

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 17, 2023



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 2023/2024 Quality Improvement Plan (QIP) builds on our Vision of Outstanding Care...No Exceptions!, and aligns with Windsor Regional Hospital's Strategic Plan (2021-2024). In addition, select collaborative QIP indicators (cQIP) were included again this year, and are intended to establish common quality improvement goals aligned with the 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 over 4200 staff, 548 professional staff, and 250 volunteers demonstrates compassion, commitment and excellence in the pursuit of our vision. Our vision for the future includes the Stage 2 detailed planning of Windsor Regional Hospital's new acute care hospital, with construction scheduled to begin during the summer of 2026.

Even though the pandemic required hospitals to shift their focus to COVID response, at WRH, quality remains at the forefront. The challenges faced over the past three years, reinforced that a continued, focused commitment to quality is vital. While we had to adapt and pivot quickly, the pandemic also served as a catalyst for change and collaboration and pushed us even more toward responsible stewardship and innovative thinking. Each day, our staff continue to show resiliency and commitment and remarkable courage and strength.

The 23/24 QIP reflects quality themes that support our vision for a high performing health care system. The selected collaborative QIP (cQIP) indicators complement the acute care hospital indicators and focus on provincial priorities to drive improvement of population health outcomes to encourage a culture of equity and quality improvement.

The 23/24 QIP was vetted through various teams and committees including: the Leadership and Executive Team, the Patient and Caregiver Council (PCC), Finance/Audit & Resources Committee, Human Resources Sub Committee, the Medical Advisory Committee (MAC), and the Quality of Care Committee of the Board, who made the recommendation to WRH's Board of Directors for approval.

The 23/24 QIP sets aggressive targets with planned improvement initiatives that reflect a multiyear strategy. The QIP focuses on three hospital indicators and two collaborative (cQIP) indicators:

Hospital Indicators

- Patient Experience: “Did you receive enough information when

you left the hospital?”

- Number of Workplace Violence Incidents (overall)
- Medication Reconciliation at Discharge

Ontario Health Team (OHT) Collaborative Indicators (cQIP)

- Percentage of inpatient days with an Alternate Level of Care (ALC) designation
- 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 conversations 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 that stimulates 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 especially, feedback from staff, patients, and their families.

PATIENT/CLIENT/RESIDENT ENGAGEMENT AND PARTNERING

Patient engagement is fundamental to the QIP's core objective of continually improving the care experience for patients and their families. This work is not short term, but rather, success is achieved as we develop new practices in partnership with patients and families. In 2022, Windsor Regional Hospital operationalized six focused Patient and Family Advisory Committees (PFAC). These committees include: the patient journey, the emergency department, the renal program, mental health services, women and

children's services, and the cancer program. All six PFAC's report into WRH's Corporate Patient and Caregiver Council (PCC). The PCC provides oversight and recommendations, contributing to improvements across a wide range of areas. The PCC also reviewed the QIP and provided their feedback to ensure the highest level of care is delivered.

When health care is perceived through the eyes of the patient, family and/or 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 to show improvement.

WRH will continue to focus our attention on the patient experience themed indicator in the 23/24 QIP. With the discontinuation of the OHA/NRC patient survey in April 2022, WRH rolled out a short form survey for the emergency departments and the inpatient areas (including pediatrics). Each day, a member of the patient experience survey team meets with patients being discharged that day and where required provides information about completing the survey. Patients can deposit surveys in secure and confidential drop boxes located throughout the hospital, or, return surveys by mail using a postage paid envelope. This approach has been well received as a temporary solution, while a more permanent solution is being finalized.

To further demonstrate our commitment to patient centered care, front line managers conduct Leadership Rounding. Daily, leaders round on patients/families, asking about their experience in the hospital. Leadership Rounding occurs in all inpatient areas and the

goal is to visit every inpatient at some point in their stay.

For care to be truly patient centered, it must be coordinated, collaborative and integrated, ensuring the right patient, receives the right care, at the right time. The creation of the Windsor Essex Ontario Health Team (WEOHT) in 2022 further supported the goal of integrated care, helping to ensure the transition from one care setting to another with fewer barriers.

