

COMPASSION IS OUR  
PASSION



WINDSOR  
REGIONAL  
HOSPITAL

OUTSTANDING CARE —  
NO EXCEPTIONS!

annual report

2013 • 2014



## Joint Message From The Chair of the Board, President and CEO and Chief of Staff



*Gay E. Wrye*

**Gay Wrye**  
Chair of The Board



*David Musyj*

**David Musyj**  
President & CEO



*Dr. Gary Ing*

**Dr. Gary Ing**  
M.D., F.C.F.P.  
Chief of Staff

The most significant event associated with Windsor Regional Hospital was the historic Windsor-Essex hospital healthcare realignment on October 1, 2013. It was significant because it was business as usual and there was no immediate impact on patients or their families. For the staff and volunteers, it was also a time to celebrate, congratulate and recognize the amazing contributions of all healthcare workers across Windsor-Essex.

The next major step was to begin the process of standardization and optimization of operations between the two acute care campuses. We focused on an exceptional patient experience where a patient and/or family would have the same excellent care regardless of which campus of Windsor Regional Hospital they attended. Implementing a standardized best practice ensures operations at each campus are the same, and in this process we will adopt the best practices from each campus or from around the world. The ultimate goal in this standardization is to allow a seamless transition into the new acute care hospital. The concept of Lean Led Design means that instead of designing the new Acute Care Hospital and then attempting to 'fit' our operations into that design, we need to create best practice operations now and have the design fit our operations.

To achieve this goal, we must work as a team; we cannot work alone. As a team, we will provide "Outstanding Care – No Exceptions!" around the clock.

Another major step toward the goal of a new state-of-the-art single site Acute Care Hospital was achieved with the completion and submission of the Stage 1 Part "A" Service Delivery Model to the Erie St. Clair LHIN and Ministry of Health and Long Term Care.

We also took the time to recognize and acknowledge the significance of one of the City of Windsor's best kept secrets, the completion of the Western Redevelopment Project. A massive undertaking, it required the construction of a new Specialized Mental Health Hospital, the complete renovation of the Tower Building and upgrades to the Malden Park Building. During the project itself, the opportunity to build a new Family Learning Place, gym and pool was seized and acted upon. The gem in the centre of the Campus is the John Tregaskiss Family Healing Garden, which is accessible to everyone. We are very proud of the fact that all construction was done under budget, in advance of schedule and with no significant change orders.

We had our share of challenges during the last fiscal year. These included the thoracic services issue and a resolve with funding provided by the Ministry of Health and Long Term Care – with thanks to the support from our Thoracic Surgeons, staff and the community. Petitioning and presenting a solid business case to retain and sustain thoracic services was an important victory for Windsor and Essex County.

The influenza virus became increasingly alarming in December and into the New Year and it became necessary for the Hospital to enforce heightened visitor restrictions for the safety of our patients, their families and the public. It was one of our former Board members who came up with a simple comparison that brought the point of hospital acquired infections to a new reality. We react with horror to the hundreds of thousands of people killed in wars but we generally don't react the same way to the hundreds and thousands of patients harmed or injured while in the hospital. Knowing that 8,000 Canadians die from hospital acquired infections and another 220,000 others get infected was a reality check! It reinforced the message that the simple act of washing our hands and wearing protective wear while caring for our patients, can and will reduce hospital acquired infections drastically. We continue to strive for a goal of ZERO HARM in all of our indicators and achieving our Vision of "Outstanding Care – No Exceptions!"

We had an interesting response this year when the television series Breaking Bad was mentioned by our CEO (the hit U.S. TV show is about a teacher who turns to cooking meth to help pay for his cancer treatments). The media swarmed on Windsor Regional Hospital and Musyj explained that he was using the show as an analogy to highlight the hidden costs of healthcare. He described how amazed we would be at the cost of our personal hospital costs if we received an annual OHIP bill.

