Report of the President & CEO to the Board of Directors

Date: March 2016

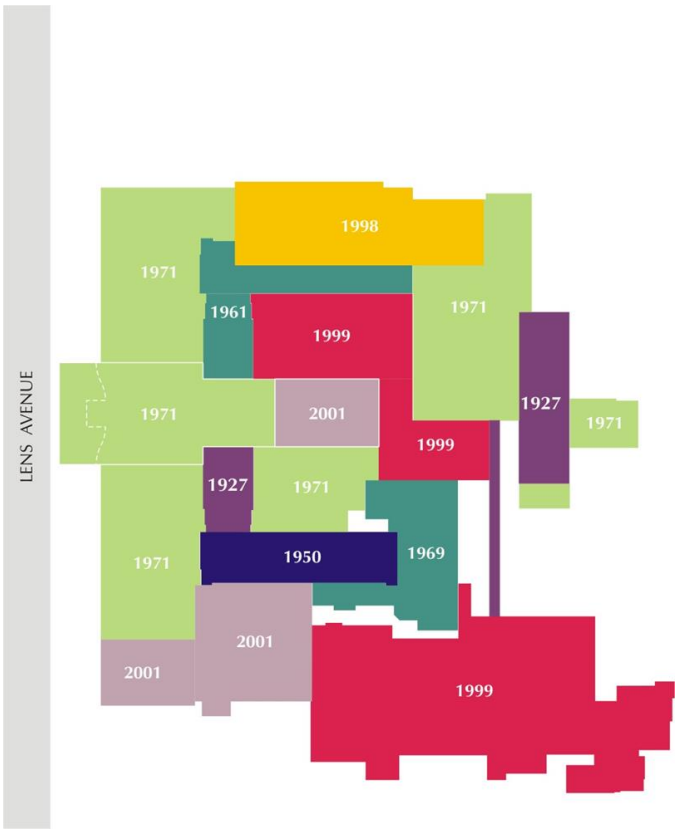
Get your facts first, and then you can distort them as much as you please - Mark Twain

An issue that gets raised from time to time is "how can we possibly walk away from the infrastructure investments we have made in the Met and Ouellette campuses?". In order to fully answer that question we need to look at the "investments" some might be referencing.

Closing in on a decade ago there was some infrastructure investments in all three Windsor-Essex acute care hospitals, at that time, of $134M. The recent investments in the Tayfour campus of approximately $100 million are currently being utilized and will continue to do so for years to come.

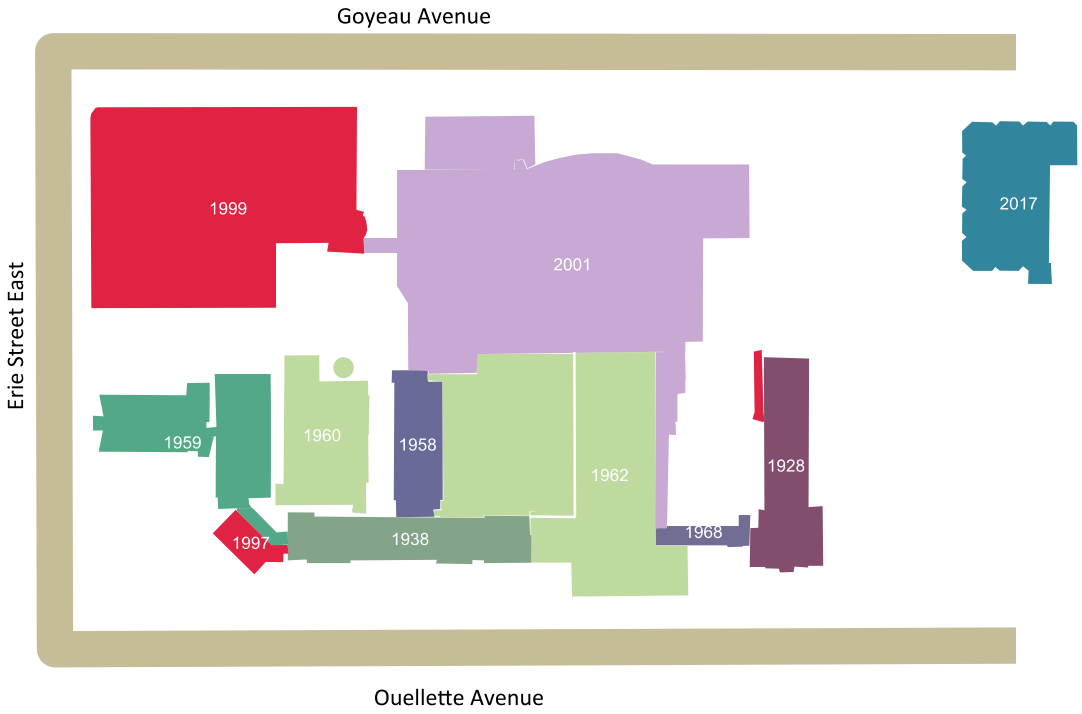
At the Met campus that money was used for some renovations to the inpatient floors and the emergency department. When we move to the new hospital, if we continue on the current timeline and nothing slows that timeline down, these renovations will be at least 20 years old. Let alone the bulk of the building, which had its last major renovations in 1972.

