



Mission: Deliver an outstanding patient care experience driven by a passionate commitment to excellence

BOARD OF DIRECTORS
Thursday, February 04, 2021
VIA ZOOM: 1700 hours
Windsor, Ontario
(ZOOM link is included with the meeting request)

	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> January 07, 2021 (Paniccia)	Tab A	1703	MOTION (approve)
4. <u>REPORT OF THE PRESIDENT & CEO</u> (Musyj) Will be a “live” presentation at the meeting -		1705	FYI
5. <u>SCHULICH REPORT</u> (Jacobs)	Tab B	1730	FYI
6. <u>FINANCIAL PRESENTATION & TREASURER’S REPORT</u> (Allen)	Tab C	1735	MOTION (accept)
7. <u>CONSENT AGENDA:</u> Finance/Audit & Resources –Jan. 25, 2021 + operating results (Allen)	Tab D	1745	MOTION (accept)
8. <u>CORRESPONDENCE/PRINTED MATTER:</u> • Media Report – FYI only (Paniccia)	Tab E	1800	FYI
9. <u>BOARD MEMBER QUESTIONS, COMMENTS OR NOTICES OF MOTIONS</u> (Paniccia)		1802	
10. <u>DATE OF NEXT REGULAR BOARD MEETING:</u> Thursday, March 04, 2021 – ZOOM		1805	FYI
11. <u>ADJOURNMENT</u> (Paniccia)		1805	MOTION

REGRETS ONLY TO CHERYLE CLARK, Cheryle.clark@wrh.on.ca, or
(519) 254-5577 X56000



MINUTES of the **BOARD OF DIRECTORS** meeting held on **Thursday, January 07, 2021**, 17:00 hours, via ZOOM, live streamed on YouTube.

PRESENT VIA ZOOM:

Anthony Paniccia, Chair	Patricia France	
Genevieve Isshak	Dr. Laurie Freeman	Dr. Wassim Saad (ex-officio, non-voting)
Paul Lachance	Arvind Arya	David Musyj (ex-officio, non-voting)
Michael Lavoie	Dan Wilson	Karen McCullough (ex-officio, non-voting)
Penny Allen	Pam Skillings	Dr. Larry Jacobs (ex-officio, non-voting)
Cynthia Bissonnette	John Leontowicz	Dr. Anil Dhar (ex-officio, non-voting)

STAFF VIA ZOOM:

Executive Committee

REGRETS:

None

1. CALL TO ORDER:

The meeting was called to order at 1701 hours with Mr. Paniccia presiding as Chair, and Ms. Clark recording the minutes.

2. DECLARATIONS OF CONFLICT OF INTEREST:

None declared.

3. PREVIOUS MINUTES:

The minutes of the December 10, 2020 Board meeting had been previously circulated.

MOVED by Ms. P. Allen, **SECONDED** by Mr. P. Lachance and **CARRIED** **THAT** the minutes of the December 05, 2020 Board of Directors meeting be approved.

4. REPORT FROM THE PRESIDENT & CEO:

Mr. Musyj gave a verbal report accompanied by slides.

Highlights:

Increase in assessment centre hours at Met Campus:

Starting January 11, Met will mirror Ouellette hours of operation for the assessment centre. It will be open 8am-7pm 7 days a week as of Monday. This is so we can continue to accommodate the demand for swabbing for symptomatic individuals. Even though we have

next day appointments still at any given time, we want to move that forward even more and have the ability for same day appointments, so that hopefully between the two centres, we can accommodate the needs. We were planning this in advance, and we knew there would be an impact from the holidays and various gatherings and potentially the need for additional swabbing. That will start Monday, but if you go on-line, you can book your appointment now.

Leading into the holidays, we announced we had to drastically reduce scheduled/elective surgeries for individuals. The purpose at that time and still today, was the fact that we struggle with critical care capacity at WRH for both COVID and non-COVID patients. As well, we also struggled with acute care bed capacity. In order to create physical capacity in the facility, one of the ways to do that is to reduce scheduled surgeries. Some of those scheduled surgeries might need a critical care bed though. As a result of not having those surgeries, we can free up some pressure on critical care post-surgery. For some surgeries, there was no plan for a critical care bed but because of age or other issues, they do require that bed. We stopped the reduction of surgeries short of emergency or cancer surgeries – we will continue with those. However, leading into the holidays, it allowed us to free up some capacity. Windsor/Essex is one of the highest per capita areas for COVID positive individuals in the community. We made those changes and at the same time, coming out of the holidays, we realized we needed health human resources to address vaccination and expand the assessment centre hours, so we had to stop day surgeries effective January 04, 2021. Traditionally after the New Year, they slow down but we did not re-start them after January 01. Being two older facilities with many semi and ward rooms, we do not have the capacity to meet the new restrictions in the COVID environment. On any given day, we take out 100-150 beds per day because we are isolating patients waiting on results of COVID tests or they are COVID positive. We then cohort them, given the space that we have. There is pressure on the system because we do not have a sufficient number of private rooms. We only have 20% private rooms between the two campuses. Heading into the first full week of January, we continue to have bed pressures at WRH. Part of our planning stretches from Hamilton through to Grey Bruce. We have to work in our LHIN to create physical space first before we go outside of it asking for assistance. Some other centres in our LHIN were not seeing the same amount of COVID as WRH. We started to work with Sarnia and Chatham but their hospitals have started to fill up as well, so they are starting to reduce and limited their surgeries, resulting in a limited number of patients who have been transferred to those facilities. They were going to take 10 patients each. HDGH has stepped up and has helped us greatly. They have taken over 50 sub-acute patients from our two campuses. At the same time, LHSC today took 5 sicker patients who could not have gone to Chatham or Sarnia. London is transferring patients to other facilities and at the same time, still helping us.

Depending on what we do as a community and province could greatly affect these projections moving forward. These are the projections the government uses in some of their decision-making. Mr. Musyj showed a chart which showed the baseline, and the projected vs. the actual numbers.

As of January 1, projections provincially, we were to have 1,161 COVID patients hospitalized and out of that, 361 Covid-related Critical illness patients in ICU across the province. From Christmas to January 07, the projections increased dramatically. For WRH, we have been rising higher than projected. We are getting ready for what is coming later this month on

January 24 and on February 24. We are taking the necessary steps. We have exceeded all projections.

We have 50 - level 3 beds in place (higher acuity - ICU patients) and one - level 2 bed in place between our two campuses. On top of that, we also have a total of 16 surge beds; 8 - level 2 and 8 - level 3 surge critical care beds at both campuses. We have an additional 17 available in the building, subject to staffing and that is where we would put critically ill patients to get to 60 plus beds.

We should be OK with our critical care within our existing levels right now. We have to be ready to handle this by February 24, leaning on Sarnia, Chatham and London to help us.

Saad added Mr. Musyj hit all the key points. Our numbers do not look good. We have already exceeded the expectations. Critical Care capacity is the other big thing. They are the patients we do not necessarily transfer out. We try to create capacity in our hospital to be able to care for those patients ourselves. Being able to flex up the number of beds will be important for us to take care of the sickest of the sick in our own region.

Riddell comment: It is important to maintain critical care capacity because it can be challenging to transfer this level of patient to the sites, so we need to be able to care for those patients at our facility.

Board question: Do these projections take in to consideration roll out of the immunization?

Musyj response: It will not have any impact. What we are seeing in the hospital now is based on 3-4 weeks ago. On any given day, we have multiple positives. Our goal was to flatten the line but that did not work for us. We were closed down before the rest of the province. We have to look at something different because what we have now isn't working. The lockdown is in place. Our hope is that the impact of the lockdown will start to flatten that line.

Board question: How many ICU beds do we have provincially?

Riddell response: Approximately 2,136 cc beds

Vaccines:

Mr. Musyj stated that one of the great things he has learned over the last couple of weeks listening to General Hillier, who has a meeting every second night with a handful of CEO's, was, in the army, one of the things that makes you struggle/get depressed/have anxiety is when you are always on the defense.... always trying to fight the enemy but you are pinned in. However, when you are able to move to the offense, it is energizing – the vaccine puts us on the offensive with respect to this virus. We have to grab onto that energy because that is what will get us through the rest of this war. On December 15, 2020 when we were receiving more information, we set up an IMS team just for vaccinations.

We have a finite piece to all of this, that relates to getting the Pfizer vaccine. The Federal Government have been procuring the vaccine; the vaccine is then distributed to the provinces. The Canadian government per capita has purchased more vaccine than any country in the world. Information started to crystalize that we may receive the vaccine before Christmas. Windsor Police was also involved in that because there is a component of security at the site. Starting December 16, once we knew the priority groups, leaders in the organization have had

a daily call with the directors of care of LTC/RH and we are now involving congregate care setting leaders. We talk to them about how they need to book their staff. LTC/RH staff was a priority then we were to get into the congregate care staff. Sixteen Hospitals across the province would accept the vaccine and prioritize the LTC/RH staff and then get into the congregate care staff in the process. Calls have been great – everyone hears the same information, ask questions, hear same answers and solves a lot of problems along the way. 80% of ltc staff have either been vaccinated or are waiting to be vaccinated, which is a high number.

Between December 15 and 16, we were told the vaccine was coming December 21. We got the booking system in place so people could be ready on December 21. Then we were told it would not be here until possibly Christmas. On December 20, we were told it was arriving December 21. Individuals who had already booked, were here at 0700 the next day. We received enough at that time for 1,950 people to get two doses. When Pfizer comes in, you press a spot on the box that sends data back to Belgium regarding the temperature of the contents. We received enough at that time for 1,950 persons to be vaccinated with two doses. We were initially to hold back 2nd dose in case we didn't receive another shipment. Then we were told to use up 1st and 2nd doses as soon as we could. We received a shipment on January 05 for 1,500 people to be vaccinated twice. We went from 1950 to 1500, we dropped by 400 people. General Hillier told us to use up all vaccines, both first and second doses and inoculate as many people as we could. We would run out of both doses of the January 05 shipment by January 13 if we do not receive any more shipments. We were told it would arrive on January 11. We are stealing from the next shipment already. We are stealing the doses and we are running 7 days a week in order to create a consistent pattern. We have the capacity with the staffing to do 750 vaccines per day but we are doing 500 vaccinations per day and 180 on the week-end days. If we had the vaccine, we could easily double the amount of vaccines per day. We could double what we are doing but we do not have the vaccines. One theory was to take the 3,000 vaccines and vaccinate 1,000 people per day. We need to spread out the vaccinations through the entire 7 days, so staff from a ltc/rh or congregate setting do not experience a reaction and then that facility gets shut down.

Currently, we have almost completed all ltc/rh staff who want it. We are at 60% done for the congregate care staff.

At this point, we have done some polls and for both ltc/rh and congregate care settings, and at this point, 80% of the staff have been vaccinated or are scheduled and approximately 20% do not want currently it or have not made up their minds.

Dr. Saad was part of a group of physicians along with Drs. Cohen, Mazzetti, and Summerfield, and they did a facebook live session on vaccines as well as other questions that were asked and it was heavily watched. We shared that with the LTC/RH/congregate care settings and we think that went a long way in getting the LTC/RH/congregate care staff out to be vaccinated. 10-15% of hospital staff from WRH, HDGH and ES have been vaccinated. We will continue to advocate for more vaccines.

When you look into the future, if our current allotment does not increase, we will only be vaccinating second doses starting January 24 for the next three weeks. No new persons will be vaccinated until January 24. Instead of getting 500 new people like today being vaccinated, that number will decrease. Our goal is by January 24, to have completed LTC/RH, Indigenous

staff involved in swabbing, high risk/congregate care staff and more hospital staff as identified by each hospital. The WECHU is leading all community vaccinations.

We will have a limited supply of vaccines until April 2021, when we will start getting larger volumes monthly. Our supply will then equal our demand. We will receive 5 million vaccines in each of the months of April, May and June. We have to be ready, particularly if the vaccines come earlier than those months.

Board question: What is the period of time a double vaccine is good for? If you are vaccinated, is there some research at this point that indicates you can still be a carrier if you have been vaccinated twice?

Saad response: We currently don't know how long it will offer protection. But we do know if you acquire the infection naturally, you are immune for 6 to 9 months. Vaccine expectation is no less than 6 to 9 months, hopefully a year, maybe more. They haven't been around long enough for us to test that so we are relying on science for that answer.

Once you do get the vaccine, you will reach maximum immunity about 1 week after second dose. If you are exposed to a virus after you have been vaccinated, your body clears the virus so you are not shedding the virus in any appreciable amount that you could spread it to anyone else.

Board question: Who is in charge of administering vaccine – WRH or health unit? Would there be a call out for other people to assist with administering the vaccination?

Musyj - we are dictated by province on who the priority groups are. The Health Unit is working with the ltc/rh on the resident side. This is with the Moderna vaccine. We give them ltc/rh blocks of time. They fill in names and send that back to us. We will have vaccination centres open, allow for sharing of information back and forth, they follow the provincial rules, then we vaccinate the staff. For us, at St. Clair, it is our staff who are administering the vaccine. We are adding added medical students/residents (about 12 who have volunteered to help). We will need those volunteers going forward.

Mr. Musyj added that right now, if you made a call and said you needed to vaccinate 2,000 people, we would have the volunteers – our issue is that we do not have enough vaccines. We will need those volunteers once we vaccinate the 400,000 residents twice in our region. If someone volunteers, they have to be committed. They are trained on the I.T. system and when they are inoculating, they are responsible for inputting the data, such as addresses, e-mails etc., a tracking system for the future. They are responsible for a large amount of data. This is a lot of work. When people want to volunteer, it will almost be full time.

Board question: How many groups locally within W/E County, are giving vaccines?

Musyj response: WRH is using Pfizer at St. Clair. Then LTC/RH - they are using their own resources and our staff go in and help the LTC/RH staff. That is being co-ordinated by the Health Unit but it is our staff also going in.

Some of the homes we are working with, our staff will help them vaccinate their residents. WRH and the Health Unit are the only two entities that are receiving vaccines now.

Board question: Have they done any research on cross-over for second shots? Mixing Pfizer and Moderna?

Saad response: At this time there is no evidence you can mix and match the vaccines. They are both MRNA vaccines and their technology is the same but they are slightly different because the spike protein they encode for is a large protein and complicated, and you may not be encoding for the same part of it. Right now there is no evidence you can mix and match – you cannot take your first shot with Pfizer and second dose with Moderna. Once you start with one, you must finish with that same one.

Board question: Are they looking at different variants in our region or have they done that analysis yet?

Saad response: We thought we had a variant a couple of weeks ago. Everything that was happening with the UK variant, was happening here. It had spread much quicker and a wider range of the population. We sent a formal request through our Lab Dept. to the National Microbiology Lab in Winnipeg to see if our virus was the UK variant. At the time, they were doing surveillance across the country. No doubt we have a variant in our area that is contributing to the faster and easier spread, but that should not preclude anyone from getting the vaccine. The vaccine does look like it is still effective for this variant.

