



REPORT OF THE PRESIDENT & CEO AND THE CHIEF OF STAFF with financial results for 2019/2020

WINDSOR REGIONAL HOSPITAL'S

REPORT OF THE PRESIDENT & CEO AND THE CHIEF OF STAFF



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The Long and Winding Road

On October 1, 2013 Realignment of Healthcare Services took place.

- Windsor Regional Hospital became responsible for the acute care services at the Ouellette Campus in addition to those acute care services at the Met Campus.
- Hotel-Dieu Grace Healthcare took over the sub-acute services at the Tayfour Campus.
- This realignment was called by many “to be one of the most complex hospital healthcare transformations in Ontario last fifteen years.”



The Long and Winding Road



In the four (4) fiscal years prior to realignment, April 1, 2009 to March 31, 2013, Windsor Regional Hospital had cumulative surpluses of \$13.6 million and cumulative Hospital Margins of \$28.2 million. On March 31, 2013 the Hospital had a working capital ratio of 1 to 1 (ideal)



In the five (5) full fiscal years following realignment, April 1, 2014 to March 31, 2019, Windsor Regional Hospital had cumulative deficits totaling \$64.2 million and cumulative negative Hospital Margins of \$46.6 million. The Hospital now had a working capital ratio of 0.34 to 1 (very poor).

What Changed?

The Ouellette Campus which had just come off supervision several months prior to realignment had structural problems both to the building itself and with respect to the finances and funding that supports the programs at that site.

What complicated matters even more, the Ministry of Health introduced a new funding formula at the start of the fiscal year in which the realignment took place. Unfortunately this funding formula did not properly recognize the programs and services of the new Windsor Regional Hospital.



How Did We Fix The Problem?

Annual benchmarking of our cost performance and making changes accordingly resulted in the following conclusion by the eventual LHIN/MOH led review of our operations “Based on the peer performance screening exercise, WRH appears to be more efficient (from an overall operational efficiency perspective) than most of their peer hospitals”.

Single Managers/Directors managing similar programs over two campuses.

Consolidating Medical Advisory Committee from two to one.

Standardized our RN/RPN staffing model across out two campuses.



How Did We Fix The Problem?

Immediately after realignment, a multi-year Standardization and Optimization Process (SOP) commenced that would lead to an exceptional identical patient care experience regardless of which campus you visited and the services that you required.

Working with the Ministry of Health and the Erie St. Clair LHIN corrected over time the Ministry funding challenges for our programs and services.



How Did We Fix The Problem?

Improved patient flow by realigning beds, stretchers and services to meet the needs of the community through the utilization of computer simulation software. We know the days, times, age and gender from our community who will attend our facilities for patient care, we just don't always know their names.

Implemented a Command Centre at each campus to manage the flow and identify any bottlenecks and implement corrective actions.

We monitor our performance weekly by:

- Having Monday Morning Huddles that reviews the previous week's performance with respect to Hospital Acquired Infections, Patient Falls and Irreplaceable Lab Specimens.



Patient Harm Index

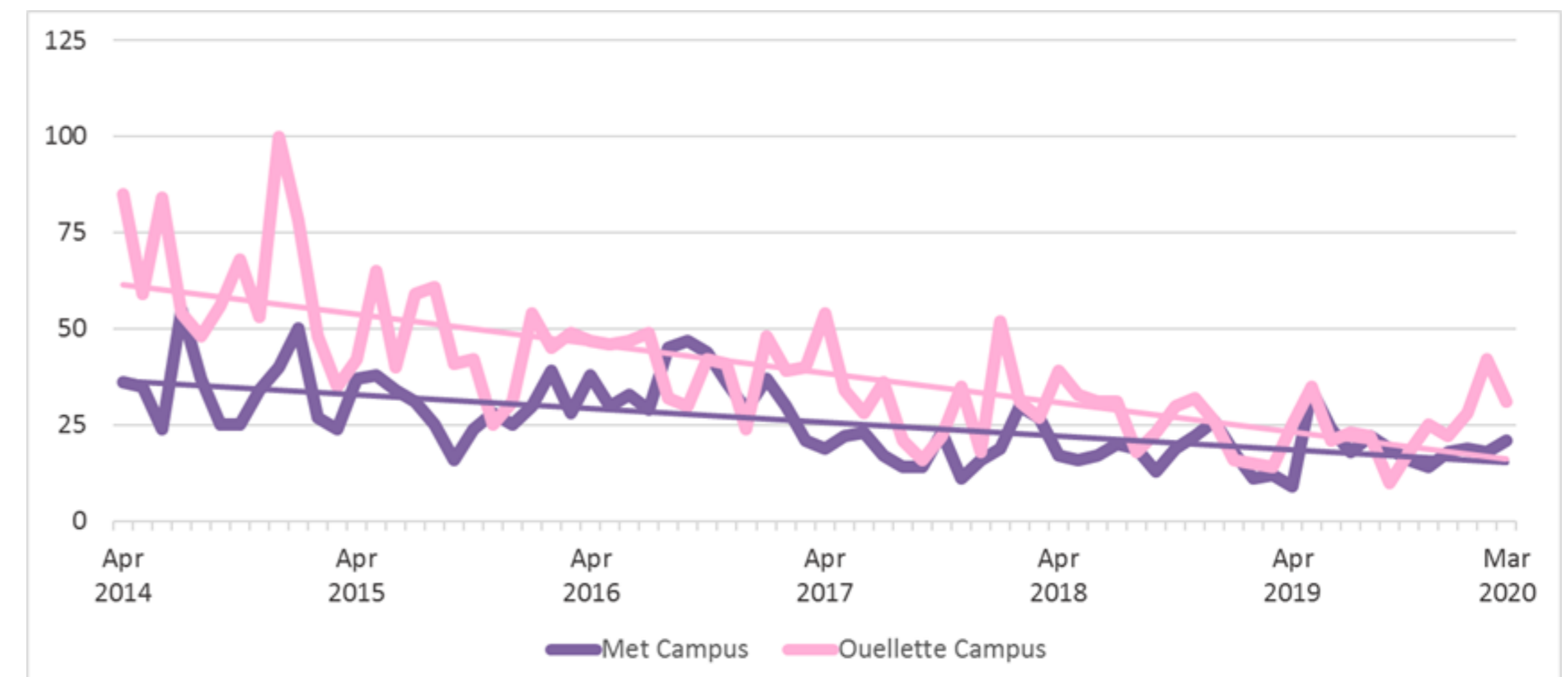
The Patient Harm Index reflects the number of patients harmed at Windsor Regional Hospital through: developing a healthcare acquired infection; falling and receiving an injury that required care and treatment; and/or having a lab specimen misplaced, mislabeled or lost resulting in a delayed result or no result available.

