Open Meeting

BLUEWATER HEALTH BOARD AGENDA

Please note the start time

September 22, 2010
6:30 p.m.
Classrooms – Mitton Site

Documents: *attached **to be tabled

Topic	Establish Strategic Direction	Providing for Excellent Management	Ensuring Program Quality & Effectiveness	Ensuring Financial Viability	Ensuring Board Effectiveness	Fostering Relationships	Presenter
	Board Responsibility						
1. CALL TO ORDER 1.1 Welcome/Opening Remarks 1.2 Approval of Agenda 1.3 Declaration of Conflict of Interest					✓		B. Davies
2. APPROVAL OF MINUTES 2.1 August 25, 2010*					✓		B. Davies
3. REPORT FROM IN-CAMERA MEETING					✓		B. Davies
4. ITEMS REQUIRING DECISIONS - none							
5. MONITORING/OVERSIGHT 5.1 Financial Statement*				✓			S. Anema
5.2 Capital Project/Facilities Planning Report*				✓			M. Lapaine
5.3 Chief Financial Officer Certificate – June 2010*			✓	✓			S. Anema
5.4 Quarterly Investment Report*			✓	✓			S. Anema
5.5 Balanced Scorecard - RU&A Indicator Report* - Quality Indicator Report*			✓	✓			S. Thiffeault D. Campbell
6. POLICY FORMATION – none							
7. ITEMS FOR DISCUSSION 7.1 Board Meeting Evaluation Results*					✓		R. Newton-Smith
7.2 Director Evaluation Results*					✓		R. Newton-Smith

Topic	Board Responsibility						Presenter
	Establish Strategic Direction	Providing for Excellent Management	Ensuring Program Quality & Effectiveness	Ensuring Financial Viability	Ensuring Board Effectiveness	Fostering Relationships	
8. ITEMS FOR INFORMATION & ANNOUNCEMENT 8.1 CEO/Management Reports			✓			✓	S. Denomy
8.2 Board Chair Report			✓			✓	B. Davies
8.3 President of Professional Staff Report			✓			✓	A. Ramirez
8.4 Medical Advisory Committee Report –August 25			✓				M. Haddad
8.5 Quality Committee Report – September 2*			✓				D. Campbell
8.6 Governance and Nominating Report – September 8*			✓				R. Newton-Smith
8.7 Resource Utilization & Audit Committee Report – September 9*				✓			S. Thiffeault
8.8 Foundation Report*						✓	L. Kenny
9. OPEN FORUM – Opportunity for Directors to reflect on how our patients, families and community were considered in our discussions – Call for future meeting items							All Members
10. NEXT MEETINGS: October 27, 2010							B. Davies
11. ADJOURNMENT							B. Davies

REGULAR MEETING
BOARD OF BLUEWATER HEALTH
August 25, 2010

Directors:			
	Bryan Bouck√	Dr. Michel Haddad√	Dr. Alvaro Ramirez√
	David Campbell√	Lorri Kerrigan√	Pasquale Rossi√
	Bruce Davies√	Robert McKinley√	Brent Steeves(r)
	Sue Denomy√	Richard Newton-Smith√	Cindy Thayer√
	Jim Elliott√	Wayne Pease√	Stéphane Thiffeault√
			Dr. Angela Wang√

Professional Staff: Dr. Brian Hynes√; Dr. Anil Garach√

Staff: Steve Anema√; Kim Bossy√; Connie Courtney√; Mike Lapaine√; Barb O'Neil√

Guests: Sheila Chappell, President, Bluewater Health Foundation√
Liz Kenny, Director, Bluewater Health Foundation√

1. CALL TO ORDER - 6:21 p.m. (*attached in the minute record book)

1.1 Welcome/Opening Remarks
B. Davies welcomed everyone to the meeting and introduced Dr. Haddad, Acting Chief of Professional Staff; Dr. Ramirez, President of the Professional Staff Association; Dr. Hynes, Treasurer of the Professional Staff Association, and Dr. Garach, Vice-President of the Professional Staff Association.

1.2 Approval of Agenda*
Motion (A. Wang/R. McKinley) and carried: to approve the agenda as presented.

1.3 Declaration of Conflict of Interest
None declared.

2. APPROVAL OF MINUTES (*attached in minute record book)

2.1 ***Motion (R. Newton-Smith/L. Kerrigan) and carried: to approve the minutes of the meeting of June 23, 2010 (prior to the AGM).***

2.2 ***Motion (B. Bouck/C. Thayer) and carried: to approve the minutes of the meeting of June 23, 2010 (following the AGM).***

3. REPORT FROM IN-CAMERA MEETING

B. Davies reported that the in-camera meeting had included discussions regarding personnel and the CEO and CoPs performance appraisals for the fiscal year 2009-10. He reported that the CEO and CoPS had met expectations.

4. EDUCATION SESSION – none

5. ITEMS REQUIRING DECISIONS (*attached in the minute record book)

5.1 2010-11 Meeting Schedule*
The Board reviewed the 2010-11 meeting schedule and requested that the December meeting date be changed from December 22 to December 15th. The meeting schedule will be updated and posted to the website.

Motion (W. Pease/S. Thiffeault) and carried: to approve the 2010-11 Meeting Schedule as amended.

5.2 2010-11 Goals and Objectives*

The Board reviewed and discussed the Chief Executive Officer's organizational goals and objectives for 2010-11. The Board requested that the acronyms be clearly defined for easy reference, in future.

The following amendments were proposed:

- Item 1.3.1 – Amend the Cancer Plan objective to include the timeframe for rolling out the plan and indicate if there are any budget implications.
- Item 2.5.1 – Amend the objective and indicator to indicate where the improvements are to be made and identify what the key areas are.

Motion (J. Elliott/D. Campbell) and carried: to approve the 2010-11 organizational goals and objectives as amended.

6. MONITORING/OVERSIGHT (*attached in minute record book)

6.1 H-SAA Budget 2010-11*

S. Thiffeault presented 2010-11 operating budget for approval which included five key elements: base budget, PCOP fixed budget, PCOP incremental growth budget, trailing costs and transition costs. He advised the hospital is expected to have a budget deficit of approximately $6M as a result of the completion of Phase 1 of the redevelopment project and occupation of the new building, certain program growth pressures and the costs associated with maintaining the Mitton and Essex buildings.

S. Thiffeault noted that the deficit is a result of not receiving confirmation of funding from the Ministry to support the hard costs (i.e. orienting, training, testing equipment) associated with occupancy of the new building. The Board was advised that the PCOP growth budget for 2010-11 is $6.4M; however, the hospital cannot expand services until the Ministry advises.

Discussion ensued regarding the risks of not submitting a balanced budget and the possibility of not being able to expand services or having to cut services if the PCOP funding is not received. Clarification was sought regarding the deficit and if the $6M included the Norman and Mitton sites.

S. Anema provided clarification that the 2010-11 operating budget was part of the HAPS process and that the final negotiations of the H-SAA would follow in October.

Concerns were raised regarding the lack of information about the PCOP and trailing cost funding and if there has been any discussion with the ESC LHIN. The Board expressed concern with submitting a balanced budget and then being held accountable for the budget if the Ministry does not provide the funding, and the perception in the community of having a deficit and not being able to expand services.

An inquiry was made to defer approval of the 2010-11 operating budget until the September 22nd Board meeting in the event that the hospital may hear from the Ministry and for further discussion.

Motion (J. Elliott/D. Campbell): to move that the H-SAA 2010-11 operating budget be deferred to the September 22nd Board meeting for further discussion.

Discussion ensued regarding deferring the approval to the September Board meeting and the associated risks. An inquiry was made if administration could present and/or provide a balanced budget in September. S. Thiffeault advised that the hospital should submit the HAPS submission with the deficit as the hospital is six months into the fiscal year.

Motion DEFEATED.

Motion (S. Thiffeault/R. McKinley) and carried: to approve the hospital to submit to the ESC LHIN the 2010-11 operating budget premised on the document in the Board package indicating a $6M deficit as itemized spending for the hospital's balanced budget position for 2010-11. In addition, the hospital will mark the $6.4M of incremental growth funding that has yet to be received as conditional for delivering a balanced budget.

The Board requested administration to provide a contingency plan for a deficit of non-discretionary items and how the hospital is going to deal with this pending confirmation of the PCOP and trailing cost funding has not been received.

Motion (J. Elliott/D. Campbell) and carried: that administration be requested to prepare a contingency plan for a deficit of non-discretionary items and indicate how the hospital is going to deal with this for the October Board meeting pending receipt of notification of funding.

It was requested that consideration be given to services cuts as a last option if the $6.4M does not include room for expansion.

6.2 Financial Statement*

S. Anema presented the Statement of Revenues and Expenses for the period ending June 30, 2010. The current statement shows the hospital's year-to-date revenues are just over $40 million against expenses of approximately $41.2 million. He advised that the hospital has an operating deficit of $1.1 million. S. Anema highlighted room differential, medical staff remuneration, medical/surgical supplies as a result to the move to PROcure as contributing factors to the deficit. He advised that discussions are ongoing with the ESC LHIN regarding funding for the six ALC beds at CEEH and the Emergency Department Psychatric patients. He advised that the forecasted deficit increased from June as the deficit did not include the $6M transition costs

Motion (B. Bouck/D. Campbell) and carried: to accept the Financial Statement.

6.3 Quality Report

S. Denomy reported that Quality report would be presented at the September meeting as no Quality meeting was held over the summer.

S. Denomy provided a verbal update regarding some of the major quality items that resulted from the relocation. She reported that the July 3rd and 29th moves were accomplished without incident and that the July 29th move was completed in just under three hours. S. Denomy noted that there were some issues with the phone system with the switch over from analog to digital. She reported that the hospital is working with the cell phone carriers to boost their signals in order to address the lack of cell coverage in the new building. She advised that pagers have been deployed to on-call physicians/staff. She highlighted the following as some areas that are currently being addressed: signage; back-up in registration area; doors between ED; visitor access to hospital from ED. She noted that the following concerns have been addressed: air flow; the curbs at the main entrance have been painted yellow; the opening at the top of the stairwell in the atrium so that a wheel chair cannot roll down the stairs. She reported that there is a three month moratorium on minor changes (i.e. changes to desks) in order to address the major issues/concerns. S. Denomy noted that security has been increased at the Mitton Site, the building has been locked down except for the first and third floors. She noted that visitors are required to sign in.

The Board was advised that the Lambton EMS and Voyageur were complimented for their efforts in the move and that the moving company brought in other clients to shadow them for future moves.

Motion (L. Kerrigan/D. Campbell) and carried: to accept the Quality Report.

7. ITEMS FOR INFORMATION & ANNOUNCEMENT (*attached in minute record book)

The following updates and Committee reports were presented:

7.1 CEO/Management Reports*
S. Denomy provided an update regarding the CEEH Emergency Department. She advised that a task team has been established to address contingency plans/communications, recruitment, including community efforts and shift coverage. She advised that the ESC LHIN will be establishing a LHIN Reference Panel which will consist of: community members, staff, physicians, and the LHIN ED physician lead.

7.2 Board Chair Report*

- B. Davies highlighted the September 30th/October 1st OHA Regional 5 Annual Conference and encouraged Directors to register if they were interested in attending.

7.3 President of Professional Staff Report.

- Dr. Ramirez advised that the next Professional Staff Quarterly meeting is scheduled for September 1st.

7.4 Resource Utilization and Audit Committee Report – August 12*

7.5 Foundation Report

- L. Kenny advised that the tours were a success, 5000 people toured through the open houses. She advised that the donor walls are up and that the donor plaques can be found throughout the hospital. She advised that the hospital's team won $1000 at this year's OHA golf tournament and that hospital will be hosting the OHA golf tournament next August at the Sarnia Golf and Curling Club. She reported that the history books were a success, all the art work has been collected and this year's gala will be held on October 23rd.

Motion (B. Bouck/S. Thiffeault) and carried: to receive the above reports as presented.

8. OPEN FORUM

- D. Campbell offered thanks and congratulations to the administrative staff and crew for their hard work on a successful move.
- L. Kenny advised that the dream home will be Petrolia this year to commemorate Petrolia's 100th anniversary. She advised that the hard hat tours of the home will commence shortly and that $100,000 of the proceeds will be donated to the CEEH site.

9. NEXT MEETING

September 22, 2010

10. ADJOURNMENT

There being no further items for discussion, the meeting adjourned at 8:21 p.m.

Bruce Davies Chair Board of Bluewater Health	Sue Denomy Secretary Board of Bluewater Health

Jacqueline McGregor
Senior Executive Assistant
Recorder

Statement of Revenue and Expense
Forecast surplus/(deficit) as at March 31, 2011
Based upon the four (4) months ended July 31, 2010
(000's)

		2011 YTD Budget	2011 YTD Actual	2011 YTD Variance	2011 YTD % Variance	2011 Annual Budget	2011 Forecast Amount	Projected Variance to Budget	2011 Forecast % Variance	Notes
Revenue	$									
LHIN Revenue		41,656	41,935	279	1%	123,692	**124,810**	1,119	1%	1
OHIP Revenue		5,583	6,274	691	12%	17,757	**18,794**	1,038	6%	2
WSIB Revenue		212	135	(77)	-36%	649	**600**	(49)	-7%	
Revenue Other Provinces		68	79	12	17%	206	**220**	14	7%	
Non Residents		38	42	4	9%	116	**119**	2	2%	
Self Pay		174	131	(43)	-25%	521	**481**	(40)	-8%	
Room differential		1,125	986	(139)	-12%	3,613	**3,200**	(413)	-11%	3
CC Co-payment		441	296	(145)	-33%	1,330	**1,180**	(150)	-11%	4
Recoveries		1,006	1,810	804	80%	3,097	**3,483**	386	12%	5
Parking Revenue		204	211	7	3%	609	**525**	(84)	-14%	
Other Revenue		11	11	(0)	0%	154	**155**	1	1%	
Deferred Equipment Grants		685	562	(123)	-18%	2,056	**2,056**	-	0%	
Interest and Donations		32	15	(17)	-52%	95	**95**	-	0%	
Administered Programs		1,248	1,236	(12)	-1%	3,645	**3,645**	-	0%	
Total Revenue	**$**	**52,483**	**53,724**	**1,241**	**2%**	**157,539**	**159,364**	**1,825**	**1%**	
Expenses	$									
Salaries and Wages		26,457	26,307	150	1%	82,706	**82,792**	(86)	0%	
Medical Staff Remuneration		5,578	6,181	(603)	-11%	17,624	**18,000**	(376)	-2%	6
Employee Benefits		7,776	8,198	(421)	-5%	22,408	**23,145**	(737)	-3%	7
Supplies and Expenses		7,050	7,469	(419)	-6%	20,902	**21,000**	(99)	0%	5
Medical/Surgical Supplies		2,186	2,421	(234)	-11%	6,582	**6,800**	(218)	-3%	8
Drug Expense		1,596	1,710	(115)	-7%	4,828	**5,250**	(422)	-9%	9
Interest Expense		67	69	(2)	-3%	199	**190**	9	5%	
Amortization		1,542	1,477	65	4%	4,626	**4,626**	-	0%	
Administered Programs		1,253	1,278	(25)	-2%	3,645	**3,875**	(230)	-6%	10
Total Expenses	**$**	**53,504**	**55,109**	**(1,605)**	**-3%**	**163,520**	**165,679**	**(2,158)**	**-1%**	
LHIN Operating Surplus/(Deficit)	**$**	**(1,021)**	**(1,385)**	**(364)**	**n/a**	**(5,981)**	**(6,315)**	**(333)**	**n/a**	
Deferred Building Grants		334	299	(35)	-10%	1,002	**1,002**	-	0%	
Building Amortization		840	865	(25)	-3%	2,521	**2,521**	-	0%	
Hospital Surplus/(Deficit)	**$**	**(1,527)**	**(1,950)**	**(423)**	**n/a**	**(7,500)**	**(7,833)**	**(333)**	**n/a**	

Notes to Financial Statements
July 31, 2010 Actual and Full Year Forecast

An overall deficit of $6.3 M is forecasted for the 2010/11 year end. The majority of this deficit relates to "unavoidable" costs associated with the new building (approx. $2.7M), and transition costs (approx. $3.3M) for which we must forecast the expenses but have not received notice from the Ministry that they will provide the offsetting funding.

Note 1 Ministry funding is forecasted to come in over budget by $160K. This overrage is a result of additional funding for ALC and Aging at Home Expansion. The budget and forecast have been reduced by $440K of Palliative Care funding that will be taken back by the Ministry of Health during the year. Offsetting this reduction, is additional budget and forecast of $500K for the Emergency department's Pay For Results program.

Note 2 OHIP Revenue is expected to come in over budget for the year. This is mainly due to the technical component of the OHIP revenue and the reimbursement for Oncology drugs.

Note 3 Room Differential revenue is forecasted to come in below budget. There has been a continued decline in this revenue over the past couple of years. The decline is a result of a greater need to isolate patients and fewer patients requesting preferred accomodation.

Note 4 Co-payment revenue is forecasted to come in below budget for the year. Bluewater Health has been recognized by the Erie St. Clair LHIN for the good work done to reduce our number of ALC patients. A large portion of our Co-payment revenue is generated from these ALC patients. As fewer ALC patients are occupying our beds, there is less Co-payment revenue generated.

Note 5 Recoveries are forecasted to come in better than budget for the year. This is mainly due to offsetting funding recognized year-to-date for minor equipment purchases related to the new building. The offsetting expense is recorded in supplies (which without the added minor equipment, would be forecasting to come in under budget).

Note 6 Med Staff Remuneration is forecasted to come in over budget for the year. This is a result of an added one-time adjustment for the Sarnia ER AFA and additional start-up payments for the new Intensivist.

Note 7 Employee benefits are expected to come in over budget for the year. The main contributor to this is the amount of In Leiu (ytd over by $204K). As additional part-time staff are brought in, this amount increases.

Note 8 Med/Surg Supplies are expected to come in over budget by $218K for the year. The forecast is still lower than last year actual volumes of supplies which ended up being $6,810 K.

Note 9 Drug Expenses are expected to come in over budget by $422K for the year. The model of care has changed for Intensive Care by bringing in an Intensivist. This change is a major contributor to the anticipated overage.

Note 10 Administered Programs are forecasted to be in a deficit position at year end of approx. $230K. This deficit is predominately Crisis Intervention (which is an under funded program) and the PACT program. The forecasted deficit is similar to prior year actual deficit.

Balance Sheet
As at July 31, 2010
Comparison to July 31, 2009
(000's)

		2010/11		2009/10		
		Actual		Actual		%
		Jul-10		Jul-09		Change
Assets						
Current Assets						
Operating Cash	$		(2,443)		(7,527)	68%
Superbuild Cash			10,937		4,204	-160%
Superbuild Fund			13,061		41,169	68%
Investments - CEE Site			1,771		1,898	7%
Accounts Receivable			12,091		4,857	-149%
Accounts Receivable - MOHLTC			1,019		1,277	20%
Inventories			1,300		1,258	-3%
Prepaid Expenses			1,181		1,611	27%
Total Current Assets			38,919		48,747	-20%
Fixed Assets						
Land and Land Improvements		5,522		5,650		
Building/Building services Equipment		72,524		72,201		
Furniture and Equipment		95,301		81,265		
Less: Accumulated Amortization		(110,522)	62,824	(104,368)	54,748	15%
Construction in Progress			220,894		153,281	44%
Other Non Current Assets			338		332	2%
Total Fixed Assets			284,056		208,361	36%
Total Assets	$		**322,975**		**257,107**	**26%**
Current Liabilities						
Bank Loans Payable	$		6,220		2,945	111%
Accounts Payable			2,543		2,654	-4%
Accounts Payable - MOHLTC			8,407		7,875	7%
Accrued Salaries & Vacation Pay			6,124		5,460	12%
Other Liabilities			7,724		3,991	94%
Total Current Liabilities			31,018		22,925	35%
Long Term Liabilities						
Long Term Debt			16,822		121,360	-86%
Deferred Revenue			259,334		96,170	170%
Other L/T Liabilities			6,456		5,128	26%
Total Long Term Liabilities	$		282,612		222,658	27%
Equity						
Opening Equity		11,295		12,521		
R&E Surplus/(Deficit)		**(1,950)**		**(996)**		
Total equity			9,345		11,525	-19%
Total Liabilities and Equity	$		**322,975**		**257,107**	**26%**

Hospital Accountability Agreement Indicators:			**Negotiated Target**
Current Ratio	**0.42**	**0.06**	**0.8 - 2.0**
Working Capital	**(17,869)**	**(21,448)**	

Note: Current ratio excludes Superbuild Cash, Superbuild Investments and CEE Site Investments

Resource Utilization & Audit Committee Report
Prepared by: Facilities Planning & Development
Period Ending August 31, 2010

BLUEWATER HEALTH

Capital Redevelopment Project

Schedule:	***Schedule Status:*** (Green) On Track
Construction Start: Oct. 9, 2007	
Phase 1 (Block A & B): Complete	Phase 1 Occupancy: Complete
Phase 2 Substantial (Block C): Sept. 2011	Final Occupancy: December 2011

- Construction is 91% complete.
- The City of Sarnia issued Occupancy on June 25, 2010.
- Health Care Relocations assisted with the departmental moves. The Norman Site patient moves took place on July 3rd; Mitton Site patient move excluding Mental Health took place on July 29th.
- There have been some operational concerns that have been raised after the departmental moves. The areas of concern are related to Interior / Exterior Signage and Door controls. Facilities Planning & Development is working with the specific departments, Consultants & Contractors to remedy the concerns.
- Phase 2 renovations underway – EllisDon is working in the following areas:
  - London Building Level 2 – Occupational Health & Safety, Pastoral Care and Health Records
  - London Building Level 4 – Medical Inpatient Unit (new 32 bed unit)
  - Russell Building Levels 6 & 7 – demolition underway
  - Mitton Site Level 1 – Human Resources, Finance / Payroll

Budget:		***Budget Status:*** (Green) On Track
Final Estimate of Cost (FEC) $319,491,739	MOHLTC Share $243,382,101	Bluewater Health Share $76,109,638

- To date there have been 181 Change Orders issued.

Approved Change Orders	**Value**	**MOH Share**	**BWH Share**
MOHLTC Shareable	6,068,625	4,987,352	1,081,273
Own Funds	762,507	-	762,507
To be Negotiated	-	-	-
Subtotal	*6,831,132*	*4,987,352*	*1,843,780*
Pipeline Change Orders			
MOHLTC Shareable	646,118	581,506	64,612
Own Funds*	1,121,530	-	1,121,530
To be Negotiated	-	-	-
Subtotal	*1,767,648*	*581,506*	*1,186,142*
Total Change Orders / Pipeline	**8,598,780**	**5,568,858**	**3,029,922**

**value includes Contemplated Change Order for Mental Health Consolitadation*

BLUEWATER HEALTH

Energy and Facility Renewal Project		
Schedule:	***Schedule Status:*** (Green) On Track	
Construction Start: April 2009	Completion approx 18 months	

- New chiller for Mitton installed.
- Steam and hot water boiler replacement at CEE Hospital approximately 94% complete
- Window and door sealing work complete

Budget: ***$4,151,655***	***Budget Status:*** ***$3,227,389 (78%)***	(Green) On Track
Final Estimate of Cost (FEC)	MOHLTC Share	Bluewater Health Share ***$4,151,655***

- Major expense to-date is 25% down payment made in June 2009
- To-date, the Mitton chiller portion of the project has been paid through 2009 HIRF dollars
- The CEEH chiller is approximately 75% complete. Some of the equipment parts are still to be delivered
- Two other HIRF supported projects will be completed in conjunction with the EFR Project
- Steam and Hot Water boilers at CEEH approx 95% complete
- High efficiency water cooling/chiller system at CEEH approx 95% complete
- Windows and door sealing at Norman and CEEH are complete
- Borrowing is current for the amounts expended to-date

- Discussions initiated with NRCan with respect to project to-date grant funding. Information provided to stage of completion as at March 31, 2010

CERTIFICATE OF THE CHIEF FINANCIAL OFFICER

OF

BLUEWATER HEALTH

TO: The Board of Directors

RE: Corporate Governance Matters
For the period April 1st through June 30th, 2010
(the "Reporting Period")

The undersigned, as the Chief Finance Officer of Bluewater Health, hereby certifies as follows:

1. The undersigned has conducted such examinations of the books and records of the Corporation and made such investigations as the undersigned deems necessary as a basis for the matters hereinafter certified.