5. REPORT FROM SCHULICH:

Larry Jacobs

Dr. Jacobs gave a verbal report only. He had not submitted a written report to be included in the Board package.

Thanked the hospital on behalf of the school. The system has been under tremendous pressure but there has been no change to the quality of education our students have been getting during this time. He had a number of students who want to be get involved in the vaccination. He looked forward to helping with this in any way he could.

6. Financial Presentation – as of November 30, 2020.

Ms. Allen reported.

Slide 2 – Statement of Operations Overview:

- y-t-date deficit for hospital operations is \$5.579 million (as of November 30)
- Revenue is \$7.5 million to date.
- Total expenses: \$13.7 million unfavourable to date. Salaries and wages comprise the largest variance.
- We had \$9.8 million COVID related unfunded extraordinary operating expenses. From August to November, we have not received the money from the Ministry to offset those expenditures.
- If unfunded COVID-19 expenses had been funded, the YTD surplus would have been \$2.8 million and the hospital margin of \$5 million.
-

Slide 3 – COVID 19 Impact of the Y-T-D Financial Results:

- We have received funding for COVID operating expenses from April to July in the amount of \$8.1 million plus \$7 million for pandemic pay.
- Volume based revenues are \$6 million below budget to date, which include QBP's, Neuro services and wait time procedures.

- Decreased patient services are mainly diagnostic revenues and accommodations.

Slide 4 - Y-T-D Revenue:

- Base and one-time funding is \$7.7 million favourable to date
 - Revenue shortfalls are:
 - i) \$5.6 million QBP revenue – due to elective surgery cancellations In April and May. Operating room volumes are lower than planned volumes by 9,030 to date
 - ii) \$3.7 million unearned revenue for Urgent/Emergent Quality Based Procedures based on current coded data and highlighted on slide 5.
- One time funding is \$12.4 million to date and includes:
 - Pandemic pay \$7 million
 - COVID-19 operating expenses re-imbursement (April to July) \$8 million

Drug Re-imbursements were favourable \$2.2 million, however these are offset by increased drug expenses.

Slide 5 – Urgent/Emergent QBP Volume Comparison:

A year to year comparison of a Number of our QBP's.

Highlighted: Stroke, Hip fracture, congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD) and Pneumonia, a combined 422 case reduction, representing funding that has not been earned of \$3.7 million.

Slide 6 – Expenses:

Salary & wages unfavourable to \$9.4 million y-t-date:

- i) \$1.3 million unfavourable in November and include the following variances:
 - Covid-19 screening of staff, patients an visitors and staffing of the assessment centers - \$472K
 - In-patient medicine and critical care staffing due to a “surge” in patient - \$445K
 - Additional costs for support departments (housekeeping, porters, security, infection control) - \$350K

Med/Surg supplies are favourable especially in the perioperative program due to reduced surgical volumes,

Incremental spending on Personal Protective Equipment (PPE) to date - \$2.5 million

Slide 7 - Expenses

Drugs are \$3.6 million unfavourable to date but most of this variance has revenue recoveries either from our retail pharmacies or from the Ministry of Health.

Other Supplies - \$445,000 favourable overall with a number of line items where the favourable and unfavourable variances offset each other.

Slide 8 – Patient Access Measured by our LOS:

Acute average LOS is lightly better than target at Met and acute is above target at Ouellette.

Mental Health Programs are slightly better than target at both campuses.

Slide 9 – Patient volumes

Year over year volumes to November are trailing behind target except for community visits as this includes 58,983 COVID-19 assessment centre visits.

Slide 10 – sick/overtime and FTE’s

Compared to previous month, unchanged except for sick time at Ouellette, which is slightly worse by .10%.

FTE’s are favourable at Met by 27.33 FTE’s for hospital operations and the Cancer Centre.

FTE’s are unfavourable at the Ouellette Campus by 8.79 FTE’s due to the increased staffing in in-patient medicine and critical care as previously mentioned.

MOVED by Ms. P. Allen, **SECONDED** by Mr. A. Arya and **CARRIED**

THAT the January 07, 2021 Financial Presentation (as of November 30, 2020), be accepted.

7. CONSENT AGENDA:

MOVED by Ms. P. Allen, **SECONDED** by Mr. P. Lachance and **CARRIED**

THAT the report from the December 21, 2020 Finance/Audit & Resources Committee meeting be accepted.

8. CORRESPONDENCE/PRINTED MATTER:

- Media Report – FYI
- Our Foundation is running a 50/50 draw. Please participate. Thank you for supporting the Hospital Foundation.

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

None

10. DATE OF NEXT REGULAR MEETING:

Thursday, February 04, 2021, 1700 hrs VIA: ZOOM

11. ADJOURNMENT:

There being no further business to discuss, it was

MOVED by Ms. P. France, **SECONDED** by Mr. J. Leontowicz and **CARRIED**

THAT the January 07, 2021 Board of Directors meeting be adjourned at 1821 hours.

Anthony Paniccia, Chair
Board of Directors

/cc

Cheryle Clark
Recording Secretary

Update to WRH Board of Directors (February 4, 2021)

Announcements:

- Dr. Tracey Crumley has been appointed as Chair/Chief, Department of Obstetrics and Gynaecology, Schulich School of Medicine & Dentistry, London Health Sciences Centre (LHSC) and St. Joseph's Health Care London effective January 1, 2021 to December 31, 2025
- Dr. Emil Schemitsch has been re-appointed as Chair/Chief of the Department of Surgery, Schulich School of Medicine & Dentistry, London Health Sciences Centre and St. Joseph's Health Care London, effective January 1, 2021 to December 31, 2025.

Awards

- The Canadian Association for Medical Education (CAME) announced the recipients of the 2021 Certificate of Merit Award, [naming Dr. Alice Tsui, Department of Medicine and an emergency physician at Windsor Regional Hospital](#) and Dr. Yiannis, Department of Ophthalmology as awardees from the Schulich School of Medicine & Dentistry.
- Marlys L. Koschinsky, PhD, Department of Physiology and Pharmacology and Robarts Research Institute has been appointed to the [Order of Ontario](#) by the Lieutenant Governor of Ontario and Chancellor of the Order of Ontario.
- Dr. Vivian McAlister, Professor, Department of Surgery at the Schulich School of Medicine & Dentistry, has been inducted by the Governor General to the [Order of Canada](#).
- Congratulations to the 25 faculty and staff celebrating [25 years of service](#) at Western University.
- The nominations for the [2021 Awards of Excellence](#) are now open. Nominate a deserving individual or team today. **Nomination deadline: Wednesday, March 24, 2021.**

Events

- Visit the Schulich website Events Page for all upcoming events at <https://www.schulich.uwo.ca/>

Windsor Update

- Applications are being received for the Schulich UWindsor Opportunities for Research Excellence Program (SWORP). We have been administering this opportunity since 2014 and are looking forward to continuing to contribute to building the research culture in Windsor.
- Continuing professional development options are continuing this spring with sessions planned for March, May, and June. Details will be released soon.

- We are pleased to announce that Vanessa Stratton will be joining the Medical Education team as the Associate Director, Integrated Medical Education – SW Ontario effective 1 February 2021.
- CaRMS Match Day for the fourth-year class is set for April 20. Applications close February 8 for this year's first iteration. The Windsor campus has 10 Family Medicine positions for round 1 (7+3) and Psychiatry has 2 positions (1+1).

Respectfully submitted,

Lawrence Jacobs, MD, FRCPC, FACP
Associate Dean, Windsor Campus
Schulich School of Medicine & Dentistry, Western University.



Finance/Audit & Resources Committee
Financial Presentation (December 31, 2020 Results)
Board of Directors Meeting – February 4, 2021

Agenda

- Financial Results December 2020
 - Hospital Operations
 - COVID-19 Expenses and Revenue Losses
- Revenue
 - Quality Based Procedures
- Expenses
 - Sick and Isolation Pay
- Patient Access & Volumes
- Organizational Health

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

December 31, 2020

	Current Year Actual	Budget	\$ Variance Fav/(Unfav)	% Variance Fav/(Unfav)
Revenue	\$ 412,880	\$ 402,287	\$ 10,593	2.6%
Expenses				
Salaries and Wages	\$ 196,024	\$ 185,589	\$ (10,435)	(5.6%)
Employee benefits	46,314	43,849	(2,465)	(5.6%)
Employee ben. - future ben. costs	1,450	1,450	-	0.0%
Medical staff remuneration	40,575	38,853	(1,722)	(4.4%)
Medical & Surgical supplies	25,889	27,535	1,646	6.0%
Drugs	49,378	45,226	(4,152)	(9.2%)
Supplies & other expenses	45,741	46,350	609	1.3%
Long term Interest	1,718	1,433	(285)	(19.9%)
Equipment lease / rental	2,981	1,790	(1,191)	(66.5%)
Equipment amortization	6,665	6,597	(68)	(1.0%)
Total Expense	\$ 416,735	\$ 398,672	\$ (18,063)	(4.5%)
Surplus / (Deficit) From Hospital Operations	\$ (3,855)	\$ 3,615	\$ (7,470)	
COVID-19 related unfunded extraordinary operating expenses included above	\$ 7,789		\$ 7,789	
COVID-19 related unfunded non-ministry revenue loss included above	\$ 6,635		\$ 6,635	
YTD - Unearned Ministry volume funding	\$ 8,606	\$ -	\$ (8,606)	
Surplus or (Deficit) / Revenue	-0.93%	0.90%	-1.83%	

In December 2020 WRH received funding of \$5,168,300 covering COVID-19 operating expenses for August and September 2020.

Note: If the currently unfunded \$7.8 million in COVID-19 operating expenses had been funded as incurred, the surplus at December 31, 2020 would have been approximately \$2.3 million with a Hospital Margin of \$5.1 million.

Net Surplus/(Deficit) after building amortization (\$5,525)

Financial Results – COVID-19 Impact December 31, 2020

Year to Date Results include \$7.8 million in COVID-19 extraordinary operating expenses which have not been funded. Net revenue losses total \$14.7 million.

Windsor Regional Hospital COVID-19 Expenses Year-to-Date December 2020		
	<u>Funded</u>	<u>Unfunded</u>
Compensation	6,586,039	5,022,175
Pandemic Pay	7,015,305	-
Medical Staff Fees	499,041	396,670
Med. Surg. Supplies	2,705,695	1,059,297
Drugs	87,570	55,059
Other supplies & expense	1,318,387	986,781
Equipment Expenses	1,554,384	249,000
Renovations	1,053,304	19,884
Total Operating Expense	20,819,725	7,788,866
Capital	2,387,245	\$ 259,052
Combined Total	\$ 23,206,970	\$ 8,047,918

Windsor Regional Hospital COVID-19 Revenue Loss Year-to-Date December 2020		
	<u>Funded</u>	<u>Unfunded</u>
Volume Based*	-	8,606,294
Patient Services**	561,489	4,268,178
Recoveries***	-	2,366,816
Total Revenue	561,489	\$ 15,241,289

- * Quality Based Procedures, Neuro Services, Cardiac & Wait Time
- ** Preferred Accommodation, Co-Payment, OHIP Technical & Professional Fees, & Cosmetic Procedures
- *** Parking, Retail Food Services, Gift Shop, Leased Office Space (Physician), Patient Televisions, Print Shop & Referred In Services (Other Hospitals)

Financial Results

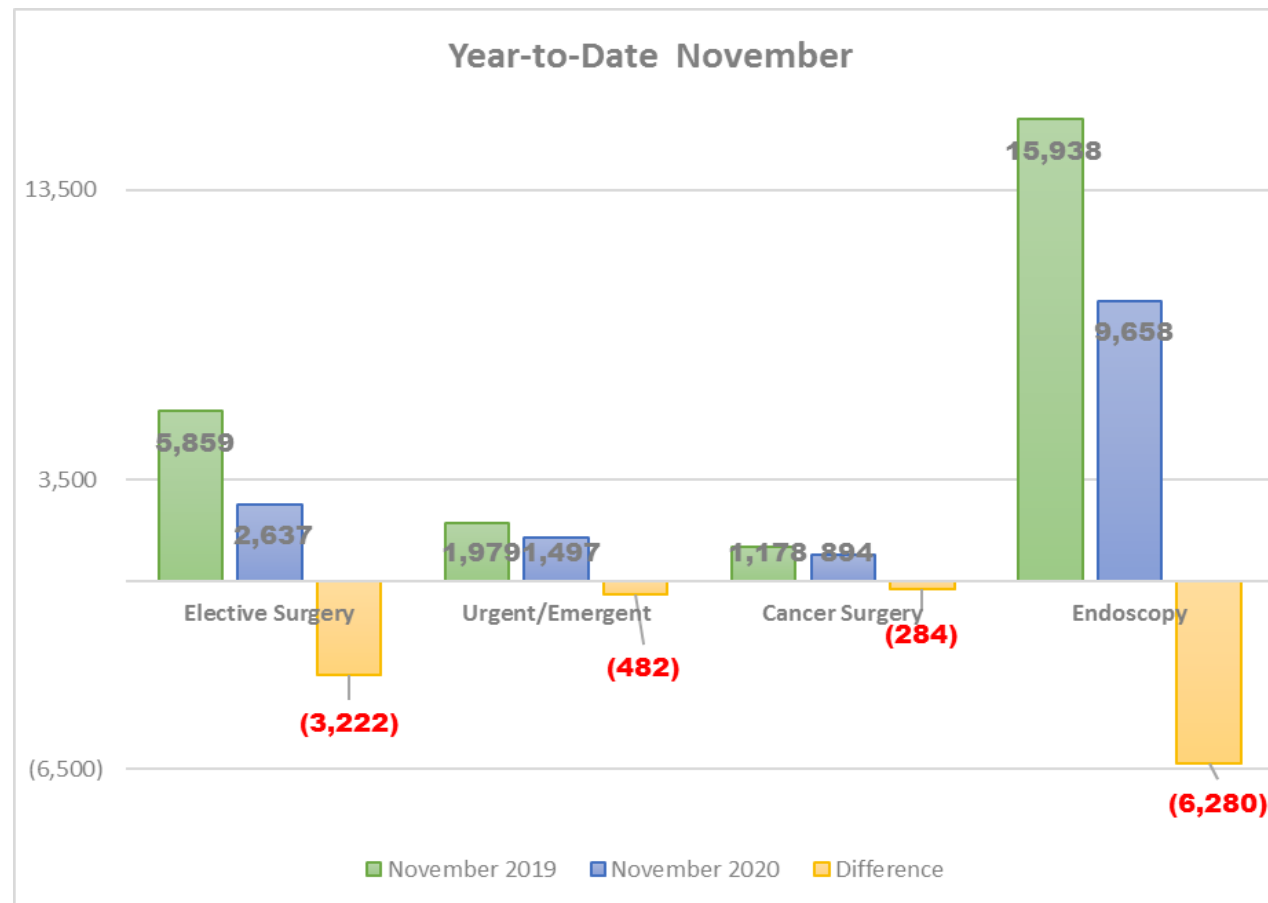
December 31, 2020

Year to Date Revenue

- **Base and One-Time Funding \$10.3 million favourable**
 - \$8.2M in QBP revenue not earned as a result of elective surgery cancellations in April and May, lower than planned volumes from June to December.
 - Operating Room volumes are 9,412 lower than planned to date
 - One-time funding is \$17.6M favourable year to date due to:
 - One-time funding for Pandemic Pay of \$7M
 - Reimbursement for April to September COVID-19 expenses \$13.3M
 - \$5M in One Time funding not confirmed has not been recognized (\$3.75M to date)
 - \$737,000 in Complex Malignant Hematology revenue shortfall (volume-based)
- Patient Services \$278,000 unfavourable
- Ministry Drug Reimbursements favourable \$2.2 million
- Other Recoveries \$182,000 favourable
 - Reduction of services has effected parking and retail food operations

Overall Revenue is favourable year to date by \$10.6 Million

QBP Volume November Coded Data Comparison



For this eight (8) month period the volume reductions result in an funding reduction of \$8.3 million.