The combination of the monthly results for these three (3) indicators show the impact of the organization’s focus on improving patient quality and safety.

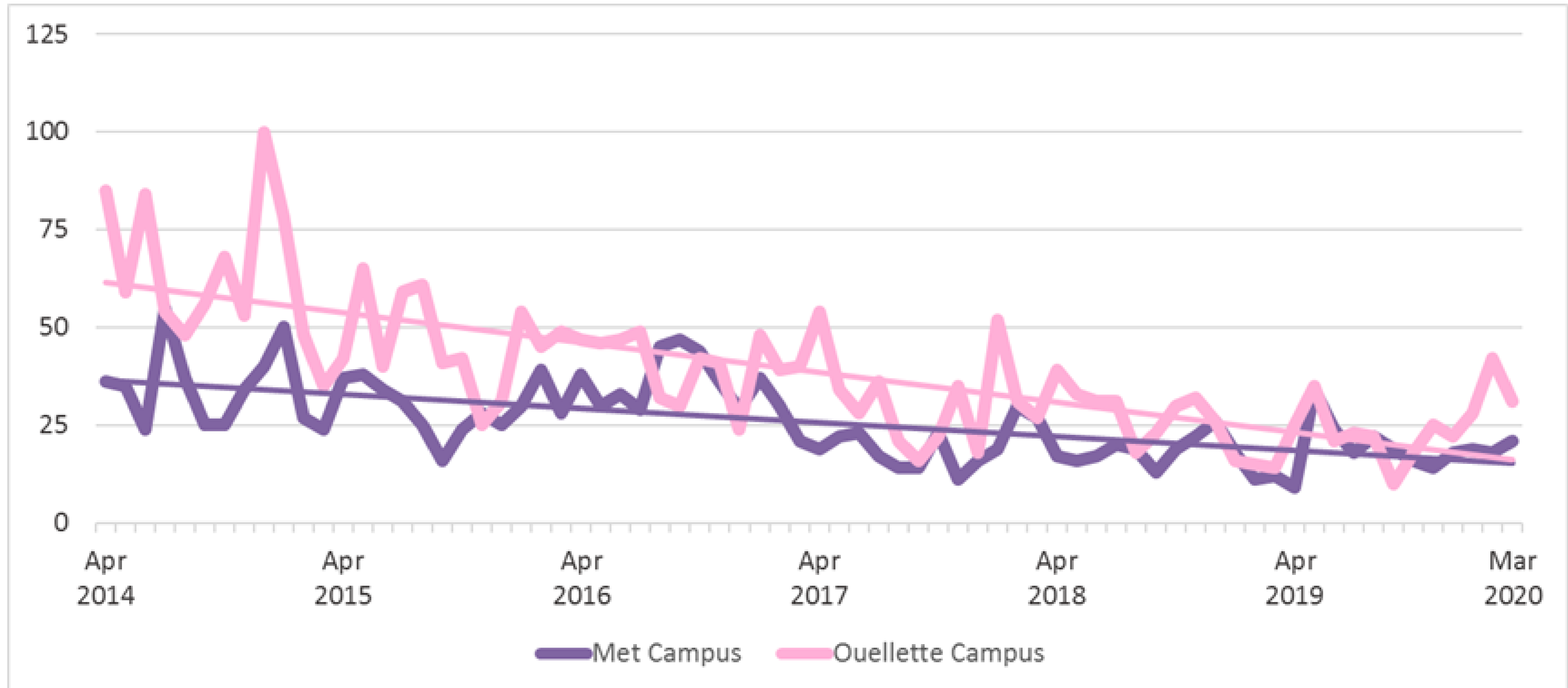
The results are reviewed weekly at the Monday Morning Huddle. Action plans to address unfavourable results are presented and implemented in real time.

The results from April 2014 – March 2020 show:

- a. The significant narrowing of the quality and safety gap between Met and Ouellette Campuses over time
- b. The positive impact of standardized work



