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ANNUAL
REPORT
04.01.17
-
03.31.18


together
WE BUILD

THE FUTURE OF HEALTHCARE



DIMITAR SAVESKI

Volunteer
Above and Beyond Recognition Recipient
Medical Student



LYNNE WATTS BOARD CHAIR
WINDSOR REGIONAL HOSPITAL



DAVID MUSYJ PRESIDENT & CEO
WINDSOR REGIONAL HOSPITAL



DR. GARY ING, MD CHIEF OF STAFF
WINDSOR REGIONAL HOSPITAL

MESSAGE FROM THE BOARD CHAIR, PRESIDENT & CHIEF EXECUTIVE OFFICER AND CHIEF OF STAFF

Another year of constant change and continuous improvements kept Windsor Regional Hospital in the forefront in fiscal year 2017/2018.

A major priority was improving the patient flow at both campuses as part of the standardization and optimization (SOP) process that was started at the time of re-alignment. Similar to most acute care hospitals in the province, Windsor Regional Hospital experienced issues with being able to place admitted Emergency Department patients into the most appropriate bed, in a timely fashion. We sought patient input and feedback throughout the process. The patient flow journey includes leadership processes of: Notifying the Admitting Department; Bed Turnaround; Transferring Patient to the Bed; Robust Discharge Process; Robust Notification of Patient Discharge; Discharge by 11:00 a.m., 2:00 p.m. and Weekend Discharges. Through statistical data, the end result of the Bed Allocation initiative was to determine the range for the number of beds required to ensure bed availability for admitted medicine and surgical patients. Comfort Rounds is a pro-active approach to patient rounds. The goal was to reduce patient falls and improve patient satisfaction. We have seen dramatic positive results in all of these areas.

The opening of the new Renal Dialysis/Nephrology Program in the Bell Building in May was a major improvement for patients. Now they have much more space when receiving service for their dialysis, surrounded by outdoor light shining through large windows and being cared for with state-of-the-art medical equipment.

Five months into the fiscal year and similar to recent fiscal years, there was no confirmation of funding for fiscal year 2017/18. With a current deficit in excess of \$9 million for once this was a good thing. Following the release of the Third Party Funding Review Report and the May 2017 Provincial Budget, the expected loss of \$16.6 million in one-time funding was offset by a similar increase in base funding. The Ministry considered an additional funding

request and one-time funding to replenish our working capital position. This request was endorsed by the ESCLHIN (Erie St. Clair Local Health Integration Network). Being provided monies that just gets the hospital to a break even financial position was not sufficient and does not allow for investments in operations that benefit patients and future needs, such as massive improvement for a health information system.

Better news came our way a month later when, as is the case every year, we received data indicating how well Windsor Regional Hospital performed related to weighted cases. The data for fiscal 2016/17 showed actual costs per weighted case for inpatient and day surgery at 2.46% below expected, which was amazing. This was helpful as we continued to address funding/revenue received from the Ministry of Health. Actually, hospitals with far poorer performance received substantially more revenue and were able to create annual surpluses that allowed them to invest into capital and operations. On our side was the ability to sustain quality and safety outcomes for our patients which shed great light in our favour with the Ministry. There is no mystery to the fact that Windsor Regional Hospital saw financial, quality and safety outcomes occur at the same time. We continue to work with the Ministry and the LHIN to hopefully resolve funding disparities.

After months of co-ordination between staff and physicians and the QBP (Quality Based Programs) team including extensive patient engagement, Windsor Regional Hospital rolled out the QBP Pathway Improvement Program. This program begins with newly admitted patients with primary diagnoses of Chronic Obstructive Pulmonary Disorder (COPD), Community Acquired Pneumonia, Congestive Heart Failure (CHF), Ischemic Stroke and Hip Fracture. When someone is diagnosed with any of these

conditions and admitted, a standardized care plan is put in motion to ensure everyone - clinical staff, physicians, patients and family members - knows what to expect throughout the patient journey. The program includes best practice medical orders (Order Sets), guides to care (Clinical Pathways) and patient and family information (Patient Experience Pathways).

The Windsor Regional Hospital My Care Journey App was championed. The App provides useful information about patient conditions, a daily guide to what they can expect while in the hospital and tips to prepare them for next steps after discharge. Through focus groups and a communication plan, the App quickly met with patient and family approval as it kept them up to date regarding their loved one's medical condition, basically 24-hours-a-day.

With the launching of the Patient Flow Improvement Plan came the development of the Command Centre at the Met and Ouellette Campuses. The Command Centre is the central hub for systems communication, escalation, and operational decision-making, involving admission, discharge and flow of patients. Basically, the Command Centre uses minimal technology; however, you can see in a very visual and immediate way what is happening in the hospital and where the 'hot spots' are that need to be addressed.