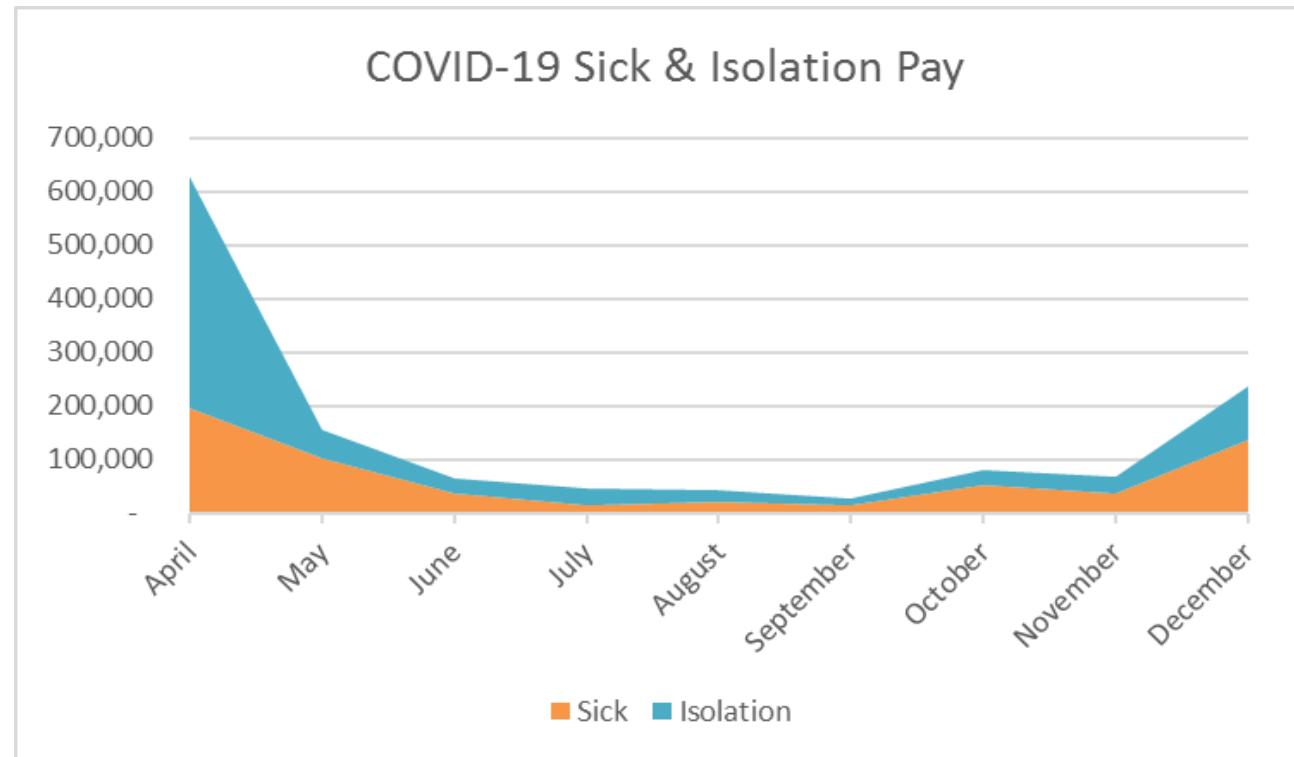
Financial Results

December 31, 2020

Year to Date Expenses

- **Salary and Wages \$10.4 million unfavourable**
 - \$1M unfavourable in the month of November
 - COVID-19 Screening (Staff/Patients/Visitors), Assessment and Vaccine Centre staffing \$543K
 - COVID-19 Sick and Isolation pay \$236K in the month
 - Inpatient Medicine and Critical Care Surge staffing \$430K
- **Net Patient Services Revenue and Medical Staff Remuneration \$2M unfavourable**
- **Medical/Surgical Supplies \$1.6M favourable**
 - YTD Savings incurred in perioperative program due to volume reductions:
 - Met Campus \$871K
 - Ouellette Campus \$1.7M
 - Incremental spending on personal Protective Equipment (PPE) year to date is \$2.9M

Sick & Isolation Pay December 31, 2020



Financial Results

December 31, 2020

Year to Date Expenses

- Drugs \$4.2M Unfavourable
 - Chemo and Renal drug expenses and recoveries are balanced
 - Retail pharmacy net drug expense to revenue is \$230,000 favourable to date
 - Drug expenses for clinical areas at the Met campus are 13% favourable and 14% unfavourable at the Ouellette campus due to a surge in COVID-19 patients in medicine and critical care
- Other Supplies and Expenses \$609K Favourable
 - Minor equipment purchases are \$1.5M unfavourable as the majority of these expenses are COVID-19 related which are being reimbursed by the Ministry
 - Courier costs are \$291K unfavourable and include the cost of sending COVID-19 tests to London for analysis also being reimbursed by the Ministry
 - Utilities are \$1.4M favourable due to the ongoing energy rebate
 - Referred out expenses for “Bundled Care” hip and knee replacements are favourable \$445K due to reduction in elective surgeries and therefore a reduced need for post-surgical services such as inpatient rehabilitation, home care and outpatient physiotherapy

Patient Access

December 31, 2020

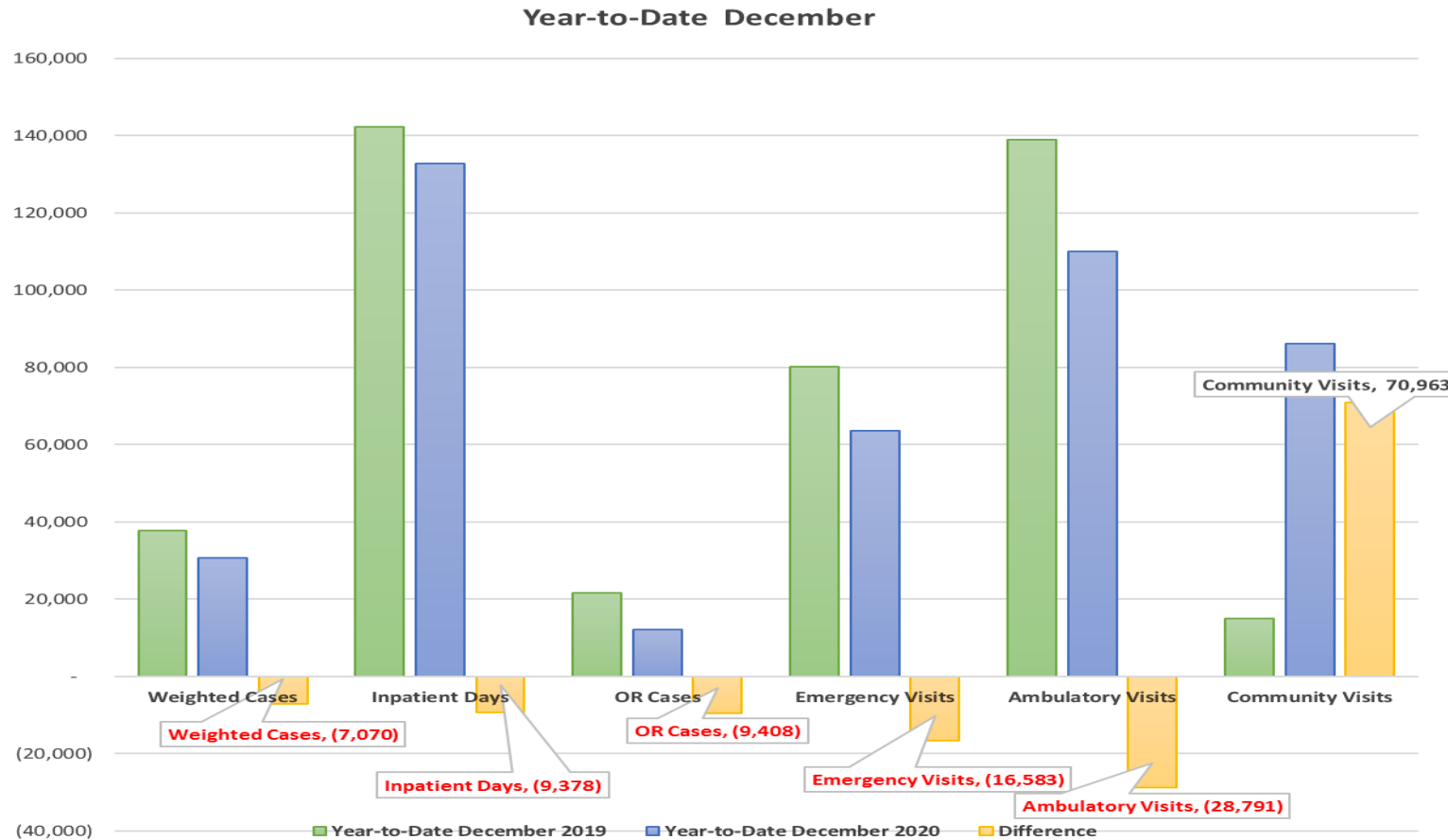
	YTD Actual	Target	Variance
Met Campus			
Acute Average LOS	4.52	4.54	0.02
Psych Average – Adolescent LOS	5.83	6.44	0.61
Ouellette Campus			
Acute Average LOS	7.84	7.33	(0.51)
Psych Average – Adult LOS	12.10	12.43	0.33

Patient Volume

December 31, 2020

	Dec 2020 Actual	Dec. 2019 Actual	Variance to Prior Year
Met Campus			
Total Weighted Cases (estimated)	15,374	18,513	(3,139)
Acute Patient Days	56,922	62,354	(5,432)
ED Visits and Holds	33,072	40,819	(7,747)
Ouellette Campus			
Total Weighted Cases (estimated)	15,371	19,302	(3,930)
Acute Patient Days	57,036	62,001	(4,965)
ED Visits and Holds	32,855	41,365	(8,510)

Patient Volume December 31, 2020



Community service visits include 74,989 visits to the COVID-19 Assessment Centres

Organization Health December 31, 2020

	Trend	YTD Actual	Target	Variance
Met Campus				
% Sick Time	Worse	5.80%	3.70%	(2.10%)
% Overtime	Worse	2.50%	2.30%	(0.20%)
FTE Staffing		1,688.2	1,710.1	21.97
Ouellette Campus				
% Sick Time	N/C	6.10%	3.70%	(2.40%)
% Overtime	Worse	5.00%	2.30%	(2.70%)
FTE Staffing		1,432.5	1,422.8	(9.68)

Red and Green year to date are showing Green/better than or Red/worse than prior month



MOTION/ACTION SHEET

From The

FINANCE/AUDIT & RESOURCES COMMITTEE MEETING General Session

Monday, January 25, 2021

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



MINUTES from the meeting of the **FINANCE/AUDIT & RESOURCES COMMITTEE (General Session)** held on Monday, January 25, 2021 Via Zoom (following the In-Camera Session).

PRESENT:

Penny Allen	Beth Yeh
Dr. Laurie Freeman	Dianne Aziz
Ian McLeod	Arvind Arya
Paul Lachance	Sandra Boglitch

Anthony Paniccia, Chair of the Board

REGRETS:

Dr. Lawrence Jacobs

STAFF:

Mark Fathers	Kevin Marshall
Heidi Zimmer	David Musyj

1.0 CALL TO ORDER

Mrs. Allen called the meeting to order at 5:25 p.m.

The proceedings were recorded by Fatima Lopes-Barros.

2.0 APPROVAL OF AGENDA

MOVED by Laurie Freeman, **SECONDED** by Dianne Aziz that the General Finance/Audit & Resources Committee Agenda of Monday, January 25, 2021 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

5.1 Minutes of Previous Meeting – Monday, December 20, 2020

The Finance/Audit & Resources Committee Minutes of the **General Meeting of Monday, December 20, 2020** were previously circulated to all members.

MOVED by Paul Lachance, SECONDED by Ian McLeod that the General Meeting Minutes from the Finance/Audit & Resources Committee of Monday, December 20, 2020 be approved.

CARRIED.

6.0 FOR DISCUSSION

6.1 Monthly Operating Results Report – December 31, 2020 (As Appended)

Ms. Zimmer provided the financial presentation.

- The operating results for the nine months ended December 31, 2020 resulted in a deficit of \$5,525,000 (\$2,627,000 negative Hospital Margin) based on the MoH definition. There are three items worth noting -
- Three items to highlight
 - Operating results include a combined \$35.8 million in higher costs and lost revenues attributable to meeting our clinical responsibilities related to COVID-19.
 - To date we have received reimbursement of \$20.8 million for operating expenses submitted via the COVID-19 reporting mechanism covering the months of April to September 2020.
 - If the currently unfunded \$7.8 million in COVID-19 expenses had been funded as incurred, the surplus as at December 31, 2020 would have been approximately \$2.3 million with a Hospital Margin of \$5.2 million.
- COVID expenses year to date December 2020: Total funded is \$20.1 million, unfunded is \$7.8 million.
- COVID revenue funded by the Ministry year-to-date November 2020 is \$561,489; unfunded is approximately \$15.2 million (volume-based, patient services and recoveries).
- Year-to-Date revenue – base and one-time funding is \$10.3 million favourable; overall revenue is favourable \$10.6 million (details in the appended document)
- Patient services revenue is \$278,000 unfavourable to date
- Ministry Drug Reimbursements \$2.2 million favourable
- Other Recoveries \$182,000 favourable
- QBP volumes by grouping indicates that for the 8 month period of April to November (coded data available) volume reductions result in a funding reduction of \$8.3 million.

