Report of the President & CEO to the Board of Directors

Date: June 2018

National Results confirm the high performance of Windsor Regional Hospital (WRH) team members - new statistics highlighted by impressive survival success for WRH's cardiac patients

The Canadian Institute for Health Information (CIHI) today released updates to its various organizational clinical and non-clinical outcomes for Windsor Regional Hospital (WRH) and compared these outcomes to local, provincial and national comparators.

One area of focus was on WRH's cardiac care program and services, which show significant improvements in key clinical areas and demonstrate diligence and organizational efficiency from a cost perspective.

CIHI presented an update today on its Cardiac Care Quality Indicators, which includes figures for the 2016-17 fiscal year. The data indicate WRH patients who underwent a Percutaneous Coronary Intervention (PCI) procedure at our Cardiac Catheterization Laboratory at the Ouellette campus have a nearly 98 per cent survival rate within 30 days of the procedure. A 1.6 per cent

(risk adjusted) fatality rate is below both Ontario and Canadian PCI performance averages, and is an improvement of over a 3.9 per cent rate in the prior fiscal year.

Additionally, according to the CIHI data, the hospital readmission rate in the first 30 days following a PCI procedure was 4.7 per cent, continuing a three-year decline and also well below provincial and national averages.

"Despite a yearly increase in cath lab volume and being the only remaining 24/7 PCI centre in Ontario operating a single cath lab table, our procedural outcomes are above the provincial and national average," said Dr. Kushal Dighe, WRH Medical Director, Cardiac Catheterization Lab. "We are proud of the work that our team does every day in the cath lab and its contribution to excellence in cardiac care in our region."

As the only PCI centre in our region, patients experiencing heart attack like symptoms (STEMI) are transferred to the catheterization lab for immediate medical intervention. WRH performs more than 850 PCI procedures annually.

PCI, more commonly known as cardiac angioplasty, is considered a less invasive procedure for patients suffering heart attacks versus other techniques, such as coronary bypass surgery. The non-surgical procedure involves the insertion of a catheter containing a small balloon up through blood vessels until they reach the arteries around the heart to compress blockages and allow blood to flow. A stent is often placed at the site of the blockage to permanently open the artery.

Patients with an acute ST-elevation myocardial infarction can have an emergent procedure as a lifesaving treatment. Emergency angioplasties were first performed in Windsor at the Ouellette campus in early 2011.

The cath lab table, originally installed in 2005, was a very well used piece of equipment, performing over 2500 procedures annually, and was recently replaced on March 26, 2018 with a new state-of-the-art Phillips table. With the removal of the old system and installation of this upgraded system, we now have access to state-of-the-art, reliable technology that provides improved patient imaging.

WRH is working with the Erie St Clair LHIN and the Ministry of Health on getting final approval to move ahead with the construction/renovation of space at the Ouellette campus to facilitate a *second* cath table. This would allow for additional volumes but also guard against needing to send

patients outside of Windsor for this treatment if the current table is offline for repair or maintenance, or if an emergency leads to cancellations of scheduled procedures. The former Minister of Health announced a provincial government commitment to this project in July 2014, however the work has still not started. WRH is hopeful discussions can begin to start construction of the second cath table following the upcoming Ontario election.

Another positive indicator released today by CIHI involves low-risk caesarian sections. The number of such procedures involving what are deemed to be low-risk patients declined to 11.9 per cent for 2016-17. This is a marked improvement over a 16.6 per cent rate in the prior fiscal year, and also represents a lower percentage than both Ontario (14.0%) and Canadian (15.6%) averages.

Additional CIHI updates today involved administrative expense as well as cost per patient data. For 2016-17, administrative expense at WRH accounted for 5.2 per cent of the overall budget, a decline from the prior year and below the averages in Ontario and for Erie St. Clair-Local Health Integration Network hospitals. Also, the average cost of a standard hospital stay amounted to $4347 per patient. This continued a downward trend of the last three years and is also below provincial and national averages ($5360 and $5992 respectively).

“These results are very impressive and indicate the amazing care, compassion and professional performance of our teams since the realignment of hospital healthcare services in Windsor/Essex. These are the results we projected would happen and our clinical and non-clinical teams made it happen. WRH has engrained in its culture the importance of transparent public reporting. If you under report, your numbers could appear stronger, but you do a disservice to your patients and your community. Data from CIHI and other sources allows hospitals to measure their performance year over year, and identify areas to target for improvement. You can’t improve it if you can’t measure it – which is why on a daily basis, we collect data on our performance and analyze the results so that our teams can work together for continuous improvement across both of our acute care campuses.

