



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

**BOARD OF DIRECTORS**  
**Thursday, November 05, 2020**  
**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)		1701	
3. <u>PREVIOUS MINUTES</u> –October 01, 2020 (Paniccia)	Tab A	1702	<b>MOTION (approve)</b>
4. <u>REPORT OF THE PRESIDENT &amp; CEO</u> (Musyj) -	Tab B	1704	<b>FYI</b>
5. <u>SCHULICH REPORT</u> (Jacobs – verbal report only)		1725	<b>FYI</b>
6. <u>FINANCIAL PRESENTATION &amp; TREASURER'S REPORT</u> (Allen)	Tab C	1730	<b>FYI</b>
7. <u>CONSENT AGENDA:</u> Finance/Audit & Resources – Oct. 26, 2020 (Allen)	Tab D	1740	<b>MOTION (accept)</b>
8. <u>CORRESPONDENCE/PRINTED MATTER:</u> • Media Report – FYI only	Tab E	1745	<b>FYI</b>
9. <u>BOARD MEMBER QUESTIONS, COMMENTS OR NOTICES OF MOTIONS</u> (Paniccia)		1745	
10. <u>DATE OF NEXT REGULAR BOARD MEETING:</u> Thursday, December 10, 2020 – ZOOM		1750	<b>FYI</b>
11. <u>ADJOURNMENT</u> (Paniccia)		1750	<b>MOTION</b>

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





**MINUTES** of the **BOARD OF DIRECTORS** meeting held on **Thursday, October 01, 2020**, 17:00 hours, via ZOOM, live streamed on YouTube.

**PRESENT:**

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

**STAFF:**

Executive Committee

**REGRETS:**

Arvind Arya   Dr. Anil Dhar (ex-officio, non-voting)

**1. CALL TO ORDER:**

The meeting was called to order at 1702 hours with Mr. Paniccia presiding as Chair, and Ms. Clark recording the minutes.

**2. PRESENTATION – Strategic Plan 2021 - 2024**

Linda Morrow had developed a power point presentation on the Strategic Plan for 2021-2024. Her presentation will be forwarded to the Board after the meeting. The Strategic Planning Committee has been working hard since February to develop a new strategic plan.

Highlights of the process:

Strategic Planning Steering Committee was formed – approx. 40 people – representation from many areas- Leadership, MAC, Board, Union, patients and family reps and other staff who expressed an interest. They had in-person meetings in February and the beginning of March. After the pandemic arrived, they met remotely.

Purpose for doing the strategic plan review: WRH has a current strategic plan but were looking at reviewing and revising as appropriate, our Vision, Mission, Values and Strategic directions and strategic initiatives that are aligned with strategic directions.

The Committee first did an environmental scan and SWOT analysis – gathered a lot of documents including Accreditation Canada documents that would serve us well to ensure our strategic plan aligned with directions of the MOH’s, of what our patients/families and staff had indicated, as well as recommendation from Accreditation Canada and other areas.

The group identified our strengths, weaknesses, opportunities and threats. They took the top ones and priority ideas from the SWOT analysis and environmental scan and these formed

the basis of our revised strategic directions and initiatives. Patients, families, staff and our community partners were also surveyed.

As a large group, they wanted to look at our Vision – wanted to ensure it was still relevant and appropriate for our next Strategic Plan. The current Vision should remain and it is being brought forward. It is well understood.

Current Mission: previous mission was too lengthy, not well understood and did not fully capture the purpose of the organization. A small sub-group met and based on feedback from the larger steering committee it was agreed that the hospital needed something that was concise, that indicated purpose of the organization and why we are here. The new Mission would be: “Provide quality person-centred health care services to our community”.

The Committee also looked at our values. It was an opportunity to shift them and make them come alive a bit. The committee still followed the acronym CARE. There were slight modifications made but nothing substantial. **Compassion** (we show understanding and humility, which reflects the commitment of the entire team). **Accountability:** (we are transparent about the care we provide and we take responsibility). **Respect:** (capturing key words “collaborating”, “diversity” and “inclusivity”, importance of dignity).

Last value had to do with **Excellence:** we embody a culture of quality and safe person-centred care. CARE

Many of the Strategic Directions remain the same. Some were changed slightly.

**Strategic Direction #1:** Strengthen the processes that drive a culture of patient safety and quality care.

Initiatives for #1:

- Integrate standardized best practices to achieve quality care and outcomes.
- Lead in the development and performance of patient safety initiatives and measures.
- Lead in the development of strategies and practices that support timely, flexible, sustainable and appropriate access to care.

**Strategic Direction #2:** Uphold the principles of accountability and transparency. Not changed substantially.

Initiatives for #2:

- Utilize and share the results from the performance indicators to achieve excellence.
- Cultivate, sustain, and lead a “Just Culture” across the organization.
- Strengthen systems that clearly identify, support and measure accountability throughout the organization.

**Strategic Direction #3** – Maintain a responsive and sustainable corporate financial strategy.

This focuses on finances and our ability to have a sustainable financial strategy. Initiatives that fall under this did not change substantially. But a new initiative has been added (shown below) – “develop and implement a long- term strategy for funding capital spending needs”.

Initiatives for #3:

- Provide quality care in the most cost efficient way while maximizing revenue opportunities.
- Provide ongoing education to the organization and community as to how the hospital is funded by the Ministry of Health through its funding formulas.
- Engage the organization to identify and implement best practices within financial realities.
- Identify and efficiently support and sustain core services.
- Develop and Implement a long-term strategy for funding capital spending needs.

**Strategic Direction #4:** Create a dynamic workplace culture that establishes WRH as an employer of choice.

Initiatives for #4:

- Foster a respectful, safe, inclusive and collaborative work environment across the care team.
- Build capacity to enhance a sustainable workforce with a focus on talent acquisition, retention, and succession planning.

In the current strategic plan this is one of the initiatives beneath the strategic directions. After discussion, it was agreed that this should be the actual Direction.

These Strategic Initiatives are more ambitious than the previous ones.

**Strategic Direction #5:**

Re-define our collaboration with external partners to build a better healthcare ecosystem.

Please note: this direction was changed slightly but the intent did not change. It refers to external partners.

Initiatives for #5:

- Collaborate with local, regional, and provincial partners to deliver an innovative, seamless system of care.
- Develop opportunities for education and evidence-based research to build an academic healthcare system that attracts and retains professionals from all disciplines.

This re-defines our collaboration with, and reliance on our external partners to build a better healthcare ecosystem. WRH needs to continue to build relationships with our external partners. This also relates to Strategic Direction #4.

**Strategic Direction #6:** Continue the pursuit of a new state-of-the-art acute care facility.

Initiatives for #6:

- Design the facilities to meet or exceed the standards related to healthcare facility planning, engineering, and design.
- Ensure the design incorporates leading edge practices, technologies and equipment.
- Design the facilities to support excellence and innovation in healthcare research and education.
- Ensure effective and meaningful participation of staff, professional staff, volunteers, patients, academic partners and the community.
- Work with the WRH Foundation to ensure that a plan is in place to raise funds required for state-of-the-art equipment/technologies.

Many of these initiatives complement each other.

Any Strategic Plan needs to be revisited periodically to ensure we are still on target, particularly given our current climate.

This is intended to guide us for the next 3 years but to be reviewed on an ongoing basis.

**MOVED** by Pam Skillings, **SECONDED** by John Leontowicz and **CARRIED**  
**IT WAS RESOLVED THAT** the 2021-2024 Strategic Plan be approved.

**3. DECLARATIONS OF CONFLICT OF INTEREST:**

None noted.

**4. PREVIOUS MINUTES – September 03, 2020**

The minutes of the September 03, 2020 Board of Directors meeting had been previously distributed.

**MOVED** by Mr. P. Lachance, **SECONDED** by Ms. P. France and **CARRIED**  
**THAT** the minutes from the September 03, 2020 Board of Directors meeting be approved.

**5. REPORT OF THE PRESIDENT & CEO:**

Mr. Musyj referred to his written report. Highlights are noted below:

Mr. Musyj referred to a slide deck prepared by MOH yesterday on **COVID-19: Modelling Update**.

The slides highlight what happened in September, where there was a new surge of cases in Ontario. There was a surge in March and April which dissipated in the summer, then started to increase again in September. The government has lowered the limits on private gatherings and recently tightened up on restaurants re: selling of food and hours of operation. The COVID case load has started to increase rather rapidly. One thing identified was, as the numbers started to increase in September, the percentage of positives was primarily in the 40 and under age group. In general, that age group is not as impacted by COVID as are other vulnerable age groups. We are now wondering if this will move into the older age groups and/or vulnerable groups, or be contained in the younger population. In other areas in the world, it has moved into the vulnerable and older age groups. In general,

COVID has impacted Ontario residents of all ages. The fatality impact is higher for those 80 and older and even those 60-79, while the case fatality ratio is less in the under 60 population and definitely in the under 40 population. However, the concern is when you get a large number of cases in that age group who are positive, they can spread it to others at a much greater rate. We could have 1,000 positives per day in coming weeks; that is a concern. Mr. Musyj wrote his report one week ago. In it, he noted that the impact on the age groups was different and it was unknown if it would migrate into other age groups. One week in COVID days is almost like a decade in the pre-COVID world. A lot can happen in one week. All of the age groups are increasing and some quite rapidly. The only positive thing is the over 75 age group is still low but that is also increasing. The concern is how quickly that will increase. At this time, all age groups are increasing.

Mr. Musyj referred to a chart that compared Ontario/Michigan/Australia. We are now seeing a doubling of cases in 12 days. We may see over 1,000 cases per day at the rate we are going. This will impact our ICU's. If we can keep the number of individuals needing critical care in Ontario to 150 or below with COVID, we can generally maintain our normal non-COVID capacity and we can continue with all scheduled surgeries. Numbers higher than that with ICU needs, will impact surgeries because many of the surgical patients will require ICU beds post-surgery. Hospitalizations and critical care are trailing indicators, meaning you start building up your positives first; they start converting into hospitalizations, then they start converting into critical care needs, and unfortunately, a portion of the COVID patients are either vented or they pass away.. The issue is prevention at the front. What is different today in Ontario, we are waiting for over 82,000 COVID test results and we are doing 40,000 tests per day now, which is part of the problem. In the past, we did 6,000 – 8,000 tests per day. We are starting to see a delay in getting results on a hospital level. What is different today vs. March – we have identified the differences in age groups being impacted. In Erie/St Clair, Windsor/Essex and across the province but especially Windsor/Essex, we have divided the LTC retirement homes between ourselves, HDGH and Erie Shores. We are the primary contact for most retirement homes. WRH has tried to be more preventative at the outset. There have been outbreaks where there were positives. One of the more recent retirement home that did have an outbreak occurred where staff and residents were positive, so our team went into the home with Public Health and home and community services, and developed a plan, ensured they had sufficient staffing and cared for the residents and tested all residents and staff to get a base line for what we were dealing with. We were able to cohort the residents on campus at the retirement home. Patients had dedicated staff within their cohorted areas. We had two hospitalizations from that. This past week, we tested the whole home and the results came back negative. We capped the positives at the number we walked into, at the time. As a team, working together and having that approach, has been positive. It takes a lot of work. Mr. Musyj stated he was proud of our team working with our partners. It has taken a lot of resources. We have created this structure for all of W/E County, which involves the other hospitals, EMS, Public Health and Home and Community Services, so there is a point person/hospital for a particular LTC home but if other resources are needed, we all step up and help.

He also highlighted our W/E population. The residents of W/E County have done an amazing job – mask wearing, social distancing, and hand hygiene. Our businesses are doing a great job with social distancing. There have been some isolated instances where it did not

work, but in large part, it has been positive. It is reflective now with our numbers vs. the rest of the province.

Our region never really had a break from COVID. We started preparing for the fall in July. One of the things we prepared for, was to make a request for a second assessment centre in Windsor. We have been able to handle this with minimal waits as compared to 8 to 10 hours in the rest of the province. The next few weeks will determine what our winter will look like. We may see a dramatic increase in numbers that require hospitalizations and the impact that will have on our system and the whole sector.

We will be getting our PCR machine this month and hopefully we will be able to test soon locally. Health Canada has purchased some Antigen tests; a quick 15 minute point of care testing turnaround time. The Federal Government has purchased a minimal number of these kits. These will be used in rural settings or areas of higher intensity (more vulnerable settings). The issue it comes with, is that the false positive and false negatives rates are higher than with the PCR. It is cheaper and quicker to use than the PCR, yet some individuals have said it is better than nothing. Attached in his report was interesting information on Cornell University and what they have been doing with 20,000 students and classes. Students are self-swabbing but there may be some false negatives because a student may not have done the swab correctly. Various booths have been set up across the campus and students are taught how to self-swab. There are also videos on how to conduct the self-test. The students have to do this 2 times per week. The university then pools the swabs, up to perhaps 50 swabs, and tests that group. More tests are done with this method and if one comes back positive, that person is tested. That type of testing is also in place as well in London and Hamilton, Ontario. Cornell has been able to have classes, the outbreaks are almost on-existent there, and they have had some very positive results. You still need the testing capacity to do that though, and we are not in a position to do that right now. Mr. Musyj urged the Board to watch the video on this, included with his report. COVID is not going away any time soon, We have to figure out ways to try to get back to a new normal as a society and as a region, while still protecting everyone and preventing the spread of COVID. We will probably be into 2022 before we see any positive effects of the vaccine.

Board question: Are there other hospitals around Ontario doing the same thing as we are with LTC retirement homes?

Musyj: Our process has been held up as a model/example of a process to use. It is not unique – only with respect to the regular/ongoing contact. We had a bad June/July/August and that kept us going.

The Chair thanked Mr. Musyj and his staff for their work, and he thanked the community for doing their part in the battle against COVID. Mr. Musyj said that our relationship with our LTC homes is being held up as a model to the rest of the province.

## **6. REPORT FROM SCHULICH:**

Dr. Jacobs reported.

**University education:** The University of Windsor announced it would continue with on-line learning for the second semester, which caused some confusion for the medical students, who are physically housed on the University of Windsor grounds but are governed by



Western University, which is continuing with in-person education. For now, learning for the under grad students at the University of Windsor will remain on-line with some in-person education where necessary, such as for Clinical Skills and the Anatomy Lab, as examples. Third and fourth year students are assimilating back well.

Dr. Yoo, the new Dean, is tentatively planning a trip to Windsor on November 12-13 for a “Meet & Greet”. That date may change or become virtual.

