

OUTSTANDING CARE - NO EXCEPTIONS!

ANNUAL REPORT 2014-2015

BUILDING
ON OUR 255
STRENGTHS



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



Bob Renaud
Board Chair



David Musyj
President and CEO



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

Over the last fiscal year, April 1, 2014 to March 31, 2015, a major focus for Windsor Regional Hospital continued to be the planning for our new state-of-the-art acute care hospital and supporting facilities that will provide the infrastructure to facilitate an outstanding acute healthcare system for the citizens of Windsor/Essex for the next several decades.

An associated and critically important initiative is standardizing programs and services between the current Met and Ouellette campuses. Internally proven best practices as well as those from other recognized hospitals in Ontario and other locations around the world provide the basis for establishing the best process for the patient and family.

This Standardization and Optimization Process (SOP) focuses on employees establishing and implementing the best process to achieve positive results. The goal is to break down barriers and empower everyone by showing them they can make a difference whether on the front lines, in a leadership position or in the boardroom. The changes are being developed and implemented by teams of front line staff with the patient as the focus of the changes. Former and current patients provide the teams with priceless insight on their journeys to support the changes to be implemented. The first four SOP projects were the Catheterization Lab, MRI wait times, Medication errors and Operating Room (OR) scheduling with the Operating Rooms and Pre-Surgical Screening Clinics, Critical Care Units, Ambulatory Clinics and Surgical Inpatient Units recently being added.

The new standardized and optimized processes along with further community, employee, professional staff as well as expert consultant input will then be used to design our new state-of-the-art acute care hospital and supporting facilities.

We know how important it is to inform, educate and engage our community about the future state-of-the-art acute care hospital and supporting facilities and that highly effective communication is essential now and as we move forward. The www.windsorhospitals.ca website has continued to develop with the addition of our blog – "Exploring the Future of Healthcare". Sharing information on other hospital's projects currently underway or near completion across Ontario and North America, is an effort to demonstrate innovations and best practices that will be considered for our new acute care Windsor/Essex hospital. We recognize visiting a hospital in another community is not on a person's "to do" list, so we brought the amazing changes occurring elsewhere to our www.windsorhospitals.ca website for you to review at your convenience.

The focus on quality and safety at both the Met and Ouellette Campuses received a significant boost through the assistance of local labour leader, Dino Chiodo, President of UNIFOR Local 444. Dino wanted to share his story regarding a safety issue that affected his family. "I want to stand behind the staff at Windsor Regional Hospital with the '2 by 4' campaign. By working together, we can do a better job at reducing errors." Dino became a mentor for the "two (2) patient identifier and the four (4) moments of hand hygiene campaign, rallying the six bargaining units at WRH to participate and support the campaign.

The Ministry of Health and Long Term Care selected Windsor Regional Hospital, along with 44 other participating hospitals, to participate in the Ontario Case Costing Initiative, where the collection of case costing data will support improved management decision–making and the development of hospital funding methodologies. It will assist physicians, front line staff, managers, directors, the executive team and the Board to gain a better understanding of the services we provide when, for whom, by whom and at what cost. Simply, we will be able to determine how much it costs for a knee replacement at Windsor Regional Hospital and how that compares with the same procedure done elsewhere.

Another milestone for Windsor Regional Hospital occurred when we became the first community teaching hospital in Canada to perform a da Vinci Robot Surgery in September2014. This great achievement was enabled by the Windsor Essex Cancer Centre Foundation's successful campaign which raised \$5.4 million for the Dr. Richard Boyd Regional Comprehensive Men's Health Program, which included the da Vinci Robot. Not only are we the 25th da Vinci machine in Canada and the first in a community teaching hospital to receive one, but the only hospital funded for da Vinci prostate procedures.

As the 3rd largest community teaching hospital, we are always ready for events that shake the world! Such an event was the outbreak of Ebola in West Africa which eventually made its way to North America. Windsor Regional Hospital staff immediately rallied around each other to take on

the challenge, actively training staff through proper PPE (personal protective equipment) and mock exercises that involved everyone; professional staff, front line staff, volunteers and the community. We prepared for the worst that we hoped would never come. We were ready!

