its impressive path to achieving outstanding care with no exceptions! On behalf of the entire 2019 on-site accreditation team, it was a pleasure to experience this exceptional approach to patient safety and innovations in quality improvement.

Overview: Quality dimensions results

Accreditation Canada uses eight dimensions that all play a part in providing safe, high quality health care.

These dimensions are the basis for the standards, and each criteria in the standards is tied to one of the quality dimensions.

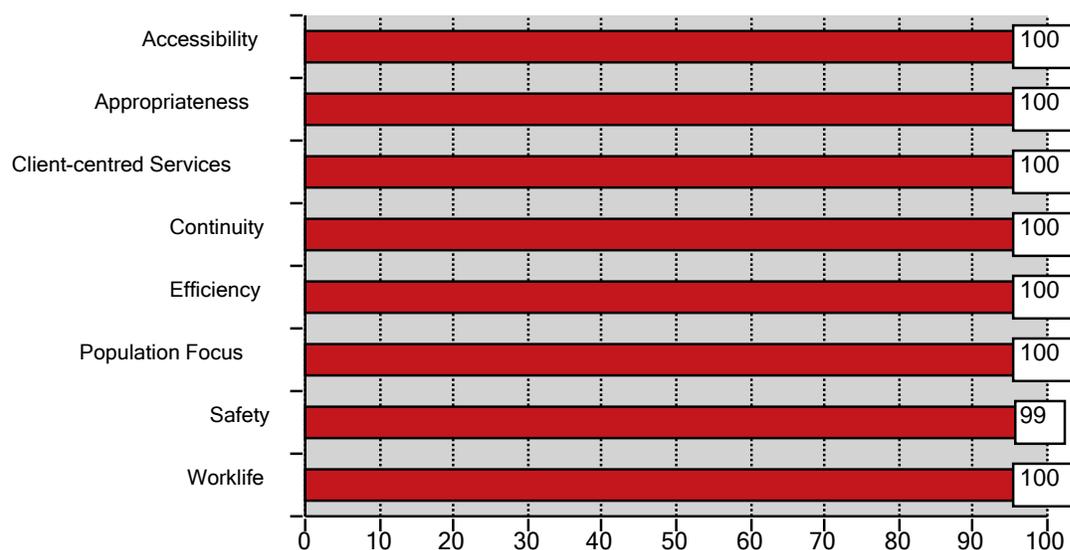
The quality dimensions are:

	Accessibility:	Give me timely and equitable services
	Appropriateness:	Do the right thing to achieve the best results
	Client-centred Services:	Partner with me and my family in our care
	Continuity:	Coordinate my care across the continuum
	Efficiency:	Make the best use of resources
	Population Focus:	Work with my community to anticipate and meet our needs
	Safety:	Keep me safe
	Worklife:	Take care of those who take care of me

Taken together, the dimensions create a picture of what a high quality health care program or service “looks like.” It is easy to access, focused on the client or patient, safe, efficient, effective, coordinated, reflective of community needs, and supportive of wellness and worklife balance.

This chart shows the percentage of criteria that the organization met for each quality dimension.