As with most universities and colleges across the province, there has been a big push to look at ourselves from a diversity and equity perspective at the medical school. Recently, there was a retreat to look at how the school is approaching diversity and equity inclusions and work on solutions going forward.

Schulich Windsor will be hiring a new Manager for our campus. A first round of interviews has occurred and Dr. Jacobs hoped he would be able to announce that person in the coming weeks.

#### **7. Financial Presentation – as of August 31, 2020.**

Ms. Allen reported. The pandemic has significantly impacted our revenue and expenses.

**Payroll results:** \$3.3M deficit – the pandemic pay was a major contributor to this. The Ministry has now paid for it though.

The **Deficit** at the end of August: \$4.3 million.

**Volumes:** Patient Days: volumes dropped significantly in April/May but started to come up in June. Because of the pandemic, a lot of elective surgeries were deferred but are coming back now. People didn’t want to come to E.R. when they were sick because they were afraid they might get COVID.

**Operating expenses:** \$11.6 million unfunded and we lost some non-Ministry revenue (parking and cafeteria as examples). YTD unearned Ministry volume funding is \$3.3M unfavourable. \$11.6 million were unfunded expenses. Compensation was a big part of this (\$5.3 million).

**Revenue:** Volume base was unfunded and not a lot of procedures like cosmetic were being performed. We had higher expenses and we have been losing some revenue. The Ministry never funds parking, gift shop and food services.

#### **YTD revenue:**

- Base and one-time funding was \$3908K favourable
- Patient services \$2.2M unfavourable
- Ministry Drug re-imbursements were favourable at \$752K
- Other Recoveries were \$503K unfavourable (for parking and retail operations)

#### **YTD expenses:**

- Salary and wages: \$5.1M unfavourable

- YTD COVID spending \$373K
- Med Surg supplies: \$2.08M favourable
- Drugs: \$1.16M unfavourable
- Other supplies and expenses: \$598K favourable
- Rental/lease of equipment (bed rentals for COVID): \$1.28M unfavourable

Other supplies and rental equipment (all COVID) and not funded by the Ministry- \$598K unfavourable

**Patient Access:**

Similar at Met and Ouellette.

**Patient Volumes:**

August 2019 to 2020 – all have dropped this year. We are not getting regular patients for surgery due to COVID. ED visits have dropped as well. Staff sick time is up. Overtime is not up at Met but has increased at Ouellette.

We have a net deficit of \$5.3 million.

**MOVED** by Ms. P. Allen, **SECONDED** by Ms. G. Isshak and **CARRIED**

**THAT** the Financial Report as presented at the October 01, 2020 Board meeting, be accepted.

**8. CONSENT AGENDA:**

**MOVED** by Ms. P. Allen, **SECONDED** by Dr. L. Freeman and **CARRIED**

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

**9. CORRESPONDENCE/PRINTED MATTER: Media Report – FYI**

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

Mr. Leontowicz thanked Mr. Musyj and Ms. Riddell for helping the Lasalle Police Service a few weeks ago.

**11. DATE OF NEXT REGULAR MEETING:**

**Thursday, November 05, 2020, 1700 hrs VIA: ZOOM**

**12. ADJOURNMENT:**

There being no further business to discuss, it was

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

**THAT** the October 01, 2020 Board of Directors meeting be adjourned at 1814 hours.

Anthony Paniccia, Chair  
Board of Directors

Cheryle Clark  
Recording Secretary

/cc



# Report of the President & CEO to the Board of Directors

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**Date:** November 2020

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As previously stated, the Board of Directors approved the new strategic plan. This month you will start seeing communication hospital wide. As I have done historically my monthly reports will focus on the Strategic Directions and Strategic Initiatives.

## **Strategic Direction -**

Strengthen the processes that drive a culture of patient safety and quality care.

### **Initiatives**

- i) Integrate standardized best practices to achieve quality care and outcomes.
- ii) Lead in the development and performance of patient safety initiatives and measures.
- iii) Lead in the development of strategies and practices that support timely, flexible, sustainable, and appropriate access to care.

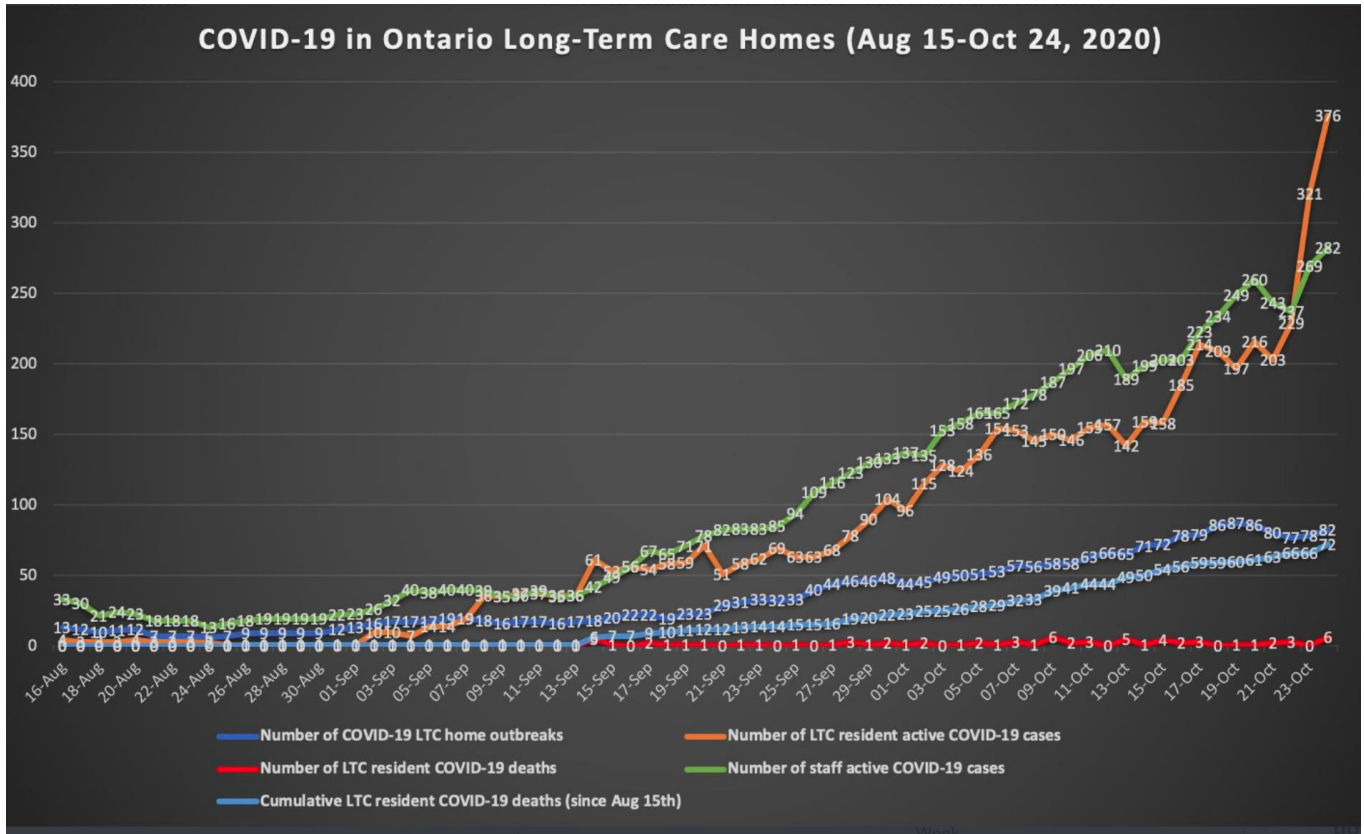
### **Long Term Care Interim Recommendations**

Ontario's Long-Term Care COVID-19 Commission released a set of early recommendations based on information gathered to date.

Though the Commission continues its investigation and plans to submit a final report to the government by April 30, it submitted a number of early recommendations in the short-term to help protect the lives of residents and staff in light of the rising COVID-19 case numbers in long-term care homes. They focus on staffing, collaborative relationships, and infection prevention and control.

[http://www.ltccommission-commissionsld.ca/ir/pdf/20201023\\_First%20Interim%20Letter\\_English.pdf](http://www.ltccommission-commissionsld.ca/ir/pdf/20201023_First%20Interim%20Letter_English.pdf)

As seen on the graph below the number of LTC positives and outbreaks is increasing province wide.



Since early in the pandemic, in Erie St. Clair (ESC) each hospital is assigned a group of Long Tern Care/Retirement Homes (LTC/RH) who we partner with daily/weekly to help support their IPAC and staffing needs. Regular visits are made in this regard and any positives result in immediate team member support and action plan. However, the goal is prevention and since early this close relationship has been very positive for all parties. Learning from each other and working together as prevention teams.

A great report that shows the current trends in Ontario for COVID-19 can be found at: [https://www.publichealthontario.ca/-/media/documents/ncov/epi/covid-19-epi-trends-incidence-ontario.pdf?la=en&\\_cldee=ZXJpa2Eudml0YWxlQGHkZ2gub3Jn&recipientid=contact-95cdc0a5b4a2e611837d0050569e0009-c9e7df4a66a9456886c69241ffa14580&esid=78b0d6f8-5318-eb11-92e8-0050569e118f](https://www.publichealthontario.ca/-/media/documents/ncov/epi/covid-19-epi-trends-incidence-ontario.pdf?la=en&_cldee=ZXJpa2Eudml0YWxlQGHkZ2gub3Jn&recipientid=contact-95cdc0a5b4a2e611837d0050569e0009-c9e7df4a66a9456886c69241ffa14580&esid=78b0d6f8-5318-eb11-92e8-0050569e118f)



## Strategic Direction -

Uphold the principles of accountability and transparency

### Initiatives

- i) Utilize and share the results from the performance indicators to achieve excellence.
- ii) Cultivate, sustain, and lead a "Just Culture" across the organization.
- iii) Strengthen systems that clearly identify, support, and measure accountability throughout the organization.

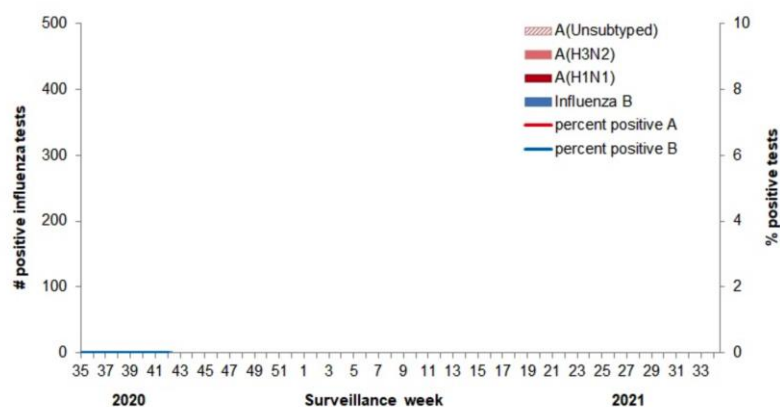
### Flu Update

In week 42, one laboratory detection of influenza was reported ([Figure 2](#)). Despite elevated levels of testing for influenza, the percentage of laboratory tests positive for influenza has remained at exceptionally low levels throughout the period of March to October. In week 42, 5,845 tests for influenza were performed at reporting laboratories, which is 1.7 times the average for this week over the past 6 seasons. The percentage of tests positive for influenza in week 42 was 0.02%, compared to 2.2% during the past 6 seasons.

The 2019-20 influenza season in Canada ended abruptly in mid-March, concurrent with the implementation of public health measures to reduce the spread of COVID-19. Testing for influenza and other respiratory viruses has been influenced by the current COVID-19 pandemic. Changes in laboratory testing practices may affect the comparability of data to previous weeks or previous seasons.

For more detailed weekly and cumulative influenza data, see the text descriptions for [Figure 2](#) or the [Respiratory Virus Detections in Canada Report](#).

**Figure 2 - Number of positive influenza tests and percentage of tests positive, by type, subtype and report week, Canada, 2020-35 to 2020-42**



## **Strategic Direction -**

Maintain a responsive and sustainable corporate financial strategy

### **Initiatives**

- i) Provide quality care in the most cost-efficient way while maximizing revenue opportunities.
- ii) Provide ongoing education to the organization and community as to how the hospital is funded by the Ministry of Health through its funding formulas.
- iii) Engage the organization to identify and implement best practices within financial realities.
- iv) Identify and efficiently support and sustain core services.
- v) Develop and implement a long-term strategy for funding capital spending needs.

### **Provincial Ontario Hospital Budget Projection**

The Ontario Hospital Association (OHA) conducted a survey of its members to determine the financial impact for the months of April and May. I shared these results with you during our last meeting. Since then, the OHA has again surveyed its members and has gained a preliminary estimate of the combined hospital sector estimated net deficit (shortfall of revenues over expenses) for **April, May, June and July**. The net deficit for the first four months of the fiscal year is **\$853 million**. Included in the estimated net deficit is incremental COVID-19 expenses, lost revenue due to COVID-19 and balanced budget plans not implemented due to COVID-19. Based on this figure for four months alone, the OHA expects this estimate will be more than \$2 billion for the full year.

### **Current WRH Operating Results**

For the six (6) months ending September 30, 2020 the net deficit after net building amortization was \$3,689,000 or a negative hospital margin of \$2,154,000. We have also incurred to date through this same period of time approximately \$13.3 million in COVID-19 related expenses that have yet to be reimbursed by the Ministry. We are fully anticipating the Ministry of Health's will honour their commitment to provide the financial resources for these additional COVID-19 expenses. Had they been reimbursed as these costs were incurred we would have an operating surplus of approximately \$9.6 million for these first six (6) months of the fiscal year. The Ministry has cash flowed to the Hospital approximately \$7.0 million in pandemic pay which has been paid out to those qualifying staff.





## Strategic Direction -

Create a dynamic workplace culture that establishes WRH as an employer of choice

### Initiatives

- i) Foster a respectful, safe, inclusive and collaborative work environment across the care team.
- ii) Build capacity to enhance a sustainable workforce with a focus on talent acquisition, retention, and succession planning.
- iii) Develop strategies to optimize attendance, support and nurture a healthy and engaged workforce

## Input Sought In Study On Psychological Distress For Healthcare Workers in Wave 2

All healthcare professionals are facing unique challenges due to the COVID-19 pandemic and these challenges have undoubtedly affected their well-being.