Patient Harm Index



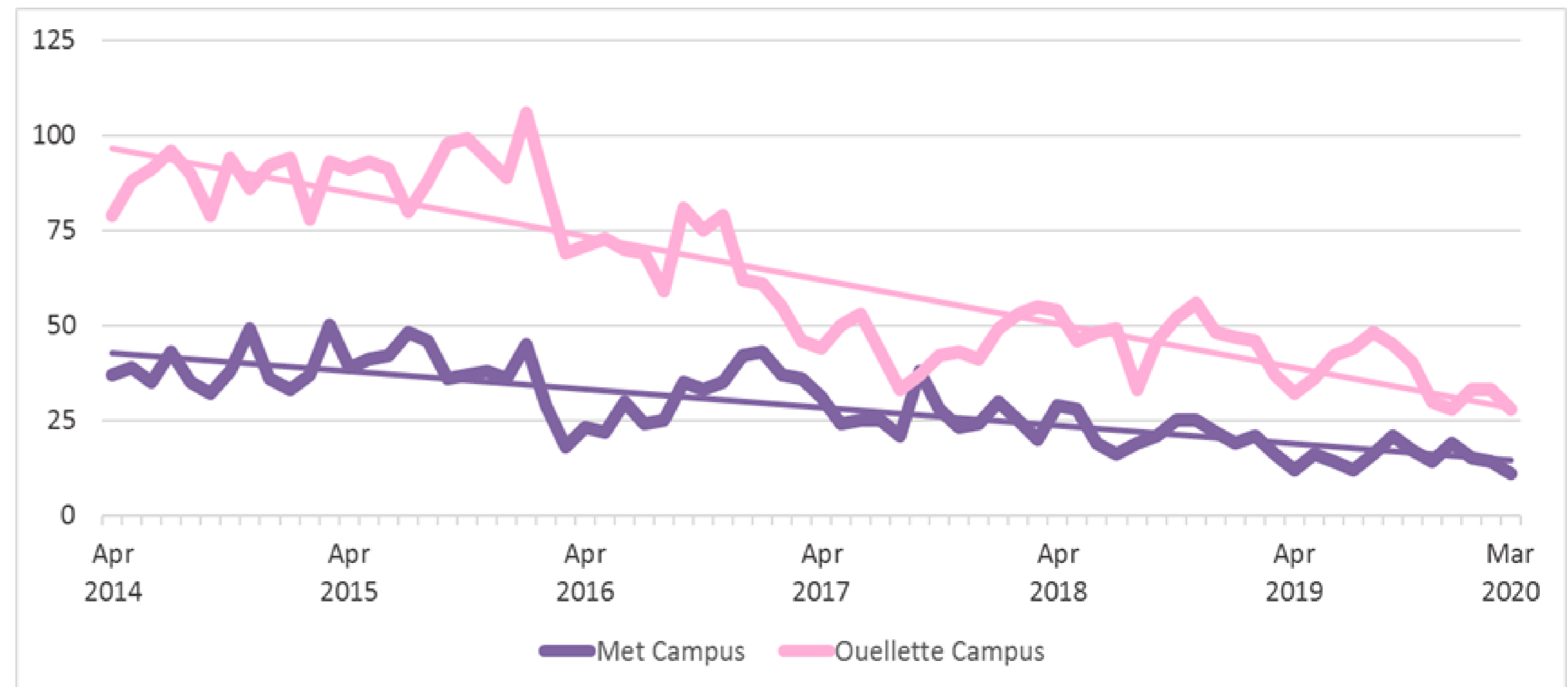
Patient Flow Index

The Patient Flow Index is a culmination of three (3) primary indicators that reflect patient flow throughout the organization. These include: the number of patients admitted for whom there is no bed available (ANB), the number of alternative level of care patients (ALC) who are occupying an acute care bed, and the percentage of patients that are discharged before 11am.

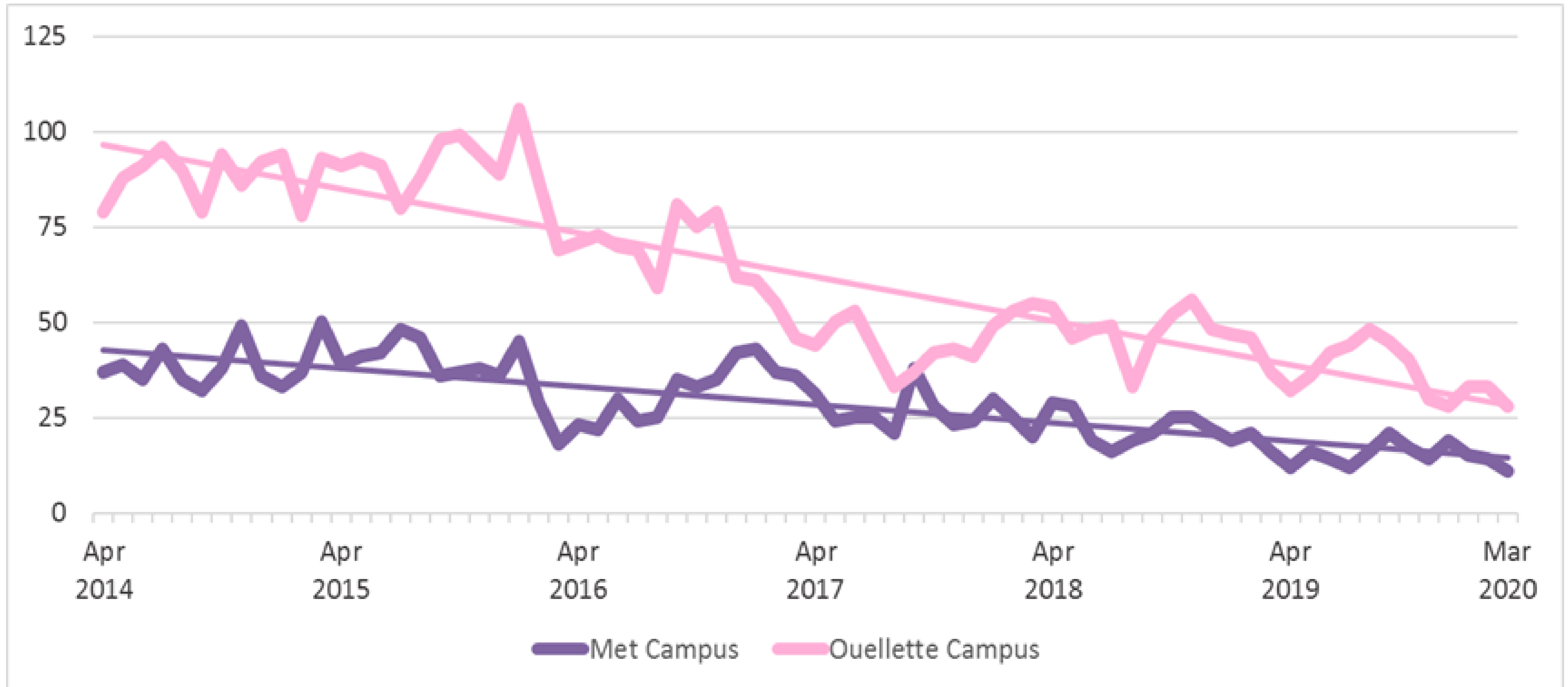
The results show the progress that has been made with patient flow since integration in 2013.