On the future new acute care hospital process, the announcement that the Windsor Public Library would be partnering with Windsor Regional Hospital to explore the possibility of creating an innovative and jointly-operated library service was received positively by both city and county representatives.

A pivotal date in history for Windsor-Essex took place in December when Dr. Eric Hoskins, then Minister of Health and Long Term Care (MOH), attended the Ouellette Campus of Windsor Regional Hospital and officially announced that the new state-of-the-art acute care hospital was officially at Stage 2 of the five Stage MOH capital planning process and that Infrastructure Ontario is now appointed to the project with the necessary funding set aside in the Provincial "fiscal plan". We were ready and we were heard!

In the beginning of the year, the process of re-zoning the land around the proposed future acute care hospital was moving forward. The Secondary Plan and re-zoning process is a City of Windsor requirement and necessary to proceed with the new hospital. It is important to note that this discussion is not about whether or not this is the right location for the new hospital. That decision has been made! This discussion is about how the area around the new hospital will develop over the next 10 to 30 years

and more. The Secondary Plan provides direction for the development of the Secondary Plan area to ensure the new hospital site is considered holistically within a broader land use planning context for the area. The initiative will soon come before City Council.

Awareness surfaced that the Windsor-Essex region had a sharp increase in opioid-related emergency visits and hospital admissions as well as deaths over the past few years. The Ministry of Health and Long Term Care through Public Health Ontario released a public tracking system tool regarding opioid-related ED hospital visits, admissions and deaths. Along with the international community, we continue to be challenged by these numbers and this growing epidemic.

We began receiving information that the impending flu season could be challenging due to Australia reporting that their flu season had been harsh and lasted longer than usual. We began our fall due diligence campaign by communicating that the first line of defense against influenza is vaccination.

Into the winter and well into the new year, we saw the long cold winter linger for weeks into months, bringing people into hospital, which was challenging for Windsor Regional Hospital. Several weeks of over-capacity occurred, placing demands on the hospital staff who also felt the ramifications of the harsh weather conditions. Statistics were compared between December 2017 and January 2018 where, overall, Windsor Regional Hospital admitted 295 more patients compared to the same time period a year prior. What was very helpful through the 'daily surge' of patients was the Patient Flow Improvement Program which assisted in guiding daily decisions during very hectic times. Lower wait times for patients coming into the Emergency Department who required admission to hospital was a rewarding factor.

On behalf of the three of us, we concluded our fiscal year with optimism. We continue to move forward on all initiatives that will make Windsor Regional Hospital continue to attain Outstanding Care - No Exceptions!

Together, we congratulate the employees, professional staff, auxiliary and volunteers for their loyalty, commitment and vision.



LYNNE WATTS
BOARD CHAIR



DAVID MUSYJ
PRESIDENT & CEO



DR. GARY ING
M.D., F.C.F.P.

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- Michael Lavoie
- John Leontowicz
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- Anthony Paniccia
- Yvan Poulain (until Apr. 6, 2017)
- Pam Skillings
- David Musyj, President and Chief Executive Officer, Ex-Officio / Non-Voting & Secretary
- Dr. Gerry Cooper, Schulich School of Medicine & Dentistry, Windsor Campus, Ex-Officio / Non-Voting
- Dr. Abdelrahman Elashaal, President, Professional Staff, Met, Ex-Officio / Non-Voting (as of Apr. 1, 2017)
- Dr. Gary Ing, Chief of Staff, Ex-Officio / Non-Voting
- Karen McCullough, Chief Operating Officer and Chief Nursing Executive, Ex-Official / Non-Voting
- Dr. Roland Mikhail, Vice-President, Professional Staff, Ex-Officio / Non-Voting (until Mar. 31, 2018)
- Dr. Minesh Singh, Vice-President, Professional Staff, Ex-Officio / Non-Voting (until Mar. 31, 2018)

EXECUTIVE COMMITTEE

- Janice Dawson, Vice-President, Critical Care, Cardiology, Regional Stroke and Clinical Support Services (until July 17, 2017)
- Mark Fathers, Vice-President, Corporate Services and Chief Financial Officer
- Mark Ferrari, Executive Director, Windsor Family Health Team
- Ron Foster, Vice-President, Public Affairs, Communications and Philanthropy
- Karen McCullough, Chief Operating Officer and Chief Nursing Executive
- David Musyj, President and Chief Executive Officer
- Ralph Nicoletti, Vice President, Diagnostic Imaging, Mental Health, Medicine and Emergency Services
- Rosemary Petrakos, Vice-President, Peri-Operative, Surgery and Women's and Children's Service
- Karen Riddell, Interim Vice-President, Critical Care, Cardiology, Regional Stroke and Clinical Support Services (as of July 19, 2017)
- Monica Staley Liang, Vice-President, Regional Cancer Programs, Renal, Patient Relations and Legal Affairs