See the next page for a great diagram of the various renovations made to the Met campus:



For the Ouellette campus, the renovations in the ER, OR and diagnostic imaging were completed in 2008. However, inpatient floors have not been renovated since 1962. Ouellette has some of the oldest inpatient floors in the Province for a facility of its size and for the services we deliver.

For the Ouellette campus a great schematic of the various renovations is as follows:



Probably the earliest we will move into the new facility is 10 years from now. As a result, the bulk of the building which is inpatient floors will be 50-65 years old at both campuses.

Now just for comparison sake let us examine the last 5 years of investment in hospital infrastructure in the GTA.

Infrastructure Ontario
Hospital Investments in Toronto - Just to Name a Few

Centre for Addiction and Mental Health (CAMH)

Location: Toronto
Project Type: DBFM - Design Build Finance Maintain
Infrastructure Type: Health Care
Price of Contract: $293 million
Estimated Value for Money: $51.2 million

About the Project:

- The Centre for Addiction and Mental Health project is part of the first phase of a 10-year, three-phase redevelopment plan for the CAMH Queen Street site in Toronto.
- Phase 1B of the CAMH site redevelopment will transform the site with the construction of three new buildings.

Project Status

Construction Ends:
April 30, 2012

Construction Begins:
December 16, 2009

Credit Valley Hospital Phase II Redevelopment Project

Location: Mississauga
Project Type: BF - Build Finance
Infrastructure Type: Health Care
Price of Contract: $162.8 million
Estimated Value for Money: $26.1 million

About the Project:

- Redevelopment and expansion of Credit Valley Hospital will enhance the quality of health care for families in Mississauga and surrounding communities.
- The project includes the addition of more than 270,000 square feet of new space, increasing the hospital's overall physical size by almost one third, and the renovation of 70,000 square feet of existing space.

For information about the Credit Valley Hospital Priority Areas Redevelopment, **click here**

Project Status

Construction Ends:
March 04, 2011

Construction Begins:
May 30, 2008

Bridgepoint Health

Location: Toronto
Project Type: DBFM - Design Build Finance Maintain
Infrastructure Type: Health Care
Price of Contract: $622 million
Estimated Value for Money: $95 million

About the Project:

- The new Bridgepoint Hospital will be built in Riverdale, at Broadview Avenue and Gerrard Street East.
- The new hospital will create a "campus of care," integrating patient care, research and teaching in complex chronic disease and disability.
- The neighbouring historic Don Jail will be preserved and repurposed bringing together world-class clinical, education, and research talent.
- The main entrance will be publicly accessible, the Rotunda will be restored to its original beauty, and some cells and the gallows will be preserved for historical purposes.

Project Status

Construction Ends:
March 01, 2013

Humber River Hospital

Location: Toronto
Project Type: DBFM - Design Build Finance Maintain
Infrastructure Type: Health Care
Price of Contract: $1.75 billion
Estimated Value for Money : $469.1 million

About the Project:

- The new Humber River Hospital includes construction of a new facility on a new site in north-western Toronto, one of the most culturally diverse and fastest-growing communities in Canada.
- Once completed, the Humber River Hospital will offer a comprehensive renge of services to support inpatient and outpatient programs.