2. The Corporation is current at June 30th, 2010 in respect of all tax and related withholdings and remittances required by law, including in respect of items (i) through (vii) below:

(i) Federal goods and services tax;
(ii) Provincial sales tax;
(iii) Income tax withholdings with respect to payments to non-residents;
(iv) Canada Pension Plan contributions;
(v) Employer's and employee's portions of Employment Insurance Act contributions.
(vi) Income tax contributions; and
(vii) Employer Health Tax Act contributions.

2.1 The Hospital has submitted the GST rebate request for May which includes the large payment for the building payment. CRA has advised that a spot audit will be conducted prior to payment of the 83% refund. The audit will be completed in July 2010.

2.2 The Province has advised that an audit of our PST payments covering Information Technology projects is pending as they wind down the provincial sales tax office. The proposed audit will cover the past five years.

3. Bluewater Health is current at June 30th, 2010 in respect of the payment of all salaries to its employees. Over the last six months, the Hospital has been endeavoring to settle some back pay issues (Pay Equity) with SEIU staff who no longer work for the hospital. The Hospital has notified those concerned, however, a small number have not responded. The outstanding liability is approximately $1,000.

4. Bluewater Health is current at June 30th, 2010 in respect of the payment of pension amounts to the Hospitals of Ontario Pension Plan (HOOPP).

5. The following claims, actions, prosecutions, suits or proceedings have been commenced, involving Bluewater Health during the Reporting Period:

(i) Three new medico-legal claims;
(ii) One new contract claim.

5.1 The three medico-legal claims do not exceed liability coverage at the Hospital. The contract claim is not covered by our HIROC insurance coverage.

5.2 One medico-legal claim was dismissed without costs.

5.3 Overall, the Hospital has outstanding:

(i). 10 medico-legal claims - $22,347,000 (covered by insurance);
(ii). 3 contract claims - $8,943,632 (not covered);
(iii). 1 human resources claim - $15,000 (not covered)
(iv). 3 property/physical plant claims – (covered).

6. No tax assessments/re-assessments have been levied against the Corporation during the Reporting Period.

7. No material defaults by the Corporation have occurred during the Reporting Period under any material agreement to which the Corporation is a party.

8. During the Reporting Period, no material adverse change has occurred in the business of Bluewater Health or its assets and liabilities, taken as a whole.

9. During the period, Bluewater Health continued to work closely with PROcure Healthcare to develop the processes and controls necessary to transfer the Purchasing and Accounts Payable functions of the Hospital to the shared services organization. The implementation of PROcure services at the other ESC LHIN hospitals has been delayed pending the outcomes of our work with PROcure.

10. Bluewater Health has filed on a timely basis all statements and returns which were required to be filed by it during the Reporting Period with any governmental authority having jurisdiction.

DATED the 1st day of September, 2010.

Mr Stephen B Anema
Chief Financial Officer

Quarterly Investment Report
As at June 30, 2010

The Hospital carries four investment accounts on its balance sheet. The first pertains to investments based on building grants advanced by the MOHLTC in support of the Hospital redevelopment project. Under the terms of the advance, $30.3 M is to be used as Ministry contributions to their share of the total project cost. The remaining interest earned and the unconditional grant amount will be used to meet a portion of the Hospital's local share of the project costs. The investments are a mixture of GIC's, money market and cash bank accounts, pursuing best interest rates available.

		Jun 30	Mar 31
Current balance (including cash)	**$**	**24,934,451**	**49,233,328**

The second fund balance pertains to funds held in support of the CEE site. A portion, the endowment fund, is externally restricted for endowment purposes. The investments vary from cash and money market holdings through to bonds and common shares. The fair market values of the investments are broken down as follows:

		Jun 30	Mar 31
CEE Investments	$	1,000,113	995,535
CEE Endowment Investments		773,079	777,545
Current balance (excluding cash)	$	1,773,192	1,773,080
CEE Endowment Investments Cash	$	2,585	8,962
Total CEE Investments	$	1,775,777	1,782,042

The final two account balances pertain to Hospital investments in affiliated organizations. The amounts are:

		Jun 30	Mar 31
Interest in Joint Venture 83 of 443 Class A limited partnership units CBI Sarnia Limited Partnership	**$**	**58,402**	**58,402**
Investment in Subsidiary Company 1 Common Share of 876576 Ontario Limited which operates as Lambton Pro Health for which the Hospital receives annual management fees	**$**	**279,118**	**279,118**

Notes:

Current Balance (including Cash): June 10

Superbuild	19,677,768
Capital Bank Acct	1,203,739
New Capital Acct	4,052,944
	24,934,451

The current balance has decreased due to $22,000,000 of the Superbuild Fund being used towards the Interim Phase I payment of the New Building Project. Also, $2,100,000 from the New Capital Acct was used towards additional Ministry Share costs of the New Building Project.

CEE Endowment:

Reconciliation of Total CEE Investments to Balance Sheet.

Quarterly Report June 2010	
Total CEE Investments	1,775,777
Less Endowment Cash Included in Cash	(2,585)
Plus Accrued Interest on A23 Bond	769
Less Book to FMV of A23 Bond	(3,810)
Balance Sheet	1,770,151

Bluewater Health
Superbuild Investments
Jun 10

Description	Purchase Date	Maturity Date	Int Rate	Original Cost		Interest to Maturity	Annual Interest
Cash Accounts:							
ScotiaMcLeod 439-36195				4,422.13	{2}		
CIBC GICs							
GIC 1244	22-Apr-09	22-Apr-10	0.70		{1}		
GIC 1252	29-May-09	31-May-10	0.56		{3}	15,443.28	15,443.28
GIC 1279	25-Jan-10	25-Jul-11	1.12	5,000,000.00		84,080.89	56,053.93
GIC LD-01287	26-Mar-10	26-Sep-11	1.38	2,421,040.08		50,485.26	33,656.84
GIC LD-01317	22-Apr-10	25-Apr-11	1.24	6,154,912.49		76,955.98	76,955.98
GIC	31-May-10	30-Nov-11	1.63	2,758,060.18		67,434.57	44,956.38
TOTAL SUPERBUILD INVESTMENT				**16,338,434.88**		**294,399.98**	**227,066.41**
Sinking Fund				3,339,332.81			
				19,677,767.69			

{1} GIC 1244 reinvested with GIC LD-01317 plus an additional $3M from the Superbuild Capital Bank account 41.15190
{2} GICs redeemed to go towards phase 1 new building payment, remainder is now in a cash account
{3} GIC 1252 was reinvested for an 18mth term

Bluewater Health--Resource, Utilization & Audit Committee (RUA) Balanced Scorecard

Outstanding Performance

Financial Health (monthly indicators)	Mar '10	Apr '10	May '10	Jun '10	Current Period: Jul '10	Period Target: Per.Target	Projected FY 10-11 Year-End: Proj. Yr-End	Year-End Target: Yr-End Target	Interpretation/ Analysis	Action Plan	Next Update (Month of Report)	Updated this Report
Surplus/(Deficit) YTD	$ 301,216	$ (280,439)	$ (623,881)	$ (1,106,424)	**$ (1,385,499)**	$ (1,020,761)	**$ (6,314,623)**	$ (5,981,237)	See notes to financial statements for detailed analysis.	Awaiting announcement from ministry	Oct	Y
Total Margin	0.19%	-2.11%	-2.34%	-2.76%	**-2.58%**	-1.94%	**-3.96%**	-3.80%			Oct	Y
Current Ratio	0.92	0.74	0.53	0.53	**0.42**	0.8-2.0	**-1.00**	0.8-2.0			Oct	Y
Working Capital (in 000s)	$ (14,505)	$ (8,414)	$ (13,255)	$ (12,761)	**$ (17,869)**	n/a	**$ (23,000)**	$(13.8M) (5% less than 09-10)	Working capital forecasting a large deficit as haven't received notice of funding for transition and trailing costs for new buiding project.	Working with the Ministry to obtain confirmation of funding	Oct	Y

Resource Utilization (monthly indicators)	Mar '10	Apr '10	May '10	Jun '10	Jul '10	Per.Target	Proj. Yr-End	Yr-End Target	Interpretation/ Analysis	Action Plan	Next Update (Month of Report)	Updated this Report
Facility Operating Cost per Day--YTD	$ 416,330	$ 439,711	$ 433,278	$ 435,252	**$ 433,339**	$ 424,698	**$ 438,739**	$ 433,884			Oct	Y
Operating Room Utilization: % Block Utilization	86.6%	91.2%	88.4%	87.7%	**85.7%**	85%=Policy; 86%=Lg Comm Hosp Avg	**86.6%**	85%=Policy; 86%=Lg Comm Hosp Avg			Oct	Y

Hospital Service Accountability Agreement (HSAA) Activity	Jul '10	Prev. Yr. YTD	% change from Prev. Yr YTD	YTD	YTD Target/Budget	Proj. Yr-End	Yr-End Target	Variances		Action Plan	Next Update (Month of Report)	Updated this Report
Total Weighted Cases (Acute Inpatient & Day Surgery) (CY in 10-11 values while *PY in 09-10 values which limits comparability)*	1,079 (June)	3,238 (June)	-3.1%	**3,142 (June YTD)**	3,077	**12,603**	12,340 (11,600 - 13,083)	65 263	YTD Yr-End		Oct	Y
Acute Inpatient Days (excludes Mental Health, Rehab, & Continuing Care)	4,074	17,440	-2.1%	**17,073**	18,511	**51,079**	57,581	(6,502)	Yr-End		Oct	Y
Mental Health Inpatient Days	627	2,847	-2.0%	**2,790**	2,875	**8,347**	8,600 (7,912 - 9,288)	(85) (253)	YTD Yr-End		Oct	Y
Rehab Inpatient Days	551	2,921	-24.1%	**2,218**	3,142	**6,636**	9,400 (8,648 - 10,152)	(924) (2,764)	YTD Yr-End		Oct	Y
Ambulatory Care Visits	4,868	25,912	-6.9%	**24,131**	25,002	**72,195**	74,800 (72,556 - 77,044)	(871) (2,605)	YTD Yr-End		Oct	Y
Emergency Department (ED) Visits	7,491	29,730	-1.7%	**29,221**	28,177	**87,423**	84,300 (81,771 - 86,829)	1,044 3,123	YTD Yr-End		Oct	Y
Complex Continuing Care (CCC) Resource Utilization Group (RUG) Weighted Patient Days *(in 09-10 values)*	25,267 (FY 06-07)	25,854 (FY 07-08)	25,810 (FY 08-09)	**26,120 (FY 09-10)**	26,666	**26,120**	26,666 (25,600 - 27,733)	(546) (546)	YTD Yr-End		Oct	Y

Incremental Volume Funding--Jul '10	Annual Total		Annual Breakout	YTD Volumes	YTD Target/Budget	Proj. Yr-End Volumes	Yr-End Target/ Budget	Variances for Incremental Volumes		Action Plan	Next Update (Month of Report)	Updated this Report
Cataracts	1,385	Base:	720	**241**	241	**720**	720	211	YTD		Oct	Y
		Incremental:	665	**433**	222	**719**	665	54	Yr-End			
General Surgery (as of Jun '10)	699	Base:	656	**146**	164	**656**	656	(11)	YTD	slowdowns have hindered ability to achieve Q1 target	Oct	Y
		Incremental:	43		11	**43**	43	-	Yr-End			
Hips/Knees (Primary and Revision)	393	Base:	343	**115**	115	**343**	343	3	YTD		Oct	Y
		Incremental:	50	**20**	17	**50**	50	-	Yr-End			
CT Hours	2,688	Base:	2,340	**782**	782	**2,340**	2,340	(0)	YTD		Oct	Y
		Incremental:	348	**116**	116	**348**	348	-	Yr-End			
MRI Hours	3,860	Base:	2,080	**695**	695	**2,080**	2,080	0	YTD		Oct	Y
		Incremental:	1,780	**595**	595	**1,780**	1,780	-	Yr-End			
Colonoscopies	1,102	Base:	742	**267**	267	**742**	742	(12)	YTD		Oct	Y
		Incremental:	360	**117**	129	**350**	360	(10)	Yr-End			
Pacemakers	107	All	107	**24**	36	**107**	107	(12) -	YTD Yr-End		Oct	Y

Prepared By: Finance
September 2, 2010

Indicator		Recent Performance				Current Period	*Period Target*	Projected FY 10-11 Year-End	*Year-End Target*	Interpretation/ Analysis	Action Plan	Next Update (Month of Report)	Updated this Report
Resource Utilization	(quarterly indicators)	**Q1 09-10**	**Q2 09-10**	**Q3 09-10**	**Q4 09-10**	**Q1 10-11**	***Per.Target***	**Proj. Yr-End**	***Yr-End Target***				
Average Length of Stay (LOS): Expected LOS Ratio (Acute Care)		1.03	1.00	1.02	**1.07**	**1.02**	<=1	**1.02**	<=1		Improved documentation will adjust ELOS upwards and improve performance further.	Nov	Y
Potentially Conservable Days (Acute Care--Typical Cases)		302	25	161	**607**	**218**	0	**218**	0				
Acute Inpatient Average Resource Intensity Weight (RIW)		1.10	1.04	1.03	0.99	**1.03**	1.177 (5% above 08-09)	**1.03**	1.177 (5% above 08-09)		Improved documentation (i.e. capture of comorbidities)	Nov	Y
Alternate Level of Care (ALC) Patients as a % of Beds	Acute	13.0%	10.5%	11.4%	9.6%	**7.2%**	<9%	**7.2%**	<9%		Weekly t-con with LHIN and CCAC. Aging at Home (GEM nurse) & IHSP2 proposals (Ambulation Team).	Nov	Y
	Total	22.8%	23.8%	23.6%	23.5%	**14.2%**	<22.8% (5% below 08-09)	**14.2%**	<22.8% (5% below 08-09)				
Resource Utilization	(quarterly indicators)	**Q1 09-10**	**Q2 09-10**	**Q3 09-10**	**Q4 09-10**	**Q1 10-11**	***Per.Target***	**Proj. Yr-End**	***Yr-End Target***				
Rehab Case Mix Index (CMI)		1.3996	1.5348	1.516	1.3283	**1.2697**	Peer Avg=1.4400; ON avg=1.1204	**TBD**	Peer Avg=1.4400; ON avg=1.1204			Sept	
Complex Continuing Care (CCC) Case Mix Index (CMI)	CEEH	0.6965	0.6556	0.6576	0.7742	**0.7380**	Peer Avg=1.0085; ON avg= 0.9979	**TBD**	Peer Avg=1.0085; ON avg= 0.9979			Aug	
	Sarnia	0.9365	0.8937	0.9241	0.9094	**0.9115**							
Mental Health Case Mix Index (CMI)		1.2444	1.2440	1.289	1.244	**not yet available**	Peer 1.2723	**TBD**	Peer 1.2723			Nov	Y
Mental Health SCIPP Weighted Patient Days		2,972	3,518	1,496	**2,986**	**not yet available**		**TBD**					

Inspired People

Indicator		Recent Performance				Current Period	*Period Target*	Projected FY 10-11 Year-End	*Year-End Target*	Interpretation/ Analysis	Action Plan	Next Update (Month of Report)	Updated this Report
Human Resources	(quarterly indicators)	**Q1 09-10**	**Q2 09-10**	**Q3 09-10**	**Q4 09-10**	**Q1 10-11**	***Per.Target***	**Proj. Yr-End**	***Yr-End Target***				
Overtime Expense as % of Total Salary Expense		1.33%	1.26%	1.50%	1.55%	1.85%	1.81%	**1.85%**	1.81%			Nov	Y
Sick Time Expense as % of Total Salary Expense		3.08%	3.07%	3.03%	3.02%	3.18%	2.10%	**3.18%**	2.10%			Nov	Y
% of Nurses Employed Full-Time		69.65%	68.32%	69.68%	69.90%	69.34%	69.02 (H-SAA); >70% (MOHLTC)	**69.02%**	69.02 (H-SAA); >70% (MOHLTC)			Nov	Y
Administration Cost as % of Total Expenses		3.59%	3.47%	3.61%	3.73%	3.33%	3.76%	**3.33%**	3.76%			Nov	Y
% Management & Operational Support Hours		16.42%	16.23%	16.48%	16.44%	16.06%	16.20%	**16.06%**	16.20%			Nov	Y
Absenteeism Rate--Unionized Staff (avg # 7.5hr sick days)		3.19	2.92	3.21	3.04	not yet available	3.27 (OHA avg)	**3.04**	3.27 (OHA avg)			Oct	
Organization-Wide Turnover Rate		6.24%	6.32%	5.32%	4.56%	not yet available	10.7% (OHA avg); 6.56% (LHIN avg)	**4.56%**	10.7% (OHA avg); 6.56% (LHIN avg)			Oct	
Vacancy Rate	RN	5.22%	4.51%	4.53%	5.30%	not yet available	7.93% (OHA avg); 14.3% (LHIN avg)	**5.30%**	7.93% (OHA avg); 14.3% (LHIN avg)			Oct	
	Total	4.70%	7.17%	8.41%	9.61%	not yet available	6.08% (OHA avg); 11.1% (LHIN avg)	**9.61%**	6.08% (OHA avg); 11.1% (LHIN avg)				
Efficiency	**(OCDM) Reporting Period:**	**FY 06-07**	**FY 07-08**	**FY 08-09**	**FY 09-10**	**Q1 10-11**	***Per.Target***	**Proj. Yr-End**	***Yr-End Target***				
Acute/Newborn Cost per Weighted Case		$ 4,892	$ 5,154	**$5,353 (estimated)**	not available	not available	$4919 = Large Community Hospital Mean		$4919 = Large Community Hospital Mean	3.9% increase from FY 07-08. 8.8% higher than Large Community Hospital Mean.	Refer to "Monthly Summary of Significant Recovery Requirements." Prospective Planning efforts directed at addressing efficiency measures.	Nov	
Day Surgery Cost per Weighted Case		$ 6,575	$ 6,432	**$ 6,103**	not available	not available	$5423 = Large Community Hospital Mean		$5423 = Large Community Hospital Mean	5.1% decrease from FY 07-08. 13% higher than Large Community Hospital Mean.		Nov	
Cost per Equivalent Weighted Case	Actual	$ 5,152	$ 5,368	$5,485 (estimated)	not available	not available	$ 4,944		TBD	2.2% increase from FY07-08. Combines Day Surgery and Acute. $4994 is also Large Community Hospital Mean for FY 08-09.		Nov	
	Expected	$ 4,402	$ 4,689	**$ 4,944**	not available	not available							
	Var	$ 750	$ 679	**$ 541**			Within $247		TBD				
	Var %	17.0%	14.5%	**11.0%**			Within 5%		Within 5%				
Acute/Newborn Cost per Diem		$ 962	$ 1,009	**$ 1,008**	not available	not available	$939 = Large Community Hospital Average		$939 = Large Community Hospital Average	7% greather than Large Community Hospital Average		Nov	
Total Cost per RUG Weighted Day		$ 517	$ 531	**$ 590**	not available	not available	$543 = Large Community Hospital Mean		$543 = Large Community Hospital Mean	8.7% higher than Large Community Hospital Mean. Cost per diem is $478 vs. $517.		Nov	
Rehab Cost Per Diem		$ 633	$ 559	**$ 614**	not available	not available	$563 = Large Community Hospital Average		$563 = Large Community Hospital Average	9% higher than Large Community Hospital Avg.		Nov	
Mental Health Cost per Diem		$ 465	$ 479	**$ 494**	not available	not available	$613- Large Community Hospital Average		$613- Large Community Hospital Average			Nov	
Physical Facilities/Other		**FY 05-06**	**FY 06-07**	**FY 07-08**	**FY 08-09**	**FY 09-10**	***Per.Target***	**Proj. Yr-End**	***Yr-End Target***				
Hotel/Occupancy % (MM, Hskg, Laundry, Plant/Mtce, Security, Biomed, Food)		12.1%	12.3%	11.5%	**11.6%**	**not available**	11.6%		11.6%	% will increase with move to new building.		Oct	
Project Status Relative to Schedule & Budget		**See Supplementary Report**											

Legend	All Indicators (except HSAA)	Legend	HSAA Indicators
*	no established target/standard		
(green)	meets/exceeds target	(green)	meets/exceeds target (above final 1% of corridor range)
(yellow)	within 5% of target	(yellow)	within final 1% of corridor range but below target
(red)	worse than target by 5+%	(red)	below lower corridor limit

*Only anorectal, cholecystectomy, intestinal, groin hernia, and ventral hernia surgeries count towards incremental volume funding.

*Only anorectal, cholecystectomy, intestinal, groin hernia, and ventral hernia surgeries count towards incremental volume funding.

Prepared By: Finance
September 2, 2010

Bluewater Health
Resource Utilization & Audit Committee
Balanced Scorecard

GLOSSARY OF TERMS

Indicator	Target Value	Target Source	How Calculated	Interpretation
Financial Health				
Surplus/(Deficit) Year-to-Date (YTD)	= >0	LHIN	Total Health Services Revenue(s) minus Total Health Services Expense(s)	The positive amount by which health service revenue (funding) exceeds health service expenditures for the operating year. A positive value contributes to working capital and provides flexibility for the hospital to grow services.
Total Margin	= >0	LHIN	(Total Health Services Revenue(s) minus Total Health Services Expense(s)) divided by Total Health Services Revenue(s)	LHIN-mandated Performance Measure. Is a measure of hospital financial viability. A total margin greater than one suggests efficiencies exist and the hospital has the resources to provide care to its patients. If too low, there may be inefficiencies or inadequate funding. (excludes amortization)
Current Ratio	0.8 to 2.0	LHIN	Current Assets divided by Current Liabilities	LHIN-mandated Performance Measure. Is a measure of financial liquidity, the ability to pay short term obligations.(Sort term liquidity risk) If the number is low, it is an indicator of possible financial difficulty.
Working Capital	= >0	Board	Current Assets minus Current Liabilities	Measure of liquid assets of hospital. Positive number indicates hospital ability to invest in growth of services or meet unexpected events. Negative number indicates inability to grow services. A large negative deficit threatenss the long term viability of the hospital.
Resource Utilization				
Facility Operating Cost per Day (YTD)	Budget Value	Board	Total Health Service Expense(s) (YTD) divided YTD Days - total expenses reduced by deduction of amortization /amortized grants and recoveries	In a balanced budget scenario, this budget value indicates the daily costs of operations to achieve the desired outcome. Deviations above or below this value are indicators of relative efficiency.
Operating Room Utilization: % Block Utilization	86%	Peers	Utilized OR Time/Available OR Time	
Hospital Service Accountability Agreement (H-SAA) Activity				
Separations (Acute excl. Mental Health)	10,232	LHIN		
Inpatient Days (Acute excl. Mental Health)	54,020	LHIN		
Total Weghted Cases (Acute Inpatient & Day Surgery)	12,340	LHIN	Canadian Institute of Health Information (CIHI)-based assignment of weights to hospital volumes	Global hospital volumes are main driver for negotiations between hospital and LHIN. Local service needs, anticipated growth and program changes impact weights and are used to determine funding impacts of changes.
Mental Health Inpatient Days	8,600	LHIN	Ontario Hospital Reporting System (OHRS)	No comparable weighting formula for mental health patients. Patient days are the measure of negotiation between hospital and LHIN.
Rehab Inpatient Days	9,400	LHIN	OHRS	No comparable weighting formula for rehabilitation patients. Patient days are the measure of negotiation between hospital and LHIN.
Ambulatory Care Visits (Sarnia)	74,800	LHIN	OHRS	Total face-to-face amblatory visits (encounters) minus emergency visits. No methodology to assign weights to different types of visits. Visits are the measure of negotiation between hospital and LHIN.

