

Report of the President & CEO to the Board of Directors

Date: April 2015

Couldn't Have Said It Any Better Myself

Every month Windsor Regional Hospital publishes the *Standard*. It highlights the ongoing SOP process. This month Dr Andrew Petrakos provides a great article/column on the process and what he has experienced "first hand" while being involved in SOP. I thought it such an important read I asked him if I could repeat its publication in my monthly report.

Collaboration ~ Commitment ~ Community Why SOP will lead to lasting change

By Dr. Andrew Petrakos, SOP Physician Advisor

When I heard about the Standardization and Optimization Process (SOP) my first thought was, "I need to be part of this"!

The move to a New Single-Site Acute Care Hospital is a huge step forward for our community, and the Standardization & Optimization Process is a unique opportunity to work together to make improvements today and make sure we bring a unified team to the new state-of-the-art facility when it opens.

There is no denying that change can be scary. Like many of you, I recognize that local healthcare has experienced some changes in the past that may be difficult to understand. We cannot let our history define our future or miss this opportunity to examine who we are, and where we need improvement.

We have to put any hesitation and resistance behind us. Change is not only coming, it is here. I encourage everyone to get involved. It is the right thing to do for this region and for our patients.

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From the beginning, I realized the SOP journey would be different than anything we've been through before. For one, the stakes are much higher.

By allowing us to move from two acute care hospital campuses to one, realignment gave us the opportunity to redefine our future of healthcare together. This is a huge responsibility. This we should not take lightly.

As well, this process is not a top-down initiative. SOP is collaboration between all levels of staff and the community. This is a fundamental shift from the way major changes were made in the past.

Before work began on each of the priority projects, the teams got together to map out current processes. Everyone was invited to these frank and often difficult discussions – frontline staff, senior management teams, physicians and patients. Sitting in that room, listening to patients describe their experiences - the road blocks, the uncertainty, the feelings of helplessness and anxiety – made it clear to me why this process is so important. As a surgeon, I usually focus on the task - or the patient - at hand. The mapping sessions gave me the opportunity to reflect on every step of the patient journey and realize how difficult it can be for them. What a revealing experience!

That reality set the tone moving us forward. It was imperative to start quickly and work with passion. We owe it to our patients to take a close look at what's happening in our hospitals right now and explore new and innovative ways to improve.

The collaboration that I've witnessed over the past 6 months is unlike any that I've seen in my career. There have been some major strides forward, but the goal of the ideal state is yet to be reached.

For those of you who are still skeptical, I encourage you to take a closer look at the process and find ways you can get involved. The weekly huddles that take place at both campuses (11 am and 1 pm in the SOP offices) are a good place to start. If you have questions, send me an email.

I would be more than happy to share more of my experiences with you.

We are at a turning point. We have the opportunity to learn from the past and more forward together. "Building on our Strengths" is the logo for the New Single-Site Acute Care Hospital. I



think that describes the work of the SOP as well. We are building on the strengths of each and every member of the WRH team, working toward a shared vision of providing "Outstanding Care – No Exceptions!" for our patients.

Strategic Direction - Excel in Patient Safety and Quality

Ongoing Operational Changes making positive strides to reduce HAIs

At Windsor Regional Hospital, we have protocols in place for screening all in and outpatients as well as patients during their stay for risk factors or actual infections, appropriate placement of those patients and management of identified possible or confirmed cases.

If a patient is identified as having risk factors for a colonization or infection, they are placed into appropriate transmission based precautions including "Contact", "Droplet" or "Airborne" based on the suspected infectious agent. The transmission based precautions include the steps required to prevent transmission of that agent, e.g. use of personal protective equipment for staff and visitors, dedicated equipment, and dedicated toileting.

The infection control "rule" of **One Butt per Toilet** will not be a complete reality for Windsor Regional Hospital until we move into a new state-of-the-art acute care hospital. All new hospitals being designed and constructed now live by the above "rule". Even for wards and semi privates. Each patient has their own toilet. By doing so, infections reduce.

In the meantime, at WRH if patients on contact precautions due to MRSA, VRE, or enteric infections, are in a semi private or a ward room with only 1 bathroom, we dedicate the bathroom to one of the patients and the other patient is provided with a commode to prevent transmission of organisms between patients. These precautions are maintained until the patient is discharged, until the testing results come back negative or until the period of communicability is over.

When hospital acquired infections occur we investigate the contributing factors and develop action plans to address and prevent or reduce the incidence of subsequent infections. These actions may involve improvements in processes such as cleaning, equipment availability or staff education. Hospital Acquired Infections are reported weekly at our Monday Morning Huddle and at unit based staff huddles, monthly at our Clinical Red Green and Leadership Forum and at our Quality of Care Committee of the board.