In June, Hôtel-Dieu Grace Healthcare along with partners University of Windsor and St. Clair College launched a local research study through WE SPARK Health Institute that aims to explore trends in psychological distress among healthcare workers in Windsor/Essex. The goal is to help understand how best to support, promote, and restore their emotional

wellbeing after the COVID-19 pandemic. In June, the team had over 400 healthcare professionals tell us how they were doing, and we hope to see the same amount of participants during Wave 2. The results of the surveys will be shared widely throughout Windsor/Essex in the new year.



The 15-20 minute [self-administered survey](#) is now available online. Its completion is voluntary and responses will remain anonymous. All healthcare workers are welcomed to participate regardless of participation in the Wave 1 survey. This survey will be available from October 26 until the end of November 2020.

## Strategic Direction -

Redefine our collaboration with external partners to build a better healthcare ecosystem

### Initiatives

- i) Collaborate with local, regional, and provincial partners to deliver an innovative, seamless system of care.
- ii) Develop opportunities for education and evidence-based research to build an academic healthcare system that attracts and retains professionals from all disciplines.



## **Strategic Direction -**

Continue the pursuit of NEW state-of-the-art acute care facilities

### **Initiatives**

- i) Design the facilities to meet or exceed the standards related to healthcare facility planning, engineering, and design.
- ii) Ensure the design incorporates leading edge practices, technologies and equipment.
- iii) Design the facilities to support excellence and innovation in healthcare research and education.
- iv) Ensure effective and meaningful participation of staff, professional staff, volunteers, patients, academic partners and the community.
- v) Maximize use of current facilities to provide the best possible patient care.
- vi) Work with the WRH Foundation to ensure that a plan is in place to raise the funds required for state-of-the-art equipment/technologies.

### **New Acute Care Hospital Property Deal Closed**

More than five years after the site for a new regional acute care hospital was chosen, Windsor Regional Hospital has officially taking ownership of the 60-acre property at the corner of County Rd. 42 and the 9<sup>th</sup> Concession. The announcement was made today, following a cheque presentation in support of the new hospital, from well-known local farmer Frank Lafferty, whose sweet corn stand has been a seasonal fixture on the property for decades.

The purchase of sale agreement, originally signed in 2015, closed this month after all of the conditions, including proper zoning of the site and ministry approval of the project, were met.

“This development puts the future Windsor-Essex Hospitals System on solid ground,” says David Musyj, President and CEO of Windsor Regional Hospital. “Today, thanks to the commitment of Premier Doug Ford, Health Minister Christine Elliott, every elected official in this region who made moving this project forward a main priority and the Windsor Regional Hospital Foundation, we are taking a giant step toward a world-class hospital system for our region.”

<https://windsorstar.com/news/local-news/land-for-mega-hospital-acquired-build-receives-50k-donation>







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Finance/Audit & Resources Committee  
Financial Presentation (September 30, 2020 Results)  
Board of Directors Meeting November 5, 2020

# Financial Results – Hospital Operations

## September 30, 2020

	Current Year Actual	Budget	\$ Variance Fav/(Unfav)	% Variance Fav/(Unfav)
<b>Revenue</b>	\$ 273,201	\$ 267,895	\$ 5,306	2.0%
<b>Expenses</b>				
Salaries and Wages	\$ 130,244	\$ 123,603	\$ (6,641)	(5.4%)
Employee benefits	32,555	30,103	(2,452)	(8.1%)
Employee ben. - future ben. costs	967	967	-	0.0%
Medical staff remuneration	26,074	25,886	(188)	(0.7%)
Medical & Surgical supplies	16,130	18,411	2,281	12.4%
Drugs	31,370	30,136	(1,234)	(4.1%)
Supplies & other expenses	30,973	31,049	76	0.2%
Long term Interest	732	793	61	7.7%
Equipment lease / rental	2,445	1,192	(1,253)	(105.1%)
Equipment amortization	4,304	4,398	94	2.1%
<b>Total Expense</b>	<b>\$ 275,794</b>	<b>\$ 266,538</b>	<b>\$ (9,256)</b>	<b>(3.5%)</b>
<b>Surplus / (Deficit) From Hospital Operations</b>	<b>\$ (2,593)</b>	<b>\$ 1,357</b>	<b>\$ (3,950)</b>	
<b>COVID-19 related unfunded extraordinary operating expenses included above</b>	<b>\$ 13,302</b>		<b>\$ 13,302</b>	
<b>COVID-19 related unfunded non-ministry revenue loss included above</b>	<b>\$ 5,289</b>		<b>\$ 5,289</b>	
<b>YTD - Unearned Ministry volume funding</b>	<b>\$ 4,505</b>	<b>\$ -</b>	<b>\$ (4,505)</b>	
<b>Surplus or (Deficit) / Revenue</b>	<b>-0.95%</b>	<b>0.51%</b>	<b>-1.46%</b>	

Results reported in 1,000's of dollars

# Financial Results

## September 30, 2020

Year-to-Date results include \$13.3M for COVID-19 extraordinary operating expenses. Revenue losses total \$9.8M.

<b>Windsor Regional Hospital COVID-19 Expenses Year-to-Date September 2020</b>		
	<u>Funded</u>	<u>Unfunded</u>
Compensation	507,956	6,569,247
Pandemic Pay	7,015,305	-
Medical Staff Fees	252,000	-
Med. Surg. Supplies	733,836	2,636,474
Drugs	-	80,672
Other supplies & expense	7,074	1,542,504
Equipment Expenses	714,311	1,541,087
Renovations	228,412	932,481
<b>Total Operating Expense</b>	<b>9,458,894</b>	<b>13,302,465</b>
<b>Capital</b>	<b>-</b>	<b>\$ 2,387,118</b>
<b>Combined Total</b>	<b>\$ 9,458,894</b>	<b>\$ 15,689,583</b>

<b>Windsor Regional Hospital COVID-19 Revenue Loss Year-to-Date September 2020</b>		
	<u>Funded</u>	<u>Unfunded</u>
Volume Based*	-	4,504,568
Patient Services**	-	3,299,250
Recoveries***	-	1,989,488
<b>Total Revenue</b>	<b>-</b>	<b>\$ 9,793,306</b>

- \* 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

## September 30, 2020

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### Year to Date Revenue

- Base and One-Time Funding \$7,767K favourable
  - \$3.3M in QBP revenue not earned as a result of elective surgery cancellations in April and May as well as lower than planned volumes from June to September
  - Operating Room volumes are 8,083 lower than planned to date
  - \$1.2M unearned revenue in neuroservices, cardiac and wait time which are all volume-based
  - One-time funding is \$9.5M favourable year to date due to:
    - Funding received for 2018/19 physician retro payments which were paid out as Medical Staff Remuneration
    - One-time funding for Pandemic Pay of \$7M
- Patient Services \$1.6M unfavourable
- Ministry Drug Reimbursements favourable \$795K
- Other Recoveries \$213K unfavourable
  - Reduction of services has effected parking and retail operations
- **Overall Revenue is favourable year to date by \$5.3M**

# Financial Results

## September 30, 2020

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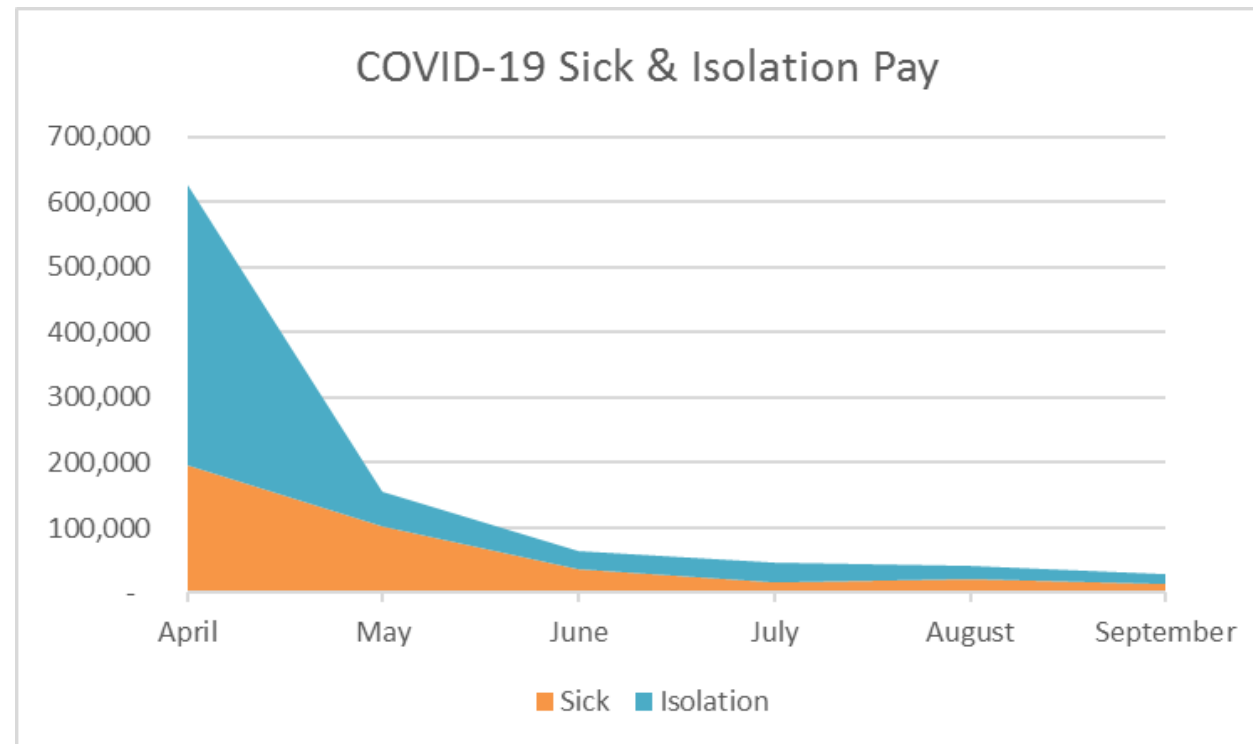
### Year to Date Expenses

- Salary and Wages \$6.6M unfavourable
  - \$1.5M unfavourable in the month of September with \$1.5M attributable to the final installment of pandemic pay
  - Year-to-Date spending on COVID-19 isolation pay - \$575K
  - COVID-19 Sick pay - \$387K
  - Training for temporary new hires - \$320K
  - \$1.8M has been paid to COVID Helpers to date
- Net Patient Services Revenue and Medical Staff Remuneration \$1.76M unfavourable due to service reductions and was only \$2K favourable in the month of September
- Med Surg Supplies \$2.3M Favourable
  - Savings have been incurred in the perioperative programs due to volume reductions:
    - Met Campus \$1.05M
    - Ouellette Campus \$1.86M
  - Incremental spending on Personal Protective Equipment (PPE) in the first six months of the year is \$2.11M.



# Payroll Results

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# Financial Results

## September 30, 2020

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### Year to Date Expenses

- **Drugs \$1.23M Unfavourable**
  - Chemo and Renal drug expenses and recoveries are balanced
  - Retail pharmacy net drug expense to revenue is \$98,000 favourable
  - Drug expenses for clinical areas at the Met campus are \$405K under budget and at the Ouellette campus \$460K favourable year to date.
- **Other Supplies and Expenses \$76K Favourable**
  - Minor equipment purchases \$2,053,000 related to COVID-19
  - \$897K in one time set up costs for the St. Clair College Field Hospital
  - Utility costs are \$1,066,000 favourable YTD. The Ontario Electricity Rebate (OER) of 31.8% that was set to expire on October 31, 2020 has been revised to 33.2% and extended to April 30, 2021
- **Rental/Lease of Equipment \$1.25M Unfavourable**
  - Bed rentals to ensure capacity for COVID-19 \$465K
  - Bed rentals for St. Clair College Field Hospital \$780K

# Patient Access

## September 30, 2020

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	YTD Actual	Target	Variance
<b>Met Campus</b>			
Acute Average LOS	4.45	4.54	0.09
Psych Average – Adolescent LOS	7.44	6.44	(1.00)
<b>Ouellette Campus</b>			
Acute Average LOS	7.94	7.33	(0.61)
Psych Average – Adult LOS	12.47	12.43	(0.04)

# Patient Volume

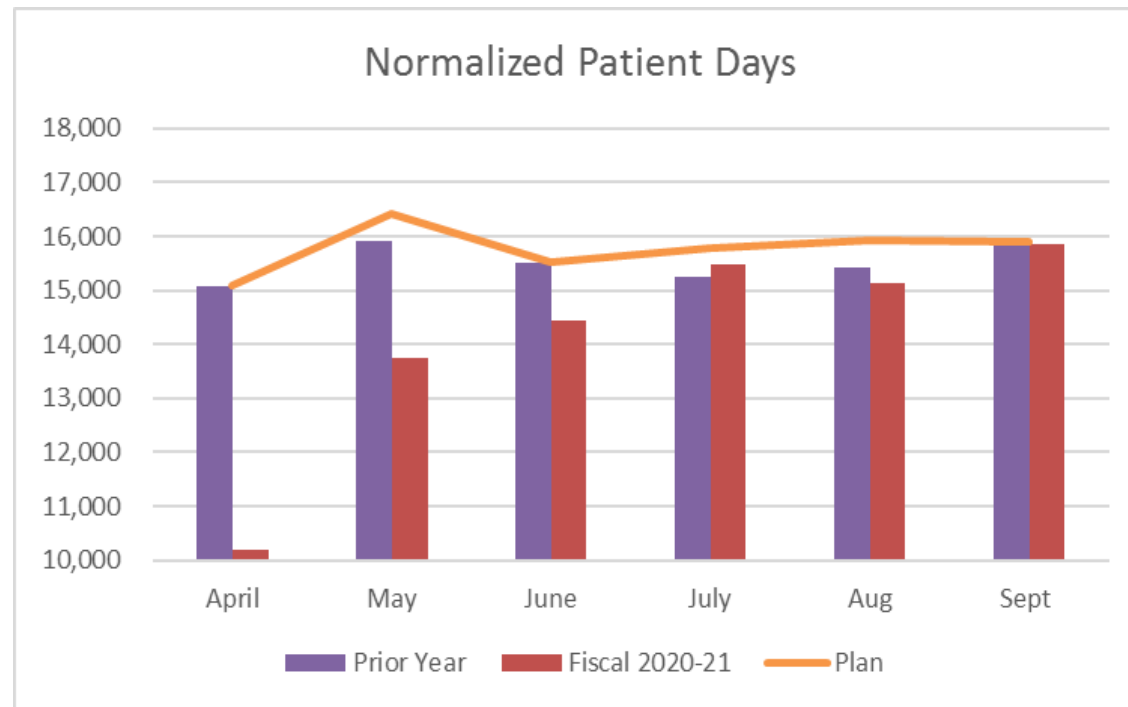
## September 30, 2020

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	Sept 2020 Actual	Sept. 2019 Actual	Variance to Prior Year
<b>Met Campus</b>			
Total Weighted Cases (estimated)	9,374	12,077	(2,704)
Acute Patient Days	36,194	41,547	(5,353)
ED Visits and Holds	22,038	26,987	(4,949)
<b>Ouellette Campus</b>			
Total Weighted Cases (estimated)	9,648	13,004	(3,356)
Acute Patient Days	36,186	41,447	(5,261)
ED Visits and Holds	21,741	27,377	(5,636)

