



Mission: Provide quality person-centred health care services to our community

WRH VALUES

We respectfully acknowledge that the Windsor Regional Hospital occupies the traditional, ancestral and contemporary lands of the Niswi Ishkodewan Anishinaabeg: The Three Fires Confederacy (Ojibwe, Odawa, and Potawatomi). We acknowledge the land and the surrounding waters for sustaining us and we are committed to protecting and restoring these lands and waters from environmental degradation.

BOARD OF DIRECTORS

Thursday, June 2, 2022

VIA ZOOM: 1700 hours

Windsor, Ontario

(ZOOM link is included with the meeting invitation)

	TAB	TIME	ACTION
1. <u>CALL TO ORDER</u> (Paniccia)		1700	
2. <u>DECLARATIONS OF CONFLICT OF INTEREST</u> (Paniccia)		1702	
3. <u>PREVIOUS MINUTES:</u> May 5, 2022 (Paniccia)	Tab A	1703	MOTION (approve)
4. <u>REPORT OF THE PRESIDENT & CEO</u> (Musyj)		1705	FYI
5. <u>CNE REPORT (Riddell)</u> (verbal)		1720	FYI
6. <u>PLANNING UPDATE – NEW W/E ACUTE CARE HOSPITAL (P. Landry)</u>	Tab B	1730	FYI
7. <u>SCHULICH REPORT</u> – (Jacobs)		1745	FYI
8. <u>FINANCIAL PRESENTATION</u> – (Allen)	Tab C	1750	
9. <u>CONSENT AGENDA:</u> <u>Finance/Audit & Resources: May 24, 2022 & Operating Results (Allen)</u>	Tab D	1800	MOTION (accept report)
10. <u>CORRESPONDENCE/PRINTED MATTER:</u> • Media Report – FYI only (Paniccia)	Tab E	1810	FYI
11. <u>BOARD MEMBER QUESTIONS, COMMENTS OR NOTICES OF MOTIONS</u> (Paniccia)		1810	

12. <u>DATE OF NEXT REGULAR BOARD MEETING:</u> Thursday, September 8, 2022 – ZOOM		1815	FYI
13. <u>ADJOURNMENT</u> (Paniccia)		1815	MOTION

REGRETS ONLY TO dawn.sutherland@wrh.on.ca, or (519) 254-5577 X52517



MINUTES of the **BOARD OF DIRECTORS** meeting held on **Thursday, May 5, 2022**, 17:00 hours, via ZOOM, live streamed on YouTube.

PRESENT VIA ZOOM:

Anthony Paniccia, Chair

Laura Copat

Paul Lachance

Cynthia Bissonnette

Ian McLeod

Patricia France

Dan Wilson

Dr. Laurie Freeman

Genevieve Isshak

Penny Allen

Mary Dawson

Dr. Wassim Saad (ex-officio, non-voting)

David Musyj (ex-officio, non-voting)

Karen Riddell (ex-officio, non-voting)

STAFF VIA ZOOM:

Executive Committee

REGRETS:

Michael Lavoie

Dr. Maher Salbalbal

Dr. Larry Jacobs (ex-officio, non-voting)

1. CALL TO ORDER:

The meeting was called to order at 1705 hours with Mr. Paniccia presiding as Chair and Ms. Sutherland recording the minutes.

2. DECLARATIONS OF CONFLICT OF INTEREST:

None declared.

3. PREVIOUS MINUTES:

The minutes of the April 7, 2022 Board meeting had been previously circulated.

MOVED by Ms. P. France, **SECONDED** by Mr. P. Lachance and **CARRIED THAT** the minutes of the April 7, 2022 Board of Directors meeting be approved.

The Chair provided a couple of updates:

- Nurses week May 9 – 15th. From the Board and all of the W/E residents thank you to the outstanding staff at WRH who work tirelessly.
- Sail into Summer – June 25, 2022 at the Windsor Yacht Club, hosted by the WRH Foundation. Tickets can be purchased through the Foundation website. Funds will support the purchase of a new Endoscopic Ultrasound Machine.
- The WRH Golf Tournament will take place on May 26, 2022.
- 50/50 draw takes place on May 13th, the jackpot is now at \$90,000.

4. REPORT FROM THE PRESIDENT & CEO:

Mr. Musyj provided a verbal report accompanied by slides.

The following are highlights from his report:

- i) Provincial COVID-19 Wastewater stats – there is usually a 1 – 2 week gap from the data and what is seen in the hospital. Mr. Musyj explained that testing numbers are very limited and we are flying blind now with respect to COVID mutations and variants. Coming into May, we are starting to see a decline in the wastewater across the Province. Mr. Musyj referred to slide 2 which shows the wastewater stats by region. W/E started the decline earlier than other areas. The 5th wave was identified in the January increase and the 6th wave went almost as high. The bottom line is we are not out of Wave 6 just yet and there is still significant community spread with patients still ending up in hospital to be treated.
- ii) Provincial & COVID-19 Hospitalization Rates – seeing some plateauing happening now. Slide 4 shows the Provincial hospitalization rates as of May 4, 2022. Mr. Musyj added that we are getting prepared for what is to come in the fall along with the normal respiratory illnesses. The hospital continues to examine our practices with respect to screening and PPE. At this time, WRH will not be removing masks or screening. We are still mandated to have everything in place. Even if we are able to remove some of these measures, we must be ready to reinstitute them if necessary.
- iii) WRH COVID-19 Hospitalization Rates – the graph shows a drop in hospitalizations around the 2nd last week of April. We are hoping this trend continues. ICU admissions continue to be low, with only 4 COVID positive patients currently in the ICU.

Dr. Saad spoke to anti-virals, eligibility and how they can be accessed. Paxlovid is an oral antiviral treatment for mild to moderate COVID-19 positive patients who are at high risk for progression to severe COVID-19, including hospitalization or death. Treatment of Paxlovid must begin within 5 days of symptom onset to be effective. Paxlovid can now be accessed through a primary care physician, specialty care practitioner or the WRH Assessment Centre. Dr. Saad advised that not all primary care physicians are comfortable prescribing Paxlovid however there is still the avenue of referring patients to the WRH AC. One drawback is there are many drug interactions with this medication.

Remdesivir is another treatment for certain high risk COVID-19 patients. This medication is given by injection. WRH has been using this treatment for patients in hospital for some time now. It is only available only through the WRH Assessment Centre although future doses can be provided through CCAC at home.

Dr. Saad stated that both treatments have been very effective in keeping people out of the hospital (88 – 92% effective). To date, we have administered just under 100 doses of Remdesivir and just under 130 doses of Paxlovid.

- iv) New W/E Acute Care Hospital update – the timeline was announced this week. After multiple mentions in the Ontario 2022 budget, specific details were released as part of the Infrastructure Ontario update. The tendering process is to start in early 2025 and construction to begin in the spring of 2027. Mr. Paul Landry will be coming to the

June board meeting to outline some of the work that needs to be done. Mr. Musyj added that this is a very exciting time for Windsor-Essex with all of the upcoming infrastructure developments. COVID-19 certainly proved the need for a new hospital.

5. CNE REPORT

Ms. Riddell's report this month focused on staff recognition and employee wellness. Our goals for this year were to expand on these programs. Highlights from her presentation are as follows:

- there are two formal recognition programs at WRH: the Above & Beyond & Honor Roll program and the Years of Service Recognition. The goal is to honour and recognize those who make a patient's experience more comfortable. Ms. Riddell outlined how the Above & Beyond program works including how nominations are received and reviewed. Team members are featured on the monthly Honour Roll that is displayed throughout the internal television system. Team members may also be showcased on banners, brochures and patient menus.
- WRH celebrates over 110 holidays – see the list on slide 5. For the month of May we will be celebrating National Physicians Day, International Day of the Midwife, Palliative Care Week, Nursing Week, Physiotherapy Month, PSW Day, Biomed Week and Paramedical services.
- Staff are also recognized by third party organizations and events such as the upcoming Lois Fairley Award.
- Ms. Aruna Koushik, WRH's Mediation & Human Rights Commissioner retired on May 1st after 35 years of service.
- Ms. Lucy Di Pietro, Technical Coordinator in the Microbiology Department at WRH was named a 2022 Lerner's Healthcare Champion honouring her work during the pandemic.
- We plan to encourage frontline staff in planning committees to continue to expand meaningful recognition throughout the year.
- Employee wellness and support – WRH has several available services including EAP, on-site fitness facilities and programs and most recently, the introduction of the latest Employee Wellness Program.

The Chair expressed congratulations to both Ms. Koushik and Ms. Di Pietro on behalf of the Board of Directors.

6. REPORT FROM SCHULICH:

Dr. Jacobs was unable to attend the meeting and had not submitted a written report.

7. FINANCIAL PRESENTATION:

There was no financial presentation for the May 5th Board meeting. Auditors are currently working on the 2021-2022 financial statements and those will be brought to the June board meeting.

8. CONSENT AGENDA:

MOVED by Ms. P. Allen, **SECONDED** by Mr. I. McLeod and **CARRIED**
THAT the report from the April 25, 2022 Finance/Audit & Resources Committee meeting be accepted.

9. CORRESPONDENCE/PRINTED MATTER:

a) Media Report – FYI only.

10. BOARD MEMBER QUESTIONS, COMMENTS OR NOTICES OF MOTIONS:

None

11. NEW BUSINESS:

None

12. DATE OF NEXT REGULAR MEETING:

Thursday, June 2, 2022, 1700 hrs VIA: ZOOM

13. ADJOURNMENT:

There being no further business to discuss, it was
MOVED by Mr. P. Lachance, **SECONDED** by Ms. L. Copat and **CARRIED**
THAT the May 5, 2022 Board of Directors meeting be adjourned at 1740 hours.

Anthony Paniccia, Chair
Board of Directors
/ds

Dawn Sutherland
Recording Secretary

REPORT TO THE BOARD OF DIRECTORS, WINDSOR REGIONAL HOSPITAL

■ New Windsor/Essex Acute Care Hospital Project

FROM: Paul Landry, Project Director

DATE: June 2, 2022

RE: **Project Update** (*For information, 4 pages + PowerPoint*)

1. Functional Programing

We are nearing completion of the functional program document and are on schedule to have a final draft by the end of June. The 38 FP Teams have worked diligently with Agnew Peckham Healthcare Planners to develop an excellent FP document. This document will be reviewed with the Planning, Design and Conformity (PDC) Team (i.e., architects and engineers) when they are onboarded at the end of July.

2. RFP for the Planning, Design and Conformance Team (PDC)

The public RFP to recruit the Planning Design and Conformance (PDC) Team (a team of architects, engineers and specialty design consultants) has proceeded well. The submission deadline has had to be extended from June 3 to June 10 for the following reasons: 1) a very good field of potential respondents and submitted a large number of questions, 2) a change in the list of consultants that the PDC Team needs to carry. There appears to be a considerable amount of interest in our Project by several architectural firms that have significant experience in large hospital development projects.

