

Date: October 2017



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

Never too Early to get Ready for Influenza Season – Especially if what is predicted to be coming is Accurate

While flu spreads every year, the timing, severity, and length of the season varies from one year to another. Estimates of timing and severity in the Northern Hemisphere are based on activity in the Southern Hemisphere.

The flu season in Australia this year has been harsh and peaked about a month earlier than usual (July – as opposed to August/September). The number of confirmed cases and hospitalizations this year in Australia was also the highest in the last 5 years.

The first line of defense against influenza is vaccination.

The flu vaccine is recommended (and free) for everyone in Ontario 6 months of age and older. It is especially recommended for individuals with underlying chronic medical conditions such as asthma, renal disease, and diabetes. It is also highly recommended for those over 65 years of age, pregnant women, and individuals capable of spreading influenza to others – such as healthcare providers, or those who are household contacts of high risk individuals.

You should get the flu vaccine before flu begins spreading in our community. It takes about two weeks after vaccination for antibodies to develop in the body that protect against flu, so make plans to get vaccinated early in fall, before flu season begins - ideally by the end of October, if possible. Getting vaccinated later; however, is still beneficial.

This season, only injectable flu vaccines (flu shots) are recommended. Live attenuated influenza vaccine – or the nasal spray vaccine – is not recommended for use during this season because of concerns about its effectiveness.

In addition to getting a seasonal flu vaccine, you can take everyday preventive actions like staying away from sick people and washing your hands to reduce the spread of germs. If you are sick with flu, stay home from work or school to prevent spreading flu to others. In addition, there are prescription medications called antiviral drugs that can be used to treat influenza illness.

Stay tuned for ongoing information regarding this year's influenza season. Thank you Erika Vitale, Manager, Infection Prevention for this report and information.

Australian Flu Report

<http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-surveil-ozflu-flucurr.htm>

News re: Flu

<http://www.sbs.com.au/news/article/2017/09/06/australias-killer-flu-virus-mutates>