CIHI | Your Health System | In Depth

Windsor Regional Hospital

Type of Hospital: Community - Large Hospital	Acute Care Hospital Stays: 29,143 (2016-2017)	Number of Acute Care Beds: 446 (2016-2017)	Average Length of Hospital Stay (Days): 5.8 (2016-2017)	Emergency Dept. Visits: 114,782 (2016-2017)
Pts Admitted Thru The Emergency Dept.: 47.1% (2016-2017)	Hospital Occupancy Rate: 89.5% (2016-2017)	Pt Days in Alternate Level of Care: 15.7% (2016-2017)	Total Acute Care Resource Use Intensity: 44,972 (2016-2017)	Average Acute Care Resource Use Intensity: 1.5 (2016-2017)

Data to be publically released: May 31/2018

Indicator	WRH FY12-13 (MET Only)	WRH FY13-14 (MET Only)	WRH FY14-15 (MET & OUE)	WRH FY15-16 (MET & OUE)	WRH FY16-17 (MET & OUE)	Community - Large Hospitals	Erie-St. Clair LHIN	Ontario	Canada
						Better	No Difference	Worse	No Assess
Emergency Department Wait Time for Physician Initial Assessment (Hours, 90th Percentile)	4.2	4.2	4.3	4.8	4.8 M: 5.5 O: 3.8	3.2	4.0	3.0	3.1
Total Time Spent in Emergency Department for Admitted Patients (Hours, 90th percentile)	29.0	26.2	28.7	30.1	29.4 M: 37.5 O: 30.3	37.8	26.1	31.3	32.6
Hip Fracture Surgery Within 48 Hours	68.4%	74.9%	82.4%	97.7%	80.9% M: 79.7% O: 82.7%	90.4%	87.8%	89.2%	87.5%
In-Hospital Sepsis (per 1,000)	5.1	6.1	5.3	5.7	3.7 M: 4.3 O: 3.3	3.4	3.8	4.1	3.9
Obstetric Trauma (with instrument)	14.4%	9.1%	12.0%	12.8%	10.2%	18.6%	10.0%	14.9%	18.9%
All Patients Readmitted to Hospital	7.9%	7.9%	8.5%	8.3%	8.5% M: 9.3% O: 9.0%	8.7%	8.2%	9.2%	9.1%
Medical Patients Readmitted to Hospital	13.3%	13.6%	13.7%	13.4%	13.6% M: 13.9% O: 13.7%	13.2%	12.8%	13.8%	13.7%
Surgical Patients Readmitted to Hospital	6.1%	5.3%	6.3%	6.1%	6.3% M: 5.9% O: 6.6%	6.6%	6.5%	7.1%	6.9%
Obstetric Patients Readmitted to Hospital	1.0%	0.9%	0.9%	1.0%	0.9%	1.8%	1.2%	1.9%	2.1%
Patients 19 and Younger Readmitted to Hospital	6.3%	6.2%	5.6%	6.2%	6.1% M: 6.2% O: 4.3%	6.4%	6.4%	7.4%	6.8%
Hospital Deaths (HSMR)	102	84	108	104	101 M: 103 O: 100	NA	94	90	91
Hospital Deaths Following Major Surgery (per 100)	1.5%	1.4%	1.5%	2.7%	1.9% M: 1.7% O: 2.0%	1.5%	1.8%	1.7%	1.6%
Low-Risk Caesarean Sections	17.3%	15.4%	16.4%	16.6%	11.9%	15.2%	12.0%	14.0%	15.6%
Administrative Expense	4.6%	4.7%	4.8%	5.4%	5.2%	N/A	6.2%	5.8%	4.5%
Cost of a Standard Hospital Stay	$4,562	$4,522	$4,550	$4,497	$4,347	$5,363	$4,863	$5,360	$5,992

Cardiac Indicators	WRH FY16-17	Ontario	Canada
30-Day In-Hospital Mortality After PCI *Overall 3 Year: FY1415, FY1516, FY1617	2.4%*	2.4%*	2.3%*
30-Day Readmission Rate After PCI *Overall 3 Year: FY1415, FY1516, FY1617	7.1%*	7.3%*	7.2%*
PCI Volume	855	26,411	50,570

Optimization Review will be Starting June 1, 2018

As stated in my May report, Windsor Regional Hospital is excited to announce to staff an initiative in collaboration with the Erie St. Clair Local Health Integration Network – one that may justify an increased budget in the short term, and position us for the future funding requirements over the longer term as we move towards a new state-of-the-art acute care hospital.

This collaborative and voluntary Optimization Review will examine whether Windsor Regional Hospital has been sufficiently funded since our realignment of hospital services in October 2013 – one of the most extensive hospital transformations that has ever taken place in our province. It will also identify anticipated funding requirements as we work towards a new state-of-the-art acute care hospital and urgent care centre just a few years from now.

WRH has long felt that in order to meet the demands of our community, additional funding flexibility is required for the current term and for the longer term. Currently, according to Health Services Funding Reform results, WRH is performing operationally better than expected and better than the average of our hospital peer group in Ontario.

The timing of such a review makes a lot of sense – we are closing in on five years since the local hospital realignment and we are about to prepare for Stage 2 of the government-approved capital funding process. Under that context, reviewing our finances retroactively and looking forward presents an excellent opportunity for our organization.