PROVIDER EXPERIENCE

Health care staff continue to be overburdened by the ongoing stress related to the pandemic. New variants, viruses, and illnesses have challenged acute care with longer wait times, a shortage of beds and a decreased workforce. The global shortage of health care workers, especially nurses, continues to challenge WRH from a health and human resource (HHR) perspective. Various strategies implemented during the pandemic, are ongoing in an effort to continue to support staff, keep them safe, and help mitigate challenges.

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. Tuition incentives and the Undergraduate Nurse Employee (UNE) program, have been among the most successful initiatives. Karen Riddell (CNE/COO) stated, "The UNE 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". To date, over 375 UNE's have been hired to work in clinical areas.

In May 2022, WRH launched the Workplace Wellness Program, with activities and programs available to all employees, professional staff, and immediate household members of employees and professional staff. The goal of the program is to improve overall wellness across 5 dimensions of wellbeing that include: Physical, Emotional, Intellectual, Spiritual and Social. The Workplace Wellness Committee provides program oversight. The 28 member Committee has representation from across the hospital including professional staff. Events are offered throughout the community and are continuously being promoted to all staff.

This past year, WRH launched Schwartz Rounds through the Schwartz Centre for Compassionate Health Care. The Schwartz Rounds provide the opportunity for staff, from all disciplines in health care, to reflect on the emotional aspects of their work. By putting compassion at the heart of healthcare, Windsor Regional Hospital can provide supportive programs, education and advocacy. We partnered with Hospice of Windsor Essex County and held two Schwartz Grand Rounds in 2022. Delivered via Zoom, these one hour sessions, hosted a multidisciplinary panel that talked about their experiences, followed by a facilitated discussion session. The topics included 'Managing Loss During COVID' and 'Maintaining Compassionate Care in the Face of Aggression'. We plan to continue providing two Grand Rounds per year while endeavouring to begin unit-based rounds in the near future.

WRH's staff recognition program called 'Above and Beyond' recognizes staff for going the extra mile. The program operates with

recognition being submitted on-line or by email by other staff, patients, families and visitors. The Patient Experience Committee reviews the letters of recognition and awards staff a certificate and a token identifying the act of care and compassion. The tokens can be turned in for gift certificates. Our recognition goes one step further; those recognized for Above and Beyond are photographed for banners, posters and promotional material that are on display across both campuses.

WORKPLACE VIOLENCE PREVENTION

WRH has a zero tolerance approach to threats toward health care, health care workers and workplace violence. The number of work place violence incidents has increased this past year as compared to previous years. While we want the number of incidents to decrease, we also want to encourage reporting and support a culture of reporting. Our safe workplace initiatives are intended to provide a safe, healthy and secure work environment where the dignity and worth of every person is respected.

WRH's 'Creating a Safe Workplace' Program is comprised of policies and procedures that address violence and include: Creating a Safe Workplace, Code White/Management of Aggressive and/or Violent Individuals; Flagging Patient Behavior Policy; Intimate Partner/Domestic Violence Policy and the Professional Staff – Creating a Safer Workplace Policy. These policies are introduced at all hospital wide orientation sessions and are reinforced with the Safe Workplace mandatory e-learn for all staff.

In addition, the Safe Workplace Bundles are unit specific and focus on assessment, prevention, investigation, and debriefing, and utilize safety huddles and care rounds to communicate to staff in real

time. Standardized work is being developed on incident follow-up. Safety Manager Training is being rolled out hospital wide. Staff from high risk areas such as the Emergency Department, Mental Health and the Security Department received this training in the first phase of the roll out. The training emphasizes early interventions and nonphysical methods for preventing or managing disruptive behavior. In addition, staff wear personal safety devices that are pressure activated to send an alert when protection is needed.

As a result of dramatic events that occurred in our community during the pandemic opposing mandates and vaccinations (e.g. protests, the Ambassador Bridge 'Freedom Convoy', etc.), WRH continues to take extra precautions in protecting our patients and employees. On-site police presence is provided as needed and an emergency preparedness system ensures the hospital is ready for emergent situations as well as supporting local authorities such as police, fire and ambulance services in their efforts to ensure staff and residents of Windsor/Essex are safe.

PATIENT SAFETY

Throughout the pandemic, WRH remained unwavering in its commitment to outstanding and compassionate care. To help support quality improvement, enhance a safe and just culture, and improve the success of incident analysis, a Quality Framework was established in 2022 to provide an effective system of quality reviews pertaining to patient care and professional staff who provide care.