#FightFlu

<https://www.cdc.gov/flu/resource-center/toolkit/index.htm>

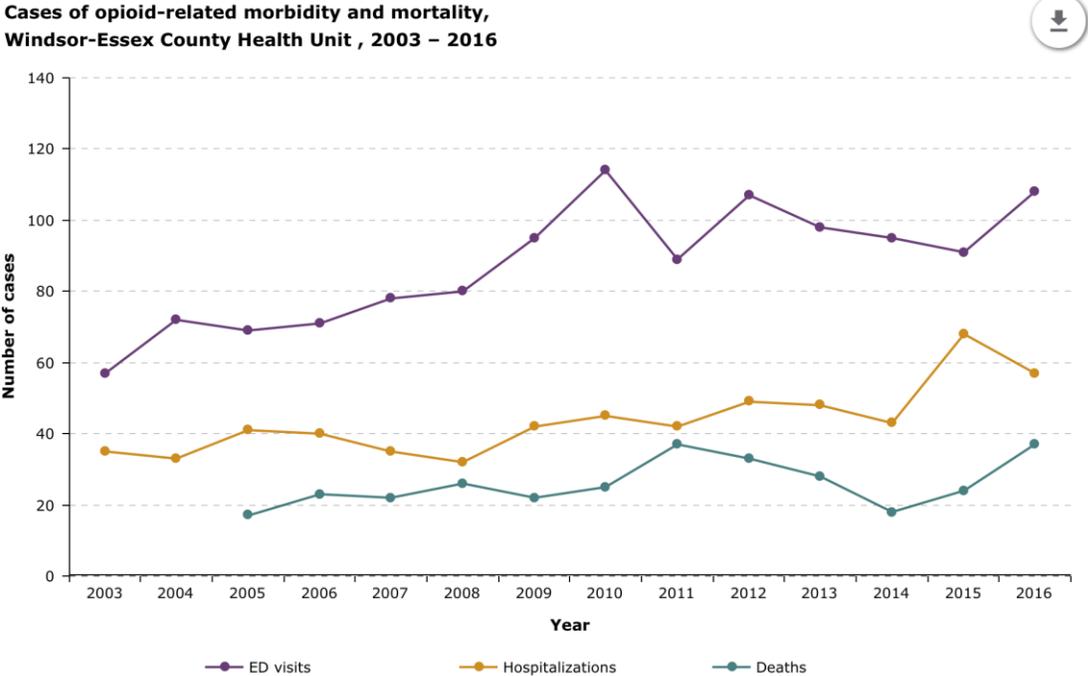


Strategic Direction – Champion accountability and transparency

Opioid Data now Publicly Available

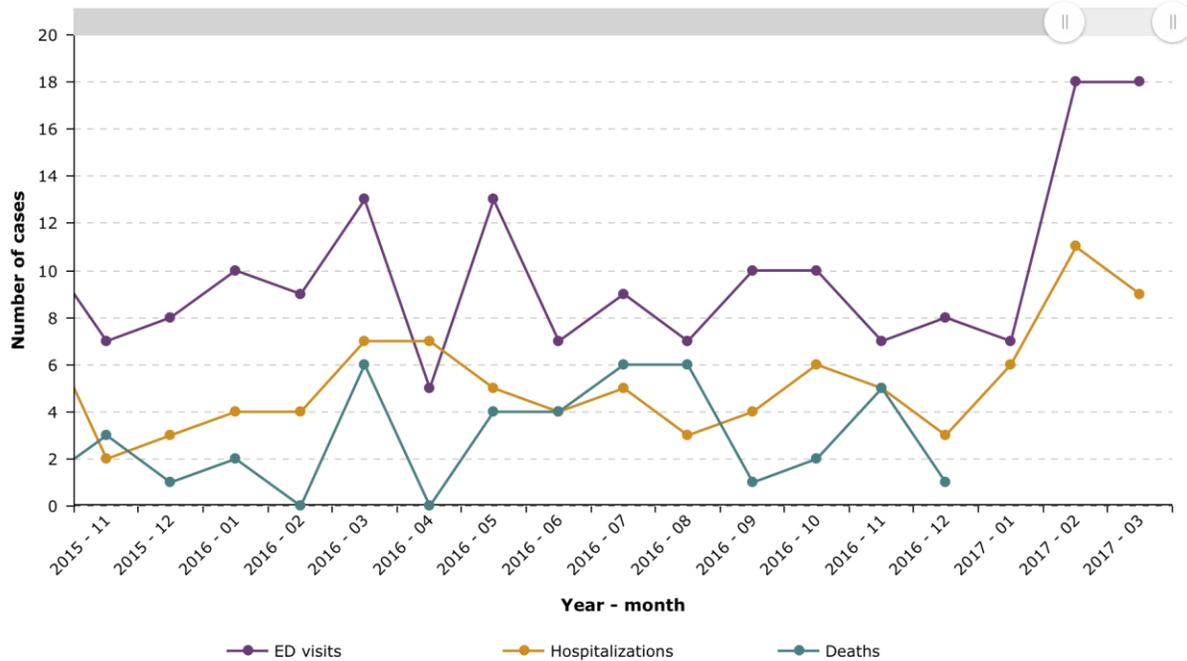
The Ministry of Health and Long Term Care through Public Health Ontario has released a public tracking tool regarding opioid-related ED hospital visits, hospital admissions and deaths.

For Windsor-Essex alone there has been a sharp increase in opioid related ED visits and hospital admissions as well as deaths over the past few years alone as identified in the chart below. Data from the interactive tool suggests there has been a steady increase in opioid-related harms in Ontario for more than a decade. Since 2003, the number of deaths has increased 136 per cent; more than 850 Ontarians died from opioid-related causes in 2016



In addition, there has been very recent spikes in this data for Windsor/Essex just over the past two years.

