
Date: May 2015

“There's always another story. There's more than meets the eye.” W.H. Auden

As we continue down the path towards a new state of the art acute care hospital for Windsor/Essex we need to continue to communicate that this is much more than just a new hospital. This is a chance for our community to use this planning to redesign/configure the way healthcare is delivered. A chance not many communities can take advantage of even though the changes are occurring around daily.

The ideas and examples that are being looked at are concepts like an Urgent Care Centre (UCC), mental health and chronic disease management clinics outside of the hospital.

The UCC is an interesting concept that is working across Ontario.

First, what it is not. It is not a walk-in clinic.

What is it ? It is a concept that is working exceptionally well in Toronto, Ontario at the Queensway Clinic. Queensway sees some 60,000 patients per year at their UCC in a more timely and efficient manner than they would if those same 60,000 patients went to an emergency department. Why ? Because by seeing “less acute” emergency patients without having to focus on more acute patients coming through the ER doors allows a smoother and more timely journey at the UCC.

We have to remember close to 90% of the patients that attend an ER in Windsor today go home from the ER. They do not need access to an inpatient bed. How can we address the needs of that population in a more timely and efficient manner ?

Studies show that close to 50% cases seen in an emergency department can effectively be handled in this Urgent Care Centre. Examples of conditions seen in the Urgent Care Centre include:

- Flu Like symptoms
- Limb injuries (fractures or dislocations)
- Cuts
- Burns
- Insect bites, allergies
- Skin rashes, infections
- Eye complaints or injuries
- Workplace injuries

The Urgent Care Centre in Toronto sees over 60,000 patients annually, 25% of them children. Its goal is to assess, treat, and/or plan for a patient's care within 60 to 90 minutes following arrival.

Patients who arrive at Queensway UCC with serious health problems are stabilized and transferred to the Emergency Centre at Mississauga Hospital.

They are about 7 kms away from each other.

Queensway Health Centre's Urgent Care Centre is staffed by a highly skilled and experienced team of emergency doctors and nurses. In fact, Queensway Health Centre's Emergency physicians and nurses rotate between the Emergency Care Centre and the Urgent Care Centre.

A state-of-the-art diagnostic centre featuring CT Scan, Ultrasound, X-ray, and Nuclear Medicine equipment as well as on-site laboratory services provide quick and efficient test results that aid in making timely clinical decisions.

A great video on the concept can be found at <https://www.youtube.com/watch?v=xc7IQwUjlQA>

In addition, a team from Windsor Regional Hospital attended the UCC and the following video highlights what our team experienced <http://windsorhospitalsblog.org/2015/04/07/right-care-right-place-right-time/>



This is not about going from two emergency departments to one for Windsor/Essex. This is about creating a system change that can see just as many patients as we see now but in a more timely and efficient manner.

To keep up to date on the planning please visit www.windsorhospitals.ca and register your email. When you do you will be provided regular updates on the planning process.

Strategic Direction - Excel in Patient Safety and Quality

Windsor Regional Hospital invited to present at the IPAC Canada 2015 National Education Conference

- IPAC CANADA (Infection Prevention and Control Canada) is a multidisciplinary, professional organization for those engaged in the prevention and control of infections.



- IPAC Canada provides communication and education for those involved in infection control activities. Its goal is to prevent infections and as a result improve patient care and staff health in hospitals, other health care facilities, and the community by:
 - initiating and coordinating effective communication and cooperation among all disciplines united by infection control activities
 - supporting and/or developing effective and rational infection control practices
 - standardizing infection control practices
 - promoting research in areas related to infection control
 - promoting and facilitating infection control education for both infection control

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practitioners and other personnel working in hospitals, nursing homes and related institutions.

- On June 14-17, 2015, a team from Windsor Regional Hospital has been invited to present at the IPAC Canada 2015 National Education Conference on the topic *Building System Capacity And Responsiveness To Emerging Pathogens And Outbreaks- Lessons Learned During The Ebola Outbreak Of 2014-15*
- Congrats WRH Team !!

Windsor Regional Hospital invited to Present at RL Solutions Patient Safety Event on June 2, 2015

- On June 2, 2015, members of the Windsor Regional Hospital team will be attending the RL Solutions Patient Safety event focusing on the successful implementation of the RL Solution product at Windsor Regional Hospital. The title of the session will be *From Bedside to Boardroom in a Large Multi-Site Community Hospital*



- This implementation allows for timing reporting, tracking, root cause analysis of various patient safety and staff safety issues and concerns.
- Windsor Regional Hospital is being asked to highlight its interactive use of the tool and “real time” reporting and issue investigation and review.
- Well done WRH Team !

Strategic Direction – Create a Vibrant Workplace

Council of Ontario University Programs in Nursing 2015 Agency Recognition Award

- Windsor Regional Hospital was one of the proud organizations to be awarded the **2015 Agency Recognition Award** by the Council of Ontario University Programs in Nursing

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(COUPN) on April 22, during a special ceremony held at the Chestnut Residence and Conference Centre in Toronto.