Significant improvement in all three (3) indicators at both the Metropolitan and Ouellette Campuses has been attained through the standardization of processes and practices.

Windsor Regional Hospital is now positioned as one of the leading hospitals in the province for ALC's due to their ALC reduction program and strategies.



Patient Flow Index



Year Ending March 31, 2020

For the year ending March 31, 2020, we had an operating surplus of \$2.89 million (0.5% of total revenue), and a Hospital Margin of \$6.2 million.

This positive operating result did not come at the risk of quality and performance. In December 2019 the Hospital was “Accredited With Exemplary Standing”.



Accreditation Decision

Windsor Regional Hospital's accreditation decision is:

Accredited with Exemplary Standing

The organization has attained the highest level of performance, achieving excellence in meeting the requirements of the accreditation program.



The CEO is highly visible in the organization and is well respected. One Patient and Family Advisory Council (PFAC) member reported that the CEO is humble and responsive. A patient remarked that, “using the hospital’s escalation policy, I can call the CEO if I have unaddressed concerns. Imagine that, I have his cell phone number.”

Community partners are very satisfied with WRH, and their comments reflect those of the staff and physicians. There is a general theme of collaboration, trust, and inclusiveness, where the partners look to the hospital as being innovative, nimble, and willing to help. There are formal and informal linkages and

The organization's impressive improvements are acknowledged. In 2019, there were three weeks of zero harm at each campus. During one of those weeks, there was an overlap of zero harm for both campuses. Congratulations!

The board of directors, leaders, staff, physicians, and volunteers demonstrate a genuine commitment to quality, patient safety, risk management, ethical decision making, and patient- and family-centred care. T



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WRH has made its mission, Outstanding Care – No Exceptions, a priority and the cornerstone of everything it does. The focus on patient safety and reducing harm is evident in how the hospital strategically standardizes bundles of care activities and processes based on best evidence. The governance structures that provide oversight to monitor quality indicators and action plans are impressive. Committees are structured to support this work from the board to program teams. Posters that announce “you can’t manage what you don’t measure” display results of the corporate patient harm index, which includes indicators for hospital-acquired infections, falls with injury, and irreplaceable laboratory specimens.

Your patients and families told us...



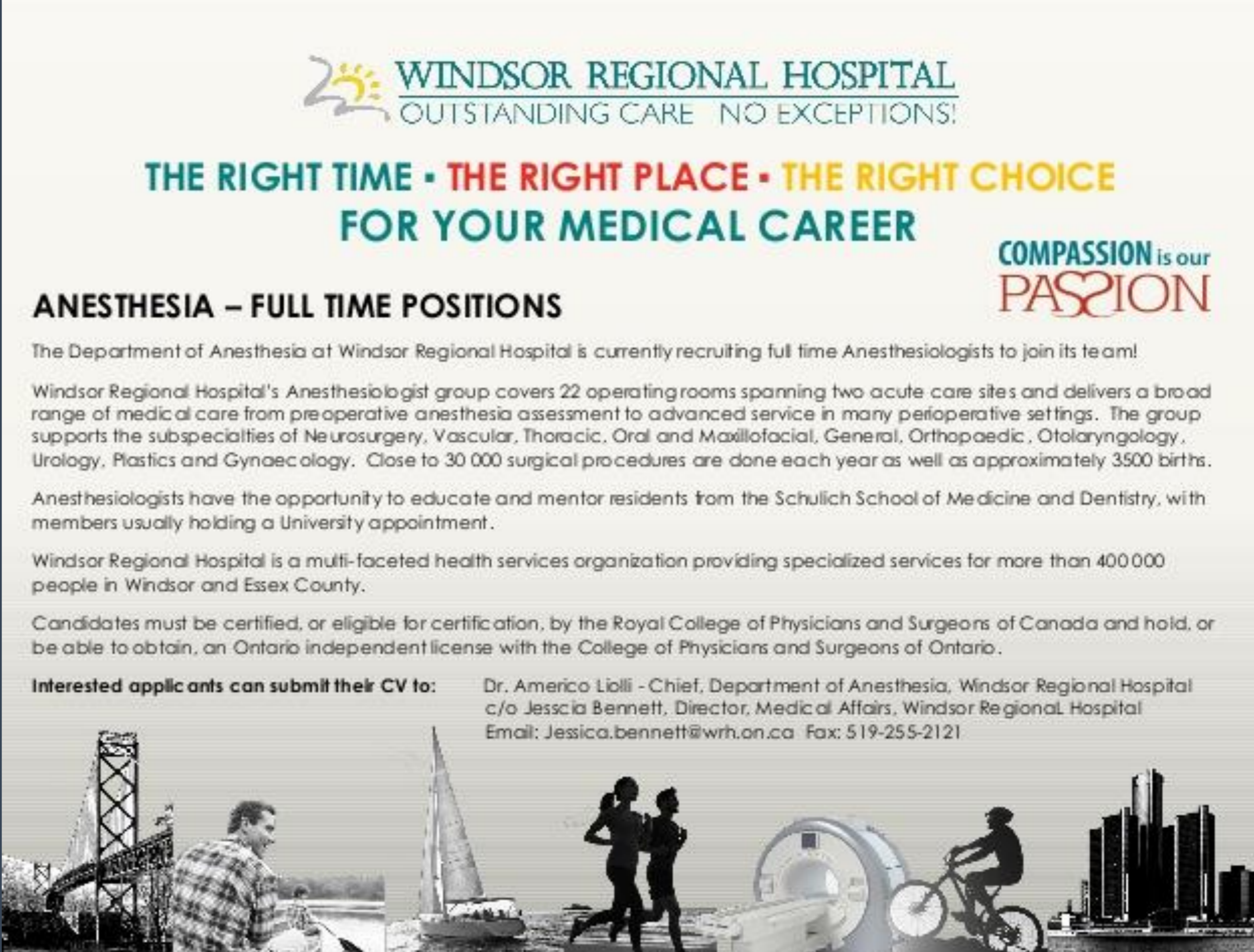
Your staff told us...




