Report of the President & CEO to the Board of Directors

Date: October 2012

Back in 2008 I advocated for a wage freeze for public sector workers and in particular those that work in a hospital. In addition, I advocated for changes to the arbitration system, a system by which all collective agreements in a hospital setting are resolved short of a mutually agreeable deal. This is a system that I called "broken" back in 2008.

I advocated for these changes NOT because I did not value the amazing work healthcare workers provide to our community BUT because anyone could/should have seen the impact the worldwide economic crisis was having on our society and that without these changes we would be exchanging healthcare jobs for wage increases at a time our system could ill afford to lose more jobs.

Since then there has been a lot of discussion, criticism, and support for these suggestions. However, short of discussion there has been limited action. In fact in 2010 there was a public statement by the Government asking for the public sector to "negotiate" a two year wage freeze. This was followed with legislation applicable to non-union staff employed in the public sector freezing their salaries for two years.

Since non-union make up a small segment of the public sector (approximately 6% of the workforce at Windsor Regional Hospital) the "savings" were small as compared to the ongoing negotiated or awarded increases to the remainder of the workforce.

Now we see the first legislated action in late 2012 as applicable only to teachers. A wage freeze for 2 years or a "pause" as some have called it.

Immediately before the "pause" was legislated the Government's two year wage freeze for non-union expired in early 2012 but was renewed for those earning over $100,000 until the Provincial

budget is balanced. By the best estimates this will not occur until 2017. In the meantime, short of teachers, there is no legislated pause or wage freeze for anyone else.

My question now – is two years going to be enough?

As a Province we are projected to have a $15 billion deficit this fiscal year. This will result in the Province's debt being over $250 billion by March 2013. Each of the 13 million residents of Ontario share of that debt is approximately $16,900. To put this in perspective, the State of California's per resident share of their debt is $1650. Michigan's is $762 per resident.

The first $10 billion a year in Provincial revenue goes towards financing that $250 billion debt.

At its simplest level, that deficit will only reduce if provincial spending is reduced or revenues increase (taxes) individually or in combination to at least $15 billion dollars. The Province's annual revenue sits at approximately $108 billion.

A "pause" is just that a "pause". It is not a reduction. Therefore in my simplistic example, the $15 billion gap has to be made up by all revenue increases. The assumption then is the economy will grow at a rate over the next two years to close this $15 billion gap. Even the most optimistic projections suggest this gap will not close until 2016 at the earliest.

I cannot see how in two years, unless there is a substantial growth in the economy, we will be any closer to closing this gap.

Probably, between the time I write this report and you read it, a move will be made to legislate an across the board wage "pause" for all public sector employees including hospital employees.

As a result do not be surprised if there is a "re-pause". Is that a word? It will be one if it is not one now.

Strategic Direction - Excel in Patient Safety and Quality

Windsor Regional Hospital Toldo Neurobehavioural Institute

- The Toldo Neurobehavioural Institute (TNI) is a Specialized Tertiary Mental Health Hospital located in the heart of the Tayfour Campus of Windsor Regional Hospital (WRH). The institute specializes in treating severe forms of mental illnesses that are complex, chronic, and resistant to treatment. This includes mood disorders such as depression and bipolar disorder, schizophrenia and psychotic disorders, dual diagnoses of developmental disabilities in combination with a psychiatric diagnosis, mental illnesses associated with geriatric populations, or severe disorders in which the exact diagnosis is unclear.

- The treatment approach at TNI is grounded in the understanding that mental illness has biological roots, and psychiatrists play a key role in directing patient care. However, family life, social functioning, and patterns of thought and behaviour are all impacted by mental illness. To treat all of these aspects of mental illness, multidisciplinary teams consisting of Nurses, Social Workers, Occupational Therapists, Recreation Therapists, Dieticians, Psychologists, and Clinical Pharmacists collaborate with each patient to develop and launch a specialized plan of care. Treatment is holistic, creative, and is not only focused on symptom relief, but also on personal growth and maximizing quality of life.