The patient food service received a boost when we standardized and introduced the "menu style" room service at the Ouellette Campus. Very successful at the Met Campus over the last six years, the "menu style" service was accepted positively and, as a result of this new service, changes will eventually be made to the cafeteria and coffee shop at the Ouellette Campus.

In retrospect, many initiatives have been introduced at Windsor Regional Hospital that improve the patient experience everyday including the playing of the songs, Brahms Lullaby and Lean On Me. Patients, families and visitors hear the recognizable sounds of the lullaby which is played every time a baby is born. Lean On Me is a reminder to staff of our Vision, Outstanding Care - No Exceptions! Played twice a day, the music is meant to inspire staff when attending to patient's needs, assisting a visitor find her or his way and appreciating a co-worker.

New ideas introduced this fiscal year included the expansion of the Bedside Manor to accommodate families attending the Ouellette Campus. The Met Campus Bedside Manor had been in existence for the last decade or more, located in a house across from the ER. The new Bedside Manor, across the street from Ouellette Campus is a home away from home, offering private bedrooms, dining areas, full kitchen and laundry facilities. The recent announcement of the first ever in Canada, "Ronald McDonald House within a hospital," sponsored by Ronald McDonald Charities Southwestern Ontario, continues this tradition at Windsor Regional Hospital of having the family as close to their loved one as possible during her or his hospital stay.

Also new, is a Concierge Service introduced in the Met Campus Emergency Department. Similar to the one on the Oncology Program, the Transition to Betterness Concierge Service offers comfort to ER patients who may require a blanket, pillow, refreshment, newspaper and other comforts of home. Valet Parking Service was also introduced at the Met Campus, offering a quick and convenient way to enter the hospital and allow the valet to attend to the vehicle.

The creation of the new Patient and Caregiver Advisory Council, comprised of current and former patients and caregivers, will become critical as we move toward the design of the new state-of-the-art acute care hospital.

The Medical Advisory Committee is a dedicated team comprised of the Chiefs of the Hospital's Medical Departments. Under the capable leadership of the Chief of Staff, Dr. Gary Ing, this committee continued its work to streamline departments as well as improve work processes and communications on behalf of patients and their families.

The Board of Directors is our guiding star in this sea of change and improvements. They provide strong governance and support for our initiatives, while continuing to challenge us to ensure we live our Mission and Vision every day. They truly believe in the work that we are doing, as they approve, endorse and mentor us on to greater achievements.

We; the Board Chair, the President and CEO, as well as the Chief of Staff, express our appreciation to the employees, professional staff, auxiliary and volunteers for their commitment, loyalty and belief in Windsor Regional Hospital! We thank you for what you do each and every day in providing Outstanding Care - No Exceptions!

Bob Renaud, Board Chair, Windsor Regional Hospital

David Musyj, President and CEO, Windsor Regional Hospital

Dr. Gary Ing, Chief of Staff, Windsor Regional Hospital

Achievements:

- Windsor Regional Hospital, along with Hôtel-Dieu Grace Healthcare and Detroit's Henry Ford Hospital hosted the Annual International Patient Safety Symposium "The Patient Voice: Are We Listening?"
- Windsor Regional Hospital presented three posters at the Annual IHI National Forum on Quality Improvement and Health Care Forum in Orlando, Florida, attended by over 5,000 health care professionals/delegates.
- Windsor Regional Hospital presented several posters and presentations at the 5th Biennial Great Lakes Nursing Conference held at Caesars Windsor.
- Windsor Regional Hospital presented at the 4th Annual Accreditation Canada Quality Conference "Medicine Program from the Ground
 Up: Blending Theory, Method and Staff Engagement for Ground-breaking Results."
- Windsor Regional Hospital presented at the 3rd Annual Accreditation Canada Quality Conference "Coach, Console, or Discipline? Implementing a Just Culture to Improve Patient Safety."
- Windsor Regional Hospital Telemedicine Program presented the implementation process for WRH Telemedicine at the e-Health Conference in Vancouver, B.C.
- Windsor Regional Hospital presented at the Public Health Ontario (PHO) Conference and at the Biennial Nursing Research Conference
 on the "Evaluation of Surgical Site Infection Surveillance Programs within the Erie St. Clair Local Health Integration Network."