The entire senior leadership team has an open-door policy and hears from staff, physicians, volunteers, patients, and families first hand as they conduct regular rounding on clinical units and in support departments. This is not an easy feat. Leaders are commended for their ability to demonstrate a presence at both campuses. Senior leaders participate in scrub Thursdays when they buddy with staff members and experience staff working conditions first hand. This is a commendable activity that helps staff feel recognized and supported.

Professional Staff Recruitment and Retention

- New committee formed and has conducted meetings
- Interviews for new applicants (recently by ZOOM)
- Exit Interviews have begun for departing members to identify areas of improvement
- Reports prepared for Joint Credentials Committee
- Successful recruitment of Vascular Surgeon, Psychiatrist, General Internal Medicine, Family Medicine, Anesthesia, Emergency Medicine and Neurologists



 **WINDSOR REGIONAL HOSPITAL**
OUTSTANDING CARE – NO EXCEPTIONS!

**THE RIGHT TIME • THE RIGHT PLACE • THE RIGHT CHOICE
FOR YOUR MEDICAL CAREER**

**COMPASSION is our
PASSION**

ANESTHESIA – FULL TIME POSITIONS

The Department of Anesthesia at Windsor Regional Hospital is currently recruiting full time Anesthesiologists to join its team!


Windsor Regional Hospital's Anesthesiologist group covers 22 operating rooms spanning two acute care sites and delivers a broad range of medical care from pre-operative anesthesia assessment to advanced service in many perioperative settings. The group supports the subspecialties of Neurosurgery, Vascular, Thoracic, Oral and Maxillofacial, General, Orthopaedic, Otolaryngology, Urology, Plastics and Gynaecology. Close to 30 000 surgical procedures are done each year as well as approximately 3500 births.

Anesthesiologists have the opportunity to educate and mentor residents from the Schulich School of Medicine and Dentistry, with members usually holding a University appointment.

Windsor Regional Hospital is a multi-faceted health services organization providing specialized services for more than 400 000 people in Windsor and Essex County.

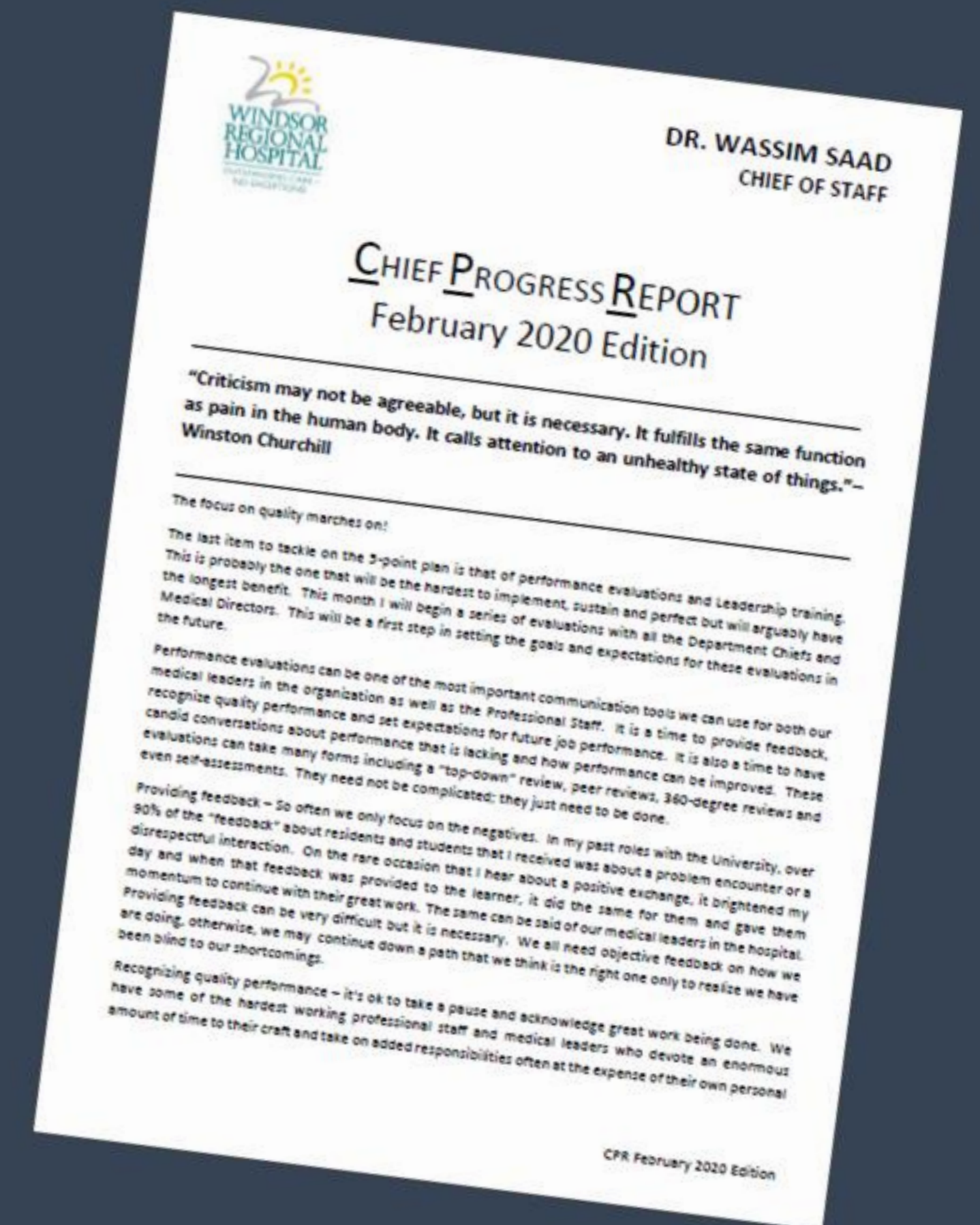
Candidates must be certified, or eligible for certification, by the Royal College of Physicians and Surgeons of Canada and hold, or be able to obtain, an Ontario independent license with the College of Physicians and Surgeons of Ontario.

