

**Date:** September 2014

This summer has definitely flown by. I was waiting for the "dog days" of summer to happen. They never did. When you have to wear a spring jacket at night in the middle of August for consecutive nights you realize things are a lot different than normal.

In any event, we have had some very enjoyable sunny days that have allowed people to spend a lot of time outdoors in comfort. I am confident all of you have had a chance to enjoy this seasonably cool weather with family and friends.

Now that school starts up again please be careful on the roads. Take a little extra time coming and going from your desired destinations as a result of the increased traffic that comes with September. In addition, take it slow and obey all of the school bus signals.

On October 1 2014 we will be completing our first year of realignment. I am very proud of our team members in living up to our promise to the community that it is "business as usual" and they would not be negatively impacted. Although a lot of change is in the planning stage or has actually happened I have to thank each and everyone of you in limiting any impact on our patients.

As stated in my August Town Hall this September we will be sharing the results of the Opportunity Assessment that was completed by KM&T as a part of the Standardization and Optimization (SOP) process. This will pave the way to program-by-program and service by service SOP. Stay tuned for this announcement.

http://www.wrh.on.ca/Site\_Published/wrh\_internet/RichText.aspx?Body.QueryId.Id=59118&Le ftNav.QueryId.Categories=728



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# **Strategic Direction - Excel in Patient Safety and Quality**

### The 2 BY 4 Campaign

- This month Windsor Regional Hospital will be kicking off the 2 BY 4 campaign with local community leaders leading the campaign. It is a simple campaign but the results will be dramatic.
- 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.
  - ✓ 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 (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 will empower our community to make sure we are following the two patient identifier and washing our hands. We are giving them the right and responsibility at ASK US! Our answer will be to thank them for asking!



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> Expect to hear about the **2 BY 4 Campaign** shortly

### **Strategic Direction - Champion Accountability and Transparency** <u>Site Selection for New State of the Art Acute Care Hospital Underway</u>

- The process to select a site for the new state of the art acute care hospital is underway. Up to date details on the process can be found at www.windsorhospitals.ca.
- As stated by the consultants involved in our process they are calling this one of the most inclusive and transparent site selection process(es) they have been involved with across Canada.
- Regardless of how transparent and inclusive the process has been to date we recognize that this needs to continue throughout the process and that the selection of the site for the new acute care hospital will not meet with everyone's approval.







WORKING TOGETHER FOR A QUALITY HOSPITAL SYSTEM

#### Windsor Hospitals Information Site

A 'Made in Windsor' Vision for Windsor Hospitals

Blog – Exploring the Future of Healthcare

Communiqués

Community Engagement/Speaking Events

Frequently Asked Questions

Media Coverage

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Media Releases

#### Blog – Exploring the Future of Healthcare



**The New Oakville Hospital: Patient – & Family – Centred Healthcare** It's a hospital designed to feel like home – safe, familiar, comfortable & warm. The New Oakville Hospital offers a healing environment where patients and families play a active role in healthcare and treatment. It is about so much more than a physical structure, but this new state-of-the-art hospital offers a solid starting point. Having [. Actions »

As a result of the reality we will not please everyone with the site selection location we will continue to communicate about the process and the clear benefits a new acute care hospital will bring to our community. Other communities across Ontario are seeing the benefits or will see them as their facilities open over the next couple of years. Too see some of the benefits go to www.windsorhospitals.ca and click on Blog – Exploring the Future of Healthcare on the left hand side of the screen for latest updates and highlights of some exciting projects. Projects you are paying for locally that are occurring elsewhere in the Province. We deserve nothing less locally! Also sign up at the same website to receive these updates automatically by email.



