

Report of the President & CEO to the Board of Directors

Date: November 2014

"Maybe one day history will tell us that Ebola never won but rather government's failed to act, and that Ebola just simply walked in and met no resistance, barring a few brave souls that fought the virus on their own and never relied on the government coming to help; the victor always writes the history, what will Ebola write about Mankind?" — Paul Gilbert

While I write this month's report, North America was impacted by its first four Ebola cases and a tragedy occurred that resulted in a loss of a soldier's life and impacted all Canadians to our core.

I recognize we have many former members of the armed services now working at Windsor Regional Hospital. I am in awe of their courage and dedication in both careers and honoured to now work along side each of them.

I am also very proud of how all of you have rallied around each other to take on the challenge of preparing for possible Ebola cases. We are actively training staff through proper PPE donning and doffing, table-top and mock exercises as well as actively communicating on the latest developments happening world wide with respect to Ebola. The ultimate goal is to ensure we can take care of any possible patient that presents at either campus while focusing on keeping our staff and community safe.

As I have indicated previously, the current system in place in Ontario is to have certain hospitals "designated" to care for active Ebola cases. Therefore, if a possible case attends one of the Windsor Regional Hospital campuses we would care for the patient primarily in the Emergency Department. Blood tests confirming Ebola now take approximately 24 hours. If a patient tests positive for Ebola, he/she will be transported to a "designated" hospital for care. Therefore, it is anticipated that we would be caring for an Ebola patient for approximately 24-72 hours.

During this time the focus is to limit the number of staff taking care of a possible case and limit the patient's movement throughout the hospital until a positive/negative case is confirmed.

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By the time you are reading this, we would have trained some 500 plus staff on PPE donning/doffing as well as wearing the Tyvek type suits required by Public Health Ontario.

As always, continue to access our website for the latest information and ask any questions you may have. Communication during times like these is critical.

http://www.wrh.on.ca/Site_Published/wrh_internet/windsorregionalnonav.aspx?Body.QueryId.Id =59036

I can be reached at cell 519.995.2966, email <u>david.musyj@wrh.on.ca</u> or home 519.726.5617

Strategic Direction - Excel in Patient Safety and Quality

The 2 BY 4 Campaign

- ➤ This month, the whole team at Windsor Regional Hospital kicked off the 2 BY 4 campaign with local community leaders and volunteers leading the campaign. It is a simple campaign but the results will be dramatic.
- As highlighted in the campaign, everyday in healthcare across the world patients are being injured and harmed because of two basic and fundamental patient safety measures that are missed or forgotten. They are:
 - ✓ Properly identifying each patient in each encounter by the use of **two (2)**patient identifiers. The intent here is two-fold: first, to reliably identify the individual as the person for whom the service or treatment is intended; second, to match the service or treatment to that individual. Therefore, the two patient/client/resident-specific identifiers must be directly associated with the individual and the same two identifiers must be directly associated with the medications, blood products, specimen containers (such as on an attached label), other treatments or procedures.

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- ✓ Four (4) moments of hand hygiene. Having our staff only properly follow the 4 moments of hand hygiene 80% of the time is NOT good enough. It has been proven over and over again one of the easiest ways to avoid the spread of HAIs (Hospital Acquired Infections) is to properly wash your hands. Our own statistics show when our handwashing rates are low, infections increase. When handwashing rates are high, infections decrease and patients are not harmed by us. Would you expect any less for your loved one?
- At the same time, this campaign empowers our community to make sure we are following the two patient identifier and washing our hands. We are giving them the right and responsibility to ASK US! Our answer will be to thank them for asking!
- ➤ I want to thank all of you for setting the example and washing your hands when entering and exiting the hospital and participating in the campaign.
- > Expect to see more events on the campaign over the next couple of months. If you have ideas on how to promote the campaign even more, give me a call or email.

