



JOINT MESSAGE FROM THE BOARD CHAIR AND CHIEF OF STA





Lynne Watts Board Chair



David Musyj

President and CEO



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

#WEareready

#WEwereheard

#WErMovingForward

e would be remiss if we did not begin by expressing our elation and excitement about the historic decision by the provincial government to give our region the green light to move forward with the Windsor-Essex Hospitals System project. It was the people of Windsor and Essex, through their belief, determination and one voice, stating that they believed in the future of healthcare and supported the Building On Our Strengths mantra, that made this possible!

Stepping back to the beginning of the fiscal year, we completed the 2016-2020 Strategic Plan. Each program was asked to develop and submit their strategic objectives in order to measure and attain the targets identified, as this work continues daily. During the development of the plan, we reached out to Leamington District Memorial Hospital, and invited them to join us in collaborating to ensure our respective plans worked well together, in order to strengthen acute care in Windsor-Essex.

One of our strategic directions is to strengthen the culture of patient safety and quality care. We restructured the model of care, establishing a more equalized patient care model

of RNs and RPNs at both campuses. Standardized unit work is well underway at both the Met and Ouellette Campuses, related to 5S (sort, set in order, shine, standardize and sustain) objectives. The Standardization and Optimization Process (SOP), continued and has resulted in many successful projects and more staff being trained in order to carry forward these and other improvements. A new corporate quality chart was created to communicate our targets and progress toward achieving improvements. We continue to work with the Windsor Family Health Team to promote datasharing opportunities to improve patient care while reducing hospital ER visits.

The 'Above and Beyond' Program is closing in on ten years of success. Staff are recognized and honoured for going the extra mile for our patients, families, professional staff, peers and volunteers. Showcasing these individuals on posters and banners means as much to them and their families as it means to Windsor Regional Hospital. All of the achievers make us very proud each and every day.

In the fall, the sterilization process failed at the Ouellette Campus due to aging infrastructure which mainly focused on the piping system from the hospital's boiler to the autoclaves. As the problem was analyzed, it became apparent new technology was required, and a "steam-to-steam" generator solution was recommended and eventually installed.

Despite the enormous costs of the failed sterilization system and the corrective actions taken, the fiscal year budget deficit was vastly reduced from previous years, thanks to the work done by department managers, directors and clinical chiefs to manage their budgets. The deficit is \$13 million less than one year ago, at \$8.6 million or \$5.0 million negative hospital margin (see insert). We worked with the Ministry of Health and Long-Term Care and our Erie St. Clair LHIN to identify how

Congratulations

and thanks to all the

staff, professional

staff and volunteers.

Your leadership in

providing quality

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truly appreciated.

Windsor Regional Hospital went from operating for six straight years with a balanced budget and/or a surplus to a significant deficit post-realignment.

One of the major objectives underway within the last fiscal year was the construction of the new Renal Dialysis Program. The \$11.9 million Bell Building renovation opened in May 2017 and includes a state-of-the-art design, new renal chairs, convenient parking and an accessible front entrance for patients and families.

Another exciting development, and a first for Windsor-Essex and Windsor Regional Hospital, was the opening

of Ronald McDonald House Windsor, the first house to open within a hospital in Canada. It continues to be a godsend for many families who need to be close to their children while they are in the hospital. It has become a home away from home and offers great comfort to families.

Throughout all of these changes, there was a focus on continuing the community engagement on the Windsor-Essex Hospitals System. The hashtag #WEareready was developed, and speaking tours were a priority for the team of David Musyj, President and CEO, Windsor Regional Hospital and Dave Cooke, Chair, Program and Services Steering Committee, along with Janice Kaffer, President and CEO, Hôtel-Dieu Grace Healthcare. The hashtag caught on quickly, with hundreds of photographs on social media encouraging the community to stay the course toward future healthcare system regeneration. A Ministry of Health and Long-Term Care capital branch team visited in the fall, were given a status update, and were informed about the need to move forward to the

next stage. One of the requirements, and a natural next step, is the rezoning of the official plan amendment for the areas surrounding the proposed site of the new hospital. And now #WErMovingForward!

"Congratulations and thanks to all the staff, professional staff and volunteers," said Lynne Watts, Chair, Board of Directors, Windsor Regional Hospital. "Your leadership in providing quality care to the citizens of this community is truly appreciated. In spite of the challenges of aging facilities and financial constraints, you continue to provide outstanding care every day. As Board members, we are proud to be associated with Windsor Regional Hospital."

> "This has been a challenging and eventful year for Windsor Regional Hospital, our community and the Province. Change is now the constant in healthcare. It has to be in order to adjust to the needs and demands in front of us as well as the economic realities of today. Getting the "green light" to move forward with the Windsor-Essex Hospitals System changes will allow us to address these changes in state-of-the-art environments which our patients, community and staff need and deserve," stated David Musyj.

Dr. Gary Ing stated, "I think the leadership of the Medical Advisory Committee continues to evolve with positive improvements in the way our physicians interact with their

patients, families and staff." Dr. Ing further said, "There is an understanding among our physician leadership that what is good for the hospital is good for everyone. We see exciting things for the future of Windsor-Essex. My heartfelt thanks to my colleagues for being part of Windsor Regional Hospital."