Bluewater Health
Resource Utilization & Audit Committee
Balanced Scorecard

GLOSSARY OF TERMS

Indicator		Target Value	Target Source	How Calculated	Interpretation
Emergency Department (ED) Visits (Sarnia and Petrolia)		84,300	LHIN	OHRS	All scheduled, non-scheduled face-to-face inpatient and out-patient visits in the Emergency Department. Visits are the measure of negotiation between hospital and LHIN.
Complex Continuing Care (CCC) Resource Utilization Group (RUG) Weighted Patient Days		26,666	LHIN	CIHI-based assignment of weights to patient days using Chronic Care Reporting System (CCRS)	
Incremental Volume Funding - Apr 10					
Cataracts	Base	720	LHIN	LHIN directed number (H-SAA base)	Funding for this level of activity is "deemed" to be included in base, global funding. Annual target must be achieved prior to incremental wait time funding will flow.
	Incremental	665	LHIN	LHIN directed incremental number (H-SAA base)	Annual incremental allocation based upon Provincial priorities. Incremental funds kick in only once base number achieved. Hospital accrues revenue based upon actual cases completed. LHIN will clawback funding for cases not completed. Hospital pays for cases performed over and above allocation.
General Surgery	Base	656	LHIN	LHIN directed number (H-SAA base)	Funding for this level of activity is "deemed" to be included in base, global funding. Annual target must be achieved prior to incremental wait time funding will flow.
	Incremental	43	LHIN	LHIN directed incremental number (H-SAA base)	Annual incremental allocation based upon Provincial priorities. Incremental funds kick in only once base number achieved. Hospital accrues revenue based upon actual cases completed. LHIN will clawback funding for cases not completed. Hospital pays for cases performed over and above allocation.
Hips/Knees (Primary and Revisions	Base	343	LHIN	LHIN directed number (H-SAA base)	Funding for this level of activity is "deemed" to be included in base, global funding. Annual target must be achieved prior to incremental wait time funding will flow.
	Incremental	50	LHIN	LHIN directed incremental number (H-SAA base)	Annual incremental allocation based upon Provincial priorities. Incremental funds kick in only once base number achieved. Hospital accrues revenue based upon actual cases completed. LHIN will clawback funding for cases not completed. Hospital pays for cases performed over and above allocation.
	Base	2,340	LHIN	LHIN directed number (H-SAA base)	Funding for this level of activity is "deemed" to be included in base, global funding. Annual target must be achieved prior to incremental wait time funding will flow.

Bluewater Health
Resource Utilization & Audit Committee
Balanced Scorecard

GLOSSARY OF TERMS

Indicator		Target Value	Target Source	How Calculated	Interpretation
CT Hours	Incremental	348	LHIN	LHIN directed incremental number (H-SAA base)	Annual incremental allocation based upon Provincial priorities. Incremental funds kick in only once base number achieved. Hospital accrues revenue based upon actual cases completed. LHIN will clawback funding for cases not completed. Hospital pays for cases performed over and above allocation.
MRI Hours	Base	2,080	LHIN	LHIN directed number (H-SAA base)	Funding for this level of activity is "deemed" to be included in base, global funding. Annual target must be achieved prior to incremental wait time funding will flow.
	Incremental	1,780	LHIN	LHIN directed incremental number (H-SAA base)	Annual incremental allocation based upon Provincial priorities. Incremental funds kick in only once base number achieved. Hospital accrues revenue based upon actual cases completed. LHIN will clawback funding for cases not completed. Hospital pays for cases performed over and above allocation.
Colonoscopies	Base	742	LHIN	LHIN directed number (H-SAA base)	Funding for this level of activity is "deemed" to be included in base, global funding. Annual target must be achieved prior to incremental wait time funding will flow.
	Incremental	360	LHIN		
Pacemakers	All	107	LHIN	LHIN directed number (H-SAA base)	Funding for this level of activity is "deemed" to be included in base, global funding. Is a priority program. Funding is adjusted based upon actual cases performed each year.
Capital Spending					
Capital Budget Spent (YTD)		Budget Value	Board	Internally Determined	Peer Review (2005/06) recommended a $2.5 M limit on Depreciation-funded Capital Expenditures. This amount plus known donations/grants forms basis of annual capital budget. This indicator tracks the amount spent in the given year.
Capital Contingency Spent (YTD)		Budget Value	Board	Internally Determined	Internally established contigency of $300 K. Set as a portion of the budget above. This indicator tracks the the amount spent in the given year.
Resource Utilization (quarterly indicators)					
Average Length of Stay (LOS): Expected LOS Ratio (Acute Care)		<=1	Board		
Potentially Conservable Days (Acute Care - Typical Cases)		0	Board		
Acute Inpatient Average Resource Intensity Weight (RIW)		5% improvement over prior year	Board		
Alternate Level of Care (ALC) Patients as a % of Beds	Acute	< 9%	LHIN		
	Total	prior year	Board		
Rehab Case Mix Indicator (CMI)		Peer Avg = 1.4400 ON Avg = 1.1204	Peers		
Complex Continuing Care (CCC) Case Mix Indicator	CEEH	Peer Avg = 1.0085 ON	Peers		

Quality Committee of the Board -- Balanced Scorecard

Indicator		Quarterly Performance (unless otherwise specified) Q1 09-10	Q2 09-10	Q3 09-10	Q4 09-10	Current Period (Q1 10-11 unless otherwise specified)	Target	Interpretation/Analysis	Action Plan	Next Update (Month of Report)	Updated this Report
Quality Care											
Patient Safety Indicators											
Hospital Standardized Mortality Ratio (HSMR)	annual	99 (FY 04-05)	113 (FY 05-06)	115 (FY 06-07)	102 (FY 07-08)	**88 (FY 08-09)**	<100 (national standard)			Dec	
MRSA Infection Rate (per 1,000 Patient Days)	Mitton	0.00	0.00	0.10	0.10	**0.20**	0.02 (province Apr-Jun 10)	2 unrelated cases at Mitton Site.	Continued use of precautions, hand hygiene, and good environmental cleaning. CHG (chorhexidine) bathing being trialled on Medicine.	Nov	◄
	CEEH	0.00	0.00	0.00	0.00	**0.00**					
	Norman	0.00	0.00	0.00	0.00	**0.00**					
VRE Infection Rates (per 1,000 Patient Days)	Mitton	0.00	0.00	0.00	0.00	**0.00**	0.00 (province Apr-Jun 10)			Nov	◄
	CEEH	0.00	0.00	0.00	0.00	**0.00**					
	Norman	0.00	0.00	0.00	0.00	**0.00**					
C Difficile Infection Rates (per 1,000 Patient Days)	Mitton	0.00 (Mar 10)	0.00 (Apr 10)	0.61 (May 10)	0.60 (Jun 10)	**0.90 (Jul 10)**	0.28 (province Jun 10)	2 cases identified at Mitton Site, but rate is high because patient days are considerably lower (in advance of move).	Pursuing improved antibiotic stewardship. Invites to physicians to attend Safer Healthcare Now webinar in September. Working on a regional session also.	Oct	◄
	CEEH	0.00 (Mar 10)	0.00 (Apr 10)	0.00 (May 10)	0.00 (Jun 10)	**0.00 (Jul 10)**					
	Norman	0.25 (Mar 10)	0.00 (Apr 10)	0.00 (May 10)	0.60 (Jun 10)	**0.00 (Jul 10)**					
Hand Hygiene Compliance Rate Before Initial Patient/Enviro Contact	Mitton	n/a	58% (FY 08-09)	40% (Apr-Sep 09)	45% (Oct-Dec 09)	**41% (FY 09-10)**	80% (65.73% =province Apr 09-Mar 10)	Mixed results comparing FY 09-10 to FY 08-09. Very close to or better than last year's provincial rate for "after contact". (New comparison data not yet available). CEEH site has made significant strides since the last quarter. The manager has incorporated hand hygiene messaging into the day-to-day rounding on each unit as well as incorporating hand hygiene information into each staff meeting.	Results reported to each program quarterly. Departments are responsible for developing action plans to address identified gaps. All staff are required to complete the hand hygiene e-learning module annually and infection control provides ongoing support and education regarding hand hygiene practice. Revising hand hygiene improvement plan.	May	
	CEEH	n/a	38% (FY 08-09)	64% (Apr-Sep 09)	85% (Oct-Dec 09)	**71% (FY 09-10)**					
	Norman	n/a	73% (FY 08-09)	28% (Apr-Sep 09)	55% (Oct-Dec 09)	**44% (FY 09-10)**					
Hand Hygiene Compliance Rate After Patient/Enviro Contact	Mitton	n/a	68% (FY 08-09)	65% (Apr-Sep 09)	79% (Oct-Dec 09)	**70% (FY 09-10)**	80% (78.61% =province Apr 09-Mar 10)				
	CEEH	n/a	63% (FY 08-09)	76% (Apr-Sep 09)	97% (Oct-Dec 09)	**83% (FY 09-10)**					
	Norman	n/a	74% (FY 08-09)	54% (Apr-Sep 09)	84% (Oct-Dec 09)	**68% (FY 09-10)**					
Patients' Confidence that Caregivers Cleaned Hands (wt. avg of IP, ED, DS, OB)		76.1 (Q4 08-09)	83.3 (Q1 09-10)	82.4 (Q2 09-10)	85.8 (Q3 09-10)	**80.6 (Q4 09-10)**	83.8% (09-10) 5% incr. yr-to-yr	OB (81.5), Inpatient (80.0), and ED (76.7) require improvements to meet target.	Surg. staff wear cards with 4 moments of hand hygiene (HH). Inform pts during HH. Inf Control audits/education. Involved staff in location of hand rub.	Dec	◄
Ventilator Associated Pneumonia Rate (per 1,000 Ventilator Days)		0.00	3.62	0.00	0.00	**0.00**	0 (2.20 =province Apr-Jun 10)			Nov	◄
Central Line Infection Rate (per 1,000 CL Days)		0.00	0.00	0.00	0.00	**0.00**	0 (0.94 =province Apr-Jun 10)			Nov	◄
Surgical Site Infection Prevention Rates (antibiotics for hip/knee in right time before surgery)	Mitton	87.7%	84.4%	89.1%	95.6%	**90.2%**	90% (96.06%= province Apr-Jun 10)			Nov	◄
	Norman	88.5%	92.0%	100.0%	94.3%	**96.4%**					
Surgical Safety Checklist Compliance	Mitton	n/a	n/a	n/a	n/a	**96.3%**	100% (92=province; 97=lg comm hosp Apr-Jun 10)	Performing above provincial average, but below large community hospital average. Making improvements monthly.	Continue to monitor new indicator and feedback to staff/physicians.	Feb	◄
	Norman					**94.4%**					
Medication Reconcilliation (% Complete within 24hr)		56.0%	60.0%	59.0%	57.1%	**57.8%**	70% (BWH); 90% (CCHSA)	Improvements not being realized despite efforts. Accreditation Canada reported overall compliance with the Med Rec Required Organizational Practice (ROP) within Canadian organizations was 32%.	Investigating Pharmacy support. "Superusers" being trained to promote med rec on units. Communicating as College of Nurses standard.	Nov	◄
Medication Reconcilliation (% Incomplete after 72hr)		17.0%	14.0%	15.0%	17.4%	**15.4%**	<10% (BWH)				
Patient Incidents Category 3 or Higher	med/ fluid error	0 (Mar 10)	0 (Apr 10)	0 (May 10)	0 (Jun 10)	**0 (Jul 10)**	0			Oct	◄
	falls	1 (Mar 10)	1 (Apr 10)	0 (May 10)	0 (Jun 10)	**1 (Jul 10)**		One case involving bed rail & fracture of arm. Pt did not require surgery.	A review will be undertaken.		
	adverse drug rxn	0 (Mar 10)	0 (Apr 10)	0 (May 10)	0 (Jun 10)	**0 (Jul 10)**					
Accessibility Indicators											
	Reporting Period:	Mar-10	Apr-10	May-10	Jun-10	**Jul-10**					
CEEH: 90th %ile ED LOS	Complex	4.3 (Q4)	3.2	3.9	4	**4.1**	8hr			Oct	◄
	Minor/ Uncomplicated	2.6 (Q4)	2.8	2.3	2.7	**2.7**	4hr				
Mitton: 90th%ile ED LOS	Complex	7.4 (Q4)	7.6	6.5	7.3	**7.6**	8hr			Oct	◄
	Minor/ Uncomplicated	3.2 (Q4)	3.3	3	3.3	**3.5**	4hr				
% Colonoscopies for Pos FOB within 60 days		91%	100%	88%	97%	**96%**	65% (LHIN 1 target)			Oct	◄
% Colonoscopies for Fam History within 182 days		89%	96%	98%	91%	**96%**	75% (LHIN 1 target)			Oct	◄

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Prepared By: Performance Management
Aug 26, 2010

Indicator	Quarterly Performance (unless otherwise specified) Q1 09-10	Q2 09-10	Q3 09-10	Q4 09-10	Current Period (Q1 10-11 unless otherwise specified)	Target	Interpretation/Analysis	Action Plan	Next Update (Month of Report)	Updated this Report
General Surgery (90% Completed Within:)	117	119	111	93	**104**	182 days			Nov	◄
% Completed Within Each Priority Access Target:	84%	81%	85%	90%	**89%**	*>=90%*	At Aug 22, 56 cases waiting longer than assigned priority target. LHIN achieved 93% (green) for Q1.	Offices will be contacted to ensure open cases should still be on wait list.	Nov	◄
Ophthalmic Surgery (incl. Cataracts) (90% Completed Within:)	62	59	72	85	**73**	182 days			Nov	◄
% Completed Within Each Priority Access Target:	100%	100%	100%	100%	**100%**	*>=90%*	At Aug 22, 7 cases waiting longer than priority target.		Nov	◄
Orthopedic Surgery (incl. Hips/Knees) (90% Completed Within:)	115	117	150	97	**112**	182 days	Wait time for knees (205) up in July.		Nov	◄
% Completed Within Each Priority Access Target:	94%	95%	97%	98%	**97%**	*>=90%*	At Aug 22, 39 cases waiting longer than priority target.		Nov	◄
Cancer Surgery (90% Completed Within:)	71	72	71	70	**70**	84 days			Nov	◄
% Completed Within Each Priority Access Target:	61%	59%	76%	68%	**78%**	*>=90%*	At Aug 22, 34 cases waiting longer than priority target--17 of which are treatment cases and 17 are diagnostic cases. LHIN achieved 77% (yellow) for Q1.	Open O.R. time and extra Same Day Admit offered on a priority basis. Much time needs to be spent with offices to improve data quality.	Nov	◄
Gynaecologic Surgery (90% Completed Within)	n/a				**62**	182 days			Nov	◄
% Completed Within Each Priority Access Target:					**96%**	*>=90%*	At Aug 22, 17 cases waiting longer than priority target.		Nov	◄
Oral/Dentistry Surgery (90% Completed Within)	n/a				**79**	182 days			Nov	◄
% Completed Within Each Priority Access Target:					**93%**	*>=90%*	At Aug 22, 17 cases waiting longer than priority target. Limiting open O.R. time has not increased waits.		Nov	◄
Otolaryngic Surgery (Ear, Nose, Throat) (90% Completed Within)	n/a				**77**	182 days			Nov	◄
% Completed Within Each Priority Access Target:					**100%**	*>=90%*	At Aug 22, 1 case waiting longer than priority target.		Nov	◄
Plastic/Reconstructive Surgery (90% Completed Within)	n/a				**268**	182 days		Coordinator to work with new office assistant to improve data quality.	Nov	◄
% Completed Within Each Priority Access Target:					**52%**	*>=90%*	At Aug 22, 5 cases waiting longer than priority target.		Nov	◄
Urologic Surgery (90% Completed Within)	n/a				**132**	182 days			Nov	◄
% Completed Within Each Priority Access Target:					**88%**	*>=90%*	At Aug 22, 63 cases waiting longer than priority target.	Working on clean-up of data and in-person visit to office.	Nov	◄
Vascular Surgery (90% Completed Within)	n/a				**142**	182 days			Nov	◄
% Completed Within Each Priority Access Target:					**100%**	*>=90%*			Nov	◄
Paediatric Surgery (90% Completed Within)	n/a				**124**	182 days	Paeds Dental cases exceed target of 182 days at 190 days (only 61% completed within priority target for Q1)		Nov	◄
% Completed Within Each Priority Access Target:					**79%**	*>=90%*	At Aug 22, 35 dental + 2 ortho + 1 plastic waiting longer than priority target.	Faxes will be sent to offices to determine if patients are still waiting.	Nov	◄
MRI (90% Completed Within:)	14	48	45	45	**43**	28 days	LHIN Q1 time is 54 days (red).	Wait times can only be reduced if we receive additional funding to increase operating hours.	Nov	◄
% Completed Within Each Priority Access Target:	98%	41%	21%	27%	**29%**	*>=90%*	>90% for highest priority cases. LHIN achieving 44% within target (red). WRH & HDGH operate beyond funded hours (& still yellow/red).	Adding weekend shifts as much as possible.	Nov	◄
CT (90% Completed Within:)	29	36	33	36	**42**	28 days	LHIN Q1 time is 29 days (yellow).	Wait times can only be reduced if we receive additional funding to increase operating hours.	Nov	◄
% Completed Within Each Priority Access Target:	85%	73%	68%	61%	**57%**	*>=90%*	>93% for highest priority cases. LHIN achieving 85% within target (yellow).	Running additional hours to catch up from downtime associated with move.	Nov	◄

Exceptional Relationships

Patient Experience Indicators

Reporting Period:		Q4 08-09	Q1 09-10	Q2 09-10	Q3 09-10	**Q4 09-10**					
Overall Rating of Care	Inpt	94.1	94.4	95.5	94.1	**89.3**	IP (comm hosp avg=92.3)	Stats sig drop from previous quarter. CEEH (86); 4E (92.4); 4N (86.7); Surg 90.5)	Intensivist model--changes observed for Int Med pts. Surgery conducting safety audits with patients. CEEH to follow up with staff.	Dec	◄
	ED	92.2	89.2	91.2	91.0	**84.9**	ED (comm hosp avg = 82.8)				
	OB	97.6	98.0	94.4	90.2	**98.3**	OB (comm hosp avg = 94.3)				
	Day Surg	96.6	96.3	95.5	100.0	**100.0**	DS (comm hosp avg = 98.2)	Performance = High Performer !!			

Indicator		Quarterly Performance (unless otherwise specified) Q1 09-10	Q2 09-10	Q3 09-10	Q4 09-10	Current Period (Q1 10-11 unless otherwise specified)	Target	Interpretation/Analysis	Action Plan	Next Update (Month of Report)	Updated this Report
Reporting Period:		Q4 08-09	Q1 09-10	Q2 09-10	Q3 09-10	Q4 09-10					
Would you definitely recommend Bluewater Health?	Inpt	60.3	69.9	70.2	71.3	**62.4**	IP (comm hosp avg = 68.1)	Sig decrease from past quarter and stats sig difference from community hosp avg. Sig dip in Involvement of Family Dimension of Care. Top reasons: overall condition of hospital (34.5%), attitude of staff (15.5%). Noise levels (8.6%) and time spent with nurses (8.6%).	Impact of condition of hospital expected to improve post-occupancy. Surgery to continue discharge phone calls. Plan for model of Pt/Family-Centred Care.	Dec	◄
	ED	66.0	63.2	70.0	66.7	**59.6**	ED (comm hosp avg = 54.4)				
	OB	50.0	54.2	38.9	51.7	**63.8**	OB (comm hosp avg = 69.1)	Improvement almost to within 5% of peers. Significant improvement in attitude of staff as a reason given for not definitely recommending from 38% to 0%. Overall condition of hospital and rooms (42%) and parking (17%) top reasons for not definitely recommending.	Will provide positive reinforcement for staff and encouarge changes to continue.		
	Day Surg	60.2	68.4	58.8	68.8	**74.7**	DS (comm hosp avg = 77.1)	Parking (22%), overall condition of hospital and rooms (17%), and negative comments about BWH (17%) top reasons for not definitely recommending.	Ongoing communication with staff re: impact of discussing issues in front of patients.		
Confidence/ Trust in Dr.	Inpt	83.0	80.9	85.2	83.5	**80.5**	IP (comm hosp avg = 81.2)	Very close to target.	Monitor at Medical Qual & Utiliz and Dept meetings.		
	ED	72.0	71.8	77.6	74.9	**69.2**	ED (comm hosp avg = 70.1)	Very close to target.	Monitor at Medical Qual & Utiliz and Dept meetings.		
	OB	90.2	84.0	78.2	80.0	**85.2**	OB (comm hosp avg = 95.1)	Significantly lower than peers. Inconsistent with score of 98.4 for overall doctor care (below).	Monitor at Medical Qual & Utiliz and Dept meetings.		
	Day Surg	91.1	96.2	93.2	92.6	**95.3**	DS (comm hosp avg = 92.2)				
Confidence/ Trust in Nurses	Inpt	71.4	76.6	76.1	77.4	**75.7**	IP (comm hosp avg = 72.9)				
	ED	73.1	76.3	76.2	83.7	**69.1**	ED (comm hosp avg =69.3)	Stats sig drop in score from previous quarter, but very close to target.	Patient Flow Specialist, +admissions nurses, +clerical support and +RN will improve waits and satisfaction.		
	OB	80.5	69.4	82.1	72.4	**86.9**	OB (comm hosp avg = 82.5)	Stats sig increase from past quarter.			
	Day Surg	86.5	79.7	89.8	85.4	**94.0**	DS (comm hosp avg = 88.9)				
Overall Rating of Dr. Care	Inpt	96.1	95.2	95.1	93.4	**92.6**	IP (comm hosp avg = 93.8)				
	OB	97.6	100.0	96.4	93.3	**98.4**	OB (comm hosp avg = 95.2)				
Complaints											
Reporting Period:		Mar-10	Apr-10	May-10	Jun-10	Jul-10					
Complaint Rate (per 1,000 Encounters)		0.84	0.69	0.40	0.39	**0.94**	TBD	21 complaints total. Top categories of complaints include care/treatment (9), communication (9), and attitude/courtesy (8).		Oct	◄
Response to Complaints (% Attempted Acknowledgement within 2 bus. days)		95.5%	88.2%	50.0%	70.0%	**81.0%**	95%	Move took priority during summer months, so response exceeded 48hr in some cases.	Reminder that policy is within 2 business days.	Oct	◄
Resolution of Complaints (% Attempted Resolution within 14 days)		100.0%	100.0%	100.0%	100.0%	**95.2%**	95%	1 outstanding facility-related complaint that may pose risk/liability.		Oct	◄
Inspired People											
Worklife Indicators											
Grievance Rates by Union Group	ONA	1.5%	1.0%	0.2%	1.7%	**1.6%**	3.45% (Healthcare Avg)			Nov	◄
	SEIU	1.9%	3.6%	2.0%	3.4%	**1.8%**					
	OPSEU	1.7%	0.0%	0.3%	1.0%	**0.0%**					
Workplace Safety Indicators											
Calendar Year YTD (Cumulative):		Dec '08	Mar '09	Jun '09	Sep '09	Dec '09					
# of Lost time injuries (LTI)		15	2	8	9	**11**	<13.5 Jan-Dec YTD (10% less than prior year YTD)			Oct	
# of Health Care Claims (No Lost Time Injury)		79	17	34	52	**72**	<71.1 Jan-Dec YTD (10% less than prior year YTD)	Top causes: exposure to biological substance (23), overexertion/strain (20), and struck by/puncture by (14).	Education re: techniques, use of PPE, and assistance from colleague if chance of unexpected patient reaction (usual cause of exposure). Developing action plan for 2010 to reduce overexertion incidents.	Oct	
Lost Time Injury Frequency (# of LTIs per 100 Full-Time Workers)		1.31	0.67	1.16	1.01	**0.92**	<1.66 (2008 healthcare rate)			Oct	
Lost Time Injury Severity (Days Lost per 100 Full-Time Workers)		12.83	2.33	4.60	4.00	**3.67**	<21.91 (2008 healthcare rate)			Oct	
Report Quarter:			Mar '09	Jun '09	Sep '09	Dec '09					
WSIB Neer Index Rating (3 yr Window)		2009		0.24	0.20	**0.34**	<1	$205,804 rebate for the 2006, 2007, 2008 calendar years.		Oct	
		2008	0.23	0.23	0.22	**0.22**					
		2007	0.74	0.72	0.70	**0.68**					
		2006	0.62	0.65	0.65						

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Aug 26, 2010

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Indicator		Quarterly Performance (unless otherwise specified)				Current Period (Q1 10-11 unless otherwise specified)	Target	Interpretation/Analysis	Action Plan	Next Update (Month of Report)	Updated this Report
		Q1 09-10	Q2 09-10	Q3 09-10	Q4 09-10						
Outstanding Performance											
Risk Management Indicators											
Calendar Year:		2005	2006	2007	2008	**2009**					
HIROC Claims Ratio (includes reserves for reported claims; no property claims)		3%	153%	50%	30%	**38%**	51.8% (peers--5 yr)			Jul	◄
HIROC Average Cost Per Claim		$ 2,131	$ 98,998	$ 16,514	$ 12,239	**$ 10,498**	$38,427 (peers--5 yr)			Jul	◄
HIROC Claim Frequency (# of claims)		5	7	16	15	**23**	6.3 (peers--CY 2009)	# of claims is higher, but lower claims ratio and cost/claim (above)		Jul	◄
Resource Utilization											
Alternate Level of Care (ALC) Patients as a % of Beds	Acute	13.0%	10.5%	11.4%	9.6%	**7.2%**	<9%	Using more CCC beds for ALC to maintain pt.flow from ED.	Continue weekly t-con with LHIN and CCAC and implementation of "first bed" policy.	Nov	◄
	Total	22.8%	23.8%	23.6%	23.5%	**14.2%**	*				

Legend	All Indicators (Except Wait Times)	Wait Time Indicators
(green)	Meets/Exceeds Target	>= 90% Completed within Priority Target
(yellow)	Within 5% of Target	51%-89% Completed within Priority Target
(red)	Worse than Target by 5+%	<=50% Completed within Priority Target
*	no established target/standard	

Board Meeting Effectiveness Survey Results

There were 16 surveys distributed with 8 responses.