- Perhaps the most rewarding aspect of working in mental health is to see a person persevere through severe illness and circumstance and achieve a quality of life that, in hindsight, might not have seemed achievable. At TNI we have seen some remarkable journeys in our patients.

- Three stories of patients that transferred to WRH, in particular, stand out as exemplifying a successful patient experience.

- First, consider the life of a 42 year old man who has spent more than the past 10 years of his life in a Psychiatric Hospital. Diagnosed with Schizophrenia, he has suffered from extreme delusions and hallucinations that have been resistant to treatment with medications. His illness has been so severe that he has not been able to function safely in a community setting. This man came to TNI and after spending these past months

engaged in behavioral therapies and treatment with a new combination of medications, he is now preparing to do what previously had been deemed impossible for him. He is now preparing to be discharged to a supported residence in his home town, where he can experience a level of independence that he has not had in over a decade.

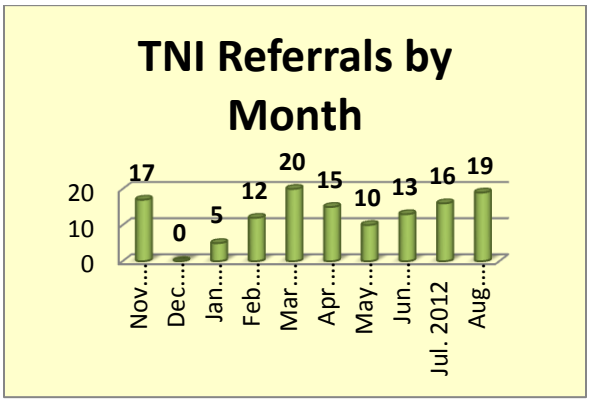
- Second, there is the woman living with a developmental disability and a psychiatric illness, termed a 'dual diagnosis'. Suffering from both psychosis and mental retardation, her conditions made it difficult for her to control her behavior. She was at times violent towards others, which posed a barrier to her finding and receiving treatment services. Institutionalized for prolonged periods of time (at times years) throughout her life, this woman came to TNI at the age of 44. After just a few months of therapy, she began to learn different strategies for coping with her emotions and as a result, her violent behavior disappeared. Her Psychiatrist was able to find the right medications to reduce the emotional distress she experienced from her illness. Successful in her treatment, she was able to move into a local long term care facility that provided the support she needed and a high level of quality of life.

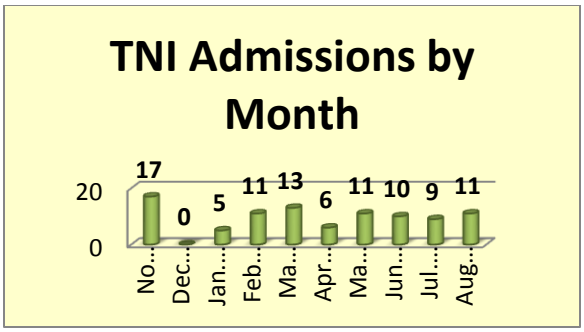
- Finally, we have the story of a very young man who came to TNI at the age of 18. His early life had been harsh; badly abused by his father, estranged from other family, and had slipped through cracks in the system. Like many his age, he experimented with alcohol and drug use. First hospitalized at the age of 17, he had developed a psychosis after using marijuana. He received treatment in hospital for over a year; however, his psychosis continued to worsen. When he came to TNI, he was experiencing terrible side effects to medications and was so severely ill and withdrawn that he barely took notice of the outside world. It took many months of careful medication adjustments, behavioral and social therapies, and the support from his family to begin to see improvement. Today, the transformation is remarkable. This is a young man who plays the piano, maintains great physical shape by working out regularly, and is planning on returning home in the coming weeks.