**Cases of opioid-related morbidity and mortality,
Windsor-Essex County Health Unit , 2003 - 01 – 2017 - 03**

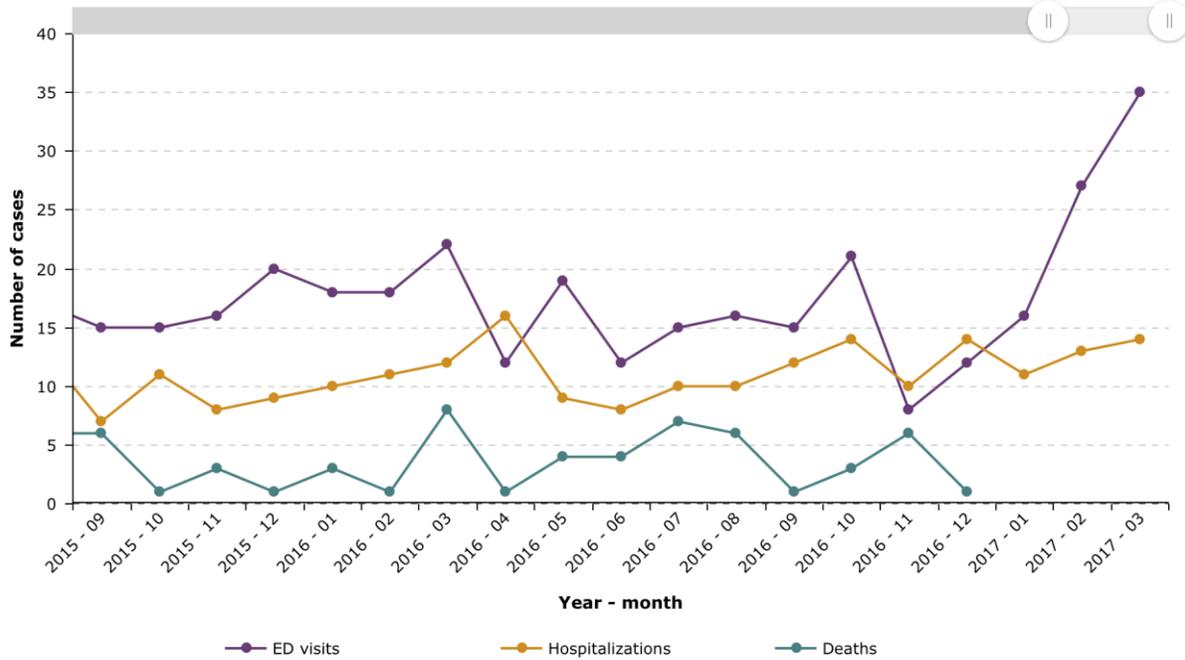


The Interactive Opioid Tool allows users to explore the most recent opioid-related morbidity and mortality data including emergency department visits, hospitalizations and deaths. See <https://www.publichealthontario.ca/en/dataandanalytics/pages/opioid.aspx>

