

Quality Improvement Plan (QIP)

# Narrative for Health Care Organizations in Ontario

March 31, 2025



## OVERVIEW

Message from Acting President and CEO & CNE, Karen Riddell.

This narrative provides a brief introduction to our hospital and describes our key quality improvement priorities for the 2025/2026 Quality Improvement Plan (QIP). 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 2025/2026 QIP builds on our Vision of Outstanding Care ... No Exceptions! and aligns with Windsor Regional Hospital's Strategic Plan (2025-2029). In April 2024, WRH received 'Accreditation with Exemplary Status', the highest award a hospital can achieve from Accreditation Canada. As this was our second consecutive award of exemplary status, this 'Back-to-Back' recognition was a significant milestone, as it was post pandemic and six months after the criminal cyberattack that impacted WRH and the other hospitals in Erie St. Clair.

The QIP reflects Windsor Regional Hospital's overall mission to provide quality patient-centered healthcare to our community. The work of over 4,317 staff, 603 professional staff, and 367 volunteers

demonstrates compassion, commitment and excellence in the pursuit of our vision and mission. The dedicated members of our Patient and Caregiver Council and our Patient Family Advisory Committees work with teams across clinical disciplines. They provide support to working groups and operational committees to help guide decision making, resource allocation and quality improvement initiatives from a patient-centered lens.

Windsor Regional Hospital's future also includes the planning of our new acute care hospital. With construction scheduled to begin in 2026, our scope and strategy aligns with the project vision and design principles established by the Windsor-Essex community, and ensures we adhere to our shared commitment to excellence.

As WRH's CNE & COO for many years, and now the Acting President and CEO & CNE, I recognize that the challenges faced over the past several years have reinforced that a continued, focused commitment to quality is vital. In addition, these challenges have served as a catalyst for change and collaboration and pushed us even more toward responsible stewardship and innovative thinking. Each day, the staff at Windsor Regional Hospital continue to go above and beyond, demonstrating commitment and caring for our community.

The 2025/2026 QIP was vetted through various teams and committees including the Executive and Leadership teams, the Patient & Caregiver Council (PCC), the Medical Advisory Committee (MAC), the Finance, Audit & Resources Committee (FAR) and the Quality of Care Committee, who made the recommendation to WRH's Board of Directors for approval.

The QIP sets aggressive targets with planned improvement initiatives that test innovative strategies across multiple years, focusing on the 4 key priority areas including: Access & Flow, Equity, Patient Experience and Safety. Windsor Regional Hospital selected all 16 hospital indicators this year:

- The 90th percentile ambulance offload time (priority);
- The 90th percentile Emergency Department wait time to physician initial assessment (priority);
- The daily average number of patients waiting in the Emergency Department for an inpatient bed at 8 am (priority);
- The 90th percentile Emergency Department length of stay for admitted patients;
- The 90th percentile Emergency Department length of stay for non-admitted patients with low acuity;
- The 90th percentile Emergency Department length of stay for non-admitted patients with high acuity;
- The 90th percentile Emergency Department wait time to inpatient bed;
- Percentage of patients who visited the Emergency Department and left without being seen by a physician;
- The average Emergency Department wait time to physician initial assessment (PIA) for individuals with sickle cell disease (CTAS 1 and 2);
- The rate of Emergency Department 30-day repeat visits for individuals with sickle cell disease;
- The percentage of Emergency Department visits for individuals with sickle cell disease triaged with high severity (CTAS 1 and 2);
- Percentage of staff (executive, management or all) who have completed relevant equity, diversity, inclusion and antiracism education;

- The percentage of individuals who responded completely to the patient survey question, “Did you receive enough information about your health and care upon leaving the hospital?”;
- The rate of delirium onset during hospitalization;
- The number of discharged patients for whom a Best Possible Medication Reconciliation discharge plan was created;
- The number of workplace violence incidents that resulted in lost time injury.