The Quality Framework includes:

- The Quality Practice Committee (QPC) that provides oversight for all Quality Reviews and ensures that standardized procedures are

followed. Based on the Ottawa M & M Model (OM3), QPC ensures appropriate case selection, provides structured case analysis, encourages inter-professional multidisciplinary involvement, disseminates results, and develops pathways for action items.

- Departmental and Multidisciplinary Quality Reviews (DMQR) are designed to carry out activities within a specified department. The purpose is to study, assess and evaluate the provision care with the goal of improving or maintaining high quality health care.

Patient safety is a core quality commitment to our patients. The following initiatives and committees support this work:

- The Quality Improvement Plan (QIP) ensures that quality improvement goals and commitments are shared across the organization. Improvement processes are worked on collaboratively in the development of action oriented plans. Every indicator has a Vice President and Director Lead, and is supported by management and front line staff.
- Monday Morning Huddle (MMH) brings both clinical and non-clinical leadership together every week to review real time patient safety and patient flow data. Weekly results are reviewed, to ensure staff are aware of their performance and can celebrate their successes and recognize opportunities for improvement.
- The Quality of Care Committee of the Board holds monthly meetings. All patient care and clinical support services report biannually and support services report annually. Senior administration, management and front line staff are present and participate. Their report focuses on their program scorecard and addresses program area strengths and weaknesses. Patients and

their families supported by the hospital's Patient Advocacy Department participate to communicate their positive and negative patient care experiences. Staff and leadership from the identified areas are present at the meeting to describe improvements and address any questions or concerns.

HEALTH EQUITY

Ontario's Health Equity, Inclusion, Diversity and Anti-Racism (EIDAR) Framework is intended to improve the health care system to allow for better outcomes for patients, families and providers within the health care system. Moreover, health care equity focuses on the role the health care system plays in providing timely and appropriate care because a quality health system provides timely access, positive experiences, and optimal outcomes for any person who accesses the system.

In 2022, Windsor Regional Hospital created its own EIDAR Department with the goal of implementing EIDAR practices throughout the organization. The EIDAR Department is focused on ensuring best practices for inclusive recruitment and promotion in health care; supporting programs, policies, structures and corporate committees; and ensuring that all patients, employees and professional staff programs are equitable, inclusive, culturally safe and in compliance with WRH's EIDAR principles of both WRH and Ontario Health.

In this foundational year, the EIDAR initiatives included:

- Engaging with departments and leadership to explore themes for future educational sessions that focus on bias, stereotypes and the use of language. Initial education sessions included Indigenous Communities 101, Indigenous Relationship Engagement, and Anti-

Black Racism in Health Care.

- Reviewing opportunities for improvement with our electronic medical record system regarding the use and collection of health equity indicators such as (but not limited to) sex and gender, race/ethnicity and preferred name.
- Reviewing organizational policies that can better support patients and staff.
- Preliminary work on an EIDAR action plan that included the review of onboarding and training modules and policies and procedures with an equity lens.

In addition to our EIDAR initiatives, WRH continues to provide AIDET Training. In 2014, WRH collaborated with Henry Ford Health System in Detroit, Michigan, to implement AIDET training. AIDET (Acknowledge, Introduce, Duration, Explanation and Thank you) is a program that teaches staff to communicate with patients and their families as they do with one another and to be sensitive to cultural and social differences, reinforcing communication with vulnerable populations. This program was on hiatus during the pandemic, and now has been updated and adapted for online viewing and includes a workbook that encourages staff to reflect on their roles in customer service and how they can best apply the AIDET principles to their work.

EXECUTIVE COMPENSATION

The 23/24 QIP is linked to performance based compensation for non-union staff, and is consistent with the Excellent Care for All Act. The link to performance establishes how leadership will be held accountable for achieving targets set in the QIP. The performance based compensation allows 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 nine quality improvement indicators selected for the performance based nonunion compensation 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 (HSMR)
- Medication Reconciliation at Discharge
- Hospital Acquired Infection Rate
- Overall Hand Hygiene Compliance (4 moments)
- Patient Falls with Injury for Admitted Patients

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

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

Board Chair

Board Quality Committee Chair

Chief Executive Officer

Other leadership as appropriate