3. Ministry of Health's new Capital Planning Manual - Three Phases (new) vs Five Stages (old)

In April, the Ministry of Health released its revised Capital Planning Manual for all hospital capital development projects (large and small). At its core, the previous 5-stages of planning and development for a major hospital development project have been replaced by a 3-phase process. The WRH project is transitioning between the old process and the new. The planning, design and development work and required documents for review and approval by the MoH are very similar to the previous process, however, the intent is that this process introduces potential efficiencies and streamlining which will make projects advance more quickly than previously. Slides 4 and 5 in the attached PowerPoint presentation presents a visual comparison of the old 5-stage process with the new 3-phase process. Please note that this new process does not change the timeline for the planning and development of the new Windsor Essex Acute Care Hospital.

4. WHY DOES IT TAKE SO LONG TO PLAN, DESIGN & BUILD A NEW HOSPITAL IN ONTARIO?

The following is an explanation of the attached PowerPoint presentation on "Why It Takes So Long to Plan, Design and Build a New Hospital in Ontario".

Last month, Infrastructure Ontario released its "Spring 2022 Market Report" providing a

schedule for all of the major infrastructure projects in the Province, including hospitals. The report indicates the tendering process for the New Windsor/Essex Acute Care Hospital will begin in early 2025 with construction to follow in the spring of 2027.

While many were surprised to learn that ground-breaking is still 4 ½ years away, the news was an important milestone that gives more certainty to the overall plan and puts the project on the radar for developers who will eventually bid on the construction project.

Hospitals are one of the most complex architectural and engineering projects when it comes to design and construction. They require complicated mechanical, electrical and IT systems and built-in flexibility to adapt to new technologies and the constantly evolving demands and functions of a hospital. In addition, hospital designs must meet or exceed modern standards to ensure safe, accessible and comfortable care for the vulnerable populations they serve.

Windsor Regional Hospital is following Infrastructure Ontario's detailed planning for all major infrastructure projects. Throughout the process, hospital leadership and the Project Management Team are taking every reasonable step to make sure the project is proceeding as quickly as possible, while ensuring due diligence and community engagement at every step.

A. DESIGN PROCESS FOR THE NEW WINDSOR/ESSEX ACUTE CARE HOSPITAL

a) Scope & Master Plan (previous Stage 1 Submission)

The process begins with the hospital and Ministry of Health working to determine the size and scope of the project, along with estimating the budget.

This work started with a Master Plan and selection of site. In 2015, the site was announced, along with the Master Plan for a new Windsor Essex Hospitals System, including a new hospital at the corner of County Rd. 42 and the 9th Concession.

b) Stage 2 - Functional Program & Block Schematic Designs (January 2022 – March 2023)

Next, the hospital and a team of specialized consultants develop a Functional Program (FP) and comprehensive set of block schematic designs.

This work started early this year, following the Stage 2 funding announcement in October. Thirty-eight (38) User Groups representing all clinical and support programs and services within the hospital have been working closely with Agnew Peckham Health Care Planning Consultants and are in the process of finalizing the FP.

A team of architects and engineers – also known as the Planning, Design and Conformance Team or the PDC – will come onboard this summer and use the functional program to develop

block-schematic drawings. These early designs plans will be a “test-fit” of the functional program into a building massing and block schematics, including layouts of all departments, required rooms, spaces and adjacencies.

This work is expected to be submitted to the Ministry of Health in early 2023, and will set the foundation for the design work that follows.

c) Indicative Design & PSOS Development (November 2023 – April 2025)

In this step, Windsor Regional Hospital (WRH) will work with the PDC and project consultants to begin the design process by developing an “Indicative Design” and “Project Specific Output Specifications” (PSOS) requirements.

The **indicative design** establishes the department layouts in more detail, as well as overall building circulation (horizontal and vertical), building systems, and confirms the space requirements (net and department (component) gross space) presented in the functional program. The final product includes master site plans and master building plans and building massing. The “indicative design” will provide WRH’s desired patient and family centred design concepts, as well as overall building flow and a 3-D visual design of what the future hospital.

During this 18-month period, User Groups will meet at least three times to develop discipline-specific design briefs and department layout plans for all clinical and non-clinical services.

At a summary level, work in this design stage includes, but is not limited to:

- Geotechnical investigations (soil, depth to bedrock, etc.)
- Structural (options concrete and steel)
- Energy Modeling (Analysis of alternative energy systems: geothermal, solar)
- Electrical Systems (IS/IT, power plant, etc.)
- Mechanical Systems (plumbing, air exchange, filtration, etc.)
- Aviation consultations
- Site plan & landscaping (sustainability, storm water management, parking, landscape)
- Building (interior volumes, circulation, exterior envelope/curtain wall)
- Department floor plans
- Interior design (natural light, intuitive wayfinding, interior glazing, room data sheets, etc.)
- Furniture, fixtures & equipment planning (FF&E) and inventory

Once completed, the indicative design represents approximately 25% of the final design.

The **PSOS** is a document that translates the Functional Program into a set of requirements or rules. It includes all design and performance criteria necessary to instruct a developer

/consortium to design and construct a hospital that achieves the hospitals objectives for functionality, operations and lifecycle.

The indicative design and PSOS document are completed in parallel and together they form part of the RFP procurement document that will be launched into the marketplace to recruit a “developer/consortium” of companies to bid on the project and to further develop the plans before construction.

d) Procurement (Spring 2025 – Spring 2027)

The process to select a developer begins with the request for qualifications (RFQ) to identify developers with the capability to design, construct and finance the development of a mega hospital project. The pre-qualified developer Teams (general contractor, design team, and lenders) that meet the qualifications are shortlisted and invited to respond to a request for proposals (RFP).

The RFP submissions must include a proposed design for the new hospital that meets ALL requirements outlined in the PSOS and Indicative Designs as part of the tendering process. During the RFP period the proponent teams will develop design plans guided by the indicative design and they may also present design innovations to improve efficiencies, constructability and construction cost. These plans require months of work by all design disciplines and engagement by the WRH project team and user groups. Their design plans will be included in the technical submission and the designs of the successful proponent will be further developed through construction (i.e., working drawings) which become the final drawings for construction purposes.

Once the RFP is closed, Windsor Regional Hospital and Infrastructure Ontario will complete a rigorous evaluation process to select the preferred proponent that best meets the requirements outlined in the RFP. The RFP submissions are in two-stages: a technical submission and a financial submission.

e) Working Drawings & Construction (Spring 2027 – Substantial Completion)

Once the winning bidder is announced, working drawings are developed in earnest as WRH, IO and the Developer drive towards commercial close and signing of the Project Agreement. During this period, working drawings accelerate rapidly and once a contract is awarded construction will begin immediately while the final design is further developed.

The selected developer will work in close collaboration with WRH’s Project Team, PDC and user groups to review and approve the final construction drawings.

Planning & Design Timeline

New Windsor/Essex Acute Care Hospital

Presentation to WRH Board of Directors
Paul Landry, Project Director
June 2, 2022



PRESENTATION OUTLINE

1. Project Timeline Schedule – MoH Capital Planning Process (New vs Old)
2. Why does it take so long to design and take the Project to market? Spring 2025

➤ **Part A: “Indicative Design” by PDC to 25%**

- November 2023 – April 2025 then begin procurement and selection of a developer (GC, finance, FM Provider, Design Team)

3. And, then to get construction underway? Spring 2027

➤ **Part B: “Procurement Process & Working Drawings” from 25% to 100% by developer’s design team**

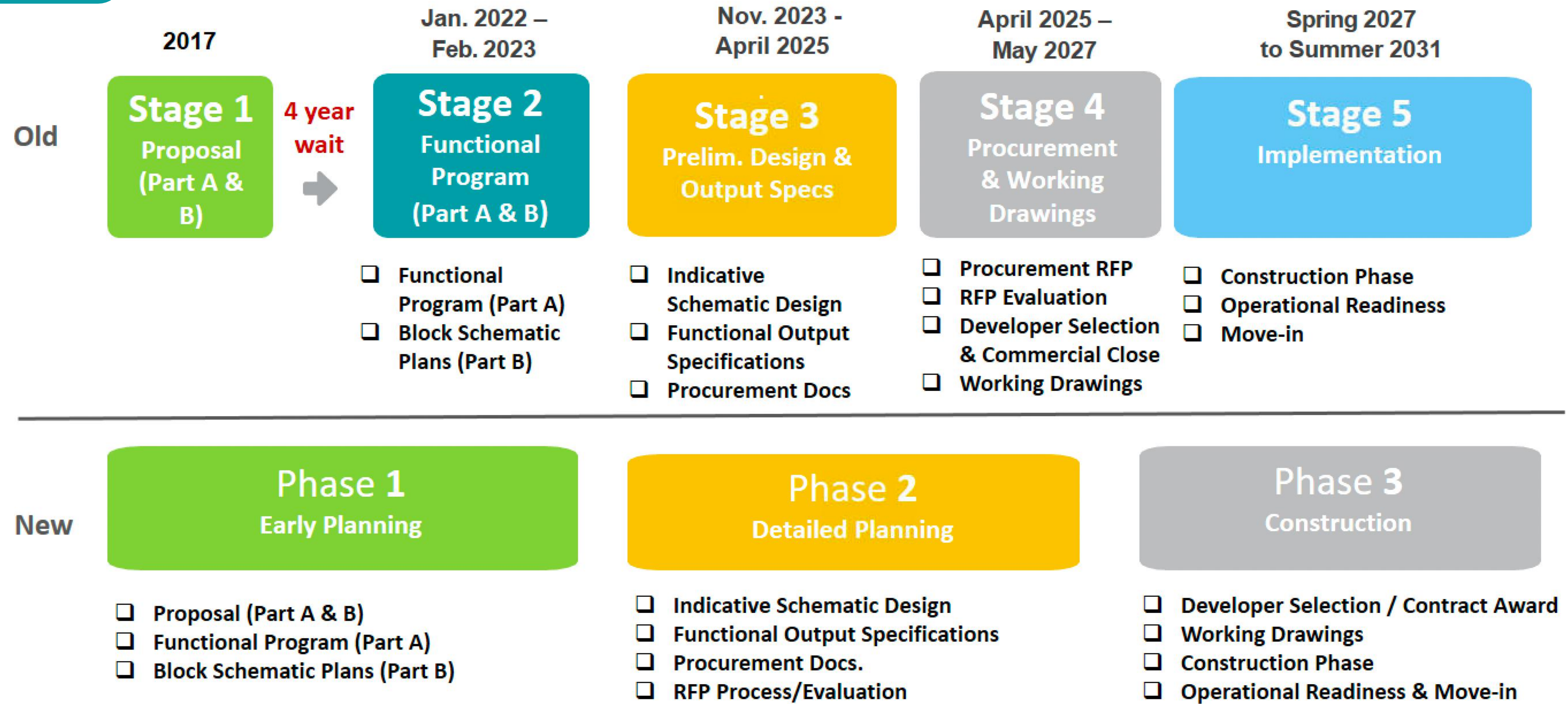
- Procurement process, RFQ (4-6mths), RFP/Selection/Commercial Close (14-16mths)
- Working Drawings (approx. 24 mths)