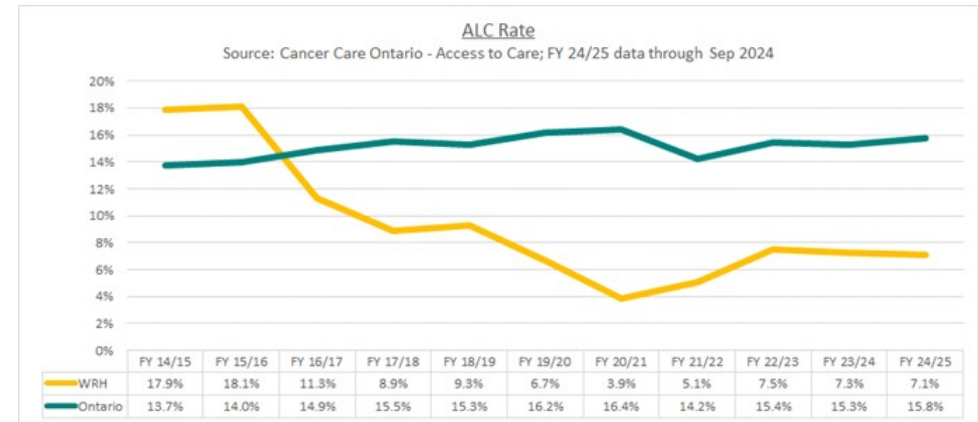
The QIP is intended to inspire conversations about quality among our patient and family representatives, board members, leaders, physicians, and clinical and non-clinical staff. Our change ideas are intended to drive improvement by stimulating new ways of thinking about quality. Performance improvements 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 our staff, patients, and their families.



## ACCESS AND FLOW

Windsor Regional Hospital remains focused on improving patient flow to ensure timely access to care. While occupancy pressures often manifest in the Emergency Department, we recognize that downstream processes also have a significant impact on improving patient flow across the organization. WRH's overall Alternate Level Care (ALC) rate (7%) for fiscal year 2024/2025 remains well below the provincial average. Key ALC prevention strategies help reduce occupancy pressures and include: a dedicated patient flow team that focuses on discharge planning; daily patient flow and command center huddles that include EMS; and ongoing collaboration with community partners with enhanced community service plans.

Improvement initiatives underway at WRH that focus on Emergency Department wait times and patient flow, will be highlighted in the upcoming section entitled Quality Improvement & Emergency Department Return Visit Quality Program (EDRVQP).



## 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. Windsor Regional Hospital is dedicated to these principles and in 2022 created the EIDAR Department focusing on a shared commitment to respectful partnerships, human dignity and health as a human right. WRH's EIDAR Department focuses 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 EIDAR principles. The 2025/2026 QIP also focuses on the Equity indicator: The percentage of staff that complete relevant equity, diversity,

inclusion and antiracism education. Building upon the success in 2024 of 100% of the executive level team completing EIDAR education, this year's goal will be to have 80% of the Directors and 50% of the Managers complete this program.

EIDAR initiatives continue to be developed at Windsor Regional Hospital and 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.
- 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 and 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.

The 2025/2026 QIP also focuses on care provided to patients with sickle cell disease that present to the Emergency Department. Three indicators on our QIP are dedicated to this work. Strategies to lessen wait times, help prevent complications, and improve the care provided to individuals with this disease are important in addressing healthcare disparities and ensuring equitable access to treatment.

## **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 when we develop new practices in partnership with patients and families. In 2022, Windsor Regional Hospital operationalized six focused Patient and Family Advisory Committees

(PFAC). The committees represent the following areas: 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), providing a forum for sharing unique perspectives to help ensure the voice of patients, families and caregivers are heard and considered in program planning and delivery. While the PCC provides oversight and recommendations, and contributes to improvements across a wide range of hospital issues, the PCC also reviewed the 2025/2026 QIP and provided feedback. 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.

WRH continues to focus attention on the patient experience themed indicator in the 2025/2026 QIP. With the discontinuation of the OHA/NRC patient survey in April 2022, WRH rolled out the Ontario short form surveys (paper based) as an interim model in the Emergency Departments and inpatient areas (including the Paediatric Department). This interim model continues to be well received by patients, as 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 are provided the option of depositing surveys in secure and confidential drop boxes located throughout the hospital, or returning the survey by mail using a postage paid envelope. We are looking forward to the roll out of the Qualtrics electronic patient experience survey this year (was put on hold as a result of the criminal cyber-attack) to inpatient areas, the Emergency Department and select outpatient areas.

Furthermore, to demonstrate our commitment to patient experience and patient centered care, front line managers conduct Leadership Rounding on a daily basis. Leaders round on the inpatient units asking patients about their experience in the hospital. With a focus on standard work and intentional conversations with patients, the goal is to visit every inpatient at some point during their stay.

## PROVIDER EXPERIENCE

Health and human resource (HHR) strategies at Windsor Regional Hospital are intended to sustain and build our workforce and focus on innovative recruitment and retention strategies and safe workplace initiatives. Providing new nursing hires with pay incentives is a strategy used to augment clinical and non-clinical areas. Tuition support and the Undergraduate Nurse Employee (UNE) program have been very successful initiatives for WRH. 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. The UNE program has further strengthened our 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 their immediate household members. 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 committee membership has representation from across the hospital. Events are offered throughout the community and



continuously promoted to staff. This past year, the overwhelming demand to activities and events, prompted wait lists to be created.