OUR VISION: Outstanding Care - No Exceptions!

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



FINANCIAL & OPERATIONAL HIGHLIGHTS

(dollar amounts in thousands)

	(dollar amounts in thous	
FINANCIAL POSITION (as at March 31)	2015	2014
Assets:		
Current assets and investments held for capital purposes	\$ 60,233	\$ 74,427
Capital assets, net of accumulated amortization	\$ 173,160	\$ 168,148
Total assets	\$ 233,393	\$ 242,575
Liabilities and Net Assets:		
Current and long term liabilities	\$ 139,349	\$ 141,890
Deferred capital grants, net of amortization	\$ 119,840	\$ 114,096
Total liabilities	\$ 259,189	\$ 255,986
Accumulated remeasurement losses	\$ (2,647)	\$ (1,776)
Net assets	\$ (23,149)	\$ (11,635)
Total liabilities and net assets	\$ 233,393	\$ 242,575
REVENUE AND EXPENSES (for the year ended March 31)	2015	2014
Revenue:		
Provincial programs	\$ 401,583	\$ 340,257
Other fees and revenue	\$ 79,803	\$ 68,746
Total revenue	\$ 481,386	\$ 409,003
Expenses:		
Compensation and benefits	\$ 287,963	\$ 245,078
Supplies and other expenses	\$ 204,937	\$ 170,150
Total expenses	\$ 492,900	\$ 415,228
(Deficit) Surplus for the year	\$ (11,514)	\$ (6,225)
Ministry of Health and Long Term Care - Total Margin	\$ (7,934)	\$ 4,354
CASH FLOWS (for the year ended March 31)	2015	2014
CASH FLOWS (for the year ended March 31) Cash Flows From (Used In):	2015	2014
	\$ (7,780)	\$ 17,110
Cash Flows From (Used In):		
Cash Flows From (Used In): Cash flows from operations and changes in operating balances	\$ (7,780)	\$ 17,110
Cash Flows From (Used In): Cash flows from operations and changes in operating balances Additions to capital assets	\$ (7,780) \$ (22,311)	\$ 17,110 \$ (23,996)
Cash Flows From (Used In): Cash flows from operations and changes in operating balances Additions to capital assets Cash flows from grants, investing and financing activities	\$ (7,780) \$ (22,311) \$ 10,051	\$ 17,110 \$ (23,996) \$ 2,569
Cash Flows From (Used In): Cash flows from operations and changes in operating balances Additions to capital assets Cash flows from grants, investing and financing activities (Decrease) Increase in Cash for the Year	\$ (7,780) \$ (22,311) \$ 10,051 \$ (20,040)	\$ 17,110 \$ (23,996) \$ 2,569 \$ (4,317)
Cash Flows From (Used In): Cash flows from operations and changes in operating balances Additions to capital assets Cash flows from grants, investing and financing activities (Decrease) Increase in Cash for the Year Cash Surplus, Beginning of Year	\$ (7,780) \$ (22,311) \$ 10,051 \$ (20,040) \$ 46,560	\$ 17,110 \$ (23,996) \$ 2,569 \$ (4,317) \$ 50,877
Cash Flows From (Used In): Cash flows from operations and changes in operating balances Additions to capital assets Cash flows from grants, investing and financing activities (Decrease) Increase in Cash for the Year Cash Surplus, Beginning of Year Cash Surplus, End of Year PATIENT SERVICE VOLUMES (for the year ended March 31)	\$ (7,780) \$ (22,311) \$ 10,051 \$ (20,040) \$ 46,560 \$ 26,520	\$ 17,110 \$ (23,996) \$ 2,569 \$ (4,317) \$ 50,877 \$ 46,560
Cash Flows From (Used In): Cash flows from operations and changes in operating balances Additions to capital assets Cash flows from grants, investing and financing activities (Decrease) Increase in Cash for the Year Cash Surplus, Beginning of Year Cash Surplus, End of Year	\$ (7,780) \$ (22,311) \$ 10,051 \$ (20,040) \$ 46,560 \$ 26,520	\$ 17,110 \$ (23,996) \$ 2,569 \$ (4,317) \$ 50,877 \$ 46,560
Cash Flows From (Used In): Cash flows from operations and changes in operating balances Additions to capital assets Cash flows from grants, investing and financing activities (Decrease) Increase in Cash for the Year Cash Surplus, Beginning of Year Cash Surplus, End of Year PATIENT SERVICE VOLUMES (for the year ended March 31) Acute patients separated (discharged)	\$ (7,780) \$ (22,311) \$ 10,051 \$ (20,040) \$ 46,560 \$ 26,520 2015 28,898 196,737	\$ 17,110 \$ (23,996) \$ 2,569 \$ (4,317) \$ 50,877 \$ 46,560 2014 23,876 192,053
Cash Flows From (Used In): Cash flows from operations and changes in operating balances Additions to capital assets Cash flows from grants, investing and financing activities (Decrease) Increase in Cash for the Year Cash Surplus, Beginning of Year Cash Surplus, End of Year PATIENT SERVICE VOLUMES (for the year ended March 31) Acute patients separated (discharged) Patient days	\$ (7,780) \$ (22,311) \$ 10,051 \$ (20,040) \$ 46,560 \$ 26,520 2015	\$ 17,110 \$ (23,996) \$ 2,569 \$ (4,317) \$ 50,877 \$ 46,560 2014 23,876









