



Report of the President & CEO to the Board of Directors

Date: February 2011

"Two thumbs up for healthcare workers...they are a creative bunch they will find a way" a portion of a conversation between CBC TV reporters Susan Pedler and Allison Johnson describing the recent opening of the medical overflow unit on the Pediatrics floor.

This past month, as a result of unprecedented volumes/acuity and ALCs, we were required to open a medical overflow unit on the 3rd floor. This involved a complete TEAM effort, thinking "out of the box" with patient quality of care and safety at the forefront.

I heard stories of staff coming forward and asking how they could help to make this unit a success for the benefit of the patients, families and fellow staff. We truly proved that teamwork divides the task and doubles the success.

I applaud everyone for making this happen for the benefit of our families and patients.

Strategic Direction – Embed Patient Quality and Safety in Our Culture

MRI Wait Times - Lowest in the Province

- Patients at Windsor Regional Hospital waiting for an MRI do not have to wait very long as the hospital reports that its wait times for an MRI have been reduced to only 22 days, the lowest in the Province of Ontario being reported to the Ministry of Health and Long Term Care.
- In fiscal year 2009-2010, total volumes of patients receiving an MRI at Windsor Regional Hospital was 9,137. It is predicted that for this current fiscal year, 2010-2011, total volume of patients will exceed 9,800 patients.
- The MRI now operates 16 hours per day Monday through Friday and on weekends, from 10 to 16 hours depending on demand for service. The Magnetic Resonance Imaging (MRI) is a valuable, painless, diagnostic test that allows Radiologists to see inside some areas of the body which cannot be seen using conventional x-ray. This imaging method produces a series of cross-sectional pictures. The technology has advanced so remarkably over the past few years, that it has greatly altered treatment courses. Physicians can detect many conditions in earlier stages, greatly optimizing patient outcomes. Areas of the body which may undergo an MRI scan include the head, chest,

abdomen, vital organs, joints, spine or extremities such as hands, wrists, ankles and feet. The Windsor Regional Hospital MRI also has the capacity of diagnosing diseases of blood vessels in the brain, neck and body.

- Windsor Regional Hospital has been providing MRI services since October 2006. It was made possible through a major donation from the Windsor Essex County Cancer Centre Foundation.
- The success of the MRI wait times is another testimonial to the work that the staff provide here at Windsor Regional Hospital day after day. Congrats Team !

Strategic Direction – Cultivate an Environment of Accountability and Transparency

NICU - Recipe for Success

- The Neonatal Intensive Care Unit (NICU) at Windsor Regional Hospital has experienced positive improvements and outcomes over the last year since receiving Ministry of Health and Long Term Care (MOHLTC) funding of \$1.9M in June 2009 to increase its capacity from 14 to 20 isolettes.
- Some of the key achievements include the addition of a 4th neonatologist to the Professional Staff. **Dr. Sangreet Kathuria**, joined the NICU team of specialists recently, that include Dr. Godfrey Bacheyie, Dr. Chuks Nwaesei and Dr. Mohammad Adie. Over the past few years Windsor Regional Hospital has, along with direct support from the Ministry of Health and Long Term Care, doubled the number of neonatologists in its NICU.
- Other positive outcomes are the reduction in the number of NICU infant transfers from Windsor Regional Hospital to other centres including those out of Province. With the additional capacity, the hospital has reduced transfers dramatically. In 2008/2009 fiscal year, there were **32 transfers** from NICU to other out-of-province centres. Last fiscal (2009/2010), **7 transfers** occurred out-of-country and this current year to date (April-December 2010), **only 4 transfers** have occurred due to the critical condition of infants.
- With the overwhelming support of the Ministry of Health and Long Term most of our Windsor/Essex moms and babies have been able to stay at home during their labour, delivery and post natal care. The next step is to not only have our moms and babies stay at home, where they belong, but be able to support more moms and babies from around the Province.
- With the increased capacity granted by the MOHLTC last year also came the commitment to approve the Windsor Regional Hospital NICU to full **Level III Status**. This was affirmed when the Provincial Council for Children’s Health visited the NICU in 2009 and found that the Neonatal Intensive Care Unit had established positive clinical

outcomes; the existing capacity of NICU had already been built to facilitate additional isolettes and, current resources existed where no recruiting or training was required.

