

Quality Improvement Plan (QIP)

Narrative for Health Care Organizations in Ontario

March 19, 2024

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 2024/2025 Quality Improvement Plan (QIP) builds on our Vision of Outstanding Care...No Exceptions!, and aligns with Windsor Regional Hospital's Strategic Plan (2021-2024). The QIP reflects Windsor Regional Hospital's overall mission to provide quality person-centered care services to our community. The work of over 4269 staff, 549 professional staff, and 350 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.

The challenges faced during the pandemic reinforced that a continued, focused commitment to quality is vital. It also served as a catalyst for change and collaboration, and pushed us even more toward responsible stewardship and innovative thinking. This past

year, we were tested once again, when the 5 hospitals across Erie St. Clair were criminally cyberattacked on October 23, 2023. The cyber-attack affected our electronic systems, caused cancellations of various types of care, and breached information. Through the restoration phase that continues well into 2024, we see each day, how our staff continue to show resiliency, commitment and remarkable courage and strength.

The 2024/2025 QIP was vetted through various teams and committees including: the Leadership and Executive Teams, the Patient and Caregiver Council (PCC), Finance, Audit & Resources Committee, the Quality Practice Committee (QPC), 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 2024/2025 QIP sets aggressive targets with planned improvement initiatives that test innovative strategies across multiple years, focusing on key priority areas. The Hospital Indicators for 2024/2025 include:

- The Alternate Level of Care (ALC) throughput ratio;
- The percentage of visits to the emergency department that resulted in the patient leaving before being assessed or treated by a physician;
- The percentage of individuals who responded completely to the patient survey question, "Did you receive enough information when you left the hospital?";
- The number of discharged patients for whom a Best Possible Medication discharge plan was created;
- The number of workplace violence incidents that resulted in lost time injury.

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 on improving quality. Performance improvements are achieved through collaboration among sectors, research of best practices, consultation and support with health care partners, reviewing our own data, setting ambitious targets, and most especially, feedback from staff, patients, and their families.

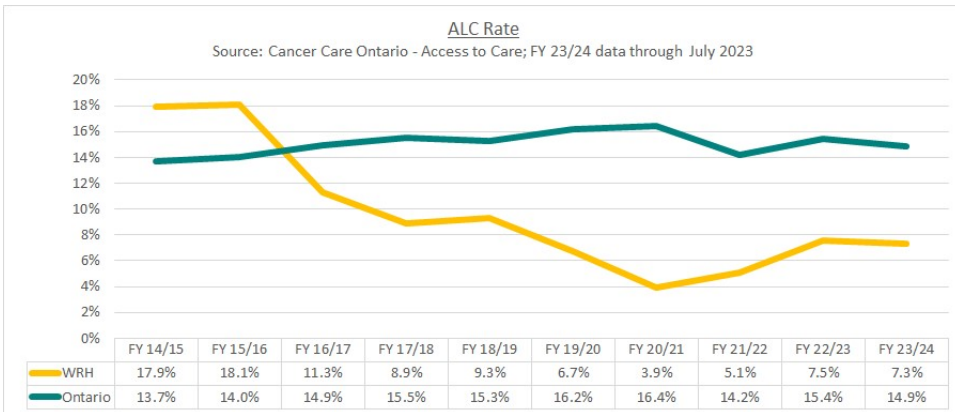
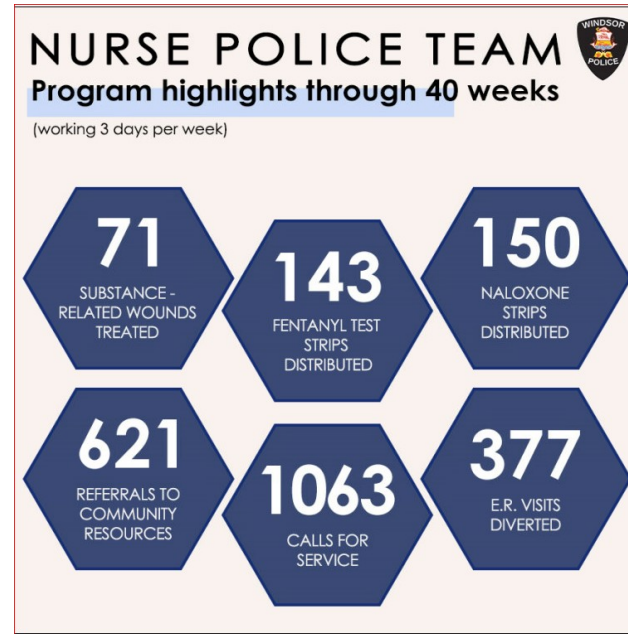
ACCESS AND FLOW