In 2024, as part of WRH's commitment to increase awareness and provide education on health ethics, we partnered with ethicist Dr. Robert Butcher and his health ethics team in a series of educational sessions offered to all WRH staff. The goal is to deepen staff understanding of ethical issues in healthcare. "Getting Below the Surface" explored topics such as Medical Assistance in Dying (MAiD), vulnerability in providing care, ethical decision-making, and moral distress. An upcoming series entitled "Duty to Care: Restrain and Confine, and Ethical Analysis" will examine the ethical challenges surrounding restraint usage in healthcare, and how to balance patients' rights, safety, and professional responsibilities. Also, WRH's new organization-wide Ethics Education Program will launch in 2025. This program is designed to help staff recognize and navigate ethical issues with confidence in their daily work. The program will introduce all WRH employees to our ethics framework, provide guidance on recognizing ethical dilemmas, and ensure staff are informed of the process for initiating an ethics consult. We believe that by strengthening our staff's health ethics proficiency, we aim to embed ethical reflection and decision-making throughout all aspects of patient care.

WRH's long standing 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. Recognized staff are presented with a certificate and a token representing the act of care and compassion. Tokens can be turned in for gift certificates, and those recognized as going 'Above and Beyond' are

photographed for banners, posters and promotional material that are on display across the hospital.

Finally, the 2024 WRH Quality of Worklife Survey provided staff the opportunity to give the organization valuable input and provide their views on the overall work environment at Windsor Regional Hospital. The survey aligns with our operational planning, to ensure that our strategies support our goals of ensuring a sustainable workforce into the future, and, of being an employer of choice. The 2024 survey results were helpful in identifying areas for improvement in various aspects of work life, including policy and/or process changes and program enhancements. The action items will be the focus for leadership in 2025.

## SAFETY

WRH remains unwavering in our commitment to outstanding care, and the safety and security of patients and staff remains our top priority. 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. We strengthened our emergency preparedness program in 2024, with enhanced planning and preparedness training to ensure our team and community partners, including Windsor Police Department, EMS and Windsor Fire & Rescue, were equipped for a swift and comprehensive response to any emergency. In 2024, updated policies and procedures, interactive preparedness training events and mock code drills (e.g. Code Silver, Code Lockdown and Code Orange) were all efforts undertaken to ensure the safety of patients, staff and our community. This work continues in 2025.

WRH has a zero-tolerance approach to threats toward health care,



health care workers and workplace violence. Recognizing the need for advanced, non-intrusive security measures in sensitive areas, in 2023, the Evolv Weapons Detection System was installed to detect the presence of weapons in our Emergency Departments. The Evolv system uses powerful sensor technology with artificial intelligence to provide safer, more accurate threat detection at an unprecedented volume and speed. With the number of threats being detected, this technology continues to be a very effective tool.

In addition, to help support quality improvement, enhance a safe and just culture, and improve the success of incident analysis, WRH's Quality Framework provides 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.

In addition, 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, a Director Lead and an Indicator Team, and is supported by management and front-line staff. Indicators are tracked and monitored on an ongoing basis.
- 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 and share with staff, to ensure they 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. Program reports focus on their department scorecard and address program area strengths and weaknesses. A patient story is highlighted at each meeting, and patients and their families are supported by the hospital's Patient Advocacy Department to communicate positive and negative patient care experiences. Staff and leadership from the identified areas are present at the meeting to describe improvements and address questions or concerns.

## PALLIATIVE CARE

WRH's Palliative Care Consult Team strives to align the most recent clinical evidence and best practices with current practice, to improve the quality of care for individuals and their families faced with a life-threatening illness. The Palliative Care Consult Team ensures the level of care offered aligns with the needs of the patient and ensures that interventions to address acute palliative needs are put in place earlier in the palliative patient journey. In addition, palliative care power plans are continually reviewed regionally and updated when required, to ensure the comfort of patients in this stage of treatment.