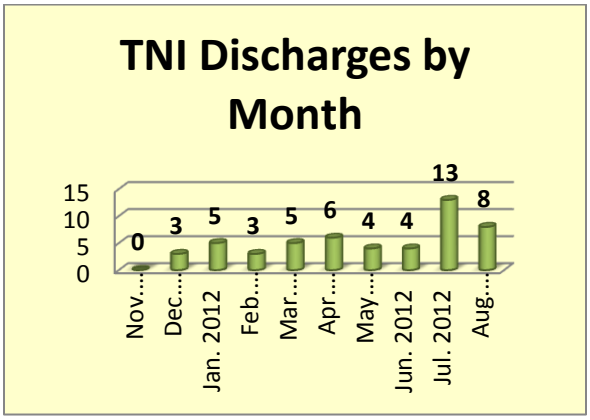
- Since opening in November 2011, TNI has opened 49 tertiary beds. As of August 31st, 2012, over 93 patients have been admitted, 51 patients have been discharged back to the community or supportive residences, and the average length of stay is at 88.15 days. Admission rates for female and male patients are roughly equal at 48 and 45 respectively, and the average age of patients during this timeframe is 47.5 years. Admissions come primarily from local and regional Acute Care Psychiatry units, although community referrals are also accepted. These statistics highlight some of the success in assisting individuals who have faced a lifetime of severe and treatment resistant illness. A commitment to excellence, use of well researched best practices, and continued investments in staff training and education drive these results and set the course for future goals.

TNI Stats Opening to Aug. 31/12

Total Referrals	**127**
Total Admissions	**93**
Total Discharges	**51**
Gender of Admissions	**48F & 45M**
Average age of admissions	**47.5 years**
Average LOS	**88.15 days**







- On behalf of the Windsor Regional Hospital team, I want to thank the TNI team for their amazing care, compassion and dedication to our patients. Your amazing clinical skills are making a massive difference for our community. Keep up the amazing work.

Strategic Direction - Champion Accountability and Transparency

We Care for Kids House

- Excellent progress continues on the Family Learning Place to be known as the We Care for Kids House Gym/Pool replacement project. The completion of construction remains on schedule for January 15, 2013.


We Care for Kids House – Gym/Pool


- In terms of the residence:

    - Brick work is 95% complete (see photo),
    - Asphalt shingling is 95% complete,
    - Structural interior walls are complete,
    - Plumbing rough-ins are well underway, and
    - Fire suppression sprinkler mains and leads are installed.

- In terms of the Gym/Pool

    - All trusses and steel deck have been installed,
    - Brick work has commenced,
    - Front entrance canopy framing is complete, and
    - Gym floor sub-base is complete.

- The project remains on budget and on time.