- The OB/GYNs along with the community also support a new fundraising initiative, Drive For Level III-Delivering Hope Campaign. The giving program was established to maintain and obtain additional medical equipment as the department grew. Several professional staff have made a long term financial commitment to the campaign. Leaders in the community have stepped forward and also supported the Drive for Level III including, Devonshire Mall; Julian Small NICU Charity Golf Tournament; Jules and Allison Hawkins Garden Party; POMBA (Parents of Multiple Births Association), Motor City Sertoma Club; the employees of Reko International, Windsor Division to name a few.
- The Regional Modified Level III NICU was established in Windsor in 1982 at the Salvation Army Grace Hospital, transferring to Windsor Regional Hospital in 2003.

Ontario Cancer Plan (OCP III)

- On January 5, 2011 Terrence Sullivan, PhD, President and CEO of Cancer Care Ontario presented the third Ontario Cancer Plan (OCP III) at the Cancer Centre at Windsor Regional Hospital – a stop on his Ontario-wide tour. The OCP 2011-2015 outlines the priorities for cancer services over the next four years.
- With the previous OCP II, The Erie St. Clair Regional Cancer Plan focused on initiatives primarily aimed at cancer prevention and risk reduction, timely diagnosis and access to treatment and improving the patient experience throughout the cancer journey. We've accomplished a great deal, including designing an award-winning Your Health Matters™ Workplace Cancer Prevention and Screening Program, and implementing Multi-Disciplinary Cancer Conferencing and enhanced Palliative Care Programs across the Region.
- The regional cancer program in Erie St. Clair has made good progress over the last two Ontario Cancer Plans. This region has the second highest percentage of women participating in breast screening and is steadily improving access to care through Diagnostic Assessment Programs or DAPs that have been shown to decrease wait times and improve the coordination of care. The Lung Diagnostic Assessment Program has been very successful at reducing the wait time to diagnosis from 120 days to 24 days. Colorectal DAPs are now in the planning stages in all three counties as well as a Breast DAP at Hôtel-Dieu Grace Hospital.
- The new Plan is ambitious, but necessary and achievable. The Erie St. Clair Regional Cancer Program will continue to work with Cancer Care Ontario to ensure people in this region have access to the best quality care as close to home as possible.
- The third edition of the Ontario Cancer Plan sets out a course to transform cancer services from the patient perspective and is driven by a commitment to quality from

prevention to palliative care as the most effective way to manage cancer. Cancer Care Ontario supports regional cancer programs by providing information and expertise and setting standards. Regional Cancer Programs are responsible for ensuring local care providers put provincial standards into practice and responding to local needs.

Malden Park Transition in Final Stages

- After 18 months of official notice, communication and planning, several long term care residents who have lived at Windsor Regional Hospital's Malden Park Continuing Care facility will now transition to the new Village of Aspen Lake Long Term Care home.
- In June, 2009, the Ministry of Health and Long Term Care (MOHLTC) and Infrastructure Ontario (IO) announced that Windsor Regional Hospital (WRH) would be proceeding with the Prince Road Western Redevelopment Project. This precipitated the decision that effective late 2010 and early 2011, Windsor Regional Hospital would transition the 145 Long Term Care (LTC) beds currently at Malden Park Continuing Care Centre (MPCCC) to the community.
- On June 9, 2009, Windsor Regional Hospital officially announced that it would be ceasing admissions to MPCCC for long term care to allow the facility to become a complex continuing care centre (CCC) and increase its CCC beds to 196 for the benefit of the region. The Malden Park facility is ideally suited for Complex Continuing Care and the Western Redevelopment Project allows for an increase in these much-needed beds. Windsor Regional Hospital is one of three remaining Hospitals in the Province of Ontario operating Long Term Care beds. The focus for Hospitals is on active and primary care.
- Although it was a difficult announcement and decision for the residents, families and staff that made Malden Park their home, it had been anticipated by everyone for some time. Being one of the few hospitals in the Province that operates a long term care facility, we needed to implement a plan that best uses the critical healthcare resources for the community and region, maximizing the number of beds available for residents and patients and creating new healthcare jobs. We gave everyone as much notice of the transition as possible so that we could plan the transition together.
- Therefore, over the past 18 months, Windsor Regional Hospital has been working very closely with families, residents and staff, communicating in the form that included town hall meetings, taking questions and answers via email, one-on-one meetings and written communication on how this transition would impact each of them individually and collectively. In addition, Windsor Regional Hospital has been meeting with its partners, the Erie St. Clair LHIN and the Community Care Access Centre on an ongoing basis and addressing any and all issues relating to the transition. The Board of Directors of Windsor Regional Hospital also established an Oversight Committee, providing continuous communication and advising when necessary to see the process through.

