

Report of the President & CEO to the Board of Directors

Date: May 2019



Strategic Direction - Strengthen the culture of patient safety and quality care

Zeros Keep Coming

As highlighted in my March 2019 Board report, we keep recording milestones for the Patient Harm Index.

We pride ourselves on “Managing what we can Measure”. One item we measure is Patient Harm Index. This is a combination of HAIs, Patient Falls and Irreplaceable Lab Specimens. We have stated and lived by the motto “One is too many.”

For the week ending March 30 2019 Ouellette campus hit ZERO !

Then for the first time ever – for the week ending April 6 2019 both campuses hit ZERO !

Finally, for the week ending April 13 2019 Met campus hit zero.

Three weeks in a row with ZEROs !

Truly Outstanding Care...No Exceptions !

Accreditation 2019 Survey

The Accreditation Canada surveyors will be coming to WRH for the onsite survey November 25-29th, 2019.

Accreditation 2019 preparations continue to move forward. Teams have begun to work on phase 2. In phase 1, teams completed self-assessments and phase 2 begins with having assessment results verified with frontline staff. Some teams already verified with frontline staff by inclusion in the initial self-assessments. Once results are verified, Standard teams will create action plans in the “red flag” areas. Red flags are the areas flagged needing improvement.

Required Organizational Practices (ROPs) teams look corporate-wide at standards Accreditation Canada determined to be very important. Some of these ROPs include Infusion Pump Safety & Training, Hand Washing Compliance, and Workplace Violence Prevention. Some ROP teams are well under way to completing action plans they have already made.

Look for more information and activity about accreditation in the upcoming months. For details about ROPs & Standards, go to [Accreditation 2019 on Internet, under “Programs and Services”](#).

If you are interested in being part of the 2019 accreditation process, please contact Sherri Franz at sherri.franz@wrh.on.ca or at 519-991-1856.



Accreditation 2019 — Timeline				Status
Phase 1 Assessment Jan.- Mar.	Surveys	→ Distribute Worklife Pulse Surveys → Distribute Patient Safety Culture surveys	Nov. 26 - Dec. 21	✓
		→ Distribute Professional Staff Worklife Pulse Survey	Dec. 20 - Jan. 15	✓
		→ Governance Survey	Jan. 15 - Feb. 15	✓
	ROPs	→ Create teams → Complete ROP assessments → Create action plans for ROPs	Jan. 7 - Mar. 1	✓
		Standards	→ Create teams → Complete mock tracers (optional) → Complete & submit AC self-assessment	Jan. 15 - Mar. 15
Phase 2 Preparation Apr.- Nov.	Quality Road Map & Action Plan		→ Continue completing ROP action plans	Apr. 1 - Oct. 30
		→ Create & complete action plans (for Standards & Surveys)	Apr. 1 - Oct. 1	IP
	Corporate Education	→ Education: Ambassadors & Bulletin Boards	June 1 - Nov. 12	
		→ Educate & Assess readiness: Complete mock tracers (optional)	Sept. 1 - Nov. 12	
	On-site Preparations	→ Compile needed documentation	Sept 15 - Nov 1	
		→ Set-up survey schedule & Surveyor preparations	Sept 15 -Nov 20	
Phase 3 On-site Survey Nov. 25-29, 2019	Accreditation Canada On-site Survey	→ Meet with on-site surveyors	Nov 25 - 29	