Meeting Date	May 26, 2010
Meeting Type	Board Meeting

Materials	**Yes**	**No**
1. Did you receive the materials in sufficient time for you to prepare for the meeting?	7 (87.5%)	1 (12.5%)
2. Were relevant materials provided?	7 (87.5%)	1 (12.5%)
3. Were the materials sufficient to assist you in forming an option on decisions made by the board?	8 (100%)	
Comments:		
• Still receive information at the meeting or only one or two days prior to the meeting. • Not in an adequate time from for some material.		

Meeting Management	**Satisfied**	**Somewhat Satisfied**	**Somewhat Dissatisfied**	**Dissatisfied**	**No Opinion**
4. Were you satisfied with your opportunity to participate in the debate?	8 (100%)				
5. Were you satisfied with the manner in which other Board members contributed to the debate?	6(75%)	1 (12.5%)	1 (12.5)		
6. Was the Chair effective in allowing all sides to be heard while bringing the matter to a decision?	7 (87.5%)	1 (12.5%)			
Comments:					
• Although a bit long • Some members seem hesitant to speak out.					

Overall Satisfaction with Meeting	**Satisfied**	**Somewhat Satisfied**	**Somewhat Dissatisfied**	**Dissatisfied**	**No Opinion**
7. Were you satisfied with what the board accomplished?	3 (37.5%)	5 (62.5%)			
8. Were you satisfied with the Board's overall performance?	6 (75%)	2 (25%)			
Comments:					
• Still feel that we do not receive enough information in time • Not sure what was resolved in the second in-camera meeting as I had to leave.					

Individual Director Self-Evaluation

Survey Results

September 2010

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Overview

In accordance with Bluewater Health Board Policy 5.86 – Board Evaluation, which requires the Directors to regularly evaluate their individual performance on the Board, an Individual Director self-evaluation survey was administered in June 2010 using the Survey Monkey web-based application.

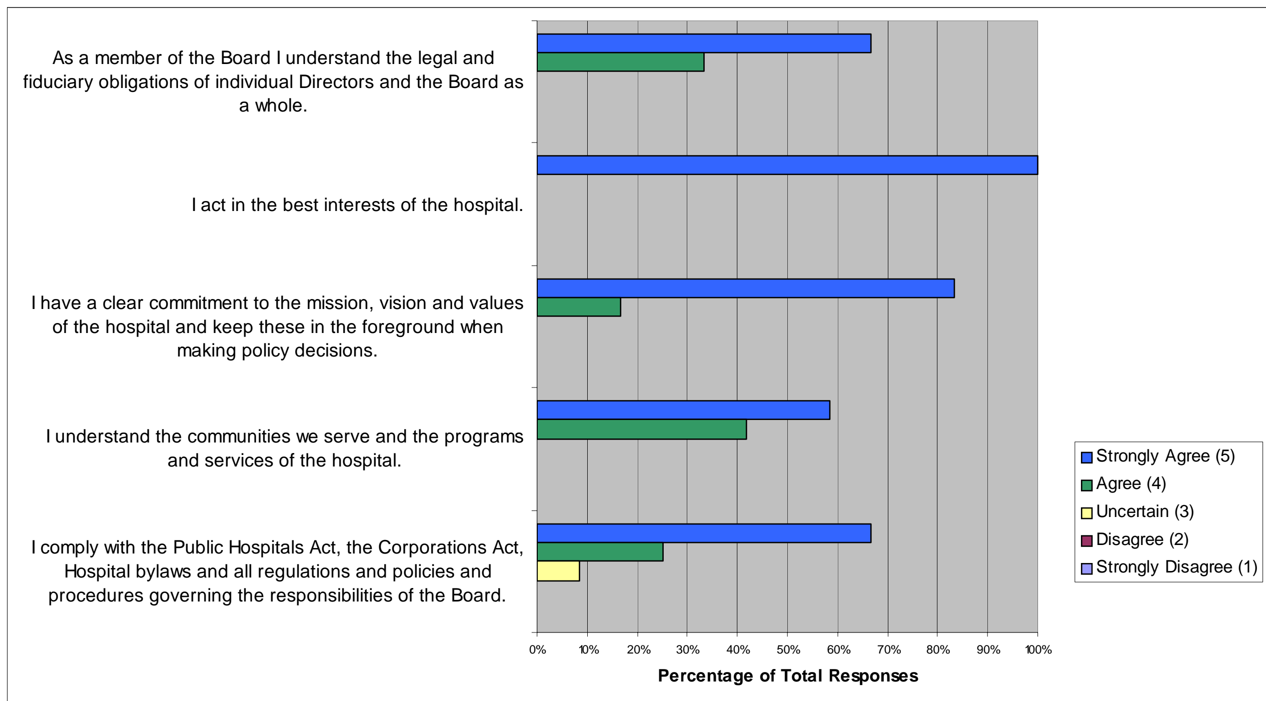
This report is structured to provide the percentage of total responses along the rating scale and the average score for each question, along with comments for each issue surveyed (e.g. Accountability).

The timing of the survey was linked to the annual Board cycle, so as to inform the development of 2010-11 Board and committee goals and work plans, and ensure that these include actions to address the identified improvement opportunities.

Demographics

There were 16 Board members surveyed and 12 (75%) responded to the survey.

Section 1 – Individual Director Roles and Responsibilities – Accountability – Question 3

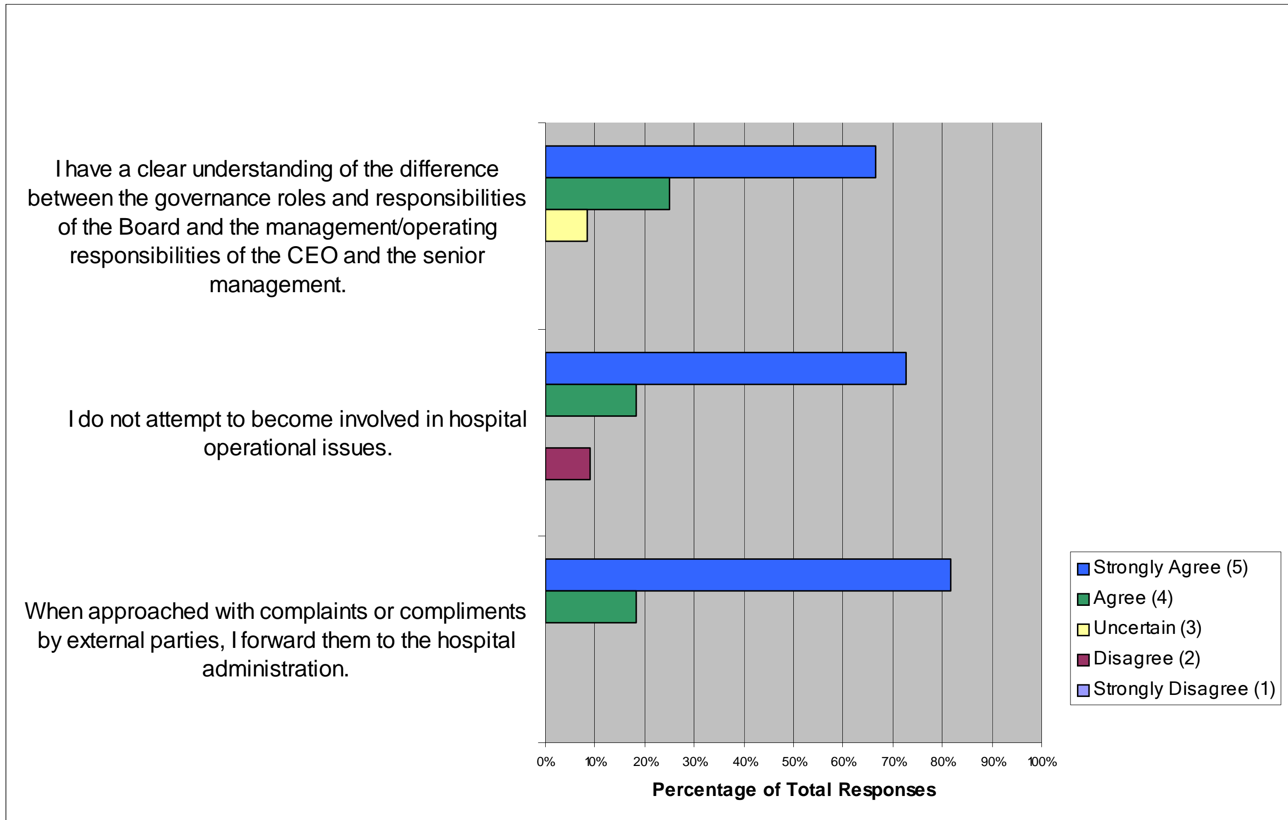


Questions	Average Rating
As a member of the Board I understand the legal and fiduciary obligations of individual Directors and the Board as a whole.	4.67
I act in the best interests of the hospital.	5.00
I have a clear commitment to the mission, vision and values of the hospital and keep these in the foreground when making policy decisions.	4.83
I understand the communities we serve and the programs and services of the hospital.	4.58
I comply with the Public Hospitals Act, the Corporations Act, Hospital bylaws and all regulations and policies and procedures governing the responsibilities of the Board.	4.58

Comments:

- No director should be answering these "Disagree"
- As a newer Board Member, I am still not totally sure of all of the Hospital bylaws and regulations but do try to ensure that I comply with those I am aware of.

Section 1 –Individual Director Roles and Responsibilities –Exercise of Authority – Question 4

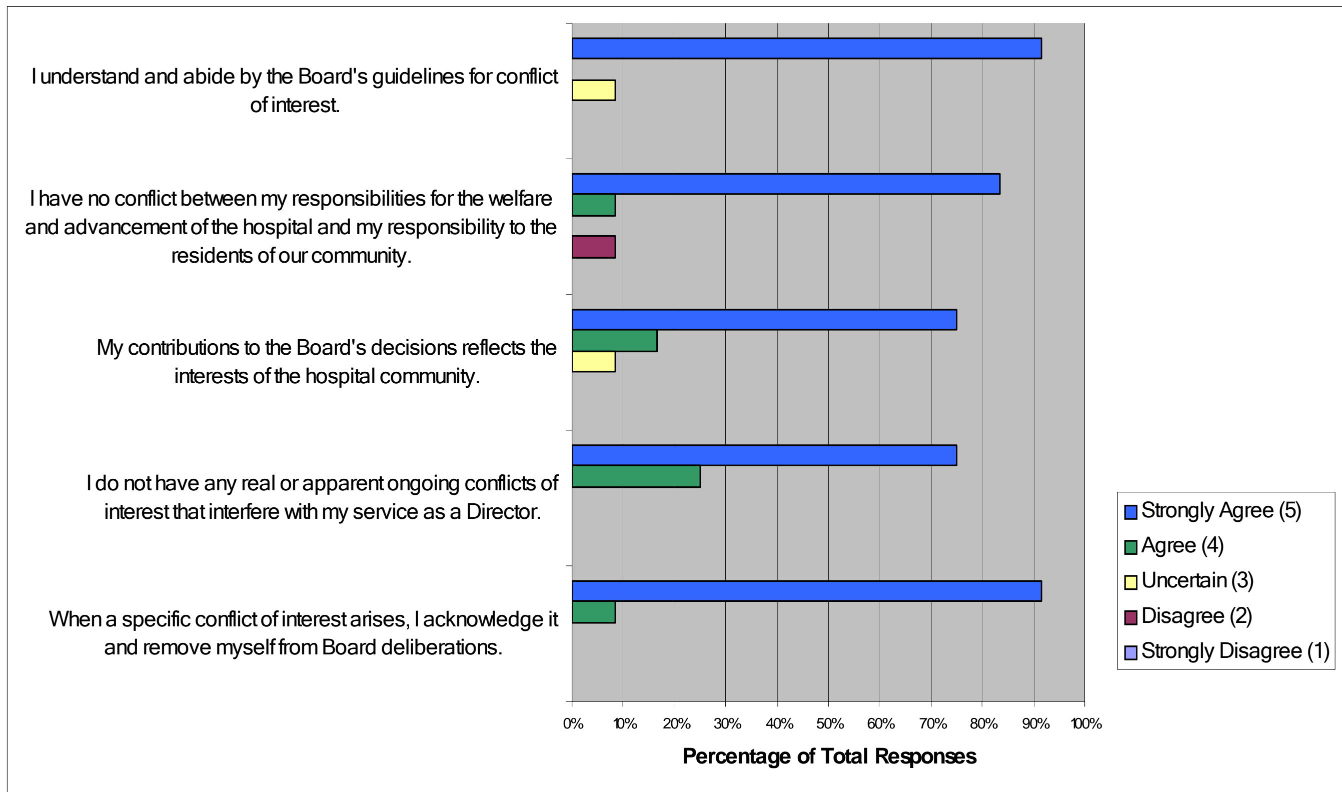


Questions	Average Rating
I have a clear understanding of the difference between the governance roles and responsibilities of the Board and the management/operating responsibilities of the CEO and the senior management.	4.58
I do not attempt to become involved in hospital operational issues.	4.55
When approached with complaints or compliments by external parties, I forward them to the hospital administration.	4.82

Comments:

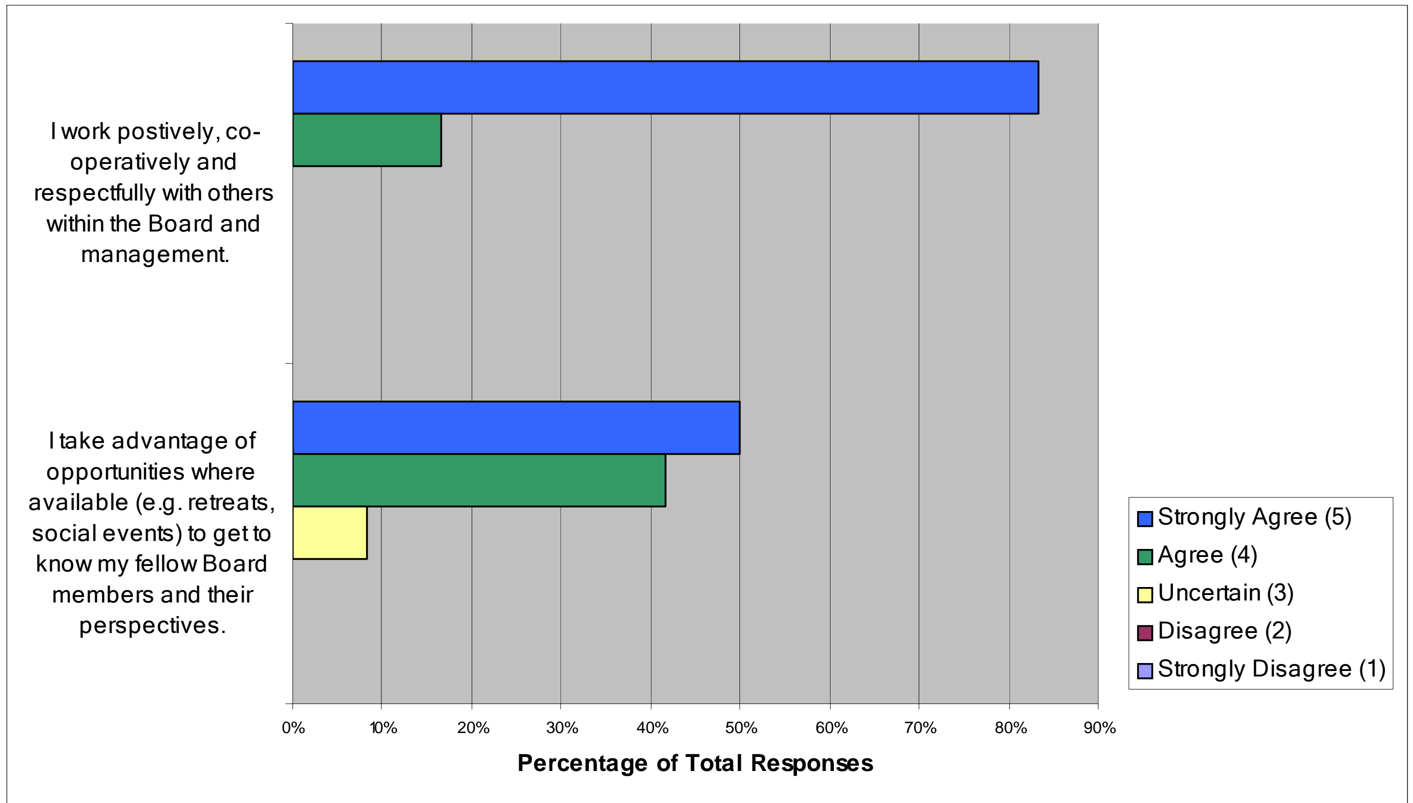
- Hospital operational issues reflect on the Board , therefore I believe we need to be informed of all actions that may cause reactions towards the Board.

Section 1 – Individual Director Roles and Responsibilities – Conflict of Interest – Question 5



Questions	Average Rating
I understand and abide by the Board's guidelines for conflict of interest.	4.83
I have no conflict between my responsibilities for the welfare and advancement of the hospital and my responsibility to the residents of our community.	4.67
My contributions to the Board's decisions reflects the interests of the hospital community.	4.67
I do not have any real or apparent ongoing conflicts of interest that interfere with my service as a Director.	4.75
When a specific conflict of interest arises, I acknowledge it and remove myself from Board deliberations.	4.92

Section 1 – Individual Director Roles and Responsibilities – Team Work – Question 6

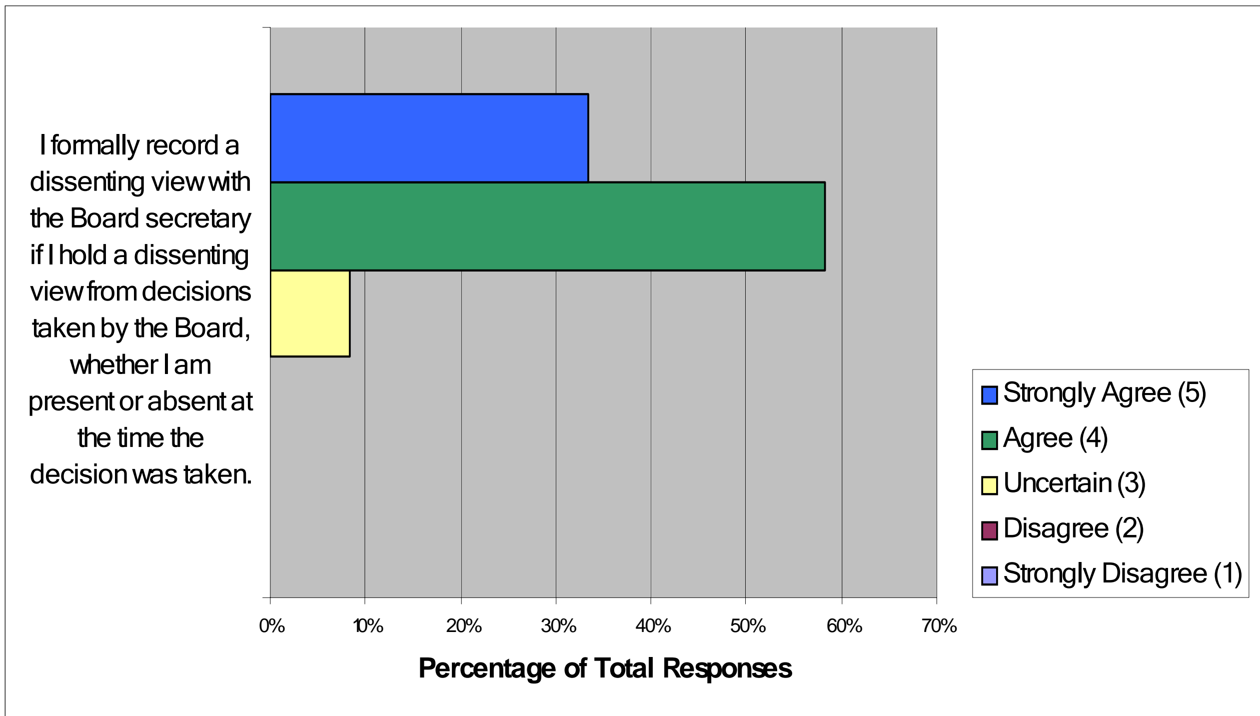


Questions	Average Rating
I work positively, co-operatively and respectfully with others within the Board and management.	4.83
I take advantage of opportunities where available (e.g. retreats, social events) to get to know my fellow Board members and their perspectives.	4.42

Comments:

- We probably need to have more opportunities outside formal Board or Committee meetings to get to know our colleagues.
- I believe that we should have more events where we can get to know fellow Board members, spouses and hospital employees. All levels of employees. We should know their concerns.