Project Status

Construction Ends:
June 03, 2015

Construction Begins:
September 23, 2011

Toronto Rehabilitation Institute

Location: Toronto
Project Type: BF - Build Finance
Infrastructure Type: Health Care
Price of Contract: $112.1 million
Estimated Value for Money: $18.9 million

About the Project:

- The redevelopment project at the University Centre site consists of a revitalized University Centre, transforming the former acute care facility into a state-of-the-art rehabilitation hospital for adults who have experienced traumatic and often life-altering illness and/or injury.

Project Status

Construction Ends:
November 12, 2012

Construction Begins:
August 19, 2008

Sunnybrook – M-Wing/P&G Fit-out

Location: Toronto
Project Type: BF - Build Finance
Infrastructure Type: Health Care
Price of contract: $142 million
Estimated Value for Money: $14.1 million

About the project:
The Sunnybrook Health Sciences Centre project expanded the hospital vertically with the addition of four new floors. This additional space allowed perinatal and gynecological programs, which were previously operating in downtown Toronto, to be moved to Sunnybrook's Bayview Avenue campus.

Project Status:

Construction Ends: 09 July, 2010

Construction Begins: 12 June, 2007

Trillium Health Centre

Location: West Toronto and Mississauga
Project Type: BF - Build Finance
Infrastructure Type: Health Care
Price of Contract: $104.1 million
Estimated Value for Money: $12.9 million

About the Project:

- Trillium Health Centre is one of the largest community hospitals in Canada.
- With the focus on innovative patient-centered care, the expansion and redevelopment of Trillium Health Centre's two sites have increased the hospital's capacity and services to meet the needs of the growing and aging population.

Project Status

Construction Ends:
October 01, 2009

Construction Begins:
May 23, 2007

Centre for Addiction and Mental Health (CAMH) Phase 1C Redevelopment

Location: Toronto
Project Type: DBFM – Design Build Finance Maintain
Infrastructure Type: Health Care
Contract Value: To be announced following Financial Close
Estimated Value for Money: To be announced following Financial Close

About the project:
The redevelopment project will see the construction of two modern buildings along Queen Street West that will integrate innovative treatment, research and education facilities with retail spaces, parks and the surrounding neighbourhood.

Project Status:

Construction Ends: To be determined

Construction Begins: To be determined

St. Michael's Hospital

Location: Toronto
Project Type: DBF- Design Build Finance
Infrastructure Type: Health Care
Contract Value: $301 million
Estimated Value for Money: $91.5 million

About the project:
The project will include the construction of a new 17 storey patient-care tower at the corner of Queen and Victoria Streets, and the renovation of approximately 150,000 square feet of existing space.

Project Status:

Construction Ends: To be determined

Construction Begins: 12 March, 2015

Credit Valley Hospital Priority Areas Redevelopment Project (Trillium Health Partners)

Location: Mississauga
Project Type: BF - Build Finance
Infrastructure Type: Health Care
Contract Value: $100.6 million
Estimated Value for Money: To be announced following Financial Close

About the project:
Trillium Health Partners is one of the largest community-based acute care facilities in Canada. Comprised of Credit Valley Hospital, the Mississauga Hospital and the Queensway Health Centre, Trillium Health Partners serves the growing and diverse populations of Mississauga, West Toronto and surrounding communities. Trillium Health Partners is a research and teaching hospital affiliated with the University of Toronto Mississauga and the Mississauga Academy of Medicine.

The Priority Areas Redevelopment Project includes renovations to approximately 187,000 square feet of existing hospital space.

Project Status:

Construction Ends:

Construction Begins: 27 November, 2014

Toronto East General Hospital — New Patient Care Tower Project

Location: East Toronto
Project Type: DBF – Design Build Finance
Infrastructure Type: Health Care
Contract Value: To be announced following financial close
Estimated Value for Money: To be announced following financial close

About the project:
The New Patient Care Tower will add approximately 380,000 square feet of space, including an underground parking lot and courtyard along Coxwell Avenue by 2023. The project involves the creation of a new eight-storey patient care tower on the corner of Sammon and Coxwell Avenues, along with a three-storey addition for housing more services. The redevelopment will enable the delivery of efficient, accessible, high-quality patient care and replace some of the oldest and dysfunctional spaces at the hospital.

