



Report of the President & CEO to the Board of Directors

Date: May 2011

"Be careful what you wish for, you may receive it" W.W. Jacobs

There has been a lot of attention questioning the need for the ongoing existence of the Local Health Integration Networks (LHINs).

Across the Province of Ontario there are 14 LHINs. The LHINs have been given the mandate for planning, integrating and funding health care services at a local level. LHINs are locally based and have a quality community engagement. The Erie St. Clair LHIN is one such LHIN. It services the regions of Chatham-Kent, Sarnia-Lambton and Windsor-Essex. Its area includes over 650,000 people and supports an annual budget of over \$850 million dollars for local healthcare services.

Windsor Regional Hospital is the largest entity the Erie St. Clair LHIN funds.

LHINs plan, fund and coordinate services delivered by Hospitals, Long-Term Care Homes, Community Care Access Centre (CCAC), Community Support Service Agencies, Mental Health and Addiction Agencies and Community Health Centres (CHCs).

LHINs have no jurisdiction over physicians or their primary funding source OHIP. This is even though, per capita, Ontario spends more on physician expenditures than any other Province in Canada. By comparison, expenditures on Hospitals, per capita, in Ontario is the second lowest across Canada and consumes less than 30% of the overall healthcare expenditure in Ontario.

The LHINs were created in 2006 because, it was thought, people living locally were better able to plan, fund and integrate health services in their own communities rather than people in Toronto. By April 1, 2007, LHINs took on full responsibility for health services in their communities.

When the LHINs were created the economy was growing annually by approximately 3% but healthcare expenditures were growing by 7-10%. LHINs were created in order to “bridge” that gap by making the 3% go further through consolidation/integration of healthcare activities at a local level.

Then the bottom fell out in 2008.

The economy stopped growing. In fact it went into negative growth. However, healthcare expenditures did not stop growing. Therefore, the LHINs no longer even had 3% in funding to complete their agenda.

This is not to say that the LHINs are totally off the hook as a result of the economic meltdown. There have been issues with their decision-making process, lack of consistency, level of compensation/stipends and sketchy public consultation. Both the Auditor General of Ontario and the Ontario Ombudsman have been critical of the LHINs since their creation.

It is very politically easy right now to take a position to abolish the LHINs and reinvest the monies spent on the LHINs into front line patient care. However, when presented with this concept one needs to ask - What are you going to replace the LHINs with?

We cannot go back to the days of all decision making taking place in Toronto or even London. That did not and will not benefit Windsor/Essex or even the system as a whole. The use of regional authorities to govern healthcare has been a failure in other Provinces across Canada.

It is unfortunate that the review of the LHINs that was to take place before March 28, 2010, and was mandated by legislation was removed as part of the 2010 Ontario Budget. The review would have been uncomfortable for many. However, the only way we have a chance on making improvements to the LHINs is to conduct a thorough and transparent review and implement the recommendations flowing from that review. Instead we have at best squandered two years of progress towards making the necessary changes.

We should have been in a position to be implementing the recommendations now from a review that was started last year. Rather we will be waiting for the “other shoe to drop” after the October election. Time is something we do not have on our side. Some have stated we need to “declare war on Ontario’s deficit”. Since healthcare consumes close to 50% of our Province's expenditures the “declaration of war” needs to more properly be focused on healthcare.

