



Report of the President & CEO to the Board of Directors

Date: February 2013

Change is the law of life.

And those who look only to the past or present are certain to miss the future.

John F. Kennedy

This past month there was an announcement by the Deputy Premier and Minister of Finance that both Hôtel-Dieu Grace Hospital (HDGH) and Windsor Regional Hospital are being provided funding to proceed with Stage 1 planning towards a new single site acute care hospital.

This announcement is in response to the overwhelming community support collected by the Task Force appointed by the Government last fall to gauge support of a new single acute care site. Stage 1 focuses on governance and the core services to be provided in the new single site.

Once Stage 1 is completed, we will move to Stage 2 which is a more detailed focus on the services to be provided in the new single site up to actual drawings. Basically, Stage 2 is putting into words the actual services, current and projected volumes that will be used by the architects to eventually design the new building.

This process is similar to previous capital projects we have been involved with at our Metropolitan Campus and most recently our Tayfour Campus. In addition, this work was most recently done when we developed our Master Site Plan for the Metropolitan Campus that came to the conclusion we will need to look at an external site in the next 10-15 years.

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We have a long way to go before a “shovel is in the ground”. How we proceed through Stages 1 and 2 will determine how quickly this can occur. Typically it takes 10-12 years for the process to be completed. Whether we go faster or slower is based upon a lot of factors that we have little control over. However, our goal is not to have internal factors slow down this process.

Our Board of Directors will be working closely with HDGH’s Board of Directors to address the issues that need to be resolved in Stage 1. In addition, all clinical leaders, through the leadership of each hospital’s Chief of Staff, will be leaned and consulted on heavily in Stage 1 on the “core services” component.

In the meantime, we have a community to take care of and a hospital to run. I do not want any of these discussions to distract any of us from our day to day tasks. That is what I am here for and what our Board of Directors are here for. Let the Board and I move through the process, as we have successfully done in the past, and allow you to focus on what you do best – providing Outstanding and Compassionate Care to our patients and community.

From time to time we will tap you on the shoulder and ask for your individual and collective involvement in the process. Please, as you have always done, if you have the time, volunteer when asked. This is our community’s future which makes it our collective future.

Keep making me proud!

Strategic Direction - Excel in Patient Safety and Quality

Quality Improvement Plan

- Our 2012 Quality Improvement Plan results are being finalized.
- First, the targets we set in the 2012 QIP are stretch targets/goals. This means we are NOT happy with the Provincial average/target. We set goals/targets wanting to clearly exceed those targets. I always love the comment – “you never want to settle for being the cream of the cr..p”.
- While waiting on final data for three indicators (HSMR, Patient Satisfaction and Cost Per Weighted Case) we have either reached or exceeded our preset stretch targets/goals in 6 out of 11 of the metrics.

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QIP Metric Indicator	Most Recent Average Performance	Target Performance FY 2012-13	Provincial Average	Performance Accomplished Jan 1/12 to Dec 31/12
Hand Washing Compliance	89.12% (Before)	89.12% (Before)	65.73% (Before)	93.96% (Before)
	93.44% (After)	93.44% (After)	78.61% (after)	95.96% (After)
Hospital Acquired Infections	.98 per 1000 patient days (overall) 0.43 (MRSA), 0.37 (VRE), and 0.19 (CDiff)	.75 per 1000 patient days	n/a as an combined number	0.91
Patient Falls with Injury	.356 per 1000 patient days	.320 per 1000 patient days	n/a	0.07
Hospital Standardized Mortality Ratio	101	95	102 (for our region in 10-11)	98 (Current calendar year to Date, Jan-Oct 2012)
Patient Satisfaction Rating	93%	93%	93% (for the most recent quarter)	95.47 (Current calendar year to Date, Jan-Oct 2012)
Actual versus Expected Cost per Weighted Case	12%	9%	n/a	-0.07% (Current fiscal year to Date, Apr-Oct 2012)
ED Length of Stay - High Acuity - Admitted	76%	76%	41% (FY 2009-2010)	57.1%
ED Length of Stay - Complex Non- Admitted	94%	94%	92% (Current Year-to-date)	94%
ED Length of Stay - Uncomplex Non- Admitted	82%	89%	85% (FY 2009-2010)	92%
% Discharged by 1100	17%	27%	na	26%
% Discharged by 1400	63%	73%	na	67%

- We are currently finalizing our 2013 QIP and will be publishing the metrics and targets/goals shortly.

Strategic Direction - Champion Accountability and Transparency

Delay of Opening of Additional CCC Beds

- In September 2012 we were informed that the previously planned opening of 42 more Complex Continuing Care (CCC) beds would not happen at the conclusion of the renovation of the Tayfour Campus. Since then we have been communicating with the Ministry of Health and Long Term Care asking for clarification and explanation.
- Historically, once a renovation project is completed the necessary operational dollars would start to flow that formed the basis for the renovation.
- Unfortunately, as a result of the now projected \$11.6 billion Provincial deficit, coupled with the \$250 billion of Provincial debt, all additional “growth” in healthcare is artificially being spread out over 6 years as compared to immediate.
- I use the word “artificial” because there is no doubt the demand for beds – be it hospital or long term care (LTC) – is desperately needed in Windsor/Essex. Claiming patients in hospital beds currently who are waiting for long term care could be cared for at home is misleading. Yes that concept would be correct if the necessary home care services were available. They are NOT. As a result, as I identified in last month’s report, the cost to patients being in the wrong bed at the wrong time with the wrong caregiver is costing the patient/family, caregiver and is financially inefficient.
- As a result we have only been approved to open approximately 10 beds per annum for the next 6 years. We will be starting with the 10 new Rehabilitation beds that will bring the total complement to 60 Rehabilitation beds on the Tayfour Campus. That is being planned for late March 2013.