Achievements this year included funding from the Ministry of Health and Long Term Care for the Regional Comprehensive Men's Health Program. This achievement was brought about in part by the positive response from the community supporting the 'It's In Your Jeans' campaign, which raised the money required for a DaVinci surgical robot system and program.

As the fiscal year was ending, we celebrated the six-month anniversary of the realignment of clinical services, which resulted in Windsor Regional Hospital assuming responsibility for all acute care services at both the Ouellette and Metropolitan Campuses, and Hôtel-Dieu Grace Healthcare becoming responsible for post acute care services at the Tayfour Campus.

The selection of a global consulting firm, KM&T, who have experience with assisting hospitals around the world to improve efficiency and patient care, set the stage for introducing our SOP (Standardization and Optimization Process). The goal is to break down barriers and empower everyone by showing them they can make a difference, whether they work on the front lines or in the boardroom. KM&T will become part of our team and focus on people, processes and results.

We give high credit to our Board of Directors who stewarded our aggressive initiatives to bring two cultures together through the realignment process. Many meetings and approvals were required to keep the process moving and the focus the Board provided has assisted in the success to date. "I am pleased with the amount of work that has been accomplished within the last fiscal year and I thank the Board of Directors for assisting Windsor Regional Hospital to make healthcare history," stated Gay Wrye, Board Chair.

"Bringing everyone together through realignment has been a huge learning curve for the Professional Staff. We will keep them engaged and focused through the standardization and optimization process to achieve clinical and operational gains necessary in developing a healthcare system that will be in place as we move toward a single site Acute Care Hospital," said Dr. Gary Ing, Chief of Staff.

Together, we recognize and thank all employees, professional staff, auxiliaries and volunteers for their continued loyalty and commitment to providing **"Outstanding Care – No Exceptions!"**

**Gay Wrye**, Board Chair, Windsor Regional Hospital  
**David Musyj**, President and CEO, Windsor Regional Hospital  
**Dr. Gary Ing**, Chief of Staff, Windsor Regional Hospital

**OUR VISION:** Outstanding Care – No Exceptions!

**OUR MISSION:** Deliver an outstanding care experience driven by a passionate commitment to excellence.

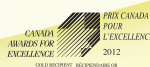
#### Achievements:

- Windsor Regional Hospital, for the third year, was selected to attend the Institute for Healthcare Improvements (IHIs) annual conference and submitted three poster presentations: Lean On Me: Practical Strategies For Improving Patient Satisfaction Through Improved Emotional Support; Emergency Medical Paediatric Program (EMP); Timely Access To Specialized Paediatric Care; and Starting The Week Off Right: Monday Morning Huddle To Improve Patient Safety.
- Windsor Regional Hospital attended the 42nd Sigma Theta Tau International – Honor Society of Nursing Biennial Convention in Indianapolis, promoting the success of the Telemedicine Program.
- Windsor Regional Hospital was invited to make a presentation on Benchmarks in Public Reporting: Measuring Performance and Setting Meaningful Goals at the Health Quality Transformation Conference hosted by Health Quality Ontario.
- Windsor Regional Hospital presented at the e-Health Conference in Vancouver, BC, highlighting its success in its Implementation of Telemedicine at a Large Community Hospital in Windsor.
- Windsor Regional Hospital was pleased to host renowned Olympian, Clara Hughes. The six-time summer and winter Olympic medalist came to Windsor to speak about her own recovery, sharing her past struggles with depression in an effort to help break down the stigma associated with mental illness.



David Adoranti,  
*Engineer Maintenance  
Mechanic*

Helen Patterson,  
*Senior Cashier*



OUTSTANDING CARE – NO EXCEPTIONS!

