

Questions and Answers About the 2012 Budget

Q. Would we be undergoing the HCM analysis regardless of whether or not unions had agreed to a wage freeze? If specific unions did agree to a wage freeze, would there be any guarantees that this would minimize or eliminate any possible job losses for that particular union?

A. On an annual basis we have received the HCM reports to identify where we stand as against our peers. It is always best practice to measure yourself against high performing organizations. Annually programs are shared this information and changes are made as needed. What is different this year is the need to make more immediate changes and have a specified target to achieve. In previous years the changes were barely noticed because we had time to implement any changes and could do so by attrition/natural retirements etc.

If we had wage/expense restraint for two years, as stated in the Province's 2010 Budget, we could guarantee no job loss unless someone wanted to leave voluntarily. I have stated this to individual unions as well.

Q. The Provincial Budget was tabled in the spring of 2010. Do you believe the Ministry's direction applies to prior years, years in which some bargaining units are still awaiting a contract? Is it reasonable to demand a 0% 2 year agreement from a bargaining unit whose contract expired in March of 2009 based on the Ministry's direction issued in 2010? I would be curious to find out what funding the Ministry provided for wage increases in 2009 and how was this money spent?

A. On multiple occasions in the past three years I have informed everyone that for 2009-2010 we received 1.95% in base funding increase. That is approximately a \$3 million base funding increase.

That base funding increase is not meant to be spent only on wages. It is meant to be spent on ALL expenses. Heating, cooling, supplies, equipment, drugs, increase demand on services, extra staff etc etc.

For example we spend \$2.7 million on hydro every year. It has gone up by 10% this past year.

In 2009 for contracts that have been settled there has been none under 2% except IBEW at 1.75% and non-union at 0%.

The agreements settled or arbitrated to date for 2009 amount to \$2.99 million in wage increase.

The way we made up the difference to fund everything but wages and benefits was through efficiencies gained as a result of the ZBB process. However, as I indicated as a result of reductions of staff during ZBB and the recent/current transition of LTC program it will be difficult/impossible to find "savings" to fund wage increases without resulting in patient service reductions and hospital jobs eliminated. All of our Union Executives agree that there is limited individuals retiring over next year to

create natural vacancies for various reasons.

The direction we received from OHA was since the 2010 Budget was not clear when it applied that in order not to violate the direction we cannot use funding for wage increases is to have that issue resolved by an arbitrator.

We cannot afford to risk having to return funding. That would be devastating for our patients/community.

Q. In light of the budget I was wondering how much the third party study by HCM will cost? In all fairness I can understand your position regarding raises but at the same time if the Union Contracts would have been negotiated with management than arbitration would have not been necessary. As an added note all this media attention has harmed staff morale. Thank you for your time.

A. The Health Care Management (HCM) reports are an annual report Windsor Regional Hospital purchases that compares our various programs and services as against similarly sized and operated healthcare institutions across Ontario and some outside of Ontario.

The comparators that are used have been consistent for approximately the past 5 years. These reports allow us to compare our operations as against similar hospitals on various metrics. Our goal is be in the top 25th percentile of our comparators. These reports were used during the ZBB process and we are very comfortable with the data in the reports. Sometimes the hardest part in making positive change is getting relevant and timely data and everyone to trust the data. At the same time the reports identify by organization who is operating at the top 25th percentile and allows us to contact those hospitals directly to determine what they are doing operationally to achieve that success. Responding to changing financial situations by mandating a 5% "across the board" was done in the past but penalizes efficient areas and continues to support inefficient ones.

The reports cost WRH \$12,425.00 plus tax of \$621.25. In my opinion and anyone that uses the reports it is a very good investment.

On the morale side I appreciate your concern. However, in my opinion, morale really takes a turn for the worse when you do not keep staff or your patients informed about issues you are addressing and "blind side" them with shocking news. When I was appointed CEO of WRH I made a commitment to increase communication with staff and our community (our bosses and patients). This includes good and bad news. I wish I only had great news all the time. In addition, part of our community engagement process that is mandated by this Government and our LHIN is to keep our community informed. This includes through the media, social media, presentations I do in the community, brochures and even asking me questions on email for everyone to read etc etc etc.

On negotiations here is the issue as clear as I can make it. We are being told we must negotiate a 0%-0% agreement for two years. We are NOT getting funding to pay for anything above 0%. So far, no bargaining agent in the hospital sector has agreed with that mandate. However, all non-union staff

have been frozen for two years by legislation (fiscal years 2010-11 and 2011-12). In addition, Windsor Regional Hospital froze salaries in 2009-10, a total of three years. Again, we want to resolve our collective agreements to save patient services and hospital jobs. We cannot add to Windsor's unemployment rate or increase wait times for services.

Thank you for taking the time to ask a question.

Q. Why don't you better utilize RPN's?

A. As you are aware, a few years ago Windsor Regional Hospital completed a thorough review of the "staffing mixes" for the acute, complex and rehab programs. The decision was made to have acute care staffed exclusively by the registered nursing classification and complex and rehab primarily staffed with registered practical nursing classification.

We are one of the few hospitals in the Province that has a full range of acute care services along with a very large and robust complex continuing care program (soon to be 196 beds) and a regional rehabilitation program.

The most recent review conducted by the LHIN that should be released in early 2011 did look at "staff-mix" issues across our LHIN and we look forward to the results to learn from the changes we have made and that others have made in our LHIN and across the Province and North America. However, the changes we have made have clearly resulted in many clinical achievements and leading practices across the spectrum of services we provide at Windsor Regional Hospital.

In Complex and Rehab, we have been working over the past year to bring the RPNs at the Western site to their full scope of practice. This is being done by continuing education and on the job training and supervision. This has been very successful and should result in more job satisfaction as the RPN's can utilize all their skills and not be dependent on an RN for some of the care of their patients.

The new RPNs that we hire are practicing to their full scope of practice. We currently are predominantly staffed by RPNs in these two programs and the patients are satisfied with the care they are receiving. This has been a very positive transition for patients and staff.

All in all, we need ALL of our RPNs and RNs where they are located currently to be fully utilized. We are a very unique and special hospital to have such large acute, complex and rehab program and now a mental health hospital.

Q. To save money from each department would you ever consider offering LOA without pay days to employees?. I think several employees within our department would take days without pay throughout the year if offered. For example, when my daughter has a doctors appointment I have to take a vacation day. I would be more than willing to take a LOA unpaid for the day. The policy currently is that you have to use all your vacation days before you can take a LOA unpaid for that kind of a situation. It does affect patient care to have staff off for a day but much less so than permanently cutting staff. I am not sure that it would save that much but every bit might help.

A. Very good question and suggestion. We have looked into this concept. In the past we have used the LOA without pay when our census was lower. This has not been the case for the past 8 months

because of the record number of ALC patients waiting LTC placement (103 patients 2 days ago) and the impact this has on the whole system. This practice, as you indicate, benefited the employees as well as the "bottom line" budget. However, if staff do not use all their vacation and it is carried over it is a liability on our financial statements that we have to have monies to pay for once staff do use their vacation.

One concept that you might want to float is staff "donating back" a week or two of vacation time. Each year WRH, as a whole, has a liability on its financial statements of \$14,918,000. Two weeks would value approximately \$5 million dollars. That would save hospital jobs and patient services.