- Salaries and wages - \$10.4 million unfavourable to date. In the month COVID-19 screening, Assessment and Vaccine Centre staffing costs total \$543,000. Inpatient Medicine and Critical Care Surge staffing \$430,000 in the month of December.
- Net patient services revenue and medical staff remuneration \$ 2Million unfavourable
- Medical/Surgical supplies \$1.6 million favourable due to savings in the perioperative programs due to volume reductions. Incremental spending on PPE to date is \$2.9 million
- Drugs are \$4.2 million unfavourable
- Other supplies and expenses \$\$609,000 favourable, increased costs due to COVID-19 are offset by savings due to extension of the utility rebates
- Sick and Isolation pay costs are trending upward due to the “second wave” of COVID-19.
- Patient access – length of stay is below target for all but inpatient psychiatry at the Ouellette campus
- Patient volumes detail – all are below prior year to date and target with the exception of community visits due to the volumes in the Assessment Centre’s
- Sick and overtime metrics trending worse than prior month to date in all except sick time at the Ouellette campus which is unchanged compared to the prior month

6.2 Budget Risk Item(s) Schedule as at December 31, 2020

Two updates to the forecast – an increase in forecasted one-time funding to reflect expected Ministry reimbursement of COVID-19 operating expenses, increase in forecasted Med/Surg costs due to increased usage of PPE.

Mr. Fathers stated that the forecasted surplus of \$79,000 at year-end is conservative and is based on the expectation that the Ministry will continue its support to the hospitals of their incremental COVID-19 expenses.

7.0 FOR INFORMATION

The following correspondence is provided to the committee members for their information.

7.1 Amendment to O.Reg. 74/20 In Relation To Hospital Staff Redeployment

7.2 President’s Report – January 2021

8.0 DATE OF NEXT MEETING

The Finance/Audit & Resources Committee will meet on **Monday, February 22, 2021 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 Beth Yeh that the General Meeting from the Finance/Audit & Resources Committee of Monday, January 25, 2021, be adjourned at 5:45 p.m.

CARRIED.

Mrs. Penny Allen, Chair & Treasurer
FinAudit&Resources_Minutes
20210125

Fatima Lopes-Barros
Recorder

Windsor Regional Hospital

Operating Results Report

For the Nine Months Ended December 31, 2020

Financial Summary - December 2020 (\$000's)

	Line	December 2020 Actuals		
		Actual	Budget	Variance *
Hospital Ops				
Total Revenue	9	\$412,880	\$ 402,287	\$ 10,593
Total Expense	20	416,735	400,672	(16,063)
Surplus / (Deficit)	21	(3,855)	1,615	(5,470)
Other Votes (net)	22	(34)	(60)	26
Other Recoveries / (Exp)	23	(456)	-	(456)
Subtotal	24	(4,345)	1,555	(5,900)
Net bldg. amortization	25	(1,180)	(1,332)	152
Net Surplus (Deficit)	26	\$ (5,525)	\$ 223	\$ (5,748)
Hospital Margin		\$ (2,627)	\$ 2,988	\$ (5,615)
Capital Equipment Expenditures		\$ 30,728	\$ 27,689	\$ 3,038

* Variance - favourable / (unfavourable)

Operation Highlights:

- o The operating results for the nine months ended December 31, 2020 resulted in a deficit of \$5,525,000 (\$2,627,000 negative Hospital Margin) based on the MoH definition. There are three items worth noting -
 - a. Operating results include a combined \$35.8 million in higher costs and lost revenues attributable to meeting our clinical responsibilities related to COVID-19. While the Ministry has indicated their intent to reimburse most of these costs, to date we have received reimbursement of \$20.8 million for operating expenses submitted via the COVID-19 reporting mechanism covering the months of April to September 2020. Revenue losses have not yet been addressed by the MoH beyond reimbursement for services provided to uninsured residents. As part of the \$35.8 million, WRH has paid \$7 million for pandemic pay to employees and has received 100% of that funding allocation.
 - b. If the currently unfunded \$7.8 million in COVID-19 expenses had been funded as incurred, the surplus as at December 31, 2020 would have been approximately \$2.3 million with a Hospital Margin of \$5.2 million.

- c. WRH received funding details for the 2020-2021 fiscal year on June 4, 2020. In comparing these details to what was included in our 2020-21 budget for Ministry funding (which was based on the recommendations in the Optimization Review Report), all has been confirmed with the exception of the \$5 million in one-time funding. This revenue has not been accrued in the year to date December 2020 results. The letter sent to the Ministry with respect to this one time funding amount has yet to receive a response. If we accrued this revenue, the year to date deficit would be approximately \$1.8 million and the deficit for the month would be \$3.3 million (COVID-19 costs included).

1. Financial Results for the Nine Months ended December 31, 2020
(Statement 2)

For the nine months ended December 31, 2020, the deficit after net building amortization is **\$5,525,000**, which is \$5,748,000 worse than plan. This represents a negative Ministry of Health Margin of \$2,627,000 (one year ago, the margin was negative \$168,000). Combined extraordinary operating expenses and revenue losses related to COVID-19 in the amount of \$35.8 million are included in these results. In the month of December, the COVID-19 impact was \$3.7 million. Below is a chart that shows the revenue losses and costs that have been incurred in the period April 1 to December 31, 2020 and which have been funded or not funded –

Windsor Regional Hospital COVID-19 Revenue Loss & Expenses Year-to-Date December 2020		
	<u>Funded</u>	<u>Unfunded</u>
Revenue		
Patient Services	561,489	4,268,178
Recoveries	-	2,366,816
Total Revenue	561,489	6,634,994
Expense		
Compensation	6,586,039	5,022,175
Pandemic Pay	7,015,305	-
Medical Staff Fees	499,041	396,670
Med. Surg. Supplies	2,705,695	1,059,297
Drugs	87,570	55,059
Other supplies & expense	1,318,387	986,781
Equipment Expenses	1,554,384	249,000
Renovations	1,053,304	19,884
Total Expense	20,819,725	7,788,866
Total Operating	\$ 21,381,214	\$ 14,423,860

It should also be noted that with respect to Ministry volume based funding, we have unearned revenue for these nine (9) months of \$8.6 million as compared to \$1.3 million one year ago.

Revenue

Ministry revenue (combined base and one-time) is \$10,287,000 higher than budget. One time funding is favourable year to date, as it includes approximately \$7 million in one time pandemic pay funding that has been recognized to date. This funding is offset by wages and benefits for the two installments of pandemic pay paid to those eligible staff. In addition, we have received one time ministry reimbursement for April to September COVID-19 expenses in the amount of \$13.8 million. Early in the fiscal year, the Ministry directed Hospitals to reduce elective services and the corresponding volume reductions have reduced the amount of revenue earned for Quality Based Procedures (QBPs), wait time procedures, neuroservices and cardiac funding. As an example, for QBP funded volumes, our year to date December revenues are \$7.1 million lower than one year ago. WRH has submitted a plan to the Ministry to address the surgical backlog. However, with the region returning to lockdown, planned inpatient elective surgeries have been reduced and in some cases cancelled.

QBP funding includes a component of Urgent/Emergent cases which are Pneumonia, Hip Fracture, Stroke, Congestive Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD). There has been a significant reduction in these cases in the current fiscal year which has resulted in unearned revenue of \$2 million to date and a forecasted shortfall of \$2.75 million at year-end. Last fiscal year 100% of this funding (\$28 million) was earned.

An additional volume-based revenue shortfall is forecasted in the Complex Malignant Hematology program which funds the treatment of acute leukemia patients. The year to date shortfall in this program is \$737,000 due to lower than funded volumes.

Ministry drug reimbursements have a positive variance of \$2,204,000 (13.3%). 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 \$2,105,000 and is tracking lower than last year by \$2,092,000. 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 \$32,000 under budget due to the factors mentioned above for preferred accommodation.

Other services for uninsured patients are being submitted to the Ministry for reimbursement. These amounts vary considerably from month to month and WRH has been reimbursed \$561,000 to date for the four-month period of April to July 2020.

Patient Services revenue variance is \$278,000 unfavourable (1.2%) year to date. Diagnostic revenues are well below plan, as outpatient volumes were reduced significantly due to pandemic restrictions. Inpatient volumes were reduced as elective surgeries were cancelled in order to create capacity for a potential surge in pandemic patients. This revenue has been trending favourably in the last four months (\$323,000 better than budget in December).

Equipment Grant amortization is \$335,000 (17.3%) higher than budget. Timing of the receipt of these grants affects their amortization.

Other Recoveries are \$182,000 favourable (.6%) to budget. Similar to patient services, this revenue category was also impacted by the reduction in hospital services. Revenues were significantly reduced for parking, retail pharmacy and food operations early in the fiscal year. Recoveries were favourable in December by \$100,000. Retail pharmacies (Met, HIV and We Care) have a \$50,000 positive net drug revenue relative to drug expense in the month of December and \$230,000 year to date.

Expenses

Salaries are currently over budget (unfavourable) by \$10,435,000 (5.6%) year to date and includes the \$7 million in pandemic pay as mentioned in previous reports.

The salary variance in the month of December was a deficit of \$1,014,000. Salaries for COVID-19 screening (staff, patients and visitors), staffing for the Assessment Centres and the Vaccination Centre totalled \$543,000 in the month. Other significant negative variances occurred in inpatient medicine and critical care units that are experiencing a surge in COVID-19 volumes (\$430,000).

Year to date spending for employees in paid isolation is \$734,000, paid sick time due to COVID-19 is \$612,000 and training for temporary staff hires totalled \$351,000. In total, these temporary hires (COVID Helpers) have been paid \$2,275,000 to date. Staff who normally work in areas where volumes were reduced had been redeployed to the screening desks, the COVID-19 Community Assessment Centres and the St. Clair College (SCC) field hospital.

Renal Program salaries are over budget \$376,000 year to date due to a significant increase in patient referrals from the community. Some of these cases will earn additional funding but we will not know to what extent until coded data is available.

Employee Benefits are unfavourable to budget by \$465,000 (1.0%). The variance is attributable to the wage variance.

Employee Future Benefits are currently on budget.

Medical Staff Remuneration is over budget (unfavourable) by \$1,722,000 (4.4%). The variance is attributable to physician retroactive payments as a result of OMA settlements and increases in alternate funding agreements and increased volumes in diagnostic services. The retroactive payments and alternate funding increases are fully funded by the Ministry. In the case of diagnostic services, WRH earns additional technical fee revenue on these volumes. Medical Staff Remuneration attributable to COVID-19 totals \$896,000 year to date of which \$499,000 has been funded.

Medical & Surgical Supplies are favourable to budget by \$1,646,000 (6%) year to date. The perioperative programs at both sites are favourable due to the cancellation of elective surgeries, with the Met campus favourable by \$871,000 and Ouellette \$1,684,000. In the Diagnostic Departments, Interventional Radiology and the Cardiac Catheterization Lab are \$579,000 under budget to date because of volume decreases. Due to COVID-19, spending on Personal Protective Equipment (PPE), which is included in medical & surgical supplies expense, has increased. The incremental cost for PPE year to date is approximately \$2,899,000. It should be noted that elective surgery cancellations affect the ability to reach QBP funded volumes and may result in funding having to be returned to the MOH at year-end. For 2020-21, no determination has yet been made regarding the Ministry's recovery policy for volume-based procedures due to COVID-19.

Drug expenses are over budget (unfavourable) by \$4,152,000 (9.2%) year to date. These expenses are offset by recoveries in the retail pharmacies and by Ministry funding in the chemotherapy suite and renal program. In the month of December, drug expenses in clinical departments were 13% unfavourable at the Met Campus and 14% unfavourable at the Ouellette Campus. This is due to the surge in COVID-19 patients in critical care and medicine.

Supplies and Other Expenses are favourable to budget by \$609,000 (1.3%). The largest negative variance is in minor equipment (\$1,490,000) mainly due to COVID19 related purchases. Courier costs are \$291,000 over budget as this includes the costs related to sending COVID-19 tests to London for analysis. These additional costs are being included as part of our COVID-19 cost submissions to the Ministry. Offsetting these negative variances are utilities which are favourable \$1,422,000 due to the ongoing energy rebate. Referred out expenses for hip and knee replacements under the "Bundled Care" model are favourable \$445,000 to date due to the postponement of the related surgeries. These expenses relate to post-surgical services for inpatient rehabilitation, home care and outpatient physiotherapy.

Long-term Interest expense is \$285,000 (19.9%) over budget. The year to date expense includes an accrual for the debenture interest in the amount of \$624,000.

Equipment Lease/Rental is \$1,191,000 unfavourable to budget (66.5%). This is due to the rental of beds to increase capacity in preparation for COVID-19 and to equip the St. Clair College Field Hospital with 100 beds.

Equipment amortization is \$68,000 under budget (1%).

Other Votes – Other Votes are \$26,000 favourable.

Other Recoveries / (Expenses) – consistent with the year financial statement presentation. We have segregated the legal fees related to a particular legal case. Year to date December 2020, these expenses amount to \$456,000.

2. Statement of Financial Position (Statement 3)

On April 30, 2020, we received a \$35 million Ministry cash advance that must be fully repaid by the end of the fiscal year. The additional \$10 million cash advance was received on September 30th and will be repaid in installments in the months of January to March of 2021. Statement #5 includes the \$200 million, 40-year debenture that was issued in November 2020 that will be used to fund capital projects and to replenish our working capital. There have been challenges in trying to find suitable short term investments for these funds that offer a better rate of return than we currently get on account. The receipt of these funds has greatly improved our working capital ratio.

Our inventory balance as at December 31st is \$7,863,000 higher than March 31st and includes \$5.6 million in masks. The remaining difference relates to bulk purchases of PPE and higher drug inventory related to COVID-19 preparation.

Our Ministry / CCO receivable has increased by \$4.9 million. The \$11.3 million receivable includes \$7.9 million from CCO which is comprised of \$5 million for the reimbursement of qualifying drug expenses and \$2.9 million for program funding. The remaining \$3.4 million is receivable from the Ministry for base and one time funding. Included in one time funding receivable is \$1.2 million for the COVID-19 Assessment Centres. In October 2020, the funding model was changed to pay hospitals on a per swab basis at a rate of \$38 per swab. WRH has not yet received the funding earned for 32,179 swabs used in the four-month period October to December.

It should be noted that the Ministry has funded for \$5,337,300 in COVID-19 capital expenditures incurred in the first few months of the fiscal year. The amount has been treated as a capital grant.

3. Patient Volumes (Met Campus only)

Acute care patient days are 6,490 lower than the budget and 5,432 lower than the same period last year. Combined ED visits and holds for the year are 8,019 below budget and 7,747 fewer than last year at this time. Acute separations are 5,472 lower than plan, and are 1,780 lower than one year ago. Combined OR Inpatient and Day Surgery cases are 4,035 cases lower than plan. Ambulatory and community visits are 3,617 below plan and 3,078 lower than one year ago. Weighted cases are estimated

to be 3,283 lower than plan and 3,139 lower than one year ago. In December, the Met Campus Assessment Centre had 2,501 visits.