# WINDSOR REGIONAL HOSPITAL ANNUAL REPORT APRIL 1, 2013 - MARCH 31, 2014

## BOARD OF DIRECTORS

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Gay Wrye, *Chair*

Dr. Wilfred Innerd, *Past Chair*

Robert Renaud, *Vice-Chair*

Randy Morris, *Treasurer (until June, 2013)*

Leanne Leech, *Treasurer (as of June, 2013)*

Lynne Watts, *Secretary*

Arvind Arya

Sally Bennett Olczak *(until June, 2013)*

Dr. Gerry Cooper, *Schulich School of Medicine & Dentistry,  
Ex-Officio/Non-Voting*

Dr. Gary Ing, *Chief of Staff, Ex-Officio/Non-Voting*

Lisa Landry

John Leontowicz

Karen McCullough, *Chief Nursing Executive and Chief Operating  
Officer, Ex-Officio/Non-Voting*

Dr. Sowmil Mehta, *Vice President, Professional Staff,  
Ex-Officio/Non-Voting, Ouellette (as of October, 2013)*

Dr. Maureen Muldoon

David Musyj, *President and CEO, Ex-Officio/Non-Voting*

Ruth Orton-Pert *(as of June, 2013)*

Anthony Paniccia

Dr. Shobhana Patel, *Vice-President, Professional Staff,  
Ex-Officio/Non-Voting, Met*

Pam Skillings

Dr. Andrea Steen, *President, Professional Staff, Ex-Officio/Non-Voting*

Dan Wilson

Yvan Poulin *(as of June, 2013)*

## EXECUTIVE COMMITTEE

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Dr. Mary Broga *(until October, 2013)*

Claudia den Boer Grima

Mark Fathers *(as of November, 2013)*

Mark Ferrari (Windsor Family Health Team)

Ron Foster

Dan Germain *(until November, 2013)*

Janice Kaffer *(October-January, 2013)*

Karen McCullough

David Musyj

Ralph Nicoletti *(as of December, 2013)*

Rosemary Petrakos *(as of December, 2013)*

Sharon Pillon *(retired April, 2013)*

## MEDICAL ADVISORY COMMITTEE

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Dr. Gary Ing, *Chief of Staff*

Dr. Andrea Steen, *President, Professional Staff*

Dr. Shobhana Patel, *Vice-President, Professional Staff, Met*

Dr. Kristen Gyetvai, *Secretary-Treasurer, Professional Staff, Met*

Dr. Sowmil Mehta, *Vice-President, Professional Staff, Ouellette  
(as of October, 2013)*

Dr. Robert Smith, *Past President, Professional Staff*

Dr. Winston Ramsewak, *Chief, Diagnostic Imaging, Met*

Dr. Jack Speirs, *Chief, Diagnostic Imaging, Ouellette  
(as of October, 2013)*

Dr. Julia Smith, *Chief, Anaesthesia, Met*

Dr. Hemant Ghate, *Chief, Anaesthesia, Ouellette (as of October, 2013)*

Dr. David Adekoya, *Chief, Emergency Medicine, Met*

Dr. Donald Levy, *Chief, Emergency Medicine, Ouellette  
(as of October, 2013)*

Dr. Marguerite Chevalier, *Chief, Family Medicine, Met*

Dr. Roxana Chow, *Chief, Family Medicine, Ouellette  
(as of October, 2013)*

Dr. David Shum, *Chief, Laboratory Medicine, Met and Ouellette*

Dr. Joe Shaban, *Chief, Medicine, Met (until April, 2013)*

Dr. Al Kadri, *Chief, Medicine, Ouellette (as of October, 2013)*

Dr. Syed Hussaini, *Chief, Medicine, Met (as of May, 2013)*

Dr. Anthony Pattinson, *Chief, OB/GYN, Met (until October, 2013)*

Dr. Josh Polsky, *Chief, OB/GYN, Met (as of November, 2013)*

Dr. Kenneth Schneider, *Chief, Oncology, Met*

Dr. Joseph Multari, *Chief, Oral & Maxillofacial Surgery & Dentistry, Met*

Dr. Lenna Morgan, *Chief, Paediatrics, Met*

Dr. Leonardo Cortese, *Chief, Psychiatry, Met (until October, 2013)*

Dr. Tamison Doey, *Chief, Psychiatry, Met (as of October, 2013)  
and Ouellette*

Dr. Shael Liebman, *Chief, Surgery, Met*

Dr. Hussain Khalaff, *Chief, Surgery, Ouellette (as of October, 2013)*

Dr. Dante Morassutti, *Chief, Neurosciences, Ouellette  
(as of October, 2013)*

Dr. Margaret Steele, *Schulich School of Medicine and Dentistry*

## FOUNDATION BOARD OF DIRECTORS

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Illias Kiritsis, *President*

