

# RESTORING HEALTH AND QUALITY OF LIFE FOR ACTIVE RESIDENTS

## Access, quality care and responsible spending highlight GRH's 2013-2014 fiscal year

Better access and high quality care are among the highlights as GRH concludes its highly successful 2013-2014 fiscal year.



Malcolm Maxwell  
GRH president and CEO

"These are challenging times in health care," said Malcolm Maxwell, GRH president and CEO. "But I'm very proud of the staff, physicians and volunteers at GRH who continue to make a positive difference in the lives of patients and families.

"We have improved treatment times and reduced waits through our emergency department. We have worked hard to grow our partnerships with health providers across Waterloo and Wellington through regional health programs. This is particularly evident through our role in regional stroke care."

GRH is Waterloo Region's designated hospital providing emergency care and medication for stroke patients. The provincial standard for clot-busting treatments is 60 minutes upon arrival at the hospital. This year GRH provided this medication in less than 56 minutes for eligible patients.

GRH's emergency department (ED) is also a key doorway into the hospital. In recent years, the hospital has made big strides in improving access. Length of stay for patients in the ED is measured by the length of time required for ninety percent of patients to have completed their treatment and leave the emergency room.

Measured by the 90th percentile, GRH has seen a drop in total length of stay in the ED for patients needing an inpatient bed. That time has dropped from 52.4 hours in January 2009 to 15.3 hours in December 2013. Ambulances are also able to transfer patients more rapidly to care of the GRH ED.

Off-load delays in the ED have dropped 56 per cent from January 2013 to January 2014. Improved turnaround allows emergency responders to return to the community faster.

Access to surgery is another key area of concern for our community, and GRH is doing well in providing short waits. GRH provides hip and knee replacements in 55 and 57 days respectively. The provincial average waits for those procedures are 189 and 210 days.

Wait times are important for patients, although there are many factors that go into high quality care. GRH uses a national indicator called the hospital standardized mortality ratio (HSMR). It measures survival rates for patients with critical illnesses and injuries. A score of 100 is the Canadian base-line, with a lower score being preferred.

"In the past five years, GRH has seen its HSMR improve from 129 to 82," added Mr. Maxwell. "It shows how the efforts of nurses, physicians and other hospital staff from environmental services to pharmacy continue to provide strong results for our patients."



Health Minister Deb Matthews celebrates GRH's re-designation as a WHO/UNICEF Baby Friendly hospital with staff from the childbirth program.

### GRH highlights for 2013-2014:

- GRH continues strong financial management, posting a sixth consecutive balanced budget.
- GRH received a three-year accreditation with commendation from Accreditation Canada, recognizing the hospital's hard work in providing high quality care.
- GRH was re-designated as a WHO/UNICEF Baby Friendly hospital, celebrating the hard work of childbirth staff in supporting breastfeeding.
- GRH's regional cancer centre celebrated its 10th anniversary in October 2013. GRH has one of the top cancer centres in Ontario for timely access and high quality care.
- GRH's staff, physicians and volunteers donated 248 units of blood to our partnership with Canadian Blood Services, the fourth highest hospital in Ontario.
- GRH invested in new facilities and equipment. Work officially wrapped up on the \$63.5 million redevelopment of the KW Site. New equipment included a high-tech interventional radiology suite, a fleet of dialysis machines for GRH's regional renal program, and patient infusion pumps.
- GRH mental health welcomed six time Olympic medalist Clara Hughes and former Canadian first lady Margaret Trudeau to speak about improving understanding on mental health.