Strategic Direction – Embed Patient Quality and Safety in Our Culture

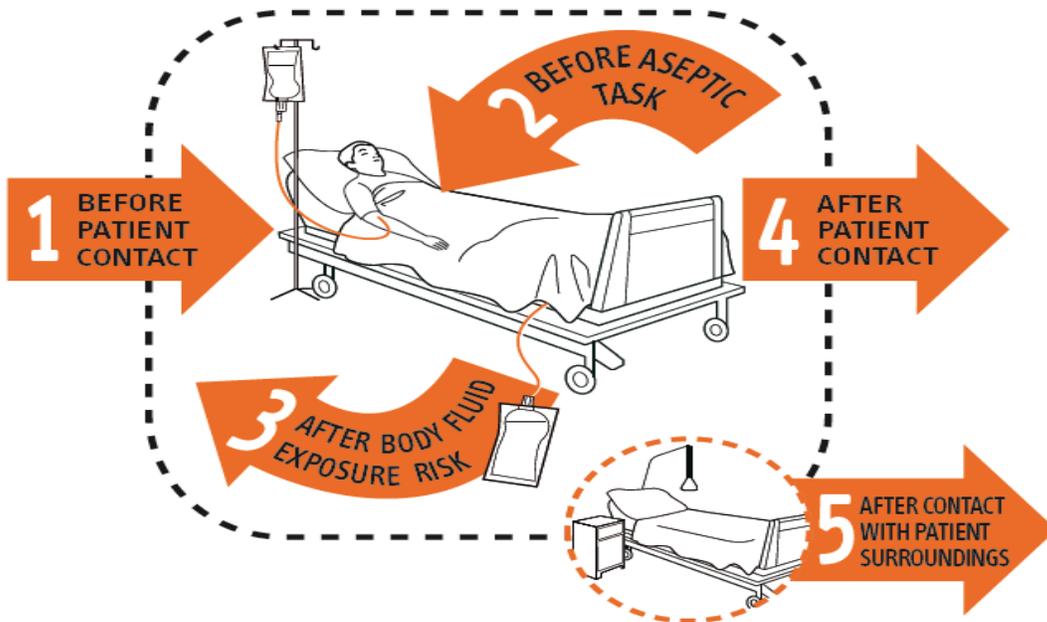
Have to Remember to Always Wash Your Hands

- This past couple of weeks the number of patients admitted with Community Acquired Infection (CAIs) has increased dramatically. We have little control over this however, it is the new norm.
- As a result, in order to avoid an outbreak, we need to be ever vigilant about our hand washing practices. An outbreak first of all harms patients directly and will harm them once again by closing admissions to a program/unit and thereby causing delays in the Emergency Department.
- Our hand washing rates slipped a bit over the last couple of weeks. We cannot afford for our patients and community to have this occur. Our own statistics reveal that when we have had 100% hand washing rates we have had no Hospital Acquired Infections.

- Please continue to be vigilant. Wash your Hands!

Your 5 moments for HAND HYGIENE

Duke University



1 BEFORE PATIENT CONTACT	WHEN? Clean your hands before touching a patient when approaching him or her WHY? To protect the patient against harmful germs carried on your hands
2 BEFORE AN ASEPTIC TASK	WHEN? Clean your hands immediately before any aseptic task WHY? To protect the patient against harmful germs, including the patient's own germs, entering his or her body
3 AFTER BODY FLUID EXPOSURE RISK	WHEN? Clean your hands immediately after an exposure risk to body fluids (and after glove removal) WHY? To protect yourself and the health-care environment from harmful patient germs
4 AFTER PATIENT CONTACT	WHEN? Clean your hands after touching a patient and his or her immediate surroundings when leaving WHY? To protect yourself and the health-care environment from harmful patient germs
5 AFTER CONTACT WITH PATIENT SURROUNDINGS	WHEN? Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving - even without touching the patient WHY? To protect yourself and the health-care environment from harmful patient germs

Strategic Direction – Cultivate an Environment of Accountability and Transparency

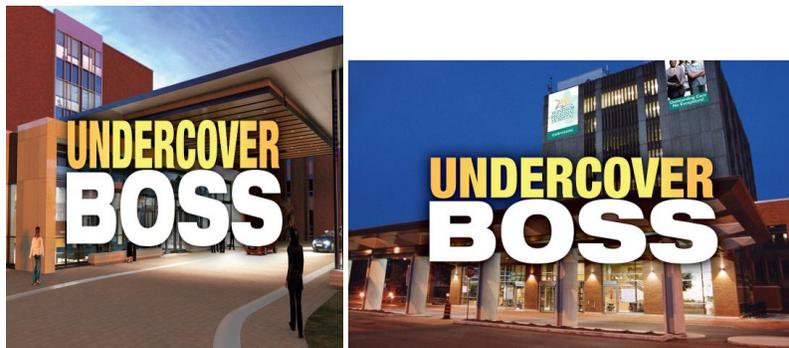
Expenses Being Publicly Reported

- For 2011 all Ontario Hospitals will have to report all travel, meal and hospitality expense claims publicly on their websites. Windsor Regional Hospital will be complying with this requirement and making their first report in November 2011. This reporting will not be limited to Executive Team members and Board members but will be applicable to all staff at WRH. More details will be forthcoming the closer we get to November 2011.