Elaine Snaden, *Vice President*

Amanda Gellman, *Past President*

Mark Fathers, *Treasurer, Ex-Officio/Non-Voting*

David Musyj, *Secretary, Ex-Officio/Non-Voting*

Mary Bocian

Fae Gillespie

John Jedlinski

John Leontowicz, *Cross-Appointment*

Ryan Luvisotto

David Macleod

Fay Neil

Beth Ann Prince

Cathy Papatello

Martha Reavley

Robert Reid

Lynne Watts, *Cross-Appointment*

## AUXILIARIES

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Mary Bocian, *President, Malden Park Auxiliary (until October, 2013)*

Fae Gillespie, *President, Metropolitan General Hospital Auxiliary*

Fay Neil, *President, Windsor Western Auxiliary (until October, 2013)*

(dollar amounts in thousands)

<b>FINANCIAL POSITION (as at March 31)</b>	<b>2014</b>	<b>2013</b>
<b>Assets:</b>		
Current assets and investments held for capital purposes	\$ 74,427	\$ 76,500
Capital assets, net of accumulated amortization	\$ 168,148	\$ 315,209
<b>Total assets</b>	<b>\$ 242,575</b>	<b>\$ 391,709</b>
<b>Liabilities and Net Assets:</b>		
Current and long term liabilities	\$ 141,890	\$ 134,330
Deferred capital grants, net of amortization	\$ 114,096	\$ 265,324
<b>Total liabilities</b>	<b>\$ 255,986</b>	<b>\$ 399,654</b>
Accumulated remeasurement losses	\$(1,776)	\$ (2,535)
<b>Net assets</b>	<b>\$ (11,635)</b>	<b>\$ (5,410)</b>
<b>Total liabilities and net assets</b>	<b>\$ 242,575</b>	<b>\$ 391,709</b>
<b>REVENUE AND EXPENSES (for the year ended March 31)</b>	<b>2014</b>	<b>2013</b>
<b>Revenue:</b>		
Provincial programs	\$ 340,257	\$ 280,742
Other fees and revenue	\$ 68,746	\$ 56,753
<b>Total revenue</b>	<b>\$ 409,003</b>	<b>\$ 337,495</b>
<b>Expenses:</b>		
Compensation and benefits	\$ 245,078	\$ 205,363
Supplies and other expenses	\$ 170,150	\$ 122,734
<b>Total expenses</b>	<b>\$ 415,228</b>	<b>\$ 328,097</b>
<b>(Deficit) Surplus for the year</b>	<b>\$ (6,225)</b>	<b>\$ 9,398</b>
<b>Ministry of Health and Long Term Care - Total Margin</b>	<b>\$ 4,354</b>	<b>\$ 13,471</b>
<b>CASH FLOWS (for the year ended March 31)</b>	<b>2014</b>	<b>2013</b>
<b>Cash Flows From (Used In):</b>		
Cash flows from operations and changes in operating balances	\$ 17,110	\$ 22,617
Additions to capital assets	\$(23,996)	\$ (17,634)
Cash flows from grants, investing and financing activities	\$ 2,569	\$ (84,572)
<b>(Decrease) Increase in Cash for the Year</b>	<b>\$ (4,317)</b>	<b>\$ (79,589)</b>
Cash Surplus, Beginning of Year	\$ 50,877	\$ 130,466
<b>Cash Surplus, End of Year</b>	<b>\$ 46,560</b>	<b>\$ 50,877</b>
<b>PATIENT SERVICE VOLUMES (for the year ended March 31)</b>	<b>2014</b>	<b>2013</b>
Acute patients separated (discharged)	23,876	17,717
Patient days	178,696	185,019
Births	3,584	3,728
Day surgery and Endoscopy cases	30,512	16,895
Emergency department visits	101,580	70,534