NEW CAPITAL PLANNING PROCESS

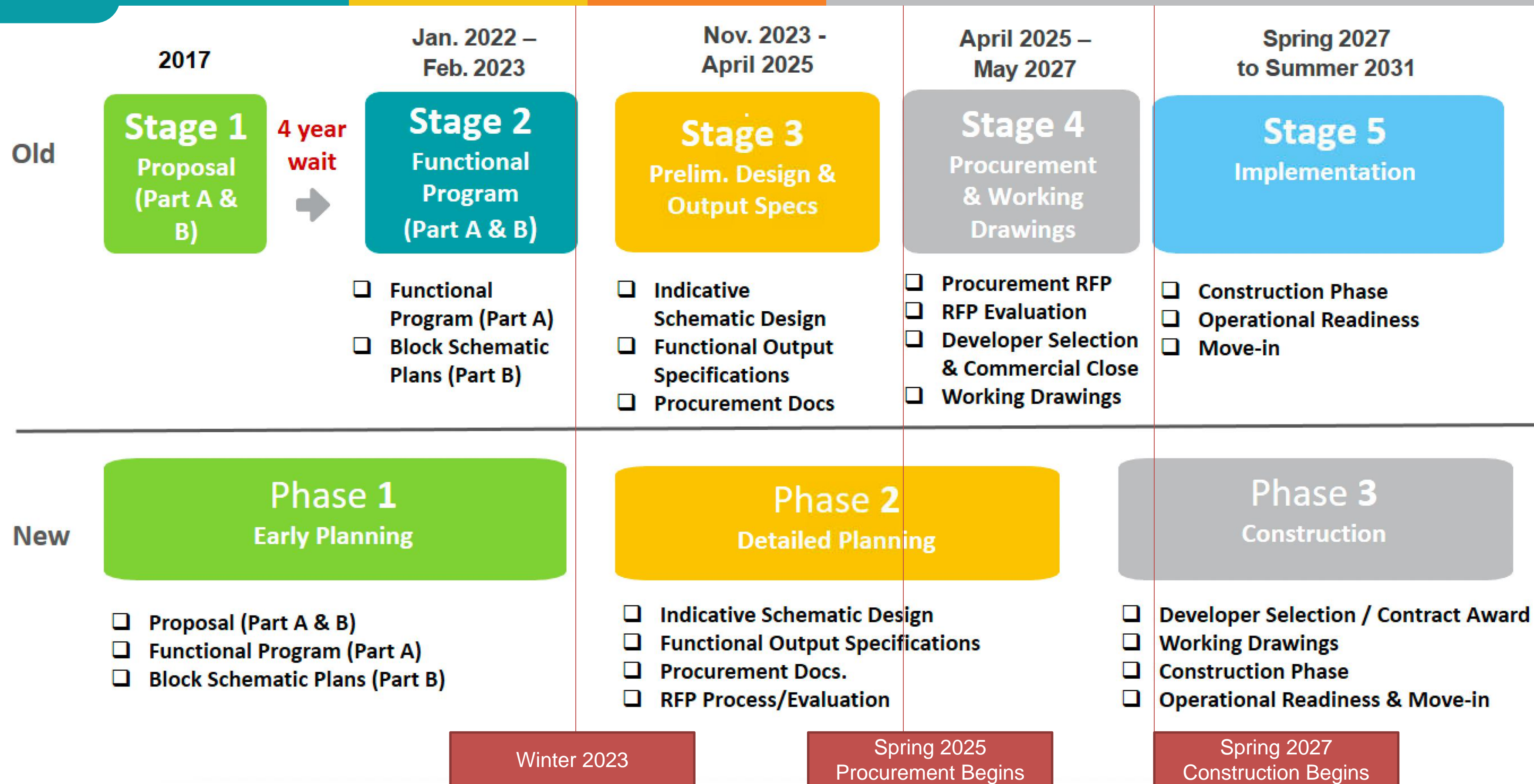


- Since 1996, all hospitals planning new facilities followed a 5-stage process set out by the Ministry of Health.
- This year, the government released a revised process for capital planning **condensing the 5 Stages into 3 phases**
- The new model, outlined in the Hospital Capital Planning and Policy Manual, simplifies the previous capital planning process and reflects an updated government strategy, legislation and operational policies and processes.
- Over all, the process follows a similar path and will not impact the timetable of the New Windsor/Essex Acute Care Hospital Project.
- Procurement process to begin in **2025**
- Ground-breaking expected in **Spring of 2027**

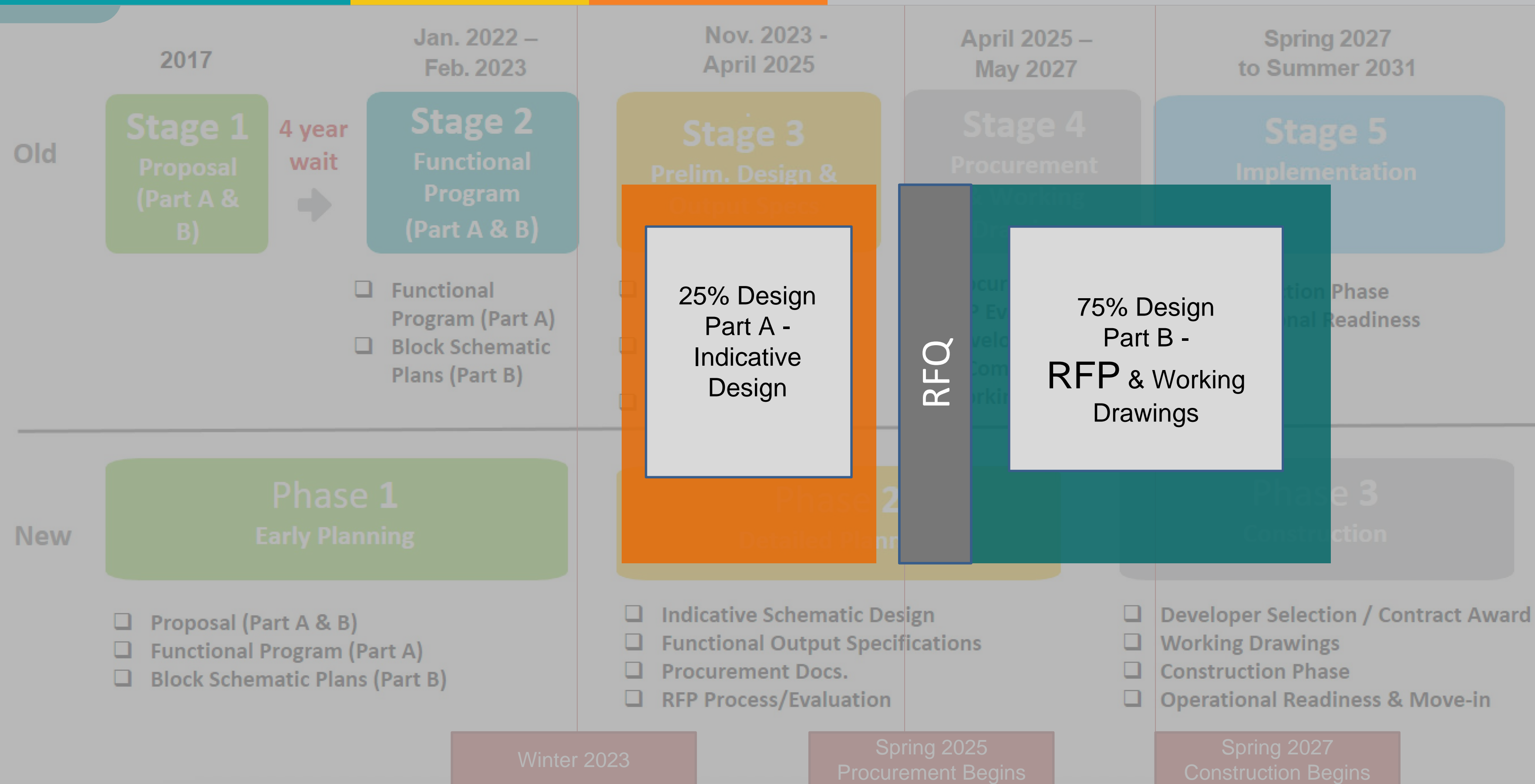
NEW CAPITAL PLANNING PROCESS



NEW CAPITAL PLANNING PROCESS



DESIGN PROCESS



PART A - INDICATIVE DESIGN

- Indicative Design represents 25% of the design process.
- During this phase Windsor Regional Hospital (WRH) works with a team of architects and engineers (the PDC) to develop departmental layouts, overall building circulation (horizontal and vertical), confirming space assumptions in the functional program and developing preliminary building systems.
- Patients will have further opportunities to provide input into how the design might impact their care experience.
- **The final product, including a 3-D visual design and detailed plans of the hospital will form part of the procurement document (RFP) for project delivery.**
- Work on the indicative design is expected to begin in November 2023 and take approx. 18 months to complete.

PROJECT SPECIFIC OUTPUT SPECIFICATIONS (PSOS)



- The Project Specific Output Specifications (PSOS) is a document that assembles **all** design and performance criteria necessary to instruct a developer consortium to design and construct a facility that achieves the functionality, operations and life cycle objectives established by the Hospital.
- The PSOS presents WRH's requirements to potential developers and how to accomplish it.
- This work is completed in parallel to the Indicative Design and together they form part of the RFP documents for the potential developers responding to the RFP.

INDICATIVE DESIGN + PSOS = RFP PROCUREMENT DOCUMENT

PART B – PROCUREMENT PROCESS & WORKING DRAWINGS



- The working drawings phase represent 75% of the overall design process.
- This work begins with proponent teams who submit designs that meet ALL the requirements outlined in the PSOS and Indicative Designs as part of the tendering process.
- The selected developer (consortium) will then finalize the design into working drawings for construction purposes. During this period, the developer may propose further design “innovations” to increase efficiencies, improve constructability, and reduce overall construction costs.
- This work is expected to begin in 2026 and take 12 - 18 months to complete.

SUMMARY OF DESIGN WORKLOAD FOR THE NEW WINDSOR/ESSEX ACUTE CARE HOSPITAL



- Indicative Design Period (Nov. 2023 - April 2025)										
- Design Development / Working Drawings (Spring 2025 - Dec. 2029)										
Main design disciplines and scope of work	Nov. 2023			Spring 2025		Spring 2027				
	0-6 mths	6-12mths	12-18 mths	RFQ	RFP Period	0 - 6mths	6 - 12mths	12-18mths		
A. Engineering analysis & design										
- Geotech (Soils investigation, depth to bedrock)	█									
- Structural (Options analysis: concrete and steel)	█	█					█			
- Energy Modeling (Analysis of alternative energy systems: geothermal, solar)	█	█					█			
- Electrical Systems (incl'g IS/IT systems, power plant, etc.)		█	█				█	█		
- Mechanical Systems (Plumbing, air exchange systems, filtration, etc.)		█	█				█	█		
B. Aviation Consultant – Location & indicative design	█	█	█							
C. Architectural analysis & design										
- Site Planning & Landscape (Sustainability, storm water management, parking, landscape)	█	█								
- Building (Interior volumes, circulation, exterior envelope /curtain wall)	█	█	█							
- Department Floor Plans (3 rounds with 38 user groups for clinical & non-clinical services)	█	█	█							
- Interior Design (Natural light, intuitive wayfinding, interior glazing, room data sheets)	█	█	█							
- Furniture, Fixtures and Equipment Planning (FF&E), inventory	█	█	█							
G. Architectural – Develop the Project Specific Output Specifications (PSOS)	█	█	█							
H. Architectural – Procurement Documents (RFQ release - Spring 2025)				★						
	--- Indicative Design Period			--- Procurement Period		--- Working Drawing Period				
	- by Planning, Design & Conformance Team (PDC)			- Design dev't by pre-qualified RFP proponents		by selected developer				
						CONSTRUCTION BEGINS (48-52 mths)				



QUESTIONS?