Interested applicants can submit their CV to: Dr. Americo Liolli - Chief, Department of Anesthesia, Windsor Regional Hospital
c/o Jessica Bennett, Director, Medical Affairs, Windsor Regional Hospital
Email: Jessica.bennett@wrh.on.ca Fax: 519-255-2121



Professional Staff Engagement

- Several surveys sent to Professional Staff
- Valuable feedback on many issues from quarterly staff meetings to improvements to communication
- Recognizing successes of our Professional Staff in a more robust way - leveraging the Professional Staff Association (i.e. research/publications/years of service)
- Updates to the Rules and Regulations
- Upcoming revision to the By-laws underway
- Example of strong support and engagement during COVID-19 Field hospital, protected code blue team, COVID-19 Assessment Centre



Morbidity and Mortality Framework

- New committee Medical Quality Assurance (MQA) formed
- M&M reviews done at the Department level as well as at MQA – increasing accountability of the Professional Staff in Quality at WRH
- Recent support from EC for recruitment of a Chief Quality Lead
- Engagement with search firm for CQL underway
- New committee framework will assist in identifying corporate quality initiatives/projects

Performance and Leadership Management

- Preliminary Engagement with Medfall/360 for personalized performance reviews with a new competency framework
- 360 evaluations for Professional Staff Leaders to augment and inform the annual performance reviews (have met with all Chiefs to identify goals and performance metrics)
- 360 evaluations for the general Professional Staff will be rolled out to inform the reapplication process
- Professional Staff Leadership CME allowance to be focused on leadership development

Academic and Research Vision

- New committee (Academic and Research Committee) formed with new Chair (Dr. C. Hamm)
- With Board Support - Create an Office of Academics and Research along with Medical Affairs
- Have created strong links to U of W and Schulich
- 3 Active inpatient COVID-19 trials underway (will be 5 active in next couple of weeks)
- We started the Point of Care Swab trial at the COVID-19 screening centre. Working with Dr. Yufeng Tong at the U of Windsor and a company from Asia. Goal is 1 hour turn around.
- The Convalescent Serum treatment study for COVID-19 positive patients in hospital.



What's Next?

On May 7, 2020, the Hospital's Board of Directors Approved an Interim Operating and Capital Budget with a planned Hospital Margin of \$2.1 million. They will be asked to consider a Final Operating and Capital Budget in the coming months that will take into account:

- The confirmed Ministry funding for fiscal 2020-21,
- Assessment of the impact of COVID-19 on the Hospital's budget and the level of Ministry support, and
- The impact of the, Go-Live date of the new Hospital Information System which was originally schedule for November 1, 2020 and has been put on hold to a date to be determined due to COVID-19.

What's Next?



Windsor Regional Hospital needs to sustain the financial performance seen in 2019-20.

Develop a plan to repair our working capital from the current 0.28 to 1 to a respectable Ministry required 0.80 to 1.

Develop and implement a capital equipment reinvestment plan that will service our two campuses until the doors open to our new single site acute care facility.