In addition, WRH's Nurse Lead Outreach Team (NLOT) provides support in long term care (LTC) homes. The NLOT provides mobile assessment and intervention to all LTC residents including chronic and acute care needs. NLOT has specialized training in geriatric care including Learning Essential Approaches to Palliative Care (LEAP) to help support the multidisciplinary team to align the residents' goals of care and supporting functional decline or palliation in the comfort of their own home. The NLOT nurse practitioner can connect with the Geriatric Emergency Management (GEM) nurse in the Emergency Department if transfer is needed to ensure the patient goals of care are communicated and discussed with the incoming care team. The GEM nurse specializes in understanding the needs for older adults which include frailty, geriatric syndromes, and prevention strategies that support a level of independence and wellbeing.

## POPULATION HEALTH MANAGEMENT

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

In 2024, WRH partnered with the Windsor Police Service, Hotel Dieu Grace Hospital, Family Services Windsor Essex, the Canadian Mental Health Association and the Windsor Essex Community Housing Corporation to host a 2-day event to provide essential health and human services to Glengarry residents. This Windsor neighborhood consistently faces quality of life challenges due to crime and disorder and this event provided support in a safe and accessible environment.

In 2025, WRH will continue to roll out Senior Friendly Care framework hospital-wide to achieve the best possible health outcomes for older adults. This year's QIP includes the hospital acquired delirium indicator which focuses on early intervention and comprehensive management. As the etiology of delirium can be traced to one or more factors and reflects the consequence of a combination of acute illness and medical complications, tracking this metric in addition to implementing the senior friendly education and initiatives hospital wide will help to decrease the prevalence of this illness overall.

## EMERGENCY DEPARTMENT RETURN VISIT QUALITY PROGRAM (EDRVQP)

Windsor Regional Hospital continues to participate in the Emergency Department Return Visit Quality Program (EDRVQP) to address Emergency Department wait times, reduce return visits, and improve overall patient care. As a hospital committed to delivering timely and effective patient care, and with almost 90,000 visits to the Emergency Department last year, we recognize the importance of seamless coordination between emergency responders and our medical team. The focus of the EDRVQP is auditing patients with the longest ED length of stay, the physician initial assessment (PIA) times, and patients who left without being seen (LWBS) or left against medical advice (AMA), as we know that poorer outcomes can be traced back to these patients.

In 2024 WRH launched the Nurse and Police Team (NPT) with the Windsor Police Service (WPS). The NPT is a collaboration between the Emergency Department and Windsor Police Services, pairing nurses with frontline police officers to support individuals struggling in the community with substance abuse disorders and related challenges. 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 Department. 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. The program runs seven days per week from 1300 hrs to 0100 hrs. Patients brought to the ED by the NPT trigger a "Code Crisis" notifying the hospital's Mental Health team to respond. Upon arrival to the ED, a hospital social worker and psychiatric assessment nurse attend to the patient, expediting the mental health assessment and allowing the NPT to return to the

community.

With the implementation of the NPT, we have noted a significant increase in the diversion of patients from the Emergency Department, allowing for a more efficient use of resources for critical cases. Since its inception in January 2024, the NPT program has diverted over 824 individuals from the Emergency Department, representing a substantial reduction in unnecessary ED visits. This collaboration has not only led to improved production hours for police officers, enabling them to focus on community safety, but has also fostered stronger working relationships with frontline health care providers. The enhanced communication and coordination among these teams has resulted in better care for individuals seeking assistance, ensuring they receive the appropriate support in a timely manner.

Another partnership with Windsor Police Services called the Dedicated Officer Program continues to drastically reduce turnaround times for police officers who wait in the Emergency Department with patients in crisis. Launched in 2023, this initiative stations dedicated police officers at the Ouellette Campus Emergency Department. The goal is to reduce patient transfer times so that police officers can return to the community faster and respond to urgent calls. From January 1 to February 10, 2025, the average transfer time with the dedicated officer was 9 minutes; a 70% decrease from the same period last year.

In 2024, WRH also launched a quality improvement project to improve paediatric care in the community by decreasing emergency wait times, increasing paediatric clinic utilization, and reducing the number of patients leaving against medical advice through the

Emergency Department. The Paediatric Emergency Diversion Service (PEDs) was established to meet the need for after-hours urgent paediatric care. The clinic diverts less acute paediatric patients from the ED to an on-site outpatient clinic, where a paediatrician assesses and manages the patients. The PEDs clinic workflow is designed to have the ED triage nurses screen patients for eligibility. An ED provider then briefly assesses the patient and approves transfer to the outpatient PEDs clinic for further workup and management. Since implementation, there has been over 2,210 unique initial patients diverted to this clinic. The average total patient length of stay has reduced from 5 hours 33 minutes to 3 hours 3 minutes and the mean time from registration to provider initial assessment, decreased from 3 hours 34 minutes to 29 minutes. Clinic utilization increased from 70% to 95%, and the number of patients leaving AMA dropped by 33%. This is an outstanding improvement in the care provided to our paediatric population as we continue to make ongoing improvements to this process.