WWW.WINDSORHOSPITALS.CA





Board of Directors Meeting
June 2, 2022

Financial Presentation (March 2022 Results)

Financial Results - Hospital Operations (1,000's of dollars)

March 31, 2022

	Current Year Actual	Budget	\$ Variance Fav/(Unfav)	% Variance Fav/(Unfav)
Revenue	\$ 635,925	\$ 571,850	\$ 64,075	11.2%
Expenses				
Salaries and Wages	\$ 272,547	\$ 258,749	\$ (13,798)	(5.3%)
Employee benefits	68,485	64,859	(3,626)	(5.6%)
Employee ben. - future ben. costs	2,546	2,051	(495)	(24.1%)
Medical staff remuneration	64,103	53,180	(10,923)	(20.5%)
Medical & Surgical supplies	41,517	36,665	(4,852)	(13.2%)
Drugs	76,960	69,819	(7,141)	(10.2%)
Supplies & other expenses	86,615	70,365	(16,250)	(23.1%)
Long term Interest	6,918	6,907	(11)	(0.2%)
Equipment lease / rental	2,654	2,347	(307)	(13.1%)
Equipment amortization	12,353	11,182	(1,171)	(10.5%)
Total Expense	\$ 634,698	\$ 576,124	\$ (58,574)	(10.2%)
Surplus / (Deficit) From Hospital Operations	\$ 1,227	\$ (4,274)	\$ 5,501	

Net Surplus/(Deficit) after building amortization \$nil

Financial Results

March 31, 2022

The Ministry/Ontario Health Indicated That They Would Support Hospitals For The Extraordinary Costs They Would Incur As a Result of COVID-19.

The following is a Summary of the Funding That Was Provided:

- ▶ Funding for Incremental COVID-19 Operating Expenses \$38.5 million
- ▶ Assessment & Testing Centre Revenue (\$38/swab) \$2.3 million
- ▶ Uninsured Patient Funding \$1.9 million
- ▶ Utilization of Unearned Volume Based Funding for Any Remaining Fund Type 1 Cost Pressures \$6.4 million
- ▶ Temporary Physician Funding \$8.5 million

Total \$57.6 million

Application of Unearned Funds

March 31, 2022

	<u>March 31, 2022</u>
	<u>(000's)</u>
Volume-Funded Programs	
Funded	\$ 109,651
Achieved	99,144
Total Unearned Funds Available	\$ 10,507
Net Surplus (Deficit) before application of unearned funds	(\$6,444)
Unearned Funds applied to deficit	\$ 6,444
Net Surplus (Deficit) per FS	-
Unearned Funds payable at year-end	\$ 4,063

Fund Type 1 refers to the Hospital's global funding envelope and excludes "other votes". Other votes have their own distinct funding envelopes and are settled separately with the funding source which in some cases is the Ministry/Ontario Health. Examples are WRH's Anonymous HIV Testing Program and the Infant Hearing Program.

Patient Volume

March 31, 2022

	Mar. 2022 Actual	Mar 2021 Actual	Variance to Prior Year
Met Campus			
Total Weighted Cases (estimated)	23,854	21,525	2,329
Acute Patient Days	87,037	77,051	9,986
ED Visits and Holds	49,107	43,458	5,649
Ouellette Campus			
Total Weighted Cases (estimated)	24,037	21,766	2,271
Acute Patient Days	88,973	77,286	11,687
ED Visits and Holds	47,620	43,303	4,317



MOTION/ACTION SHEET

From The

FINANCE/AUDIT & RESOURCES COMMITTEE MEETING ***General Session***

Tuesday, May 24, 2022

THERE ARE NO RECOMMENDATIONS FROM THE FINANCE/AUDIT & RESOURCES COMMITTEE.



MINUTES from the meeting of the **FINANCE/AUDIT & RESOURCES COMMITTEE** (*General Session*) held on Tuesday, May 24, 2022 Via Zoom (following the In-Camera Session).

PRESENT:

Penny Allen
Dr. Laurie Freeman
Paul Lachance
Dan Wilson
Ian McLeod

COMMUNITY MEMBERS:

Dwayne Dawson
Robert Klein
Ramona Nordemann

STAFF:

David Musyj
Malissa Gauthier
Mark Fathers
Todd Bested
John Faber
Heidi Zimmer
Mary Macera

REGRETS:

Trevor Chapman
Sandra Boglitch
Dr. Maher Sabalbal

1.0 CALL TO ORDER

Mrs. Allen called the meeting to order at 5:21 p.m.

The proceedings were recorded by Mary Macera.

2.0 APPROVAL OF AGENDA

MOVED by Ian McLeod, **SECONDED** by Paul Lachance that the **General Finance/Audit & Resources Committee Agenda of Tuesday, May 24, 2022, be approved.**

CARRIED.

3.0 CONFLICT OF INTEREST

No "Conflict of Interest" was declared.

4.0 PRESENTATIONS

There were No Presentations.

5.0 FOR APPROVAL / RECOMMENDATION(S)

5.1 Minutes of Previous Meeting – Monday, April 25, 2022

The Finance/Audit & Resources Committee Minutes of the **General Meeting of Monday, April 25, 2022** were previously circulated to all members.

MOVED by Dwayne Dawson, SECONDED by Ian McLeod that the General Meeting Minutes from the Finance/Audit & Resources Committee of Monday, April 25, 2022 be approved.

CARRIED.

6.0 FOR DISCUSSION

6.1 Monthly Operating Results Report – March 31, 2022 (As Appended)

Ms. Zimmer reported that the operating results for the 12 months ended March 31, 2022 resulted in a zero net surplus/deficit and a positive Hospital Margin of \$8,145,000.

There are three items to note:

1. Operating results include \$53.8 million in higher costs and lost revenues that attribute to the clinical responsibilities related to COVID-19. Incremental expenses due to COVID-19 amount to approximately \$47 million for operating expenses.
2. Correspondence has been received from the Ministry committing to four funding amounts. Please see appended document for these detailed amounts.
3. Lost revenues are not eligible for reimbursement in fiscal 2021-22, although the Ministry is allowing use of unearned funds to address hospital fund "type 1" operating pressures.

7.0 FOR INFORMATION

7.1 Project Management Office (PMO) Report – May 2022

This correspondence is provided to the committee members for information.

7.2 President's Report – May 2022

Committee members are welcome to access the link provided on the meeting agenda to listen to Mr. Musyj's monthly report.

8.0 DATE OF NEXT MEETING

The Finance/Audit & Resources Committee will meet on **Monday, June 20, 2022 at 5:00 p.m. Via Zoom.**

9.0 ADJOURNMENT

Mrs. Allen indicated that there was no further business.

MOVED by Paul Lachance, SECONDED by Dan Wilson that the General Meeting from the Finance/Audit & Resources Committee of Tuesday, May 24, 2022, be adjourned at 5:43 p.m.

CARRIED.

Mrs. Penny Allen, Chair & Treasurer
FinAudit&Resources_Minutes
20220524

Mary Macera
Recorder

Windsor Regional Hospital

Operating Results Report

For the Twelve Months Ended March 31, 2022

Financial Summary - March 2022
(\$000's)

	Line	March 2022 Actuals		
		Actual	Budget	Variance *
Hospital Ops				
Total Revenue	9	\$635,925	\$ 571,850	\$ 64,075
Total Expense	20	634,698	576,124	(58,574)
Surplus / (Deficit)	21	1,227	(4,274)	5,501
Other Votes (net)	22	-	(52)	52
Other Recoveries / (Exp)	23	-	-	-
Subtotal	24	1,227	(4,326)	5,553
Net bldg. amortization	25	(1,227)	(1,558)	331
Net Surplus (Deficit)	26	\$ -	\$ (5,884)	\$ 5,884

Hospital Margin	\$ 8,145	\$ 2,581	\$ 5,564
------------------------	-----------------	-----------------	-----------------

Capital Equipment Expenditures	\$ 24,116	\$ 30,756	\$ 6,640
---------------------------------------	------------------	------------------	-----------------

* Variance - favourable / (unfavourable)

Operation Highlights:

- The operating results for the twelve months ended March 31, 2022 resulted in a zero net surplus/deficit and a positive Hospital Margin of \$8,145,000 based on the Ministry of Health (Ministry) definition. There are three items worth noting -
 - a. Operating results include a combined \$53.8 million in higher costs and lost revenues attributable to meeting our clinical responsibilities related to COVID-19. The Ministry has confirmed that COVID-19 incremental expenses including PPE will be reimbursed for the entire fiscal year 2021-2022. To date we have received and/or have confirmation of reimbursement of \$47 million for operating expenses submitted. Revenue is recognized when funding confirmation has been received.
 - b. WRH has received correspondence from the Ministry committing to four significant funding amounts. WRH is eligible to receive up to a maximum of \$18,106,000 for Q3 & Q4 COVID-19 incremental expenses, \$5,021,000 for Health and Human Resources expenses (funding for Nursing Externs), \$4,465,000 in temporary physician funding and \$3,491,000 for the first installment of the temporary retention incentive for nurses.

- c. Lost revenues are not eligible for reimbursement in fiscal 2021-2022. However, the Ministry through the year-end reconciliation process is allowing hospitals to use unearned funds from select volume-based programs to address hospital fund type 1 operating pressures that are not eligible for the COVID-19 incremental expense process or have not otherwise received targeted funding from the Ministry.

1. Financial Results for the Twelve Months ended March 31, 2022
(Statement 2)

For the twelve months ended March 31, 2022, the deficit after net building amortization is **nil**, which is \$5,884,000 better than plan. This represents a positive Ministry of Health Margin of \$8,145,000 (one year ago, the margin was positive \$48,284,000 and one year ago the reimbursement process was not as robust as the current year). Combined extraordinary operating expenses and revenue losses related to COVID-19 in the amount of \$53.6 million are included in these results. Below is a chart that shows the revenue losses and costs that have been incurred in the period April 1, 2021 to March 31, 2022 and which have been funded and or not funded (eligible and ineligible for funding under the most recent COVID-19 reimbursement guidance).