Section 1 – Individual Director Roles and Responsibilities – Formal Dissent – Question 7

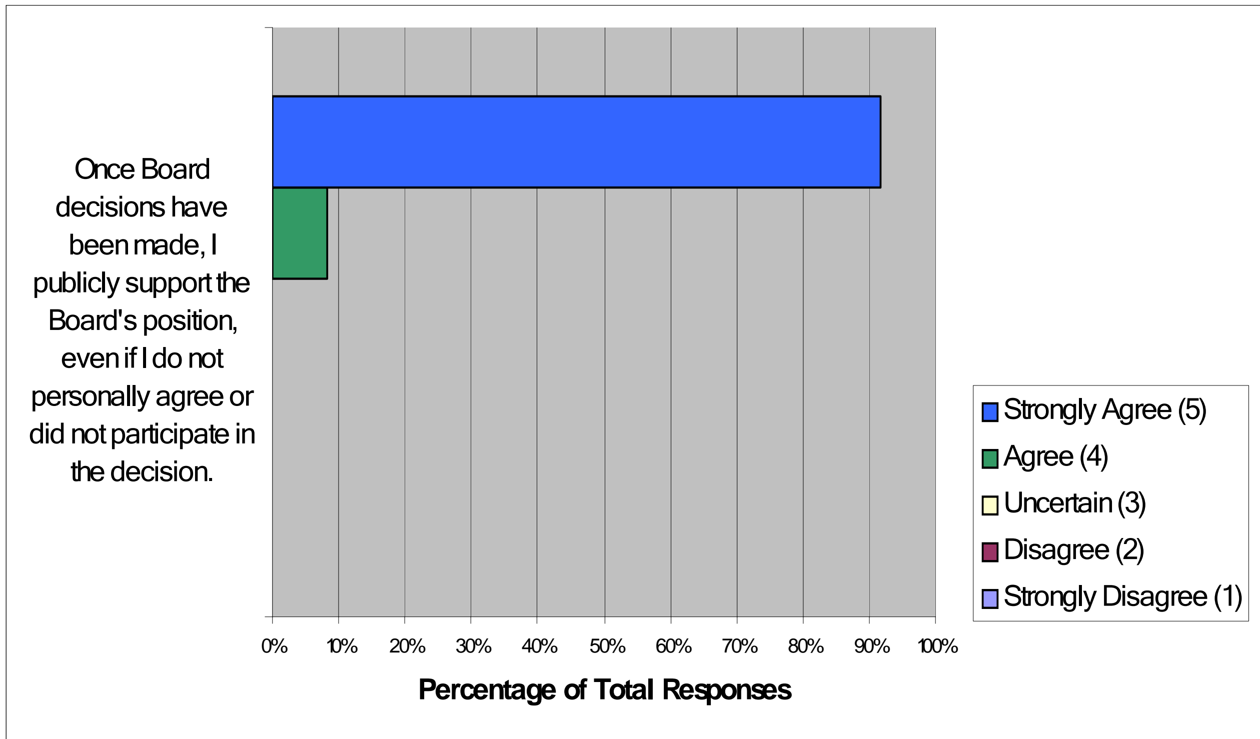


Questions	Average Rating
I formally record a dissenting view with the Board secretary if I hold a dissenting view from decisions taken by the Board, whether I am present or absent at the time the decision was taken.	4.25

Comments:

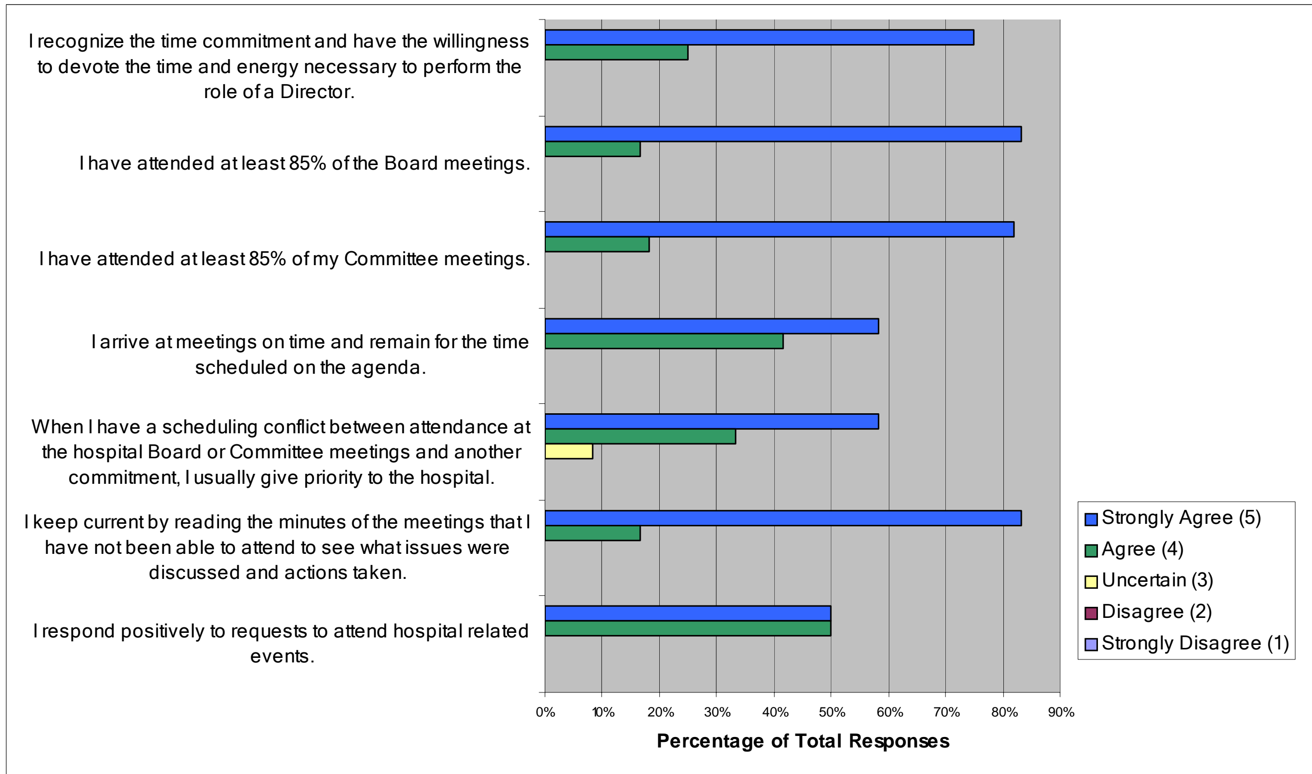
- I would do this if there was a decision with which I dissented on a material point.
- Only if I am present and disagree totally.
- Have not had to do this but would if necessary.

Section I – Individual Director Roles and Responsibilities – Policy Solidarity – Question 8



Questions	Average Rating
Once Board decisions have been made, I publicly support the Board's position, even if I do not personally agree or did not participate in the decision.	4.92

Section I – Individual Director Roles and Responsibilities – Attendance - Question 9



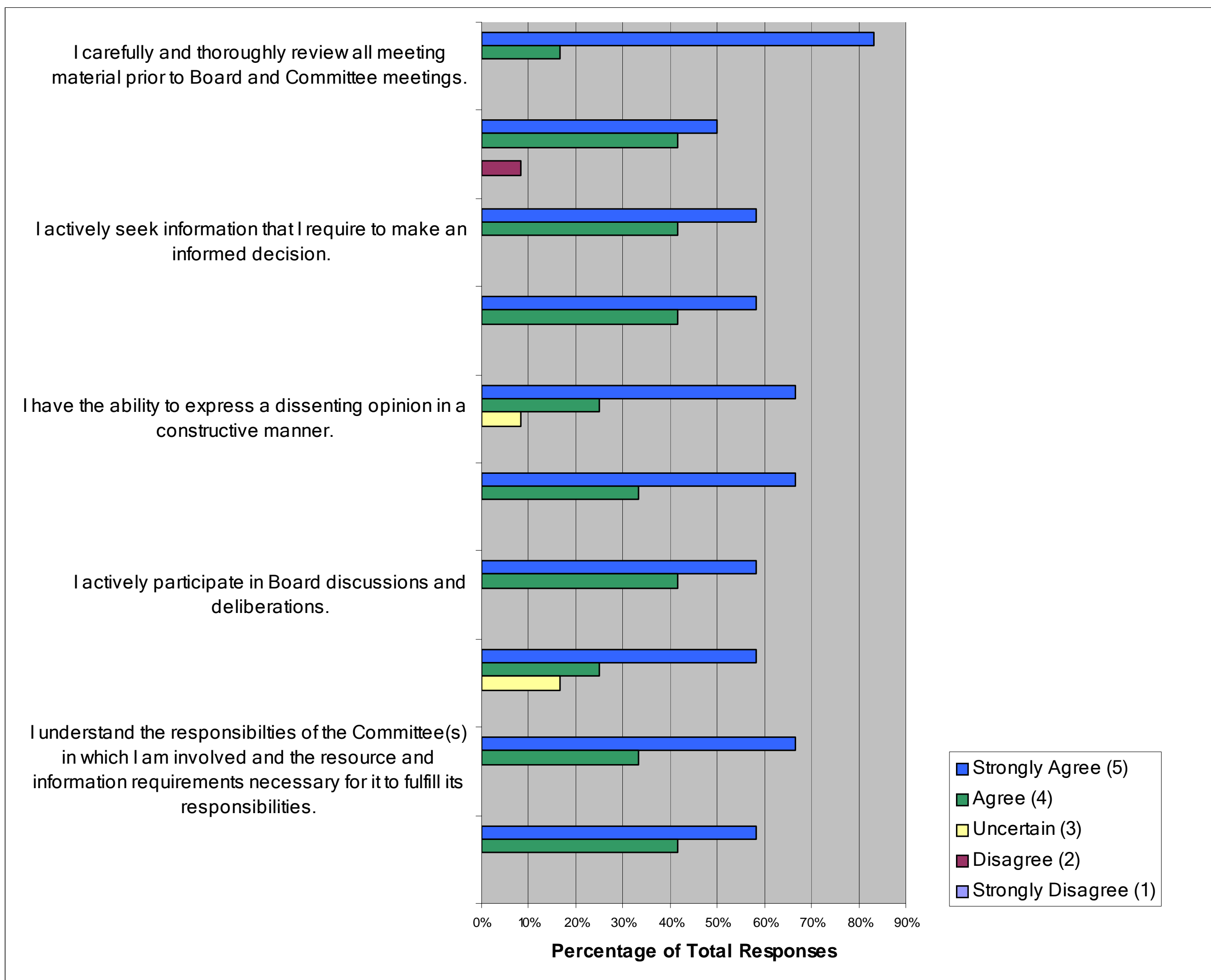
Questions	Average Rating
I recognize the time commitment and have the willingness to devote the time and energy necessary to perform the role of a Director.	4.75
I have attended at least 85% of the Board meetings.	4.83
I have attended at least 85% of my Committee meetings.	4.82
I arrive at meetings on time and remain for the time scheduled on the agenda.	4.58
When I have a scheduling conflict between attendance at the hospital Board or Committee meetings and another commitment, I usually give priority to the hospital.	4.50
I keep current by reading the minutes of the meetings that I have not been able to attend to see what issues were discussed and actions taken.	4.83
I respond positively to requests to attend hospital related events.	4.50

Comments:

- I have specific work/commitments/responsibilities and there would be occasions where they would rate a higher priority than a hospital meeting, otherwise I would choose the hospital meeting.

- These items require a great deal of time. I give what I can, whenever possible. Sometimes it is difficult to read the materials of other committees due to time constraints. I do scan all the material in preparation for a Board meeting.

Section I – Individual Director Roles and Responsibilities - Participation – Question 10

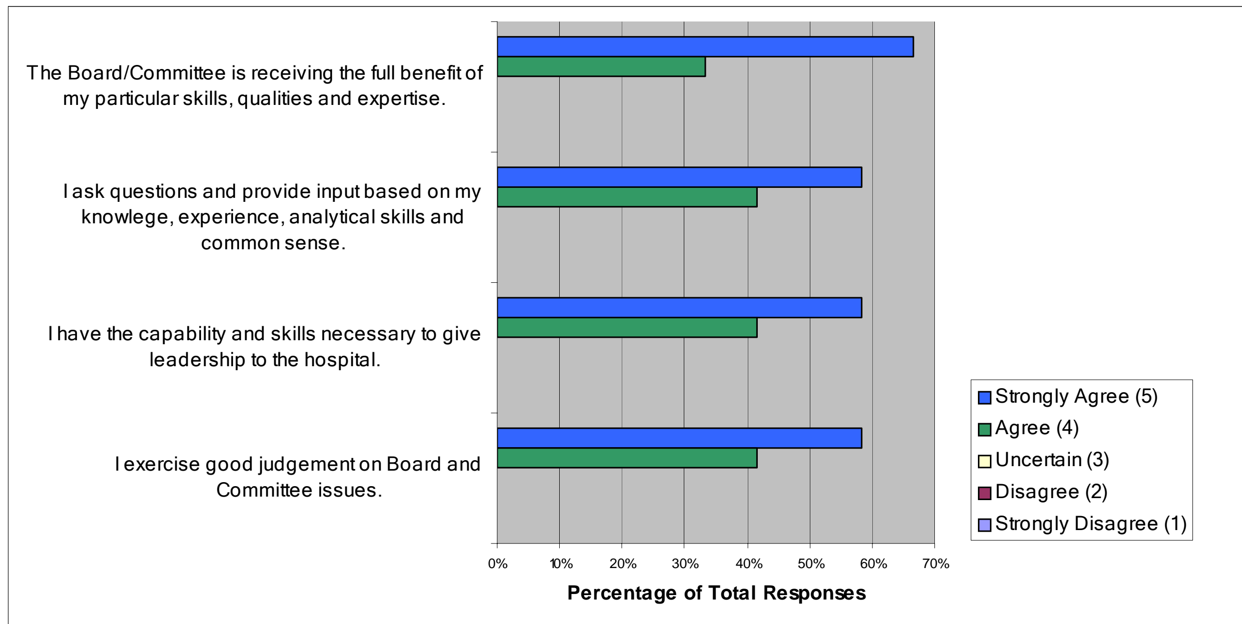


	Average Rating
I carefully and thoroughly review all meeting material prior to Board and Committee meetings.	4.83
I feel that the information I am given is appropriate for Board-level discussion.	4.33
I actively seek information that I require to make an informed decision.	4.58
At meetings, I ask constructive questions and seek additional information to clarify issues I do not understand.	4.58
I have the ability to express a dissenting opinion in a constructive manner.	4.58
I ask tough questions when the need arises.	4.67
I actively participate in Board discussions and deliberations.	4.58
I suggest agenda items when appropriate.	4.42
I understand the responsibilities of the Committee(s) in which I am involved and the resource and information requirements necessary for it to fulfill its responsibilities.	4.67
I am an effective member of the Board Committee(s) in which I am involved.	4.58

Comments:

- There is a significant learning curve joining the health/hospital system and as that curve becomes less steep and one gains a comfort level in this environment then the ratings on these areas would go up.
- Sometimes family and personal matters can get in the way of the time necessary to be fully prepared for some meetings.

Section I – Individual Director Roles and Responsibilities - Competencies – Question 11

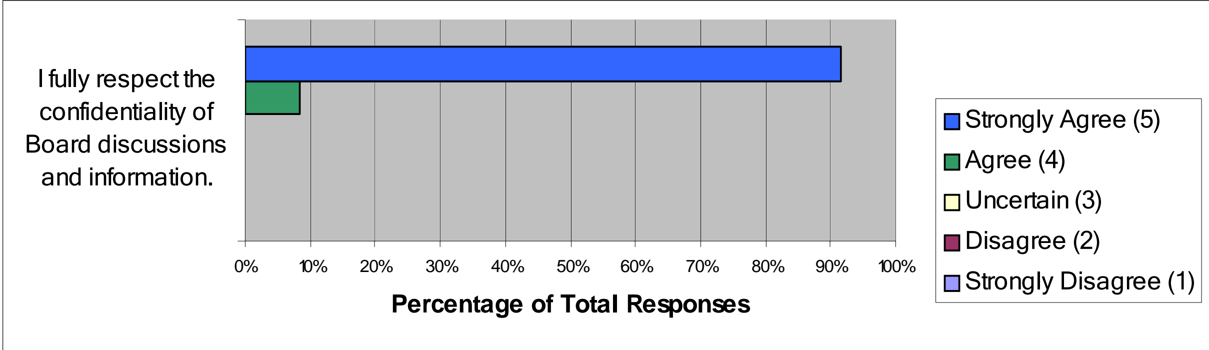


Questions	Average Rating
The Board/Committee is receiving the full benefit of my particular skills, qualities and expertise.	4.67
I ask questions and provide input based on my knowledge, experience, analytical skills and common sense.	4.58
I have the capability and skills necessary to give leadership to the hospital.	4.58
I exercise good judgment on Board and Committee issues.	4.58

Comments:

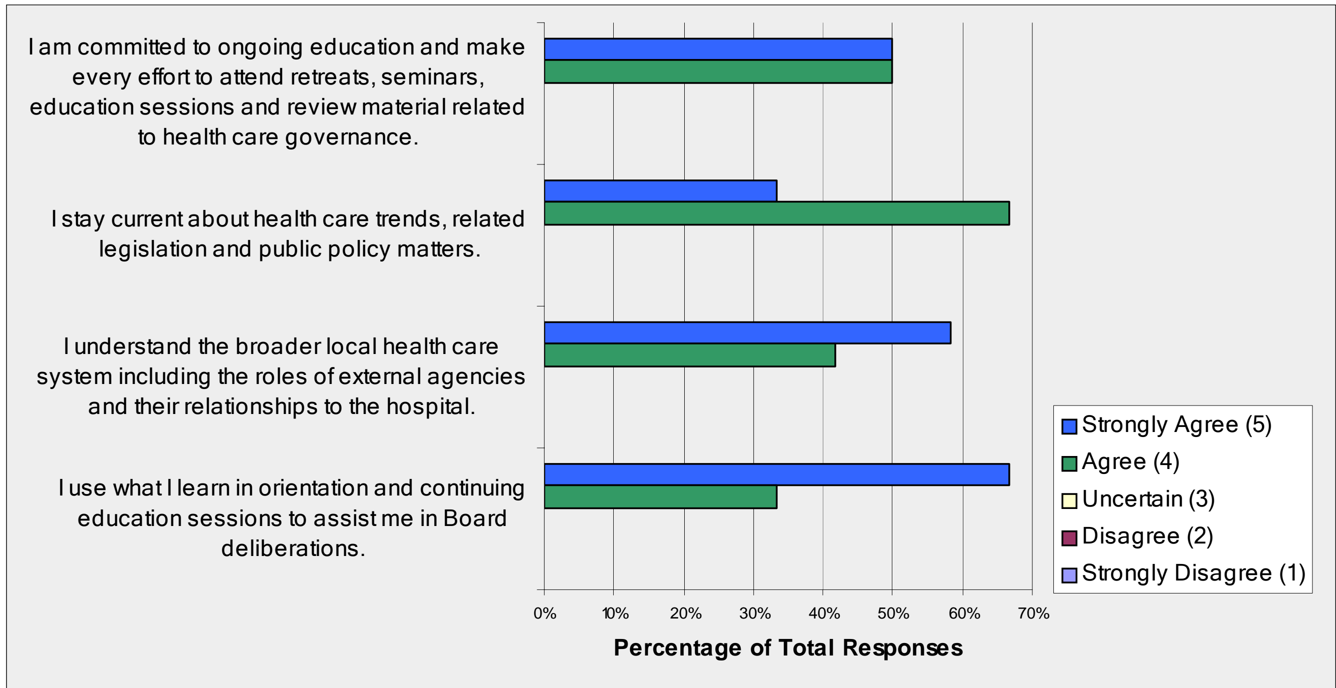
- The responses in this area are impacted as well by my earlier comment about the learning curve, gaining the experience and comfort level in this field will all lead to an increasing benefit for both of us.

Section 1 – Individual Director Roles and Responsibilities – Confidentiality – Question 12



Questions	Average Rating
I fully respect the confidentiality of Board discussions and information.	4.92

Section I – Individual Director Roles and Responsibilities – Education – Question 13

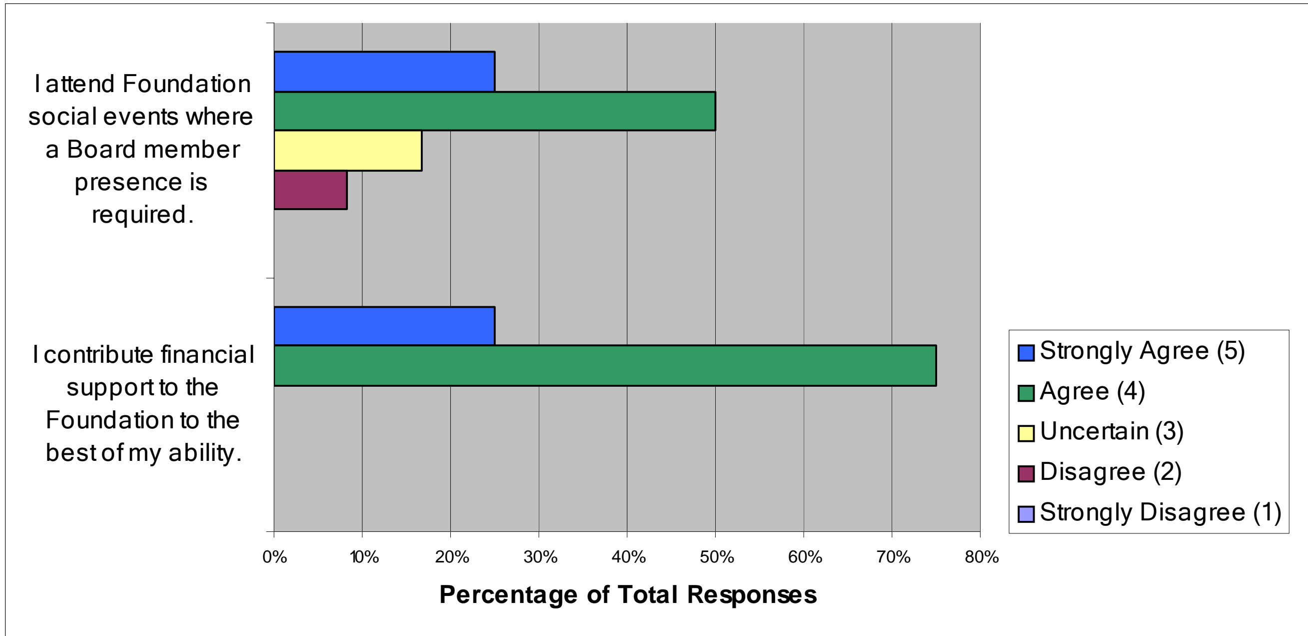


Questions	Average Rating
I am committed to ongoing education and make every effort to attend retreats, seminars, education sessions and review material related to health care governance.	4.50
I stay current about health care trends, related legislation and public policy matters.	4.33
I understand the broader local health care system including the roles of external agencies and their relationships to the hospital.	4.58
I use what I learn in orientation and continuing education sessions to assist me in Board deliberations.	4.67

Comments:

- Again time and the volume of material prohibit the ability to be truly current in many matters and issues.

Section 1 – Individual Director Roles and Responsibilities – Foundation – Question14

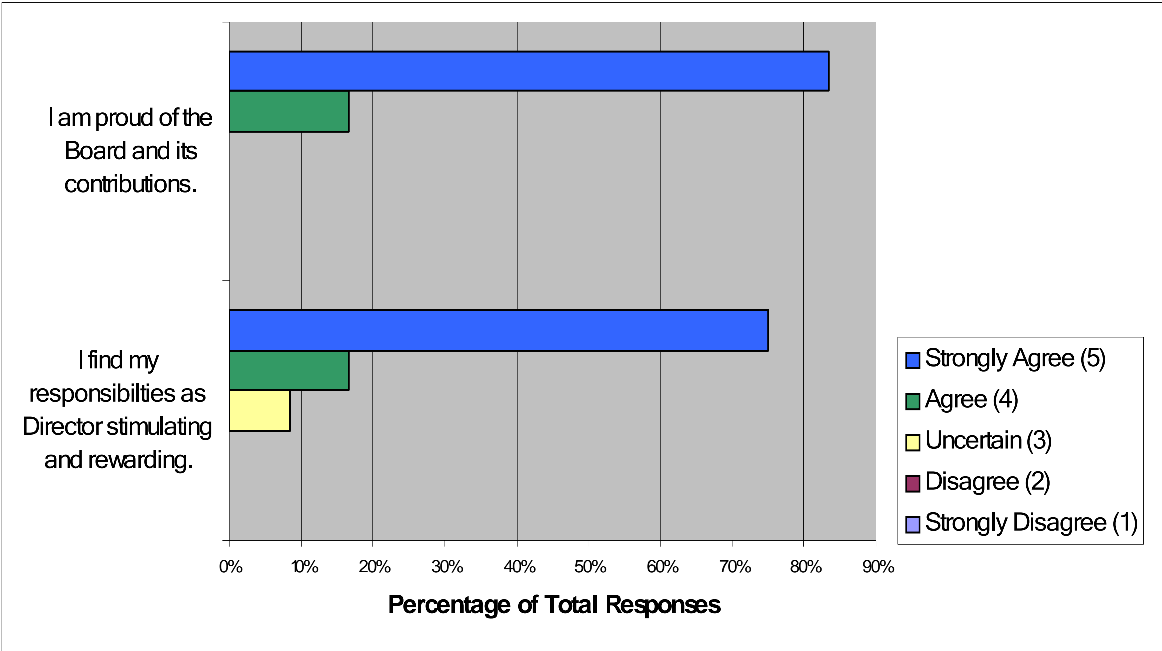


Questions	Average Rating
I attend Foundation social events where a Board member presence is required.	3.90
I contribute financial support to the Foundation to the best of my ability.	4.45

Comments:

- attend social events where possible

Section I – Individual Director Roles and Responsibilities – Overall – Question 15



Questions	Average Rating
I am proud of the Board and its contributions.	4.83
I find my responsibilities as Director stimulating and rewarding.	4.67

Section II – Individual Director Development

1. The three areas where I would like to improve my performance are:

- Be able to have additional information which the management considers is its area and therefore do not share.
- Be less impetuous in entering discussions.
- Have more Board get togethers
- Financial understanding.
- Hospital legal obligations.
- Better understanding of the scord card calculations.
- Further refinement of briefing notes to facilitate information sharing and decision making.
- Engagement in discussions with CEO to assist with governance decisions without interfering with operations of the hospital.
- Increasing the Board time spent discussing quality of care items.
- Introduction of stories of harm and facilitating positive and productive discussion of system improvements.
- I would like to be able to attend additional conferences and learning opportunities.
- I hope to find more time to read and become more up to date with health issues.
- I need to share opinions and expertise more often in meetings.
- H-SAA
- Hospital By-laws (self study)
- Financial metrics
- Knowledge of Hospital policies.
- Broader understanding of programs and services provided.
- Relationship between LHINs, Hospital and the Ministry.

2. The support I need from Bluewater Health to improve my performance includes:

- More interaction with front line staff.
- Information for meetings to arrive at a good time before the meetings.
- An orientation session for all the items covered in this survey.
- Further knowledge of how to capture and present patient stories to the Board.
- Adequate investigation and preparation.
- Opportunities for learning and conferences.
- Timely access to printed materials and agenda material.
- Continued presentations and information reports from Senior Staff on emerging issues.
- Time - as a new Board Member there is a fairly steep learning curve in some areas.

Board Meeting Effectiveness Survey Results

There were 16 surveys distributed with 8 responses.