An independent, third party evaluator will study WRH's financial and operational position and prepare a summary of its findings for the hospital and the ESC LHIN.

The third party evaluator has been selected and is BIG Healthcare. http://bighealthcare.ca
We expect this process to take until September to complete.

During this period of time (June to September) you might see BIG Healthcare representatives at either campus talking to various staff and attending our various clinical and non-clinical committee meetings and participating in various discussions.

Disturbing Trends for Opioid ER Visits, Hospitalizations and Deaths

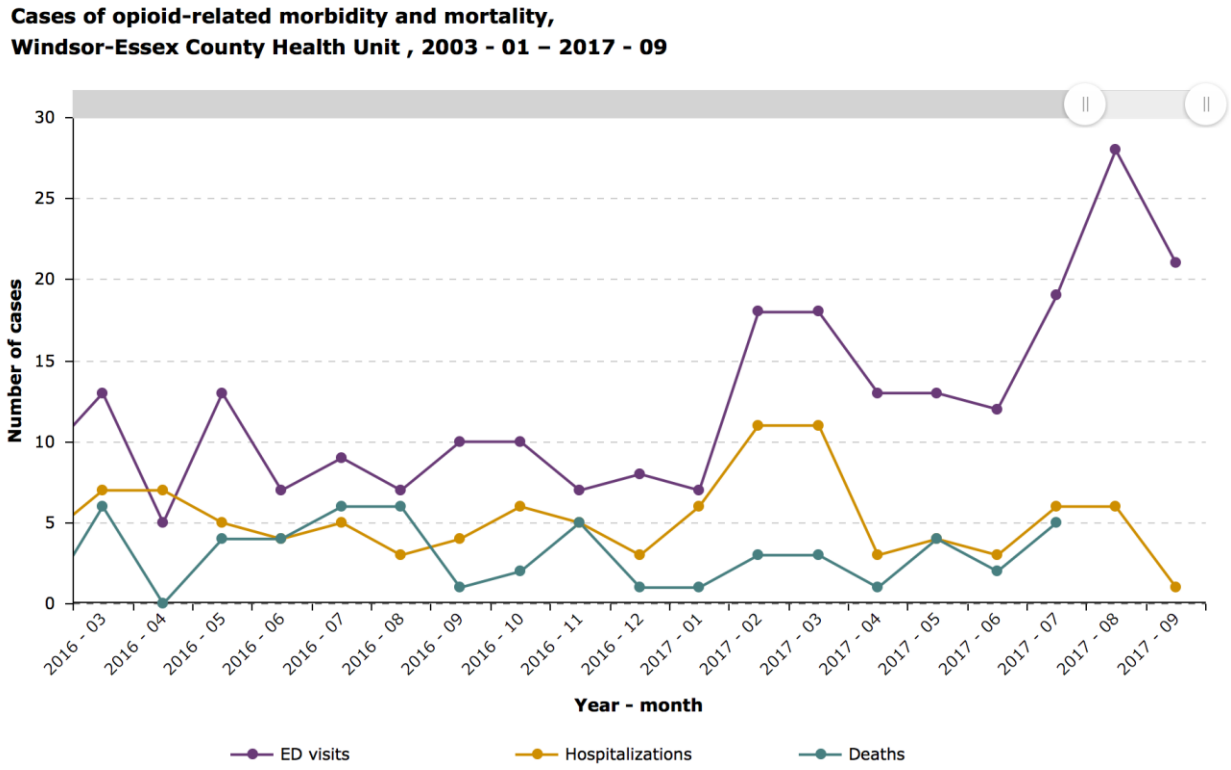
In my October 2017 report, I highlighted a new Ontario website that showed trending for Opioid ER Visits, Hospitalizations and Deaths for Ontario and broken down into regions.

https://www.publichealthontario.ca/en/dataandanalytics/pages/opioid.aspx

http://www.wrh.on.ca/Site_Published/wrh_internet/Document.aspx?Body.Id=85487&LeftNav.QueryId.Categories=294

This past week, the 2017 data was released showing a dramatic increase in opioid deaths from 2016 to 2017. In fact, in 2016 it was 867 and now in 2017 it is 1261. A 41% increase.

http://windsorstar.com/news/local-news/opioid-overdose-deaths-surpass-1200-in-ontario-for-2017-new-data-show/wcm/06a3541d-c445-45d2-9fdc-c4bac2df8c07



For Windsor/Essex – there was 37 deaths in 2016 and 35* in 2017 (*data not finalized for August 2017-December 2017)

However, ED visits went from 108 to 168 from 2016 to 2017 in Windsor/Essex.

As stated in the above article

> Despite the worsening crisis and the continued urging of the harm reduction community, the province has steadfastly refused to declare a public health emergency, similar to the one it declared in the face of SARS, which ultimately killed only 44 people. Last year, then-health minister Eric Hoskins said that because the opioid crisis was not finite, a public health emergency was not an appropriate declaration.

The time has come to declare this a "public health emergency".