Windsor Regional Hospital COVID-19 Revenue Loss & Expenses Year-to-Date March 2022			
	<u>Funded</u>	<u>Unfunded Eligible</u>	<u>Unfunded Ineligible</u>
Revenue			
Patient Services	-	-	3,540,545
Recoveries	-	-	1,056,692
Total Revenue	-	-	4,597,236
Expense			
Compensation	8,605,948	10,141,297	2,161,541
Medical Staff Fees	8,062,045	402,675	-
Med. Surg. Supplies	2,698,032	1,802,738	10,395
Drugs	19,820	(4,408)	29,156
Other supplies & expense	8,986,810	4,794,119	26,220
Equipment Expenses	804,125	632,476	5,012
Renovations	12,974	-	-
Total Expense	29,189,754	17,768,895	2,232,324
Total Operating	\$ 29,189,754	\$ 17,768,895	\$ 6,829,561

The ineligible compensation of \$2.2 million is made up of two items –

- 1) The rate difference for the Externs, the maximum hourly rate per the agreement with the Ministry is \$20.60 per hour including benefits. WRH pays \$25 per hour before benefits.
- 2) The difference between the costs of the Assessment Centre and the funding recovery at \$38 per swab.

It should be noted that with respect to Ministry volume based funding, we have unearned revenue for these twelve (12) months of \$10.5 million as compared to \$19.2 million one year ago.

Revenue

Ministry revenue (combined base and one-time) is \$56 million (12%) higher than budget. The Hospital has received confirmation that incremental COVID-19 operating expenses incurred for the entire fiscal year will be funded under the same criteria as in 2020-2021. One time funding is favourable year to date as it includes accruals for revenue for which we have received a funding letter or Ministry confirmation. One time funding includes the following:

- ⬇ \$8.5 million for April 2021 to March 2022 incremental COVID-19 expenses (including screening)
- ⬇ \$5.6 million for Vaccination Centre expenses
- ⬇ \$4.8 million COVID-19 physician payments
- ⬇ \$4.0 million Temporary Retention Incentive for Nurses
- ⬇ \$1.4 million for Nursing Externs

The Ministry through its Application of Unearned Hospital Funds Reconciliation Process has indicated that hospitals can offset unearned volume funding against Fund Type 1 pressures. Unearned volume funding in fiscal 2021-2022 for Global programs total \$9 million and for Cancer and Renal programs, \$1.5 million. The Hospital has recognized \$6.4 million of this unearned revenue as Ministry one time funding to address Fund Type 1 operating pressures to bring the hospital to a balanced financial position. It should be noted that the reconciliation process for fiscal 2021-2022 allows hospitals to offset net building amortization expenses and long term interest payments as Fund Type 1 pressures. This is a change from the previous fiscal year as this was not allowed in the 2020-2021 methodology.

The Ministry has confirmed that it will pay a 15% premium for designated services where volumes exceed 75% of the funded volumes. These include cardiac services, wait time procedures, elective QBPs, cancer surgeries and (GI) endoscopies for QBPs. The Hospital has recognized \$930,000 of this funding for the fiscal year.

Ministry drug reimbursements have a positive variance of \$3,817,000 (13.7%). This revenue comes from the Cancer Centre's New Drug Funding program and the renal program. This revenue offsets the corresponding drug expenses in both programs.

The preferred accommodation revenue variance is unfavourable to budget by \$3,059,000. Lower occupancy due to the reduced number of elective surgeries contributes to this shortfall, as well as the Ministry of Health directive that hospitals cannot bill uninsured patients for semi-private and private accommodation during the pandemic. Previously, uninsured patients would have paid out of pocket for this accommodation. Infection prevention and control measures often require patients to be placed in private rooms and we are unable to bill for this accommodation in these circumstances.

Chronic Co-payment revenue is \$41,000 under budget due to the factors mentioned above for preferred accommodation.

Patient Services revenue variance is \$2,721,000 favourable (8.6%) year to date, with much of the positive variance attributable to uninsured patient revenue. This revenue is reimbursed by the Ministry at the interprovincial billing rate which is higher than OHIP rates. Previously many of these accounts would have been uncollectible. Diagnostic revenues are \$1,169,000 higher than planned as initiatives to address backlogs have been implemented. These revenues are offset by an increase in related medical staff remuneration.

Equipment Grant amortization is ahead of budget \$544,000 (17.9% favourable). Timing of equipment purchases and confirmation of any corresponding grants affects this revenue.

Other Recoveries are \$4,020,000 favourable (9.4%) to budget. This revenue category is impacted by the reduction in hospital services earlier in the fiscal year. Revenues were significantly reduced for parking and retail food operations as volumes are lower due to visitation restrictions. These losses are offset by the combined surpluses in the retail pharmacies of \$788,000 year to date.

Expenses

Salaries are currently over budget (unfavourable) by \$13,798,000 (5.3%) year to date March 13, 2022. Salaries for COVID-19 screening (staff, patients and visitors), staffing of the Assessment Centres and the Vaccination Centre total \$12,980,000 to date.

Total spending for employees in paid isolation is \$623,000 and paid sick time due to COVID-19 is \$1,738,000. Temporary hires (Nursing Externs) have been paid \$4,756,000 to date. Professions included in the Enhanced Extern Program include undergraduate medicine students, respiratory therapy students, paramedic externs and recently expanded to include internationally educated nurses. This program is funded by the Ministry and the funding has now been extended to September 30, 2022.

The estimated cost of the first installment of the Temporary Retention Incentive for Nurses (TRIN) being funded by the Ministry of Health is \$4,005,000. This cost and the

corresponding revenue in the same amount has been accrued as an accounts payable and as one time funding in accounts receivable.

Employee Benefits are unfavourable to budget by \$3,626,000 (5.6%). The variance is attributable to the higher than budget wage variance.

Employee Future Benefits are higher than budget by \$495,000 (24.1%). This change is due to the results of the year end actuarial valuation that was completed as part of the year end close.

Medical Staff Remuneration is over budget (unfavourable) by \$10,923,000 (20.5%). Of this variance, \$8.5 million is attributable to COVID-19 and will be funded through the temporary physician funding for COVID-19. This funding has now been extended to September 30, 2022. The remaining variance occurs in diagnostic services and these higher costs are funded by the higher diagnostic services revenue noted above.

Medical & Surgical Supplies are unfavourable to budget by \$4,852,000 (13.2%) year to date. The main source of the deficit is the overall increase in Personal Protective Equipment (PPE) throughout the hospital. Additionally, most of the PPE that was donated in the early stages of the pandemic has been utilized requiring purchases to replenish supplies.

Drug expenses are unfavourable by \$7,141,000 (10.2%) year to date. These expenses are offset by recoveries in the retail pharmacies and by Ministry funding in the chemotherapy suite and renal program. The retail pharmacies have a \$889,000 year to date net positive drug revenue to expense variance, while the chemotherapy and renal programs combined are \$53,000 net positive to date.

Supplies and Other Expenses are unfavourable to budget by \$16,250,000 (23.1%). The source of the variance are as follows:

- ⬇ \$4,583,000 for City of Windsor and Essex EMS Vaccination expenses
- ⬇ \$3,449,000 million in additional costs incurred for the e-Volve HIS project due to COVID-19 related delays in implementation
- ⬇ \$2,566,000 referred-out cataract cases
- ⬇ \$1,367,000 minor equipment purchases (COVID-19 related)
- ⬇ \$1,297,000 building service equipment & service contracts
- ⬇ \$610,000 referred out laundry

Most of these costs have been funded through COVID one time funding or QBP funding. Offsetting some of the other supplies deficits is a surplus of \$1,113,000 in utilities due to the electricity rebate. This rebate will end on October 31, 2022.

Long Term Interest expense is over budget by \$11,000.

Equipment Lease/Rental is \$307,000 unfavourable (13.1%) to budget to date. This deficit is attributable to equipment rentals for the Screening, Assessment and Vaccination centres. These costs are recovered through the COVID reimbursements.

Equipment amortization is \$1,171,000 (10.5%) over budget due to the timing of new additions.

Other Votes – Other Votes are balanced.

2. Statement of Financial Position (Statement 3)

The Hospital continues to have challenges in trying to find suitable short-term investments for the cash balances on hand. Rates offered are lower than what we currently earn on accounts. Any increase in the prime rate will positively affect investment rates and additional opportunities to invest these funds.

Our inventory balance as at March 31st is \$524,000 higher when compared to March 31, 2021. The increase is attributable to the hospital's share of the pandemic inventory (approximately \$700,000) held offsite at TransForm in Chatham.

Our Ministry / Ontario Health receivable has decreased by \$34.5 million from March 31, 2021. While we did receive the \$42.9 million in one time working capital funding accrued at March 31, 2021, the Ministry is slow to fund the eligible expenses for reimbursement related to temporary COVID-19 physician funding, Assessment Centre per-swab funding, Vaccination Centre, Screening and Nursing Extern funding. The confirmed amounts for the first two quarters' incremental operating expenses have been funded and as previously stated the funding for incremental expenses from October 2021 and March 2022 have been accrued as has the \$4.0 million in TRIN funding noted above.

Our Ministry / CCO payable has increased by \$1.4 million to \$36.8 million. These amounts relate mainly to volume-based funding as the payable for global programs has increased by \$2.6 million while the payable for CCO funded programs has decreased by \$1.2 million.

It should be noted that the Ministry has funded \$749,000 in COVID-19 capital expenditures incurred throughout the fiscal year. The amount has been treated as a capital grant. In addition the Hospital received in the fiscal year \$6.2 million for capital projects.

The market value of the sinking fund has increased by \$1,930,000 (7.7%) since March 31, 2021. The underlying cost base as a result of realized investment gains has increased by \$930,000 since the original \$25 million investment was made.

Fund Manager -	Market Value	Cost
Guardian Capital	\$13,371,000	\$12,763,000
Leith Wheeler	<u>13,581,000</u>	<u>13,167,000</u>
Total	<u>\$26,952,000</u>	<u>\$25,930,000</u>

3. Patient Volumes

Acute patient days are below target at both campuses with the Met Campus 2,699 below target and the Ouellette Campus 3,629 below target (excl. psych). Surgical cases are 4,224 under plan at the Met Campus and 3,120 below plan at the Ouellette Campus. These lower cases contribute to the lower patient days.

Combined ED visits and holds for the year are 11,950 below budget and 9,966 higher than last year at this time. Ambulatory visits are 37,784 below plan and 3,671 lower than one year ago. Community visits are 59,708 above plan as this includes the Assessment Centre visits at each campus.

Total weighted cases are estimated to be 2,274 lower than plan and 4,600 higher than one year ago.

4. Patient Access

Acute care length of stay at Met was 4.99 days as compared to a target of 4.54 days. Lengths of stay for Ouellette acute care was 8.80 days versus a plan of 7.33. Length of stay for the adult psychiatric patients was 10.08 below the plan of 12.43 days and Maryvale (adolescent psychiatry) length of stay is 5.03 compared to the target of 6.44. The longer than expected lengths of stay in acute care at both Met and Ouellette are impacted by the COVID-19 cases and their related lengths of stay.

5. Organizational Health

The percentage of sick time year to date for the Met Campus is 6.5%, which is over the target of 4.7% by 1.8%, while overtime is 1.05% over target at 3.4%.

