

# Annual Report

04.01.18 - 03.31.19

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## Message from the Board Chair, President & Chief Executive Officer and Chief of Staff

It was another year of change in our hospital sector, with a new provincial government bringing with it initiations of health care sector reform, and the ongoing challenges of improving our own efficiency and positioning ourselves for the future, while continuing to live up to our vision of providing Outstanding Care, No Exceptions! We are proud to say that once again, our team here at Windsor Regional Hospital rose to the many challenges and, thanks to their collective input and efforts, brought continuous improvements to the organization and the community we serve.



**DAN WILSON,**  
BOARD CHAIR  
Windsor Regional Hospital



**DAVID MUSY,**  
PRESIDENT & CEO  
Windsor Regional Hospital



**DR. GARY ING,**  
MD CHIEF OF STAFF  
Windsor Regional Hospital

## System Reform

It was a substantial year of change in the hospital sector, with a new government at Queen's Park embarking on an ambitious agenda of health system reform, including plans to consolidate a number of agencies, including the 14 Local Health Integration Networks, Cancer Care Ontario, eHealth Ontario and Trillium Gift of Life Network, under a new Ontario Health banner. It is not the first time that our hospital organization, or our region here in Windsor-Essex, has been a witness to systems change. Proactively, WRH was among a number of partners locally who began discussions on how to work collaboratively on an exciting partnership opportunity between the Province of Ontario and Windsor and Essex County to truly embrace and create a Regional Strategy for Healthcare Planning and Administration, with a focus on improving Patient Experience and Outcomes.

We continued to make major strides in addressing a top concern in the hospital sector across the province and one also highlighted by the new government - ending hallway medicine. Our admitted patients benefitted from work being done to improve transfer times to a hospital bed, thanks to the work of Medicine Patient Flow project teams and hospital leadership. As a part of continuous improvement, attention was placed on the earliest phase of an inpatient's journey - the time they were admitted to the hospital in the Emergency Department (ED), to the time they arrived in an inpatient bed. There are numerous processes that occur as a part of this transfer, and every effort is made to ensure that this transfer happens as timely as possible.

Focus was also stronger on "Admit No Bed" patients who wait three hours or longer to arrive to a Medicine inpatient bed. With

support from the SOP department, when cases like this happen the transfer is analyzed to understand what contributed to the delay. Doing so allows the team to identify the challenges and assist in developing ways to improve the process. The patient-centered goal is to have the transfer to the unit happen as quickly as possible and eliminate or minimize any delays in this transfer process. The expectation is that patient transfers occur long before a red flag needs to be raised. The 3-hour delay marker serves as that red flag that lets us know that an ED to unit transfer has not occurred in the manner expected. In the Command Centre there are tools used such as VIBE, which helps to manage the transfer. Other efforts to assist in a timely transfer include the use of a wheelchair for patients whose medical and mobility status allow it.

Patients directly benefit from these improvements, as it minimizes their length of stay in the ED and allows their care plan to be started sooner because of timely arrival to the appropriate inpatient unit. Staff have worked very hard to achieve excellent results so far, and their efforts will help ensure these results can be sustained long-term.

A significant change this past winter over the prior winter was our census. Over the previous four years, daily census announcements were common - we would send out daily notices to the community about extreme volumes in our hospital, which reached as high as 115% occupancy. This year, we did not need to send out these emails. It wasn't a matter of lower patient volumes - in fact, volumes were higher and the acuity of our patients also increased. The difference this year was improved patient flow processes and standardization between our campuses.

## Patient Safety

This past year, massive improvements continued to be made in patient flow and care across the organization, from the creation of the command centres to ongoing gains in the Patient Harm Index. In December 2018, we continued this with the new Oculys - Stay Track boards launched for use in our care rounds across the Medical Surgical units at both campuses. Standard unit leads worked with the Oculys team to improve and streamline these new care round boards. Previously units were using an Excel spreadsheet to run and record the daily patient care rounds.