HOOPP Continues Strong Performance in 2010

- We all have been hearing about some high profile pension funds having serious issues regarding whether they are "fully funded" or not.
- HOOPP has just released their 2010 Annual Report and it has been another successful year at HOOPP. It remains fully funded with strong investment returns of 13.68% and its assets increased in 2010 from \$31 billion to \$35.7 billion.
- To read HOOPP's annual report please go to www.hoopp.com/annualreport

Strategic Direction – Build and Sustain Financial Health



- *Undercover Boss* is a television franchise series that has been released in multiple countries. The show's format is based on a senior executive of a company working undercover in their own firm to investigate how the company really works and identify how it can be improved, as well as rewarding the hard working staff.
- I cannot actually work undercover but I thought it would be interesting to build upon the success of our *Take a Walk In My Shoes* and steal some ideas from *Undercover Boss*.
- As a result I would ask any individuals, programs or services that would like for me to "work" with them for a few hours on a given day to contact me directly at david_musyj@wrh.on.ca and I will arrange a date and time that is mutually agreeable to both of us.
- Since sending this notice out I have rec'd close to 50 responses. I will be booking all of them over the next few months. Thanks for your interest. So far it has been very "eye opening".

Strategic Direction – Enhance our Status as an Employer of Choice

Tommy Europe Visited Windsor Regional Hospital

- Tommy Europe, the no-nonsense fitness drill sergeant and host of the popular TV workout shows visited Windsor Regional Hospital to give a keynote speech and present a SHRED Boot Camp workout for our staff. A Meet & Greet/Book signing took place as well. Everyone that attended was very impressed with Tommy and his comments, inspiration and energy. Kudos to the Staff Activities Committee for getting Tommy to attend WRH.

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

Windsor Regional Hospital to Make an Oral Presentation at the Community and Hospital Infection Control Association Conference

- CHICA–Canada (Community and Hospital Infection Control Association-Canada) is a multidisciplinary, professional organization for those engaged in the prevention and control of infections. CHICA was incorporated under the Canadian Corporation Act in 1976 and is a registered non-profit organization. CHICA has over 1600 members.
- CHICA–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; and
 - ✓ promoting and facilitating infection control education for both infection control practitioners and other personnel working in hospitals, nursing homes and related institutions.
- On May 28, 2011 CHICA-Canada is holding their annual conference and they have invited Windsor Regional Hospital to attend to make an oral presentation to the attendees. The following is an outline of what will be presented:

Issue: The Neonatal Intensive Care Unit (NICU) at Windsor Regional Hospital is a 20-bed modified Level III unit. High-risk infants are immune-compromised and require unique hand hygiene practices to prevent infections. Our team recognized an increased number of infants requiring treatment for infections. We initiated a multi-discipline committee to investigate current infection prevention practices and determined changes needed to enhance hand hygiene performance. We recognized that our population and

environment face unique challenges. All staff members inclusive of other departments would need additional education on preventative practices in the NICU. We engaged our colleagues and with a collaborative approach built an infection prevention program that is NICU focused and recognized corporately.

Project: Each letter in “T.R.U.S.T” represents various aspects of hand hygiene practices. Example: the U represents “up to the elbow” wash. Neonates TRUST us to perform hand hygiene. Posters detailing the program were displayed in the unit and appropriate departments outlining what each letter represented in relation to strict hand hygiene practices.

Results: The T.R.U.S.T program has heightened awareness of hand hygiene practices within our NICU. The heightened awareness crosses many disciplines and even engages visitors. The program has been a positive behavioral shift that has been well received, cost effective and sustainable.