# Volumes Patient Days

Year-to-Date Patient Days are 10% below plan



# Organizational Health

## September 30, 2020

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	YTD Actual	Target	Variance
<b>Met Campus</b>			
% Sick Time	5.80%	3.70%	(2.10%)
% Overtime	2.30%	2.30%	0.00%
FTE Staffing	1,662.7	1,710.7	47.95
<b>Ouellette Campus</b>			
% Sick Time	6.30%	3.70%	(2.60%)
% Overtime	4.80%	2.30%	(2.50%)
FTE Staffing	1,409.7	1,425.1	15.48

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

**Treasurer's Report**  
**Board of Directors**

**Financial Summary - September 2020**  
**(\$000's)**

		<b>September 2020 Actuals</b>		
	Line	Actual	Budget	Variance *
<b>Hospital Ops</b>				
Total Revenue	9	\$ 273,201	\$ 267,895	\$ 5,306
Total Expense	20	275,794	266,538	(9,256)
<b>Surplus / (Deficit)</b>	<b>21</b>	<b>(2,593)</b>	<b>1,357</b>	<b>(3,950)</b>
Other Votes (net)	22	(37)	(37)	-
Other Recoveries / (Exp)	23	(256)	-	(256)
<b>Subtotal</b>	<b>24</b>	<b>(2,886)</b>	<b>1,320</b>	<b>(4,206)</b>
Net bldg. amortization	25	(803)	(888)	85
<b>Net Surplus (Deficit)</b>	<b>26</b>	<b>\$ (3,689)</b>	<b>\$ 432</b>	<b>\$ (4,121)</b>
<b>Hospital Margin</b>		<b>\$ (2,154)</b>	<b>\$ 2,113</b>	<b>\$ (4,267)</b>
<b>Capital Equipment Expenditures</b>		<b>\$ 11,376</b>	<b>\$ 18,460</b>	<b>\$ (7,083)</b>

\* Variance - favourable / (unfavourable)

**Operational Highlights**

1. The operating results for the month ended September 30, 2020 resulted in a deficit of \$3,689,000 (\$2,154,000 Negative Hospital Margin) based on MoH definition. There are four significant revenue factors reflected in these.

a. With respect to 2020-2021, the Ministry has committed to date to the funding that was recommended in the Optimization Review Report with the exception of the \$5 million in one time funding. Six months of this revenue has been accrued to date (\$2,500,000).

b. Patient services and preferred accommodation revenue is \$3,072,000 below plan as a result of COVID-19. Diagnostic revenues are well below plan as volumes were scaled back considerably and inpatient volumes were significantly decreased as WRH created capacity for pandemic patient by cancelling elective surgeries.

d. Recoveries are \$213,000 below plan due to decreased revenue in retail pharmacies, parking and retail food services as a result of COVID-19.

2. Year to date salary and wages have a negative variance of \$6,641,000 or 5.4%. The two segments of pandemic pay covering the period of April 24, 2020 to August 13, 2020 in the amount of \$7,015,305 is included in the year to date expense. These payments are 100% funded by the Ministry of Health.

3. Medical/Surgical Supplies are favourable \$2,281,000 mainly due to elective surgery volume reductions implemented to create capacity for potential COVID-19 surge.

4. Other Supplies and Expenses are favourable \$76,000 year to date. Prior month deficits were attributable to minor equipment purchases and renovation costs due to COVID-19 and one time set up costs for the St. Clair College Field Hospital.

5. Equipment lease/rental is over budget by \$1,253,000 as additional beds were rented for the St. Clair College Field Hospital and the Met and Ouellette sites in preparation for a possible surge in volumes due to the pandemic.







## **MOTION/ACTION SHEET**

**From The**

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

**Monday, October 26, 2020**

**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, September 21, 2020 Via Zoom (following the In-Camera Session).

**PRESENT:**

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

Anthony Paniccia, Chair of the Board

**REGRETS:**

Dr. Larry Jacobs  
Sandra Boglitch

**STAFF:**

David Musyj	Heidi Zimmer
Mark Fathers	Kevin Marshall
Mary Macera	

**1.0 CALL TO ORDER**

Mrs. Allen called the meeting to order at 5:43 p.m.

The proceedings were recorded by Mary Macera.

**2.0 APPROVAL OF AGENDA**

**MOVED** by Dianne Aziz, **SECONDED** by Paul Lachance that the **General Finance/Audit & Resources Committee Agenda of Monday, October 26, 2020** 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, September 21, 2020

The Finance/Audit & Resources Committee Minutes of the **General Meeting of Monday, September 21, 2020** were previously circulated to all members.

**MOVED by Arvind Arya, SECONDED by Ian McLeod that the General Meeting Minutes from the Finance/Audit & Resources Committee of Monday, September 21, 2020 be approved.**

**CARRIED.**

## **6.0 FOR DISCUSSION**

### 6.1 Monthly Operating Results Report – September 30, 2020 (As Appended)

Ms. Zimmer provided the financial presentation.

- ✓ The operating results for the six months ended September 30, 2020 result in a deficit of \$3,689,000 (\$2,154,000 negative hospital margin)
- ✓ There are two items to note: Operating results include \$18.6 million in higher costs and lost revenues attributable to not meeting our clinical responsibilities due to COVID. WRH received funding details for the 2020-2021 fiscal year on June 4<sup>th</sup>, 2020. All was confirmed with the exception of the \$5 million in one-time funding.
- ✓ Year-to-date results include \$13.3 million for COVID operating expenses. Revenue losses total \$9.8 million.
- ✓ Year-to-date revenue – base and one-time funding is \$7,767,000 favourable
- ✓ Patient services are unfavourable by \$1.6 million
- ✓ Ministry drug reimbursements are favourable by \$795,000
- ✓ Other recoveries are \$213,000 unfavourable
- ✓ The overall revenue is favourable year-to-date by \$5.3 million
- ✓ Year-to-date expenses – salary and wages are \$6.6 million unfavourable due to \$1.5 million unfavourable due to the final installment of the pandemic pay, year-to-date spending on COVID isolation pay, COVID sick pay, training for temporary new hires and payment to COVID helpers
- ✓ Med Surg supplies - \$2.3 favourable (savings have occurred in perioperative program due to volume reductions)
- ✓ Incremental spending on Personal Protective Equipment (PPE) in the first 6 months of the year is \$2.11 million
- ✓ Drugs are unfavourable, other supplies and expense are favourable and rental/lease of equipment is unfavourable
- ✓ Patient access – Met Campus – psych average (adolescent) is up
- ✓ Year-to-date patient days are 10% below plan
- ✓ Sicktime is up at both campuses; overtime is up at the Ouellette Campus

Mr. Paniccia inquired about the utility rebate; are we still engaged with Deloitte to get that rebate? Mr. Fathers explained that there is no engagement. Rebate automatically comes to us.

Mr. Fathers informed the committee members of the increase of the cash advance by \$10 million to be repaid in January 2021.

## 6.2 Budget Risk Item(s) Schedule as at September 30, 2020

Ms. Zimmer explained the best case, the worse case and the most likely scenarios.

The forecast was based on the Most Likely scenario. There are so many unknowns right now due to COVID; it is difficult to forecast.

## **7.0 FOR INFORMATION**

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

7.1 Ontario Provides \$461M to Temporarily Enhance Wages for Personal Support Workers – October 1, 2020

7.2 Mohawk Medbuy Plexxus Joint Venture – September 30, 2020

7.3 OHA Letter to The Hon. Doug Ford Re: Public Health Measurers Needed Now to Avoid Provincial Shutdown – September 24, 2020

7.4 Ontario Investing \$741M to Reduce Surgeries Backlog and Expand Access to Care – September 25, 2020

7.5 President's Report – October 2020

For the community members information.

7.6 Windsor Regional Hospital Healthcare Acronyms

A revised list of the WRH Healthcare Acronyms was provided to the committee members.

## **8.0 DATE OF NEXT MEETING**

The Finance/Audit & Resources Committee will meet on **Monday, November 30, 2020 at 5:00 p.m. Via Zoom.**

## **9.0 ADJOURNMENT**

There was no further business; therefore, Mrs. Allen adjourned the meeting at 6:08 p.m.

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Mrs. Penny Allen, Chair & Treasurer  
FinAudit&Resources\_Minutes  
20201026

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Mary Macera  
Recorder

## Windsor Regional Hospital

### Operating Results Report

**For the Six Months Ended September 30, 2020**

(\$000's)

	Line	September 2020 Actuals		
		Actual	Budget	Variance *
<b>Hospital Ops</b>				
Total Revenue	9	\$273,201	\$ 267,895	\$ 5,306
Total Expense	20	275,794	266,538	(9,256)
<b>Surplus / (Deficit)</b>	21	(2,593)	1,357	(3,950)
Other Votes (net)	22	(37)	(37)	-
Other Recoveries / (Exp)	23	(256)	-	(256)
<b>Subtotal</b>	24	<b>(2,886)</b>	<b>1,320</b>	<b>(4,206)</b>
Net bldg. amortization	25	(803)	(888)	85
<b>Net Surplus (Deficit)</b>	26	<b>\$ (3,689)</b>	<b>\$ 432</b>	<b>\$ (4,121)</b>

<b>Hospital Margin</b>	<b>\$ (2,154)</b>	<b>\$ 2,113</b>	<b>\$ (4,267)</b>
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<b>Capital Equipment Expenditures</b>	<b>\$ 11,376</b>	<b>\$ 18,460</b>	<b>\$ (7,083)</b>
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\* Variance - favourable / (unfavourable)

#### **Operation Highlights:**

- The operating results for the six months ended September 30, 2020 resulted in a deficit of \$3,689,000 (\$2,154,000 Negative Hospital Margin) based on the MoH definition. There are two items worth noting -
  - a. Operating results include \$18.6 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 cover most of these costs, to date we have received confirmation of reimbursement of \$2.2 million for April 2020 expenses submitted via the COVID-19 reporting mechanism. Revenue losses have not yet been addressed by the MoH beyond reimbursement for services provided to uninsured residents. As a result, we have not booked any recovery at this time other than the recognition of \$252,000 for medical fees flowing under a COVID-19 funding agreement between the Ministry and the OMA. WRH has paid \$7 million for pandemic pay to employees through September 2020. We have received 75% of the total funding allocation of \$7.13 million to date and have accrued the remaining amount.

- b. 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. Assuming the Ministry will honour the recommendations in the report, we have accrued six months of this revenue in the September 2020 results (\$2,500,000). A formal follow up letter has been sent to the Ministry with respect to this one time funding amount. If we did not accrue this revenue, the deficit would be approximately \$6.2 million and the deficit for the month would be approximately \$1 million (COVID-19 costs included).

**1. Financial Results for the Six Months ended September 30, 2020**  
(Statement 2)

For the six months ended September 30, 2020, the deficit after net building amortization is **\$3,689,000**, which is \$4,121,000 worse than plan. This represents a negative Ministry of Health Margin of \$2,154,000 (one year ago, this negative margin was \$1.5 million). Extraordinary operating expenses and revenue losses related to COVID-19 in the amount of \$18.6 million are included in this deficit. In the month of September, the COVID-19 impact was \$2.3 million. Below is a chart that shows the revenue losses and costs that have been incurred in the period April 1 to September 30, 2020 and which have been funded or not funded –

<b>Windsor Regional Hospital COVID-19 Revenue Loss &amp; Expenses Year-to- Date September 2020</b>		
	<u>Funded</u>	<u>Unfunded</u>
<b>Revenue</b>		
Patient Services	-	3,299,250
Recoveries	-	1,989,488
<b>Total Revenue</b>	-	<b>5,288,738</b>
<b>Expense</b>		
Compensation	507,956	6,569,247
Pandemic Pay	7,015,305	-
Medical Staff Fees	252,000	-
Med. Surg. Supplies	733,836	2,636,474
Drugs	-	80,672
Other supplies & expense	7,074	1,542,504
Equipment Expenses	714,311	1,541,087
Renovations	228,412	932,481
<b>Total Expense</b>	<b>9,458,894</b>	<b>13,302,465</b>
<b>Total Operating</b>	<b>\$ 9,458,894</b>	<b>\$ 18,591,203</b>

It should also be noted that with respect to Ministry volume based funding, we have unearned revenue for these first six (6) months of \$4.5 million as compared to \$928,000 one year ago.

## **Revenue**

Ministry revenue (combined base and one-time) is \$7,767,000 higher than budget. One time funding is favourable year to date, as approximately \$7 million in one time pandemic pay funding 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 confirmation of one time ministry reimbursement for April COVID-19 expenses in the amount of \$2.2 million. Early in the fiscal year, the Ministry directed reduction in Hospital elective services and the corresponding volume reductions have reduced the amount of revenue earned for Quality Based Procedures (QBP), wait time procedures, neuroservices and cardiac funding. As an example, for QBP funded volumes, our year to date September revenues are \$2.7 million lower than one year ago.

Ministry drug reimbursements have a positive variance of \$795,000 (7.2%). This revenue comes from the Cancer Centre's New Drug Funding program and the renal program. This revenue has been favourable for the last three months and offsets the corresponding drug expenses in both programs.

The preferred accommodation revenue variance is unfavourable to budget by \$1,483,000 and is tracking lower than last year by \$1,613,000. 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 \$21,000 under budget due to the factors mentioned above for preferred accommodation.