FINANCIAL & OPERATIONAL HIGHLIGHTS

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, 2015, 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, 2015.

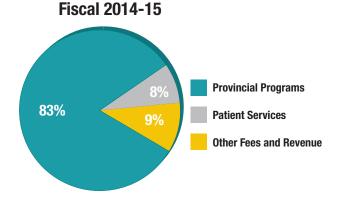
We expressed an unmodified audit opinion on those financial statements in our report dated June 25, 2015.

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.

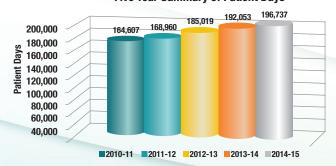
Management's Responsibility for the Summary Financial Statements

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

Sources of Revenue



Five Year Summary of Patient Days



Auditors' Responsibility

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, 2015 are a fair summary of those financial statements, in accordance with the basis described in Note 1.

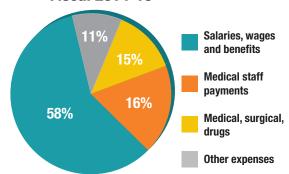


Chartered Professional Accountants, Licensed Public Accountants June 25, 2015 Windsor, Canada

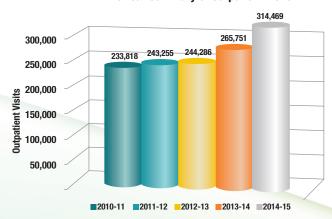
Note 1

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, 2015 and do not include certain disclosures required under the Canadian public sector accounting standards.