Patient Volumes (Ouellette Campus only)

Acute care patient days are 5,551 days below budget year to date and 4,965 days lower than the same period last year. Acute separations are 6,767 lower than plan and 1,180 lower than last year. Mental health patient days are 782 days higher than budget and 922 higher than the same period last year. OR Inpatient and Day Surgery cases are currently 7,247 lower than plan. ED visits and holds at Ouellette are 7,937 below budget and 8,510 lower than the prior year. Ambulatory visits are 25,951 below budget and 26,137 visits lower than prior year. Community visits are 71,244 above plan, as this includes 72,113 visits to the COVID-19 Community Assessment Centre. Weighted cases are estimated to be 3,767 lower than plan and 3,930 less than one year ago.

Patient Volumes (St. Clair College Field Hospital only)

Acute care patient days at the St. Clair College Field Hospital are 1,568 days and 271 weighted cases. The Field Hospital was closed on June 12, 2020, but is ready to reopen on a few hours notice. The St. Clair College Assessment Centre visits are included as part of the Ouellette Campus volumes.

Patient Access

Acute care length of stay at Met was 4.52 days as compared to a target of 4.54 days. Lengths of stay for Ouellette acute care was 7.84 days versus a plan of 7.33. Length of stay for the adult psychiatric patients was 12.1 slightly below the plan of 12.43 days and Maryvale (adolescent psychiatry) length of stay is 5.83 compared to the target of 6.44.

4. Organizational Health

The percentage of sick time year to date for the Met Campus is 5.8%, which is over target by 2.1%, while overtime is .2% over target at 2.5%.

Sick time at the Ouellette Campus is 6.10% compared to the target of 3.70%, while overtime is over target at 5.0% year to date compared to the target of 2.30%.

Some of the increase in sick time costs at both campus relates paying staff to remain home in isolation due to COVID-19. We are also assuming some of the incidental sick time is staff dealing with childcare issues.

With respect to FTEs, the Met Campus is favourable to budget by 22 FTEs. This is comprised of a 13.2 FTE surplus in hospital operations and a 8.8 FTE surplus in Cancer Centre operations. At the Ouellette Campus, the FTE variance is unfavourable by 9.7 FTE with the main variances in the inpatient medicine and critical care units which are 18.8 and 5.7 FTEs over budget respectively.

FTEs attributable to COVID-19 additional staffing are 117.9 in total, 96 for hospital operations and 21.9 for the St. Clair College Field Hospital including the Vaccination Centre.

The COVID-19 staffing has not been in place all year and as such does not have a huge impact on the YTD average FTEs.

Statement #1
WINDSOR REGIONAL HOSPITAL
 Consolidated Operating Results for the Nine Months Ending December 31, 2020

Current Month	Fav/(Unfav) Budget	Description	Year To Date			Forecast	Year End		Prior Year Actual	
			Actual	Budget	Fav/(Unfav)		Budget	Fav/(Unfav)	Year to Date	Year End
\$ 32,452	\$ (2,568)	1 Ministry Funding - Base	\$ 303,027	\$ 310,304	\$ (7,277)	\$ 399,502	\$ 411,915	\$ (12,413)	\$ 299,359	\$ 401,055
1,687	(20)	2 Ministry Funding - One-time	32,771	15,207	17,564	50,603	20,003	30,600	18,823	27,770
1,831	(4)	3 Ministry Funding - Drug Reimb.	18,720	16,516	2,204	24,622	22,022	2,600	14,912	22,103
52	(262)	4 Preferred Accommodation	680	2,785	(2,105)	1,032	3,696	(2,664)	2,772	3,620
-	(4)	5 Chronic co-payment	-	32	(32)	-	42	(42)	31	47
3,004	323	6 Patient services	23,551	23,829	(278)	32,467	31,867	600	24,690	32,594
829	291	7 Capital grant amortization	5,279	4,842	437	6,570	6,456	114	4,889	6,550
3,916	103	8 Other recoveries	32,103	31,907	196	43,460	42,960	500	32,078	43,232
\$ 43,771	\$ (2,141)	9 Total Revenue	\$ 416,131	\$ 405,422	\$ 10,709	\$ 558,256	\$ 538,961	\$ 19,295	\$ 397,554	\$ 536,971
		Expense (\$000's)								
\$ 22,294	\$ (1,020)	10 Salaries	\$ 196,154	\$ 185,715	\$ (10,439)	\$ 257,357	\$ 245,514	\$ (11,843)	\$ 183,324	\$ 242,856
4,583	(212)	11 Employee benefits	46,344	45,873	(471)	63,474	63,695	221	45,248	61,424
161	-	12 Employee ben. - future ben. costs	1,450	1,450	-	1,933	1,933	-	1,450	2,325
4,490	(151)	13 Medical staff remuneration	40,575	38,853	(1,722)	54,734	52,163	(2,571)	40,774	54,183
3,361	(430)	14 Medical & Surgical supplies	25,869	27,536	(1,647)	32,497	36,237	(3,740)	26,682	35,882
5,574	(547)	15 Drugs	49,378	45,226	(4,152)	64,172	60,252	(3,920)	42,934	60,153
5,430	(156)	16 Supplies & other expenses	47,575	47,920	345	65,704	64,228	(1,476)	46,433	61,257
138	63	17 Equipment lease / rental	2,981	1,790	(1,191)	3,752	2,402	(1,350)	1,884	2,675
1,354	(150)	18 Capital amortization	10,854	10,836	(18)	14,228	14,448	(220)	10,264	13,947
\$ 47,385	\$ (2,603)	19 Total Expense	\$ 421,200	\$ 405,199	\$ (16,001)	\$ 557,852	\$ 540,873	\$ (16,979)	\$ 398,593	\$ 534,704
(131)	(131)	20 Other recoveries (expense)	(456)	-	(456)	(325)	-	(325)	(1,367)	572
\$ (3,745)	\$ (4,875)	20 Net Surplus (Deficit) - \$000's	\$ (5,525)	\$ 223	\$ (5,748)	\$ 79	\$ (1,912)	\$ 1,991	\$ (2,806)	\$ 2,839
\$ (3,036)	\$ (4,575)	1 Total Margin - \$000's	\$ (2,627)	\$ 2,988	\$ (5,615)	\$ 5,164	\$ 2,098	\$ 3,066	\$ (168)	\$ 6,167
3,748	(3,748)	COVID-19 related unfunded extraordinary operating expenses and revenue loss included above	14,424	-	(14,424)	10,549	-	(10,549)	-	-

#DIV/0!

Statement #2
WINDSOR REGIONAL HOSPITAL
Operating Results for the Nine Months Ending December 31, 2020
Consolidated - Met and Ouellette Campuses

Current Month	Fav/(Unfav) to Unapproved Budget	Description	Year To Date			Year End			Prior Year Actual	
			Actual	Budget	Fav/(Unfav)	Forecast	Budget	Fav/(Unfav)	Year to Date	Year End
\$ 32,436	\$ (2,568)	1 Ministry Funding - Base	\$ 302,807	\$ 310,084	\$ (7,277)	\$ 399,281	\$ 411,645	\$ (12,364)	\$ 299,176	\$ 400,826
1,687	(20)	2 Ministry Funding - One-time	32,771	15,207	17,564	50,603	20,003	30,600	18,823	27,770
1,831	(4)	3 Ministry Funding - Drug Reimb.	18,720	16,516	2,204	24,622	22,022	2,600	14,912	22,103
52	(262)	4 Preferred Accommodation	680	2,785	(2,105)	1,032	3,696	(2,664)	2,772	3,620
-	(4)	5 Chronic co-payment	-	32	(32)	-	42	(42)	31	47
3,004	323	6 Patient services	23,551	23,829	(278)	32,467	31,867	600	24,690	32,594
496	281	7 Equipment grant amortization	2,270	1,935	335	2,598	2,580	18	1,976	2,662
3,912	100	8 Other recoveries	32,081	31,899	182	43,414	42,914	500	32,059	43,150
\$ 43,418	\$ (2,154)	9 Total Revenue	\$ 412,880	\$ 402,287	\$ 10,593	\$ 554,017	\$ 534,769	\$ 19,248	\$ 394,439	\$ 532,772
\$ 22,275	\$ (1,014)	10 Salaries	\$ 196,024	\$ 185,589	\$ (10,435)	\$ 257,235	\$ 245,344	\$ (11,891)	\$ 183,224	\$ 242,720
4,578	(210)	11 Employee benefits	46,314	45,849	(465)	63,442	63,663	221	45,221	61,387
161	-	12 Employee ben. - future ben. costs	1,450	1,450	-	1,933	1,933	-	1,450	2,325
4,490	(151)	13 Medical staff remuneration	40,575	38,853	(1,722)	54,734	52,163	(2,571)	40,774	54,183
3,361	(430)	14 Medical & Surgical supplies	25,889	27,535	1,646	32,496	36,236	3,740	26,682	35,881
5,574	(547)	15 Drugs	49,378	45,226	(4,152)	64,172	60,252	(3,920)	42,934	60,153
4,845	164	16 Supplies & other expenses	45,741	46,350	609	62,046	61,846	(200)	44,888	59,414
580	(322)	17 Long term interest	1,718	1,433	(285)	3,510	2,234	(1,276)	1,420	1,695
138	63	18 Equipment lease / rental	2,981	1,790	(1,191)	3,739	2,389	(1,350)	1,884	2,675
892	(159)	19 Equipment amortization	6,665	6,597	(68)	8,681	8,796	115	6,133	8,426
\$ 46,894	\$ (2,606)	20 Total Expense	\$ 416,735	\$ 400,672	\$ (16,063)	\$ 551,989	\$ 534,857	\$ (17,132)	\$ 394,610	\$ 528,859
\$ (3,476)	\$ (4,760)	21 Surplus / (Deficit) From Hospital Operations	\$ (3,855)	\$ 1,615	\$ (5,470)	\$ 2,028	\$ (88)	\$ 2,116	\$ (171)	\$ 3,913
		22 Surplus / (Deficit) from Other Operations (\$000's)	(34)	(60)	26	(49)	(48)	(1)	(50)	(13)
(9)	(3)	23 Other Recoveries / (Expenses)	(456)	-	(456)	(325)	-	(325)	(1,367)	572
(3,616)	(4,894)	24 Subtotal	(4,345)	1,555	(5,900)	1,654	(136)	1,790	(1,588)	4,472
(129)	19	25 Net Building Amortization	(1,180)	(1,332)	152	(1,575)	(1,776)	201	(1,218)	(1,633)
\$ (3,745)	\$ (4,875)	26 Net Surplus (Deficit) - \$000's	\$ (5,525)	\$ 223	\$ (5,748)	\$ 79	\$ (1,912)	\$ 1,991	\$ (2,806)	\$ 2,839
		27 COVID-19 related unfunded extraordinary operating expenses included above	\$ 7,789	-	\$ (7,789)	-	-	-	-	\$ 1,629
\$ 3,103	\$ (3,103)	28 COVID-19 related unfunded non-ministry revenue loss included above	\$ 6,635	-	\$ (6,635)	\$ 10,549	-	\$ (10,549)	-	-
\$ 645	\$ (645)	29 YTD - Unearned Ministry volume funding	\$ 8,606	-	\$ (8,606)	\$ 8,985	-	\$ (8,985)	\$ 1,300	\$ 1,110

WINDSOR REGIONAL HOSPITAL
Operating Results for the Nine Months Ending December 31, 2020
Consolidated - Met and Ouellette Campuses

Current Month	Fav/(Unfav)	Description	Year To Date			Year End			Prior Year Actual	
			Actual	Budget	Fav/(Unfav)	Forecast	Budget	Fav/(Unfav)	Year to Date	Year End
Financial Performance Measures										
\$ (3,036)	(4,575)	1 Total Margin - \$000's	\$ (2,627)	\$ 2,988	\$ (5,615)	\$ 5,164	\$ 2,098	\$ 3,066	\$ (168)	\$ 6,167
-6.99%	-10.37%	2 Total Margin - %	-0.64%	0.74%	-1.38%	0.93%	0.39%	0.0%	-0.04%	1.16%
n/a	n/a	3 Unrestricted cash - \$000's	\$222,237	N/A	N/A	\$ 70,000	N/A	N/A	13,555	\$ 411
n/a	n/a	4 Current ratio	1.93	0.40	1.53	0.80	0.40	N/A	0.44	0.33
\$ 1,981	n/a	5a Capital equipment expenditures - Fiscal 2020 - 21 \$000's	\$ 11,301	\$ 5,459	\$ (5,842)	\$ 13,000	\$ 7,279	\$ 5,721	\$ 6,245	\$ 11,829
\$ 57	n/a	5b Capital equipment expenditures - PY C/F \$000's	\$ 4,583	\$ 434	\$ (4,150)	\$ 6,000	\$ 578	\$ -	\$ 5,004	\$ 5,414
\$ 3,618	n/a	5c Funded / Own Funds Capital Projects	\$ 14,844	\$ 21,797	\$ 6,953	\$ 29,062	\$ 29,062	\$ -	\$ 10,523	\$ 19,570
Patient Volume Measures										
1,758	(345)	1 Total Weighted Cases (est) - HIG	15,374	18,657	(3,283)	21,845	24,763	(2,918)	18,513	24,384
1,352	(693)	2 Acute separations (excl psych)	12,591	18,063	(5,472)	17,340	24,080	(6,740)	14,371	19,178
6,874	(313)	3 Acute pat. days (excl. psych)	56,922	63,412	(6,490)	77,162	84,626	(7,464)	62,354	82,935
109	1	4 Psychiatric - Adolescent pat. days	974	953	21	1,319	1,269	50	877	1,198
3,440	(1,193)	5 Emergency visits and ER holds	33,072	41,091	(8,019)	45,815	54,551	(8,736)	40,819	53,032
264	(68)	6 OR - Inpatient cases	2,261	2,973	(712)	3,019	3,909	(890)	2,997	3,896
595	(210)	7 OR - Day Surgery cases	3,873	7,196	(3,323)	5,372	9,484	(4,112)	7,019	9,054
10,582	4	8 Clinic visits	91,372	94,381	(3,009)	126,000	124,549	1,451	94,026	123,178
3,083	2,175	9 Community Services visits	7,450	8,058	(608)	15,000	10,695	4,305	7,874	10,135
Variable Revenue Volumes:										
6	-	(a) Hip procedures	72	59	13	98	67	31	69	90
14	(21)	(b) Knee procedures	117	318	(201)	174	410	(236)	294	390
-	-	(c) Pacemaker Inserts	-	-	-	-	-	-	-	-
492	(49)	11 MRI Hours of Operation	4,684	4,997	(313)	6,622	6,364	258	4,677	6,268
744	5	12 CT Hours of Operation	6,591	6,156	435	8,904	8,696	208	6,517	8,604
Patient Access Measures & System Integration										
5.08	(0.54)	1 Acute Average LOS	4.52	4.54	0.02	4.52	4.54	0.02	4.34	4.32
3.89	2.55	2 Psych Average - Adolescent LOS	5.83	6.44	0.61	5.83	6.44	0.61	4.82	4.74
Organizational Health										
6.50%	N/A	1 % Sick Time to Total Comp	5.80%	3.70%	-2.10%	5.70%	3.70%	-2.00%	5.70%	5.70%
3.40%	N/A	2 % Overtime to Total Comp	2.50%	2.30%	-0.20%	2.40%	2.30%	0.10%	2.40%	2.30%
1,743.3	N/A	3 FTE staffing (Hospital Ops Only)	1,688.2	1,710.1	22.0	1,688.0	1,690.1	2.07	1,694.7	1,685.3