Meeting Date	May 26, 2010
Meeting Type	Board Meeting

Materials	**Yes**	**No**
1. Did you receive the materials in sufficient time for you to prepare for the meeting?	7 (87.5%)	1 (12.5%)
2. Were relevant materials provided?	7 (87.5%)	1 (12.5%)
3. Were the materials sufficient to assist you in forming an option on decisions made by the board?	8 (100%)	
Comments:		
• Still receive information at the meeting or only one or two days prior to the meeting. • Not in an adequate time from for some material.		

Meeting Management	**Satisfied**	**Somewhat Satisfied**	**Somewhat Dissatisfied**	**Dissatisfied**	**No Opinion**
4. Were you satisfied with your opportunity to participate in the debate?	8 (100%)				
5. Were you satisfied with the manner in which other Board members contributed to the debate?	6(75%)	1 (12.5%)	1 (12.5)		
6. Was the Chair effective in allowing all sides to be heard while bringing the matter to a decision?	7 (87.5%)	1 (12.5%)			
Comments:					
• Although a bit long • Some members seem hesitant to speak out.					

Overall Satisfaction with Meeting	**Satisfied**	**Somewhat Satisfied**	**Somewhat Dissatisfied**	**Dissatisfied**	**No Opinion**
7. Were you satisfied with what the board accomplished?	3 (37.5%)	5 (62.5%)			
8. Were you satisfied with the Board's overall performance?	6 (75%)	2 (25%)			
Comments:					
• Still feel that we do not receive enough information in time • Not sure what was resolved in the second in-camera meeting as I had to leave.					

Individual Director Self-Evaluation

Survey Results

September 2010

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Overview

In accordance with Bluewater Health Board Policy 5.86 – Board Evaluation, which requires the Directors to regularly evaluate their individual performance on the Board, an Individual Director self-evaluation survey was administered in June 2010 using the Survey Monkey web-based application.

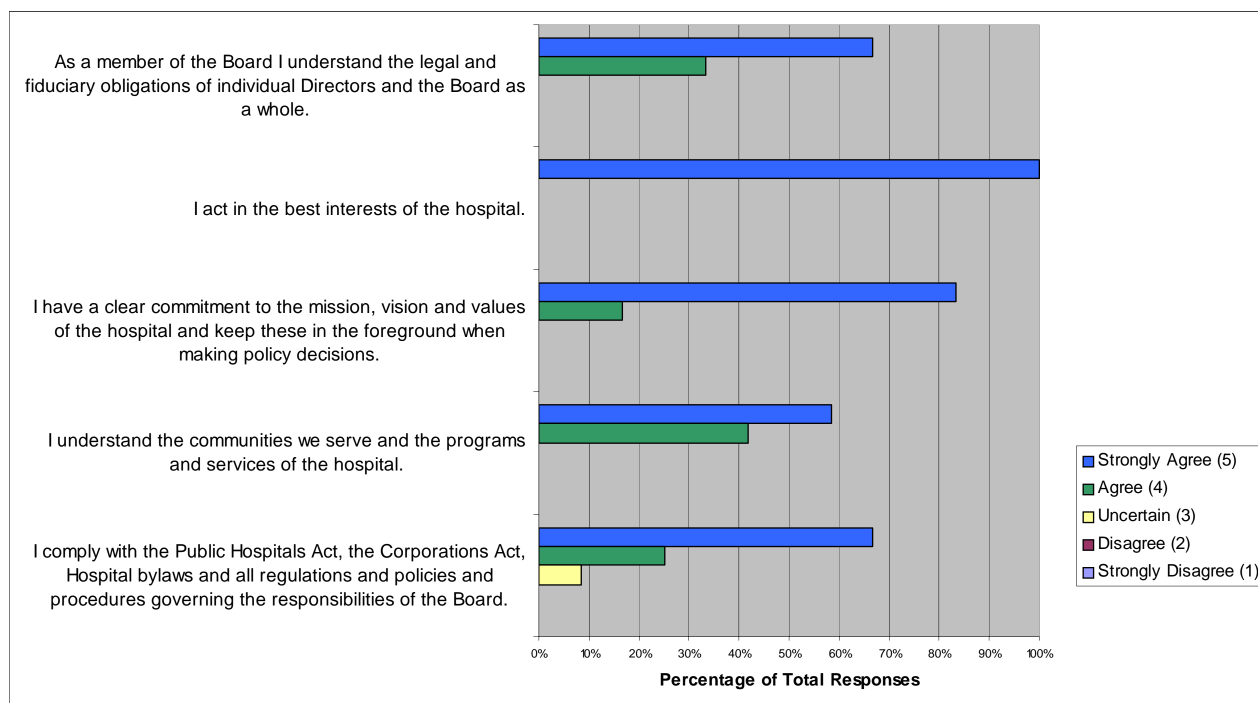
This report is structured to provide the percentage of total responses along the rating scale and the average score for each question, along with comments for each issue surveyed (e.g. Accountability).

The timing of the survey was linked to the annual Board cycle, so as to inform the development of 2010-11 Board and committee goals and work plans, and ensure that these include actions to address the identified improvement opportunities.

Demographics

There were 16 Board members surveyed and 12 (75%) responded to the survey.

Section 1 – Individual Director Roles and Responsibilities – Accountability – Question 3

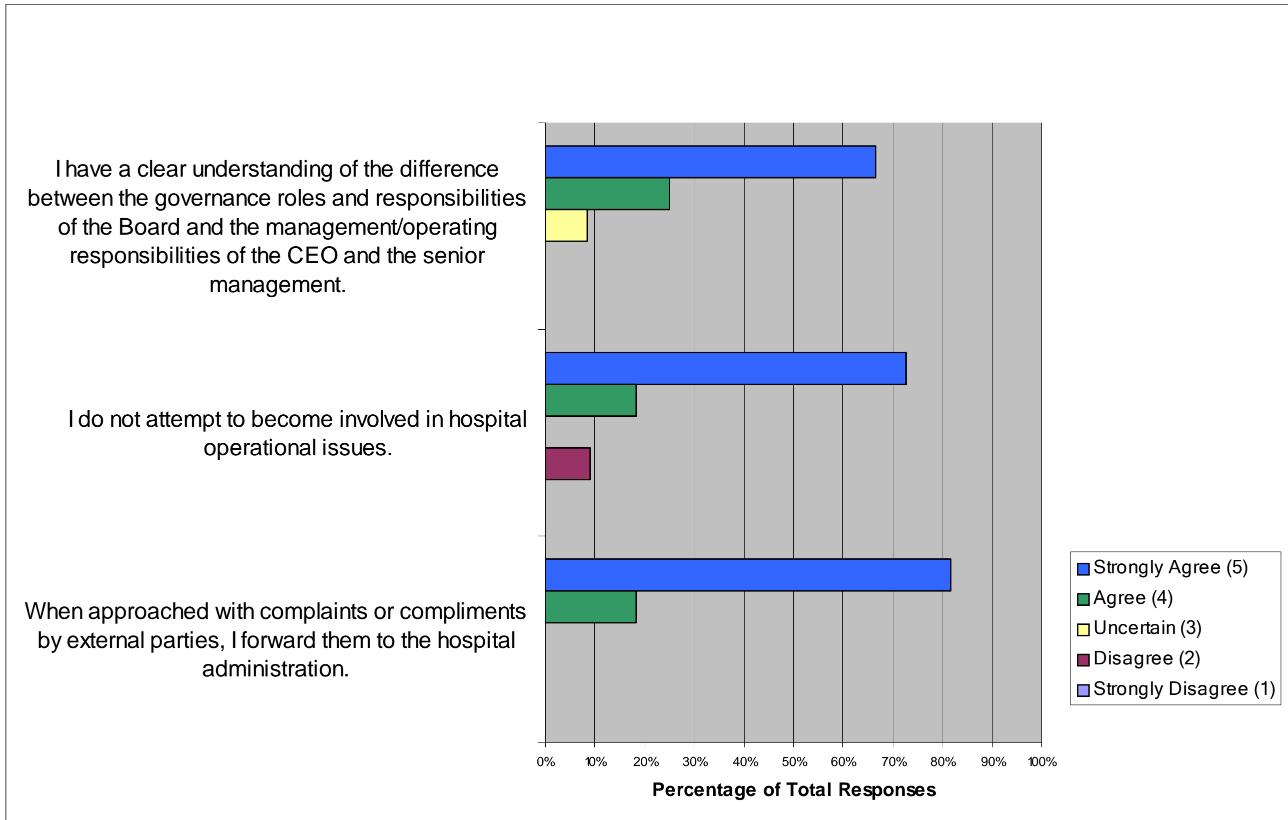


Questions	Average Rating
As a member of the Board I understand the legal and fiduciary obligations of individual Directors and the Board as a whole.	4.67
I act in the best interests of the hospital.	5.00
I have a clear commitment to the mission, vision and values of the hospital and keep these in the foreground when making policy decisions.	4.83
I understand the communities we serve and the programs and services of the hospital.	4.58
I comply with the Public Hospitals Act, the Corporations Act, Hospital bylaws and all regulations and policies and procedures governing the responsibilities of the Board.	4.58

Comments:

- No director should be answering these "Disagree"
- As a newer Board Member, I am still not totally sure of all of the Hospital bylaws and regulations but do try to ensure that I comply with those I am aware of.

Section 1 –Individual Director Roles and Responsibilities –Exercise of Authority – Question 4

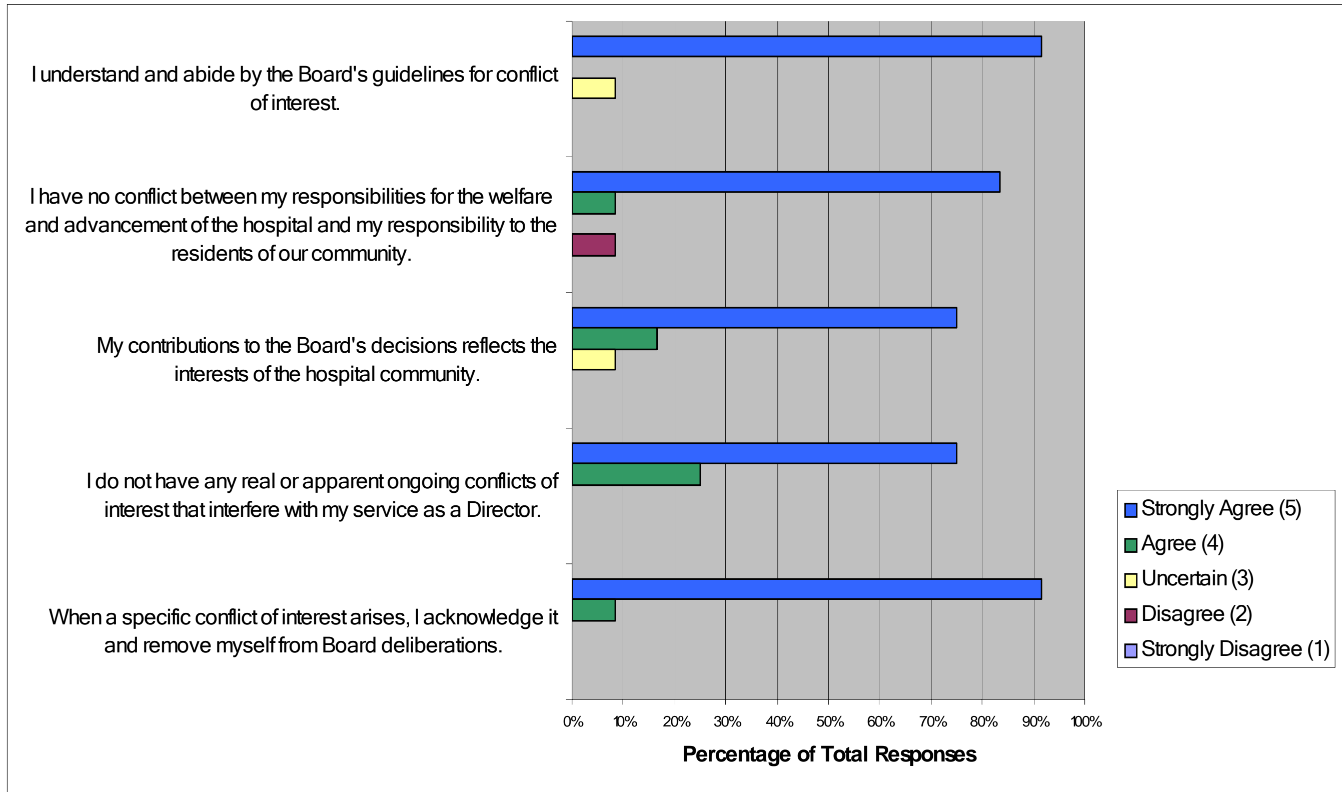


Questions	Average Rating
I have a clear understanding of the difference between the governance roles and responsibilities of the Board and the management/operating responsibilities of the CEO and the senior management.	4.58
I do not attempt to become involved in hospital operational issues.	4.55
When approached with complaints or compliments by external parties, I forward them to the hospital administration.	4.82

Comments:

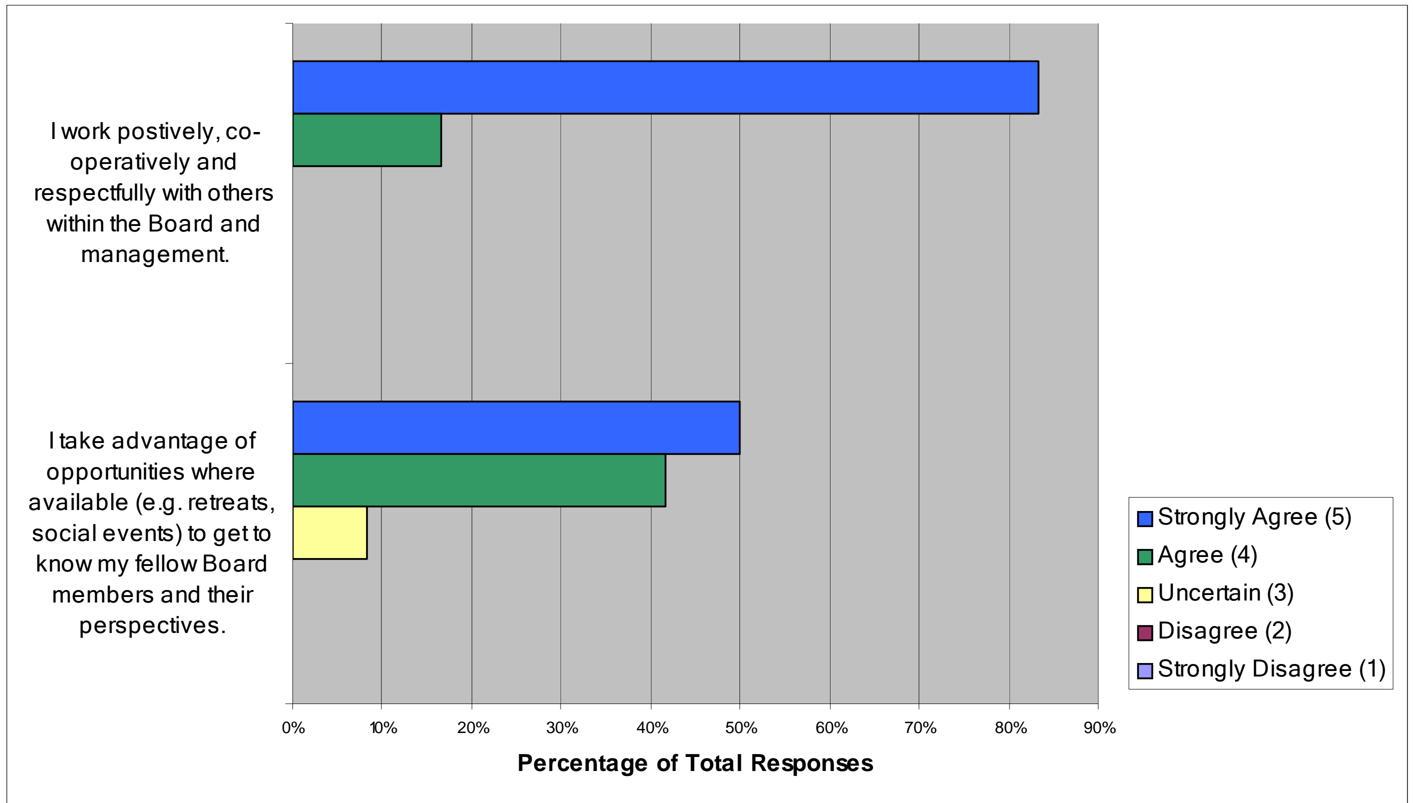
- Hospital operational issues reflect on the Board , therefore I believe we need to be informed of all actions that may cause reactions towards the Board.

Section 1 – Individual Director Roles and Responsibilities – Conflict of Interest – Question 5



Questions	Average Rating
I understand and abide by the Board's guidelines for conflict of interest.	4.83
I have no conflict between my responsibilities for the welfare and advancement of the hospital and my responsibility to the residents of our community.	4.67
My contributions to the Board's decisions reflects the interests of the hospital community.	4.67
I do not have any real or apparent ongoing conflicts of interest that interfere with my service as a Director.	4.75
When a specific conflict of interest arises, I acknowledge it and remove myself from Board deliberations.	4.92

Section 1 – Individual Director Roles and Responsibilities – Team Work – Question 6

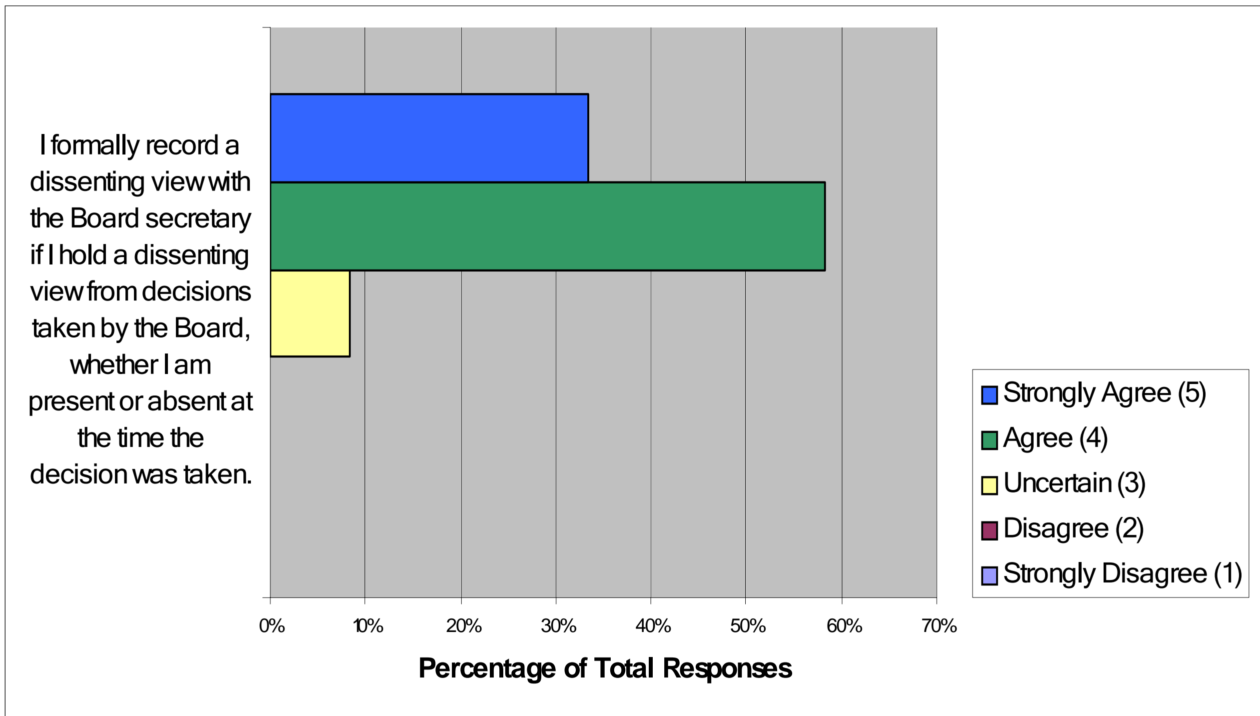


Questions	Average Rating
I work positively, co-operatively and respectfully with others within the Board and management.	4.83
I take advantage of opportunities where available (e.g. retreats, social events) to get to know my fellow Board members and their perspectives.	4.42

Comments:

- We probably need to have more opportunities outside formal Board or Committee meetings to get to know our colleagues.
- I believe that we should have more events where we can get to know fellow Board members, spouses and hospital employees. All levels of employees. We should know their concerns.

Section 1 – Individual Director Roles and Responsibilities – Formal Dissent – Question 7



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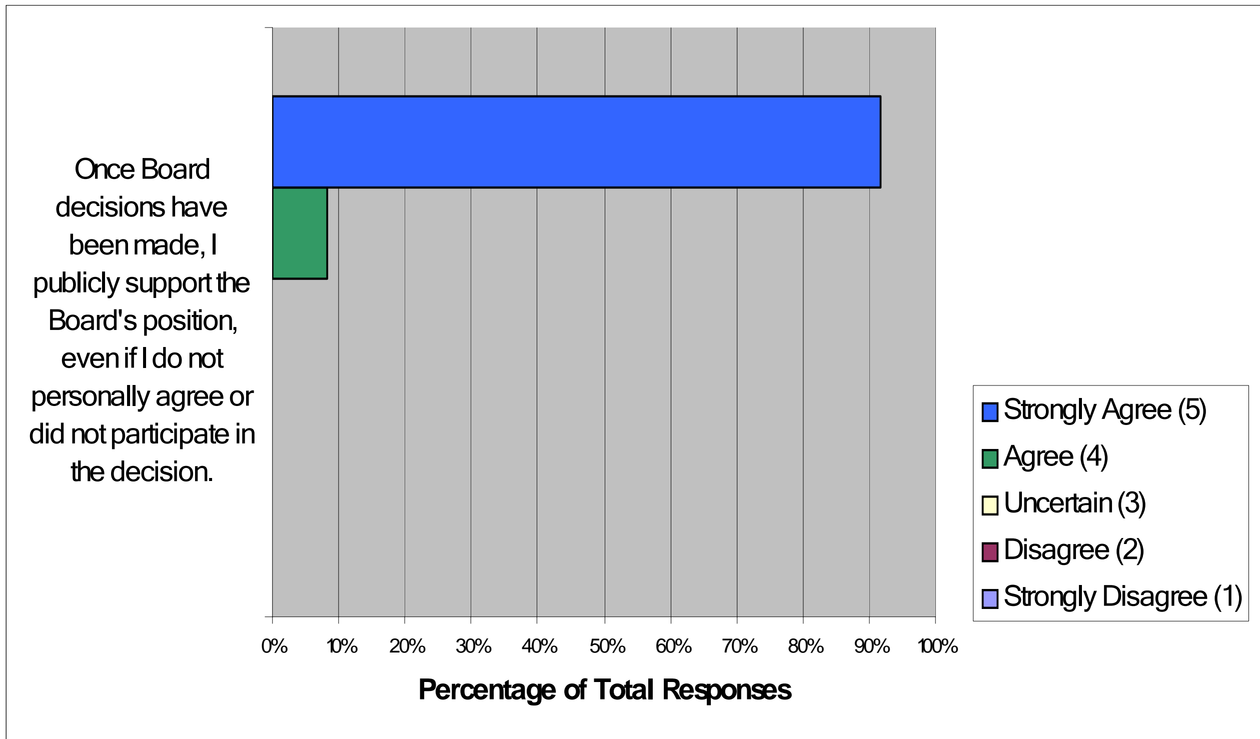