Patient Services revenue variance is \$1,568,000 unfavourable (9.9%) 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 was \$641,000 favourable in the month of September as volumes are moving toward normal levels.

Equipment Grant amortization is \$29,000 (2.2%) higher than budget. Timing of the receipt of these grants affects their amortization.



Other Recoveries are \$213,000 unfavourable (1%) to budget. Similar to patient services, this revenue category was also impacted by the reduction in hospital services. Revenues were significantly reduced for parking and retail pharmacy and food operations. In the month of September, recoveries were favourable by \$290,000 as services are returning to normal levels. All three retail pharmacies (Met, HIV and We Care) were balanced in terms of net drug revenue relative to drug expenses in the month of September.

### **Expenses**

Salaries are currently over budget (unfavourable) by \$6,641,000 (5.4%) year to date with a negative variance in the month of September of \$1,515,000. The final pandemic pay amounts owing were paid in the month of September in the amount of \$1,492,000. As mentioned previously, one-time revenue has been recognized equal to this amount in the month of September. Although capacity is reduced and volumes have declined, there have been considerable costs incurred because of COVID-19. Year to date spending for employees in paid isolation is \$575,000, paid sick time due to COVID-19 is \$387,000 and training for temporary staff hires totalled \$320,000. In total, these temporary hires (COVID Helpers) have been paid \$1,818,000 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. As hospital operations return to normal continuing to staff these areas will create pressures with respect to staff availability which is being mitigated by the hiring of temporary full and part-time staff.

Employee Benefits are unfavourable to budget by \$2,452,000 (8.1%). The variance is attributable to the wage variance.

Employee Future Benefits are currently on budget.

Medical Staff Remuneration is over budget (unfavourable) by \$188,000 (.7%). The majority of this variance is attributable to physician retroactive payments as a result of OMA settlements and all are funded.

Medical & Surgical Supplies are favourable to budget by \$2,281,000 (12.4%) year to date. The perioperative programs at both sites are favourable due to the cancellation of elective surgeries with the Met campus favourable by \$1,054,000 and Ouellette \$1,861,000. In the Diagnostic Departments, Interventional Radiology and the Cardiac Catheterization Lab are \$407,000 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 for the first six months of the fiscal year is approximately \$2,117,000. It should be noted that elective surgery cancellations affect the ability to hit 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 \$1,234,000 (4.1%) as the activity in the retail pharmacies, chemotherapy suite and the renal program are returning to pre-COVID-19 levels. In the month of September, drug expenses were 8% favourable at the Met Campus inpatient and outpatient departments and 1% favourable at the Ouellette Campus. Drug expenses are 15% below budget in clinical departments year to date.

Supplies and Other Expenses are favourable to budget by \$76,000 (.2%). Included in these costs are minor equipment purchases (\$2,053,000) and one-time St. Clair College Field Hospital set up costs (\$897,000) related to COVID-19 activity. As an offset, laundry costs are lower than budget by \$140,000 and lab supply costs are \$104,000 under budget both due to lower inpatient and outpatient volumes. Referred out expenses for hip and knee replacements under the "Bundled Care" model are favourable \$423,000 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. Utility costs are \$1,066,000 under budget due to the energy rebate. This rebate was due to expire in October 2020 but has been extended to April 30, 2021. Courier costs are \$190,000 over budget and 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.

Long-term Interest expense is \$61,000 (7.7%) under budget. This is due to the interest rate on the capital loans (2.46%) being lower than budgeted (3.26%).

Equipment Lease/Rental is \$1,253,000 unfavourable to budget (105.1%). 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 \$94,000 under budget (2.1%).

**Other Votes** – Other Votes are \$37,000 unfavourable.

**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 September 2020, these expenses amount to \$256,000. There was no change in the month of September.

## ***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. This cash advance has reduced the need to use the line of credit, but as indicated on Statement 5, the line of credit was used for thirty-one (30) days in the month of September at an average balance of \$14,060,000. The additional COVID-19 expenses which have yet to be reimbursed (\$11,102,000) adding to the stress on the credit line. The additional \$10 million cash advance was received on September 30<sup>th</sup> and will be repaid in installments in the months of January to March of 2021.

Our inventory balance as at September 30 is \$7,106,000 higher than March 31 and includes \$5.3 million in masks. The remaining difference relates to bulk purchases of linen inventory, PPE and higher drug inventory related to COVID-19 preparation.

Our Ministry / CCO receivable has increased by \$14 million and includes \$1.8 million for the remaining pandemic pay funding and \$2.7 million for the recovery of pandemic expenses for March and April of 2020. The remaining \$9.5 million is receivable from CCO, \$2.8 million for program funding and \$8 million for reimbursement of qualifying drug expenses.

### ***3. Patient Volumes (Met Campus only)***

Acute care patient days are 5,353 lower than both the budget and the same period last year. Combined ED visits and holds for the year are 5,267 below budget and 4,949 fewer than last year at this time. Acute separations are 3,698 lower than plan, and are 1,392 lower than one year ago. Combined OR Inpatient and Day Surgery cases are 3,463 cases lower than plan. Ambulatory and community visits are 8,172 below plan and 7,717 lower than one year ago. Weighted cases are estimated to be 3,042 lower than plan and 2,704 lower than one year ago.

### ***Patient Volumes (Ouellette Campus only)***

Acute care patient days are 5,013 days below budget year to date and 5,261 days lower than the same period last year. Acute separations are 4,717 lower than plan and 980 lower than last year. Mental health patient days are 459 days higher than budget and the same period last year. OR Inpatient and Day Surgery cases are currently 6,116 lower than plan. ED visits and holds at Ouellette are 5,420 below budget and 5,636 lower than the prior year. Ambulatory visits are 18,964 below budget and 19,049 visits lower than prior year. Community visits are 40,984 above plan, as this includes 41,556 visits to the COVID-19 Community Assessment Centres. In the month of September there were 11,916 visits to the Assessment Centres at the Ouellette and St. Clair campuses. Weighted cases are estimated to be 3,087 lower than plan and 3,356 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.

## ***Patient Access***

Acute care length of stay at Met was 4.45 days as compared to a target of 4.54 days. Lengths of stay for Ouellette acute care was 7.94 days versus a plan of 7.33. Length of stay for the adult psychiatric patients was 12.47 slightly above the plan of 12.43 days and Maryvale (adolescent psychiatry) length of stay is 7.44 compared to the target of 6.44. COVID-19 is creating anxiety for everyone but hits those individuals harder than most vulnerable.

## ***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 on target at 2.3%.

Sick time at the Ouellette Campus is 6.30% compared to the target of 3.70%, while overtime is over target at 4.80% 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 48 FTEs. This is comprised of a 37.6 FTE surplus in hospital operations and a 10.4 FTE surplus in Cancer Centre operations. At the Ouellette Campus, the FTE variance is favourable by 15.5 FTE.

FTEs attributable to COVID-19 additional staffing are 114.7 in total, 86.3 for hospital operations and 28.4 for the St. Clair College Field Hospital.

Statement #1  
WINDSOR REGIONAL HOSPITAL  
Consolidated Operating Results for the Six Months Ending September 30, 2020

Description	Current Month		Year To Date		Year End		Prior Year Actual	
	Actual	Fav/(Unfav) Budget	Actual	Budget	Forecast	Budget	Year to Date	Year End
<b>Revenue (\$000's)</b>								
1 Ministry Funding - Base	\$ 35,554	\$ 1,543	\$ 204,797	\$ 206,533	\$ 402,892	\$ 411,915	\$ 201,372	\$ 401,055
2 Ministry Funding - One-time	1,794	126	19,609	10,125	44,591	20,003	10,710	27,770
3 Ministry Funding - Drug Reimb.	1,878	43	11,806	11,011	23,074	22,022	10,330	22,103
4 Preferred Accommodation	101	(203)	370	1,853	976	3,696	1,962	3,620
5 Chronic co-payment	-	(3)	-	21	-	42	21	47
6 Patient services	3,243	641	14,293	15,861	33,751	31,867	16,187	32,594
7 Capital grant amortization	530	(8)	3,261	3,228	6,441	6,456	3,350	6,550
8 Other recoveries	3,951	293	21,170	21,376	44,892	42,960	21,067	43,232
9 Total Revenue	\$ 47,051	\$ 2,432	\$ 275,306	\$ 270,008	\$ 556,617	\$ 538,961	\$ 264,999	\$ 536,971
<b>Expense (\$000's)</b>								
10 Salaries	\$ 22,223	\$ (1,534)	\$ 130,325	\$ 123,684	\$ 255,975	\$ 245,514	\$ 122,853	\$ 242,858
11 Employee benefits	4,982	(928)	32,574	30,119	64,187	63,695	31,207	61,424
12 Employee ben. - future ben. costs	162	-	967	967	1,933	1,933	967	2,325
13 Medical staff remuneration	4,962	(639)	26,074	25,886	54,047	52,163	26,895	54,183
14 Medical & Surgical supplies	2,910	201	16,130	18,411	32,859	36,237	17,655	35,882
15 Drugs	5,092	(79)	31,370	30,136	61,922	60,252	28,797	60,153
16 Supplies & other expenses	5,883	(513)	31,805	31,957	67,059	64,228	30,998	61,257
17 Equipment lease / rental	224	(25)	2,445	1,192	3,802	2,402	1,242	2,675
18 Capital amortization	1,181	23	7,049	7,224	14,141	14,448	6,959	13,947
19 Total Expense	\$ 47,619	\$ (3,494)	\$ 278,739	\$ 269,576	\$ 555,925	\$ 540,873	\$ 267,573	\$ 534,704
20 Other recoveries (expense)	-	-	(256)	-	(256)	-	(620)	572
20 Net Surplus (Deficit) - \$000's	\$ (568)	\$ (1,062)	\$ (3,689)	\$ 432	\$ 436	\$ (1,912)	\$ (3,194)	\$ 2,839
1 Total Margin - \$000's	\$ (320)	\$ (1,097)	\$ (2,154)	\$ 2,113	\$ 5,365	\$ 2,098	\$ (1,498)	\$ 6,167

	Actual	Fav/(Unfav) Budget	%
1 Ministry Funding - Base		\$ (1,736)	-0.84%
2 Ministry Funding - One-time		9,484	93.67%
3 Ministry Funding - Drug Reimb.		795	7.22%
4 Preferred Accommodation		(1,483)	-80.03%
5 Chronic co-payment		(21)	-100.00%
6 Patient services		(1,568)	-9.89%
7 Capital grant amortization		33	1.02%
8 Other recoveries		(206)	-0.96%
9 Total Revenue		\$ 5,298	1.96%
10 Salaries		\$ (6,641)	-5.37%
11 Employee benefits		(2,455)	-8.15%
12 Employee ben. - future ben. costs		-	0.00%
13 Medical staff remuneration		(188)	-0.73%
14 Medical & Surgical supplies		2,281	12.39%
15 Drugs		(1,234)	-4.09%
16 Supplies & other expenses		152	0.48%
17 Equipment lease / rental		(1,253)	-105.12%
18 Capital amortization		175	2.42%
19 Total Expense		\$ (9,163)	-3.40%
20 Other recoveries (expense)		(256)	#DIV/0!
20 Net Surplus (Deficit) - \$000's		\$ (4,121)	
1 Total Margin - \$000's		\$ (4,267)	
COVID-19 related unfunded extraordinary operating expenses and revenue loss included above	18,591	(18,591)	

	Forecast	Budget	Fav/(Unfav)
1 Total Margin - \$000's	\$ 5,365	\$ 2,098	\$ 3,267
COVID-19 related unfunded extraordinary operating expenses and revenue loss included above	10,549	-	(10,549)

Statement #2

**WINDSOR REGIONAL HOSPITAL**  
**Operating Results for the Six Months Ending September 30, 2020**  
**Consolidated - Met and Ouellette Campuses**