The new Stay Track boards are updated automatically any time our admitting department receives and enters a new admission, discharge or transfer. In the past, when a patient was transferred to another unit, the information shared during care rounds was lost and the new unit had to populate the board, losing the plan of care for the patient. Now, this information follows the patient keeping the plan of care consistent as discussed by the health care team. This helps to improve the continuity of care and prevents "Grey Days," when planned interventions are not completed.

## Partnerships & Collaboration

Windsor-Essex is taking on the challenge of making sure every child in our region has an opportunity for success through a new community initiative that WRH is proud to be part of. ProsperUs is a “Cradle to Career” vision to give children in Windsor-Essex the opportunities they need to succeed and unlock their potential. “Cradle to Career” encompasses supporting children from before they are born through pre-natal health for moms all the way through to landing their first job as a young adult.

From a WRH perspective, being there from the cradle and even before then, WRH will partner to provide support that children in our community desperately need and deserve to have a clear path to economic prosperity through family,

education and community support and opportunity.

We continued to look for opportunities to work collaboratively not only with community partners, but those outside our community as well. Discussions were held with London Health Sciences Centre (LHSC) about shared patients and greater opportunity for earlier repatriations/transfer, surgical prep (diagnostics), and post-acute follow-up to be completed closer to home for patients. A site visit at WRH took place September 24th, 2018 to build relationships and validate opportunities for partnership. Interest from partners and Cardiac Care Physicians to initiate a regional Cardiac Care Network (Committee) with physician, nursing and administration was represented.

## Financial Stability

From a financial perspective, WRH and the Erie St. Clair Local Health Integration Network commenced a process called Optimization Review in June 2018, aimed at helping 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 has been examining 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 has also been identifying 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.

We received word early in the new fiscal year that the Government of Ontario and Ministry of Health and Long Term Care agreed that our hospital should receive additional financial support. Even with this support, WRH identified an additional \$7.3M in cost savings to move the hospital towards a balanced operating

position for the 2019-20 fiscal year. This is approximately a 0.8% reduction in expenses. While cost improvement actions are never easy, we carefully identified savings opportunities which will not impact direct patient care. The cost improvements were expected to result in approximately 80 staff reductions. We recognize this will have an impact on a number of non-clinical areas. However, we have made every effort to avoid reductions in direct patient care and will attempt to accomplish as many as possible by attrition and retirements.

To maintain a balanced operating position on a go-forward basis, WRH will look to identify additional cost improvements as well as the additional funding actions recommended in the Optimization Report, including:

- (a) Ongoing one-time payments of \$5M per year for a total of \$25M to offset the present working capital deficit. These funds to not be used to balance or operations; plus
- (b) \$16.4M in increases to the base operating budget over next four fiscal years. This assumes an annual 1% funding increase.

## Looking Ahead

We were excited to learn of the commitment made by the new Ontario government to approve funding and give us the go-ahead to introduce a PET CT scanner to Met Campus. Plans were well under way near the end of the fiscal year for its installation adjacent to the Cancer Centre. We look forward to serving hundreds of patients per year with this state-of-the-art diagnostic imaging technology starting in late spring 2019. Many thanks are owed to the Windsor Cancer Centre Foundation for helping support patients who had to travel out of town for these procedures.

We also began preparations for Accreditation 2019. Phase one focused on self-assessments, and was completed before the fiscal year ended. Going into the new fiscal year, we have been developing action plans for areas that need improvement and we are reviewing Required Organizational Practices, or ROPs. The Accreditation Canada surveyors will be coming to WRH for the onsite survey November 25-29th, 2019 and we look forward

once again to receiving great third-party recognition for all of our operational efforts.

We continue to plan and advocate for the new Windsor-Essex Hospitals System, including plans for a new state-of-the-art acute care hospital and a satellite emergency care facility for the downtown area. WRH employees and professional staff were asked to share their visions for the future, and give examples of how the current aging infrastructure negatively affects hospital patients and visitors. This is not to say every employee or professional staff supports the location proposed for the new hospital; we said from the start 100% agreement by 400,000 regional residents on any issue is not possible, especially one of this magnitude. However, just like our community, a massive majority of employees and professional staff do support it, and status quo is not sustainable. We look forward to continuing on this journey towards significant infrastructure improvements to serve our region for decades to come.