## REPORT OF THE INDEPENDENT AUDITORS ON THE SUMMARY FINANCIAL STATEMENTS

To the Board of Directors of Windsor Regional Hospital:

The accompanying summary financial statements of Windsor Regional Hospital, which comprise the summary statement of financial position as at March 31, 2014, the summary statements of revenue and expense and cash flows for the year then ended, and related notes, are derived from the audited financial statements, prepared in accordance with Canadian public sector accounting standards, of Windsor Regional Hospital as at and for the year ended March 31, 2014.

We expressed an unmodified audit opinion on those financial statements in our report dated June 5, 2014.

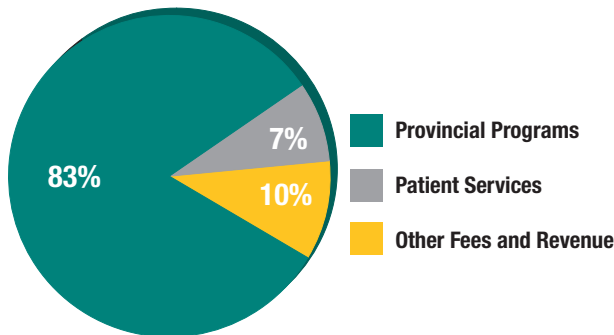
The summary financial statements do not contain all the disclosures required by Canadian public sector accounting standards applied in the preparation of the audited financial statements of Windsor Regional Hospital. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of Windsor Regional Hospital.

### Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of the summary financial statements in accordance with the basis described in Note 1.

### Auditors' Responsibility

#### Sources of Revenue Fiscal 2013-14



Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, "Engagements to Report on Summary Financial Statements."

### Opinion

In our opinion, the summary financial statements derived from the audited financial statements of Windsor Regional Hospital as at and for the year ended March 31, 2014 are a fair summary of those financial statements, in accordance with the basis described in Note 1.

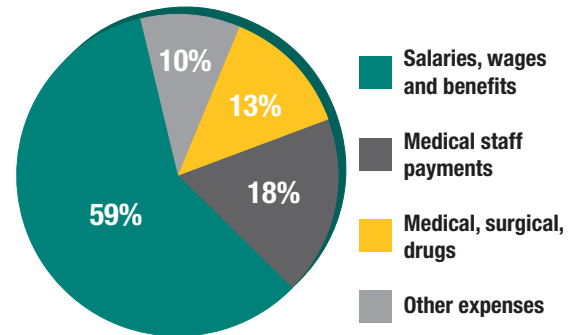
*KPMG LLP*

Chartered Accountants, Licensed Public Accountants  
June 5, 2014  
Windsor, Canada

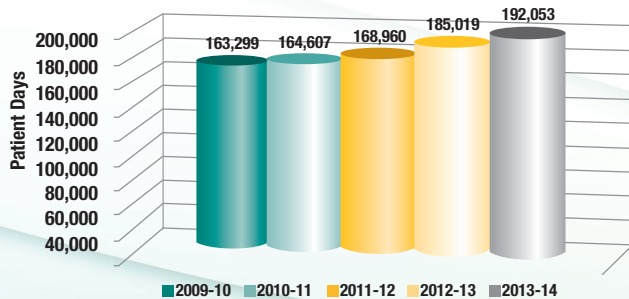
### Note 1

The summary financial statements are derived from the complete audited financial statements, prepared in accordance with Canadian public sector accounting standards as at and for the year ended March 31, 2014 and do not include certain disclosures required under the Canadian public sector accounting standards.

#### Operating Expenses by Category Fiscal 2013-14



#### Five Year Summary of Patient Days



#### Five Year Summary of Outpatient Visits