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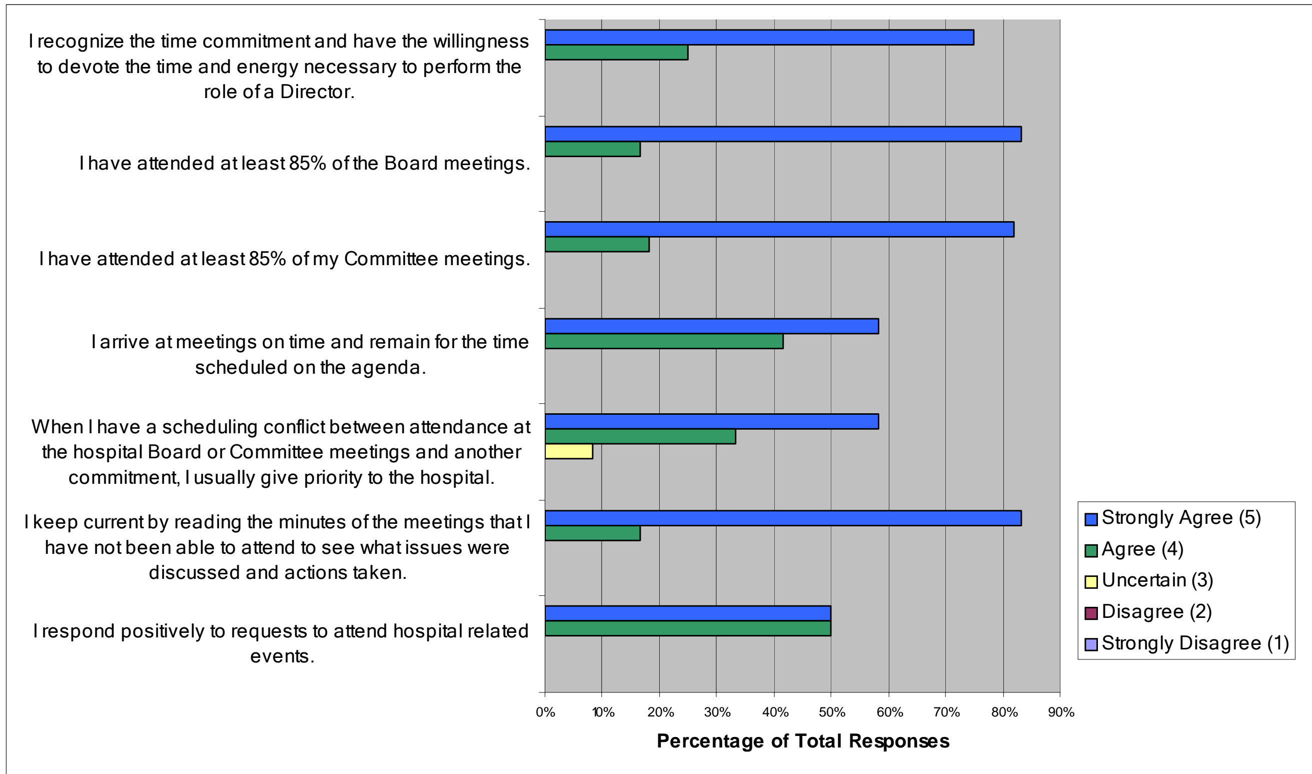

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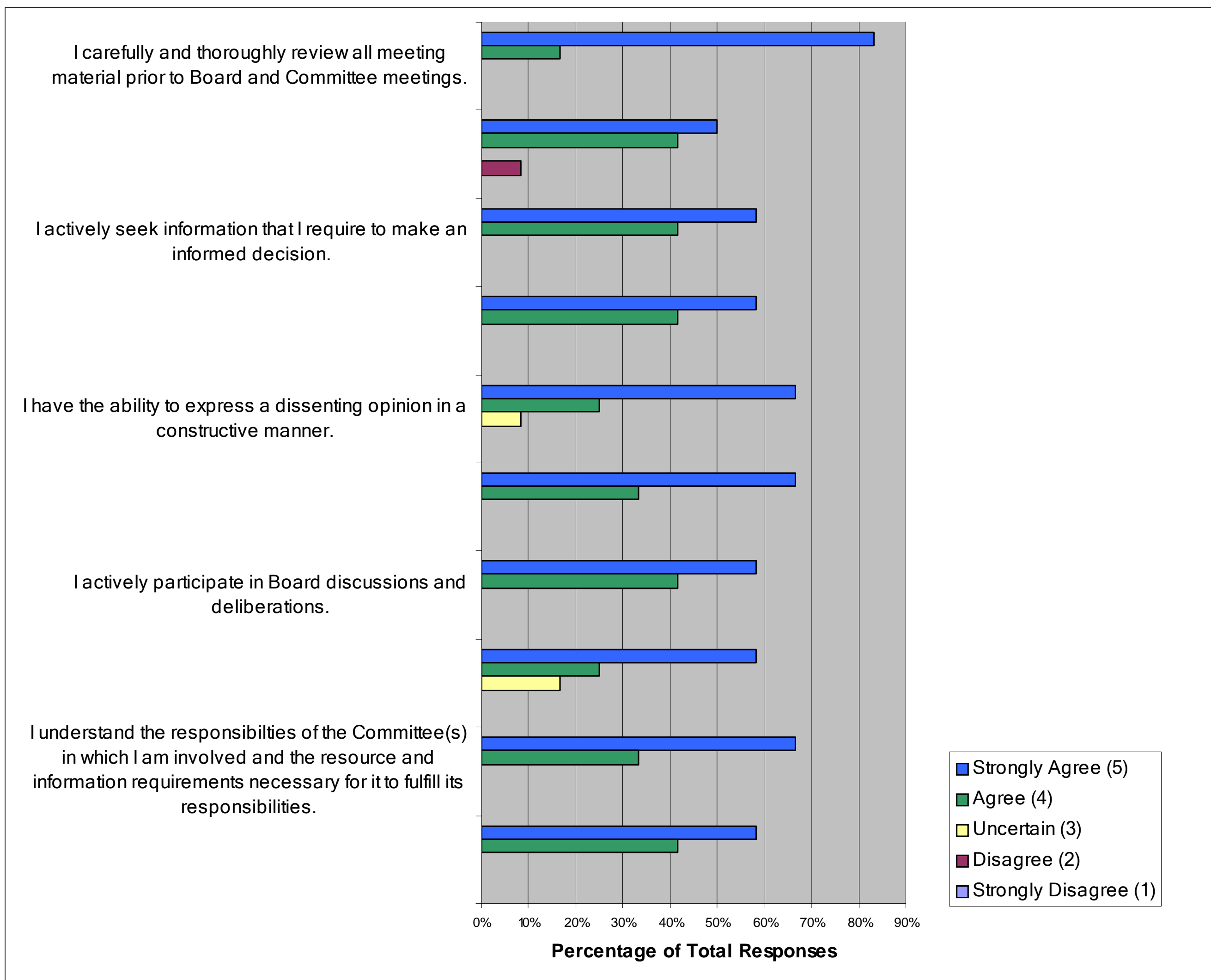
Section I – Individual Director Roles and Responsibilities - Participation – Question 10



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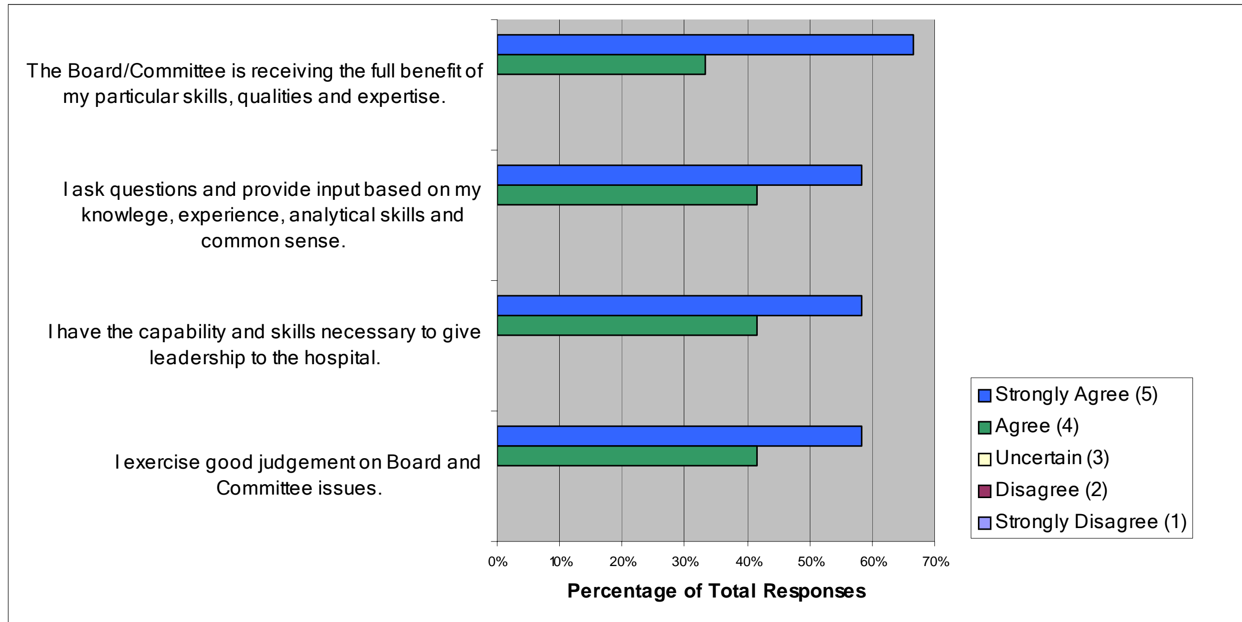
- There is a significant learning curve joining the health/hospital system and as that curve becomes less steep and one gains a comfort level in this environment then the ratings on these areas would go up.
- Sometimes family and personal matters can get in the way of the time necessary to be fully prepared for some meetings.

Section I – Individual Director Roles and Responsibilities - Competencies – Question 11



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Comments:

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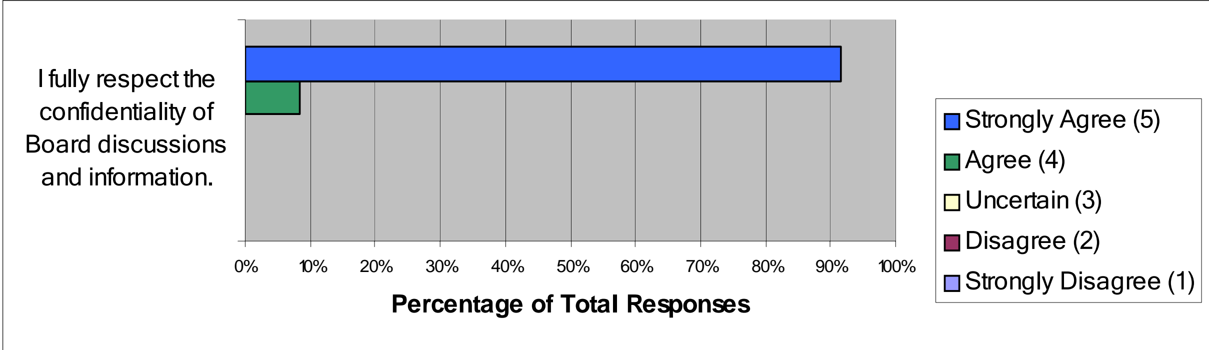
Section 1 – Individual Director Roles and Responsibilities – Confidentiality – Question 12



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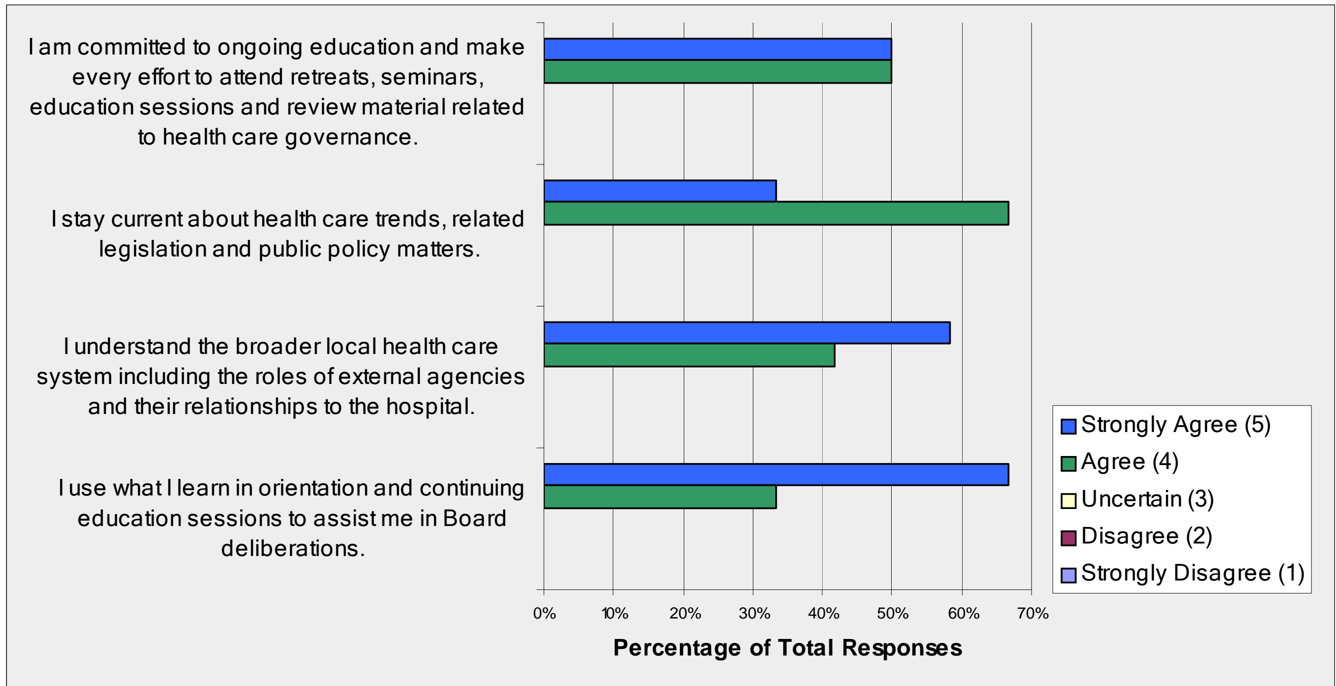
I fully respect the confidentiality of Board discussions and information.	4.92

Section I – Individual Director Roles and Responsibilities – Education – Question 13



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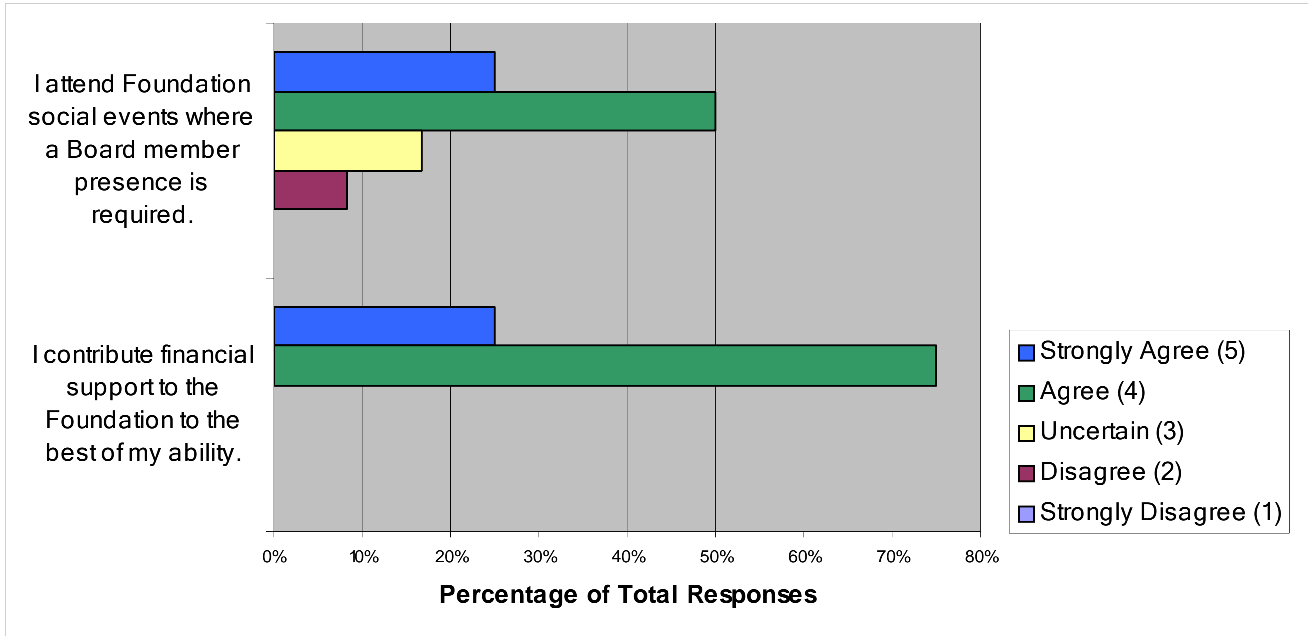
I use what I learn in orientation and continuing education sessions to assist me in Board deliberations.	4.67

Comments:

- Again time and the volume of material prohibit the ability to be truly current in many matters and issues.

Section 1 – Individual Director Roles and Responsibilities – Foundation – Question14

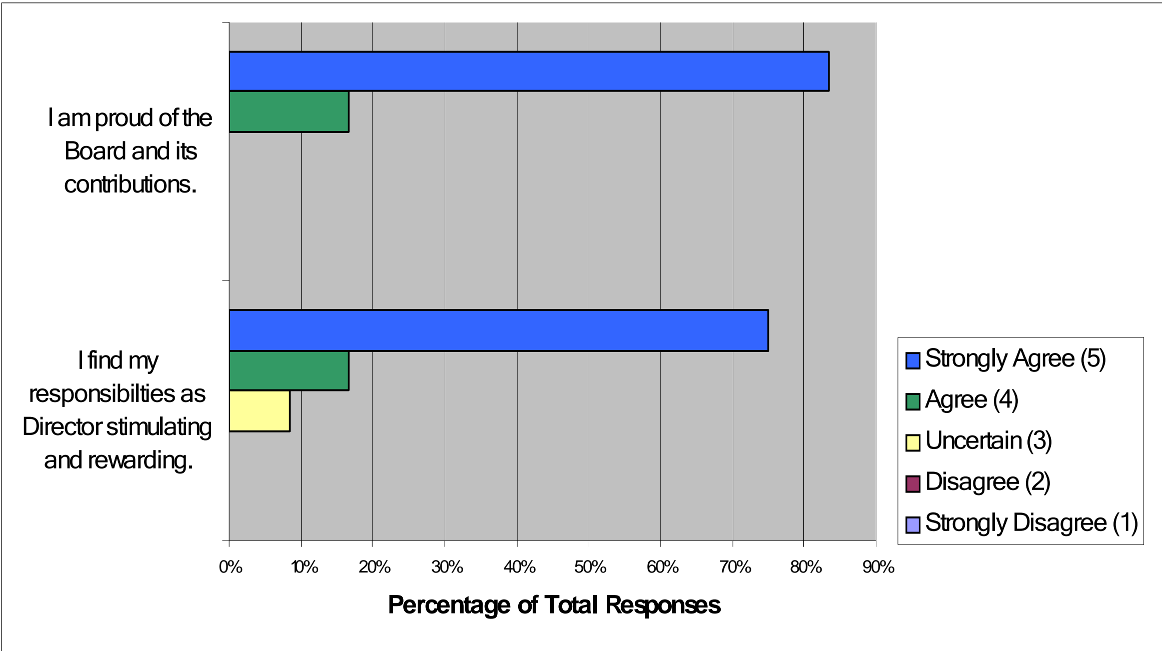


Questions	Average Rating
I attend Foundation social events where a Board member presence is required.	3.90
I contribute financial support to the Foundation to the best of my ability.	4.45

Comments:

- attend social events where possible

Section I – Individual Director Roles and Responsibilities – Overall – Question 15



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I am proud of the Board and its contributions.	4.83
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Section II – Individual Director Development

1. The three areas where I would like to improve my performance are:

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   - Engagement in discussions with CEO to assist with governance decisions without interfering with operations of the hospital.
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   - Introduction of stories of harm and facilitating positive and productive discussion of system improvements.
   - I would like to be able to attend additional conferences and learning opportunities.
   - I hope to find more time to read and become more up to date with health issues.
   - I need to share opinions and expertise more often in meetings.
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   - Hospital By-laws (self study)
   - Financial metrics
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2. The support I need from Bluewater Health to improve my performance includes:

   - More interaction with front line staff.
   - Information for meetings to arrive at a good time before the meetings.
   - An orientation session for all the items covered in this survey.
   - Further knowledge of how to capture and present patient stories to the Board.
   - Adequate investigation and preparation.
   - Opportunities for learning and conferences.
   - Timely access to printed materials and agenda material.
   - Continued presentations and information reports from Senior Staff on emerging issues.
   - Time - as a new Board Member there is a fairly steep learning curve in some areas.

Minutes/ Report

QUALITY COMMITTEE

Thursday, September 2, 2010
4:30 PM
Mitton Site Board Room

Members:

(Attendance indicated with √ mark, R = regrets)

DRAFT

Elected Directors:	David Campbell (C) √; Bruce Davies (R); Jim Elliott √; Lorri Kerrigan √; Bob McKinley √; Richard Newton-Smith √;Cindy Thayer (R)
President/CEO:	Sue Denomy √
Acting Chief of Professional Staff:	Dr. Michel Haddad (R)
Interim VP, Medical Affairs, Chief Of Quality, Patient Safety, & Risk Management/Administrative Lead:	Dr. Renato Pasqualucci √
Non-Director Committee Members:	Victoria Hawksworth √; Joan Korpan √; Arvind Phadnis √; Frank Piazza (R) ; Janet Raiger (R)
Medical Staff Member:	Dr. Anil Garach √
Staff Members:	Mike Lapaine (R); Barb O'Neil √

1. **Call to Order** – 4:30 p.m.

D. Campbell introduced and welcomed new members to the committee.

2. **Approval of Agenda**

Motion (B. McKinley/R. Newton Smith) and carried: to approve the agenda with noted changes below.

Agenda Item 5.1 to be presented by Denise Hart
Agenda Item 6.1 to be presented by Dr. Pasqualucci

3. **Conflict of Interest**

None declared.

4. **Approval of Minutes**

Motion (A. Phadnis/B. McKinley) and carried: to approve the minutes of June 3, 2010

5. **Annual Reports**

5.1 ***Rural Health**** by Denise Hart ***(attached in minute record book)***

Denise Hart, Nurse Manager at CEEH, attended on Connie Courtney's behalf. Denise described the services provided at CEEH, and briefly discussed the emergency department contingency plan and the anniversary events planned for the hospital. She then highlighted CEEH's strengths such as low ER wait times and explained areas needing improvement. Denise reported that hand hygiene had been a focus at CEEH and that compliance had improved significantly in the past year. She further shared that the hospital had implemented a Pneumonia pre-developed order set and clinical pathway in an attempt to reduce the average length of stay (LOS). Initial numbers indicate the pre-developed order set has resulted in savings for CEEH. Denise acknowledged some current compliance and consistency issues with the order set, and described the steps being taken to improve these issues. Discussion ensued and Denise answered any questions from the Committee. Denise identified a number of reasons for the improved hand hygiene compliance at CEEH including: increased audits, education, sharing of data, and constant encouragement. D. Campbell inquired as to whether there were more areas where pre-developed orders could be utilized. Discussion in regards to the challenges involved in implementing and ensuring that pre-developed orders are being followed ensued.

6. Indicator Review

6.1 ***Indicator Report*-*** Dr. Renato Pasqualucci and Barb O'Neil ***(attached in minute record book)***

Dr. Pasqualucci reviewed the Patient Safety and Accessibility Indicators. He reported that although the MRSA and C Difficile rates were higher than the provincial averages, the cases were unrelated. Surgical Site Infection Prevention Rates and Surgical Safety Checklist Compliance were discussed extensively. Dr. Garach explained to the committee that Surgical Site Infection Prevention Rates are affected by delays in the OR, among other reasons. Sue Denomy also explained that the Surgical Safety Checklist numbers are based on the number of perfectly completed checklists, not whether or not the checklists have been done**.** It was suggested that these numbers be differentiated. It was also suggested that Ray Meyer be invited back to further discuss compliance with the Surgical Safety Checklist. Discussion regarding Medication Reconciliation statistics followed. Dr. Pasqualucci reported one Patient Incident Category 3 or Higher and explained the process by which the hospital would be addressing the incident. Dr. Pasqualucci then discussed the wait times for surgery, explaining that numbers are often affected by patients postponing their own surgeries. Last, Dr. Pasqualucci briefed the committee on MRI and CT wait times. Discussion ensued with respect to funding issues and the criteria required for requisitioning CTs and MRIs. Questions in regards to measuring the efficiency of the department were raised.