Sick time at the Ouellette Campus is 6.7% compared to the target of 4.7%, while overtime is over target at 6% year to date compared to the target of 2.35%.

Some of the increase in sick time costs at both campus relates to paying staff to remain home in isolation due to COVID-19. As a matter of practice, when we have

inpatient units on “outbreak” affected staff are sent home to self-isolate. We are also assuming some of the incidental sick time is staff dealing with childcare issues.

With respect to FTEs, the Met Campus is unfavourable to budget by 6.2 FTEs. At the Ouellette Campus, the FTE variance is favourable by 17.4 FTEs. Overall, the Hospital is 130.8 FTEs over budget with 142 FTEs attributable to the staffing requirements at the Assessment and Vaccination Centres to date.

Statement #2
WINDSOR REGIONAL HOSPITAL
Operating Results for the Twelve Months Ending March 31, 2022
Consolidated - Met and Ouellette Campuses

Description	Current Month		Year To Date		Year End		Prior Year Actual	
	Actual	Fav/(Unfav) to Budget	Actual	Budget	Forecast	Budget	Year to Date	Year End
Revenue (\$000's)								
1 Ministry Funding - Base	\$ 41,799	\$ 6,210	\$ 419,681	\$ 418,736	\$ 419,681	\$ 418,736	\$ 408,108	\$ 408,108
2 Ministry Funding - One-time	15,953	12,180	99,387	44,259	99,387	44,259	74,810	74,810
3 Ministry Funding - Drug Reimb.	3,474	1,160	31,582	27,765	31,582	27,765	26,422	26,422
4 Preferred Accommodation	41	(273)	637	3,696	637	3,696	850	850
5 Chronic co-payment	-	(4)	1	42	1	42	-	-
6 Patient services	2,105	(579)	34,338	31,617	34,338	31,617	30,883	30,883
7 Equipment grant amortization	380	127	3,584	3,040	3,584	3,040	3,217	3,217
8 Other recoveries	5,183	964	46,715	42,695	46,715	42,695	40,045	40,045
9 Total Revenue	\$ 68,935	\$ 19,785	\$ 635,925	\$ 571,850	\$ 635,925	\$ 571,850	\$ 584,335	\$ 584,335
Expense (\$000's)								
10 Salaries	\$ 25,912	\$ (3,896)	\$ 272,547	\$ 258,749	\$ 272,547	\$ 258,748	\$ 260,296	\$ 260,296
11 Employee benefits	6,203	(1,119)	68,485	64,859	68,485	64,859	64,339	64,339
12 Employee ben. - future ben. costs	666	(495)	2,546	2,051	2,546	2,051	2,051	2,051
13 Medical staff remuneration	5,826	(1,265)	64,103	53,180	64,103	53,180	58,057	58,057
14 Medical & Surgical supplies	3,842	(987)	41,517	36,665	41,517	36,665	40,468	40,468
15 Drugs	9,504	(3,676)	76,960	69,819	76,960	69,819	67,631	67,631
16 Supplies & other expenses	10,128	(4,109)	86,615	70,365	86,615	70,367	72,522	72,522
17 Long term interest	585	(11)	6,918	6,907	6,918	6,907	3,532	3,532
18 Equipment lease / rental	303	(107)	2,654	2,347	2,654	2,347	3,623	3,623
19 Equipment amortization	1,378	(384)	12,353	11,182	12,353	11,182	8,955	8,955
20 Total Expense	\$ 64,347	\$ (16,049)	\$ 634,698	\$ 576,124	\$ 634,698	\$ 576,125	\$ 581,474	\$ 581,474
21 Surplus / (Deficit) From Hospital Operations	\$ 4,588	\$ 3,736	\$ 1,227	\$ (4,274)	\$ 1,227	\$ (4,275)	\$ 2,861	\$ 2,861
Surplus / (Deficit) from Other Operations (\$000's)								
22 Other Votes (net)	36	16	-	(52)	-	(52)	-	(12)
23 Other Recoveries / (Expenses)	47	47	-	-	-	-	41,903	41,903
24 Subtotal	4,671	3,799	1,227	(4,326)	1,227	(4,327)	44,752	44,752
25 Net Building Amortization	(122)	7	(1,227)	(1,568)	(1,227)	(1,568)	(1,536)	(1,536)
26 Net Surplus (Deficit) - \$000's	\$ 4,549	\$ 3,806	\$ -	\$ (5,884)	\$ -	\$ (5,885)	\$ 43,216	\$ 43,216
27 COVID-19 extraordinary operating expenses unfunded - eligible	\$ 2,940	\$ (2,940)	\$ 17,772	\$ -	\$ 17,772	\$ -	\$ -	\$ -
28 COVID-19 extraordinary operating expenses unfunded - ineligible	\$ 356	\$ (356)	\$ 2,229	\$ -	\$ 2,229	\$ -	\$ -	\$ -
29 COVID-19 related unfunded non-ministry revenue loss included above	\$ 461	\$ (461)	\$ 4,597	\$ -	\$ 4,597	\$ -	\$ -	\$ -
30 YTD - Unearned Ministry volume funding	\$ 3,024	\$ (3,024)	\$ 10,507	\$ -	\$ 10,507	\$ -	\$ 19,155	\$ 19,155

WINDSOR REGIONAL HOSPITAL
Operating Results for the Twelve Months Ending March 31, 2022
Consolidated - Met and Ouellette Campuses

Description	Current Month		Year To Date		Year End		Prior Year Actual	
	Actual	Fav/(Unfav) to Budget	Actual	Budget	Forecast	Budget	Year to Date	Year End
Financial Performance Measures								
1 Total Margin - \$000's	\$ 5,256	3,833	\$ 8,145	\$ 2,581	\$ 8,145	\$ 2,580	\$ 48,284	\$ 48,284
2 Total Margin - %	7.59%	4.69%	1.28%	0.45%	1.28%	0.45%	8.26%	8.26%
3 Unrestricted cash - \$000's	n/a	n/a	\$ 140,919	N/A	N/A	N/A	119,492	\$ 119,492
4 Current ratio	n/a	n/a	1.85	1.00	1.85	1.00	1.87	1.87
Capital equipment expenditures -								
5a Fiscal 2021 - 22 \$000's	\$ 903	n/a	\$ 11,018	\$ 17,694	\$ 11,018	\$ 17,694	\$ 16,037	\$ 16,037
5b C/F \$000's	\$ 2,819	n/a	\$ 8,376	\$ 6,062	\$ 8,376	\$ 6,062	\$ 4,796	\$ 4,796
5c Funded / Own Funds Capital Projects	\$ -	n/a	\$ 4,722	\$ 7,000	\$ 4,722	\$ 7,000	\$ 25,047	\$ 25,047
Patient Volume Measures								
1 Total Weighted Cases (est) - HIG	2,354	251	23,854	24,763	23,854	24,763	21,525	21,525
2 Acute separations (excl psych)	1,441	(604)	17,439	24,080	17,439	24,080	16,595	16,595
3 Acute pat. days (excl. psych)	7,566	(55)	87,037	89,736	87,037	89,736	77,051	77,051
4 Psychiatric - Adolescent pat. days	123	15	1,263	1,269	1,263	1,269	1,416	1,416
5 Emergency visits and ER holds	4,383	(250)	49,107	54,551	49,107	54,551	43,458	43,458
6 OR - Inpatient cases	249	(39)	2,848	3,977	2,848	3,977	2,956	2,956
7 OR - Day Surgery cases	518	(239)	5,816	8,911	5,816	8,911	5,763	5,763
8 Clinic visits	8,254	(2,385)	88,647	125,259	88,647	125,259	123,941	123,941
9 Community Services visits	854	(54)	16,358	10,695	16,358	10,695	16,351	16,351
10 Variable Revenue Volumes:								
(a) Hip procedures	12	8	94	47	94	47	82	82
(b) Knee procedures	18	(10)	191	335	191	335	142	142
(c) Pacemaker inserts	-	-	-	-	-	-	-	-
11 MRI Hours of Operation	542	(223)	6,559	9,003	6,559	9,003	6,255	6,255
12 CT Hours of Operation	739	45	8,696	8,170	8,696	8,170	8,910	8,910
Patient Access Measures & System Integration								
1 Acute Average LOS	5.25	(0.71)	4.99	4.54	4.99	4.54	4.64	4.64
2 Psych Average - Adolescent LOS	3.73	2.71	5.03	6.44	5.03	6.44	5.80	5.80
Organizational Health								
1 % Sick Time to Total Comp	6.50%	N/A	6.50%	4.70%	6.50%	4.70%	6.00%	6.00%
2 % Overtime to Total Comp	3.60%	N/A	3.40%	2.35%	3.40%	2.35%	2.50%	2.50%
3 FTE staffing (Hospital Ops Only)	1,791.1	N/A	2,035.0	2,028.8	2,035.0	2,028.8	1,700.9	1,700.9

Statement # 3
WINDSOR REGIONAL HOSPITAL
STATEMENT OF FINANCIAL POSITION
As At March 31, 2022
(Amounts in 000's)

	March 31, 2022	March 31, 2021
--	-------------------	-------------------

ASSETS

LIABILITIES AND EQUITIES

	March 31, 2022	March 31, 2021
Current assets:		
Cash & short-term investments	\$ 140,919	\$ 119,892
Cash, restricted	5,552	5,422
Cash, restricted Ministry Capital Projects	7,860	-
Accounts Rec. - Ministry / CCO	52,848	87,385
- OHIP	10,284	9,184
- Other	8,912	9,480
Inventories	6,235	5,711
Prepaid & deferred charges	3,825	3,729
Due from related parties	3,490	2,522
Total current assets	239,925	243,325
Long term assets:		
Long Term Investments	26,952	25,022
Property, Plant, Equipment, Net	215,478	165,204
Construction in progress	18,765	62,593
Total long term assets	234,243	227,797
Total current assets	261,195	252,819
Total assets	\$ 501,120	\$ 496,144
Current liabilities:		
Bank overdraft	-	-
Bank indebtedness	-	-
Accounts payable - trade	23,149	31,203
Accounts payable - Ministry	36,755	35,392
Accrued liabilities	65,118	58,525
Current portion of long term debt	3,466	3,355
Current portion of capital lease obligations	-	495
Current portion accrued benefit obligations	1,329	1,196
Total current liabilities	129,817	130,166
Long term liabilities:		
Long Term Debt	36,177	39,641
Debentures	200,000	200,000
Accrued benefit obligations	24,696	23,478
Capital lease obligations	-	933
Marked to market	621	1,234
Sick benefits payable	5,915	6,758
Deferred revenue - capital grants	133,269	124,933
Total long term liabilities	400,678	396,977
Remeasurement gains/(losses):		
Debtore Sinking Funds	1,022	-
SWAP	(621)	(1,223)
Net assets:	(29,776)	(29,776)
Total liabilities and net assets	\$ 501,120	\$ 496,144