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In order to prevent the transmission of organisms it is important for our staff, patients and visitors to follow recommendations related to infection prevention and control including hand hygiene, proper donning and doffing of personal protective equipment such as gowns and gloves, and appropriate cleaning of any shared equipment.

At WRH we have hand sanitizer available throughout the facility including entry points and at point of care, disinfecting wipes located wherever equipment is found that needs to be cleaned and have also implemented Nocospray technology which provides enhanced technology to ensure appropriate equipment and room disinfection.

Our staff receive regular and ongoing training in infection prevention and control, on a monthly and annual basis. Topics include hand hygiene, personal protective equipment donning and doffing, infectious disease specific information, and many others. In addition to more formal education, on the spot training and feedback is provided during leadership rounding performed by our managers, during rounds by our infection control practitioners and also during audits performed by our many trained hand hygiene auditors.

In order to engage our community in infection prevention and control WRH kicked off the 2 x 4 campaign in the fall of 2014 which seeks to raise awareness of everyone's responsibility to reduce the spread of infection through hand hygiene as well as promote our other patient safety indicator, patient identification.

In fact you cannot dispute the data as well. HAIs at both campuses are on a 3 week string of reducing each week to a combined WRH total 9 HAIs for the week of March 23, 2015.

Congrats to the whole team for these results and protecting our patients!

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2x4 Campaign – Batman Returns!

Remember the movie Batman – the Black Night? The scene of the "Joker" leaving the Gotham General Hospital. Before he leaves the hospital The Joker sanitizes his hands.



Well this past month Batman visited Windsor Regional Hospital to see how we were doing with our 2x4 campaign. The verdict is in...Batman has stated we are beating HAIs and protecting patient safety.





Thanks to our volunteer Bruce Wayne aka Tom Bauer. Thanks Tom !!

Accreditation 2015 Update

We are now 9 months away from Accreditation Canada surveyors being onsite from **November** 30th-December 4th. December might seem like a long time away, but we want to ensure we have ample time to prepare.

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Currently, we are on schedule and close to completing the Assessment Phase of the Accreditation process. Most of the assessment phase work has been completed for the Required Organizational Practices (ROPs), program-specific Standards and Survey collection.

Accreditation 2015 Timeline			
Phase 1:	Required Organizational Practices (ROPs)	January-February	Mostly done
ASSESSMENT Jan. – Apr.	Standards	Feb. 15 - Mar. 20	Mostly done
	Surveys	March 6 - 27	Mostly done

Required Organizational Practices (ROPs)

Once again, ROPs are organization-wide best practices which focus on patient and staff safety. To date, WRH teams have completed self-assessments and created action plans on most of the ROPs. Action plans were created in order to improve our performance. Many teams have also completed a number of action plan tasks.

Accreditation (AC) Standards.

During March, teams reviewed and completed self-assessments as a group for Accreditation (AC) Standards. Standards, like ROPs, are best practices; but unlike ROPs, Standards are program-specific. Several frontline staff participated in the group self-assessments. Leadership and Governance Standards will be assessed in April along with the Governance Functioning Survey.

Each of the self-assessments was submitted to Accreditation Canada. Accreditation Canada used these assessments to generate Quality Roadmaps. Quality Roadmaps generate a red or green status for each standard. Each Quality roadmap was then placed in priority order and sent to the Standard teams to be reviewed. During the month of April, the Standards teams will prioritize

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standards in which we need improvement and create action plans. Some teams completed this step already in March.

Surveys

During March, all staff were asked to complete two surveys—the *Patient Safety Culture Survey* and the *Worklife Pulse Survey*. Over 400 staff completed each survey. New this year, professional staff were also asked to complete a *Physician Worklife Pulse Survey*. By completing the surveys, all team members assist WRH to identify areas of excellence and opportunities for improvement with patient safety and care; as well as the work environment.

Thanks to everyone that participated by sharing their perspectives.

During April, Accreditation Canada will send us the results of the surveys for our review. Any opportunities for improvements will be prioritized and from this, actions plans will be created. For more information visit the Accreditation 2015 website on the Intranet (under Programs and Services - Accreditation). Remember, all staff are welcome to participate in the Accreditation process. Please contact your Manager/Director or Chief of Service.

Strategic Direction – Create a Vibrant Workplace

Garden to Table

This past month we asked for volunteers to help us start a Garden to Table program at both campuses of Windsor Regional Hospital. The response has been very positive. In fact individuals from our community want to be involved. If you are interested in participating in the program please contact Renee Hopes at ext. 33184.



Now that spring is officially upon us Windsor Regional Hospital wants to start a vegetable garden at both the Met and Ouellette campuses.