Description	Current Month		Year To Date		Year End		Prior Year Actual			
	Actual	Fav/(Unfav) to Unapproved Budget	Actual	Budget	Fav/(Unfav)	Forecast	Budget	Fav/(Unfav)	Year to Date	Year End
<b>Revenue (\$000's)</b>										
1 Ministry Funding - Base	\$ 35,466	\$ 1,542	\$ 204,646	\$ 206,363	\$ (1,717)	402,660	\$ 411,645	\$ (8,985)	\$ 201,298	\$ 400,826
2 Ministry Funding - One-time	1,794	126	19,609	10,125	9,484	44,591	20,003	24,588	10,710	27,770
3 Ministry Funding - Drug Reimb.	1,878	43	11,806	11,011	795	23,074	22,022	1,052	10,330	22,103
4 Preferred Accommodation	101	(203)	370	1,853	(1,483)	976	3,696	(2,720)	1,962	3,620
5 Chronic co-payment	-	(3)	-	21	(21)	-	42	(42)	21	47
6 Patient services	3,243	641	14,293	15,861	(1,568)	33,751	31,867	1,884	16,187	32,594
7 Equipment grant amortization	206	(9)	1,319	1,290	29	2,555	2,580	(25)	1,406	2,662
8 Other recoveries	3,948	290	21,158	21,371	(213)	44,846	42,914	1,932	21,053	43,150
9 <b>Total Revenue</b>	<b>\$ 46,636</b>	<b>\$ 2,427</b>	<b>\$ 273,201</b>	<b>\$ 267,895</b>	<b>\$ 5,306</b>	<b>\$ 552,453</b>	<b>\$ 534,769</b>	<b>\$ 17,684</b>	<b>\$ 262,967</b>	<b>\$ 532,772</b>
<b>Expense (\$000's)</b>										
10 Salaries	\$ 22,191	\$ (1,515)	\$ 130,244	\$ 123,603	\$ (6,641)	\$ 255,818	\$ 245,344	\$ (10,474)	\$ 122,784	\$ 242,720
11 Employee benefits	4,974	(923)	32,555	30,103	(2,452)	64,155	63,663	(492)	31,188	61,387
12 Employee ben. - future ben. costs	162	-	967	967	-	1,933	1,933	-	967	2,325
13 Medical staff remuneration	4,962	(639)	26,074	25,886	(188)	54,047	52,163	(1,884)	26,895	54,183
14 Medical & Surgical supplies	2,910	201	16,130	18,411	2,281	32,858	36,236	3,378	17,655	35,881
15 Drugs	5,092	(79)	31,370	30,136	(1,234)	61,922	60,252	(1,670)	28,797	60,153
16 Supplies & other expenses	5,683	(522)	30,973	31,049	76	63,571	61,846	(1,724)	30,009	59,414
17 Long term interest	118	13	732	793	61	3,340	2,234	(1,106)	882	1,695
18 Equipment lease / rental	224	(25)	2,445	1,192	(1,253)	3,789	2,389	(1,400)	1,242	2,675
19 Equipment amortization	727	6	4,304	4,398	94	8,666	8,796	130	4,201	8,426
20 <b>Total Expense</b>	<b>\$ 47,043</b>	<b>\$ (3,483)</b>	<b>\$ 275,794</b>	<b>\$ 266,538</b>	<b>\$ (9,256)</b>	<b>\$ 550,099</b>	<b>\$ 534,857</b>	<b>\$ (15,242)</b>	<b>\$ 264,620</b>	<b>\$ 528,859</b>
21 <b>Surplus / (Deficit) From Hospital Operations</b>	<b>\$ (407)</b>	<b>\$ (1,056)</b>	<b>\$ (2,593)</b>	<b>\$ 1,357</b>	<b>\$ (3,950)</b>	<b>\$ 2,354</b>	<b>\$ (88)</b>	<b>\$ 2,442</b>	<b>\$ (1,653)</b>	<b>\$ 3,913</b>
<b>Surplus / (Deficit) from Other Operations (\$000's)</b>										
22 Other Votes (net)	(31)	(24)	(37)	(37)	-	(73)	(48)	(25)	(107)	(13)
23 Other Recoveries / (Expenses)	-	-	(256)	-	(256)	(256)	-	(256)	(620)	572
24 <b>Subtotal</b>	<b>(438)</b>	<b>(1,080)</b>	<b>(2,886)</b>	<b>1,320</b>	<b>(4,206)</b>	<b>2,025</b>	<b>(136)</b>	<b>2,161</b>	<b>(2,380)</b>	<b>4,472</b>
25 <b>Net Building Amortization</b>	<b>\$ (130)</b>	<b>18</b>	<b>\$ (803)</b>	<b>\$ (888)</b>	<b>85</b>	<b>\$ (1,589)</b>	<b>\$ (1,776)</b>	<b>187</b>	<b>\$ (814)</b>	<b>\$ (1,633)</b>
26 <b>Net Surplus (Deficit) - \$000's</b>	<b>\$ (568)</b>	<b>\$ (1,062)</b>	<b>\$ (3,689)</b>	<b>\$ 432</b>	<b>\$ (4,121)</b>	<b>\$ 436</b>	<b>\$ (1,912)</b>	<b>\$ 2,348</b>	<b>\$ (3,194)</b>	<b>\$ 2,839</b>
27 COVID-19 related unfunded extraordinary operating expenses included above	\$ 1,695	\$ (1,695)	\$ 13,302	\$ -	\$ (13,302)	\$ -	\$ -	\$ -	\$ -	\$ 1,629
28 COVID-19 related unfunded non-ministry revenue, loss included above	\$ 603	\$ (603)	\$ 5,289	\$ -	\$ (5,289)	\$ 10,549	\$ -	\$ (10,549)	\$ -	\$ -
29 YTD - Unearned Ministry volume funding	\$ 1,205	\$ (1,205)	\$ 4,505	\$ -	\$ (4,505)	\$ 8,985	\$ -	\$ (8,985)	\$ -	\$ 1,110

**WINDSOR REGIONAL HOSPITAL**  
**Operating Results for the Six Months Ending September 30, 2020**  
**Consolidated - Met and Ouellette Campuses**

Description	Current Month		Year To Date		Year End		Prior Year Actual			
	Actual	Fav/(Unfav)	Actual	Budget	Fav/(Unfav)	Forecast	Budget	Year to Date	Year End	
<b>Financial Performance Measures</b>										
1 Total Margin - \$000's	\$ (320)	(1,097)	\$ (2,154)	\$ 2,113	\$ (4,267)	\$ 5,365	\$ 2,098	\$ 3,267	\$ (1,498)	\$ 6,167
2 Total Margin - %	-0.68%	-2.45%	-0.79%	0.79%	-1.58%	0.97%	0.39%	0.0%	-0.57%	1.16%
3 Unrestricted cash - \$000's	n/a	n/a	\$ 1,698	N/A	N/A	\$ 5,000	N/A	N/A	4,387	\$ 411
4 Current ratio	n/a	n/a	0.46	0.40	0.06	0.80	0.40	N/A	0.39	0.33
Capital equipment expenditures - Fiscal 2020 - 21 \$000's	\$ 555	n/a	\$ 2,423	\$ 3,640	\$ 1,216	\$ 7,279	\$ 7,279	\$ -	\$ 4,897	\$ 11,829
Capital equipment expenditures - PY C/F \$000's	\$ 0	n/a	\$ 2,470	\$ 289	\$ (2,181)	\$ 2,470	\$ 578	\$ -	\$ 5,000	\$ 5,414
5c Funded / Own Funds Capital Projects	\$ 2,372	n/a	\$ 6,483	\$ 14,531	\$ 8,048	\$ 29,062	\$ 29,062	\$ -	\$ 4,479	\$ 19,570
<b>Patient Volume Measures</b>										
1 Total Weighted Cases (est) - HIG	1,744	(286)	9,374	12,415	(3,042)	21,845	24,763	(2,918)	12,077	24,384
2 Acute separations (excl psych)	1,404	(570)	8,142	11,840	(3,698)	17,340	24,080	(6,740)	9,534	19,178
3 Acute pat. days (excl. psych)	6,753	(184)	36,194	41,547	(5,353)	77,162	84,626	(7,464)	41,547	82,935
4 Psychiatric - Adolescent pat. days	150	46	632	628	4	1,542	1,269	273	628	1,198
5 Emergency visits and ER holds	4,076	(395)	22,038	27,305	(5,267)	45,815	54,551	(8,736)	26,987	53,032
6 OR - Inpatient cases	292	(28)	1,316	1,991	(675)	3,019	3,909	(890)	2,015	3,896
7 OR - Day Surgery cases	567	(210)	2,064	4,852	(2,788)	5,372	9,484	(4,112)	4,786	9,054
8 Clinic visits	10,792	583	57,535	62,804	(5,269)	120,488	124,549	(4,061)	62,484	123,178
9 Community Services visits	860	(17)	2,459	5,362	(2,903)	28,061	10,695	17,366	5,227	10,135
<b>Variable Revenue Volumes:</b>										
(a) Hip procedures	8	3	38	40	(2)	56	67	(11)	43	90
(b) Knee procedures	17	(17)	51	209	(158)	321	410	(89)	197	390
(c) Pacemaker inserts	-	-	-	-	-	-	-	-	-	-
11 MRI Hours of Operation	514	(8)	3,241	3,153	88	6,364	6,364	-	3,138	6,268
12 CT Hours of Operation	716	3	4,384	4,384	-	8,696	8,696	-	4,311	8,604
<b>Patient Access Measures &amp; System Integration</b>										
1 Acute Average LOS	4.81	(0.27)	4.45	4.54	0.09	4.45	4.54	0.09	4.36	4.32
2 Psych Average - Adolescent LOS	9.38	(2.94)	7.44	6.44	(1.00)	7.44	6.44	(1.00)	5.28	4.74
<b>Organizational Health</b>										
1 % Sick Time to Total Comp	6.20%	N/A	5.80%	3.70%	-2.10%	5.80%	3.70%	-2.10%	5.40%	5.70%
2 % Overtime to Total Comp	2.80%	N/A	2.30%	2.30%	0.00%	2.30%	2.30%	0.00%	2.10%	2.30%
3 FTE staffing (Hospital Ops Only)	1,683.9	N/A	1,662.7	1,710.7	48.0	1,662.7	1,690.1	27.34	1,693.0	1,685.3

**WINDSOR REGIONAL HOSPITAL**  
**Operating Results for the Six Months Ending September 30, 2020**  
**Consolidated - Met and Ouellette Campuses**

Current Month		Year To Date			Year End			Prior Year Actual	
Actual	Fav/(Unfav)	Actual	Budget	Fav/(Unfav)	Forecast	Budget	Fav/(Unfav)	Year to Date	Year End
1,972	(110)	9,648	12,736	(3,087)	22,734	25,402	(2,668)	13,004	25,827
867	(694)	4,556	9,273	(4,717)	9,900	19,043	(9,143)	5,536	11,244
6,997	9	36,186	41,199	(5,013)	78,634	85,253	(6,619)	41,447	81,548
1,948	90	11,719	11,260	459	23,537	22,671	866	11,260	22,532
-	-	-	-	-	-	-	-	-	-
3,971	(466)	21,741	27,161	(5,420)	44,905	54,126	(9,221)	27,377	54,152
302	(25)	1,413	2,086	(673)	3,175	3,989	(814)	2,060	4,022
768	(458)	2,207	7,650	(5,443)	6,687	14,953	(8,266)	7,470	13,932
2,378	(2,543)	10,777	29,741	(18,964)	24,649	60,039	(35,390)	29,826	57,778
12,776	11,975	45,884	4,900	40,984	45,884	9,774	36,110	5,018	10,320
24	(3)	55	174	(119)	278	333	(55)	170	321
30	(9)	80	239	(159)	369	471	(102)	259	484
26	4	116	133	(17)	242	265	(23)	145	265
116	(298)	245	2,580	(2,335)	416	5,053	(4,637)	2,443	4,849
189	176	380	79	301	2,832	154	2,678	91	171
514	(3)	3,199	3,162	37	6,307	6,307	-	3,103	6,139
721	2	4,388	4,636	(247)	8,776	8,776	-	4,392	8,778
8.07	(0.74)	7.94	7.33	(0.61)	7.94	7.33	(0.61)	7.49	7.25
-	-	-	-	-	-	-	-	-	-
11.88	0.55	12.47	12.43	(0.04)	12.47	12.43	(0.04)	12.84	12.80
6.10%	N/A	6.30%	3.70%	-2.60%	6.30%	3.70%	-2.60%	6.00%	6.00%
6.30%	N/A	4.80%	2.30%	-2.50%	4.80%	2.30%	-2.50%	4.70%	4.50%
1,437.1	N/A	1,409.7	1,425.1	15.5	1,409.7	1,434.4	24.8	1,467.9	1,431.8

<b>OUELLETTE CAMPUS ONLY</b>									
Current Month		Year To Date			Year End			Prior Year Actual	
Actual	Fav/(Unfav)	Actual	Budget	Fav/(Unfav)	Forecast	Budget	Fav/(Unfav)	Year to Date	Year End
1,972	(110)	9,648	12,736	(3,087)	22,734	25,402	(2,668)	13,004	25,827
867	(694)	4,556	9,273	(4,717)	9,900	19,043	(9,143)	5,536	11,244
6,997	9	36,186	41,199	(5,013)	78,634	85,253	(6,619)	41,447	81,548
1,948	90	11,719	11,260	459	23,537	22,671	866	11,260	22,532
-	-	-	-	-	-	-	-	-	-
3,971	(466)	21,741	27,161	(5,420)	44,905	54,126	(9,221)	27,377	54,152
302	(25)	1,413	2,086	(673)	3,175	3,989	(814)	2,060	4,022
768	(458)	2,207	7,650	(5,443)	6,687	14,953	(8,266)	7,470	13,932
2,378	(2,543)	10,777	29,741	(18,964)	24,649	60,039	(35,390)	29,826	57,778
12,776	11,975	45,884	4,900	40,984	45,884	9,774	36,110	5,018	10,320
24	(3)	55	174	(119)	278	333	(55)	170	321
30	(9)	80	239	(159)	369	471	(102)	259	484
26	4	116	133	(17)	242	265	(23)	145	265
116	(298)	245	2,580	(2,335)	416	5,053	(4,637)	2,443	4,849
189	176	380	79	301	2,832	154	2,678	91	171
514	(3)	3,199	3,162	37	6,307	6,307	-	3,103	6,139
721	2	4,388	4,636	(247)	8,776	8,776	-	4,392	8,778
8.07	(0.74)	7.94	7.33	(0.61)	7.94	7.33	(0.61)	7.49	7.25
-	-	-	-	-	-	-	-	-	-
11.88	0.55	12.47	12.43	(0.04)	12.47	12.43	(0.04)	12.84	12.80
6.10%	N/A	6.30%	3.70%	-2.60%	6.30%	3.70%	-2.60%	6.00%	6.00%
6.30%	N/A	4.80%	2.30%	-2.50%	4.80%	2.30%	-2.50%	4.70%	4.50%
1,437.1	N/A	1,409.7	1,425.1	15.5	1,409.7	1,434.4	24.8	1,467.9	1,431.8

<b>ST. CLAIR COLLEGE CAMPUS ONLY</b>									
Current Month		Year To Date			Year End			Prior Year Actual	
Actual	Fav/(Unfav)	Actual	Budget	Fav/(Unfav)	Forecast	Budget	Fav/(Unfav)	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)	-	-
-	N/A	28.4	-	(28.4)	28.40	-	(28.40)	-	-



Statement # 3  
**WINDSOR REGIONAL HOSPITAL**  
**STATEMENT OF FINANCIAL POSITION**  
As At September 30, 2020  
(Amounts in 000's)

