



Report of the President & CEO to the Board of Directors

Date: February 2012

An investment in knowledge always pays the best interest – Benjamin Franklin

Over the past month we have engaged our community and staff members in our Strategic Planning process. We have used the services of on-line and real time questionnaires to aid in obtaining feedback from those who access our services.

To date, over 500 people have provided important information on what we are doing well, should continue to do, stop doing, start doing and whether we are living our mission of Providing Outstanding Care with Compassion!

This information and feedback will be invaluable for the Strategic Planning Directions Committee to guide the process.

As in 2008, our Strategic Plan will be the foundation upon which everything we do to advance patient care at Windsor Regional Hospital will be based and measured.

Thank you for taking the time to participate in this process to date. If you want to get directly involved send me an email at david_musyj@wrh.on.ca or give me a call at 519-995-2966 (cell) or 519-726-5617 (home). Your input will be invaluable.

Strategic Direction – Embed Patient Quality and Safety in Our Culture

Windsor Regional Hospital Approves Quality Indicator Compensation Plan for all Non-Union Staff

- This past year, the Executive Committee at Windsor Regional Hospital was subject to a pay reduction that they had to earn back through the Corporation achieving certain performance results in its 14 Core Corporate Indicators.
- The details of the 2011 plan can be found on the Hospital's Internet page. http://www.wrh.on.ca/webbuild/site/wrh-internet-upload/file_collection/Executive%20Compensation%20ADM-49.March%202011.pdf

- The WRH Board of Directors have provided support to have a similar plan applicable to ALL non-union staff for the 2012 calendar year. The major difference is it will NOT require a compensation “roll back”.
- The 2012 Compensation Plan will be based upon your 2012 earnings and will not require your current earnings to be reduced like it was for the Executive Committee in 2011. You will then be entitled to earn up to a 2% bonus on your 2012 earnings based upon how the Corporation performs in these quality indicators. The monies will be paid out in 2013 once all the results have been calculated.
- Shortly, I will be circulating the plan to everyone to review.
- WRH is confident that this will:
 1. Drive performance and improve quality care,
 2. Establish clear performance expectations,
 3. Create clarity about expected outcomes,
 4. Ensure consistency in application of the performance incentive,
 5. Drive transparency in the performance incentive process,
 6. Drive accountability of the team to deliver on the Quality Improvement Plan, and
 7. Enable team work and a shared purpose.

Strategic Direction – Cultivate an Environment of Accountability and Transparency

ALC and Patients/POA not Moving to their LTC Choices

- Since February 2011, after a patient has been declared Alternative Level of Care (ALC) for Long Term Care, we have seen a trend that not only are patients not agreeing to move to any open Long Term Care facility, but also refusing to move to a facility that they previously selected with informed consent without a material change in circumstance. Given that Windsor Regional Hospital is averaging 15 Emergency Department Holds on a daily basis, record Code 7s, and approximately 25% of its available hospital beds occupied by ALCs, every bed we can free up for hospital patients is critical. At the same time, local Long Term Care homes have bed vacancies and are laying off staff as a result of low census. Windsor Regional Hospital has taken upon itself a conciliatory role in trying to address this issue with all stakeholders. As a result, Windsor Regional Hospital has agreement among all stakeholders, except the Ministry of Health and Long Term Care, to the following:
 1. Currently, once designated ALC for Long Term Care, patients and/or Powers of Attorneys (POAs) select up to 5 Long Term Care choices with informed consent.
 2. When one of their choices becomes available (in some cases even their first choice) they are changing their mind without a material change in

circumstance. They are saying for example, “I like the hospital and I do not want to move”.

3. Up to this point, the Community Care Access Centre (CCAC) is allowing the patient and/or POA to reselect their choices. We are currently not telling them they have to go to one of their choices.
 4. In discussing this issue with the Advocacy Centre for the Elderly (ACE), they have stated that if a person or POA selects a LTC facility with informed consent and that facility becomes available, they have to take it unless there is a material change in circumstance (eg. there was Ministry orders on the LTC facility since they selected it).
 5. ACE has then stated if the patient does not move to a Long Term Care home they select, two things can happen;
 - a. In a POA situation, CCAC can apply to the Consent and Capacity Board of Ontario using a Form G Application (*Health Care Consent Act*) and ask the Board to make them move to the LTC they selected;
 - b. In a non-POA situation, the hospital can discharge the patient on paper and start charging the patient the daily rate due to the fact they are not being provided insured services under the *Insurance Act* (ie.\$700 under current hospital policy that is agreed to by patient/POA on admission).
 6. This is **NOT** the First Bed Available (FBA) situation. They are being asked to move to a Long Term Care home they selected. Under FBA, they were being asked to move to an empty LTC bed even if NOT on their list.
- We have asked that the Ministry of Health and Long Term Care agree that Windsor Regional Hospital and/or CCAC has the legal ability to either pursue a Form G Application under the *Health Care Consent Act* or charge a daily rate for uninsured services if a patient or POA, as the case may be, rejects a previously selected Long Term Care placement that was selected with informed consent and without a material change in circumstance.
 - Unfortunately some of our “partners” do not share our opinion that every bed is important. I have asked those same individuals to attend our ED and meet with the patients/families that either have to wait in the ED waiting room, wait on a stretcher as a Code 7 or wait for an acute care bed as an ER hold.