- We will continue to advocate for the immediate opening of the additional CCC beds especially considering the delay in the opening of the LTC facility that was promised years ago.

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

New Funding Formula

- In previous reports and Town Hall Meetings I have discussed the new funding formula that has been introduced by the Ministry of Health and Long Term Care. It will negatively impact Windsor Regional Hospital by reducing the funding it receives from the Government by over \$4 million per annum.
- Through the support of the Hospital's Board of Directors, we have reached out to the individual that was retained by the Government to create the new funding formula. He will be working with us over the next couple of months to answer the following questions.

HBAM Acute Service Model	
HBAM	How does WRH perform under HBAM? What is expected growth in services at WRH? How can WRH increase their weighted cases in HBAM and QBP through coding?
Clinical Operations Analysis and Benchmarking	
Quality	How often are WRH patients readmitted within 30 and 90 days of discharge? How often do WRH patients have complications of care?
Efficiency	Is WRH avoiding admissions from the ED? Is WRH substituting ambulatory surgery for inpatient surgery?
	How often does WRH admit patients to special care units? How long do WRH patients stay in hospital? What is ALC use of acute resources at WRH?
	How are residents of WRH's catchment area using hospitals?
Coordination with other sectors	Who is using WRH hospital? What services are they using? How is WRH using sub and post acute care to reduce use of hospital resources? What proportion of WRH resources is used by decedents? How is WRH using institutional and community palliative services?
Inpatient Rehabilitation	
Need for and access to IP Rehabilitation	What is the need for IP rehab services in the population served by WRH? What is access to IP Rehab services? Are there gaps in access?

- The results of this work will guide WRH and its operations over the next few years and allow us to maintain a proactive approach to health care funding. Once the results are received, I will be holding a Town Hall Meeting and sharing the results with all of you.

Strategic Direction - Create a Vibrant Workplace

Successful Spa Day

- The 6th Annual “Look and Feel Your Best” Spa Day held on January 21, 2013 was once again a popular event for staff to attend at both campuses.
- I want to thank the participants that supplied their services to the event. They are:

Serendipity Aesthetics
Coral Medical Health Spa
Avon
Mary Kay
Everest College
Elaine Charal (Handwriting Analysis)
Sacred Rose

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

Have you ever heard of AIDET?

AIDET is a framework to communicate with patients and their families as well as with each other. It is a simple acronym that represents a very powerful way to communicate with people who are often nervous, anxious and feeling vulnerable. It can also be used as we communicate with other staff and colleagues, especially when we are providing an internal service.

It has proven to increase patient satisfaction and as a result staff satisfaction.

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Acknowledge — Greet people with a smile and use their names if you know them. Attitude is everything. Create a lasting impression.

- "Good morning/afternoon, Ms. Jones. We've been expecting you and we're glad you are here."
- "Good morning/afternoon, Mr. Smith. Welcome to Sharp. We want to make your visit as convenient as possible. Would you please take a moment to confirm that we have your most current information?"

Introduce — Introduce yourself to others politely. Tell them who you are and how you are going to help them. Escort people where they need to go rather than pointing or giving directions.

"My name is Susan and I will be conducting your test today. I am a certified Ultra Sonographer and I do about six of these procedures a day. The doctors say that my skills are among the best. Do you have any questions for me?"

"Mrs. Smith, you will be seeing Dr. Jones today. He is an excellent physician. He is very good at listening and answering patient questions. You are fortunate that he is your physician."

"Mr. White, Dr. Purple would like you to have an X-ray in our Radiology department. We have an excellent team of Radiology Technicians who use state-of-the-art equipment. I'm confident you will have a great experience."

Duration — Keep in touch to ease waiting times. Let others know if there is a delay and how long it will be. Make it better and apply service recovery methods when necessary.

"Dr. Heart had to attend an emergency. He was concerned about you and wanted you to know that it may be 30 minutes before he can see you. Are you able to wait or would you like me to schedule another appointment?"

Explanation — Advise others what you are doing, how procedures work and whom to contact if they need assistance. Communicate any steps they may need to take. Make words work. Talk, listen and learn. Make time to help. Ask, "Is there anything else I can do for you?"

"The test takes about 30 minutes. The first step is drink this solution and then we'll have you wait 20 minutes before we take a blood sample. Would you like to read while you wait?"

Thank You — Thank somebody. Foster an attitude of gratitude. Thank people for their patronage, help or assistance. Use reward and recognition tools.

"Thank you for choosing Windsor Regional. It has been a privilege to care for you."

Thank you for your call. Is there anything else I can do for you? I have the time."

- You will be hearing more about AIDET from our Patient Experience Committee in the near future. Keep an eye out. In the meantime, why not try to use AIDET and the tips/examples previously mentioned and see how it works.

Strategic Direction - Strategically Engage With External Partners

W.E. Care for Kids House

- By the time I write my March report, we will have hosted the grand opening of the W.E. Care for Kids House at the Tayfour Campus. This amazing new facility replaces the Family Learning Place. This could not have happened without the support of W.E. Care for Kids and the Ontario Government.

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- If you have a chance to attend the opening, please do so. You will NOT be disappointed. This is truly a transformation project that will support some of the most vulnerable individuals in our society – children coping with brain health issues.
- We are targeting March 1, 2013 for the grand opening.

AWARDED EXEMPLARY STATUS 2012