Project Status:

Construction Ends: To be determined

Construction Begins: To be determined

Mount Sinai Hospital Phase 3A Redevelopment Project

Location: Toronto
Project Type: BF- Build Finance
Infrastructure Type: Health Care
Price of contract: To be announced following Financial Close
Estimated Value for Money: To be announced following Financial Close

About the project:
The project is a large-scale renovation of several key areas of Mount Sinai Hospital, and includes:

- redevelopment of the Critical Care Unit
- expansion and redesign of the Emergency Department
- expansion and redesign of Operating Rooms and Surgical Services
- increased Medical/Surgery Inpatient capacity
- redesign of some of the Ambulatory Care areas
- redevelopment of a full-service, in-house Medical Devices Reprocessing Department

Project Status:

Construction Ends: To be determined

From the previous page examples, I calculate that over the past 5 years there has been approximately $4 billion dollars of hospital infrastructure investment in Toronto. Yes, Toronto is growing in population size at a rate faster than Windsor-Essex but does that mean we in Windsor-Essex deserve something less? We have to remember we are the third largest community teaching hospital in the Province and the 11th largest overall. **Does that mean our residents and community, because of not growing in size as fast as Toronto, need to tolerate less than standard hospital infrastructure?**

In addition, there is considerable research and epidemiological data that indicate that the health care and hospital needs of the elderly far surpass those of younger age cohorts. High growth areas have more people, but they are typically young and don't place a high demand on the health care system. In contrast, Windsor has an aging population and therefore its residents have greater needs.

Improving services (and facilities) for the elderly is aligned with the MOHLTC's priorities, and should be considered more important than serving 'high growth' communities where residents have other alternatives.

Also, a misstatement in the community is that the Cancer Center cost $50M to build. It was $18M. It is now itself outdated as compared to other cancer centres across the Province and we do not have the physical space at the Met campus to expand the Cancer Centre for the needed extra radiation bunker that needs to come on line in the next ten years.

This is not to say $100M is a lot of money. It is. However, as compared to other hospital infrastructure investments across the Province it is nothing.

When the Province is committing 90% towards projects of this size we have to take advantage of it. We have all paid for the new hospitals in Oakville, Vaughan, William Osler, Oakville etc. etc. etc. It is about time they pay for a new hospital and investments in Windsor/Essex. In addition, Ottawa is behind us in the process. I assume they would love to skip over us and have the $1.8B of Province's money go to them.

Also, as I have stated in the past we cannot think if we forgo the capital changes somehow any additional monies will be invested in operations. We will lose out on both for our community.

Operating expenses in healthcare will continue to be stressed. That is not going to change. However, the amount of time our team members spend and our patients are inconvenienced by our infrastructure cannot and should not continue. (See story below on a recent incident involving our infrastructure).

A great resource for the project can be found at the following website www.windsorhospitals.ca

Strategic Direction - Excel in Patient Safety and Quality

Moving Forward the Standardized Model of Care

- As we move forward with the Standardized model of care for both campuses, we cannot forget that during realignment the issue of the staffing mix and model of care was asked multiple times by staff. We made it clear Windsor Regional Hospital was going to examine the issue post realignment and make a decision moving forward. Taking into account a lot of factors, most importantly patient care, and comparing ourselves to other similar organizations across the Province we made a decision that was recently announced.

- When that decision was made our organization was also committed to ensuring the "roll out" was completed with a formal process that focuses on not only the change but also ensuring our nursing staff had the necessary tools and appreciation of how they are to work as a team moving forward. Identical to the approach we have taken with SOP, we are not assuming what was done before was "right or wrong". We need to take a step back and focus on best practices to define our process moving forward.

- To support implementation of the new Care Delivery Model at Windsor Regional Hospital, we have developed and are in the process of implementing a multifaceted approach to staff education. The first phases of the education are focused on the Nursing staff to support the skill mix changes being implemented at the Met Campus and the enhancement of scope of practice for Nurses at the Ouellette Campus. Our goal is to move toward full scope of practice for our Registered Nurses and Registered Practical Nurses at both sites.