- The 2015 Agency Recognition Award recognizes the Ontario nurse educators, scholars, students and agencies in provincial and clinical settings who provide exemplary nursing education and research that help to advance patient care in the province.
- Along with Windsor Regional Hospital, 8 other awards were handed out to individuals recognizing their achievements:
 - Doctoral Dissertation: Dr. Abigail Wickson-Griffiths, McMaster University
 - Excellence in Professional Nursing Practice at the Undergraduate Student Level: Joel Maziarski, Laurentian University
 - Excellence in Teaching: Dr. Sandra Merklinger, University of Toronto
 - Masters Student Award of Excellence: Elizabeth Orr, McMaster University
 - Preceptor Recognition: Lisa Knight and Meghan Seaton, London Health Sciences Centre
 - Scholarship into Practice: Dr. Louise Rose, University of Toronto
 - Strategic Contribution to Nursing Education: Nursing Health Services Research Unit, McMaster University, University of Toronto

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- Teaching Innovation: Dr. Deborah Tregunno, Queen's University
- COUPN, an affiliate of Council of Universities (COU) is comprised of Deans and Directors of Ontario's 14 university Schools of Nursing. The COU is the voice of Ontario's universities, promoting the value of education, research and innovation that leads to social, cultural and economic success.

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

2015 Operating and Capital Budget Planning Process

- Starting in June, 2015, we will be actively reviewing our operating performance and budget planning for 2015-16 now that we have completed one full fiscal year post realignment. This will involve examining department by department performance as compared to similar hospitals across Canada. The goal is to examine how we can move to the 25th percentile of performance as compared to our peers.
- As a refresher the following is an outline of the current Health System Funding in place in Ontario.
- In January 2012, the government introduced Ontario's Action Plan for Health Care.
- Ontario's health care system is moving away from a global funding system to a model that primarily follows the care that patients need and will be provided to them. A small portion will remain as global to cover facility level operating costs.
- In 2012-13, health care consumed 42 cents of every tax dollar. Without a change of course, health spending would eat up 70 per cent of the provincial budget within 12 years.
- Our population structure is changing. We're living longer and as we age, the more we depend on our health care system. We now have access to more and better drugs to prevent and treat disease, and there is a rise in the rate of chronic disease such as diabetes and high blood pressure. The current rate of growth is not sustainable. To



ensure the health care system is there for our loved ones and future generations, we must start doing things differently.

- The main benefits of Health System Funding Reform (HSFR) include :
 - ✓ Patient-centred care, which will focus on individuals and ensure that funding is tied more directly to the quality care that is needed and will be provided
 - ✓ Smarter use of limited resources, which will drive a sustainable health care system based on quality
- As of 2015/2016, HSFR will comprise 70 per cent of the funding envelope provided to hospitals with the remaining 30 per cent based on global funding.
- There are two key components to HSFR :
 1. Organizational-level funding (will comprise approximately 40 per cent of HSFR allocation): Funding is allocated to hospitals and Community Care Access Centres using the Health Based Allocation Model (HBAM)
 2. Quality-Based Procedures (will comprise approximately 30 per cent of HSFR allocation): Funding is allocated to specific procedures based on a "price X volume" approach. This involves providing evidence-based allocations to targeted clinical groups. The price is structured to provide an incentive and adequately reimburse providers for delivering high-quality care

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

Accreditation 2015 Update



We are now four months into our Accreditation 2015 preparations. Accreditation Canada surveyors will be onsite **November 30th-December 4th**.

Accreditation 2015 Timeline			
Phase 1 ASSESSMENT Jan. – Apr.	Required Organizational Practices (ROPs)	Jan.-Feb.	
	Surveys	Mar.	
	Standards	Feb. – Apr.	
Phase 2 PREPARATION Apr.- Nov.	Complete ROP action plans	Feb. – Oct. 30	IP
	Create and complete Standards action plans	Mar. – Oct. 30	IP
	Create and complete Survey action plan	May – Oct 30	
	Complete Mock tracers	Sept. – Oct 30.	

We have completed the assessment phase of the Accreditation process and are now in the process of completing the preparation phase. In the preparation phase we will continue to work on completing action plans for the assessment results for the Required Organizational Practices (ROPs), Standards, and Corporate Surveys.

About Required Organizational Practices (ROPs)

Once again, ROPs are organization-wide best practices which focus on patient and staff safety. Each ROP has its own team. All teams are multidisciplinary and have representation from both campuses. All teams have created action plans based on their self-assessment. These action plans will help us to improve our performance. Teams will spend the next six months completing their action plans. Some teams have already completed many of their action plans.

About Accreditation Standards



Standards, like ROPs, are best practices; but unlike ROPs, Standards are program-specific. Each set of Standards has its own team too. All teams are multidisciplinary and have representation from both campuses.

Each team has completed their self-assessments. These assessments were submitted to Accreditation Canada. Accreditation Canada then sent a Quality Roadmap which flagged each standard with a red or green status. Teams are using these Quality Roadmaps to prioritize the opportunities for improvement and to create action plans for those that were flagged as red. All Standards and ROP plans include communicating and educating staff about terminology and ways that we currently meet the standards.