	September 30, 2020	March 31, 2020	September 30, 2020	March 31, 2020
<b>ASSETS</b>		13,982.78		
<b>Current assets:</b>				
Cash & short-term investments	1,698	-	-	-
Accounts Rec. - Ministry / CCO	20,331	6,348	-	11,623
- OHIP	11,053	8,306	20,556	25,266
- Other	6,304	6,142	7,315	4,235
Inventories	12,245	5,139	52,838	53,449
Prepaid & deferred charges	6,184	5,259	3,313	3,569
Due from related parties	2,545	2,116	742	742
	<u>60,361</u>	<u>33,310</u>	<u>130,408</u>	<u>100,018</u>
<b>Long term assets:</b>				
Investments	6,132	6,044	63,516	56,218
Property, Plant, Equipment, Net	156,488	158,644	23,590	22,624
Construction in progress	44,290	37,807	1,014	1,340
	<u>200,777</u>	<u>196,451</u>	<u>1,719</u>	<u>1,795</u>
Total long term assets	<u>206,910</u>	<u>202,495</u>	<u>118,401</u>	<u>121,663</u>
			<u>215,263</u>	<u>210,574</u>
<b>Re measurement losses:</b>			(1,719)	(1,795)
<b>Net assets:</b>			<u>(76,681)</u>	<u>(72,992)</u>
<b>Total assets</b>	<u><u>267,270</u></u>	<u><u>235,805</u></u>	<u><u>267,270</u></u>	<u><u>235,805</u></u>
<b>LIABILITIES AND EQUITIES</b>				
<b>Current liabilities:</b>				
Bank overdraft				-
Bank indebtedness				11,623
Accounts payable - trade				25,266
Accounts payable - Ministry				4,235
Accrued liabilities				53,449
Current portion of long term debt				3,569
Current portion accrued benefit obligations				742
Current portion of capital lease				1,134
Ministry of Health - advance				-
			<u>45,000</u>	<u>-</u>
<b>Total current liabilities</b>			<u>130,408</u>	<u>100,018</u>
<b>Long term liabilities:</b>				
Bank loan				56,218
Accrued benefit obligations				22,624
Capital lease obligations				1,340
Marked to market				1,795
Sick benefits payable				6,934
Deferred revenue - capital grants				121,663
			<u>118,401</u>	<u>210,574</u>
			<u>215,263</u>	<u>210,574</u>
<b>Re measurement losses:</b>			(1,719)	(1,795)
<b>Net assets:</b>			<u>(76,681)</u>	<u>(72,992)</u>
<b>Total liabilities and net assets</b>			<u><u>267,270</u></u>	<u><u>235,805</u></u>

## Statement # 4

Windsor Regional Hospital  
Statement of Cash Flows

## For the Six Months Ending September 30, 2020

With Comparative Amounts For the Year Ending March 31, 2019

(Amounts in 000's)

	September 30, 2020	March 31, 2020	Month of Sept 2020
<b>OPERATING ACTIVITIES</b>			
Net Surplus/(deficit) for the period	(3,689)	\$ 2,839	\$ 1,624
Add (deduct) non-cash items:			
Amortization of capital assets	7,049	13,947	1,181
Loss / (Gain) on disposal	-	-	-
Amortization of deferred capital contributions	(3,260)	(6,550)	(5,991)
	100	10,236	(3,186)
Cash flow from / (used in) operating balances	17,407	16,036	8,522
<b>Cash provided by operating activities</b>	<b>17,507</b>	<b>26,272</b>	<b>5,336</b>
<b>INVESTING ACTIVITIES</b>			
Purchase of capital assets	(11,376)	(36,812)	(19,825)
<b>FINANCING ACTIVITIES</b>			
Investments held for capital purposes	(88)	(479)	(14)
Loans payable	(5,397)	2,402	(6,335)
Capital grants and donations received	(2)	7,841	5,462
Notes payable and other long term liabilities	1,055	776	177
<b>Cash provided by (used in) financing activities</b>	<b>(4,432)</b>	<b>10,540</b>	<b>(710)</b>
<b>Net increase (decrease) in cash during the period</b>	<b>1,698</b>	<b>-</b>	<b>\$ (15,200)</b>
Cash, beginning of period	-	-	16,898
<b>Cash, end of period</b>	<b>1,698</b>	<b>\$ -</b>	<b>\$ 1,698</b>

**Windsor Regional Hospital**  
**Summary of Investments and Bank Borrowings**  
 September 30, 2020

Investments		Bank Borrowings			
Type of Investment	Amount	Bank Facility Type	Amount Available	Amount Authorized By The Board	Amount Used
1. Cash & Short term Investment Account					
(a) General Account	1,697,000	1. Credit A - Line of credit	\$ 15,000,000	\$ 15,000,000	\$ -
CIBC Investment Account	1,000	Average utilization during the month (Interest rate = CIBC Prime - .25% (2.20%))			\$ 14,060,000
					30 Days
		2. CIBC - Credit B - Committed Installment Loan - net of current portion of \$647,000	-	\$ 7,650,000	\$ 7,650,000
		3. CIBC - Credit C - Committed Capital Equipment Revolving Loan with interest rates of 2.46% to 3.26% - net of current portion of \$1,281,000	\$ 3,575,000	6,800,000	\$ 3,225,000
Accrued interest	-	4. CIBC - Credit E - Demand Installment Loan - HIS Project	19,041,000	\$ 47,000,000	27,959,000
		5. TD - Four Term loans with interest rates of 2.69% to 5.6% - net of current portion of \$1,385,000			
Equity Investment	-	Date of next rate renewal - February 15, 2022	-	\$ 24,682,000	\$ 24,682,000
2. Capital Investment a/c - grant account balance	\$ 1,698,000				
Capital reserve	-	Other Disclosures			
		CIBC - re: Credit B - Committed Installment Loan - Marked to Market Value Adjustment	-	\$ -	\$ 1,719,000
Total	\$ 6,132,000	Note 1 - interest rate set through 25 year interest rate SWAP agreement with an interest rate of 5.035% with fixed principal and interest payments of \$86,641 per month.			
		Note 2 - market value adjustment reviewed at end of each quarter			



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**Date:** November Report

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

**Windsor man, 34, has this message for his peers as COVID-19 lands him in hospital**

CBC Windsor, Sept. 23, 2020

<https://www.cbc.ca/news/canada/windsor/young-covid-19-patient-recovering-1.5734240>

**Long road to recovery for COVID survivor**

AM800, Sept. 22, 2020

<https://www.iheartradio.ca/am800/news/long-road-to-recovery-for-covid-survivor-1.13554324>

**COVID-19 'long-haulers' hit back against non-believers**

CBC Windsor, Sept. 23, 2020

<https://www.cbc.ca/news/canada/windsor/covid19-long-lasting-symptoms-windsor-essex-1.5732872>

**WRH prepared to second wave of COVID**

AM800, Sept. 24, 2020

<https://www.iheartradio.ca/am800/news/wrh-prepared-for-second-wave-of-covid-1.13572080>

**Reader letter: Patient grateful for recent hospital care**

Windsor Star, Sept. 22, 2020

<https://windsorstar.com/opinion/letters/reader-letter-patient-grateful-for-recent-hospital-care>

### **ESHC wants public input on possible new chemotherapy service**

Windsor Star, Sept. 22, 2020

<https://windsorstar.com/news/local-news/erie-shores-healthcare-wants-public-input-on-possible-new-chemotherapy-service>

### **No Windsor-Essex pharmacies on first list for COVID-19 testing**

CTC Windsor, Sept. 22, 2020

<https://windsor.ctvnews.ca/no-windsor-essex-pharmacies-on-first-list-for-covid-19-testing-1.5117015>

### **Medical Officer of Health concerned about culture of hate, blame during pandemic**

Windsor Star, Sept. 24, 2020

<https://windsorstar.com/news/local-news/moh-concerned-about-culture-of-hate-blame-during-pandemic>

### **Three new COVID-19 cases reported in Windsor-Essex**

CTV Windsor, Sept. 24, 2020

<https://windsor.ctvnews.ca/three-new-covid-19-cases-reported-in-windsor-essex-1.5118210>

### **No Windsor-Essex pharmacies on first list for COVID-19 testing**

CTV Windsor, Sept. 24, 2020

<https://windsor.ctvnews.ca/no-windsor-essex-pharmacies-on-first-list-for-covid-19-testing-1.5117015>

### **Wait times increase for COVID-19 test results in Windsor-Essex**

CTV Windsor, Sept. 24, 2020

<https://windsor.ctvnews.ca/wait-times-increase-for-covid-19-test-results-in-windsor-essex-1.5118427>

### **Video: COVID-19 tests delayed, but not testing**

CTV Windsor, Sept. 24, 2020

<https://windsor.ctvnews.ca/video?clipId=2042806>

### **Ontario changing COVID-19 testing guidelines**

Blackburn News, Sept. 24, 2020

<https://blackburnnews.com/windsor/windsor-news/2020/09/24/ontario-changing-covid-19-testing-guidelines/>

### **Lag in COVID-19 test turnaround**

Blackburn News, Sept. 24, 2020

<https://blackburnnews.com/windsor/windsor-news/2020/09/24/lag-covid-19-test-turn-around/>



**Second COVID-19 assessment centre ready to move to WRH's Met Campus**

AM800, Sept. 25, 2020

<https://www.iheartradio.ca/am800/news/second-covid-19-assessment-centre-ready-to-move-to-wrh-s-met-campus-1.13577474>

**Ontario government gives \$2.2M to Windsor hospitals**

Windsor Star, Sept. 28, 2020

<https://windsorstar.com/news/local-news/ontario-government-gives-2-2m-to-windsor-hospitals>

**WRH gets boost for critical upgrades**

AM800, Sept. 28, 2020

<https://www.iheartradio.ca/am800/news/windsor-regional-hospital-gets-boost-for-critical-upgrades-1.13605007>

Audio: <https://www.iheartradio.ca/am800/audio/the-afternoon-news-upgrades-coming-at-both-windsor-regional-hospital-campus-and-at-hotel-dieu-1.13601532?mode=Article>

**Pharmacists call for naloxone with every opioid prescription**

Windsor Star, Sept. 28, 2020

<https://windsorstar.com/news/local-news/pharmacists-call-for-naloxone-with-every-opioid-prescription>

**Reader letter: Grateful for outstanding efforts by our essential health care workers**

Windsor Star, Sept. 28, 2020

<https://windsorstar.com/opinion/letters/reader-letter-grateful-for-outstanding-efforts-by-our-essential-health-care-workers>

**Local COVID-19 cases low, but health-care officials still prepping for second wave in Windsor-Essex**

CBC Windsor, Sept. 30, 2020

<https://www.cbc.ca/news/canada/windsor/covid19-second-wave-windsor-essex-1.5744271>

**Public health lab on the table for Windsor-Essex**

Windsor Star, Sept. 29, 2020

<https://windsorstar.com/news/local-news/public-health-lab-on-the-table-for-windsor-essex>

**Windsor company applies for testing lab capable of processing COVID-19 swabs**

CBC Windsor, Sept. 29, 2020

<https://www.cbc.ca/news/canada/windsor/windsor-essex-health-unit-lab-site-pending-approval-1.5742941>



### **Application seeks to bring new public health lab to Windsor**

Windsorite.ca, Sept. 29, 2020

<https://windsorite.ca/2020/09/application-seeks-to-bring-new-public-health-lab-to-windsor/>

### **Local lab seeking approval**

Blackburn News, Sept. 29, 2020

<https://blackburnnews.com/windsor/windsor-news/2020/09/29/local-lab-seeking-approval/>

### **Windsor could be a step closer to getting a lab able to process COVID-19 tests**

CTV Windsor, Sept. 29, 2020

<https://windsor.ctvnews.ca/windsor-could-be-a-step-closer-to-getting-a-lab-able-to-process-covid-19-tests-1.5124683>

### **Local pharmacies start offering free COVID-19 testing**

Blackburn News, Sept. 29, 2020

<https://blackburnnews.com/chatham/chatham-news/2020/09/29/local-pharmacies-start-offering-free-covid-19-testing/>

### **COVID-19 testing available at four Windsor and Chatham-Kent pharmacies**

CTV Windsor, Sept. 29, 2020

<https://windsor.ctvnews.ca/covid-19-testing-available-at-4-windsor-and-chatham-kent-pharmacies-1.5125025>

### **COVID-19 testing comes to 3 Windsor pharmacies**

CBC Windsor, Sept. 29, 2020

<https://www.cbc.ca/news/canada/windsor/windsor-pharmacies-covid19-testing-1.5743232>

### **HDGH addiction assessment referral program moving**

Blackburn News, Sept. 29, 2020

<https://blackburnnews.com/windsor/windsor-news/2020/09/29/hdgh-addiction-assessment-referral-program-moving/>

### **Corvette Club of Windsor raises \$5000 for paediatric oncology unit**

CTV Windsor, Sept. 29, 2020

<https://windsor.ctvnews.ca/corvette-club-of-windsor-raises-5-000-for-paediatric-oncology-unit-1.5125057>





### **Windsor hospitals getting \$2.2M for upgrades and repairs**

CTV Windsor, Sept. 29, 2020

<https://windsor.ctvnews.ca/windsor-hospitals-getting-2-2m-for-upgrades-and-repairs-1.5124942>

### **Four regional hospitals get funding upgrade**

Blackburn News, Sept. 29, 2020

<https://blackburnnews.com/windsor/windsor-news/2020/09/29/four-regional-hospitals-get-upgrade-funding/>

### **Dr. Saad: Second wave a mathematical certainty**

AM800, Sept. 29, 2020

<https://www.iheartradio.ca/am800/news/dr-saad-second-wave-a-mathematical-certainty-1.13606987>

### **Proposal submitted for privately owned lab for Windsor-Essex**

AM800, Sept. 29, 2020

<https://www.iheartradio.ca/am800/news/proposal-submitted-for-privately-owned-lab-for-windsor-essex-1.13607356>

### **Ottawa called to keep migrant worker isolation centre open**

Blackburn News, Sept. 30, 2020

<https://blackburnnews.com/windsor/windsor-news/2020/10/01/ottawa-called-keep-migrant-farm-worker-isolation-centre-open/>

### **Health unit provides new tool to assess symptoms**

Blackburn News, Sept. 30, 2020

<https://blackburnnews.com/windsor/windsor-news/2020/09/30/health-unit-provides-new-tool-assess-symptoms/>

### **Pharmacy testing for COVID-19 now available in Windsor and Chatham**

CTV Windsor, Sept. 30, 2020

<https://windsor.ctvnews.ca/pharmacy-testing-for-covid-19-now-available-in-windsor-and-chatham-1.5127590>

### **Make sure you check these boxes before going to get a COVID-19 test at a Windsor pharmacy**

CBC Windsor, Sept. 30, 2020

<https://www.cbc.ca/news/canada/windsor/pharmacy-covid-19-testing-windsor-1.5744947>



### **Windsor cancer patient dies after getting final wish to see cross-border parents**

CTV Windsor, Sept. 30, 2020

<https://windsor.ctvnews.ca/windsor-cancer-patient-dies-after-getting-final-wish-to-see-cross-border-parents-1.5128049>

### **Ottawa called to keep migrant worker isolation centre open**

Blackburn News, Sept. 30, 2020

<https://blackburnnews.com/windsor/windsor-news/2020/10/01/ottawa-called-keep-migrant-farm-worker-isolation-centre-open/>

### **As September surge continues, WRH braces for COVID-19 long haul**

Windsor Star, Oct. 1, 2020

<https://windsorstar.com/news/local-news/as-september-surge-continues-windsor-regional-hospital-braces-for-covid-19-long-haul>