Registered Nurse and Registered Practical Nurse Model of Care Training:

- All current RNs and RPNs at both sites will be attending 2 days of training for the new Model of Care facilitated by the Clinical Vice Presidents. This training includes:
    - Key concepts related to the importance of patient centeredness in practice and its impact on quality of patient care;
    - The Model of Care;
    - Review of roles and responsibilities of Nursing Leaders, RNs, RPNs, UM Managers and UM Nurses;
    - Review of best practices supporting patient safety and quality including the Standard Surgical Unit processes of Leadership Rounding, Comfort Rounds, Transfer of Accountability, Safety Huddles, Care Rounds, In Room Patient White Boards, Performance Boards, Shift to Shift Report and Patient Assignment as well as two patient identification, independent double checks, and escalation plans; and
    - Content and activities to reinforce the importance of team work, giving and receiving feedback, and dealing effectively with conflict.
- Components of the model will be incorporated into Nursing Orientation on a go forward basis for sustainment.

Orientation and Training Model:

- The orientation and training model for Nursing is based on the Vermont Nurses in Partnership Project (VNIP), which is a competency based model which utilizes Benner's Novice to Expert theory as well as Lenberg's Competency Assessment Theory as a framework for education and training of nursing staff.

- Tools for competency assessment, tracking of attainment of skills and coaching plans specific to unique patient populations are core to this model and ensure clear expectations and communication of skill attainment between the staff member and their Clinical Practice leader.

- Core competencies for medicine and surgery have been identified and standardized between the two sites and are used from hire through on unit orientation and training.

- Regular meetings with the staff member and their clinical practice leader are scheduled throughout the orientation period to review progress and ensure successful attainment of required competencies.

Registered Practical Nurse Training- Current Staff:

- All current RPN staff at the Ouellette Campus have been assigned a self assessment using the E-Learn System on required competencies as identified with the VNIP model. These results are being used to develop individual learning plans moving forward to ensure that they are prepared to work full scope of practice.

- In addition to individual learning plans, all RPNs will be scheduled to attend three days of Clinical Skills Training. This skill training includes:
    - Head to Toe Assessment Review and Practice
    - Review of Anatomy, Physiology by system
    - Review of top CMGs by system
    - Clinical Skill training for procedures including:

        - Intravenous Insertion
        - Subcutaneous Lock Insertion
        - Care of Central Venous Access Devices
        - Tracheostomy Care
        - Chest Tube Management
        - Oxygen Therapy Management
        - Blood and Blood Product Administration
        - NG Tube/Enteral Feeding
        - Total Nutrient Additive
        - Wound Packing

    - Application of three factor framework (College of Nurses of Ontario) to clinical scenarios and discussion of decision making related to assignments, and consultation and collaboration with the RN.

- Following the three day training RPNs will be provided with opportunities by their unit specific Clinical Practice Manager/Coordinator for practicing of this skill in the clinical setting.

Registered Practical Nurse Training – New Hires:

- All external candidates are assigned a self assessment survey, are telephone screened and attend an assessment center prior to interview for available positions.

- Following successful award of positions, new RPN hires will be scheduled to attend hospital-wide orientation, Nursing Orientation and any required components of the three day training previously discussed, based on their competency assessment and requirements by department.

- Following the classroom/lab component, the new RPN hire will attend on unit orientation. The Clinical Practice Leaders for each unit will be responsible for working with these new hires to assess attainment of required competence to practice safely in the clinical area using the VNIP tools.

Strategic Direction – Create a Vibrant Workplace

Amazing Retirees Luncheon

- On February 17th, Windsor Regional Hospital Retirees met for Lunch at the Fogolar Furlan club. Over 200 retirees enjoyed fellowship, caught up and shared memories. Members were updated on efforts to develop a new hospital system for Windsor-Essex residents. They overwhelming let us know that they believe that #WEareready.

- The WRH Retirees group has over 600 members and are overseen by a steering committee made up of retirees. For more information visit www.wrhretirees.ca.