Strategic Direction – Build and Sustain Financial Health

2012-2013 Budget Process

- We are continuing our Budget process and should have a completed interim approved 2012-2013 budget in February 2012.
- Windsor Regional Hospital has had only 5 small surpluses in the last 18 years of operation. Three of these have occurred in the last 3 years. As a result of having a limited number of balanced operating years over the past two decades, Windsor Regional Hospital is financing a considerable amount of short and long term debt through the payment of principal and interest payments of approximately \$5 million dollars per annum. That is \$5 million that is not available to be spent on Hospital operations. That CANNOT go any higher.
- This upcoming fiscal year, assuming a 1% Provincial funding increase, we are projecting a \$1.8 million dollar shortfall. We will not know the funding announcement from the Government until sometime after the Provincial budget is announced in March 2012.
- A Townhall Meeting will be held on February 3, 2012, to discuss preparing for 2012-2013. Please either attend the Townhall Meeting or watch the video replay that will be sent out shortly after the session if you cannot attend.

Strategic Direction – Enhance our Status as an Employer of Choice

Windsor Regional Hospital Foundation Continues to Support Staff Research/Education

- In addition to its annual \$150,000 support for staff tuition reimbursement, the Windsor Regional Hospital Foundation has agreed to support unique research opportunities for our staff to lead. Thank-you once again WRH Foundation!

WINDSOR REGIONAL HOSPITAL

As part of our vision to provide *Outstanding Care, No Exceptions* WRH has developed strategic directions that are committed to improving quality and safety, as well as distinguishing ourselves through innovation. “Innovation incubators” are focused strategies that can provide resources, financial support and expertise to help “nurture” innovative ideas during start-up, while they are still developing and are somewhat vulnerable. This area of innovation focuses on research.

Call for Research Proposals

WRH staff and physicians are invited to apply to the research grants steering committee for financial support through grants from the WRH Foundation to encourage further research in areas related to safety and quality. Grants are available up to a maximum of \$5000.

Objectives of the research grant program:

- Encourage staff to participate in research and further their own professional and personal development within WRH environment;
- Increase the sharing of knowledge regarding best practice and research which positively impacts on care and quality;
- Develop WRH as a model for action oriented research that links to practice in a variety of healthcare environments;
- Further the WRH vision of providing, Outstanding Care, No Exceptions!

Deadline for Applications: Friday, February 3, 2012

Research considered for funding:

For 2011-2012 research should be focused on safety and quality. Priority will be given to proposals with a focus on one of the following fourteen corporate indicators:

- Hospital acquired infections
- Patient falls with injury
- Irreplaceable lab specimens
- High risk medication incidents
- Medication reconciliation
- Hospital standardized mortality ratio (HSMR)
- Hand hygiene compliance
- Cost per weighted case
- Staff satisfaction
- Patient satisfaction
- ED length of stay (3 indicators)
- Patient flow – discharge

Proposals dealing with other indicators relevant to safety and quality may be considered.

Visit the Learning and Workplace Development Intranet page to view the criteria, and [download the application and instructions](#).

If you don't have computer access, you can pick up an application package from Human Resources (Met and Tayfour Campuses).



Strategic Direction – Distinguish Ourselves through Superior Performance, Innovation and Exceptional Customer Service

Tayfour Campus Completion in the Homestretch

- Over the next few months, the Tayfour Campus will be completed. If you have had a chance to attend the Campus, I know you will agree with me that the facilities are now matching the staff that provide services at that Campus – amazing !
- The plan is to have the Tower Building complete by June 2012 with the Rehabilitation Program moving from Malden Park to the Tower in July. Our goal is to have approximately 50 additional Complex Continuing Care beds opening at Malden Park starting in August. An application/request has already been made to the Ministry of Health and Long Term Care requesting operating funding for the additional Rehabilitation beds and Complex Continuing Care beds.
- At the same time, the construction for the WE Care for Kids House (currently Family Learning Place) will begin in the near future just east of the Malden Park building.
- Expect some exciting announcements at the Campus over the next few months!

Strategic Direction – Strengthen our Relationships with External Partners

Windsor Regional Hospital Hosts LTC Fair

- Taking a leadership role, the staff at Windsor Regional Hospital took it upon themselves to arrange and coordinate a Long Term Care Fair at the Malden Park building at the Tayfour Campus on January 17, 2012.
- Over 10 LTC facilities and the CCAC participated in the fair. Over 100 patients and families attended the fair to learn more about their choices and the amazing care and compassion that is provided at these organizations.
- As a result of the success of the LTC Fair, we are planning the second one to take place in a couple of months.
- Again, thanks to WRH for coming up with the idea and running with it! Your leadership in healthcare in this community is amazing!