

## Hospital Operations Update Town Hall Meeting March 4, 2015

We are closing in on 18 months since realignment. It has been busy and eventful 18 months. A lot of positive things have occurred, some issues have been raised and a lot of changes are coming.

As stated recently by our deputy minister of health, doctor bob bell, those who are not changing daily in healthcare are laggards and will be left behind.

Today I plan on talking about the concept of change and some of the issues I have heard that need to be addressed head on so we can move forward for the benefit of our patients.

Dealing with change is a lot of the times difficult and some of you have expressed frustration with some of the changes. As changes are made we learn from them and learn how to make communication better that change is coming and the reasons for the change.

A lot of the changes are coming from the standardization and optimization process. The standardization and optimization process is well underway. I commend all of our team members that have been a part of the sop process. It is not easy. Our team members are addressing decade long issues and suggesting changes. However, they are doing so with the focus on the patient journey and experience. How do I know that? Because the patient has been in the room with them while they are discussing the issues.

I can tell you that anyone who complains to me about changes coming from S.O.P. I tell them – go talk to your supervisor, go on the website, stop by the S.O.P. rooms and sign up to be a part of the process.

I do not support people sitting on the sidelines and complaining about a change authored by their fellow team member but not taking the opportunity or initiative to be part of the change. To me that gets tiring after a while.

Are the individuals involved in the suggesting changes perfect? Of course not. They never claim to be perfect.

In my book you only get a chance to raise concerns if you are directly involved in the process and at the table not from the sidelines. That is not fair to the individuals that have spent numerous hours evaluating current practices, investigating best practices and developing plans for implementation.

I have also discussed the following issue with the union executives and medical advisory committee. The issue of people not wanting to accept change because they feel the change is a former “Windsor Regional Hospital” process or they use the words “this has been nothing but a take over”.

Well let me tell you this – our patients could care less what we call it. I have talked to hundreds if not close to a thousand patients since October 1, 2013. They have told me that sometimes they hear our team members complaining about something and saying we are being asked to do this as part of the “takeover”. This actually upsets some of the patients. They feel we are focusing on some event and using it as an excuse rather than making a change that will benefit patients.

It upsets the patients because it means very little to them and their ultimate care.

Realignment, takeover, etc. Call it what you want. Hotel Dieu grace and Windsor Regional went out of their way to avoid using the word takeover. However, if for some reason it makes it feel better to use the word “takeover” then use

it. But using those words actually changes nothing. We still need to move ahead with change that benefits our patients and their safety.

I suggest if you hear someone use the words “this has been nothing but a take over” when faced with a new process or change I suggest you respond by saying “great ...now that is out of the way ...let us fix the underlying issue”. We are closing in on two years post October 1 2013. Unlike Grace/Hotel Dieu/Met/Western/IODE/Riverview the list can go on and on when takeover and all those discussions happened for years if not decades after the event we cannot spend the next decade talking about the “takeover”. It did nothing in the past to talk like that to advance patient care and is doing less than nothing now.

Folks as stated before ...laggards to change will be forgotten.

To prove my point we had an event that shows what patients care about. This past weekend we had three patients waiting for surgery at met. Met was busy. In the past their surgery would have been delayed and patient care negatively impacted. Instead what happened is Ouellette had available space and resources. Patients were transferred to Ouellette and surgeries completed. Yesterday one of the patients sent a thank you note for making this happen. This is what patient’s care about. Kudos to the staff for making this happen.

This is just one story and many more to come.

There are some amazing things happening in the near future.

Most recently is this week’s Monday morning huddle results. Lowest number of healthcare/hospital associated infections at WRH for a week since October 1 2013. 7 in total. Great work everyone. This positive trend is also holding firm for this past week as well.

The positive changes being made by team members from hand washing, to urinal removal/cleaning, to bath in a bag to bathroom tracker. Well done everyone. Very proud of the progress in making our patient’s stay safer.

As you know we now have patient’s ordering their meals at both campuses off of menus. The kitchen staff at both campuses are amazing. I give them a lot of credit for making the transition as smooth as possible. Now both campuses run off the same software system. Talk about a standardized and best practice solution leveraging the best from both campuses and across the nation.

I appreciate all other team members for recognizing the complexity of the change and working together as a team to address any patient issues. End result – the letters continue to come in from patients raving about the service and quality of food. Thanks

Focusing on food for a moment we will be contracting with the third party shortly to provide cafeteria service at the Ouellette campus. The hours will be greatly extended as promised previously.

The provider will be “Mangias Italian Grill” which will feature products from the popular Windsor restaurant chain Armando’s. Expect to see them on site within the next couple of months.

We are still in discussions about the coffee shop at Ouellette and decisions will be made shortly. In the meantime we still value and will continue to value the volunteers that provide services at the coffee shop.

The reason for any delays is we wanted to focus on the patient food service first and get that implemented. Again thanks to everyone for supporting that.