For the Erie St Clair LHIN, the data is just as disturbing



**Cases of opioid-related morbidity and mortality,
Erie St. Clair LHIN, 2003 - 01 - 2017 - 03**

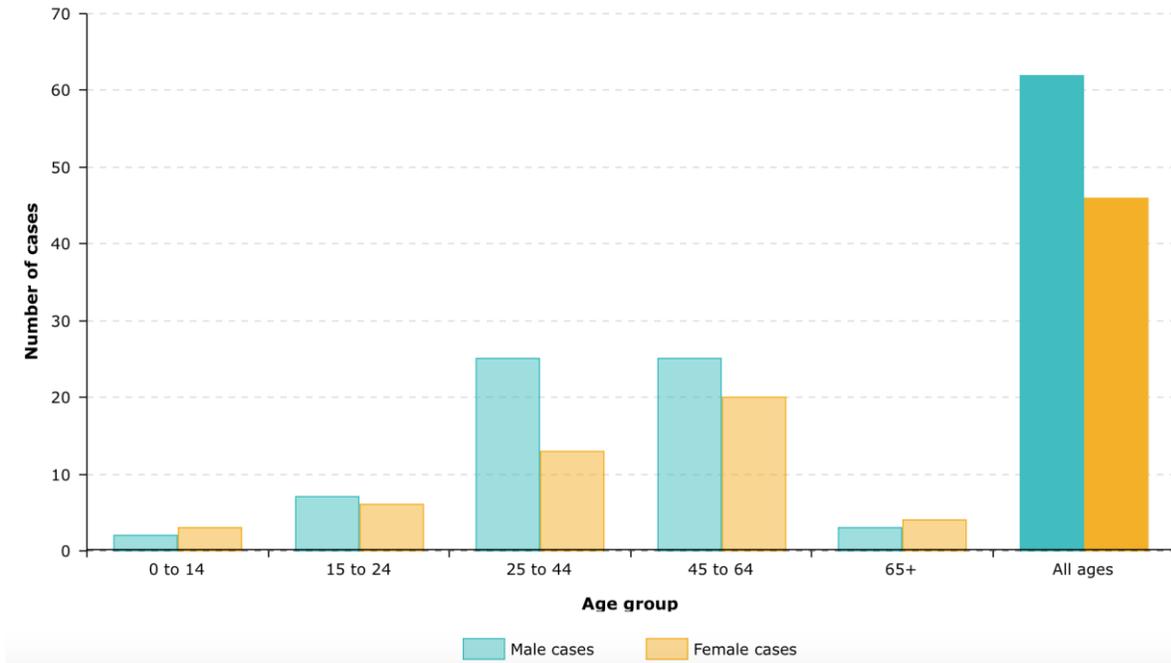


Results can be viewed by the public health unit, local health integration network, age, sex, and in some cases, drug type.

With respect to Windsor/Essex the age groups that are attending the ED with opioid issues for this past year seem to be equally split between the 25-44 and 45-65 age group.



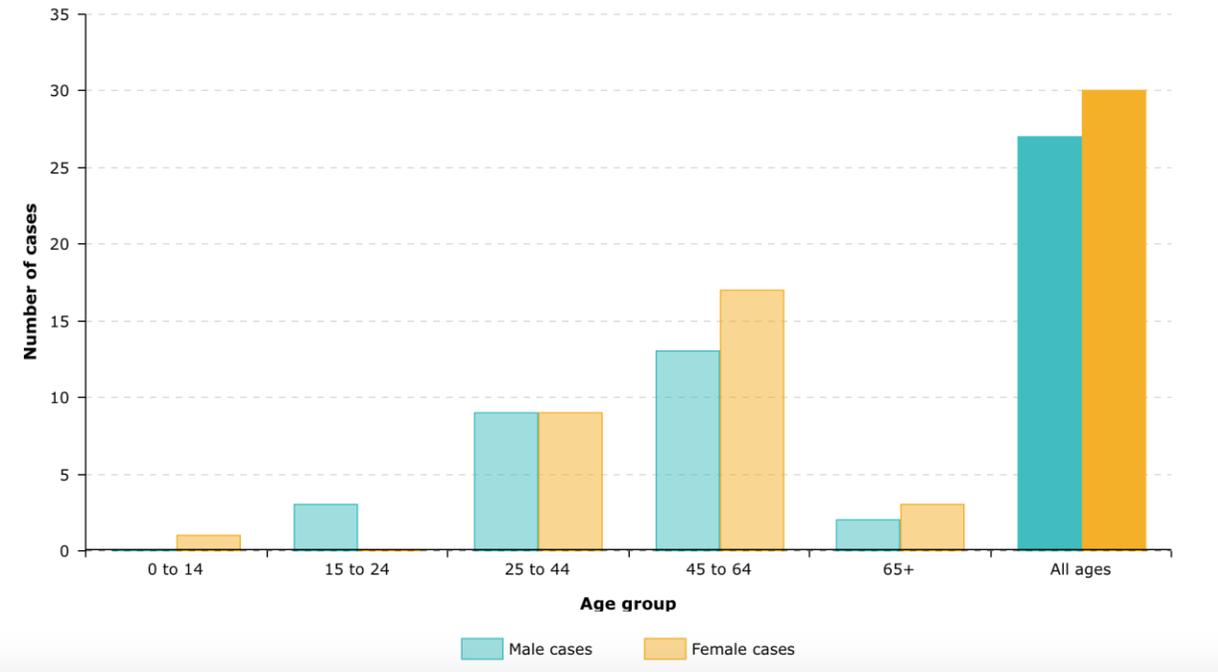
**Cases of opioid-related ED visits by age group,
Windsor-Essex County Health Unit , 2016**



However, the 45-64 age group is being hospitalized more often.