DAN WILSON  
BOARD CHAIR



DAVID MUSYJ  
PRESIDENT & CEO



DR. GARY ING  
M.D., F.C.F.P. CHIEF OF STAFF

## Board of Directors & MAC

April 01, 2018 to March 31, 2019

Dan Wilson, Chair  
Anthony Paniccia, Vice-Chair  
Michael Lavoie, Treasurer  
Lynne Watts, Past Chair  
Leanne Leech  
Arvind Arya  
Cynthia Bissonnette  
Patricia France  
Dr. Laurie Freeman  
Lisa Landry (until September, 2018)  
John Leontowicz  
Dr. Maureen Muldoon  
Pam Skillings  
David Musyj, President and CEO, Ex-Officio/Non-Voting, and Secretary  
Dr. Gerry Cooper, Schulich School of Medicine & Dentistry, Windsor Campus, Ex-Officio/Non-Voting (until June 2018)  
Dr. Lawrence Jacobs, Schulich School of Medicine & Dentistry, Windsor Campus, Ex-Officio/Non-Voting (as of September 2018)  
Dr. Abdelraham Elashaal, President, Professional Staff, Ex-Officio/Non-Voting,  
Dr. Anil Dhar, Vice-President, Professional Staff, Ex-Officio/Non-Voting  
Dr. Joslyn Warwaruk, Vice-President, Professional Staff, Ex-Officio/Non-Voting  
Dr. Gary Ing, Chief of Staff, Ex-Officio/Non-Voting  
Karen McCullough, Chief Operating Officer and Chief Nursing Executive, Ex-Officio/Non-Voting

## Executive Committee

Mark Fathers, Vice-President, Corporate Services and Chief Financial Officer  
Mark Ferrari, Executive Director, Windsor Family Health Team  
Ron Foster, Vice-President, Public Affairs, Communications and Philanthropy  
Karen McCullough, Chief Operating Officer and Chief Nursing Executive  
David Musyj, President and Chief Executive Officer  
Ralph Nicoletti, Vice President, Diagnostic Imaging, Mental Health, Medicine and Emergency Services  
Rosemary Petrakos, Vice-President, Peri-Operative, Surgery and Women's and Children's Service  
Karen Riddell, Vice-President, Critical Care, Cardiology, Regional Stroke and Clinical Support Services  
Monica Staley Liang, Vice-President, Regional Cancer Programs, Renal, Patient Relations and Legal Affairs

## Medical Advisory Committee

Dr. Gary Ing, Chief of Staff  
Dr. Abdelraham Elashaal, President, Professional Staff  
Dr. Anil Dhar, Vice-President, Professional Staff  
Dr. Joslyn Warwaruk, Vice-President, Professional Staff  
Dr. Anat Ravid, Secretary/Treasurer, Professional Staff  
Dr. Rajasekar Basker, Chief, Psychiatry  
Dr. Marguerite Chevalier, Chief, Family Medicine  
Dr. Akram El Keilani, Chief, Laboratory Medicine  
Dr. Greg Hasen, Chief, OB/GYN  
Dr. Sindu Kanjeekal, Chief, Oncology  
Dr. Donald Levy, Chief, Emergency Medicine (until January 31, 2019)  
Dr. Paul Bradford, Interim Chief, Emergency Medicine (as of February, 2019)  
Dr. Americo Liolli, Chief, Anaesthesia  
Dr. Lenna Morgan, Chief, Paediatrics  
Dr. Winston Ramsewak, Chief, Diagnostic Imaging  
Dr. Wassim Saad, Chief, Medicine  
Dr. Richard Stapleford, Chief, Oral and Maxillofacial Surgery & Dentistry  
Dr. Takeshi Takahashi, Chief, Surgery  
Dr. Michael Winger, Chief, Neurosciences  
Dr. Lawrence Jacobs, Schulich School of Medicine & Dentistry, Windsor Campus