While surges in hospitalizations continue, challenges related to ALC's remain an issue. WRH's overall ALC rate (7.3%), remains below the provincial average.

The alternate level of care throughput ratio is a new QIP indicator this year that will highlight the number of ALC's created versus those discharged in a given period. A dedicated patient flow team that focuses on discharge planning, ongoing collaboration with community partners, and enhanced community service plans are key strategies to improved results.

This past year, WRH launched a new and very successful program with the Windsor Police Service to help individuals struggling with substance abuse disorders and related challenges. The Nurse and Police Team (NPT) pairs nursing professionals from Windsor Regional Hospital with frontline police officers to more effectively respond to non-emergent, substance use related incidents. In the first 40 weeks, the NPT program had over 1000 calls for service and

diverted 377 emergency department visits. By promoting community safety and well-being, the goal of the NPT program is to deliver care and connect individuals in need with the appropriate support services while steering them away from the criminal justice system and hospital emergency departments. This initiative introduces more meaningful treatment options, resources and other human services to individuals who do not require emergency care, but do require some support. Jason Bellaire, Chief of the Windsor Police Service said, “This new initiative, in our continued partnership, is another positive step forward aiming to further reduce the stigma associated with substance abuse disorder while increasing access to appropriate agencies and support services that are vital for long term recovery”.



EQUITY AND INDIGENOUS HEALTH

Ontario’s Health Equity, Inclusion, Diversity and Anti-Racism (EIDAR) Framework is intended to improve the health care system to allow for timely access, positive experiences and optimal outcomes for patients, families and providers within the health care 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.

EIDAR initiatives include:

- Engaging with departments and leadership to explore themes for future educational sessions that focus on equity, bias, stereotypes and the use of language;
- Facilitating education sessions on Indigenous experiences in healthcare, anti-Black racism in healthcare, LGBTQ2S+ healthcare;
- Reviewing training modules that can better support patients and staff with an equity lens. This includes a review of annual e-learns and new hire orientation and development of new modules;
- 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 & gender, preferred name, pronouns, religion, and race & ethnicity;
- Exploring the opportunity for a staff engagement survey with respect to diverse experiences;
- Development and review of policies related to (and not limited to) EIDAR, Indigenous practices, preferred name, gender identity, accessibility, interpretation services, and dress code accommodations;
- Reviewing opportunities to improve senior friendly care resources throughout the organization;
- Reviewing opportunities to support diverse staff and internationally trained nurses as they join the organization;
- Exploring improvement of staff and patient incident reporting when it comes to racism, sexism, homophobia, and other forms of discrimination;
- Engaging with external religious & ethno-cultural community groups as well as internal patient committees to gain feedback on initiatives and improve patient experiences from an equity experience;
- Specific engagement with Indigenous communities in the region

to support engagement on key initiatives such as the new hospital planning, education, and spiritual practices;

- Support of the Indigenous Patient Navigators as they engage with and support Indigenous patients & families as well as staff;
- Increasing the use of Interpretation Services through our Voyce app and/or in-person interpreters to better support patients & families with little or no fluency in English as they access hospital services. This additionally supports those who are deaf or hard of hearing and use ASL interpretation to access services;
- Facilitating education on cultural and religious days of significance throughout the year to support awareness.