Strategic Direction - Strengthen and Sustain a Proactive Approach to Health Care Funding Reform

Daily Struggles of the Team

- I know this is just one issue that our team struggles with on a daily basis but I thought it needs highlighting to identify what our team deals with and the need to move forward.

- On February 17, 2016, there was an issue with a toilet on the 6th floor of Ouellette. In trying to fix that issue. Facilities staff closed the shut-off to the flush valve serving this toilet. At the end stage of removing the flush valve the shut-off failed. This allowed water to flow through the now removed connection for the flush valve.

- The water line feeding the flush valve is 1" in diameter and the flow rate is 55 - 65 psi. The other facilities staff member went immediately to Level 5 to try the isolation valves associated with this area of Level 6 but they did not hold. He then proceeded to the Lower Mechanical Room and shut down the high pressure pumps associated with the domestic water feed. This resulted in a decrease to the water pressure however it did not stop the flow of water. He then closed the main water supply valve connecting us to the City of Windsor water main. This reduced the pressure enough for replacement of the shut-off on Level 6 Patient Room 620.

- In less than 30 minutes the underlying issue was fixed. In the meantime, a considerable amount of water went into the hallway and into some patients' room. In addition, since this was the 6th floor some damage occurred on the fifth floor ceiling. Our team members were able to address the issue. However, it took hours to clean up the mess it caused.

- Although these issues can happen in a new facility, the chances are much less probable. Our team members are focused on delivering patient care. The last thing they have to worry about is issues like this and other facility related issues.

- These issues were echoed by the experts in the recent letter of the Windsor Construction Association and the Heavy Construction Association of Windsor. They made it clear they are ready to build the future of healthcare in Windsor-Essex.

  "There is no doubt that our community's current medical building infrastructure is fast approaching their expiry dates, and while our industry has enjoyed patching them together to remain functional over the last couple of decades, there comes a time when such efforts are no longer practical," they stated in a letter addressed to the President and CEOs of Windsor Regional Hospital and Hôtel-Dieu Grace Healthcare.

- **Click here** to view the letter written on behalf of the Windsor Construction Association and Heavy Construction Association of Windsor Boards' of Directors and membership representing more than 440 General Contractor, Sub Contractor, Supplier, Manufacturer and Professional Firms in our region.

Strategic Direction - Distinguish Ourselves Through Superior Performance, Innovation, and Exceptional Customer Service

Windsor Regional Hospital on Display at 5th Annual Accreditation Canada Quality Conference

- Dayna Roberts and Marie Marchand will be making a presentation "Partners in Design: Meaningful Patient Engagement in Process Improvement", that will be held on April 25th and 26th, 2016 at Omni Mont-Royal Hotel, in Montreal, Quebec. This year's conference theme is "Sustaining Quality Improvements In Health Care".

A summary of the presentation is as follows:

- Two hospitals realigned services and one assumed leadership of acute care services. Planning stages for building a new state-of-the-art acute care hospital also began. Extensive work is being done in areas of standardization and optimization. To ensure current and future programs are patient-centered, patients are provided meaningful involvement in redesign.

- Objectives:
  - Engage patients and families in meaningful opportunities to provide feedback that will improve programs and impact design for a new state-of-the-art acute care hospital;
  -
- Methodology:

  During review and standardization of processes patients provide important input in areas such as:
  - Mapping sessions to identify current process gaps, opportunities to redesign processes to eliminate 'waste';
  - Creating patient experience surveys for immediate feedback about process changes;
  - Redesigning patient education materials;
  - Attending hospital celebrations highlighting work done to date;
  - Sharing their involvement in newsletters / website / videos; and
  - Testing new approaches through engagement in Improvement Team meetings.
  -
- Results (to date):

  1) Patients were not receiving advance notice of pre-assessment appointments for surgery. Process changes now allow patients 3 weeks' notice of appointments (improvement from 1-5 days);, allowing better planning;
  2) Hospital received booking for diagnostic imaging referrals, but did not contact patients until months later when booking patient appointments. Based on patient feedback, patients now receive confirmation within 48 hours, and are provided an appointment time;

3) Cardiac Catheterization Lab patients were experiencing long waits in admitting, and could not find their way to the department. Staffing changes were made to accommodate peak hours. Visual cues and "wayfinding" now help patients to follow to the Lab.