We express our appreciation to the employees, professional staff, auxiliary and volunteers for making Windsor Regional Hospital what it is today, an organization with a vision of Outstanding Care - No Exceptions each and every day!

Lynne Watts, Board Chair, Windsor Regional Hospital David Musyj, President and CEO, Windsor Regional Hospital Dr. Gary Ing, Chief of Staff, Windsor Regional Hospital



ANNUAL REPORT APRIL 1, 2016 – MARCH 31, 2017



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Dr. Kristen Gyetvai, President, Professional Staff, Ex-Officio/Non-Voting

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

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Dr. Minesh Singh, Vice-President, Professional Staff, Ex-Officio/Non-Voting

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Rosemary Petrakos, Vice-President, Peri-Operative, Surgery and Women's and Children's Service

Monica Staley-Liang, Vice-President, Regional Cancer Programs, Renal, Patient Relations and Legal Affairs

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Dr. Marguerite Chevalier, Chief, Family Medicine

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Dr. Dante Morassutti, Chief, Neurosciences (until November 30, 2016)

Dr. Lenna Morgan, Chief, Paediatrics

Dr. Josh Polsky, Chief, OB GYN

Dr. Winston Ramsewak, Chief, Diagnostic Imaging

Dr. Wassim Saad, Chief, Medicine

Dr. Kenneth Schneider, Chief, Oncology

Dr. David Shum, Chief, Laboratory Medicine

Dr. Richard Stapleford, Chief, Oral and Maxillofacial Surgery & Dentistry,

Dr. Takeshi Takahashi, Chief, Surgery

Dr. Michael Winger, Chief, Neurosciences (as of December 1, 2016)

Dr. Lawrence Jacobs, Schulich School of Medicine and Dentistry, Windsor Campus

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AUXILIARY

Fae Gillespie, President, Windsor Regional Hospital Auxiliary



WINDSOR REGIONAL HOSPITAL FINANCIAL & OPERATIONAL HIGHLIGHTS

(dollar amounts in thousands)

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FINANCIAL POSITION (as at March 31)	2017	2016
Assets:		
Current assets and investments held for capital purposes	\$ 35,316	\$ 34,430
Capital assets, net of accumulated amortization	\$ 175,655	
Total assets	\$ 210,971	\$ 208,845
Liabilities and Net Assets:		
Current and long-term liabilities	\$ 147,362	\$ 138,290
Deferred capital grants, net of amortization	\$ 118,648	
Total liabilities	\$ 266,010	
Accumulated remeasurement losses		\$ (2,731)
Net assets		\$ (44,322)
Total liabilities and net assets	\$ 210,971	\$ 208,845
REVENUE AND EXPENSES (for the year ended March 31)	2017	2016
Revenue:		
Provincial programs	\$ 406,504	\$ 396,518
Other fees and revenue	\$ 77,730	\$ 82,559
Total revenue	\$ 484,234	\$ 479,077
Expenses:		
Compensation and benefits	\$ 290,998	\$ 294,115
Supplies and other expenses	\$ 201,848	\$ 206,135
Total expenses	\$ 492,846	\$ 500,250
Deficit for the year	\$ (8,612)	\$ (21,173)
Ministry of Health and Long Term Care - Total Margin	\$ (4,991)	\$ (17,640)
CASH FLOWS (for the year ended March 31)	2017	2016
Cash Flows From (Used In):		
Cash flows from operations and changes in operating balances	\$ 5,696	\$ (12,660)
Additions to capital assets	\$ (18,190)	\$ (16,459)
Cash flows from grants, investing and financing activities	\$ 8,081	\$ 7,012
Decrease in Cash for the Year	\$ (4,413)	\$ (22,107)
Cash Surplus, Beginning of Year	\$ 4,413	\$ 26,520
Cash Surplus, End of Year	\$ -	\$ 4,413
PATIENT SERVICE VOLUMES (for the year ended March 31)	2017	2016
Acute patients separated (discharged)	31,400	29,163
Patient days	187,712	192,155
Births	3,717	3,599
Day surgery and Endoscopy cases	38,688	42,834
Emergency department visits	115,004	117,943









WINDSOR REGIONAL HOSPITAL 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, 2017, 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, 2017.

We expressed an unmodified audit opinion on those financial statements in our report dated June 22, 2017.

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

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, 2017 are a fair summary of those financial statements, in accordance with the basis described in Note 1.

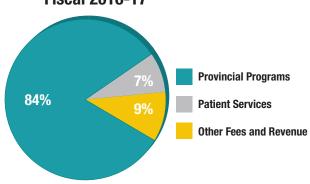


Chartered Professional Accountants, Licensed Public Accountants June 22, 2017 Windsor, Canada

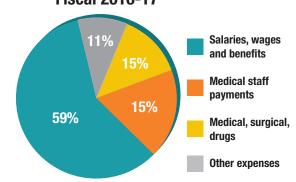
Note 1

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, 2017 and do not include certain disclosures required under the Canadian public sector accounting standards.

Sources of Revenue Fiscal 2016-17



Operating Expenses by Category Fiscal 2016-17



Five Year Summary of Outpatient Visits