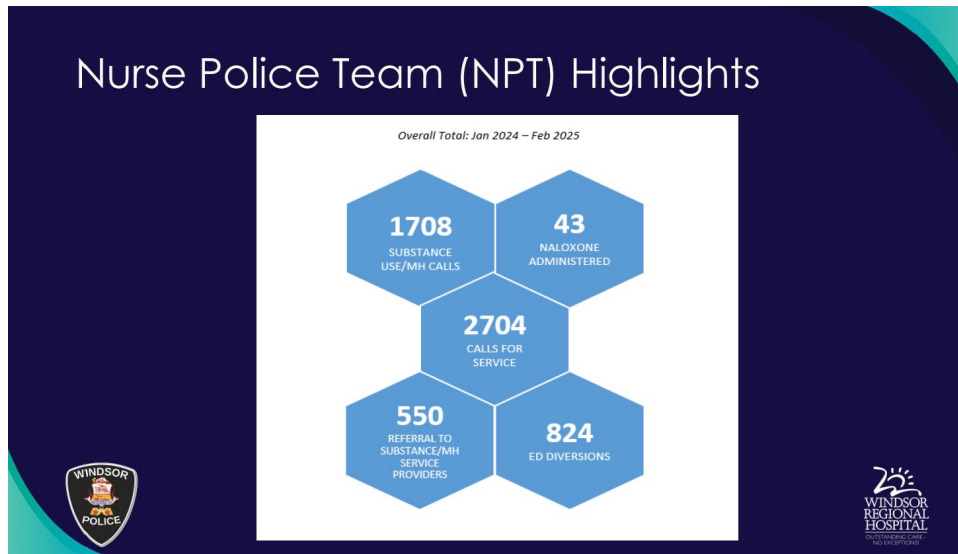
Over the past year, several other initiatives were implemented in order to successfully achieve our targets:

- Staggered Physician Scheduling/Addition of Physician Casino Shift. The introduction of staggered physician scheduling, and an additional casino shift from 0400 hrs to 1000 hrs has facilitated better ED physician coverage during times of high patient volumes. This approach enhances the efficiency of emergency services and improves overall patient outcomes and patient satisfaction, with improved wait times.
- Code Medical Policy. "Code Medical" is a new Emergency

Department internal overhead page that will signify the need for prompt physician and nursing response for a critical patient in the department. Since implementation, this process has improved communication and care of critical patients in the Emergency Department.

- Against Medical Advice (AMA) and Left Without Being Seen (LWBS) Process and Policy Review. The quality reviews have shown an increase in both AMA and LWBS rates. The data from these reviews, highlighted the need for implementing targeted interventions such as improving patient communication, streamlining processes and enhancing the overall patient experience.
- Code 7 Escalation Policy. Reducing ambulance offload time is crucial as it directly impacts the efficiency of emergency services. WRH has created the EMS Code 7 Escalation policy to address delays in ambulance offloading when the ED has exhausted all resources and when capacity results in significant offload delays. This policy aims to streamline processes and improve operational efficiency including the notification of the Vice President (on call) when there is no achievable plan to offload EMS within 90 minutes. The purpose of this escalation is to create a plan to assist offloading patients to allow EMS to return to service.
- External Review. An external review of our Emergency Department has been arranged for Spring 2025. External reviews pinpoint areas for quality improvement, helping the department to develop targeted strategies to enhance patient outcomes and satisfaction. This review will provide an unbiased perspective of our operations, identifying our strengths and areas for improvement.

The initiatives described above that have been introduced in WRH's Emergency Department are intended to continue to enhance efficiency, improve patient outcomes, and reinforce our commitment to providing high-quality emergency care.



## EXECUTIVE COMPENSATION

The 2025/2026 QIP is linked to performance-based compensation for non-union staff and is consistent with the Excellent Care for All Act and approved by the Board of Directors at Windsor Regional Hospital. The performance-based compensation allows non-union staff to have an opportunity to earn up to a 2% bonus, and the CNE/CEO and COS earn up to a 5% bonus.

The nine indicators selected this year 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 Corporate, Program, Quality or Utilization (Patient Flow) Scorecards and are updated (as required) daily, 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

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Board Chair

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Board Quality Committee Chair

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Chief Executive Officer

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EDRVQP lead, if applicable

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