PATIENT/CLIENT/RESIDENT EXPERIENCE

Patient engagement is fundamental to the QIP's core objective of continually improving the care experience for patients. Success is achieved as we develop new practices in partnership with patients and families. Back in 2022, Windsor Regional Hospital operationalized six focused Patient and Family Advisory Committees (PFAC). The 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 2024/2025 QIP and provided 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 continues to focus our attention on the patient experience themed indicator in the 2024/2025 QIP. With the discontinuation of the OHA/NRC patient survey in April 2022, WRH rolled out a short form survey as an interim model in the emergency department and inpatient areas (including pediatrics). The plan was to implement the Qualtrics electronic surveys in the Fall 2023. However, the cyber-attack paused the roll out, and the interim short form paper survey, supported by the patient satisfaction survey team, remains in place. The interim model has been well received by patients. A member of the patient experience survey team visits patients being discharged on the day of discharge and 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.

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, with the goal of visiting every inpatient at some point in their stay.

PROVIDER EXPERIENCE

Health care staff continue to be overburdened by the ongoing stresses that affect hospitals. These pressures 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 are strategies used to augment clinical and non-clinical areas. Tuition incentives and the Undergraduate Nurse Employee (UNE) program have been very successful initiatives, with over 400 UNE's hired to date to work in areas across the hospital. 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".

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 five dimensions of wellbeing: Physical, Emotional, Intellectual, Spiritual and Social. The Workplace Wellness Committee provides program oversight and the 28 member committee has representation from across the hospital. Events are offered throughout the community and are continuously being promoted to staff.

Schwartz Rounds through the Schwartz Centre for Compassionate Health Care was also launched at WRH in 2022. The Schwartz Rounds provide the opportunity for staff, from all health care

disciplines, 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. Collaborating with the Hospice of Windsor Essex County, Schwartz Rounds are delivered via Zoom. These one hour sessions are hosted by a multidisciplinary panel that talk about their experiences, followed by a facilitated discussion session.

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. Tokens can be turned in for gift certificates, and those recognized for Above and Beyond are photographed for banners, posters and promotional material that are on display across both campuses.

The safety and security of both patients and staff is a top priority for WRH. WRH has a zero-tolerance approach to threats toward health care, health care workers and workplace violence. 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. In 2023, WRH installed new state of the art technology to detect the presence of weapons in both emergency departments. Recognizing the need for advanced, non-intrusive security measures in sensitive areas such as the emergency department, the Evolv Weapons Detection System was installed. The Evolv system uses powerful sensor technology with artificial intelligence to provide safer, more accurate threat detection at unprecedented volume and speed. Since go-live, over 1,900 items

that could potentially harm an individual have been detected.

SAFETY

WRH remains 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. These reviews study, assess and evaluate the provision care with a goal of improving or maintaining high quality health care.

At WRH, 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 Board's Quality of Care Committee 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 in these meetings. 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.

POPULATION HEALTH APPROACH

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. Ongoing work this upcoming year will focus on priorities that drive improvement of population health outcomes. This framework will improve organization-wide support to older adults as well as create greater access to community resources during care transitions.

The Lower Limb Preservation program initiative focuses on early intervention and comprehensive management to prevent lower limb amputations, while addressing health disparities and empowering patients through collaboration, tailored care plans, and ongoing evaluation. Windsor Regional Hospital also participates in the Mental Health and Addictions Network (MHAN) Table which is a sub-committee of the OHT with a mandate to support the planning and delivery of mental health and addictions services in Windsor-Essex County. One key initiative from the MHAN Table is to establish a Coordinated Access System for mental health and addictions in Windsor-Essex. The goal of this work is to help individuals find timely and appropriate care. For instance, WRH is working on adapting the Senior Friendly Care framework to achieve the best possible health outcomes for older adults.

EXECUTIVE COMPENSATION

The 2024/2025 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 incorporated into our Corporate, Program, Quality and Utilization Scorecards and are updated weekly and/or monthly with ongoing tracking and monitoring.

CONTACT INFORMATION/DESIGNATED LEAD

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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