WINDSOR REGIONAL HOSPITAL
Operating Results for the Nine Months Ending December 31, 2020
Consolidated - Met and Ouellette Campuses

Current Month		Year To Date		Year End		Prior Year Actual	
Actual	Fav/(Unfav)	Actual	Budget	Forecast	Budget	Year to Date	Year End
1,918	(238,711)	15,371	19,138	21,900	25,402	19,302	25,827
863	(754)	7,271	14,038	9,900	19,043	8,451	11,244
6,755	(486)	57,036	62,587	78,634	85,253	62,001	81,548
2,084	159	17,873	17,091	23,537	22,671	16,951	22,532
-	-	-	-	-	-	-	-
3,497	(1,100)	32,855	40,792	44,905	54,126	41,365	54,152
267	(72)	2,340	3,051	3,175	3,989	3,076	4,022
806	(464)	4,809	11,345	6,687	14,953	11,059	13,932
2,308	(2,791)	18,741	44,692	24,649	60,039	44,878	57,778
14,293	13,463	78,608	7,364	102,000	9,774	7,221	10,320
18	(10)	136	259	179	333	251	321
23	(17)	180	357	263	471	382	484
22	(1)	181	199	242	265	212	265
151	(278)	659	3,838	800	5,053	3,748	4,849
198	185	1,084	118	1,600	154	136	171
503	(33,31)	4,783	4,167	6,565	6,307	4,555	6,139
744	(0,96)	6,596	7,329	8,984	8,776	6,595	8,778
7.83	(0.50)	7.84	7.33	7.84	7.33	7.34	7.25
-	-	-	-	-	-	-	-
11.58	0.85	12.10	12.43	12.10	12.43	12.75	12.80
6.50%	N/A	6.10%	3.70%	6.30%	3.70%	6.10%	6.00%
5.70%	N/A	5.00%	2.30%	4.80%	2.30%	4.40%	4.50%
1,490.1	N/A	1,432.5	1,422.8	1,432.0	1,434.4	1,445.9	1,431.8
Organizational Health		QUELLETTE CAMPUS ONLY		QUELLETTE CAMPUS ONLY		QUELLETTE CAMPUS ONLY	
1 % Sick Time to Total Comp		6.10%		3.70%		-2.40%	
2 % Overtime to Total Comp		5.00%		2.30%		-2.70%	
3 FTE staffing (Hospital Ops Only)		1,432.5		1,422.8		(9.7)	
Organizational Health		QUELLETTE CAMPUS ONLY		QUELLETTE CAMPUS ONLY		QUELLETTE CAMPUS ONLY	
1 Acute Average LOS		7.84		7.33		(0.51)	
2 Rehab Average LOS		-		-		-	
3 Psych Average - Adult LOS		12.10		12.43		0.33	
Organizational Health		QUELLETTE CAMPUS ONLY		QUELLETTE CAMPUS ONLY		QUELLETTE CAMPUS ONLY	
1 Total Weighted Cases (est) - HIG		271		271		271	
2 Acute separations		53		53		53	
3 Acute patient days		1,568		1,568		1,568	
4 Acute Average LOS		29.58		(29.58)		(29.58)	
5 FTE staffing		22.8		(22.8)		(28.40)	
ST. CLAIR COLLEGE CAMPUS ONLY		ST. CLAIR COLLEGE CAMPUS ONLY		ST. CLAIR COLLEGE CAMPUS ONLY		ST. CLAIR COLLEGE CAMPUS ONLY	
Year To Date		Year End		Year End		Year to Date	
Actual	Budget	Forecast	Budget	Forecast	Budget	Year to Date	Year End
271	-	271	-	271	-	271	-
53	-	53	-	53	-	53	-
1,568	-	1,568	-	1,568	-	1,568	-
29.58	-	(29.58)	-	29.58	-	(29.58)	-
22.8	-	(22.8)	-	28.40	-	(28.40)	-
Patient Volume Measures		Patient Volume Measures		Patient Volume Measures		Patient Volume Measures	
Description		Description		Description		Description	
1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG	
2 Acute separations (excl psych)		2 Acute separations (excl psych)		2 Acute separations (excl psych)		2 Acute separations (excl psych)	
3 Acute pat. days (excl. psych)		3 Acute pat. days (excl. psych)		3 Acute pat. days (excl. psych)		3 Acute pat. days (excl. psych)	
4 Psychiatric - Adult patient days		4 Psychiatric - Adult patient days		4 Psychiatric - Adult patient days		4 Psychiatric - Adult patient days	
5 Rehab patient days		5 Rehab patient days		5 Rehab patient days		5 Rehab patient days	
6 Emergency visits and ER holds		6 Emergency visits and ER holds		6 Emergency visits and ER holds		6 Emergency visits and ER holds	
7 OR - Inpatient cases		7 OR - Inpatient cases		7 OR - Inpatient cases		7 OR - Inpatient cases	
8 OR - Day Surgery cases		8 OR - Day Surgery cases		8 OR - Day Surgery cases		8 OR - Day Surgery cases	
9 Clinic visits		9 Clinic visits		9 Clinic visits		9 Clinic visits	
10 Community Services visits		10 Community Services visits		10 Community Services visits		10 Community Services visits	
11 Variable Revenue Volumes:		11 Variable Revenue Volumes:		11 Variable Revenue Volumes:		11 Variable Revenue Volumes:	
(a) Hip procedures		(a) Hip procedures		(a) Hip procedures		(a) Hip procedures	
(b) Knee procedures		(b) Knee procedures		(b) Knee procedures		(b) Knee procedures	
(c) Pacemaker inserts		(c) Pacemaker inserts		(c) Pacemaker inserts		(c) Pacemaker inserts	
12 Cataracts		12 Cataracts		12 Cataracts		12 Cataracts	
a) Unilateral		a) Unilateral		a) Unilateral		a) Unilateral	
b) Bilateral		b) Bilateral		b) Bilateral		b) Bilateral	
13 MRI Hours of Operation		13 MRI Hours of Operation		13 MRI Hours of Operation		13 MRI Hours of Operation	
14 CT Hours of Operation		14 CT Hours of Operation		14 CT Hours of Operation		14 CT Hours of Operation	
Patient Access Measures & System Integration		Patient Access Measures & System Integration		Patient Access Measures & System Integration		Patient Access Measures & System Integration	
1 Acute Average LOS		1 Acute Average LOS		1 Acute Average LOS		1 Acute Average LOS	
2 Rehab Average LOS		2 Rehab Average LOS		2 Rehab Average LOS		2 Rehab Average LOS	
3 Psych Average - Adult LOS		3 Psych Average - Adult LOS		3 Psych Average - Adult LOS		3 Psych Average - Adult LOS	
Organizational Health		Organizational Health		Organizational Health		Organizational Health	
1 % Sick Time to Total Comp		1 % Sick Time to Total Comp		1 % Sick Time to Total Comp		1 % Sick Time to Total Comp	
2 % Overtime to Total Comp		2 % Overtime to Total Comp		2 % Overtime to Total Comp		2 % Overtime to Total Comp	
3 FTE staffing (Hospital Ops Only)		3 FTE staffing (Hospital Ops Only)		3 FTE staffing (Hospital Ops Only)		3 FTE staffing (Hospital Ops Only)	
Organizational Health		Organizational Health		Organizational Health		Organizational Health	
1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG	
2 Acute separations		2 Acute separations		2 Acute separations		2 Acute separations	
3 Acute patient days		3 Acute patient days		3 Acute patient days		3 Acute patient days	
4 Acute Average LOS		4 Acute Average LOS		4 Acute Average LOS		4 Acute Average LOS	
5 FTE staffing		5 FTE staffing		5 FTE staffing		5 FTE staffing	
Patient Volume Measures		Patient Volume Measures		Patient Volume Measures		Patient Volume Measures	
Description		Description		Description		Description	
1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG	
2 Acute separations		2 Acute separations		2 Acute separations		2 Acute separations	
3 Acute patient days		3 Acute patient days		3 Acute patient days		3 Acute patient days	
4 Acute Average LOS		4 Acute Average LOS		4 Acute Average LOS		4 Acute Average LOS	
5 FTE staffing		5 FTE staffing		5 FTE staffing		5 FTE staffing	
Patient Volume Measures		Patient Volume Measures		Patient Volume Measures		Patient Volume Measures	
Description		Description		Description		Description	
1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG	
2 Acute separations		2 Acute separations		2 Acute separations		2 Acute separations	
3 Acute patient days		3 Acute patient days		3 Acute patient days		3 Acute patient days	
4 Acute Average LOS		4 Acute Average LOS		4 Acute Average LOS		4 Acute Average LOS	
5 FTE staffing		5 FTE staffing		5 FTE staffing		5 FTE staffing	
Patient Volume Measures		Patient Volume Measures		Patient Volume Measures		Patient Volume Measures	
Description		Description		Description		Description	
1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG	
2 Acute separations		2 Acute separations		2 Acute separations		2 Acute separations	
3 Acute patient days		3 Acute patient days		3 Acute patient days		3 Acute patient days	
4 Acute Average LOS		4 Acute Average LOS		4 Acute Average LOS		4 Acute Average LOS	
5 FTE staffing		5 FTE staffing		5 FTE staffing		5 FTE staffing	
Patient Volume Measures		Patient Volume Measures		Patient Volume Measures		Patient Volume Measures	
Description		Description		Description		Description	
1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG	
2 Acute separations		2 Acute separations		2 Acute separations		2 Acute separations	
3 Acute patient days		3 Acute patient days		3 Acute patient days		3 Acute patient days	
4 Acute Average LOS		4 Acute Average LOS		4 Acute Average LOS		4 Acute Average LOS	
5 FTE staffing		5 FTE staffing		5 FTE staffing		5 FTE staffing	
Patient Volume Measures		Patient Volume Measures		Patient Volume Measures		Patient Volume Measures	
Description		Description		Description		Description	
1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG	
2 Acute separations		2 Acute separations		2 Acute separations		2 Acute separations	
3 Acute patient days		3 Acute patient days		3 Acute patient days		3 Acute patient days	
4 Acute Average LOS		4 Acute Average LOS		4 Acute Average LOS		4 Acute Average LOS	
5 FTE staffing		5 FTE staffing		5 FTE staffing		5 FTE staffing	
Patient Volume Measures		Patient Volume Measures		Patient Volume Measures		Patient Volume Measures	
Description		Description		Description		Description	
1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG	
2 Acute separations		2 Acute separations		2 Acute separations		2 Acute separations	
3 Acute patient days		3 Acute patient days		3 Acute patient days		3 Acute patient days	
4 Acute Average LOS		4 Acute Average LOS		4 Acute Average LOS		4 Acute Average LOS	
5 FTE staffing		5 FTE staffing		5 FTE staffing		5 FTE staffing	
Patient Volume Measures		Patient Volume Measures		Patient Volume Measures		Patient Volume Measures	
Description		Description		Description		Description	
1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG	
2 Acute separations		2 Acute separations		2 Acute separations		2 Acute separations	
3 Acute patient days		3 Acute patient days		3 Acute patient days		3 Acute patient days	
4 Acute Average LOS		4 Acute Average LOS		4 Acute Average LOS		4 Acute Average LOS	
5 FTE staffing		5 FTE staffing		5 FTE staffing		5 FTE staffing	
Patient Volume Measures		Patient Volume Measures		Patient Volume Measures		Patient Volume Measures	
Description		Description		Description		Description	
1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG	
2 Acute separations		2 Acute separations		2 Acute separations		2 Acute separations	
3 Acute patient days		3 Acute patient days		3 Acute patient days		3 Acute patient days	
4 Acute Average LOS		4 Acute Average LOS		4 Acute Average LOS		4 Acute Average LOS	
5 FTE staffing		5 FTE staffing		5 FTE staffing		5 FTE staffing	
Patient Volume Measures		Patient Volume Measures		Patient Volume Measures		Patient Volume Measures	
Description		Description		Description		Description	
1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG	
2 Acute separations		2 Acute separations		2 Acute separations		2 Acute separations	
3 Acute patient days		3 Acute patient days		3 Acute patient days		3 Acute patient days	
4 Acute Average LOS		4 Acute Average LOS		4 Acute Average LOS		4 Acute Average LOS	
5 FTE staffing		5 FTE staffing		5 FTE staffing		5 FTE staffing	
Patient Volume Measures		Patient Volume Measures		Patient Volume Measures		Patient Volume Measures	
Description		Description		Description		Description	
1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG	
2 Acute separations		2 Acute separations		2 Acute separations		2 Acute separations	
3 Acute patient days		3 Acute patient days		3 Acute patient days		3 Acute patient days	
4 Acute Average LOS		4 Acute Average LOS		4 Acute Average LOS		4 Acute Average LOS	
5 FTE staffing		5 FTE staffing		5 FTE staffing		5 FTE staffing	
Patient Volume Measures		Patient Volume Measures		Patient Volume Measures		Patient Volume Measures	
Description		Description		Description		Description	
1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG	
2 Acute separations		2 Acute separations		2 Acute separations		2 Acute separations	
3 Acute patient days		3 Acute patient days		3 Acute patient days		3 Acute patient days	
4 Acute Average LOS		4 Acute Average LOS		4 Acute Average LOS		4 Acute Average LOS	
5 FTE staffing		5 FTE staffing		5 FTE staffing		5 FTE staffing	
Patient Volume Measures		Patient Volume Measures		Patient Volume Measures		Patient Volume Measures	
Description		Description		Description		Description	
1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG	
2 Acute separations		2 Acute separations		2 Acute separations		2 Acute separations	
3 Acute patient days		3 Acute patient days		3 Acute patient days		3 Acute patient days	
4 Acute Average LOS		4 Acute Average LOS		4 Acute Average LOS		4 Acute Average LOS	
5 FTE staffing		5 FTE staffing		5 FTE staffing		5 FTE staffing	
Patient Volume Measures		Patient Volume Measures		Patient Volume Measures		Patient Volume Measures	
Description		Description		Description		Description	
1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG	
2 Acute separations		2 Acute separations		2 Acute separations		2 Acute separations	
3 Acute patient days		3 Acute patient days		3 Acute patient days		3 Acute patient days	
4 Acute Average LOS		4 Acute Average LOS		4 Acute Average LOS		4 Acute Average LOS	
5 FTE staffing		5 FTE staffing		5 FTE staffing		5 FTE staffing	
Patient Volume Measures		Patient Volume Measures		Patient Volume Measures		Patient Volume Measures	
Description		Description		Description		Description	
1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG		1 Total Weighted Cases (est) - HIG	
2 Acute separations		2 Acute separations		2 Acute separations		2 Acute separations	
3 Acute patient days		3 Acute patient days		3 Acute patient days		3 Acute patient days	
4 Acute Average LOS		4 Acute Average LOS					