### **WRH waits on funding to erase \$4M deficit**

AM800, Oct. 1, 2020

<https://www.iheartradio.ca/am800/news/windsor-regional-hospital-waits-on-funding-to-erase-4m-deficit-1.13625593>

### **WRH reports \$4.3M deficit due to COVID-19**

CTV Windsor, Oct. 1, 2020

<https://windsor.ctvnews.ca/windsor-regional-hospital-reports-4-3-million-deficit-due-to-covid-19-1.5129732>

### **Summer struggles with high COVID-19 cases made area 'stronger,' says hospital CEO**

CBC Windsor, Oct. 1, 2020

<https://www.cbc.ca/news/canada/windsor/covid-19-david-musyj-wassim-saad-windsor-regional-hospital-1.5747415>

### **45 farm workers need to be in quarantine but funds for Windsor's isolation centre have run out**

CBC Windsor, Oct. 1, 2020

<https://www.cbc.ca/news/canada/windsor/isolation-centre-windsor-municipal-funding-migrant-worker-1.5746609>



### **COVID-19 assessment centres in region begin appointment-only testing**

AM800, Oct. 4, 2020

<https://www.iheartradio.ca/am800/news/covid-19-assessment-centres-in-region-begin-appointment-only-testing-1.13643446>

### **New online tool offered for Windsor-Essex COVID-19 testing**

CTV Windsor, Oct. 5, 2020

<https://windsor.ctvnews.ca/new-online-booking-tool-offered-for-windsor-essex-covid-19-testing-1.5132900>

### **No more walk-in testing**

CBC Windsor, Oct. 5, 2020

<https://www.cbc.ca/news/canada/windsor/windsor-essex-covid-19-oct-5-1.5750435>

### **One new COVID-19 case, 35 active cases in Windsor-Essex**

CTV Windsor, Oct. 5, 2020

<https://windsor.ctvnews.ca/one-new-covid-19-case-35-active-cases-in-windsor-essex-1.5132986>

### **WRH ending walk-in COVID testing**

Blackburn News, Oct. 3, 2020

<https://blackburnnews.com/windsor/windsor-news/2020/10/03/windsor-regional-hospital-ending-walk-covid-testing/>

### **Local COVID-19 assessment centres rollout appointment-based testing**

AM800, Oct. 3, 2020

<https://www.iheartradio.ca/am800/news/local-covid-19-assessment-centres-roll-out-appointment-based-testing-1.13630590>

### **You can now book your COVID-19 test online for WRH**

Windsorite.ca, Oct. 4, 2020

<https://windsorite.ca/2020/10/you-can-now-book-your-covid-19-test-online-for-windsor-regional-hospital/>

### **Feds come through for Migrant Farm Worker Isolation Centre**

Blackburn News, Oct. 5, 2020

<https://blackburnnews.com/windsor/windsor-news/2020/10/05/feds-come-migrant-farm-worker-isolation-centre/>



### **WRH reminding residents about appointments for COVID testings**

Blackburn News, Oct. 5, 2020

<https://blackburnnews.com/windsor/windsor-news/2020/10/05/wrh-reminding-residents-appointment-covid-testings/>

### **Audio - Morning Drive: WRH update**

AM800, Oct. 6, 2020

<https://www.iheartradio.ca/am800/audio/morning-drive-windsor-regional-hospital-update-1.13652302?mode=Article>

### **Medical Laboratories of Windsor approved to process local COVID-19 tests**

CBC Windsor, Oct. 5, 2020

<https://www.cbc.ca/news/canada/windsor/covid-19-medical-labs-windsor-processing-tests-1.5750912>

### **Health unit now providing enhanced COVID-19 data breakdown**

Windsor Star, Oct. 5, 2020

<https://windsorstar.com/news/local-news/health-unit-now-providing-enhanced-covid-19-data-breakdown>

### **Why underlying health conditions make Windsor uniquely vulnerable to COVID**

CBC Windsor, Oct. 1, 2020

<https://www.cbc.ca/news/canada/windsor/comorbidity-covid-windsor-essex-1.5743628>

### **Court rejects effort to reverse limits on Dr. Kadri practice**

Windsor Star, Oct. 6, 2020

<https://windsorstar.com/news/local-news/court-rejects-effort-to-reverse-limits-on-dr-kadri-practice>

Jarvis: The issue that stood out in the Ward 7 byelection (references new hospital project)

Windsor Star, Oct. 6, 2020

<https://windsorstar.com/news/local-news/jarvis-the-issue-that-stood-out-in-the-ward-7-byelection>

### **Health unit updates order for farms**

Blackburn News, Oct. 7, 2020

<https://blackburnnews.com/windsor/windsor-news/2020/10/07/health-unit-updates-order-farms/>

### **Artist unveils completed tribute mural for healthcare workers**

CTV Windsor, Oct. 6, 2020

<https://windsor.ctvnews.ca/local-artist-unveils-completed-tribute-mural-for-healthcare-workers-1.5135487>



**Jeewen Gill is Windsor's new Ward 7 councillor (references new hospital project)**

CBC Windsor, Oct. 6, 2020

<https://www.cbc.ca/news/canada/windsor/byelection-ward-7-windsor-covid-19-1.5751573>

**Unemployed Help Centre CEO shares COVID-19 road to recovery experience**

CTV Windsor, Oct. 7, 2020

<https://windsor.ctvnews.ca/unemployed-help-centre-ceo-shares-covid-19-road-to-recovery-experience-1.5137044>

**Windsor artist hopes to boost morale with health-care worker mural**

CBC Windsor, Oct. 7, 2020

<https://www.cbc.ca/news/canada/windsor/health-care-worker-mural-1.5754452>

**WRH ordering Remdesivir for COVID-19 patients**

AM800, Oct. 8, 2020

<https://www.iheartradio.ca/am800/news/windsor-regional-hospital-ordering-remdesivir-for-covid-19-patients-1.13666787>

**HDGH receives PPE donation as hospital digs in for pandemic long haul**

CTV Windsor, Oct. 8, 2020

<https://windsor.ctvnews.ca/probably-until-2022-hotel-dieu-grace-healthcare-receives-ppe-donation-as-hospital-digs-in-for-pandemic-long-haul-1.5138644>

**Canada's health minister talks migrant worker crisis, border restrictions and COVID-19 tests**

CBC Windsor, Oct. 8, 2020

<https://www.cbc.ca/news/canada/windsor/health-minister-patty-migrant-worker-crisis-1.5756070>

**Health coalitions across the province fight for long-term care homes**

AM800, Oct. 8, 2020

<https://www.iheartradio.ca/am800/news/health-coalitions-across-the-province-fight-for-long-term-care-homes-1.13667518>

**Migrant worker advocate says Kingsville outbreak expected, not surprising**

CBC Windsor, Oct. 9, 2020

<https://www.cbc.ca/news/canada/windsor/migrant-worker-covid-19-cases-1.5757290>



### **ESHC names new CEO**

AM800, Oct. 11, 2020

<https://www.iheartradio.ca/am800/news/erie-shores-healthcare-names-new-ceo-1.13686520>

### **Thanksgiving COVID impact on health care system in about two weeks: Dr. Saad**

AM800, Oct. 13, 2020

<https://www.iheartradio.ca/am800/news/thanksgiving-covid-impact-on-healthcare-system-in-about-2-weeks-dr-saad-1.13698775>

### **Health and safety for Ontario agri-food sector getting \$26M funding boost**

CTV Windsor, Oct. 13, 2020

<https://windsor.ctvnews.ca/health-and-safety-for-ontario-agri-food-sector-getting-26m-funding-boost-1.5143318>

### **Family raises funds for equipment to help grieving parents**

Windsor Star, Oct. 14, 2020

<https://windsorstar.com/news/local-news/family-raises-funds-for-equipment-to-help-grieving-parents>

### **Couple raises money for hospital CuddleCot after losing their daughter**

CBC Windsor, Oct. 14, 2020

<https://www.cbc.ca/news/canada/windsor/stillborn-windsor-cuddlecot-grief-infant-newborn-1.5761891>

### **Grieving parents donate CuddleCot to WRH**

Blackburn News, Oct. 14, 2020

<https://blackburnnews.com/windsor/windsor-news/2020/10/15/grieving-parents-donate-cuddlecot-windsor-regional-hospital/>

### **Windsor family raises funds for CuddleCot, allowing grieving families more time to say goodbye**

CTV Windsor, Oct. 14, 2020

<https://windsor.ctvnews.ca/windsor-family-raises-funds-for-cuddlecot-allowing-grieving-families-more-time-to-say-goodbye-1.5145001>

### **Leamington hospital's incoming CEO says it's a good time for new leadership**

CBC Windsor, Oct. 14, 2020

<https://www.cbc.ca/news/canada/windsor/erie-shores-leamington-ceo-1.5761498>

### **Virtual Girls Night Out in Handbag Heaven planned**

Windsorite.ca, Oct. 14, 2020

<https://windsorite.ca/2020/10/virtual-girls-night-out-in-handbag-heaven-planned/>



**Windsor police first to respond to at least 14 overdose calls without life-saving drug that could prevent them**

CBC Windsor, Oct. 14, 2020

<https://www.cbc.ca/news/canada/windsor/windsor-police-reports-naloxone-1.5754466>

**Court shoots down kidney doctor's argument that investigatory committee used wrong statutory test**

Canadian Lawyer Magazine, Oct. 13, 2020

<https://www.canadianlawyermag.com/practice-areas/medical-malpractice/court-shoots-down-kidney-doctors-argument-that-investigatory-committee-used-wrong-statutory-test/334120>

**Four pharmacies in Windsor open for COVID-19 testing**

AM800, Oct. 14, 2020

<https://www.iheartradio.ca/am800/news/four-pharmacies-in-windsor-open-for-covid-19-testing-1.13709000>

**Masse compares COVID in Ottawa to Windsor**

AM800, Oct. 15, 2020

<https://www.iheartradio.ca/am800/news/masse-compares-covid-in-ottawa-to-windsor-1.13713371>

**Windsor couple raises money to purchase hospital CuddleCot for grieving families**

The Windsor Local, Oct. 15, 2020

<https://www.thewindsorlocal.ca/life/windsor-couple-raises-money-to-purchase-hospital-cuddlecot-for-grieving-families/>

**Farm family gives back to WRH**

Blackburn News, Oct. 16, 2020

<https://blackburnnews.com/windsor/windsor-news/2020/10/17/farm-family-gives-back-windsor-regional-hospital/>

**Laffery family donates \$50K towards new hospital**

AM800, Oct. 16, 2020

<https://www.iheartradio.ca/am800/news/lafferty-family-donates-50-000-towards-new-hospital-1.13723509>

**Megahospital project takes major step**

Blackburn News, Oct. 16, 2020

<https://blackburnnews.com/windsor/windsor-news/2020/10/16/mega-hospital-project-takes-major-step/>



All land acquired for new hospital  
AM800, Oct. 16, 2020

<https://www.iheartradio.ca/am800/news/update-all-land-acquired-for-new-hospital-1.13721981>

Audio: The Afternoon News: Land acquired for new hospital  
AM800, Oct. 16, 2020

<https://www.iheartradio.ca/am800/audio/the-afternoon-news-land-acquired-for-new-hospital-1.13724507>

Controversial land deal complete for Windsor megahospital  
CBC Windsor, Oct. 16, 2020

<https://www.cbc.ca/news/canada/windsor/windsor-regional-hospital-completes-acquisition-of-land-1.5764793>

WRH officially acquires land for new mega hospital  
CTV Windsor, Oct. 16, 2020

<https://windsor.ctvnews.ca/windsor-regional-hospital-officially-acquires-land-for-new-mega-hospital-1.5147832>

## October 2020

### **WEB:**

#### **Users:**

56,000 users this month, up 18.6%

New Users: 68%

Average view time: 1 m 50 s, down 5%

#### **How do people access the site?**

Mobile: 53.3%, up 19.2%

Desktop: 42.8%, up 13 %

Tablet: 3.7%, up 17.712.2%

#### **Top pages:**

- 1) Home Page – 27,110
- 2) COVID Assessment Centre – 18,449
- 3) Emergency Wait times –8,859
- 4) Coronavirus – 6,946
- 5) Careers – 5,743
- 6) Contact Us – 3,512





- 7) Pharmacy login– 2,537
- 8) Pharmacy dept – 2,445
- 9) Search - 2, 140

**Top Languages other than English:**

- 1) Chinese (zh.cn) - 53
- 2) French - 30

**YOUTUBE:**

**Views:** 3,000 views

**Watch Time:** 191 hours

**Top Videos**

- 1) Guidelines for basic adult neurological observation – 699 views
- 2) FIT Test Demonstration – 255 views
- 3) Negative Pressure Rooms-at WRH – 224
- 4) Demonstrating Compassion – 207
- 5) Using Quick Dams - 188

**FACEBOOK: 8,345 followers +37**

2,125 page views –up 32%

77,533 monthly reach – up 25%

27,367 people “engaged” on our site - commented or liked our posts this month, up 81%

14,928 videos viewed, down 28%

**Top Posts:**

- 1) Assessment Centre – Appointment required – 11,302 reached, 249 reactions
- 2) Karen Riddell new COO/CNE – 10,929 reached, 1,310 reactions
- 3) Thanksgiving – Don’t be a turkey 7,296 reached, 282 reactions
- 4) Orange Shirt Day 3,860 reached, 200 reactions
- 5) Video: Magna donation – 3,400 reached, 202 reactions

**INSTAGRAM – Followers: 2,761 +127**

**Top Posts:**

- 1) Hospital acquires land for hospital – 262 likes
- 2) Karen Riddell new COO & CNE – 128 likes
- 3) Nursing students at hospital – 101 likes
- 4) Orange Shirt Day – 84 likes
- 5) Appointments required at Assessment centre - 38

**TWITTER:**



**4,048, +36 this month**

Impressions: 55.2K up %%

Tweets: 35 down 7.9%

**Trending topics:**

- 1) VIDEO: Magna donation –4745 impressions, 170 engagements
  - 2) Karen Riddell new COO&CNE – 3,366 impressions, 287 engagements
  - 3) Nursing students debriefing outdoors – 2,532 impressions, 329 engagements
- Community garden donating vegetables –2,294 impressions, 329 engagements



**OUR VISION: OUTSTANDING CARE - NO EXCEPTIONS!**

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