Strategic Direction - Champion Accountability and Transparency

Standardization and Optimization Well Underway

- As indicated at the recent town hall meeting, SOP is well underway with the first four projects focusing on Cath Lab, MRI wait times, Medication Errors and OR Scheduling.
- ➤ For up to date information on SOP go to:
 http://www.wrh.on.ca/Site_Published/wrh_internet/RichText.aspx?Body.QueryId.Id=600
 27&LeftNav.QueryId.Categories=780
- ➤ This past month, each of these projects started their "process mapping". Process Mapping is a tool used to help us visualize the whole patient journey or diagnostic pathway and the roles of everyone involved in that journey.
- ➤ Mapping the patient's experience helps identify opportunities for improvement, by visualizing how the process currently works and identifying points for improvement. It also helps us better understand each other's role in that journey.



- ➤ Each of the priority areas spent 2 days working on process mapping. Staff working WITHIN the process will identify the steps currently being followed and plan for improvements. SOP and KM&T representatives facilitate these events.
- During these 2 days they:
 - ✓ Reviewed the current state
 - ✓ toured the process
 - ✓ solicited patient feedback (patient representative will be present)
 - ✓ identified opportunities for improvement
 - ✓ outlined what the high-level future process will look like
 - ✓ developed a plan to move from current to future state
- At the end of the process mapping sessions, the front line staff involved will report out on their findings and action plan for the coming months. We encourage staff to attend to hear the teams' ideas, and plans for the upcoming 5 months.
- As always, if you want to see the latest and greatest on SOP stop at either campus Amherstburg Room (Ouellette) and West Side Library (Met).

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

Funding Announced

- ➤ This past month, the government announced health care funding for hospitals for the period April 1, 2014 to March 31 2015. When you break down our funding it results in an approximate 0.75% increase to our budget of \$470 million dollars comprised of both HBAM and QBP funding which is described below.
- ➤ As a refresher Ontario Hospitals are funded as follows:

The new health system funding (<u>HSFR</u>) method moves away from the traditional method of hospital funding (global funding) to two new patient-based funding categories:

✓ The <u>Health-Based Allocation Model (HBAM)</u> allocates funding to hospitals based on factors such as the demographic and clinical characteristics of the people they serve.

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- ✓ With Quality-Based Procedures (QBP) hospitals must provide procedures within price points set by the Ministry. For example, in 2012/13 QBPs applied to cataract surgery and inpatient hip and knee replacement rehabilitation, and in 2013/14 they were expanded to include endoscopy.
- ➤ With continued due diligence Windsor Regional Hospital should have a balanced operating budget for its 7th consecutive year for 2014/15.

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

Utilization Management

- ➤ We are pleased to announce that Dr. Elaine Stresman has been appointed the Physician Advisor for the Ouellette Campus of WRH. She will be assuming this position effective immediately.
- ▶ Dr. Stresman brings to this role a depth of experience that will serve to enhance the utilization team providing clinical leadership and facilitation. A graduate of McMaster Medical School, Dr. Stresman completed her residency in Family Medicine at the University of Western Ontario and is a member of the College of Family Physicians of Canada. For the past 8 years, Dr. Stresman has been a valuable member of the hospitalist team at the Ouellette Site. Additionally, she also recently completed the LEAP (Learning Essential Approach to Palliative and End of Life Care) course which provides learning about current best-practice in caring for patients with life-threatening and life-limiting illness.
- As a hospitalist, she has been truly modelling patient and family-centred care; in fact Dr. Stresman was a previous member and co-chair of the Patient Care Committee. It is this focus that she will bring to this new role as she works with the utilization team in order to improve patient flow within our hospital, ensuring a safe and smooth transition to discharge.
- ➤ Dr. Stresman also enjoys a busy life at home with her husband Dwayne and their three active sons.



➤ Dr. David Wonham has been the Physician Advisor at the Met campus and along with the Utilization Management team under the direction of the Utilization Management Committee, has achieved great results for patient flow.

Strategic Direction - Strategically Engage With External Partners

<u>International Patient Symposium – November 21 2014</u>





FRIDAY, NOVEMBER 21ST, 2014

- ➤ There is still time to register and attend the 5th Annual International Patient Safety Symposium being held at Caesars Windsor Casino.
- ➤ This year's event has record attendance and record support. There is an amazing agenda filled with very knowledgeable and fascinating speakers. It is an event one should not miss.
- For more information go to http://safetysymposium.org

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