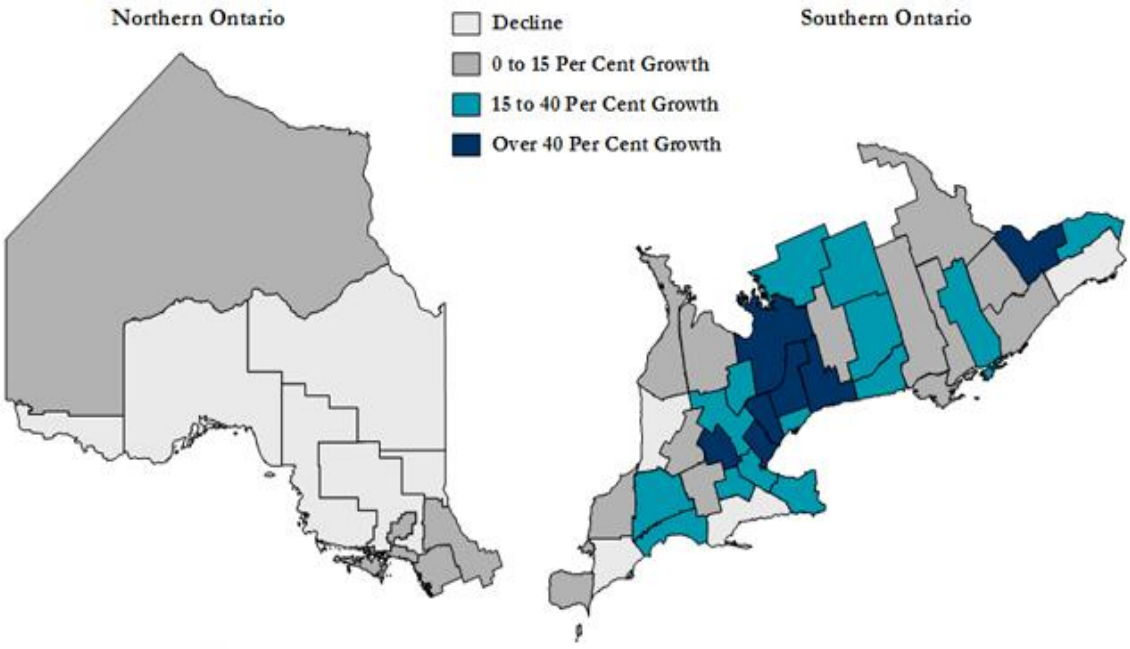
Strategic Direction - Strengthen and Sustain a Proactive Approach to Health Care Funding Reform

Patient-Based Payment

- Historically, Ontario's hospitals received most of their funding through fixed global budgets that are largely determined by historical factors.
- Patient-based payment is supposed to build on Ontario's 'money follows the patient' Wait Times Strategy funding approach by linking hospitals' funding with the level of services and quality of care that they deliver. It contains three main elements:
    - ✓ Quality Based Funding (**QBF**),
    - ✓ Health Based Allocation Model (**HBAM**), and
    - ✓ Base Funding.
- It clearly benefits fast growing areas of the province to receive a larger share of funding to meet their needs.
- There will be a significant change in the demographic characteristics of Essex County. Overall the Windsor/Essex population from 2010 to 2017 is projected to grow by only 0.7%. This limited amount of overall population growth for our region is to continue until at least 2036 as evidenced by the chart below taken from the Ontario Ministry of Finance's website at www.fin.gov.on.ca/en/economy/demographics/projections/#s3a