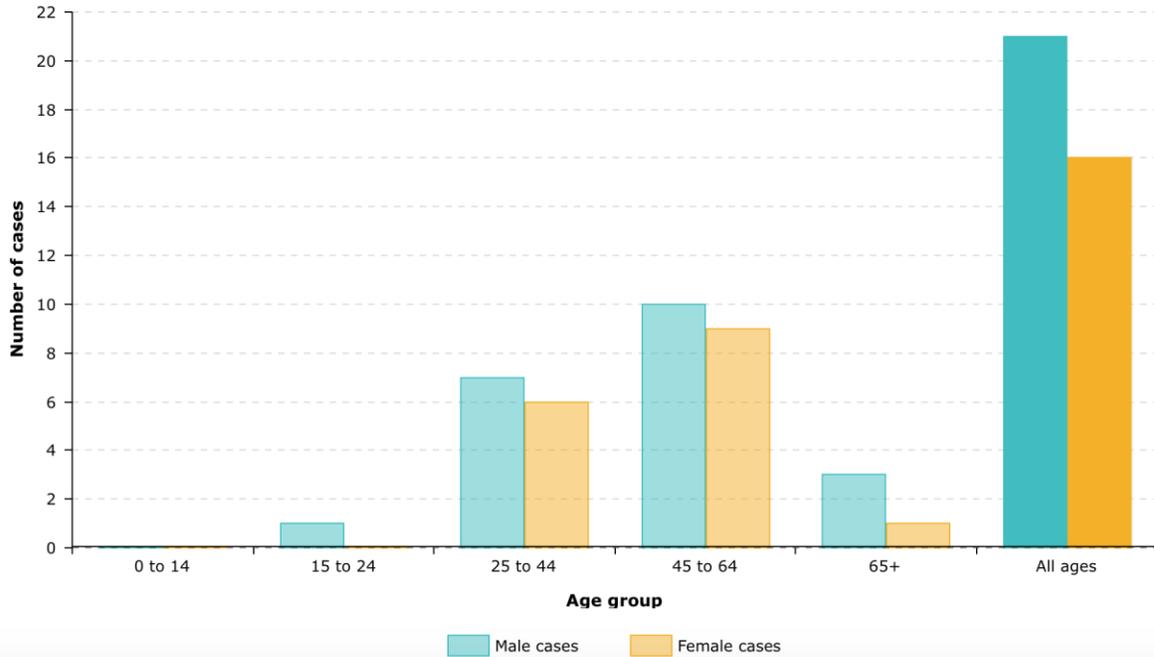
**Cases of opioid-related hospitalizations by age group,
Windsor-Essex County Health Unit , 2016**



Also, the death rate is slightly higher for the 45-65 age group.



**Cases of opioid-related deaths by age group,
Windsor-Essex County Health Unit , 2016**



Ontario has committed \$280 million over three years to fighting the opioid crisis.

It includes expanding the supply of the overdose-reversing drug naloxone to at-risk people by distributing it through emergency departments, more access to treatment and community-based withdrawal management services and addictions programs, expanding rapid-access addiction medicine clinics across the province and money to hire more front-line harm reduction workers.

Strategic Direction - Develop a sustainable corporate financial strategy

2017-2018 Financial Update

We are five (5) months into the fiscal year and similar to the recent fiscal years, we have not had any confirmation as to our funding for fiscal 2017-18. With a current budget deficit in excess of \$9.0 million for once this is 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 has been offset by a similar increase in base funding. The Ministry



is now currently considering an additional funding ask and one time funding to replenish our working capital position. This request was endorsed by our LHIN and we appreciate their assistance with this matter. Being provided monies that just get the hospital to a break even financial position is NOT sufficient, and does not allow for investments in operations that benefit patients and future needs (i.e. Health Information System).

This ask came after an analysis by our Finance Department working with the Erie St Clair LHIN of twelve (12) peer hospitals of our size.

In the HSFR modeled cost performance for Acute Inpatient and Day Surgery and Inpatient Mental Health, our cost performance was below the average and median for these comparators. This is a good thing. Only in the ED Outpatient Cost Per Weighted Case are we above our peer average by \$150. This is down \$1,389 from that same comparison for fiscal 14-15. The ED only represents 8.7% of our costs.

Our overhead costs are 1.87% lower than our peer average which demonstrates our operating efficiencies and trying to maximize the portion of our operating budget for direct patient care.