## Foundation Board of Directors

John Comisso, President  
Beth Ann Prince, Vice President  
Robert Reid, Treasurer and Chair, Finance & Investment  
Beverly Ann Becker, Secretary  
Richard Vennettilli, Past President  
Vinoos Dayal  
Nick Dzudz  
John Jedlinski  
Tim Kawalec  
Ryan Luvisotto  
David Macleod  
Loris Macor  
Anthony Paniccia, Cross Appointment, WRH Board of Directors  
Dr. Martha Reavley  
Tony Theos  
Mark Fathers, Assistant Treasurer, Ex-Officio / Non-Voting  
Ron Foster, Executive Director, Ex-Officio / Non-Voting

## Auxiliary

Fae Gillespie, President, Windsor Regional Hospital Auxiliary

Dollar amounts in thousands

# Financial & Operational Highlights

<b>FINANCIAL POSITION (as at March 31st)</b>	<b>2019</b>	<b>2018</b>
<b>Assets</b>		
Current assets & investments held for capital purposes	\$ 42,061	\$ 42,313
Capital assets, net of accumulated amortization	\$ 173,585	\$ 175,876
<b>Total assets</b>	<b>\$ 215,646</b>	<b>\$ 218,189</b>
<b>Liabilities and Net Assets</b>		
Current & long term liabilities	\$ 172,606	\$ 159,735
Deferred capital grants, net of amortization	\$ 120,372	\$ 124,328
<b>Total liabilities</b>	<b>\$ 292,978</b>	<b>\$ 284,063</b>
Accumulated remeasurement losses	\$ (1,501)	\$ (1,435)
<b>Net assets</b>	<b>\$ (75,831)</b>	<b>\$ (64,439)</b>
<b>Total liabilities and net assets</b>	<b>\$ 215,646</b>	<b>\$ 218,189</b>

<b>REVENUE AND EXPENSE (for the year ended March 31st)</b>	<b>2019</b>	<b>2018</b>
<b>Revenue</b>		
Provincial programs	\$ 432,536	\$ 416,329
Other fees and revenue	\$ 82,909	\$ 78,524
<b>Total revenue</b>	<b>\$ 515,445</b>	<b>\$ 494,853</b>
<b>Expenses</b>		
Compensation & benefits	\$ 307,760	\$ 298,555
Supplies & other expenses	\$ 219,077	\$ 207,803
<b>Total expense</b>	<b>\$ 526,837</b>	<b>\$ 506,358</b>
<b>Deficit for the year</b>	<b>\$ (11,392)</b>	<b>\$ (11,505)</b>
<b>Ministry of Health and Long Term Care - Total Margin</b>	<b>\$ (7,982)</b>	<b>\$ (8,013)</b>

<b>CASH FLOWS (for the year ended March 31st)</b>	<b>2019</b>	<b>2018</b>
<b>Cash Flows From (Used In):</b>		
Cash flows from operations & changes in operating balances	\$ (4,949)	\$ (12,460)
Additions to capital assets	\$ (11,399)	\$ (12,771)
Cash flows from grants, investing & financing activities	\$ 16,348	\$ 25,231
<b>Decrease in Cash for the Year</b>	<b>\$ -</b>	<b>\$ -</b>
Cash Surplus, Beginning of Year	\$ -	\$ -
<b>Cash Surplus, End of Year</b>	<b>\$ -</b>	<b>\$ -</b>