- The Village of Aspen Lake Long Term Care facility began officially accepting residents on January 3, 2011. Approximately 55 residents will transfer from MPCCC to The Village of Aspen Lake as their home of choice. The new LTC home has a capacity to accept 192 residents in total.
- In late January 2011, Windsor Regional Hospital began the next phase of construction of its Western Redevelopment Project by transferring 99 complex continuing care patients and 50 rehabilitation patients from the Western Tower to MPCCC. This will allow the contractor, Bondfield Construction, to completely renovate the Western Tower that will eventually be home to a state-of-the-art rehabilitation centre.
- In addition, later in 2011, Windsor Regional Hospital will be opening its 65-bed specialized mental health hospital, currently under construction and more than 60% complete. The overall conversion plan related to the Western Redevelopment Project means more hospital and long term care beds for the Windsor and Essex community.
- At the conclusion of all construction, there will be:
 - 65 more specialized mental health beds with the opening of a new hospital;
 - 10 additional rehabilitation beds; and
 - 52 more complex continuing care beds.
- Through the process, of the original number of long term care residents at the Malden Park facility, 73 residents have transitioned to homes of their choice over the last year and the 55 existing residents will transition to The Village of Aspen Lake over the next few weeks, with the remaining residents waiting until their first choice of home becomes available in the region.

Strategic Direction – Build and Sustain Financial Health

2011-2012 Budget Process

➤ Background

Windsor Regional Hospital (WRH) has been notified by the ESC LHIN that they intend to enter into a Hospital Service Accountability Agreement (H-SAA) to take effect April 1, 2011. At this date, WRH has received no indication of the economic increase we may expect in 2011-12, however we are concerned that labour arbitrators continue to award wage increases in the two percent (2%) range.

➤ Process

In late November, 2010, WRH embarked upon a process to identify the potential funding shortfall/gap, and distribute benchmarking reports to all departments. These benchmarking results compared each WRH department/portfolio to a similar department/portfolio at approx 30 comparator hospitals. The comparator hospitals are the same ones used during the ZBB process.

During the months of November and December, 2010, the Administration team engaged front line staff and professional staff to examine opportunities for savings/generate revenue with minimal impact to patient services or hospital jobs.

Individual meetings arranged by the Vice-President took place in early January, 2011 to review the opportunities identified. It was beneficial to have LHIN representatives attend the January 2011 sessions. They added value to the sessions.

This exercise was very fluid and occurred naturally as a result of the success of the Red/Green monthly sessions that involve ongoing dialogue between and among all Executive Committee and Director Committee members.

➤ **Principles**

WRH is obligated to follow the MoH Prioritization Framework as part of the 2011-2012 H-SAA process. Therefore, WRH cannot reduce patient services until all of the other “steps” have been exhausted.

WRH did not want to proceed with drastic cuts/changes with significant uncertainties still remaining as to funding levels and settlements/arbitration awards. Cutting dramatically with these major uncertainties would negatively impact WRH’s pursuit of *Outstanding Care-No Exceptions !*

➤ **Results**

This exercise resulted in various initiatives some resulting in existing hospital job reductions, patient service reductions and some impacting neither patient services or existing hospital jobs.

In order to adhere to the Prioritization Framework WRH separated the initiatives into the following two major categories

1. Initiatives to be implemented immediately; and
2. Initiatives to be implemented as funding is confirmed and labour settlements/arbitrations are known.

Within the two main categories WRH separated the initiatives into

- a. Initiatives that impact existing FTE(s); and
- b. Initiatives not impacting existing FTE(s).