Chart 9

Population growth/decline by census division over 2011–2036

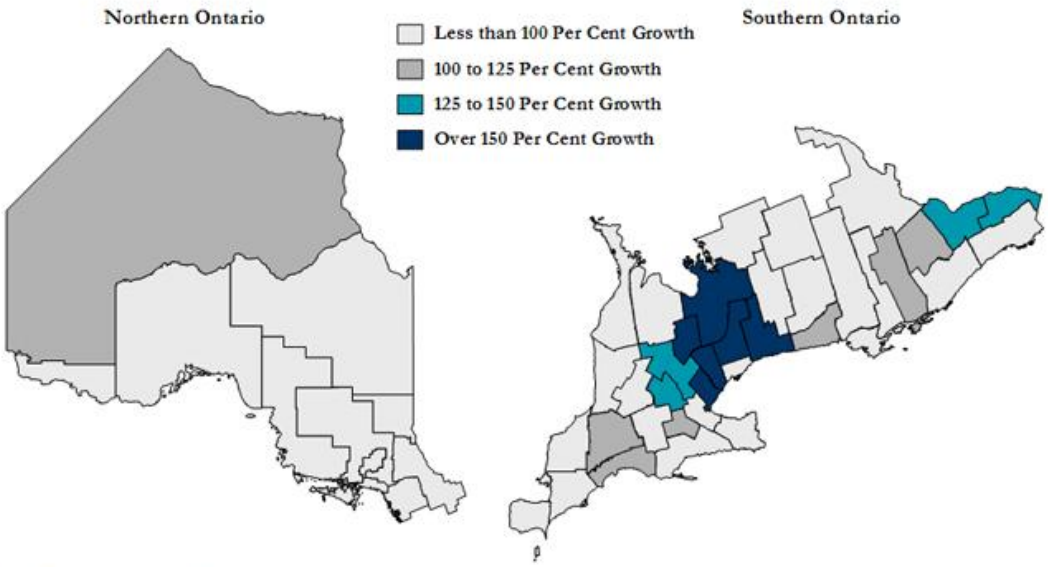


Source: Ontario Ministry of Finance projections.

- The population aged 65 and older, is projected to grow by 24.3%. However, even though our aged 65 or older will grow by 24.3%, as compared to the remainder of the Province this is low.

Chart 11

Growth in numbers of seniors by census division, 2011–2036



Source: Ontario Ministry of Finance projections.

- In fact, the impact of an aging population has barely begun to be felt: the first of the baby boomers are only just beginning to retire. Even before that demographic shift takes hold, health costs have risen more than seven per cent a year on average for the past decade. In 2009, health spending hit an all-time high of 11.9 per cent of Canada's gross domestic product. That's $183.1 billion, $9.5 billion more than in 2008, or $5,452 per person. Spending is skewed toward the old. In 2007, the latest data broken down by age group, total health spending on those under 64 averaged $1,966 per person. Between ages 65 to 69, the average was $5,589. For those 80 and older, the cost soared to $17,469[i].
- The fact we will have the lowest population growth in the Province and also the lowest growth in seniors will result in a lower than proportionate share on the healthcare dollars for this region from the Province. However, future requirements for hospital services will be disproportionately impacted by the growth in the elderly population rather than the overall population.
- By 2014 Windsor Regional Hospital will receive 30% of its funding by Quality Based Funding (**QBF**) – 40% by Health-based Allocation Model (**HBAM**) and 30% by Base funding.

Quality Based Funding (QBF)

- Quality Based Funding (**QBF**) is based on Hospitals receiving a FIXED amount for certain selected procedures. The theory is the fixed amount set will be based on efficiency and best practices. There is an outflow and inflow to this funding. To create the pool of dollars provincially to support this, the Government has looked at historical internal hospital financial reports to determine how much a particular hospital is currently "paying for" the provision of that procedure and extracting those monies from their base funding. It is then getting replaced by the FIXED per procedure amount. In most cases the FIXED amount is less than what hospitals have currently been paying to provide that procedure. Costs include all labour, supply and hospital stay costs.
- Starting in April 2012, Quality-Based Procedures will include: Hip replacement, Knee replacement, Dialysis and other treatments for chronic Kidney diseases and Cataract surgery.
- Other quality-based procedures will be added over time. Approximately 30 targeted Quality-Based Procedure groups will be in place by 2014.

Health-Based Allocation Model (HBAM)

- Patient-based payment also uses Ontario's Health-based Allocation Model (**HBAM**) to determine the expected costs of delivering high quality, evidence-based care.
- HBAM accounts for differences across communities in age, socioeconomic status and existing health conditions. The model develops a cost profile for every patient based on their clinical diagnosis, type of treatment received and the characteristics of the hospital they received their care from.
- So far it seems those areas across the Province will large population growths benefit greatly by HBAM.
- **For the 2012-2013 fiscal year, this new funding formula is NEGATIVELY impacting Windsor Regional Hospital by $1.6 million. This means we are receiving $1.6 million less in funding for 2012-2013 then we received in 2011-2012.**
- **For 2013-2014, all things staying equal, a further reduction in funding of $2.8 million is expected.**

Strategic Direction - Create a Vibrant Workplace

- The **Patient Experience Task Force**, a cross-disciplinary team from every level of the organization, has been hard at work for the last six months addressing the 'emotional support' component of the care Windsor Regional Hospital provides to patients.

