

Open Meeting

BLUEWATER HEALTH BOARD AGENDA

Please note the start time

February 22, 2012
6:00 p.m.
Room 4-810, Boardroom
Russell Building
Sarnia Site

Documents: *attached **to be tabled

Topic	Board Responsibility						Presenter
	Establish Strategic Direction	Providing for Excellent Management	Ensuring Program Quality & Effectiveness	Ensuring Financial Viability	Ensuring Board Effectiveness	Fostering Relationships	
1. CALL TO ORDER							
1.1 Welcome/Opening Remarks					✓		B. Davies
1.2 Approval of Agenda							
1.3 Declaration of Conflict of Interest							
2. APPROVAL OF MINUTES						✓	
2.1 January 25, 2012*							B. Davies
3. REPORT FROM IN-CAMERA MEETING						✓	
4. ITEMS REQUIRING DECISIONS							
4.1 2012-13 Capital Budget*		✓		✓			M. Lapaine
4.2 Quarterly Investment Report*				✓	✓		M. Lapaine
4.3 Quality Improvement Plan*			✓		✓		J. McCullough
5. POLICY FORMATION - none							
6. MONITORING/OVERSIGHT							
6.1 Financial Statement*				✓			M. Lapaine
6.2 Capital Project/Facilities Planning Report*				✓			M. Lapaine
6.3 Balanced Scorecard							
– RU&A Indicator Report*			✓	✓			S. Thiffeault D. Campbell
– Quality Indicator Report*							
7. ITEMS FOR DISCUSSION							
7.1 Mitton Site Decommissioning Update					✓	✓	M. Lapaine



Multi Year Capital Asset Planning Budget
 Summary of Funding/Approved Purchases
 For 2007/08 to 2012/2013

Sources Of Funding	2007/08		Remarks	2008/09		Remarks	2009/10		Remarks	2010/11		Remarks	2011/12		Remarks	2012/13		Remarks	
	Funds	Total		Funds	Total		Funds	Capital		Funds	Capital		Funds	Capital		Funds	Capital		
Operating funding	\$1,939,794			\$1,883,315			\$ 1,548,950			\$1,645,000			\$ 3,291,290			\$ 6,105,749			
Approved Items		\$1,940,556			\$1,918,966			\$ 1,548,145			\$1,640,573			\$ 3,271,241				\$ 6,105,749	
Remaining funds		-\$762			-\$35,651			\$ 805			\$4,427			\$ 20,049				\$ (0)	
New construction	\$3,628,750			\$2,411,659			\$ 23,044,074			\$2,654,380			\$ 1,700,000			\$ -			
Approved Items		\$3,404,739			\$2,176,018			\$ 23,044,074			\$2,654,380			\$ 1,700,000				\$ -	
Remaining funds		\$224,011			\$235,641			\$0			\$0			\$0				\$0	
Building funding										\$615,645	HIRF		\$180,000			\$0			
Approved Items										\$615,645			\$180,000			\$0			
Remaining funds										\$0			\$0			\$0			\$0



Sources Of Funding	2011/12			2012/13		
	Funds	Approved	Remarks	Funds	Approved	Remarks
<u>EQUIPMENT</u>						
Equipment Amortization	\$ 1,250,000	\$ (300,000)	unspecified	\$ 2,009,346	\$ (300,000)	unspecified
Contingency		\$ 300,000			\$ 300,000	
Transfer to 2010/11						
IS Equipment Amortization	\$ 1,250,000	\$ (300,000)		\$ 1,135,000	\$ (171,000)	
- Storage Loan		\$ 300,000	Credit E		\$ 171,000	Credit E
- transfer from 09/10 unused conting	\$ -			\$ -		
Unused 2010/11 funding	\$ 500,000		Carry forward (one time)	\$ -		
Health and Safety						
Department Funds				\$ 100,000		Diagnostic Imaging
Hospital Auxiliary						
CEEH Foundation				\$ 9,403		
CEEH Investments	\$ 40,000			\$ -		
Foundation funding				\$ 25,000		Trivia Night/Golf etc
- Specified equipment	\$ 51,290			\$ 2,800,000		MRI Commitment over two years
- CEE Portion of Dream Home funds						
- Dental Funds	\$ -	\$ -		\$ 27,000	\$ -	BWH Foundation
- Unspecified						
- CEEH Centenary Funds	\$ 200,000		CEEH Laboratory	\$ -		
Sub-total Operations	\$ 3,291,290	\$ -	\$ 3,291,290	\$ 6,105,749	\$ -	\$ 6,105,749
<u>BUILDING PROJECT FUNDING</u>						
Rotary						
Foundation Funding	\$ 1,700,000			\$ -		
Foundation Investments						
Lambton County - Mammography						
Dream Home						
Sub-total New Construction	\$ 1,700,000	\$ -	\$ 1,700,000.00	\$ -	\$ -	\$ -
TOTAL EQUIPMENT	\$ 4,991,290	\$ -	\$ 4,991,290	\$ 6,105,749	\$ -	\$ 6,105,749