Operating Expenses by Category Fiscal 2014-15



Five Year Summary of Outpatient Visits





WINDSOR REGIONAL HOSPITAL ANNUAL REPORT APRIL 1, 2014 - MARCH 31, 2015

BOARD OF DIRECTORS

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Lynne Watts, Vice-Chair (Secretary until June 2014)
Anthony Paniccia, Treasurer (as of June 2014)
Gay Wrye, Past Chair (Chair until June 2014)
Dr. Wilfred Innerd, Past Chair (until June 2014)
Arvind Arva

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

Dr. Kristen Gyetvai, Vice-President, Professional Staff Ex-Officio/Non-Voting, Met (as of April 1, 2015)

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

Lisa Landry Leanne Leech

John Leontowicz

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

Dr. Sowmil Mehta, *President, Professional Staff, Ex-Officio/Non-Voting (as of April 1, 2015)*

Dr. Maureen Muldoon

David Musyj, President and Chief Executive Officer, Ex-Officio/Non-Voting, Secretary (as of June 2014)

Dr. Shobhana Patel, *President, Professional Staff Ex-Officio/Non-Voting (until March 31, 2015)*

Yvan Poulin

Dr. Minesh Singh, Vice-President, Professional Staff, Ex-Officio/Non-Voting, Ouellette (as of April 1, 2015)

Pam Skillings
Dan Wilson

EXECUTIVE COMMITTEE

Claudia den Boer Grima, *Vice-President, Regional Cancer Program* (until March 2015)

Janice Dawson, Vice-President, Critical Care, Regional Stroke and Cardiology (as of March 2015)

Mark Fathers, Vice-President, Corporate Services and Chief Operating Officer Mark Ferrari (Windsor Family Health Team)

Ron Foster, Vice-President, Public Affairs, Communications and Philanthropy Karen McCullough, Chief Operating Officer/Chief Nursing Executive David Musyj, President and Chief Executive Officer

Ralph Nicoletti, Vice-President, Medicine and Emergency Services Rosemary Petrakos, Vice-President, Surgery/Critical Care Programs and Family Services

MEDICAL ADVISORY COMMITTEE

Dr. Gary Ing, Chief of Staff

Dr. Shobhana Patel, *President, Professional Staff, Met* (until March 31, 2015)

Dr. Sowmil Mehta, Vice-President, Professional Staff, Ouellette (until March 31, 2015, then President as of April 1, 2015)

Dr. Kristen Gyetvai, Secretary-Treasurer, Professional Staff, Met (until March 31, 2015, then Vice-President as of April 1, 2015)

Dr. Minesh Singh, Secretary-Treasurer, Professional Staff, Ouellette (until March 31, 2015, then Vice-President as of April 1, 2015)

Dr. Abdelrahman Elashaal, Secretary-Treasurer (as of April 1, 2015)

Dr. Winston Ramsewak, *Chief, Diagnostic Imaging, Met* (Chief, Diagnostic Imaging, Met and Ouellette as of April 1, 2015)

Dr. Jack Spiers, Chief, Diagnostic Imaging, Ouellette (until March 31, 2015)

Dr. Kan Gnanendran, Chief of Anaesthesia, Met

Dr. Hemant Ghate, Chief, Anaesthesia, Ouellette

Dr. David Adekoya, Chief, Emergency Medicine, Met (until October 31, 2014)

Dr. Donald Levy, Chief, Emergency Medicine Met and Ouellette (as of November 1, 2014)

Dr. Marguerite Chevalier, Chief, Family Medicine, Met

Dr. Roxana Chow, Chief, Family Medicine, Ouellette

Dr. Rajasekar Basker, Chief of Psychiatry, Met and Ouellette

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

Dr. Al Kadri, Chief, Medicine, Ouellette

Dr. Syed Hussaini, Chief, Medicine, Met

Dr. Josh Polsky, Chief, OB/GYN, Met

Dr. Kenneth Schneider, Chief, Oncology, Met

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

Dr. Lenna Morgan, Chief, Paediatrics, Met

Dr. Shael Liebman, Chief, Surgery, Met

Dr. Hussain Khalaff, Chief, Surgery, Ouellette

Dr. Dante Morassutti, Chief, Neurosciences, Ouellette

Dr. Margaret Steele, Schulich School of Medicine and Dentistry

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Kim Marks

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Fae Gillespie, President, Metropolitan General Hospital Auxiliary