**Windsor Regional Hospital
Summary of Investments and Bank Borrowings & Long Term Debt**
March 31, 2022

Investments		Bank Borrowings & Other Long Term Debt			
Type of Investment	Amount	Bank Facility Type	Amount Available	Amount Authorized By The Board	Amount Used
1. Cash & Short term Investment Account	\$ 140,919,000	1. Credit A - Line of credit	\$ 30,000,000	\$ 30,000,000	\$ -
Equity Investment	370,000				
		Average utilization during the month (Interest rate = CIBC Prime - .25% (2.40%))			
	\$ 141,289,000				
Restricted Cash		2. CIBC - Credit B - Committed Installment Loan - net of current portion of \$697,000	\$ -	\$ 6,622,000	\$ 6,622,000
		3. CIBC - Credit C - Committed Capital Equipment Revolving Loan with interest rates of 2.46% to 3.26% - net of current portion of \$1,008,000	\$ 4,017,000	\$ 6,800,000	\$ 1,775,000
	\$ 13,412,000				
		4. TD - Four Term loans with interest rates of 2.83% to 5.6% - net of current portion of \$1,461,000	\$ -	\$ 22,505,000	\$ 22,505,000
		Date of next rate renewal - February 1, 2024			
		5. CIBC - Credit F - non-revolving instalment loan with a 20 year amortization, funded Banker's Acceptances plus .80% commitment stamping fee, net of current portion of \$300,000	\$ -	\$ 6,000,000	\$ 5,275,000
Long Term Investments	\$ 26,952,000				
		Other Disclosures			
		CIBC - re: Credit B - Committed Installment Loan - Marked to Market Value Adjustment	N/A	N/A	\$ 621,000
		Other Long Term Debt			
		Senior Unsecured Series A Debentures, 2.711% annual interest maturing Nov. 18, 2060	-	\$ 200,000,000	\$ 200,000,000
		Note 1 - interest rate set through 25 year interest rate SWAP agreement with an interest rate of 5.035% with fixed principal and interest payments of \$86,641 per month.			
		Note 2 - market value adjustment reviewed at end of each quarter			
		Note 3 - The TD loan maturing on Feb. 15, 2020 with an interest rate of 5.0% was renewed at 2.84% for ten (10) years			

Statement # 4

Windsor Regional Hospital
Statement of Cash Flows

For the Twelve Months Ending March 31, 2022

With Comparative Amounts For the Year Ending March 31, 2021

(Amounts in 000's)

	March 31, 2022	March 31, 2021	Month of Mar. 2022
OPERATING ACTIVITIES			
Net Surplus/(deficit) for the period	\$ (0)	\$ 43,216	\$ 4,549
Add (deduct) non-cash items:			
Amortization of capital assets	17,670	14,534	1,844
Amortization of deferred capital contributions	(7,675)	(7,260)	(2,129)
	9,995	50,491	4,264
Cash flow from / (used in) operating balances	32,319	(42,531)	(491)
Cash provided by operating activities	42,314	7,960	3,773
INVESTING ACTIVITIES			
Purchase of capital assets	(24,116)	(45,881)	(3,722)
FINANCING ACTIVITIES			
Long term investments	(919)	(18,967)	(71)
Cash restricted for special purposes	(7,990)	(5,422)	129
Loans payable	(4,648)	170,994	769
Capital grants and donations received	16,011	10,530	6,158
Notes payable and other long term liabilities	375	678	(657)
Cash provided by (used in) financing activities	2,829	157,813	6,328
Net increase (decrease) in cash during the period	21,027	119,892	\$ 6,379
Cash, beginning of period	119,892	-	134,540
Cash, end of period	\$ 140,919	\$ 119,892	\$ 140,919



WINDSOR REGIONAL HOSPITAL
OUTSTANDING CARE – NO EXCEPTIONS!

Media Report to the Board of Directors MAY 2022

Province says it is giving millions in funding to area hospitals

Windsor Star, April 29, 2022

<https://windsorstar.com/news/local-news/province-says-it-is-giving-millions-in-funding-to-area-hospitals>

Intensive outpatient program for eating disorders lands in Windsor region

AM800, April 30, 2022

<https://www.iheartradio.ca/am800/news/intensive-outpatient-program-for-eating-disorders-lands-in-windsor-region-1.17680668>

Burnout a big issue for paramedics in Ontario

AM800, May 1, 2022

<https://www.iheartradio.ca/am800/news/burnout-a-big-issue-for-paramedics-in-ontario-1.17698385>

Two new COVID-19 deaths, 51 hospitalizations in Windsor-Essex

CTV Windsor, April 29, 2022

https://windsor.ctvnews.ca/two-new-covid-19-deaths-51-hospitalizations-in-windsor-essex-1.5881898?fbclid=IwAR38tthDflp19zYDv6MGOeMcMwE3Jw1q2UU4_jHBy8Id1WdShoe4nFgo2v4

WECHU announces 48 people in local hospitals with COVID-19

AM800, May 2, 2022

<https://www.iheartradio.ca/am800/news/wechu-announces-48-people-in-local-hospitals-with-covid-19-1.17705286>

Nine-year timeline revealed for Windsor's new mega hospital

CTV Windsor, May 3, 2022

<https://windsor.ctvnews.ca/nine-year-timeline-revealed-for-windsor-s-new-mega-hospital-1.5886593>

Construction timeline revealed for new Windsor-Essex hospital

Windsor Star, May 3, 2022

<https://windsorstar.com/news/local-news/construction-timeline-revealed-for-new-windsor-essex-hospital>

Construction of regional hospital expected to be completed in 2031

AM800, May 3, 2022

<https://www.iheartradio.ca/am800/news/construction-of-regional-hospital-expected-to-be-completed-in-2031-1.17713909>

Design and construction timeline released for new regional hospital

AM800, May 3, 2022

<https://www.iheartradio.ca/am800/news/design-and-construction-timeline-released-for-new-regional-hospital-1.17712300>

Timetable now set for construction of new hospital

Blackburn News, May 3, 2022

<https://blackburnnews.com/windsor/windsor-news/2022/05/03/timetable-now-set-construction-new-hospital/>

Windsor's new mega-hospital expected to be built by 2031

CBC Windsor, May 3, 2022

<https://www.cbc.ca/news/canada/windsor/windsor-mega-hospital-timeline-1.6439671>

Dilkens releases key priorities for upcoming provincial election

Blackburn News, May 3, 2022

<https://blackburnnews.com/windsor/windsor-news/2022/05/03/dilkens-releases-key-priorities-upcoming-provincial-election/>

Platform4Windsor re-launched for provincial election

AM800, May 3, 2022

<https://www.iheartradio.ca/am800/news/platform4windsor-re-launched-for-provincial-election-1.17711624>

Windsor mayor hopes local provincial election candidates prioritize these five issues

CTV Windsor, May 3, 2022

<https://windsor.ctvnews.ca/windsor-mayor-hopes-local-provincial-election-candidates-prioritize-these-five-issues-1.5886252>

Windsor could become haven for abortion seekers

CTV Windsor, May 4, 2022

<https://windsor.ctvnews.ca/mobile/video?clipId=2434686>

Reader letter: Hospital location needs to be changed before it's too late

Windsor Star, May 4, 2022

https://windsorstar.com/opinion/letters/reader-letter-hospital-location-needs-to-be-changed-before-its-too-late?fbclid=IwARODIEUyVLv6FYy_zs8KSMlwqkZ7n0OvrmDiVf8ldYajzvGwpmV9D_Ju9Z0

Anti-viral COVID-19 treatments now more widely available in Windsor-Essex

Windsor Star, May 5, 2022

<https://windsorstar.com/news/local-news/anti-viral-covid-19-treatments-now-more-widely-available-in-windsor-essex>

Chamber hosts provincial candidates at lively debate

Blackburn News, May 5, 2022

<https://blackburnnews.com/windsor/windsor-news/2022/05/05/chamber-hosts-provincial-candidates-lively-debate/>

MOHs sign letter calling for indoor masking for weeks

Blackburn News, May 5, 2022

<https://blackburnnews.com/windsor/windsor-news/2022/05/05/mohs-sign-letter-calling-indoor-masking-weeks-verbal-suggestion/>

Holy Cross students giving back to healthcare workers at WRH

AM800, May 5, 2022

<https://www.iheartradio.ca/am800/news/holy-cross-students-giving-back-to-healthcare-workers-at-windsor-regional-hospital-1.17726025>

Grade 8 student creates charity benefiting WRH

CTV Windsor, May 5, 2022

<https://windsor.ctvnews.ca/grade-8-student-creates-charity-benefitting-the-windsor-regional-hospital-1.5891064>

3 regional top doctors issue letter to Ontario urging reinstatement of indoor mask wearing

CBC Windsor, May 5, 2022

<https://www.cbc.ca/news/canada/windsor/ontario-moh-issue-letter-to-province-mask-wearing-1.6442182>

UWindsor, WRH discussing health innovation park near new hospital

AM800, May 6, 2022

<https://www.iheartradio.ca/am800/news/uwindsor-wrh-discussing-health-innovation-park-near-new-hospital-1.17730959>

Health research and academic centre desired for new hospital site

Windsor Star, May 6, 2022

<https://windsorstar.com/news/local-news/health-research-and-academic-centre-desired-for-new-hospital-site>

Hospital, University of Windsor announce partnership for hospital development

Blackburn News, May 9, 2022

<https://blackburnnews.com/windsor/windsor-news/2022/05/09/hospital-u-w-announce-partnership-hospital-development/>

University and hospital looking to expand health and innovation partnership

UWindsor News, May 9, 2022

[University and hospital looking to expand health and innovation partnership | DailyNews \(uwindsor.ca\)](https://www.uwindsor.ca/dailynews/2022/05/09/university-and-hospital-looking-to-expand-health-and-innovation-partnership)

Local program aims to prepare young nurses for health care crises

AM800, May 9, 2022

<https://www.iheartradio.ca/am800/news/local-program-aims-to-prepare-young-nurses-for-healthcare-crisis-1.17733338>

Retired nurses honoured for work during the COVID-19 pandemic

AM800, May 9, 2022

<https://www.iheartradio.ca/am800/news/retired-nurses-honoured-for-work-during-the-covid-19-pandemic-1.17753714>

Retired nurses honoured with award

Blackburn News, May 9, 2022

<https://blackburnnews.com/windsor/windsor-news/2022/05/09/retired-nurses-honoured-award/>

RNAO Lois Fairley nursing award honours retired nurses who stepped up during pandemic

CTV Windsor, May 9, 2022

<https://windsor.ctvnews.ca/rnao-lois-fairley-nursing-award-honours-retired-nurses-who-stepped-up-during-pandemic-1.5895074>

Retired nurses honoured for role during pandemic

Windsor Star, May 9, 2022

<https://windsorstar.com/news/local-news/retired-nurses-honoured-for-role-during-pandemic>

Lack of open dialogue about abortion perpetuates stigma and barriers, Ontario researcher says

CBC Windsor, May 10, 2022

<https://www.cbc.ca/news/canada/windsor/abortion-barriers-lack-of-open-dialogue-1.6444718>

Windsor bakery donation to buy new paediatric dental surgery equipment

AM800, May 10, 2022

<https://www.iheartradio.ca/am800/news/windsor-bakery-donation-to-buy-new-paediatric-dental-surgery-equipment-1.17760453>