CORONAVIRUS TOWN HALL UPDATE

March 13, 2020



CLICK IMAGE TO PLAY VIDEO

COVID-19



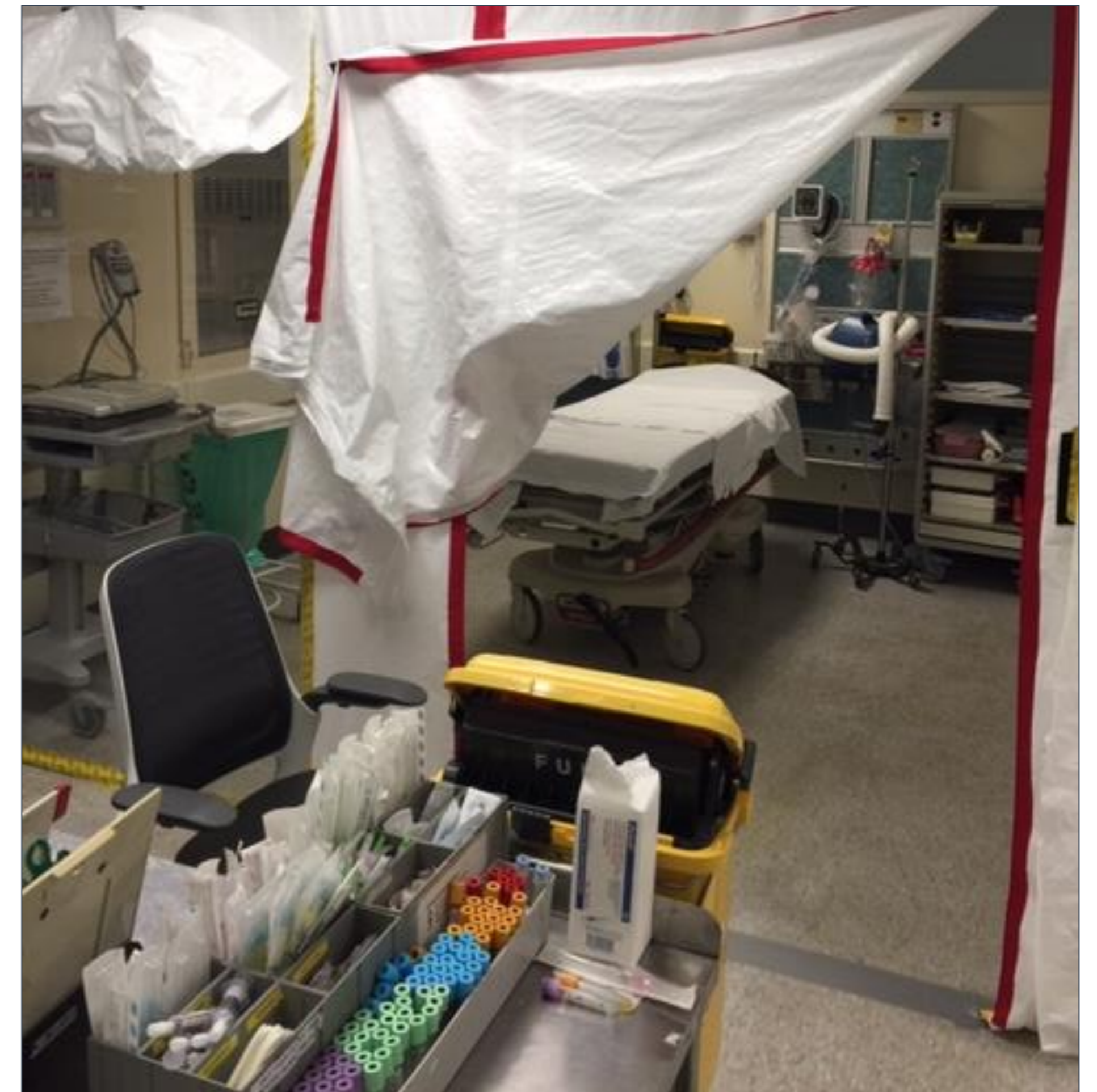
WRH Assessment Centre



WRH Field Hospital

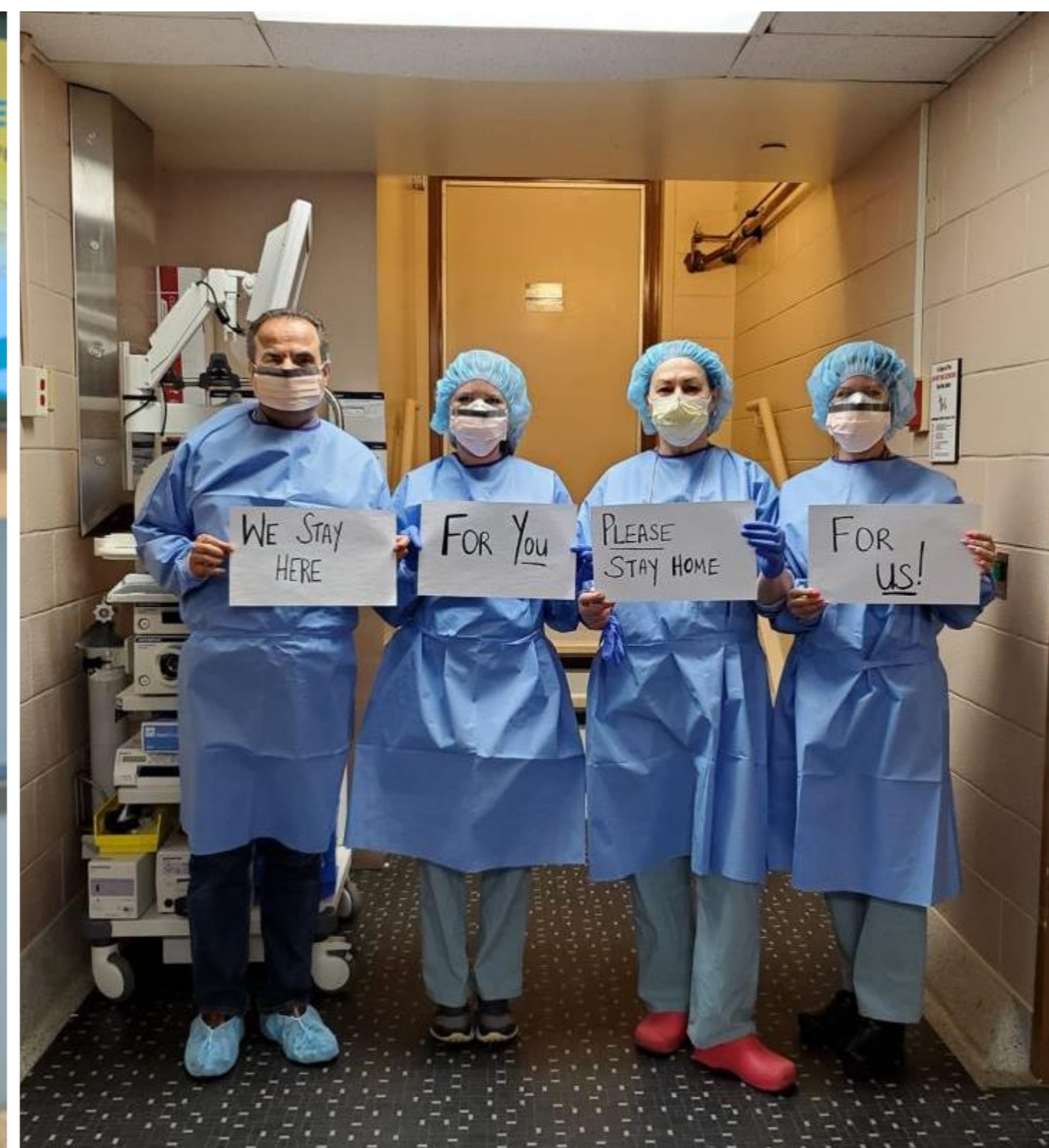


New Rooms with Air Vents



Screening