At Ouellette we continue to work floor by floor to “refresh” the environment for the benefit of our patients and also for each and everyone of you who work at that campus. This includes also replacing many windows that were deficient and did not do a good job at keeping the external cold or hot air from entering the building. Last year we had patients having to wear parkas while in bed. I was not happy. The same for the emergency department and visitors and staff being cold if they were anywhere near the entrance.

At met we will be starting the laboratory renovations as required by the investigators report completed a few years ago.

In addition, at Ouellette, we will be starting the construction on moving 5<sup>th</sup> floor outpatient surgery to 2<sup>nd</sup> floor and moving Cath lab to the 5<sup>th</sup> floor and expanding to two tables.

The need to move to the two Cath tables and 24/7 Cath operations was not more evident then at a recent event I attended. I attended the Essex-Windsor EMS survivor’s day last Friday. This event highlights the first responders and hospitals heroic efforts in saving individuals who at one point in their journey had vital signs absent.

Dr. Paul Bradford did an amazing job mc’ing the event once again. All of the survivors touched one of our campuses. I was told the first event highlighted 4 people being saved. This year, only 4 years later, over 60 survivor stories were shared. Truly amazing and inspiring. All because of you.

It is breathtaking to hear these stories like these. However, as we all know, these stories are only a small percentage of what you do daily.

The vast majority is the care and compassion you provide to the other 130,000 patients that attend our Emergency Departments, the 40,000 surgical procedures we perform and the many other out patient procedures we perform annually. It is how we perform for all of our patients that makes us and will continue to make us special.

We are now the 3<sup>rd</sup> largest community teaching hospital in the province and the 11<sup>th</sup> largest hospital overall. This title comes with responsibility. How we are judged by our community, the province and the nation will be determined by how we care for all our patients.

I will continue to share with you the stories of our patients and families, with their consent, on how they truly appreciate your caring and compassion. Our patients and families appreciate what you do on a daily basis, how we address issues proactively and make their journey’s better. Sometimes their journeys do not go great. However, it is how we respond to those issues and proactively address them for not only the rest of their stay but for the benefit of future patients that they appreciate.

I heard that some of you hear these stories and think patients are critical of what happened in the past because they are saying things are better now.

We truly need to embrace the concept of change and continuous improvement. It would be great if all our patients would say that their current visit was better than their last. That shows that we are making positive change with a focus on the patient. We should not be offended by this but embrace it. Being offended by compliments like this means we are satisfied with the status quo.

An issue I want to address is the movement of patients from room to room or even one bed to another bed in the same room without first calling admitting and allowing the rooms to be cleaned. The practice has to stop now. A patient room that is not cleaned or even moving a patient within a room from say “a” bed space to “b” bed space because the patient wants to be near the window before it is cleaned is exposing the patient to unneeded risk for infection etc. Some nights we have seen multiple moves of one patient with admitting only called after the last move. I know some of these moves is to create space for newly admitting patients. However, again it is exposing the patient to unneeded risks.

Again, before you even start moving a patient you need approval from admitting. Then admitting will make sure housekeeping is involved to ensure the rooms are clean before and after a move.

Before I close today I do want to update everyone on the move towards a new state of the art acute care hospital. The site selection subcommittee has individually scored all 20 plus properties and are meeting together last week and into the next couple weeks to come up with a preferred list of no greater than 5. That preferred list will move to the next phase which involves intense due diligence with things like soil samples and also price comes into play. A final recommendation should be made around June assuming this snow clears and weather warms to allow soil samples to actually be taken.

One thing we do know when they announce the site is that they will be wrong. Yes I said it ...wrong. They will be wrong because someone will have wanted the hospital in their backyard and did not get it there or someone did not want it in their backyard and it is in their backyard.

Will the site selection subcommittee be perfect? No. However, they are going to select the best property being proposed and we cannot allow location to stop the process or else our project will stop and the government will spend the money on our project in London, Toronto or Ottawa and we will all pay for a new hospital elsewhere and continue with the deficient infrastructure we have in Windsor.

While this is going on we continue with completing stage 1b of the five stage planning process. We will submit stage 1b in may of this year. Getting approval to move to stage 2 is very important.

If we get approved to move to stage 2 we have a project. Right now we are in the "if" and "when" stage.

Stage 2 means we are past "if" and it is only a matter of when.

Stage 2 is when we roll our sleeves up and actually start designing in words the new hospital and start putting those words into actual program/department drawings/designs. That is why moving forward with sop and change is so critical. That will design the new hospital.

As team members we need to all be up to date on the benefits of a new hospital. You are the connection and voice to the community. We need you to explain to the community why we need a new hospital and the benefits of a new hospital.

In your spare time please go to the [windsorhospitals.ca](http://windsorhospitals.ca) website and read the materials and watch the videos. Direct your friends and family to the website.

We need to press this project ahead for the benefit of our community and generations to come. Windsor/Essex deserves nothing less.

Thank you for coming today. As always I am available pretty much 24/7 to talk about anything. Just reach out to me.

Thanks