This is tentatively planned to be located at Met Campus on East side near gazebo and at Ouellette campus located in NorthWest side near the campus sign.

It will be small to start but expand over time. If you are interesting in being part of the planning, planting, care and harvesting please contact:

Renee Hopes, Volunteer Sevices
519-254-5577 ext.33184 renee.hopes@wrh.on.ca



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Strategic Direction - Strengthen and Sustain a Proactive Approach to Health Care Funding Reform

Update on SOP

Medication Team

We are on the countdown to the launch of the extended Pharmacy hours. The pharmacy teams continue to meet weekly to finalize plans for the April 13th launch of their extended coverage hours where both sites will now be open from 07:00-23:00. The pharmacy team has heard how excited the nurses and physicians at both campuses are for this significant change and they are happy to hear it! The extended hours will allow the pharmacy team to review orders much later in the day, including during evening administration times, which they expect will result in a decrease in the number of Pyxis overrides.

MRI Wait Times

The MRI Team wants to take a moment to celebrate that the MRI wait times have leveled off since the beginning of the project. Last summer the wait time was increasing by 6-9 days every month and we are excited that the wait time has now stabilized. While the SOP Project can't take credit for all of the decrease, some of the improvement can be attributed to additional MRIs being done every week as a result of working smarter within existing and available resources.

Starting the Next Wave

With March winding down, the SOP Program's attention has been on getting ready for the next wave of projects to launch. While the current projects don't end, we have been busy identifying the Project Leads for the next Wave, holding training sessions, and discussing the scope of the next projects with VP sponsors. The areas that the Wave 2 SOP projects will be focusing on are: The Operating Rooms & Pre- Surgical Screening Clinics, Critical Care Units, Ambulatory Clinics and Surgical Inpatient Units.

Stay tuned to learn how you can participate in the next exciting projects!



Update on New State of the Art Acute Care Hospital

Windsor Regional Hospital is one step closer to answering the question everyone is asking: Where is the new hospital going to go? Last year, after a Request for Proposals (RFP) was issued, more than 20 properties from across the region were submitted for consideration. A volunteer site selection subcommittee - made up of ten community members - spent countless hours studying and evaluating each of the properties before agreeing on a short list of sites that will move on to the next phase of the site selection process. Getting to this phase only occurred after the site selection subcommittee individually evaluated the 20 plus properties pursuant to the 32 criteria clearly outlined in the RFP. After individually scoring each of the properties, the site selection subcommittee met together and came up with a "consensus" score for each of the criteria for each of the properties. The criteria set out in the RFP were initially determined by the Steering Committee overseeing planning for the new hospital. The list of criteria and weighting of the criteria was finalized after an extensive community consultation that included direct input from over 600 individuals from Windsor-Essex. Community members were also invited to apply for a seat on the site selection subcommittee. For more information on the site selection process. please click here. As outlined in the RFP, the short list can include up to, but no more than 5 properties. These short-listed properties are now invited to move to Phase 2 of the process, which involves intense due diligence with things like soil samples and price. If all goes well, a site could be announced by summer. Due to the business interest of all involved, Windsor Regional Hospital will not comment further on the location or number of properties moving forward, until the site selection process is complete, and a final site is recommended.

Dave Cooke and I have publicly consulted with over 20 community agencies to discuss the new state-of-the-art acute hospital planning process, current and next steps. In April, Dave and I are scheduled to attend:

April 1, Transition to Betterness (T2B), 6 pm, 3200 Deziel Drive April 7, Towns of Lakeshore/Tecumseh invite, 7 pm Atlas Tube Centre, 447 Renaud Line April 15, Location TBD, City of Windsor invite

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Strategic Direction - Distinguish Ourselves Through Superior Performance, Innovation, and Exceptional Customer Service

Hacking Health

WRH has always looked at how we can embrace new technology. That's why we're cosponsoring an event this May that looks at how technology can improve patient care.

Windsor-Detroit Hacking Health is taking place May 1-3 at Tech Town Detroit – just five minutes from the border. The idea is to partner health care professionals with experts who design and develop mobile "apps" for phones and other ideas.

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We have already received interest from WRH team members who are interested in this weekend of "brainstorming" about different ideas. Maybe the idea for an app develops at the event that WRH can implement, or maybe it will just come up with ideas that need a lot of work before being able to practically use. The point is to be creative, discuss ideas and learn what it takes to make them a reality. There is so much technology available to us today that there's no reason not to 'dream big' when it comes to hi-tech possibilities.

The website https://windsordetroit.hackinghealth.ca provides more information on this fun and informative event.

Strategic Direction - Strategically Engage With External Partners



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