Quality Dimensions: Percentage of criteria met



Overview: Standards results

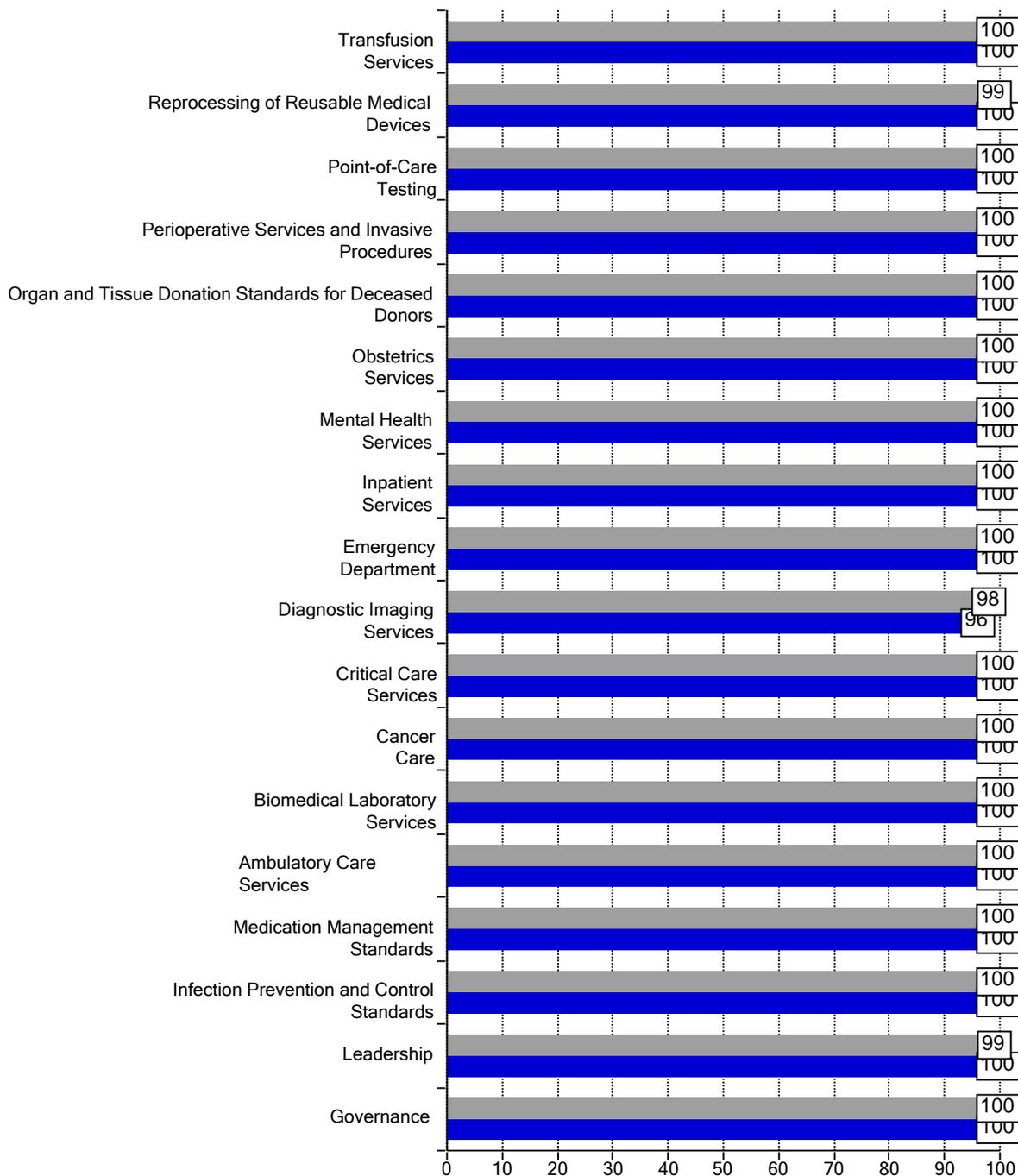
All of the standards make a difference to health care quality and safety. A set of standards includes criteria and guidelines that show what is necessary to provide high quality care and service.

Some criteria—specifically those related to safety, ethics, risk management, or quality improvement—are considered high priority and carry more weight in determining the accreditation decision.

This chart shows the percentage of high priority criteria and the percentage of all criteria that the organization met in each set of standards.

Standards: Percentage of criteria met

■ High priority criteria met
 ■ Total criteria met



Overview: Required Organizational Practices results

Accreditation Canada defines a Required Organizational Practice (ROP) as an essential practice that must be in place for client safety and to minimize risk. ROPs are part of the standards. Each one has detailed tests for compliance that the organization must meet if it is to meet the ROP.

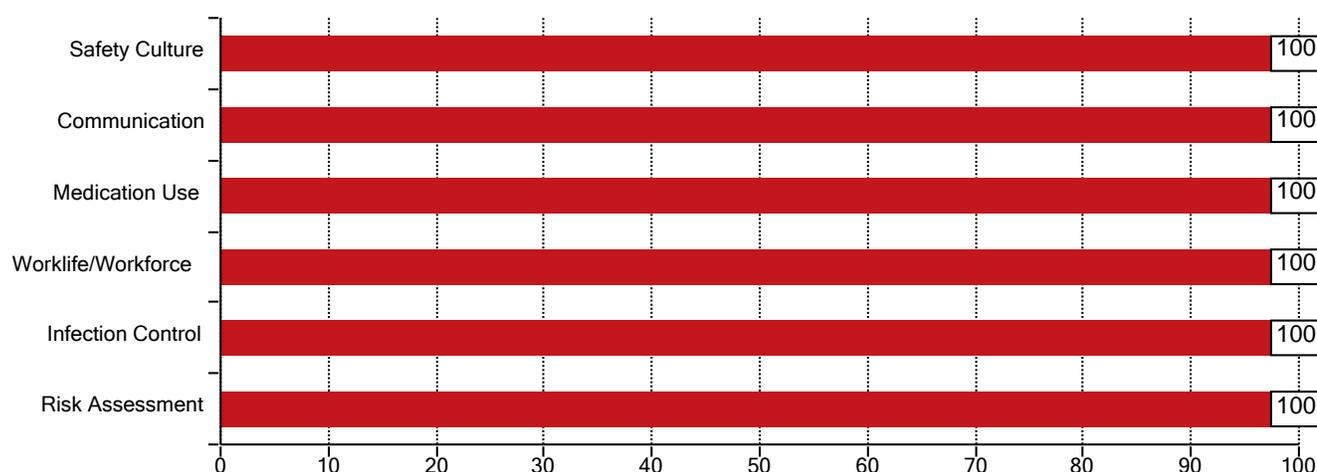
ROPs are always high priority and it is difficult to achieve accreditation without meeting most of the applicable ROPs. To highlight the importance of the ROPs and their role in promoting quality and safety, Accreditation Canada produces the Canadian Health Accreditation Report each year. It analyzes how select ROPs are being met across the country.