Legend	
✓	complete
IP	in progress
ROP	Required Organizational Practices



Strategic Direction – Champion accountability and transparency

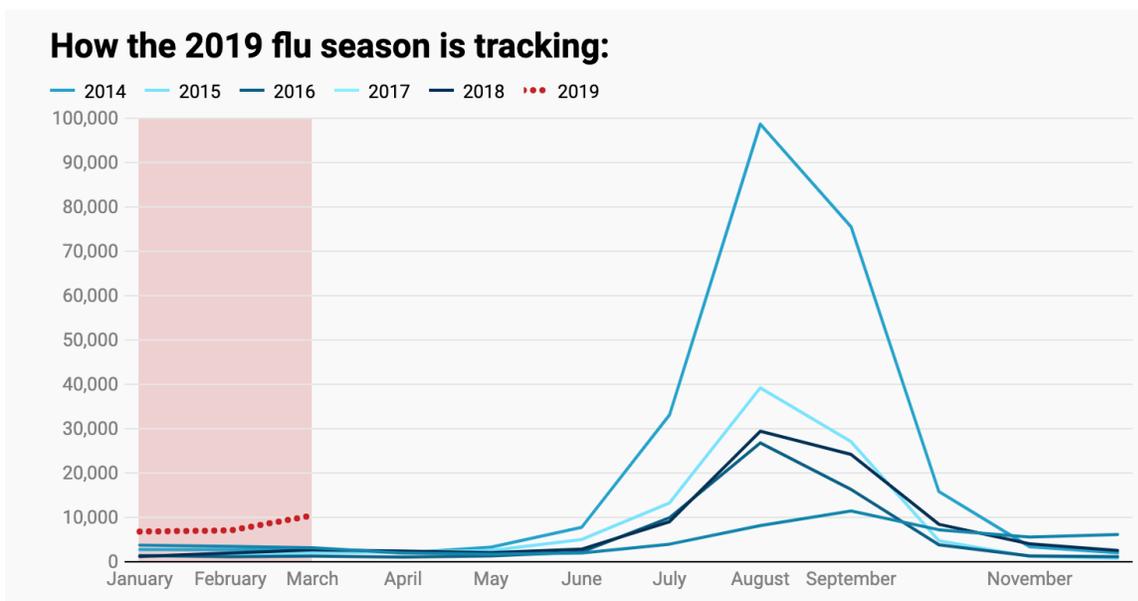
Start Getting Ready now for the Upcoming Flu Season

Right when you thought flu season was just ending, we better get prepared for the upcoming season.

Typically, “health officials keep a watchful eye over the flu in the Southern Hemisphere, which affects residents during their winter (or our summer). Its patterns there that lay the groundwork for predicting which viruses may make the rounds by the time they make their way north.” See <https://www.cnn.com/2017/09/03/health/australia-bad-flu-season/index.html>

Unfortunately, Health experts are warning Australia is on track for a killer flu season, with numbers showing three times as many people have been diagnosed with the virus so far this year, compared to the same period in previous years. https://www.abc.net.au/news/2019-04-10/australian-flu-season-concerns-as-experts-urge-vaccinations/10987700?blm_aid=6598656

The following chart identifies the number of flu cases in Australia is tracking much higher than the past 5 years – 3 times as much as last year.



For ourselves, locally the currently ending flu season was over all a mild one. More so as a result of the efficacy of the vaccine being some 70% plus effective against the H1N1 strain. Even the vaccine worked over 20% of the time as against the AH3N2 strain.

We will keep our eye on the Australian numbers; however, we need a full court press on vaccine this upcoming year.



Do you have ideas how to increase our vaccination rates ? If yes – share them with myself or employee health at karen.watson@wrh.on.ca

Strategic Direction - Develop a sustainable corporate financial strategy

Balanced Budget Forecasted for 19-20

In February 2018, the Erie St. Clair Local Health Integration Network launched a LHIN-Led “Optimization Review” to examine the current and future financial health of Windsor Regional Hospital (WRH).

For a full summary and video go to <https://www.wrh.on.ca/newsroom?newsid=367>

Voluntarily agreed upon by WRH, and involving a Facilitator Mr. Rob Devitt, the review intended to:

- Provide confidence/assurance that the existing management/control and governance frameworks and systems at WRH over financial planning, forecasting, and monitoring are appropriately designed and are operating effectively and setting the appropriate “tone at the top” in terms of fiscal performance and accountability.
- Provide confidence/assurance that the existing management/control and governance frameworks over hospital-wide resource utilization is designed and operating effectively.
- Provide confidence/assurance that the overall financial resources available to the hospital are both adequate and appropriate to meeting its enhanced acute care delivery responsibilities as a large community hospital with a teaching mandate.
- Provide confidence/assurance that the overall clinical utilization reflects best practices for large community hospitals with a teaching mandate.
- Examine the key relationships, both internal and external to the organization, that assure seamless and proactive transition to the most appropriate patient service delivery setting.



- Recognize the impact on working capital of the condition of the capital plant along with additional operating expenses/investments WRH took responsibility for and made in 2013/14 since acquiring additional services/programs from Hôtel-Dieu Grace Healthcare.
- Ensure WRH has the necessary financial resources available as it moves forward with the planning for a new acute care facility.

The opening finding of the Optimization Review was that Windsor Regional Hospital completed one of the most complex organizational restructures in 2013 with Hôtel Dieu Grace Healthcare. The Report states, “This realignment is considered to be one of the most complex transformations in Ontario in the last fifteen years.”