# 2013-2014 FINANCIAL REPORT

## STATEMENT OF FINANCIAL POSITION

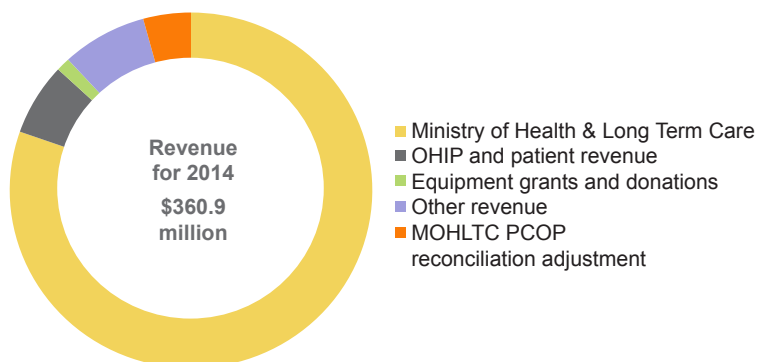
(Expressed in \$000's)  
March 31, 2014, with comparative figures for 2013

	2014	2013	2014	2013
<b>ASSETS</b>			<b>LIABILITIES AND NET ASSETS</b>	
Current assets	66,358	71,335	Current liabilities	57,236
Capital assets	180,635	182,240	Deferred capital contributions and other long-term liabilities	163,917
Accrued pension benefit plan	29,054	28,073	Net assets	54,894
	276,047	281,648		281,648

## STATEMENT OF OPERATIONS

(Expressed in \$000's)  
Year ended March 31, 2014, with comparative figures for 2013

	2014	2013	% CHANGE	% TOTAL
<b>REVENUE</b>				
Ministry of Health & Long Term Care	290,005	285,085	1.7	81.6
OHIP and patient revenue	23,646	22,474	5.2	6.7
Equipment grants and donations	4,474	3,852	16.1	1.3
Other revenue	27,453	24,013	14.3	7.7
	345,578	335,424	3.0	97.3
<b>EXPENSES</b>				
Salaries and employee benefits	228,514	220,000	3.9	64.9
Medical staff remuneration	24,769	25,037	(1.1)	7.0
Drugs	19,328	17,082	13.1	5.5
Medical and surgical supplies	18,959	18,474	2.6	5.4
Equipment amortization	6,922	7,170	(3.5)	2.0
Other expenses	53,546	48,263	10.9	15.2
	352,038	336,026	4.8	100.0
<b>Excess (deficiency) of revenue over expenses before the undernoted</b>	(6,460)	(602)		
MOHLTC PCOP reconciliation adjustment	15,351	11,510	-	4.3
<b>Excess of revenue over expenses for MOHLTC purposes</b>	8,891	10,908		
Building grants and donations	8,816	8,300		
Building amortization	(10,700)	(10,138)		
<b>EXCESS OF REVENUE OVER EXPENSES</b>	7,007	9,070		



YEAR 2013  
GRH FOUNDATION FINANCIAL REPORT

**CONDENSED STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES**

Year ended December 31, 2013, with comparative figures for 2012

	2013	2012
<b>REVENUE</b>		
Donations received from annual giving	\$5,139,958	\$4,971,599
One Voice, One Vision (contribution repayment)	-	32,490
Investment income	2,453,736	1,574,315
Donations-in-kind	13,198	315,716
	<u>7,606,892</u>	<u>6,894,120</u>
<b>EXPENSES</b>		
Annual giving expenses	821,954	731,288
Major and planned giving expenses	231,167	210,345
Operating expenses	692,643	623,693
	<u>1,745,764</u>	<u>1,565,326</u>
<b>GRANTS</b>		
Grants to Grand River Hospital Corporation	4,320,880	3,502,592
Grants to Guelph General Hospital Foundation	40	1,755
In-kind grants to Grand River Hospital Corporation	13,198	315,716
	<u>4,334,118</u>	<u>3,820,063</u>
Excess of revenue over expenses and grants	1,527,010	1,508,731
Fund balances beginning of year	29,054,677	27,545,946
Fund balances end of year	<u>\$30,581,687</u>	<u>\$29,054,677</u>