ROPs are categorized into six safety areas, each with its own goal:

- **Safety culture:** Create a culture of safety within the organization
- **Communication:** Improve the effectiveness and coordination of communication among care and service providers and with the recipients of care and service across the continuum
- **Medication use:** Ensure the safe use of high-risk medications
- **Worklife/workforce:** Create a worklife and physical environment that supports the safe delivery of care and service
- **Infection control:** Reduce the risk of health care-associated infections and their impact across the continuum of care/service
- **Risk assessment:** Identify safety risks inherent in the client population

See **Appendix B** for a list of the ROPs in each goal area.

ROP Goal Areas: Percentage of tests for compliance met



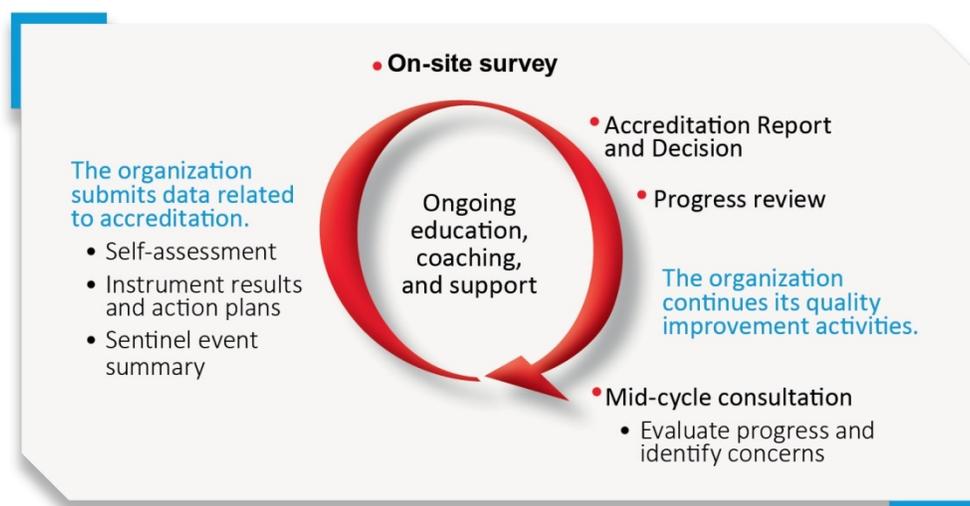
The quality improvement journey

The Qmentum accreditation program is a four-year cycle of assessment and improvement, where organizations work to meet the standards and raise the quality of their services. Qmentum helps them assess all aspects of their operations, from board and leadership, to care and services, to infrastructure.

The program identifies and rewards quality and innovation. The time and resources an organization invests in accreditation pay off in terms of better care, safer clients, and stronger teamwork. Accreditation also helps organizations be more efficient and gives them structured methods to report on their activities and what they are doing to improve quality.

In the end, all Canadians benefit from safer and higher quality health services as a result of the commitment that so many organizations across the country have made to the accreditation process.

Qmentum: A four-year cycle of quality improvement



As **Windsor Regional Hospital** continues its quality improvement journey, it will conduct an in-depth review of the accreditation results and findings. Then a new cycle of improvement will begin as it incorporates any outstanding issues into its overall quality improvement plan, further strengthening its efforts to build a robust and widespread culture of quality and safety within its walls.

Appendix A: Locations surveyed

- 1 Windsor Regional Hospital, Metropolitan Campus
- 2 Windsor Regional Hospital, Ouellette Campus

Appendix B

Required Organizational Practices

Safety Culture

- Accountability for Quality
 - Patient safety incident disclosure
 - Patient safety incident management
 - Patient safety quarterly reports
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Communication

- Client Identification
 - Information transfer at care transitions
 - Medication reconciliation as a strategic priority
 - Medication reconciliation at care transitions
 - Safe Surgery Checklist
 - The “Do Not Use” list of abbreviations
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Medication Use

- Antimicrobial Stewardship
 - Concentrated Electrolytes
 - Heparin Safety
 - High-Alert Medications
 - Infusion Pumps Training
 - Narcotics Safety
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Worklife/Workforce

- Client Flow
 - Patient safety plan
 - Patient safety: education and training
 - Preventive Maintenance Program
 - Workplace Violence Prevention
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Infection Control

- Hand-Hygiene Compliance
 - Hand-Hygiene Education and Training
 - Infection Rates
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Risk Assessment

- Falls Prevention Strategy

Required Organizational Practices

- Pressure Ulcer Prevention
 - Suicide Prevention
 - Venous Thromboembolism Prophylaxis
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