- Conclusion:

  Successful process improvement and re-design requires that patients and families be engaged throughout in very meaningful ways. Engagement allows for sharing between patients and care providers and creates a strong partnership on the journey toward outstanding care.

Windsor Regional Hospital will be Showcased at the IHI International Forum on Quality and Safety in Healthcare

- Dr. Elashaal and Helen Johnson (from the LHIN) will be presenting at IHI International Forum on Quality and Safety in Healthcare on April 13, 2016. "'Fixing more than fracture: Collaborative partnerships improve patient outcomes' will be presented within a multi-part session on the programme with the broad theme of 'Collaborative Partnerships'.

- The presentation will focus on the amazing success that has occurred at Windsor Regional Hospital to reduce the wait time for hip surgery. Preliminary review of pre/post implementation data shows significant improvement. At one site, 73% of patients had surgery within 24 hours, compared to approximately 32% in the eight months pre-implementation, and 95% received surgery within 48 hours, compared to 64% prior. The second acute care site, which is also a busy trauma and neurosurgery site, also improved with 53% of patients receiving hip surgery within 24 hours (pre-data was tracked at about 26%) and 94% within 48 hours compared to 69% pre-implementation.

- Equally impressive are the results that show improved clinical outcomes for the surgery patients. The percentage of patient deaths following surgery decreased from 10.1% to 4.2%. In addition, Alternative Level of Care (ALC) days per patient dropped from 5.8 days to 2.8 days. There was evidence of an effective link between timely access to surgery and improved clinical outcomes for patients. The presentation will include presentation of the data points illustrated in graphical/chart form.

Strategic Direction - Strategically Engage With External Partners

WRH, LDMH to Collaborate on Next five-year Vision for Acute Care Service Across Region

Windsor Regional Hospital (WRH) and Leamington District Memorial Hospital (LDMH) are both developing independent strategic plans for the 2016-2020 time period – but are now collaborating to make sure that those plans are in sync with each other in order to provide the best possible programs and services for our region.

WRH and LDMH are the two acute care hospital organizations in Windsor-Essex. While they're distinct organizations and will remain so, it makes sense for both hospitals to ensure their respective strategic plans work well together to strengthen acute care across the whole system.

"This collaboration is a normal course of action for partners with similar positioning in the health system of the region," said David Glass, Chair for LDMH. "The strategic planning process and outcome is focused on the system programs and services relative to acute care and is independent of capital planning and future new site development. At a minimum, we want to ensure our strategic plans are aligned with each others organization and provide the best possible access to care for all residents across Windsor-Essex."

WRH Board Chair, Robert Renaud, said that a question that has often been asked during the dozens of community meetings held on the new hospital system capital project is whether LDMH would remain an independent organization. David Musyj, CEO for WRH, has repeatedly responded by assuring residents throughout the region that LDMH will remain its own entity and a vital partner going forward.

"We've often said that WRH needs a strong LDMH, and LDMH needs a strong WRH," Renaud said. "Patients in LDMH's "catchment area" often come to WRH for clinical care and hundreds are transported between LDMH and WRH for inpatient care. Building on the collaboration that already exists, and sharing desired outcomes for our strategic planning process, will help to identify gaps and areas of enhancement to ensure we maximize the patient centered experience in the new planned system of health care for Windsor Essex."

LDMH and WRH share many programs in the current system such as: psychiatry, diagnostics and emergency services. As a normal course in the process, building on the system of care that both hospitals have already established, WRH and LDMH will be collaborating on achieving the various desired outcomes from the public inputs and focus group findings.

Hôtel-Dieu Grace Healthcare offers programs and services that focus on post acute care, although there is specific alignment with WRH and LDMH in psychiatry. HDGH will be conducting its own strategic planning refresh towards the end of 2016 but will engage both acute care organizations and health services providers and community partners to ensure HDGH's work aligns and compliments the health system as a whole.

LDMH & WRH Boards have reviewed and approved the planning process for their respective Strategic Plans for 2016-2020. The planning process began in December 2015, with completion by September 2016. They will then be presented to both Boards, both Medical Advisory Committees, both staff and the Public prior to implementation.