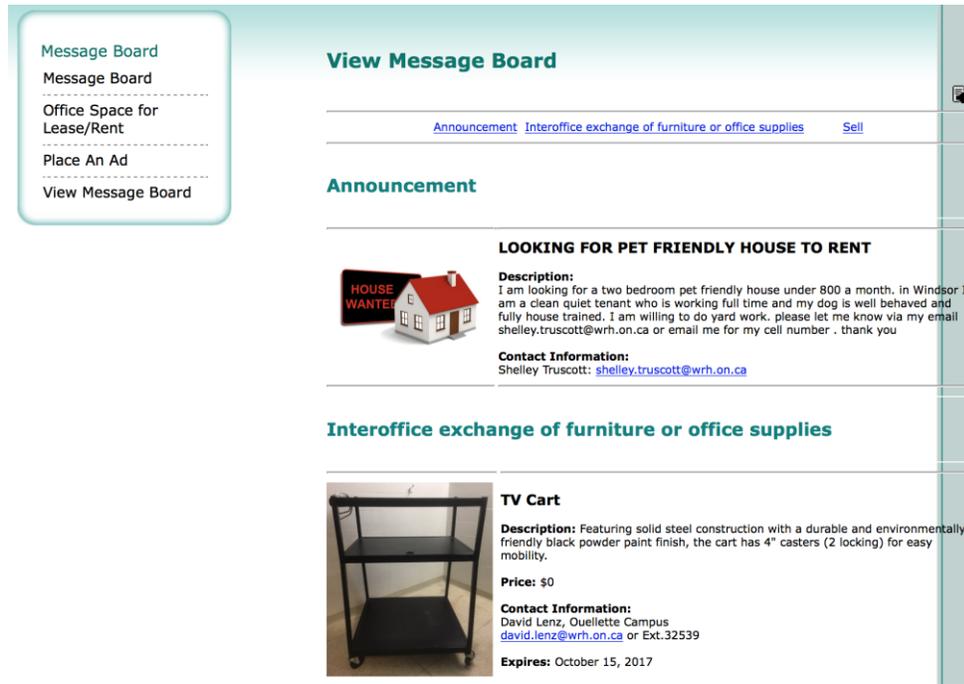
One of the most telling comparisons was with respect to our Operating Margin (Total Revenue in excess of Total Expenses, excluding net building amortization). For fiscal 16-17 Windsor Regional Hospital had a negative operating margin of approximately \$7.0 million. The average surplus of our peers was \$8.8 million or \$15.8 million more than our Hospital. Being able to generate such a surplus allows for reinvestment in capital and programs and to fund the one time costs arising from the ever changing healthcare landscape.

Through August 31, 2017 our bottom line deficit is \$5.1 million and only \$389,000 higher than plan. While we wait for an answer from the Ministry with respect to our funding request, we continue with our annual benchmarking exercise on a department by department basis. However the low hanging fruit is gone. None the less, we target to find 1 – 2% in cost reductions/revenue increases to help offset our inflationary pressures. In those areas where our cost performance may be higher than our peers, we have made conscious decisions to invest more in these areas. Two examples are housekeeping where our increased cleaning practices have contributed to a drop in our Hospital Acquired Infections and Room Service where freshly cooked meals and giving patients the ability to order what they want within their dietary restrictions goes a long way in helping them with their recovery.



Strategic Direction - Create a vibrant workplace

Fall Cleaning? Remember WRH has its very own “Kijiji” – buy, sell or interoffice exchange



The screenshot shows a web interface for an internal marketplace. On the left is a navigation menu with links: Message Board, Office Space for Lease/Rent, Place An Ad, and View Message Board. The main content area is titled 'View Message Board' and contains three sections: 1. 'Announcement' with a link to 'Interoffice exchange of furniture or office supplies'. 2. 'LOOKING FOR PET FRIENDLY HOUSE TO RENT' featuring a house icon and a description from Shelley Truscott. 3. 'Interoffice exchange of furniture or office supplies' featuring a TV cart image and a description from David Lenz.

http://www.wrh.on.ca/Site_Published/wrh_internet/RichText.aspx?Body.QueryId.Id=85027&LeftNav.QueryId.Categories=814

Take Your Kid to Work Day

On Wednesday November 1, 2017 Windsor Regional Hospital will be providing an interactive tour of various departments at the Met Campus for Grade 9 students. Last year the day was held at the Ouellette site and was well received by those in attendance. This day is intended for children of our staff only. 'Take Your Kid to Work Day' is part of the Grade 9 curriculum for most High Schools. Registration will be coming out shortly.

Tuition Assistance Program

Tuition Assistance is a program that provides financial assistance for staff who are completing continuing education programs and may require individuals to complete identified course



requirements. For the period April 1, 2017 to present, 72 employees have utilized the tuition assistance program.