Statement # 3
WINDSOR REGIONAL HOSPITAL
STATEMENT OF FINANCIAL POSITION
As At December 31, 2020
(Amounts in 000's)

	December 31, 2020	March 31, 2020	December 31, 2020	March 31, 2020
ASSETS				
Current assets:				
Cash & short-term investments	\$ 222,237	\$ -	\$ -	\$ -
Accounts Rec. - Ministry / CCO	11,297	6,348	19,326	11,623
- OHIP	10,765	8,306	18,052	25,266
- Other	7,477	6,142	4,235	4,235
Inventories	13,002	5,139	52,933	53,449
Prepaid & deferred charges	4,026	5,259	3,485	3,569
Due from related parties	1,559	2,116	742	742
	405	-	45,000	1,134
	-	-	-	-
Total current assets	<u>270,364</u>	<u>33,310</u>	<u>139,941</u>	<u>100,018</u>
Long term assets:				
Investments	6,184	6,044	275,846	56,218
Property, Plant, Equipment, Net	163,914	158,644	24,073	22,624
Construction in progress	52,411	37,807	852	1,340
	216,324	196,451	1,600	1,795
	222,508	202,495	7,138	6,934
	-	-	123,539	121,663
Total long term assets	<u>222,508</u>	<u>202,495</u>	<u>433,049</u>	<u>210,574</u>
LIABILITIES AND EQUITIES				
Current liabilities:				
Bank overdraft	-	-	-	-
Bank indebtedness	-	-	-	-
Accounts payable - trade	-	-	19,326	25,266
Accounts payable - Ministry	-	-	18,052	4,235
Accrued liabilities	-	-	52,933	53,449
Current portion of long term debt	-	-	3,485	3,569
Current portion accrued benefit obligations	-	-	742	742
Current portion of capital lease obligations	-	-	405	1,134
Ministry of Health - advance	-	-	45,000	-
Total current liabilities	<u>139,941</u>	<u>100,018</u>	<u>139,941</u>	<u>100,018</u>
Long term liabilities:				
Long Term Debt	-	-	275,846	56,218
Accrued benefit obligations	-	-	24,073	22,624
Capital lease obligations	-	-	852	1,340
Marked to market	-	-	1,600	1,795
Sick benefits payable	-	-	7,138	6,934
Deferred revenue - capital grants	-	-	123,539	121,663
Total long term liabilities	<u>433,049</u>	<u>210,574</u>	<u>433,049</u>	<u>210,574</u>
Remeasurement losses:				
Net assets:	-	-	(1,600)	(1,795)
	-	-	(78,517)	(72,992)
Total liabilities and net assets	<u>\$ 492,873</u>	<u>\$ 235,805</u>	<u>\$ 492,873</u>	<u>\$ 235,805</u>

Statement # 4
Windsor Regional Hospital
Statement of Cash Flows

For the Nine Months Ending December 31, 2020

With Comparative Amounts For the Year Ending March 31, 2020

(Amounts in 000's)

	December 31, 2020	March 31, 2020	Month of Dec 2020
OPERATING ACTIVITIES			
Net Surplus/(deficit) for the period	\$ (5,525)	\$ 2,839	\$ 1,455
Add (deduct) non-cash items:			
Amortization of capital assets	10,854	13,947	1,354
Loss / (Gain) on disposal	-	-	-
Amortization of deferred capital contributions	(5,279)	(6,550)	(1,511)
Cash flow from / (used in) operating balances	37,542	10,236	1,298
Cash provided by operating activities	37,592	26,272	2,063
INVESTING ACTIVITIES			
Purchase of capital assets	(30,728)	(36,812)	(10,992)
FINANCING ACTIVITIES			
Investments held for capital purposes	(140)	(479)	(21)
Loans payable	206,704	2,402	5,005
Capital grants and donations received	7,155	7,841	6,380
Notes payable and other long term liabilities	1,653	776	275
Cash provided by (used in) financing activities	215,372	10,540	11,638
Net increase (decrease) in cash during the period	222,237	-	\$ 2,708
Cash, beginning of period	-	-	219,528
Cash, end of period	\$ 222,237	\$ -	\$ 222,237

Date: February Report

The following is a summary of WRH in the news since the last report:

WRH cancels all non-urgent surgeries

Windsor Star, Dec. 29, 2020

<https://windsorstar.com/news/local-news/windsor-regional-hospital-cancels-all-non-urgent-surgeries>

Hospital team rallies to help Windsor long-term care home as COVID-19 outbreak death toll climbs to 23

Windsor Star, Dec. 29, 2020

<https://windsorstar.com/news/local-news/hospital-team-rallies-to-help-windsor-long-term-care-home-as-covid-19-outbreak-death-toll-climbs-to-23>

Local health unit using virtual assistant tool to help combat the spread of COVID-19

AM800, Dec. 29, 2020

<https://www.iheartradio.ca/am800/news/local-health-unit-using-virtual-assistant-tool-to-help-combat-the-spread-of-covid-19-1.14262641>

Local Conservative associations donate face shields to hospital

Windsor Star, Dec. 30, 2020

<https://windsorstar.com/news/local-news/local-conservative-associations-donate-face-shields-to-hospital>

Erie Shores hospital joins Windsor Regional in postponing all non-urgent surgeries

CBC Windsor, Dec. 30, 2020

<https://www.cbc.ca/news/canada/windsor/leamington-erie-shores-hospital-postpone-1.5857791>

Erie Shores also cancels elective surgeries

Windsor Star, Dec. 30, 2020

<https://windsorstar.com/news/local-news/erie-shores-also-cancels-elective-surgeries>

Hospital staff stretched to limit

Blackburn News, Jan. 5, 2021

<https://blackburnnews.com/windsor/windsor-news/2021/01/04/hospital-staff-stretched-limit/>

Page 1 of 12

'Very scary situation' – Windsor-Essex health care leaders renews concerns surrounding COVID-19

CTV Windsor, Jan. 5, 2021

<https://windsor.ctvnews.ca/very-scary-situation-windsor-essex-health-care-leaders-renew-concerns-surrounding-covid-19-1.5253824>

'Critical' that workers hesitating on COVID-19 vaccine receive info: WECHU

CBC Windsor, Jan. 5, 2021

<https://www.cbc.ca/news/canada/windsor/windsor-essex-vaccine-hesitancy-health-care-workers-1.5860409>

Windsor's mayor concerned with increase in COVID-19 cases

AM800, Jan. 5, 2021

<https://www.iheartradio.ca/am800/news/windsor-s-mayor-concerned-with-increase-in-covid-19-cases-1.14298579>

Criticized as wasteful, WEEDC says Ho Ho Hospital postcards cost \$660

Windsor Star, Jan. 5, 2021

<https://windsorstar.com/news/local-news/criticized-as-wasteful-weedc-says-ho-ho-hospital-postcards-cost-660>

Lack of beds forces transfer of Windsor patients to Chatham, Sarnia

Blackburn News, Jan. 5, 2021

<https://blackburnnews.com/windsor/windsor-news/2021/01/05/lack-beds-forces-transfer-windsor-patients-chatham-sarnia/>

Strained bed capacity forces WRH to transfer patients to Chatham, Sarnia

Windsor Star, Jan. 5, 2021

<https://windsorstar.com/news/local-news/strained-bed-capacity-forces-windsor-regional-hospital-to-transfer-patients-to-chatham-sarnia>

Lack of beds at WRH means some patients are being transferred to Chatham and Sarnia

CTV Windsor, Jan. 5, 2021

<https://windsor.ctvnews.ca/lack-of-beds-at-wrh-means-some-patients-are-being-transferred-to-chatham-and-sarnia-1.5254148>

WRH begins using temporary morgue as COVID death toll rises

CTV Windsor, Jan. 5, 2021

<https://windsor.ctvnews.ca/windsor-regional-hospital-begins-using-temporary-morgue-as-covid-death-toll-rises-1.5254989>

Rise in COVID-19 deaths forces use of temporary morgue at WRH

AM800, Jan. 5, 2021

<https://www.iheartradio.ca/am800/news/rise-in-covid-19-deaths-forces-use-of-temporary-morgue-at-wrh-1.14309119>

WRH receives more vaccines

AM800, Jan. 5, 2021

<https://www.iheartradio.ca/am800/news/wrh-receives-more-vaccines-1.14305887>



Second shipment of Pfizer COVID-19 vaccines arrives in Windsor

Windsor Star, Jan 5, 2021

<https://windsorstar.com/news/local-news/second-shipment-of-pfizer-covid-19-vaccines-arrives-in-windsor>

COVID-19 vaccine rollout continues in Windsor-Essex

Blackburn News, Jan. 5, 2021

<https://blackburnnews.com/windsor/windsor-news/2021/01/05/covid-19-vaccine-roll-continues-windsor-essex/>

Family mourns Windsor couple who died within days of each other from COVID-19

Windsor Star, Jan 5, 2021

<https://windsorstar.com/news/local-news/family-mourns-windsor-couple-who-died-within-days-of-each-other-from-covid-19>

Jarvis: Outside the box – let’s get going

Windsor Star, Jan 5, 2021

<https://windsorstar.com/news/local-news/jarvis-outside-the-box-folks-lets-get-going>

Bodies stored in trailer outside WRH as morgues reach capacity

Windsor Star, Jan. 6, 2021

<https://windsorstar.com/news/local-news/bodies-stored-in-trailer-outside-windsor-hospital-as-morgues-reach-capacity>

Jarvis: Local vaccination task force warned to ramp this up

Windsor Star, Jan. 6, 2021

<https://windsorstar.com/news/local-news/jarvis-local-vaccination-task-force-warned-to-ramp-this-up>

COVID-19 related capacity issues in Windsor area hospitals send patients to Lambton

CTV London, Jan. 6, 2021

<https://london.ctvnews.ca/covid-19-related-capacity-issues-in-windsor-area-hospitals-send-patients-to-lambton-1.5255854>

Union president upset after hospital PR executive gets COVID shot before front-line workers

CBC Windsor, Jan. 6, 2021

<https://www.cbc.ca/news/canada/windsor/union-covid-19-erie-shores-1.5863852>

ESHC spokesman criticized after receiving COVID-19 vaccine

Windsor Star, Jan. 6, 2021

<https://windsorstar.com/news/local-news/erie-shores-healthcare-spokesman-criticized-after-receiving-covid-19-vaccine>

Wait your turn – leader upset over COVID-19 vaccination of hospital PR staff

CTV Windsor, Jan. 6, 2021

<https://windsor.ctvnews.ca/wait-your-turn-union-leader-upset-over-covid-19-vaccination-of-hospital-pr-staff-1.5256326>



Update: area hospital PR worker vaccinated; local Unifor president calls it shameful

AM800, Jan. 6, 2021

<https://www.iheartradio.ca/am800/news/update-area-hospital-pr-worker-vaccinated-local-unifor-president-calls-it-shameful-1.14313447>

Masse, border workers request rapid COVID-19 testing at Windsor-Detroit crossings

Windsor Star, Jan. 6, 2021

<https://windsorstar.com/news/local-news/masse-border-workers-request-rapid-covid-19-testing-at-windsor-detroit-crossings>

Guest column: People of Windsor and Essex County have spoken; build the hospital

Windsor Star, Jan. 9, 2021

<https://windsorstar.com/opinion/columnists/guest-column-people-of-windsor-and-essex-county-have-spoken-build-the-hospital>

WRH adjusts COVID-19 assessment centre hours, urges people to call ahead to cancel

Blackburn News, Jan. 11, 2021

<https://blackburnnews.com/windsor/windsor-news/2021/01/11/wrh-adjusts-covid-19-assessment-hours-urges-people-call-ahead-cancel/>

'It's not right' – Windsor medical officer of health has COVID-19 vaccine priority concerns

CTV Windsor, Jan. 8, 2021

<https://windsor.ctvnews.ca/it-s-not-right-windsor-essex-medical-officer-of-health-has-covid-19-vaccine-priority-concerns-1.5259316>

Extended video: <https://windsor.ctvnews.ca/video?clipId=2115368>

Windsor-Essex hospitals facing backlash for offering vaccine to managers and executives

CBC Windsor, Jan. 8, 2021

<https://www.cbc.ca/news/canada/windsor/windsor-essex-covid19-vaccine-1.5865959>

Top doc disturbed by improper distribution of COVID vaccine in Windsor-Essex

Windsor Star, Jan. 8, 2021

<https://windsorstar.com/news/local-news/top-doc-disturbed-by-improper-distribution-of-covid-vaccine-in-windsor-essex>

Vaccines are not for health care workers who just want the shot: Dr. Wajid Ahmed

AM800, Jan. 8, 2021

<https://www.iheartradio.ca/am800/news/vaccines-are-not-for-health-care-workers-who-just-want-the-shot-dr-wajid-ahmed-1.14329784>

Vaccine distribution needs to be taken seriously

Blackburn News, Jan. 8, 2021

<https://blackburnnews.com/windsor/windsor-news/2021/01/08/vaccine-distribution-needs-taken-seriously/>



COVID-19 outbreak declared at Hotel-Dieu mental wellness centre

Blackburn News, Jan. 9, 2021

<https://blackburnnews.com/windsor/windsor-news/2021/01/09/covid-19-outbreak-declared-hotel-dieu-mental-wellness-centre/>

Hotel Dieu deploys staff to 2nd seniors' home experiencing COVID-19 outbreak

CBC Windsor, Jan. 8, 2021

<https://www.cbc.ca/news/canada/windsor/hotel-dieu-kingsville-covid-19-retirement-home-1.5866677>

From anxiety to joy, HDGH CEO says 'the worst is over' at Windsor seniors' home with major outbreak

CBC Windsor, Jan. 11, 2021

<https://www.cbc.ca/news/canada/windsor/hdgh-sunday-administer-covid-19-vaccine-1.5868156>

Windsor frontline health care workers support group created online

CTV Windsor, Jan. 10, 2021

<https://windsor.ctvnews.ca/windsor-front-line-health-care-workers-support-group-created-online-1.5260982>

General public expected to be vaccinated in three months

AM800, Jan. 11, 2021

<https://www.iheartradio.ca/am800/news/general-public-expected-to-be-vaccinated-in-three-months-1.14347677>

Same-day COVID testing now available at WRH

AM800, Jan. 11, 2021

<https://www.iheartradio.ca/am800/news/same-day-covid-testing-now-available-at-wrh-1.14348561>

WRH says day same-day appointments for testing available

Blackburn News, Jan. 11, 2021

<https://blackburnnews.com/windsor/windsor-news/2021/01/11/wrh-says-day-appointments-testing-available/>

WRH adjusts COVID-19 assessment hours

Blackburn News, Jan. 11, 2021

<https://blackburnnews.com/windsor/windsor-news/2021/01/11/wrh-adjusts-covid-19-assessment-hours-urges-people-call-ahead-cancel/>

Erie Shores CEO claiming COVID-19 vaccines used on administration before they spoiled

AM800, Jan. 11, 2021

<https://www.iheartradio.ca/am800/news/erie-shores-ceo-claiming-covid-19-vaccines-used-on-administration-before-they-spoiled-1.14351315>

London hospital fired CEO after travel to U.S.