The Optimization Review concluded further:

(i) Community/Patients WRH Serves

The community and patients WRH serves have the highest comorbid conditions in the Province and some of the highest deprivation index(es) and poverty percentages in Canada. The Report states “Not only is the population older, but in terms of health and social determinants of health, the population served by WRH is higher needs than populations served by other hospitals in Ontario. Based on findings of the Ontario Community Need Assessment and the Deprivation Index (a measure of Instability, Deprivation, Dependency, and Ethnic Concentration), Windsor-Essex residents appear to be more disadvantaged as a population than do residents in other parts of the Province. The population struggles with more socio-economic, family, health and environmental health challenges and disabilities than others in Ontario.”

(ii) Financial, Clinical Efficiency and Outcomes

WRH is a very efficient hospital as compared to its peers. This is repeated throughout the Report. The Report concludes "WRH appears to be more efficient (from an overall operational efficiency perspective) than most of their peer hospitals." It goes on further to state “WRH has less opportunity to identify efficiency savings than do most of their peers”.

WRH has many positive and best practice clinical outcomes. The Report states, “The analysis demonstrated that while there are some limited opportunities that should be considered at WRH,



in general the organization appears to be highly clinically efficient. It is also noted that WRH has both some of the highest intensity patients among its peers and has achieved the lowest readmission rates of its peer group”.

(iii) Governance

The Report states that WRH’s Board of Directors “is large, impressively skilled, and demonstrates exceptional engagement and commitment to the organization. WRH has been successful in recruiting experienced and accomplished individuals who are passionate about fulfilling the vision of the hospital for “Outstanding Care: No exceptions”.

It goes on further to state, “The assessment has confirmed that the WRH Board is independent from Management and has an appropriate, open, two-way relationship with the CEO based on mutual trust and respect that serves the organization well”.

The Reports goes on to state, “An assessment of Board structure and processes for financial management and oversight shows that, with small exceptions that can be resolved, best practice governance framework is in place. Appropriate committees, processes and mechanisms are in place to ensure the Board understands, oversees and is able to provide leadership on financial performance and quality of care”.

(iv) Management

As to management functioning, the report concludes, “WRH has an effective and appropriate budgeting process. Program budgets are the responsibility of the program directors, who are expected to manage to budget. Budgets do not anticipate any increases in funding, and there is a formal process for approving any budget increases”.

(v) Facilities

Throughout the report the impact of operating on two aged acute care sites is dramatic. The report states multiple times “Operational Efficiency analysis was completed for this Review to assess financial position and determine the extent to which any inefficiency in operations, particularly resulting from operating a multi-site organization in aging facilities, is impacting the deficit position”. It concluded the aged infrastructure is negatively impacting operations.



One example the Report concludes, “It is well known that the aging infrastructure and power plant present challenges for maintaining a safe and cost-effective environment”.

(vi) Community Relationships

The Report concludes after “more than 150 stakeholders consulted” to inform this review that “WRH appears to have a very positive relationship with the patients and community it serves. There is a sense that the organization is truly committed to fulfilling its vision of “Outstanding care – No exceptions!”. The report continues, “Most consistent among all stakeholders consulted was the sense the WRH is extremely dedicated to providing family- and person-centred care. The commitment is emphasized on the hospital website and in other documents, and there is consensus that leadership “sets the tone from the top” and spreads this culture effectively throughout all levels of the organization. Patient and family-centeredness is embedded into everyday behaviour, performance standards and expectations, and policies and procedures throughout the organization. Stakeholders provided abundant evidence that this commitment is real.”

(vii) Financial Resources that are Available - Adequate or Appropriate

The Report states, “As can be seen, for the four years prior to fiscal 2013/14, WRH had achieved both an operating surplus position as well as an accounting surplus (after building depreciation and Interest on long-term debt are considered)”.

The Report states, “Like all hospitals, WRH is also annually challenged with inflationary pressures”. It goes on to state “like all hospitals WRH must manage under the current funding system. Because of the disproportionate impact on WRH arising from the catchment population it serves, we would encourage the Ministry of Health and WRH to consider the disproportionate funding impact of the different weighting approaches. The Ministry of Health cannot be expected to alter its funding system because of the impact on an individual facility; it may be possible, however, to identify an approach to recognize this unique impact on WRH”.

The Report indicates that WRH is one of the most efficient hospitals as compared to its peers and requires a revenue increase, both one-time and in base short of eliminating services to its community.



Moving Forward

The Optimization Report provides the framework for a multi-year recovery plan, which includes a request for additional supports from the Ministry of Health and Long-Term Care.

The Optimization Report concludes, and the Government of Ontario and Ministry of Health and Long Term Care have agreed, that Windsor Regional Hospital should receive financial support. The Ministry expects to confirm the details of that operational funding in short order.

Even with this support, WRH has identified an additional \$7.3M in cost savings to move the hospital towards a balanced operating position for the 2019-20 fiscal year. This is approximately a 0.8% reduction in expenses.