**CONDENSED STATEMENT OF FINANCIAL POSITION**

As at December 31, 2013, with comparative figures for 2012

	2013	2012
<b>ASSETS</b>		
Cash and cash equivalents	\$1,996,970	\$2,726,191
Marketable securities	1,072,329	6,714,352
Accounts receivable	47,796	46,510
Accrued interest	73,812	36,643
Prepays	18,025	12,001
Investments	28,211,157	20,011,343
Capital assets	35,869	17,307
	<u>\$31,455,958</u>	<u>\$29,564,347</u>
<b>LIABILITIES AND FUND BALANCES</b>		
Accounts payable and accrued liabilities	\$61,850	\$60,641
Due to Grand River Hospital Corporation	812,421	449,029
Fund balances	30,581,687	29,054,677
	<u>\$31,455,958</u>	<u>\$29,564,347</u>

**2013-2014: the year at a glance**

From April 1, 2013 to March 31, 2014

Number of patient admissions .....	23,212	Medical/dental staff .....	553
Number of births .....	4,175	Midwives staff .....	29
Number of day surgery visit .....	12,827	Number of beds .....	602
Number of ED visits .....	61,464	(as of March 31, 2014)	
Number of ambulatory care visits .....	230,703		

# MAKING A DIFFERENCE FOR YOUR HEALTH, YOUR HOSPITAL

## GRH: building partnerships in patient care and the health system



For Grand River Hospital, collaboration is part of our goal to make health care and quality of life better for all.

GRH's people put that value into patient care every day. The hospital is also building broad partnerships to improve health care regionally. In Kitchener-Waterloo, GRH works closely with St. Mary's

GRH provides wide-ranging stroke care, including rehabilitation to help stroke patients recover their health and quality of life.

General Hospital. The organizations share common medical staff, laboratory and several information service functions.

Recently, the hospitals began planning for a new combined clinical information system. This new service would replace separate, aging clinical systems. It would provide better tools for clinical staff and allow doctors to track the progress of their patients on one system, no matter in which hospital they are receiving care.

For the past two years, GRH has taken part in the Waterloo Wellington Rehabilitative Care Council. Organizations across the region have worked together to improve rehab care and outcomes for patients and families. GRH is a key regional centre for stroke care, providing emergency and acute services for all of Waterloo Region. GRH's Freepoint Site is also a key centre for stroke rehabilitation.

Health services will see increasing pressure due to limited resources, an aging population and other challenges. GRH is a partner on the Waterloo Hospitals Collaborative Committee along with Cambridge Memorial and St. Mary's hospitals. The three organizations are working together for joint strategic planning to face the challenges of tomorrow's health system.

## Successful completion of GRH Foundation's \$500,000 mammography campaign

"With the area's most sophisticated equipment and the most knowledgeable staff, why would anyone trust their breast health to anyone else?"



Grand River Hospital Foundation is pleased to announce the successful completion of its \$500,000 campaign for a third full field digital mammography machine at the Waterloo Wellington Breast Centre (WWBC) at the hospital's Freepoint Site. The campaign was completed with a leadership gift of \$125,000 from the Grand River Hospital Volunteer Association.

Currently, the WWBC operates its programs with two full field digital mammography machines. However, to reduce wait times and meet the needs of women in our community, a third mammography machine is required.

Digital full field mammography remains the gold standard in breast screening and assessment, providing high quality images, reduced radiation for patients, and user-friendly technology for front-line clinicians.

Thank you to the GRH Volunteer Association for their \$125,000 gift. The GRHVA complements and enhances patient care, and provides financial support generated from their gift shops, stores and Tim Hortons franchise. GRH has one of the largest volunteer forces in the region, with nearly 800 volunteers.

The WWBC has proven to be a trusted leader in the care of women from our region, and promotion of breast health. Nancy Silcox of New Hamburg has used both the screening and assessment services at the WWBC. She says "with the area's most sophisticated equipment and the most knowledgeable staff, why would anyone trust their breast health to anyone else?"

Thank you to all donors in our community who supported this campaign.



KW Site:  
835 King Street West, Kitchener, ON, N2G 1G3  
Freepoint Site:  
3570 King Street East, Kitchener, ON, N2A 2W1  
[www.grhosp.on.ca](http://www.grhosp.on.ca)



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Grand River Hospital Foundation



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