- WRH can boast of a very good Patient Satisfaction score, however, through the examination of patient feedback, it was determined that 'emotional support' needs to be the focus of our attention.

- As part of their plan, the Task Force has developed a comprehensive strategy to inspire staff to deliver care with a high level of compassion. "**Compassion is our Passion**" is the tag line that will be used to deliver this message.

- WRH has proven that "WE CARE" now it is time to demonstrate the highest level of compassion to patients and their loved ones.

- Wait to see and hear more about the "**Compassion is our Passion**" campaign.

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

Ontario Hospitals Association - HealthAchieve

- Once again Windsor Regional Hospital leads the way with five (5) best practices being selected to be displayed at this year's annual conference. The following is a list of the best practices selected:

Reducing Patients Falls with Injury and Maintaining Success

Windsor Regional Hospital is committed to reducing the number of falls and falls with injury to zero with their Fall Prevention Program. Using evidence-based practice approaches, program

achievements included: Engagement and empowerment of entire health team in change management and quality improvement; Development of Fall Bundle where interventions are tested on the ‘learning unit’ and then rolled out hospital-wide; and Sustained significant improvement since roll out in 2009 with an overall reduction in falls with injury (.25/1000 patients days in 09/10) to .13/1000 patient days in 2011/2012. Elements of Success: Establish burning platform creating urgency for change; Senior Leadership engagement in organizational culture of quality/safety and focus on learning; Redesign structure of accountability for leaders/staff contributing to sustainability and success; Staff engagement up-front to identify staff champions, provide education/training, tools and evaluation of best practices; Incorporate unit specific operating procedures into workflow: Documentation, whiteboards, universal symbol, escalation response; Provide comfort rounds; Audit for compliance; Communicate results often to ensure ongoing reporting of real time data; Increased vigilance in investigating every fall, injury and multiple fall with same heightened approach and commitment; Measure results frequently, track and analyze data; Develop unit-specific excel tracking-tool for all falls, ensure follow-up and trend results; Develop new forms and communication tools; Engage patients and families; and Share knowledge and ideas with external resources.

Laughter Yoga as Part of the Weekly Programming at the Adult Day Program

The traditional Laughter Yoga has been adapted to take the needs of the elderly population into consideration.

Exercises combined with yoga breathing helps to bring more oxygen into the body and brain to maximize health and energy levels. It can help alleviate depression and reduce sadness. With many medical concerns and difficulties this population faces, it is not always easy to find something to laugh about. Laughter Yoga helps bring laughter back into their lives and ultimately feel better.

When Laughter Yoga was first introduced, the clients' initial responses were mostly positive. By the second session clients were requesting the sessions more often. One gentleman in particular stated I have not felt this good since I last saw my doctor". Others have stated immediately following a session "I feel so good now I can breathe so much better". It was scheduled initially at the beginning of the day. Clients have requested that it occur at the end of the day so that they "can go home feeling energized".

Mental Health Outreach Team for Older Adults Makes Significant Impact to Timely Access to Psychiatric Services

Windsor Regional Hospital's Mental Health Outreach Team for Older Adults has made significant impact in helping seniors with mental illness in Long Term Care (LTC) and Rest homes across Windsor/Essex County. The Program provides timely access and expert support to psychiatric services, enhancing quality of life and well-being, reducing the need for Emergency Department visits and psychiatric hospitalizations, and enhancing the knowledge and skills of staff in the facilities. The program sees seniors in 18 LTC and 21 Rest/Retirement homes across the city and county. Since 2009, over 375 new residents are seen each year in their own environment. In 2011/2012 the team conducted 5,709 consultations and follow-up sessions. The team provides quick turn-around-time for psychiatric assessment/consultations identifying key findings, diagnosis, and treatment recommendations. Too often seniors are sent unnecessarily to the Emergency Department or their condition goes undiagnosed. Improved coordination with acute/tertiary inpatient services assists with the transition of patients from hospital to long-term care/rest homes. Regular contact regarding treatment and discharge planning and follow-up post hospital stay is arranged to avoid re-admission or decline in condition. Coordination of admissions to the Acute Psychiatric unit for urgent situations occurs, eliminating unnecessary stays in the Emergency Department, and "quick fixes" of high intensity situations allowing for accurate and comprehensive assessment. Results show patients and caregivers experience enhanced quality of life and satisfaction with needs being met. Data from the LTC and Rest & Retirement homes show overall reduction in psychiatric admissions and visits to the Emergency Department for psychiatric issues.