About the Surveys

During March, all staff were asked to complete two surveys—the *Patient Safety Culture Survey* and the *Worklife Pulse Survey*. Over 600 staff completed the surveys. Additionally, all professional staff were asked to complete a *Physician Worklife Pulse Survey*. We had almost 50 professional staff complete this survey.

Thank-you to all staff that shared their perspectives and opinions by completing the surveys!

The survey results from Accreditation Canada will be reviewed and any opportunities for improvements will be prioritized. From this actions plans will be created. Highlights from the results will be shared soon.

For more information visit the Accreditation 2015 website on the intranet (under programs and services - Accreditation). All staff members are welcome to participate in the Accreditation process. Please contact your Manager/Director or Chief of Service to learn how.

SOP Wave 2 Underway

- This week as we work on transitioning on to the next wave of projects, we are doing a little Spring Refresh in our Wave 1 Projects.
- When these projects began last year, each team set out the scope and goals for their projects in a Project Overview Document. They also created a detailed Master Schedule



of tasks and timelines necessary to successfully complete their identified improvement opportunities.

- At this point we are happy to report that our Wave 1 Project Teams have completed the majority of the tasks identified in their master schedules and have now identified new areas for opportunity to work on going forward.
- As a result, the groups are refreshing their Project Overview Documents to reflect the tasks completed and new opportunities for improvement. They are also cleaning up the Master Schedules to provide a clear list and timeline of tasks to drive ongoing continuous improvement work within their areas. The SOP team has provided the training necessary for the project groups to continue on with reduced support.
- When the SOP Journey began last year, we invited patients in to help us identify ways we could improve the patient experience. These patients were invited back to our Valedictory Huddle earlier this month, for a chance to hear how their input has helped define the SOP projects and results. These patients have become some of the most valuable members of the SOP team. Check out the following video to hear their stories.

WATCH: SOP Video Highlight – The Patient Perspective - <https://youtu.be/0r1Cfz-tFJg>

Strategic Direction - Strategically Engage With External Partners

Rita DiBiase MSN, RN(EC), ACNP-BC, ACNS-BC

Receives the 2015 RNAO Windsor-Essex Lois A. Fairley Community Service Award

- Rita DiBiase has been awarded the prestigious 2015 RNAO Windsor-Essex Lois A. Fairley Nursing Award at a special ceremony held at Leamington District Memorial Hospital April 22, 2015.





- Rita is Nurse Practitioner in the Cancer Program at Windsor Regional Hospital. A 1981 graduate of St. Clair College, she went on to earn her Bachelors of Nursing from the University of Windsor and received her Masters of Nursing from Wayne State University. She is board certified as a Nurse Practitioner in both Canada and the US and as a Clinical Nurse Specialist, and is also a Certified Hospice Palliative Care Nurse in Canada. Rita joined the Cancer Program in 2010 at Windsor Regional Hospital and is a Palliative Care Nurse Practitioner. Rita has been nursing at IODE, VON, CCAC and the Karmanos Cancer Centre in Michigan.
- The nominations for Rita describe a nurse who combines a heart for her patients and a passion for her profession. Cancer patients face one of the most intense and fearful times of life as they move from a diagnosis into their unique journey battling the disease. “Rita brings an attitude of reassurance, comfort and encouragement in each case. Her professional knowledge and experience, combined with her people skills have made her a trusted support for patients and their families.”
- Kind, hard-working, humble, knowledgeable, positive, caring, a great sense of humour, are just some of the many words used about this dedicated nurse. Her ability to listen to the fears and concerns of patients display a professional who is concerned about the wellness of the whole person not just treating the illness. Rita is also known as a patient advocate who helps people understand and navigate the assessment and treatment process.
- **About the Lois A. Fairley Community Service Award** □ This annual award is presented by the Registered Nurses Association of Ontario Windsor-Essex Chapter to recognize the

outstanding contribution nurses make to care for residents of Windsor-Essex. Lois Fairley served at Grace Hospital from 1955 to 1993, including the roles of head nurse and mentor to nursing students. As provincial president of the Ontario Nurses Association, she was an advocate for the nursing profession and the patients in their care. She passed away in 2007. The Award Criteria includes: nurses who have proven themselves to be advocates for patients and the nursing profession, be committed to the service of patients/clients, and demonstrate commitment and support for the community of coworkers where the nurse is employed.

- Congrats RITA !! We are planning a small celebration for Rita at WRH. Please stay tuned for day and time.

Community Garden Coming Soon

- We held a meeting this past month with internal team members and also members of our community interested in the community gardens we are starting at both campuses. The community involvement was amazing.

Community Garden

COMING SOON



- The concept is to educate the public about the positive benefits of starting a garden, even in something as small as a pot on their windowsill, to producing enough vegetables to support our patients.



- You will start seeing activity at both campuses this month. If you are interested in volunteering your time contact Renee.hopes@wrh.on.ca