St Clair College Campus Front Line Heroes



HEROES WORK HERE



WINDSOR
REGIONAL
HOSPITAL

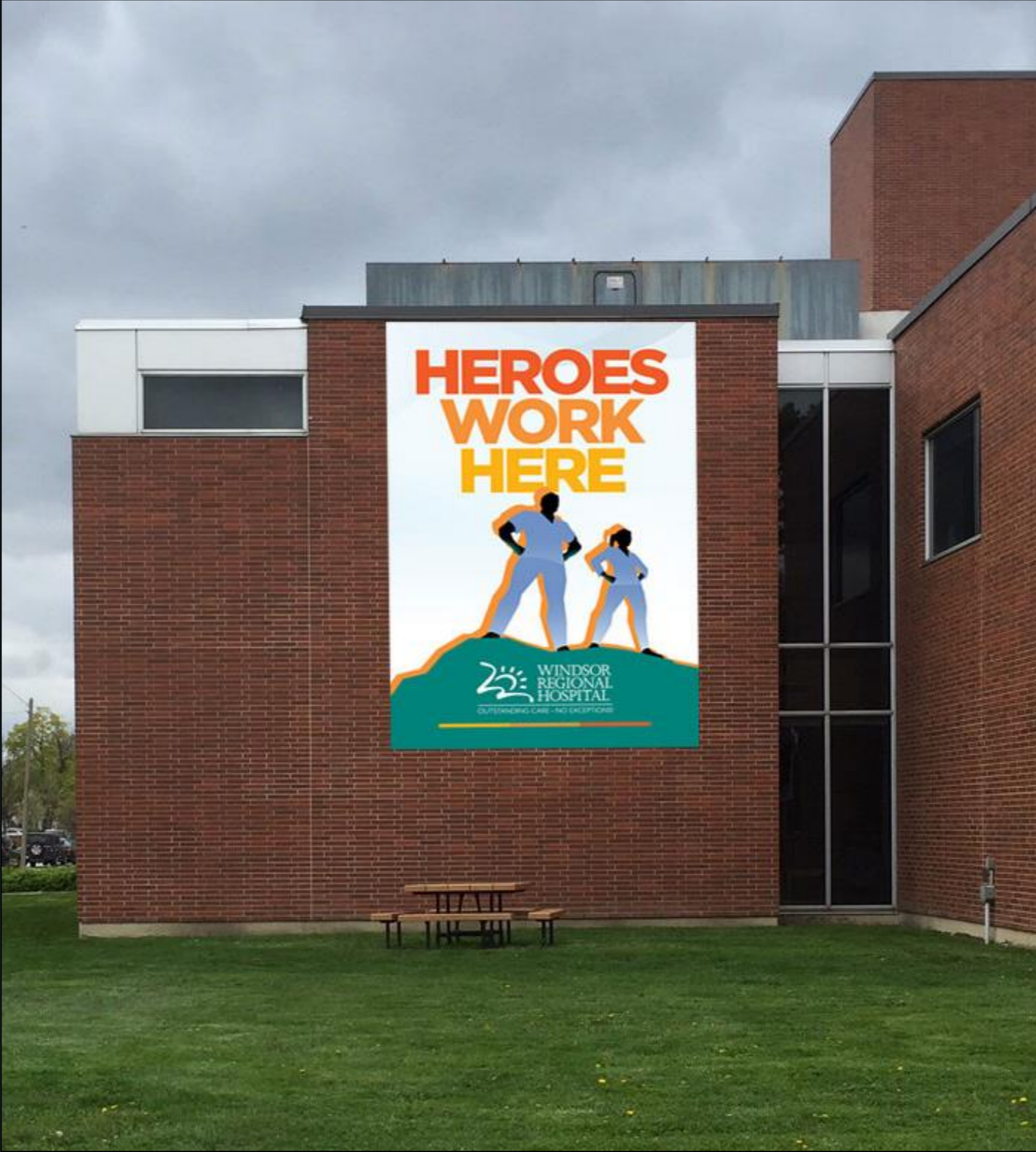
OUTSTANDING CARE - NO EXCEPTIONS!



**THANK YOU
WINDSOR/ESSEX
FOR YOUR SUPPORT**









TOGETHER
we stay
STRONG