While cost improvement actions are never easy, we have carefully identified savings opportunities, which will not impact direct patient care. The cost-improvements will result in approximately 80 staff reductions. We recognize this will have an impact on a number of non-clinical areas. However, we have made every effort to avoid reductions in direct patient care and will attempt to accomplish as many as possible by attrition and retirements.

To maintain a balanced operating position on a go-forward basis, WRH will look to identify additional cost improvements as well as the additional funding actions recommended in the Optimization Report, including:

- (a) Ongoing one-time payments of \$5M per year for a total of \$25M to offset the present working capital deficit. These funds are to not be used to balance or operations; plus
- (b) \$16.4M in increases to the base operating budget over next four fiscal years. This assumes an annual 1% funding increase.



Strategic Direction - Create a vibrant workplace

Reducing plastic waste at WRH



In celebration of Earth Day that happened on April 22, 2019, Windsor Regional Hospital would like to draw your attention to our EZH2O water bottle filling stations that provide employees easy access to filtered drinking water, while minimizing plastic bottle waste in the environment. One water station was installed last year at each campus in an effort to minimize the use of plastic water bottles and to encourage the use of reusable water bottles instead. Monica Stanton, Director of Guest Services, says the water stations have been a welcome addition. “We get such a positive response from all employees and patients who use these stations, everybody loves them! The stations are much more convenient and so much better for the environment than plastic water bottles.”

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OUR VISION: OUTSTANDING CARE - NO EXCEPTIONS!

OUR MISSION: DELIVER AN OUTSTANDING PATIENT CARE EXPERIENCE DRIVEN BY A PASSIONATE COMMITMENT TO EXCELLENCE

A digital display on the stations lets users know how many plastic water bottles have been filled at the station. Since they were installed last year, WRH employees have saved 6,800+ plastic water bottles at Ouellette, 16,100+ plastic water bottles at Met.

Benefits of the EZH20 station compared to plastic water bottles:

- Filtered water- Healthier and cleaner,
- Rapid fill,
- Easier,
- Convenient,
- Decreases plastic waste, and
- Saves you money.

If you aren't using them already, give them a try. The water stations are located in the administration hallway at the Ouellette Campus and on the first floor past the main elevators at Met Campus.

Strategic Direction - Strategically engage with external partners

Ontario Health Teams

As stated in my April report, the development of Ontario Health Team and a “self-assessment” is underway. Expect some more information shortly.

Again, a great diagram of OHT is as follows



Coordinated Care & Service Delivery: Ontario Health Teams

A system where health care providers partner to coordinate and deliver care.

- ‘Ontario Health Teams’ (OHT) is a new model of integrated care where a group of providers (e.g. hospitals, home care, primary care, mental health and others) are held clinically and fiscally accountable for delivering a coordinated continuum of care to a defined population.
- As part of an Ontario Health Team, patients will receive seamless and coordinated care no matter where they are located or what their health needs are. Ontario Health Teams will ensure patients have a single team of providers for all their care needs and will not experience gaps in service.

At maturity, Ontario Health Teams across the province would provide the following key components:

 Cares for a defined patient population / geography	 Single point of clinical and fiscal accountability; leadership capacity for high-quality care.	 Comprehensive continuum of care, including all care settings	 Patients will have a single point of contact , who will help them navigate the system.	 Defined performance model that allows for risk and gain sharing; performance publicly reported	 Virtual care in place that gives patients digital choices such as video visits and digital access to patient health records	 Communication and information-sharing (e.g. shared patient records among all care providers and patients)	 One integrated funding envelope , modeled to promote population health, integration and access.
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The timeline for submission and next steps is as follows

MILESTONE	TIMELINE
Open call for Self-Assessments	April 3, 2019 – May 15, 2019 (6 weeks)
Invitation to submit Full Applications	June 3, 2019 – July 12, 2019 (6 weeks)
Evaluation of Full Applications and site visits	July 15, 2019 – August 16, 2019 (5 weeks)
Selection of first cohort of OHTs	Early September 2019
Continuous intake	Beginning May 2019

Strategic Direction - Continue the pursuit of new state-of-the-art acute care facilities

Some Comments about an “App”

As a member of the site selection subcommittee, Dr. Leschyna volunteered MANY hours of his time, with the support of hospital planning experts, investigating all possibilities for a new hospital site before recommending the best site for ALL residents in Windsor-Essex.

<https://windsorstar.com/opinion/letters/reader-letter-app-that-shows-drive-times-to-mega-hospital-provides-biased-comparisons>