Medicine Redesign WE Care Framework

WRH is committed to patient safety and quality. After review of the Medicine Program, it was identified that there was a lack of standardization. A team of ten frontline Nurses from five different Medicine units came together to lead and develop the future direction of our Program. The team spent time understanding our current state and future direction.
They were divided into groups focusing on Patient Flow, Patient Processes and Model of Care. Utilizing data from our 14 Core Initiatives, they identified major projects that would ensure the patient was the center of everything we did, every patient, every time.

The Patient Flow team implemented a standard format/process for Patient care rounds. They

focused on barriers to discharge on admission. This helped to improve discharges by 11 and 14.

The Patient Process Team concentrated on standardizing and sustaining comfort rounds. A positive relationship was identified between comfort rounds and decreased patient falls. After 3 months, a 50% reduction in falls was identified. Patient and staff satisfaction also increased.

The Model of Care Team focused on the physical /environmental factors that required changing. The Nurse's workstations, medication rooms, chart locations and new sinks were added to ensure all care was patient-centered. They also focused on the emotional care of our patients. They identified the non-negotiable items and Standards for the Medicine Program. The We Care Framework was developed to guide patient interactions and improve patient emotional support scores. The foundation has been laid for patient-centered care at WRH.

Disease Management Team - Complex Continuing Care

The development and implementation of an evidence based inter-professional care plan and patient education model, with relation to diabetes, heart failure, and COPD was the focus of this initiative. A team of 9 nursing staff representing all CCC units participated, including RNs and RPNs, with the guidance and support of senior and clinical management and were responsible for research and development, staff/patient/family engagement, data collection, measurement, staff education, and implementation of the care plans.

The goals of this project included improvements in staff engagement, leadership opportunities in quality improvement, staff satisfaction with quality of work-life, promotion of a culture of patient centered care and collaboration with the inter-professional staff, and increased productivity of the workforce. Staff stress, conflict and lack of team approach is expected to decrease. Patient and family satisfaction is predicted to increase with the increased contact with nursing staff, participation in development of their plan of care and receipt of education related to their disease process.

Congratulations to the WRH Team – once again for making us proud!

Strategic Direction - Strategically engage with external partners

Task Force for a New Single Site Acute Care Hospital

- Windsor Regional Hospital is working very closely with the Task Force that has been created to examine the viability for one new Acute Care Hospital for Windsor/Essex.

- The Task Force is seeking input from local health care experts and community stakeholders to answer the following questions:

  - ✓ Would a new, single site Acute Care Hospital improve the delivery of acute care services in Windsor-Essex?
  - ✓ Would a new single site Acute Care facility provide good value for money?
  - ✓ If there is community support for a new hospital, what other considerations must be addressed during subsequent planning phases?

- Our Immediate Past Chair of the Board of Directors, Dr. Wilf Innerd, sits on an Advisory Board to the Task Force as a representative from Windsor Regional Hospital.

- It is anticipated that the Task Force will deliver a preliminary report shortly, before the end of 2012, once it has completed its role of seeking input.

- For more information on the process and to provide feedback please go to http://windsorhospitalsstudy.com

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[i] **The health care time bomb - Our aging population will make unthinkable reforms inevitable** by John Geddes on Monday, April 12, 2010, Mcleans Magazine