Nine (9) of the “Initiatives to be implemented immediately” are being brought forward to the Board of Directors for review and approval/rejection. All of the “Initiatives to be implemented immediately” adhere to the Prioritization Framework.

➤ **Next Steps**

The Board of Directors will review/approve/amend/reject the proposals being brought forward by its March 2011 Board meeting. Immediately following the meeting communication of the plans for 2011-2012 will be announced to our staff and community.

Strategic Direction – Enhance our Status as an Employer of Choice

4th Annual Look and Feel Good Event

- On January 17, 2011, WRH held its 4th annual "Look and Feel Good Event" to celebrate Blue Monday. Blue Monday has been stated to be the most depressing day of the year.
- This date was published in a press release under the name of Cliff Arnall. Arnall says the date was calculated by using many factors, including: weather conditions, debt level (the difference between debt accumulated and our ability to pay), time since Christmas, time since failing our new year's resolutions, low motivational levels and feeling of a need to take action.
- I want to thank all the volunteer individuals and companies that once again provided their expertise and hopefully placed a smile on many of you.

Strategic Direction – Distinguish Ourselves through Superior Performance, Innovation and Exceptional Customer Service

The Bariatric Surgery Strategy Project Team Awarded ACE Award

- The ACE Awards Program, now in its 10th year, was established to recognize the achievement commitment and excellence of individuals and teams from the Ministry of Health and Long-Term Care.
- This year, the ministry is honouring 16 winning nominations, which include 15 teams and one individual. The Bariatric Surgery Strategy Project Team has been selected for an ACE Award in the Outstanding Achievement category.
- The Ontario Bariatric Network Advisory Board names listed on the nominee list are representative of the dozens of people in the Network who have invested time and effort overcoming the challenges to get this program off the ground.
- Our own Nancy Berthiaume and Dr Shaban are members of the Ontario Bariatric Network Advisory Board. Congratulations !

Health Records Recognized for a Best Practice

- Ontario Hospital Reporting System (OHRS) data is used in various funding methodologies such as HBAM, and incorrect submission can affect the decision making in various program areas, and subsequently impact on the facilities themselves.
- The Health Data Branch, Ministry of Health and Long-Term Care collects best practices from facilities that are able to balance their OHRS and National Ambulatory Care Reporting System (NACRS) submissions for the following functional centres.
- The MoH informed us that based on the review of the submissions from the past few years, there are facilities that are struggling to balance their OHRS and NACRS volumes. WRH has been identified as a facility that is excelling in this area. Best practices collected from facilities will be acknowledged and shared at the upcoming Data Quality Education Sessions.
- Congrats to Health Records and Finance !

Strategic Direction – Strengthen our Relationships with External Partners

Patient Bill of Rights

- As part of a community consultation, Windsor Regional Hospital is seeking input to our current Bill of Rights. We are inviting all members of the public to review this statement and provide input via the WRH website.

PATIENT BILL OF RIGHTS

- You have the right to be treated with consideration, courtesy and respect in a way that fully recognizes your dignity, individuality and cultural background.
- You have the right to privacy in care for your personal needs.
- You have the right to information concerning your medical condition, in terms you can understand.
- You have the right to participate in decisions regarding your care.
- You have the right to an explanation about your treatment and tests including benefits, risks and alternatives.
- You have the right to give or refuse consent for treatment, including medication and to be informed of the consequences of giving or refusing treatment.
- You have the right to confidentiality of all information.
- You have the right to know the identity and profession of those responsible for your care.
- You have the right to express any concerns without fear of negative results.
- Persons with special needs or handicaps have the right to reasonable accommodation in accordance with the law.

PATIENT RESPONSIBILITIES

We believe that patients have the responsibility to:

- Participate with all caregivers in their treatment and rehabilitation.
- Provide accurate information regarding their care.
- Accept the responsibility for the consequences of refusing treatment.
- Be considerate to all those providing care and to other patients.
- Observe hospital rules and regulations.
- Be responsible for all personal property.
- Actively participate in discharge planning.
- Accept the responsibility of all uninsured financial obligations.
- Voice any concerns first to the health care provider or the Patient Representative if necessary.

- We want to hear from you. If you want to provide feedback on our current Patient Bill of Rights, please visit **www.wrh.on.ca**.