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

### Windsor Regional Hospital Selected for Case Costing Initiative

- The Ontario Case Costing Initiative (OCCI) is an undertaking of the Ontario Ministry of Health and Long-Term Care and is a continuation of the Ontario Case Costing Project (OCCP). The primary objectives of the OCCI are the collection of case costing data in support of improved management decision making and the development of hospital funding methodologies.
- The 44 Participating hospitals have implemented a standardized case costing methodology developed by the OCCI and have participated in a series of Milestone Reviews and certain audit processes conducted by the OCCI to ensure the quality of the data.
- The OCCI is collecting case cost data for acute inpatient, day surgery and ambulatory care cases, as well as complex continuing care, rehabilitation, mental health and community care access centres cases.
- Windsor Regional Hospital was selected to join the OCCI and over the next few months will be actively implementing OCCI across both campuses
- Case costing is an accounting method that captures our full cost of specific procedures and episodes of care by calculating all direct and indirect costs. It is sometimes called "patient-level costing."
- Case costing will help managers, physicians, directors, the executive team, front line staff and the board to gain a better understanding of the services we provide when, for whom, by whom and at what cost. It presents information on the provision of services (what, where, when, why and how) and on financial and human resources that is not available now. This information will be used for analyses, comparisons, evaluations and decisionmaking.
- We will be able to answer questions like: How much does a knee replacement cost at Windsor Regional Hospital ? How does that compare with the procedure done elsewhere?



How do the outcomes compare? Solid answers and more informed decisions will help us to honour our commitment to *Outstanding Care...No Exceptions !* 

Expect to hear more in the weeks and months to come on OCCI at Windsor Regional Hospital.

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

#### Patient Food Service Standardized Between Campuses

- As discussed with internal staff over the past few months and explained at the Town Hall in August we will be moving towards a standardized "menu style" patient food service at both campuses.
- The underlying software (CBORD) at the Ouellette campus will be upgraded to the "menu style" feature. The necessary capital changes will occur, staff will be trained and there will be communications to the organization and patients on how the new system will work and function. These changes will take place later in the Fall of 2014. This is a large investment in additional staff and resources for the benefit of patient satisfaction and to save jobs overall.



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- At the same time the cafeteria at the Ouellette campus will undergo some changes as well. As stated at Town Hall, similar to many other hospital cafeterias, it was not breaking even. That is no fault of the staff at all. It is just economics of the situation. As a result, in order to increase patient satisfaction in patient food services, maintain jobs and increase hours of operation of the cafeteria changes are being made. Again, in the fall we will be moving to a third party operating the cafeteria and increasing hours of by some 40 hours a week. In addition, the coffee shop will be moving to a "branded" coffee at the request of staff, visitors and patients. Volunteers will continue to be welcome to support the operation of the coffee shop with paid staff. Hours will increase by some 18 hours a week. Again, this is in response to our visitors and staff wanting a "branded" coffee with volunteers still playing a prominent role for as long as they want in the operations.
- All of these changes will come in late fall. Expect more announcements in the coming weeks and months.

### **Strategic Direction - Strategically Engage With External Partners**

#### Need to Continue to Invest in Home First and Convalescent Beds in the Community

- With the opening of some 256 long term care beds at Schlegel Villages at St Clair College there will some short term and medium term relief to the ALC (Alternative Level of Care) issues that have impacted our healthcare system for the past few years.
- Along with the opening comes the planned closure of some 33 temporary Assess and Restore beds at the Ouellette campus. There are additional beds closing at HDGH and Learnington as well.
- As we move forward and the longer medium to long term impact of the opening of the 256 beds takes effect we need to look at what next steps will be needed in our community to sustain the positive impacts.
- Next steps need to include ongoing and increased investments in the Home First program. <u>http://www.choosehomefirst.ca/sites/default/files/pdf/home-first-brochure.pdf</u>



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- In addition, instead of opening more hospital beds we need to invest in convalescent beds in the community. These beds are short term beds that allow intensive therapy to happen and possibly avoid a long term care bed placement and result in the patient going home – home where they belong.
- As I have stated if we invest in more hospital beds without both of the above occurring first we have failed our patients and the system as a whole. We will continue to advocate for the above measures to occur for the benefit of our community.

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