MEDICAL ADVISORY COMMITTEE

- Dr. Gary Ing, Chief of Staff
- Dr. Minesh Singh, Vice-President, Professional Staff (until Mar. 31, 2018)
- Dr. Abdelrahman Elashaal, President, Professional Staff (as of Apr. 1, 2017)
- Dr. Roland Mikhail, Secretary-Treasurer, Professional Staff (until Mar. 31, 2018)
- Dr. Rajasekar Basker, Chief, Psychiatry
- Dr. Marguerite Chevalier, Chief, Family Medicine
- Dr. Akram El Keilani (as of Aug. 1, 2017)
- Dr. Greg Hasen, Chief OB GYN (as of Mar. 1, 2018)
- Dr. Sindu Kanjeekal, Chief Oncology (as of Jan. 1, 2018)
- Dr. Donald Levy, Chief, Emergency Medicine
- Dr. Americo Liolli, Chief, Anaesthesia
- Dr. Lenna Morgan, Chief, Paediatrics
- Dr. Josh Polsky, Chief, OB GYN (until Feb. 28, 2018)
- Dr. Winston Ramsewak, Chief, Diagnostic Imaging
- Dr. Wassim Saad, Chief, Medicine
- Dr. Kenneth Schneider, Chief, Oncology (until Dec. 31, 2017)
- Dr. David Shum, Chief, Laboratory Medicine (until July 31, 2017)
- Dr. Richard Stapleford, Chief, Oral and Maxillofacial Surgery & Dentistry,
- Dr. Takeshi Takahashi, Chief, Surgery
- Dr. Michael Winger, Chief, Neurosciences
- Dr. Lawrence Jacobs, Schulich School of Medicine & Dentistry, Windsor Campus

FOUNDATION BOARD OF DIRECTORS

- Richard Vennettilli, President
- John Comisso, Vice-President
- John Jedlinski, Treasurer and Chair, Finance/Investment
- Beth Ann Prince, Secretary
- Ilias Kiritsis, Past-President and Chair, Nominating
- Beverly Ann Becker, Chair, Fundraising
- Nick Dzudz
- Tim Kawalec
- David Macleod
- Loris Macor, Chair, Governance and By-Law
- Dr. Martha Reavley
- Robert Reid
- Pam Skillings, Cross Appointment, WRH Board of Directors
- Mark Fathers, Assistant Treasurer, Ex-Officio / Non-Voting
- Ron Foster, Executive Director, Ex-Officio / Non-Voting

AUXILIARY

- Fae Gillespie, President, Windsor Regional Hospital Auxiliary

Dollar amounts in thousands

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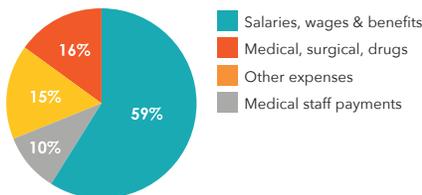
FINANCIAL POSITION (as at March 31)		2018	2017
ASSETS			
Current assets and investments held for capital purposes		\$ 42,313	\$ 35,316
Capital assets, net of accumulated amortization		\$ 175,876	\$ 175,655
Total assets		\$ 218,189	\$ 210,971
LIABILITIES AND NET ASSETS			
Current and long-term liabilities		\$ 159,735	\$ 147,362
Deferred capital grants, net of amortization		\$ 124,328	\$ 118,648
Total liabilities		\$ 284,063	\$ 266,010
Accumulated remeasurement losses		\$ (1,435)	\$ (2,105)
Net assets		\$ (64,439)	\$ (52,934)
Total liabilities and net assets		\$ 218,189	\$ 210,971
REVENUE AND EXPENSES (for the year ended March 31)		2018	2017
REVENUE			
Provincial programs		\$ 416,329	\$ 406,504
Other fees and revenue		\$ 78,524	\$ 77,730
Total revenue		\$ 494,853	\$ 484,234
EXPENSES			
Compensation and benefits		\$ 298,555	\$ 290,998
Supplies and other expenses		\$ 207,803	\$ 201,848
Total expenses		\$ 506,358	\$ 492,846
Deficit for the year		\$ (11,505)	\$ (8,612)
Ministry of Health and Long Term Care - Total Margin		\$ (8,013)	\$ (4,991)
CASH FLOWS (for the year ended March 31)		2018	2017
CASH FLOWS FROM (USED IN)			
Cash flows from operations and changes in operating balances		\$ (12,460)	\$ 5,696
Additions to capital assets		\$ (12,771)	\$ (18,190)
Cash flows from grants, investing and financing activities		\$ 25,231	\$ 8,081
Decrease in Cash for the Year		\$ -	\$ (4,413)
Cash Surplus, Beginning of Year		\$ -	\$ 4,413
Cash Surplus, End of Year		\$ -	\$ -
PATIENT SERVICE VOLUMES (for the year ended March 31)		2018	2017
Acute patients separated (discharged)		30,694	29,370
Patient days		188,366	187,712
Births		3,594	3,717
Day surgery & Endoscopy cases		39,591	38,688
Emergency department visits		112,310	115,004