Lessons Learned: Involving all departments in developing a unit-specific program has strengthened communication of expected hand hygiene practices upon entering and within our NICU. Educational presentations delivered to ancillary staff increased organizational awareness.

- Congrats to the NICU Team.

Windsor Regional Hospital *Pulse of Quality* to be Highlighted at the Patient Safety Congress in Birmingham, United Kingdom

- On May 16, 17 and 18, 2011, Windsor Regional Hospital’s Pulse of Quality will be highlighted at the Patient Safety Congress Meeting in the United Kingdom.
- The Patient Safety Congress is the largest patient safety conference in all of the United Kingdom. The aim of the Congress is to raise the profile of patient safety, share best practice and embed innovation across all areas of healthcare provision in the UK.
- **‘The Pulse of Quality’.** In early 2008, Windsor Regional Hospital engaged in a Strategic Planning exercise that involved hundreds of front line employees, physicians and Board members in setting a Vision of *Outstanding Care-No Exceptions!* One of the strategic directions arising from the strategic planning was to **Embed patient quality and safety in the culture of the hospital.** This strategic direction was operationalized in July 2008, with the creation of a weekly Directors’ ‘Huddle’. Every Monday morning, Directors ‘check the pulse’ of the hospital by reviewing key quality and safety indicators. This enables:
 - communication and ownership;
 - a culture of patient quality and safety by focusing on current outcomes;
 - timely access to data and promotes accountability for action; and
 - each leader being responsible for implementing and monitoring patient safety improvements.

- Capitalizing on the weekly ‘huddles’, Windsor Regional Hospital next engaged its Board of Directors and other leaders directly in Patient Safety and Quality issues. An electronic tool was created allowing users to see updated indicators. Characteristics include a high-level roll-up with a ‘red-green-yellow’ format to indicate where each of the established indicators of quality are; dynamic representation of data allowing individualized drilldown and, dissemination of results for action planning with built-in accountability to facilitate problem-solving for improvement.
- Windsor Regional Hospital then took it to the unprecedented level of sharing all of these results with the public by placing them on their Internet and in the monthly written communication of the President and CEO for the entire community and world to track its performance.
- Performance has improved by this active monitoring quality and action. As a result, participation and follow-up are immediately evident. Examples include 50% improvement in Pathway compliance, more than 90% hand washing compliance and reduced hospital acquired infections. Now, the organization focuses on outcomes without confusing ‘what’ the hospital is doing with ‘how’ it is doing, paying attention to the data, and not mistaking improvement for achievement.

Strategic Direction – Strengthen our Relationships with External Partners

Mental Health Advocate - Partnership between GECSDB and WRH

Greater Essex County District School Board

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April 5, 2011

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APR 11 2011

PRESIDENT AND CEO

Mr. David Musyj
President and Chief Executive Officer
Windsor Regional Hospital
1995 Teles Avenue
Windsor ON N8W 1L9

Dear Mr. Musyj:

The Greater Essex County District School Board commenced a new initiative this year with a representative from each work site being the Mental Health Advocate. The goal of this initiative is to reduce the stigma of mental illness by educating employees and having an open discussion about mental illness to build a safe and supportive work environment for our employees who are dealing with this issue.

To this end some of your staff, namely Dr. Broga, Dr. Saunders and Bill Marcotte have joined our steering committee. They have provided valuable information for our advocates.

Dr. Corina Velehorsch provided a stellar presentation on Friday April 1, 2011 on Bipolar Disorder. We have found it to be important to have part of the day include a session of the training entitled "the real expert," which is someone who is dealing with whatever mental illness is being presented. Dr. Velehorsch was instrumental in having one of her patients provide great insight into how she was handling the illness and what educators, employers and peers can do to provide support.

I wanted to formally thank Windsor Regional Hospital for its support as we work together to reduce the stigma of mental illness through education and dialogue.

Yours truly,

A handwritten signature in black ink, appearing to read "Sharon Pyke".

Dr. Sharon Pyke
Superintendent of Education/Special Education Services

Building Tomorrow Together!
www.publicboard.ca