Build A Dream Event

Windsor Regional Hospital is participating in this years Build a Dream Event on November 2nd. The event highlights a variety of local career opportunities so that young women can make better choices for their future careers. This event features a career fair where parents and daughters can tour a variety of booths and learn more about the types of companies and jobs that exist within the Windsor-Essex region. The event encourages young women to explore new career pathways including manufacturing, science, technology, engineering, mathematics and law enforcement.

Job Fairs

Windsor Regional Hospital hosted an onsite job fair on Saturday June 3 and Tuesday June 6. There was an overwhelming response from the community where almost 1,000 people came to explore available career opportunities within our organization.

We also participated in a collaborative job fair with 15 other companies in our region at St. Clair College on September 21. Over 800 people were in attendance.

The unemployment rate is low and there are many opportunities available for those who want to work!

Quality of Worklife Survey

WRH publishes the Quality of Worklife survey to provide staff with the opportunity to give the organization valuable input and views on the overall work environment. Your feedback is important and helps us make improvements in various aspects of your work life, including policy or process changes and program enhancements. The online survey will be coming out in October and we encourage you to participate!



Strategic Direction - Strategically engage with external partners

City of Windsor and Windsor Regional Hospital teaming up on Emergency Response System Application

The City of Windsor has made application to the Ontario Government through the National Disaster Mitigation Program (NDMP) in an attempt to receive partial funding for an Emergency Response System.

The goal of this project is to implement an Emergency Notification System so it can be used to notify residents, businesses and City of Windsor employees before flooding events, during times when conditions are right for flooding issues/events to occur and after flooding events.

By having a notification tool readily available, residents, businesses and employees are provided, via their preferred communication method (i.e. text message, email, voice/phone) with timely information to facilitate them making informed decisions; to be vigilant and/or to take actions to minimize any inconvenience to their daily routines. An example would be to take an alternate route home to avoid flooded streets/roads, to minimize any loss of property and to keep them safe. It basically enhances the City's ability to effectively mitigate, prepare for, respond to and recover from flood-related events.

However, the tool would be very useful for other significant types of events as well.

While social media is a free option for communication there is additional flexibility, functionality and auditability associated with disaster notification solutions which goes beyond sending out a message. Emergency messaging can be targeted based on location and or individuals in a group. The system tracks delivery attempts as well as confirmation of receipt of the message. Such information can be critical to know on the fly as an emergency situation is unfolding, and or after the fact. Since the messaging which will be sent via these solutions are for public safety and emergency notifications it may result in a higher number of subscribers as the volume of messages received will be limited. It should also result in better attention to the messaging because of the infrequent nature of the messages.



The Hospital is interested in using this tool to immediately notify its team of events at the hospital (i.e. Codes) that require staff to immediately report to work, if they can safely, or make alternative arrangements regarding accessing the hospital during some form of emergency.

The City and WRH should be hearing in the new year if the application has been approved. Implementation would take place in the 2018-2019 fiscal year.

Community Gardens at both the Met and Ouellette Campuses

Congratulations are extended to those who tended and managed the WRH Community Gardens at both the Met and Ouellette Campuses this season. For the second year in a row the garden produced items including cucumbers, tomatoes, lettuce, onions and herbs that were used in patient meals and excess was given to food banks.





Special thanks to the following dedicated staff and volunteers:

Ian Coffin
Nicole Denomme
Nella DeSalvo
Roby Dyck
Ashraf El-Khatib
Nancy Gibbons
Darcy Haggith
Pat Hickmott
Mary Hrovat
Marilyn Kerrester
Bill Ladouceur
Pat Lescinsky
Thomas Maika
Sheri McLeod
Ryan Palazza
Laurie Posliff
Jessica Tullio
Marg Woltz
Kelly Woltz

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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

Also special thanks to Bill from Nature Lane for his contributions to the success of the gardens !

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

Peel Memorial Urgent Care Centre a.k.a. Satellite Emergency Department

If you really want to understand the difference between a Walk-in Clinic, an Urgent Care Centre and an Emergency Department, the new Peel Memorial is a good place to start.

Health professionals here say the new Urgent Care Centre offers much more than a walk-in clinic. In fact, if necessary, it can easily be converted into a full emergency department, without inpatient beds.

Got to <https://www.youtube.com/watch?v=CxPFru2b4HY&feature=youtu.be>

Also to get the latest on the project go to windsorhospitals.ca