FINANCIAL & OPERATIONAL HIGHLIGHTS

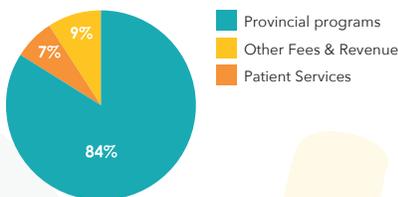
Dollar amounts in thousands

FISCAL YEAR	2018	2017		2018	2017
REVENUE			EXPENSES		
Provincial programs	\$ 416,329	\$ 406,504	Salaries, wages & benefits	\$ 298,555	\$ 290,998
Patient services	\$ 33,668	\$ 34,521	Medical staff payments	\$ 50,759	\$ 51,683
Other fees & revenue	\$ 44,856	\$ 43,209	Medical, surgical, drugs	\$ 83,269	\$ 76,064
			Other expenses	\$ 73,775	\$ 74,101
Total revenue	\$ 494,853	\$ 484,234	Total expenses	\$ 506,358	\$ 492,846

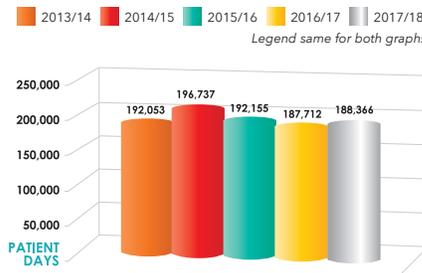
OPERATING EXPENSES BY CATEGORY FISCAL 2017 - 18



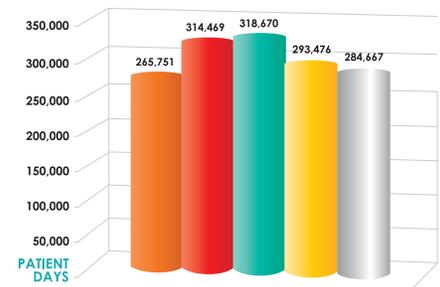
SOURCES OF REVENUE FISCAL 2017 - 18



5 YEAR SUMMARY OF PATIENT DAYS



5 YEAR SUMMARY OF OUTPATIENT VISITS



REPORT OF THE INDEPENDENT AUDITORS ON THE SUMMARY FINANCIAL STATEMENTS

TO THE BOARD OF DIRECTORS OF WINDSOR REGIONAL HOSPITAL

The accompanying summary financial statements of Windsor Regional Hospital, which comprise the summary statement of financial position as at March 31, 2018, the summary statements of revenue and expenses and cash flows for the year then ended, and related notes, are derived from the audited financial statements, prepared in accordance with Canadian public sector accounting standards, of Windsor Regional Hospital as at and for the year ended March 31, 2018.

We expressed an unmodified audit opinion on those financial statements in our report dated June 7, 2018.

The summary financial statements do not contain all the disclosures required by Canadian public sector accounting standards applied in the preparation of the audited financial statements of Windsor Regional Hospital. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of Windsor Regional Hospital.

MANAGEMENT'S RESPONSIBILITY FOR THE SUMMARY FINANCIAL STATEMENTS

Management is responsible for the preparation of the summary financial statements in accordance with the basis described in Note 1.

AUDITORS' RESPONSIBILITY

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, "Engagements to Report on Summary Financial Statements."

OPINION

In our opinion, the summary financial statements derived from the audited financial statements of Windsor Regional Hospital as at and for the year ended March 31, 2018 are a fair summary of those financial statements, in accordance with the basis described in Note 1.

KPMG LLP

CHARTERED PROFESSIONAL ACCOUNTANTS

Licensed Public Accountants
June 7, 2018 | Windsor, Canada

NOTE 1

The summary financial statements are derived from the complete audited financial statements, prepared in accordance with Canadian public sector accounting standards as at and for the year ended March 31, 2018 and do not include certain disclosures required under the Canadian public sector accounting standards.