Bakery donates funds to WRH

Blackburn News, May 10, 2022

<https://blackburnnews.com/windsor/windsor-news/2022/05/10/bakery-donates-funds-windsor-regional-hospital/>

Bakery donates \$8,000 for new dental X-ray machine at WRH

CTV Windsor, May 10, 2022

<https://windsor.ctvnews.ca/bakery-donates-8-000-for-new-dental-x-ray-machine-at-windsor-regional-hospital-1.5896967>

COVID-19's sixth wave ebbing in Windsor-Essex

Blackburn News, May 10, 2022

<https://blackburnnews.com/windsor/windsor-news/2022/05/10/covid-19s-sixth-wave-ebbing-windsor-essex/>

'I don't know if we'd have our sanity': How one local charity helped this Windsor family

CTV Windsor, May 10, 2022

<https://windsor.ctvnews.ca/i-don-t-know-if-we-d-have-our-sanity-how-one-local-charity-helped-this-windsor-family-1.5896923>

Lots of praise for nurses in Windsor-Essex

CTV Windsor, May 12, 2022

<https://windsor.ctvnews.ca/lots-of-praise-for-nurses-in-windsor-essex-1.5900511>

Windsor-Essex paramedics push through 2 Code Blacks in a week

CBC Windsor, May 12, 2022

<https://www.cbc.ca/news/canada/windsor/code-black-windsor-essex-paramedics-1.6451611>

Wastewater viral signals and high-risk COVID cases decrease in Windsor-Essex

CTV Windsor, May 12, 2022

<https://windsor.ctvnews.ca/wastewater-viral-signals-and-high-risk-covid-cases-decrease-in-windsor-essex-1.5899994>

Man in 90s dies, 32 COVID-19 hospitalizations reported in Windsor-Essex

CTV Windsor, May 12, 2022

<https://windsor.ctvnews.ca/man-in-90s-dies-32-covid-19-hospitalizations-reported-in-windsor-essex-1.5900275>

NDP first party to back Platform4Windsor

AM800, May 12, 2022

<https://www.iheartradio.ca/am800/news/ndp-first-party-to-back-platform4windsor-1.17775580>

Doug Ford reaffirms commitment to Windsor-Essex hospital

Windsor Star, May 13, 2022

<https://windsorstar.com/news/local-news/doug-ford-reaffirms-commitment-to-windsor-essex-hospital>

Party leaders in Windsor and Chatham

CTV Windsor, May 13, 2022

https://windsor.ctvnews.ca/mobile/video?cid=sm%3Atrueanthem%3Actvwindsor%3Apost&clipId=2442031&utm_campaign=trueAnthem%3A+Trending+Content&utm_medium=trueAnthem&utm_source=facebook&fbclid=IwAR06hEpQruvnbb4FM0Pt6CaV3IgX1JQgKfdlYOrCPE5ArFhFFxc8d4nBOS0

Lots of praise for nurses in Windsor-Essex

CTV Windsor, May 13, 2022

<https://windsor.ctvnews.ca/lots-of-praise-for-nurses-in-windsor-essex-1.5900511>

Reader letter: Extending urgent care clinic hours would help with ER wait times

Windsor Star, May 15, 2022

<https://windsorstar.com/opinion/letters/reader-letter-extending-urgent-care-clinic-hours-would-help-with-er-wait-times>

Kenora man winds \$128K in WRH Foundation's 50-50 draw

Blackburn News, May 14, 2022

<https://blackburnnews.com/windsor/windsor-news/2022/05/14/kenora-man-wins-128k-wrh-foundations-50-50-draw/>

Heavy haul truck driver wins big in WRH Foundation draw

AM800, May 16, 2022

<https://www.iheartradio.ca/am800/news/heavy-haul-truck-driver-wins-big-in-windsor-regional-hospital-foundation-draw-1.17790718>

West Windsor company steps up for WRH with another donation

AM800, May 16, 2022

<https://www.iheartradio.ca/am800/news/west-windsor-company-steps-up-for-wrh-with-another-donation-1.17792485>

Baby formula shortage creeps into Canada

CTV Windsor, May 17, 2022

<https://windsor.ctvnews.ca/mobile/video?clipId=2444602>

COVID-19 on the rise in Michigan as CDC warns some counties are high risk

CBC Windsor, May 17, 2022

<https://www.cbc.ca/news/canada/windsor/covid19-michigan-cross-border-1.6456316>

Essex-Windsor EMS donating medical supplies to Ukraine

AM800, May 18, 2022

<https://www.iheartradio.ca/am800/news/essex-windsor-ems-donating-medical-supplies-to-ukraine-1.17805285>

Acting MOH wants higher vaccination rates for Windsor-Essex

AM800, May 19, 2022

<https://www.iheartradio.ca/am800/news/acting-moh-wants-higher-vaccination-rates-for-windsor-essex-1.17812289>

Essex County council outlines six key focus points for provincial election candidates

CTV Windsor, May 19, 2022

<https://windsor.ctvnews.ca/essex-county-counts-outlines-six-key-focus-points-for-provincial-election-candidates-1.5911132>

25 hospitalizations and 53 new high-risk COVID-19 cases in Windsor-Essex

CTV Windsor, May 19, 2022

<https://windsor.ctvnews.ca/25-hospitalizations-and-53-new-high-risk-covid-19-cases-in-windsor-essex-1.5910784>

Windsor-Essex New Democrats pledge support for new hospital and improved healthcare in region

CTV Windsor, May 20, 2022

<https://windsor.ctvnews.ca/windsor-essex-new-democrats-pledge-support-for-new-hospital-and-improved-healthcare-in-region-1.5912892>

NDP aim to prioritize health care investments in Windsor-Essex

AM800, May 22, 2022

<https://www.iheartradio.ca/am800/news/ndp-aim-to-prioritize-health-care-investments-in-windsor-essex-1.17834929>

Independent candidate running to elevate environment, hospital in election coverage

Windsor Star, May 24, 2022

<https://windsorstar.com/news/local-news/independent-candidate-running-to-elevate-environment-hospital-in-election-coverage>

Reader letter: Proposed hospital site must be reconsidered

Windsor Star, May 24, 2022

<https://windsorstar.com/opinion/letters/reader-letter-proposed-hospital-site-be-reconsidered>

Ontario Dental Association calls on province to fix existing dental programs, before launching any new ones

CBC Windsor, May 24, 2022

<https://www.cbc.ca/news/canada/windsor/dental-care-provincial-election-1.6463142>

Windsor has higher than average wait times for medical procedures after COVID-19 cancellations

Windsor Star, May 25, 2022

<https://windsorstar.com/news/local-news/windsor-has-higher-than-average-wait-times-for-medical-procedures-after-covid-19-cancellations>

HDGH's mental health bed expansion project making progress

AM800, May 25, 2022

<https://www.iheartradio.ca/am800/news/hdgh-s-mental-health-bed-expansion-project-making-progress-1.17862752>

Reader letter: Hospital acute care needed where people reside

Windsor Star, May 25, 2022

<https://windsorstar.com/opinion/letters/reader-letter-hospital-acute-care-needed-where-people-reside>

Surgical backlog in Windsor below pre-pandemic levels

CTV Windsor, May 26, 2022

<https://windsor.ctvnews.ca/surgical-backlog-in-windsor-below-pre-pandemic-levels-1.5920074>

WECHU to end COVID-19 updates and regular media briefings

CTV Windsor, May 26, 2022

<https://windsor.ctvnews.ca/wechu-to-end-covid-19-updates-and-regular-media-briefings-1.5919948>

COVID-19 indicators somewhat stable as Windsor-Essex health unit rolls back on reporting

CBC Windsor, May 26, 2022

<https://www.cbc.ca/news/canada/windsor/wechu-covid19-windsor-essex-1.6466610>

Two new COVID-19 deaths, 29 hospitalizations in Windsor-Essex

CTV Windsor, May 26, 2022

<https://windsor.ctvnews.ca/two-new-covid-19-deaths-29-hospitalizations-in-windsor-essex-1.5919643>

Web and Social Media Analytics – May 2022

WEB:

Number of Actual Users Accessing the Website (May 1-May 24) : 36,232

Number of Website Page Views: 130,982

What Pages Are They Looking At?:

1. Home Page –21,871 views,
2. Emergency Wait Times – 13,669

3. Coronavirus – 6296 views
4. COVID Assessment Centre –3571 views
5. Contact Us – 2466
6. Pharmacy login (MyWRH) –2375 views
7. Patient and Visitor Information 2080
8. Pharmacy Services –1911 views

YOUTUBE:

Views: 9486 views (about the same as usual)

Watch Time: 315 hours (about the same as usual)

Subscribers: 792, +13

Top videos:

1. Nurses Week: Medical and Surgical Nurses - 845
2. Nurses Week: ER Nurses - 703
3. Nurses Week: Mental Health Nurses - 693
4. Nurses Week: Family Birthing/Paediatics Nurses - 525
5. Nurses Week: Cancer Centre Nurses – 457
6. Nurses Week: Day Surgery and Outpatient Nurses – 446
7. Nurses Week: Rental Hemodialysis Nurses – 437
8. Nurses Week: ICU/CCU/Cath Lab Nurses – 427
9. Patient Testimonial – Steve Bell – 332
10. Guidelines for Basic Adult Neurological Observation - 327

FACEBOOK: 10,784 followers +51

72,357 monthly reach, up 14%

9464 people “engaged” on our site - commented or liked our posts this month

Top Posts:

1. Construction on the new hospital is scheduled to begin in the spring of 2027 (May 3) – 11,350 people reached, 477 reacted
2. Organ and Tissue Donation Month – one family’s story (April 28) – 10,758 people reached, 1146 reacted
3. Sixth anniversary of Ronald McDonald House (May 6) – 7587 people reached, 437 reacted
4. Nursing Awards (May 10) – 5293 people reached, 445 reacted
5. Palliative Care Award for Dr. Shari Bergeron (April 28) – 4704 people reached, 334 people reacted

INSTAGRAM – Followers: 3846, +0.5%

Reach: 3108, down 6.4%

Engagement: 588, up 20.2%

Top Posts:

1. Administrative Professionals Day, 1830 reached and 168 likes
2. Biomedical/Clinical Engineering Week, 1742 reached and 76 likes
3. Nursing Awards, 1664 reached, 195 likes
4. Goslings Born at Met, 1169 reached, 70 likes
5. National Physicians Day, 1119 reached, 63 likes

TWITTER:

Followers: 5,640, +42 this month

Impressions: 30,925, up 4.7 per cent

Tweets: 44, down 20 per cent

Trending topics:

1. RNAO Lois Fairley Nursing Award 3,440 impressions, 85 engagements
2. WRH, UWindsor explore research park partnership ... 1983 impressions, 104 engagements
3. Construction on new hospital to begin 2027 1251 impressions and 81 engagements
4. Windsor Star story on timelines for new hospital project ... 1224 impressions and 13 engagements
5. #Bridge2Bridge fundraiser ... 1215 impressions and 41 engagements