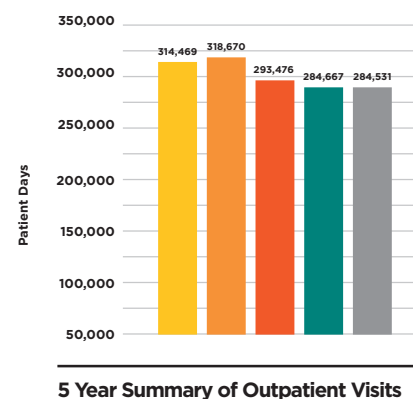
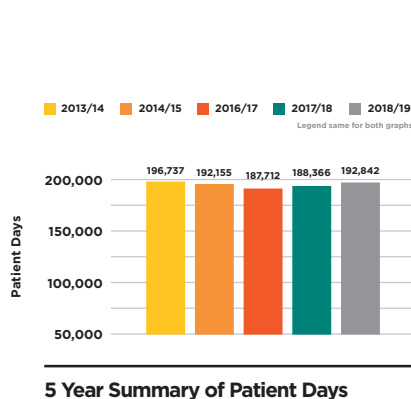
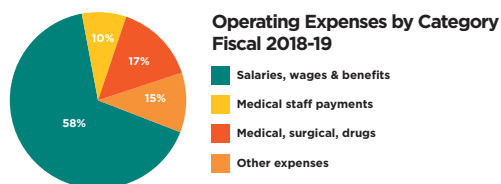
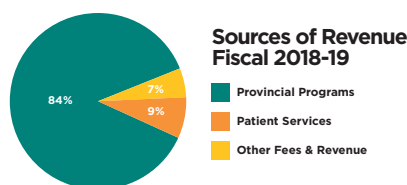
<b>PATIENT SERVICE VOLUMES (for the year ended March 31st)</b>	<b>2019</b>	<b>2018</b>
Acute patients separated (discharged)	30,047	30,694
Patient days	192,842	188,366
Births	3,748	3,594
Day surgery & Endoscopy cases	38,377	39,591
Emergency department visits	106,842	112,310

**2018  
2019**



Dollar amounts in thousands

Fiscal Year	2019	2018		2019	2018
<b>Revenue</b>			<b>Expenses</b>		
Provincial programs	\$ 432,536	\$ 416,329	Salaries, wages and benefits	\$ 307,760	\$ 298,555
Patient services	\$ 34,880	\$ 33,668	Medical staff payments	\$ 52,680	\$ 50,759
Other fees and revenue	\$ 48,029	\$ 44,856	Medical, surgical, drugs	\$ 88,178	\$ 83,269
			Other expenses	\$ 78,219	\$ 73,775
<b>Total Revenue</b>	<b>\$ 515,445</b>	<b>\$ 494,853</b>	<b>Total Expenses</b>	<b>\$ 526,837</b>	<b>\$ 506,358</b>



## Report of the Independent Auditors on the Summary Financial Statements

To the Board of Directors of Windsor Regional Hospital

### Opinion

The summary financial statements of Windsor Regional Hospital (“the Hospital”), which comprise:

- the summary statement of financial position as at March 31, 2019
- the summary statement of revenue and expense for the year then ended
- the summary statement of cash flows for the year then ended
- and related notes are derived from the audited financial statements of Windsor Regional Hospital as at and for the year ended March 31, 2019.

In our opinion, the accompanying summary financial statements are consistent, in all material respects, with the audited financial statements, in accordance with the criteria disclosed in Note 1 in the summary financial statements.

### Summary Financial Statements

The summary financial statements do not contain all the disclosures required by Canadian public sector accounting standards. Reading the summary financial statements and the auditor’s report thereon, therefore, is not a substitute for reading the Hospital’s audited financial statements and the auditor’s report thereon.

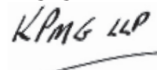
The summary financial statements and the audited financial statements do not reflect the effects of the events that occurred subsequent to the date of our report on the audited financial statements.

### Management’s Responsibility for the Summary Financial Statements

Management is responsible for the preparation of the summary financial statements in accordance with the criteria disclosed in Note 1 in the summary financial statements.

### Auditors’ Responsibility

Our responsibility is to express an opinion on whether the summary financial statements are consistent, in all material respects, with the audited financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standards 810, Engagement to Report on Summary Financial Statements.



Chartered Professional Accountants  
Licensed Public Accountants  
June 13, 2019 | 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, 2019 and do not include certain disclosures required under Canadian public sector accounting standards. We expressed an unmodified audit opinion on those financial statements in our report dated June 13, 2019.