AM800, Jan. 11, 2021

<https://www.iheartradio.ca/am800/news/london-hospital-fires-ceo-after-travel-to-u-s-1.14347534>

'A Hero Lives Here' – a sign of support for health care workers

CTV Windsor, Jan. 11, 2021

<https://windsor.ctvnews.ca/a-hero-lives-here-a-sign-of-support-for-health-care-workers-1.5262500>



Jarvis: COVID's Cardinal Rule: Act quickly, act decisively

Windsor Star, Jan. 13, 2021

<https://windsorstar.com/news/local-news/jarvis-covids-cardinal-rule-act-quickly-act-decisively>

Top doc outlines COVID-19 vaccine rollout plan for Windsor-Essex

Windsor Star, Jan. 13, 2021

<https://windsorstar.com/news/local-news/top-doc-outlines-covid-19-vaccine-rollout-plan-for-windsor-essex>

No Windsor area hospital execs travelled abroad, reps say

Windsor Star, Jan. 13, 2021

<https://windsorstar.com/news/local-news/no-windsor-area-hospital-execs-travelled-abroad-reps-say>

'A Hero Lives Here' sign campaign receives financial support

CTV Windsor, Jan. 13, 2021

<https://windsor.ctvnews.ca/a-hero-lives-here-sign-campaign-receives-financial-support-1.5266388>

This Windsor woman spent 11 days in hospital with COVID-19. Here's what she took away from it

CBC Windsor, Jan. 14, 2021

<https://www.cbc.ca/news/canada/windsor/covid-19-hospitalization-recovery-windsor-1.5873439>

New COVID-19 outbreak declared at WRH

CTV Windsor, Jan. 14, 2021

<https://windsor.ctvnews.ca/new-covid-19-outbreak-declared-at-windsor-regional-hospital-1.5266741>

WRH managing three outbreaks

Blackburn News, Jan. 14, 2021

<https://blackburnnews.com/windsor/windsor-news/2021/01/14/wrh-managing-three-outbreaks/>

Health unit declares new COVID-19 outbreak at WRH

AM800, Jan. 14, 2021

<https://www.iheartradio.ca/am800/news/health-unit-declares-new-covid-19-outbreak-at-windsor-regional-hospital-1.14374782>

Windsor-Essex reports 216 new cases as stay-home order takes effect

CBC Windsor, Jan. 14, 2021

<https://www.cbc.ca/news/canada/windsor/windsor-essex-covid19-jan14-1.5872811>

'We will run out of beds at some point,' Ontario ICU doctor says

CBC Newsworld, Jan. 16, 2021

<https://www.cbc.ca/player/play/1845177923602>

WRH managing three outbreaks

Blackburn News, Jan. 15, 2021

<https://blackburnnews.com/windsor/windsor-news/2021/01/14/wrh-managing-three-outbreaks/>



Reader letter: Proposed hospital location illustrates city's poor leadership

Windsor Star, Jan. 17, 2021

<https://windsorstar.com/opinion/letters/reader-letter-proposed-hospital-location-illustrates-citys-poor-leadership>

Has Windsor-Essex reached plateau of COVID-19 cases?

Blackburn News, Jan. 15, 2021

<https://blackburnnews.com/windsor/windsor-news/2021/01/15/windsor-essex-reached-plateau-covid-19-cases/>

'We will run out of beds at some point,' Ontario ICU doctor says

CBC Newsworld, Jan. 16, 2021

<https://www.cbc.ca/player/play/1845177923602>

WRH managing three outbreaks

Blackburn News, Jan. 15, 2021

<https://blackburnnews.com/windsor/windsor-news/2021/01/14/wrh-managing-three-outbreaks/>

Health unit reports 171 new COVID-19 cases, seven more deaths in Windsor-Essex

Windsor Star, Jan. 15, 2021

<https://windsorstar.com/news/local-news/health-unit-reports-171-new-covid-19-cases-seven-more-deaths-in-windsor-essex>

University of Windsor offering COVID testing for students

AM800, Jan. 15, 2021

<https://www.iheartradio.ca/am800/news/u-windsor-offering-covid-testing-for-students-1.14376802>

Windsor Fire preparing for possible COVID-19 outbreak

AM800, Jan. 15, 2021

<https://www.iheartradio.ca/am800/news/windsor-fire-preparing-for-possible-covid-19-outbreak-1.14374836>

Different name, same protest

CTV Windsor, Jan. 17, 2021

<https://windsor.ctvnews.ca/different-name-same-protest-1.5270549>

Inside a Windsor ICU as exhausted staff fight 2nd COVID wave knowing worse is still ahead

CBC Windsor, Jan. 20, 2021

Another COVID-19 outbreak declared at WRH

CTV Windsor, Jan. 19, 2021

<https://windsor.ctvnews.ca/another-covid-19-outbreak-declared-at-windsor-regional-hospital-1.5273562>

COVID-19 outbreak declared at WRH's Met Campus

AM800, Jan. 19, 2021

<https://www.iheartradio.ca/am800/news/covid-19-outbreak-declared-at-windsor-regional-hospital-s-met-campus-1.14403270>

Fourth outbreak reported at WRH

Blackburn News, Jan. 19, 2021



<https://blackburnnews.com/windsor/windsor-news/2021/01/19/fourth-outbreak-reported-windsor-regional/>

Audio: Inside the ICU

CBC Windsor, Jan. 20, 2021

<https://www.cbc.ca/listen/live-radio/1-106-windsor-morning/clip/15819672-inside-icu>

Video: Inside WRH's Intensive Care Unit

CTV Windsor, Jan. 20, 2021

<https://windsor.ctvnews.ca/video?clipId=2122235>

Pfizer-BioNtech vaccine supply problems delaying vaccination rollout in Windsor-Essex

CBC Windsor, Jan. 20, 2021

<https://www.cbc.ca/news/canada/windsor/windsor-essex-covid19-jan20-1.5880138>

It's my hope they never remember' says WRH doctor of COVID-19 patients in ICU

Blackburn News, Jan. 21, 2021

<https://blackburnnews.com/windsor/windsor-news/2021/01/21/hope-never-remember-says-wrh-doctor-covid-19-patients-icu/>

Unifor's vigil for COVID heroes honours victims and frontline workers

CTV Windsor, Jan. 21, 2021

<https://windsor.ctvnews.ca/unifor-s-vigil-for-covid-heroes-honours-victims-and-front-line-workers-1.5277727>

Potential COVID-19 treatments game changes, says WRH Chief of Staff

AM800, Jan. 24, 2021

<https://www.iheartradio.ca/am800/news/potential-covid-19-treatments-game-changers-says-wrh-chief-of-staff-1.14433975>

A Hero Lives Here movement taking off in Windsor-Essex

AM800, Jan. 23, 2021

<https://www.iheartradio.ca/am800/news/a-hero-lives-here-movement-taking-off-in-windsor-essex-1.14419511>

Second outbreak declared at HDGH facility

AM800, Jan. 22, 2021

<https://www.iheartradio.ca/am800/news/second-outbreak-declared-at-hotel-dieu-grace-healthcare-facility-1.14418286>

One case of COVID-19 identified at St. Clair College

Blackburn News, Jan. 22, 2021

<https://blackburnnews.com/windsor/windsor-news/2021/01/23/one-case-covid-19-identified-st-clair-college/>

'There is hope' – Double blind trial shows potential for medication to help with COVID-19 symptoms

CTV Windsor, Jan. 25, 2021

<https://windsor.ctvnews.ca/there-is-hope-double-blind-trial-shows-potential-for-medication-to-help-with-covid-19-symptoms-1.5281593>



Vaccine plans change at WRH due to Pfizer supply issues

CTV Windsor, Jan. 25, 2021

<https://windsor.ctvnews.ca/vaccine-plans-change-at-windsor-regional-hospital-due-to-pfizer-supply-issues-1.5281434>

WRH delaying second vaccine doses

Blackburn News, Jan. 25, 2021

<https://blackburnnews.com/windsor/windsor-news/2021/01/25/wrh-delaying-second-vaccine-doses/>

WRH pauses COVID-19 vaccinations due to shortage

AM800, Jan. 25, 2021

<https://www.iheartradio.ca/am800/news/wrh-pauses-covid-19-vaccinations-due-to-shortage-1.14443199>

WRH develops Pfizer vaccine tracking tool

AM800, Jan. 25, 2021

<https://www.iheartradio.ca/am800/news/wrh-develops-pfizer-vaccine-tracking-tool-1.14418719>

Retired nurse wants to help hospitals amid pandemic, says cost to return should be waived

CBC Windsor, Jan. 27, 2021

<https://www.cbc.ca/news/canada/windsor/windsor-nurse-retired-pandemic-fees-1.5889115>

'This is not how we do medicine': local doctors struggle with mental health during the pandemic

CTV Windsor, Jan. 27, 2021

<https://windsor.ctvnews.ca/this-is-not-how-we-do-medicine-local-doctors-struggle-with-mental-health-during-the-pandemic-1.5284800>

Video: <https://windsor.ctvnews.ca/video?clipId=2127513>

Jarvis: I don't think that I'll ever get over that

Windsor Star, Jan. 27, 2021

<https://windsorstar.com/news/local-news/jarvis-i-dont-think-that-ill-ever-get-over-that>

Jarvis: From vials of hope to hopeless confusion

Windsor Star, Jan. 28, 2021

<https://windsorstar.com/news/local-news/jarvis-from-vials-of-hope-to-hopeless-confusion>

WRH adjusts hours at Met COVID-19 Assessment Centre

AM800, Jan. 28, 2021

<https://www.iheartradio.ca/am800/news/wrh-adjusts-hours-at-met-covid-19-assessment-centre-1.14463954>

Windsor COVID-19 assessment centre cuts hours as fewer people seek tests

CBC Windsor, Jan. 28, 2021

<https://www.cbc.ca/news/canada/windsor/windsor-regional-hospital-covid19-assessment-1.5892990>

Hours changing at COVID-19 Assessment Centre due to lower demand

Blackburn News, Jan. 28, 2021

<https://blackburnnews.com/windsor/windsor-news/2021/01/28/hours-changing-covid-19-assessment-centre-due-lower-demand/>



Met Campus COVID-19 Assessment Centre hours being reduced

CTV Windsor, Jan. 29, 2021

<https://windsor.ctvnews.ca/met-campus-covid-19-assessment-centre-hours-being-reduced-1.5286475>

'Every day there's a horrible story' – respiratory therapist opens up about mental health trauma during COVID-19

CTV Windsor, Jan. 29, 2021

<https://windsor.ctvnews.ca/every-day-there-s-a-horrible-story-respiratory-therapist-opens-up-about-mental-trauma-during-covid-19-1.5286205>

Social Media: January 2021

WEB:

Users:

69,000 users this month, -24.8% from last month

New Users: 70.9%

Average view time: 1 m 53 s

How do people access the site?

Mobile: 56.5%, 26.8% decrease in users

Desktop: 39.8%, 1.7 % increase in users

Tablet: 3.7 %, 35.1% decrease in users

Top pages:

- 1) Home Page – 32,917
- 2) COVID Assessment Centre – 28,155
- 3) Emergency Wait times –10,197
- 4) Coronavirus – 8,610
- 5) COVID-19 Vaccine– 7,095
- 6) Careers – 5,901
- 7) Vaccine login board – 4,574

Page 10 of 12



COMPASSION is our
PASSION

OUR VISION: OUTSTANDING CARE - NO EXCEPTIONS!

OUR MISSION: DELIVER AN OUTSTANDING PATIENT CARE EXPERIENCE DRIVEN BY A PASSIONATE COMMITMENT TO EXCELLENCE

8) Contact us – 4,231

Top Languages other than English:

- 1) Chinese ([zh.cn](#)) - 172
- 2) French - 170

YOUTUBE:

Views: 7,400 views

Watch Time: 675.8 hours, (about 285 more than usual)

Subscribers: 445, +24

Top videos internal:

- 1) Staff town hall – January 2021 – 284 views
- 2) Fit test demonstration - 277 views
- 4) Guidelines for Basic Adult Neurological Observation – 195
- 5) Demonstrating compassion - 182

Top videos external:

- 1) Coping with COVID: The Vaccine – 1,448
- 2) 2021 New Year Baby – 1,196
- 3) Report of the President and CEO -565
- 4) Ugly Sweater – 333
- 5) WE Can't Wait – Kevin Marshall – Private rooms - 310

FACEBOOK: 9,514 followers +131

31, 400 monthly reach – down 65%

32,465 people “engaged” on our site - commented or liked our posts this month, down 41%

17,532 videos viewed, down 22%

Top Posts:

- 1) Dr. Alice Tsui receives CAME Merit Award – 7,407 reached, 927 reactions
- 2) Face shield donation – 4,541 reached, 257 reactions
- 3) New Year’s Baby – 4,235 reached, 549 reactions



- 4) WRH postpones elective surgeries – 3,975 reached, 560 reactions
- 5) Decision Support develops tool to help administer Pfizer vaccine 3,707 reach, 157 reactions

INSTAGRAM – Followers: 3,276 2,857 +96

Top Posts:

- 1) WRH begins transferring patients – Reach 3,624 , likes 146
- 2) New Year’s Baby – Reach 2,313, likes 327
- 3) Vaccine arrives – Reach 2,301, likes 262
- 4) Virtual visitation assistants – reach 2,398 likes 148
- 5) Daniel Johnson Endowment Education Fund award recipients– Reach 1,749, likes 125

TWITTER:

4,359 253, +106 this month

Impressions: 94.5K down 52.6%

Tweets: 33 down 56.1%

Trending topics:

- 1) WRH begins transferring patients –9,138 impressions, 209 engagements
- 2) WRH thanks provincial partners – 8,837 impressions, 137 engagements
- 3) WRH receives second round of Pfizer – 6,197 impressions, 199 engagements
- 4) Concern lower # of COVID+ due to fewer people being swabbed - 6,491 impressions, 169 engagements
- 5) Same-day COVID-19 test appointments available – 6,446 impressions, 71 engagements