Barb O'Neil provided on overview of the Patient Experience Indicators. She noted the Overall Rating of Care had decreased and the statistics indicated fewer people would recommend Bluewater Health. It was Barb's view that patients were basing their opinion on the appearance of the old hospital. Barb was optimistic that continued surgery discharge phone calls, the new hospital, positive staff reinforcement, and the hospital's plan for patient/family centre care would improve this indicator. Barb reported that Confidence/Trust in Nurses indicator had also declined and that the hospital was looking into a patient flow specialist to improve this. She noted that the Confidence/Trust in Dr. indicator was monitored by the Medical Quality & Utilization Committee and department meetings. Barb then discussed the Complaints indicator. She reported that some complaints had not been addressed within 2 business days as required, due to the move and vacations. Next, Barb reported on the Workplace Safety Indicators. There were 23 cases related to *biological substance*, 10 cases caused by *overexertion/strain* and 14 cases designated as *struck by/punctured by*. Lastly, the number of claims against Bluewater Health was discussed. Although the number is relatively high compared to the provincial average, the percentage of claims that are paid out is considerably lower than the average, as is the average cost per claim. Dr. Pasqualucci indicated there was no commonality among the claims.

Following the presentations of Dr. Pasqualucci and Barb O'Neil, questions were raised by the committee and answered. There was discussion as to whether or not any of the indicators could be removed from the Balanced Scorecard. It was determined that all of the indicators would be included. Sue Denomy mentioned that there was a draft quality plan in place and that the Board should be apprised of the indicators being focused on. Discussion then moved to the issue of Confidence/Trust in Doctors. D. Campbell requested that council be provided with a report regarding the issue. It was suggested by Sue Denomy that a report be tabled at MAC and then be presented to the committee. Finally, the issue of hand hygiene was discussed. Barb explained the three prong hand hygiene strategy being planned for Bluewater Health. The plan will target physicians, nurses and support staff all at once. The possibility of disciplinary action being taken if staff members do not comply with hand hygiene was also discussed.

ACTION:

Barb O'Neil to provide clarification regarding the medication reconciliation indicator, the struck by/punctured by indicator, and the % of the NRC questionnaires completed.

Dr. Pasqualucci to investigate the efficiency of the CT and MRI departments and to ensure that MAC obtains a report from the Medical Quality & Utilization Committee with respect to the Confidence/Trust in Doctor indicator.

6.2 ***Concerns/Compliments*-*** Barb O'Neil ***(attached in minute record book)***

D. Campbell inquired if there were any complaints involving patient safety. Barb O'Neil explained an incident where a woman went off of the curb outside of the main entrance in her electric wheelchair, which resulted in damage to her chair and cell phone. The curb was painted yellow immediately afterward. Barb predicted the public will have high expectations of the new hospital and shared that there are currently complaints surrounding wait times for the outpatient lab and the waiting area. She explained that physicians have been encouraged to send patients to community labs, however, some doctors refuse to send their patients elsewhere and we are continuing to service them. It is unknown when Bluewater Health will discontinue outpatient testing.

7. Reports

7.1 ***Patient Safety/Accreditation**** - Dr. Renato Pasqualucci ***(attached in minute record book)***

There were no questions for Dr. Pasqualucci with respect to the Patient Safety report. Dr. Pasqualucci reported that the next accreditation section had commenced and should be completed by December 14, 2010.

8. **Current Issues**

8.1 ***Releasing Time to Care® – Update**** - Barb O'Neil ***(attached in minute record book)***

Barb O'Neil reported that she had attended an RTC conference in Toronto in June. She indicated that the project has proven to be successful. As a result, Bluewater Health has decided to purchase more licenses and may expand the project further if additional funding is obtained. Questions were raised and answered.

ACTION: Barb to determine an appropriate time for RTC user to attend meeting within 6 months.

8.2 **Approval of Meeting Calendar -2010/2011*** ***(attached in minute record book)***

No issues noted. Meeting Calendar approved.

8.3 **Quality Committee Workplan – 2009/2010*** ***(attached in minute record book)***

The workplan was discussed. It was determined that the names listed under Administrative Leads needed to be changed as did the dates in the titles. It was suggested that item 3.1 be moved to October, item 3.8 be moved to November, item 5.1 be moved to October, and the indicators in item 6.1 be changed from monthly to quarterly following the release of the ALC report.

8.4 **Open Discussion Forum**

There was lengthy discussion with respect to providing a "Public" Indicator Report in the Board Package. It was determined that the entire report including the Interpretation/Analysis and Action Plan columns would be provided in the Board Package. The committee discussed providing an explanation for the indicators on the website. J. Elliott agreed to organize a group to determine what to publish on the website.

9. **Next Meeting** – October 7, 2010.

10. **Adjournment** – 6:50 p.m.

David Campbell, Chair   Melissa Rondinelli, Recorder

Minutes/ Report

Governance & Nominating Committee

Wednesday, September 8, 2010
Board Room
Mitton Site

Members: (Attendance indicated with a√)

Board Members: Richard Newton-Smith(C)√; Bruce Davies√; Sue Denomy√; Jim Elliott√; Lorri Kerrigan√; Dr. Alvaro Ramirez(r); Stéphane Thiffeault√

Staff: Christine Murphy√

1.0 Call to Order - 8:07 a.m.

2.0 Approval of the Agenda

Motion (B. Davies/J. Elliott) and carried: to approve the agenda as presented.

3.0 Conflict of Interest

None declared.

4.0 Approval of the Minutes – June 9, 2010

Motion (B. Davies/L. Kerrigan) and carried: to approve the minutes of June 9, 2010 as presented.

5.0 Follow Up From the Previous Minutes (*attached in minute record book)

5.1 Perfomance Indicator Working Group
J. Elliott reported that he will be reconvening the Performance Indicator Working Group to continue work on formalizing a draft Corporate Balanced Scorecard for review by the Governance and Nominating Committee. An update will be provided at the next meeting.

Action: J. Elliott

5.2 Board Meeting Evaluation Results*
5.3 Board Committee Evaluation Results*
5.4 Director Evaluation Results*
The Committee discussed the Board Meeting, Board Committee and Director Evaluation surveys results that were administrated electronically via Survey Monkey in May and June. C. Murphy advised that overall the feedback was positive. She highlighted some areas identified for improvement (e.g. education to increase knowledge base of Directors, orientation to committees, timeliness of materials, continuing education, communication between committees).

The Committee discussed some potential topics for future educational sessions (i.e. balanced scorecards, Board responsibilities for quality of care/Bill 46, *Excellent Care for All Act*, risk management, by-laws and policies, hospital financial issues).

The Committee agreed that the Board Committee Evaluation Results be shared with the committees and then posted to the Board website under Performance Evaluation - Board. C. Murphy noted that the Board Committee Evaluation Surveys are done annually in order to assist committees in preparing their next work plan. Discussion ensued regarding the frequency of the Board Meeting Evaluation Survey. It was agreed that the survey be distributed to Directors in April and November only via Survey Monkey.

Action: C. Murphy/J. McGregor

6.0 New Business (*attached in minute record book)

6.1 Governance and Nominating Committee Meeting Schedule*
The Committee discussed the 2010-11 meeting schedule and the possibility of moving the meeting date and time as the Dr. Ramirez has a conflict with his professional commitments. Concerns were raised and options were considered. It was agreed that B. Davies would discuss with Dr. Ramirez whether he could resolve his conflict as it was felt to be important that the Professional Staff be represented at the Committee.

Motion (J. Elliott/L. Kerrigan) and carried: to approve the 2010-11 Governance and Nominating Committee Meeting schedule pending discussion with the President of the Professional Staff Association.

Action: B. Davies

6.2 Board 2010-11Goals Development, Board & Governance and Nominating Committee 2010-11 Work Plans*
The Committee reviewed the 2009-10 Board goals and discussed the process that should be undertaken to establish Board goals for 2010-11.

The Committee agreed that the establishment of Board goals for 2010-11 should be completed at the Board Retreat so there could be broad input from all Directors and discussion aligned with the planned focus at the retreat on the Board's quality agenda.

The Committee reviewed the draft Board and Governance and Nominating Committee work plans in the new Excel format. C. Murphy noted that there are some changes that still need to be made to reduce some duplication of items, to add the Board role alignment piece and to update the Quality Committee's items, pending that Committee's input. She highlighted risk management as an item that may need to be reviewed, in terms of how it is being addressed through the Board Committees. This issue was identified in the Board evaluation process in 2009 and in subsequent evaluations this year. She noted that the draft work plans will be brought back to the October meeting for approval in principle, pending the development and approval of the 2010/11 Board goals. The plan is to have all Committee work plans approved in principle at the October Board meeting.

Action: C. Murphy/J. McGregor

6.3 Legislative Changes: Bill 46 – *Excellent Care for All Act, Public Hospitals Act* – Regulation 965 and By-laws and Compliance Planning*
C. Murphy advised that the Bill 46, the *Excellent Care for All Act* (ECFAA) and *Public Hospitals Act* (PHA) - Regulation 965 updates, backgrounder, Q&As and Overview were provided to the Committee to ensure that members have an understanding of the purpose and key requirements of the new legislation and related Regulation 965 amendments. As the regulations for the ECFAA are still under development, the detailed requirements in each of the areas (e.g. Quality Committees, Patient Relations processes, Patient Declaration of Values, Patient and Employee Surveys, etc.) are not known yet.

Discussion ensued on some of the areas addressed in the ECFAA and possible implications for the hospital. It was agreed that C. Murphy will prepare a draft template for review by the Committee to track compliance with the ECFAA and PHA Regulation 965 amendments.

C. Murphy noted that a webcast has been scheduled for September 15th and that the MOHTLC and the OHA would be providing more details at that time. C. Murphy also shared the updates which have been provided through the MOHLTC Implementation Working Group for the ECFAA, now available on the MOLHTC website.

An inquiry was made regarding having the Bill 46, *Excellent Care for All Act* and *Public Hospitals Act* – Regulation 965 materials available for other Directors. The Committee agreed that the Chair will report at the September Board meeting that the materials are available on the "What's New" section of the Board website. Once more information becomes available in the coming months, a continuing education session for the Board on this topic will be considered.

Action: R. Newton-Smith/C. Murphy

6.4 OHA Prototype Hospital By-laws – Status and PSA Feedback

The Committee agreed to defer any discussion on the OHA Prototype Hospital By-laws until after the Ontario Medical Association and the Ontario Hospital Association discussions have concluded and further information has been received from the MOHLTC and the OHA.

It was noted that the prototype by-laws had been the subject of discussion at the Professional Staff Association quarterly meeting on September 1.

6.5 Community Engagement Strategy/Operational Plan – Status

C. Murphy advised that the draft Community Engagement Strategy and Operational Plan will be provided for review at the October meeting. She noted that the Community Engagement Strategy will likely need to be modified to meet the new MOHLTC Community Engagement Guidelines for LHINs and Health Service Providers which are due to be released this fall.

Action: C. Murphy

6.6 Board Committee Matrix 2010-11*

The Committee was advised that the Board Committee 2010-11 Matrix was provided for information purposes. One Non-Director Committee member has stepped down. Minor typographical errors were noted and corrected.

Action: J. McGregor

6.7 Governance and Nominating Committee – Terms of Reference and Membership*

The Committee's Terms and Reference and committee membership were provided for information purposes.

6.8 OHA Governance Sessions*

C. Murphy reminded the Committee of two upcoming governance sessions: Health Care Governance Forum (September 24th and 25th) and the OHA Region 5 Educational Conference Integration: Breaking Down the Barriers (September 30th and October 1st). This information has been shared electronically with all Directors.

6.9 Strategic Plan Review/Board Retreat

S. Denomy advised that the Board Retreat is scheduled for November 12th and 13th and that Dr. Ross Baker from the University of Toronto has agreed to facilitate the retreat focusing on developing and focusing the Board's Quality agenda, including the development of Board goals and the review of strategic plan implementation and expectations for the remainder of this planning cycle. She advised that she will be discussing the agenda with Dr. Baker at a teleconference scheduled for September 14th and that further details will be provided at the October meeting.

7.0 Next Meeting Date

The next meeting is scheduled for October 14, 2010.

8.0 Adjournment - 9:33 a.m.

Chair
Richard Newton-Smith

Recorder
Jacqueline McGregor

Minutes/ Report

Resource Utilization and Audit Committee

Thursday, September 9, 2010
3:30 p.m.
Classroom A – Mitton Site

Members: (Attendance indicated with a √)

Board Members:	Bryan Bouck√; Sue Denomy√; Dr. Michel Haddad(r); Robert McKinley√; Wayne Pease√; Pasquale Rossi√; Brent Steeves√; Cindy Thayer√; Stéphane Thiffeault√
Non-Director Committee Members:	Dr. Brian Hynes(r); Terry McNally√; Kathryn Poole√
Staff:	Steve Anema√; Colleen Cook√; Tracy Gazarek√; Mike Lapaine√

1.0 Call to Order - 3:30 p.m.

2.0 Chairman's Remarks

- S. Thiffeault welcomed everyone to the meeting.

3.0 Approval of the Agenda

- ***Motion (B. Bouck/B. Steeves) and carried: to approve the agenda as presented.***

4.0 Call for the Declaration of Conflict of Interest

- None declared.

5.0 Approval of the Minutes

- ***Motion (R. McKinley/B. Steeves) and carried: to approve the Minutes of August 12, 2010 as presented.***

6.0 New Business

- None Reported.

7.0 Follow-Up From the Previous Minutes (*attached in minute record book)

7.1 ***Physician Loan Status***

S. Anema provided an in-camera update regarding the status of physician loans. Discussion ensued regarding the risks, repayment options and the right to off-set the amount of loans on a move forward basis. S. Anema advised that new loans are coordinated through the CIBC. Concerns were raised with respect to the length of some of the outstanding loans. S. Anema will follow-up with the Acting Vice-President Medical Affairs with respect to the outstanding loans. It was recommended that the matter be referred to the Governance and Nominating Committee to consider by-law changes to off-set the loan agreements.

Motion (B. Steeves/R. McKinley) and carried: to refer the matter to the Governance and Nominating Committee for consideration of a provision in the Hospital by-laws to off-set loan agreements.

Action: S. Anema

S. Anema sought feedback regarding the draft policies in order to bring the policies back to the October meeting for review and approval to the Board and Governance and Nominating Committee.

The Committee requested that the Purpose statements be amended to state what the policy intended to do and amend the wording of policies that link so future amendments can be made without having to get approval for all the affected policies. The Committee requested that changes be highlighted to permit easier identification of proposed changes.

7.2 ***Policy 4.10 – Resource Planning****

The following changes were proposed for the Resource Planning policy:

- Delete the word "annual" in the third paragraph under the Policy section.
- Ensure the wording under the Policy section is consistent with the wording in Policy 4.30 Annual Operating Plan as they are linked.

7.2 ***Policy 4.20 – Performance Monitoring****

The following changes were proposed for the Performance Monitoring policy:

- Amend the Purpose section to indicate the tools (i.e. balanced scorecard/forecasts) that are used to monitor the performance and specify how they are tracked (monthly, quarterly).
- Amend the second paragraph, under the Policy section to include the tools by which the performance is assessed (i.e. investment report, CFO certificate, balanced scorecard, cash balance analysis, financial forecast) and add "as amended from time to time" after the performance measures in the first sentence.
- Amend the review of the policy under the Monitoring section from three years to one year in order to be up-to-date on the performance measures.

7.3 ***Policy 4.30 – Annual Operating Plan****

The following changes were proposed for the Annual Operating Plan policy:

- Delete the word "annual" from the first paragraph under the Policy section.
- Add the Chief of Professional Staff to the development of an annual Operating Plan/Budget under the Policy section and clearly define the steps.
- Amend the third paragraph under the Policy section to include the HAPS submission in conjunction with the development of an annual operating plan.
- Delete the word "maximum" in the last bullet under the Policy section on page 2.
- Change the "approval" to the "Resource Utilization and Audit Committee recommends to the Board for approval" in the first paragraph on page 2.
- Remove the last paragraph on page 2 as the budget is approved by the Board.
- Ensure the wording in the Policy section is consistent with Policy 4.10 Resource Planning.

7.4 ***Policy 4.40 – Financial Condition****

The following changes were proposed for the Financial Condition policy:

- Amend the second paragraph under the Policy section to indicate what the "CEO shall do" not what the CEO will not do.

7.5 ***Policy 4.50 – Asset Protection****

The following changes were proposed for the Asset Protection policy:

- Amend Item 1 in the Policy section to include a caveat regarding health industry and healthcare practices after CEO deems appropriate and add the Chief Financial Officer Certificate.
- Amend the frequency of the policy review in the Monitoring section from three years to one year.

Discussion ensued regarding the risk assessment and internal controls and clarification was sought with respect to what mechanisms are in place to ensure processes get done and if they are appropriate. The Committee discussed the annual review of insurance coverage and agreed that the insurance coverage should be aligned with the Quality Committee's insurance certification.

Action: S. Anema

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7.6 ***Banking Arrangements***

S. Anema provided an update regarding the banking arrangements. He advised CKLAG voted to continue banking contract with CIBC for the next five years. He advised that he will provide a briefing note highlighting the proposed changes and banking arrangements at the October meeting. Discussion ensued regarding expanding the services beyond Lambton County and Chatham-Kent to include Windsor Regional, Hotel Dieu Grace and Leamington District Hospital. S. Anema advised that PROcure is a member of CKLAG.

Action: S. Anema

8.0 Work Plan Reports/Minutes (*attached in minute record book)

8.1 ***Facilities and Planning/Honeywell Projects****

T. Gazarek provided an in-camera update on the project to date projections.

T. Gazarek provided an update on the status of the Capital Redevelopment project. She advised that construction is 91% complete and that Phase 2 construction is underway. She provided feedback regarding the move and advised that there have been some operational concerns that have been raised (i.e. interior/exterior signage, door controls) which are being addressed. She advised that Mental Health department is preparing a business case for approval to consolidate their services onto one floor from two and that discussions are underway with the Ministry.

S. Anema provided an update regarding the Honeywell energy and facility renewal project. He reported that a consultant has been brought in to verify that the Honeywell saving measurements have been achieved.

The Committee was advised that a motion regarding the Sustainable Redevelopment of the Mitton Site is to be presented to the Sarnia City Council on Monday, September 13th. The Motion requests that the Mitton Site lands be restored to a sustainable residential neighbourhood. Discussion ensued regarding the Motion and the costs of restoring the lands to "Greenfield status". The Committee discussed the composition of the Joint Building Committee and agreed that committee membership remain the same for consistency. An inquiry was made if any meetings have been scheduled with Infrastructure Ontario (IO). M. Lapaine will follow up with IO to schedule a meeting.

Action: M. Lapaine.

Discussion ensued regarding the City of Sarnia Council minutes for July and the status of the environmental assessment. The Committee was advised that the tender ready documents are being prepared.. The hospital will have the cost consultant review the document prior to tendering the demolition and decommissioning in order to determine how to proceed with the City.

8.2 ***Human Resources –September 2010****

C. Cook provided an update on the Human Resources report. She reported that the PROcure labour relation issues to date have all been resolved and that the affected individuals either accepted a retirement package or posted into other positions. She provided an update regarding the union negotiations. She advised that OPSEU local and SEIU central negotiations went to arbitration in August and that the hospital is awaiting the arbitrators decisions. SEIU local negotiations will resume in September and that the OHA is holding plenary planning sessions in October in preparation for the ONA and OPSEU central bargaining. Discussion ensued regarding the *Public Sector Compensation Restraint to Project Public Services Act, 2010* for non-union employees as the unions are not bound to the legislation.

8.3 ***Work Plan****

The Committee reviewed the draft work plan and there were no changes to report.

8.4 ***Balanced Scorecard****

S. Anema provided an update regarding the balanced scorecard. He reported that the hospital has a year-to-date deficit of $1.3M with a YE forecasted deficit of $5.98 M. This may change pending PCOP funding. He highlighted the Total Margin, Rehab Inpatient Day and advised that these indicators will change as more information is provided. He noted that the hospital is awaiting OCDM (Ontario Cost Distribution

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Methodology) projected targets for 2009-10 and that mechanisms are in place monitor the Sick Time expense. He advised that the Overtime expense is tracking higher than normal due to the move and that this expense should be covered with PCOP transition funding.

S. Anema advised the Committee that the Glossary of Terms was attached for there information. He sought the Committee's feedback and asked if any one had any changes or comments to please let him know.

Inquiries were made regarding the Sick Time expense, the status of the quality improvement project for rehab, the H-SAA indicators tracking in red and if an educational session could be provided explaining the sections of the scorecard (i.e. explain the terminology, global funding). The Committee was advised that a concurrent coder has been hired and the hospital is working closely with the physicians to ensure all relevant coding information is being captured.

8.5 ***Financial Forecast – July, 2010****

S. Anema presented the Statement of Revenues and Expenses for the period ending July 31, 2010. The statement shows the hospital's year-to-date revenues are $54M and expenses are $55M. The year-to-date operating deficit is $1.4M. S. Anema highlighted the following expenses: vacations, increased orienting costs, medical staff remuneration, employee benefits, drug costs and the decline in room differentials.

Inquiries were made regarding the forecasted deficit this month from last and if the hospital has heard anything from the Ministry regarding PCOP funding.

8.6 ***Cash Balance Analysis****

The Committee reviewed the weekly cash flows for the period covering May 29, 2010 to January 1, 2011. S. Anema advised that equipment purchased in the final stages of the construction and the interim project payment were paid over the summer. He highlighted that due to three pay periods in July the initial cash position was low and that capital funds were transferred to improve the situation. He noted that several large cash payments were made in August as Diagnostic Imaging equipment and major furniture deliveries were received. He reported that the hospital will maintain its operating cash balance over the June to September timeframe and that the hospital continues to work with the Foundation for capital funding associated with payments on equipment purchases. He noted that discussions are ongoing with the Ministry concerning the post construction operating budget and project advances.

8.7 ***Certificate of the Chief Financial Officer – June 2010****

S. Anema reported that all commitments are up-to-date and paid. S. Anema reported that there are: three new medico-legal claims and that the amounts do not exceed the hospital's liability coverage. He advised that there is one new contract claim that is not covered by the HIROC insurancee and that one legal medico-legal claim was dismissed without cost. S. Anema reported that there are outstanding SEIU pay equity settlements and that the hospital is working to locate the former employees. The outstanding liability is approximately $1,000. S. Anema highlighted that the hospital had a spot GST audit in July prior to the GST refund. He advised that the Canada Revenue Agency found a few irregularities and that they will be coming back to do a full audit in the near future.

8.8 ***Quarterly Investment Report****

S. Anema provided an update regarding this quarter's investments. He advised that the current balance as of June 30 is $24M. He noted that $22M of the Superbuild Fund funds were used towards the interim costs of Phase 1 of the Building project and that $2.1M was used towards additional Minisry Share costs of the Building project. He advised that some of the Superbuild investments were reinvested and the remainder of the funds are in a cash account. S. Anema reported that the hospital temporarily used monies from the Superbuild Investments in order to mitigate interest costs at the bank These funds will be restored as Foundation funds become available. He noted that $30.3 M of the Superbuild is earmarked as the Ministry contribution to their final share of the total project.

8.9 ***Building Project Local Share Cash Flows Facilities and Planning Report***

S. Anema provided an update regarding the building projects local share cash flows. He advised that to date the hospital has spent $23.2M on capital equipment. The Committee was advised that $35M was identified for capital equipment. He provided a breakdown of where the funds came from and

acknowledged both the Bluewater Health Foundation and the Charlotte Eleanor Englehart Foundation for the contributions to capital purchases.

9.0 Next Meeting Date – October 14, 2010

10.0 Adjournment

An inquiry was made if there was still a need for T. Gazarek to be present at future meetings. The Committee agreed that it would be sufficient that M. Lapaine report on the Facilities and Planning Report.

S. Thiffeault reminded the Committee that the Resource Utilization and Audit Committee Self-Evaluation Results were provided for their information.

The meeting adjourned at 6:03 p.m.

Chair	***Recorder***
S. Thiffeault	Jacqueline McGregor

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Bluewater Health Foundation
Executive Director's Report to the Board
September 2010

We are still working on the technical fix of the data lost with the computer problems. It should be ready for manual input of missing data by mid October. We hope to have the recovery complete by the end of December.

We have had several enquires and applications for the board position and our other committees. The Executive will present names at the October board meeting.

As you are aware the patients were safely moved into the new building. There have been a few issues, which are being addressed by the managers group.

Both of our food retail businesses are open. We are working with them on signage and other public relation ideas.

We are still distributing the history books to staff and volunteers. We will be calling donors and delivering the books to those that haven't received them.

The Donor Stewardship Committee will be planning the donor wall unveiling ceremony for October or November. A date will be set at the next meeting.

We will be hosting the OHA Golf Tournament August 9th, 2011 at SGCC. There will be more details to follow.

We are once again looking at our major gift prospects and are asking board members to participate on their committees and also to help with donor presentations.