**Summary of Major Equipment/IT Purchases
For 2012/2013**

EQUIPMENT

Magnetic Resonance Imager	Diagnostic Imaging	\$ 3,013,990	Board Approved
Other Diagnostic Imaging Items	Diagnostic Imaging	\$ 101,747	Includes Mammography & Ultrasound
Physiological Monitors	Clinical Areas	\$ 82,373	
Lab Requests	Laboratory	\$ 298,105	For both Sarnia & Petrolia sites
Tissue Processor (Pathology)	Laboratory	\$ 150,500	
OR/Surgery	OR/Surgery	\$ 328,564	
OrR Tables	OR/Surgery	\$ 96,884	Two tables (Third deferred to 2013/14)
Other Items		\$ 365,209	
Contingency		\$ 300,000	
Total Equipment Costs		\$ 4,737,372	

INFORMATION TECHNOLOGY EQUIPMENT /SOFTWARE

Regional IT/IS Projects	CHIS/Hospital	\$ 398,600	Includes central data centre - \$225,000
Other Items		\$ 138,160	
Computer on Wheels/Tablet Project	Clinical Areas	\$ 100,000	
Pharmacy Accudose Software Upgrade	Pharmacy	\$ 83,015	Current system not to be supported past 2014
PACS Software Upgrade	Diagnostic Imaging	\$ 250,000	
Final PACS Loan payment (Storage upgrade)	Diagnostic Imaging	\$ 171,000	
Proposed Loan Payment - IT Projects	Various	\$ 227,602	Citrix and Physiological Monitor projects
Total IT/IS related Costs		\$ 1,368,377	

TOTAL CAPITAL REQUESTS \$ 6,105,749

Multi-Year Capital Planning Document
2012/13 to 2016/17

Year	2012/2013		2013/2014		2014/2015		2015/2016		2016/2017		Notes
Funding											
Depreciation Funds	\$ 3,144,346		\$ 3,401,697		\$ 3,718,452		\$ 3,767,883		\$ 5,074,264		
BWH Foundation Capital Campaign	\$ 2,550,000	MRI			\$ 1,750,000	CT Scan?			\$ 1,750,000	DI Suite?	Note 1
Dream Home	\$ 250,000	MRI	\$ 250,000	unknown	\$ 250,000	CT Scan?	\$ 250,000	unknown	\$ 250,000	DI Suite?	
BWH Foundation Other	\$ 52,000		\$ 25,000		\$ 25,000		\$ 25,000		\$ 25,000		
CEEH Foundation	\$ 9,403										
Departmental Funds	\$ 100,000										
Available funds	<u>\$ 6,105,749</u>		<u>\$ 3,676,697</u>		<u>\$ 5,743,452</u>		<u>\$ 4,042,883</u>		<u>\$ 7,099,264</u>		
Purchases											
Contingency	\$ 300,000		\$ 300,000		\$ 300,000		\$ 300,000		\$ 300,000		
Major Systems											
Diagnostic Imaging	\$ 3,013,990	MRI			\$ 2,003,423	CT Scan			\$ 4,962,071	New DI Rooms	
-Mammography	\$ 10,000						\$ 1,500,000				Note 2
-Ultrasounds	\$ 11,000				\$ 218,549				\$ 781,362		Note 3
-Other Diagnostic Imaging	\$ 330,747										
Physiological monitors	\$ 82,373				\$ 750,646	replace	\$ 750,646	replace	\$ 750,646	replace	Note 4
OR Equipment	\$ 393,483		\$ 202,973		\$ 305,259						
- Surgical Video System			\$ 660,629				\$ 145,072				
Sterile Processing					\$ 161,463						
MIC -gas floor units (replace)							\$ 175,042				
Mental Health Project	\$ 50,000										
Lab Equipment	\$ 449,240		\$ 335,172				\$ 784,697		\$ 784,697		Note 5
Pharmacy	\$ 83,015				\$ 230,892						Note 6
Respiratory	\$ 31,636		\$ 282,500		\$ 282,500						Note 7
Stretchers/lifts	\$ 51,802		\$ 15,423	replace	\$ 48,008	replace	\$ 48,008	replace	\$ 48,008	replace	
Beds	\$ 42,760				\$ 182,833	replace	\$ 182,833	replace	\$ 182,833	replace	Note 8
Other Items	\$ 267,943		\$ 350,000		\$ 350,000		\$ 350,000		\$ 350,000		
Major Projects (Loans)	\$ 180,000		\$ 180,000		\$ 180,000		\$ 180,000		\$ 180,000		Note 9
IT/IS Projects	\$ 138,160										
Final storage loan amount	\$ 171,000										
Regional IT/IS Projects	\$ 398,600		\$ 550,000								Note 10
Copter on Wheels/Tablets	\$ 100,000										
Health Information System (5 year commitment)			\$ 800,000		\$ 800,000		\$ 800,000		\$ 800,000		Note 11
Total	<u>\$ 6,105,749</u>		<u>\$ 3,676,697</u>		<u>\$ 5,813,574</u>		<u>\$ 5,216,298</u>		<u>\$ 9,139,618</u>		
Funding Surplus/(Shortfall)	<u>\$ (0)</u>		<u>\$ (0)</u>		<u>\$ (70,122)</u>		<u>\$ (1,173,415)</u>		<u>\$ (2,040,354)</u>		

Multi-Year Capital Planning Document

2012/13 to 2016/17

Notes to Plan

Note 1	Preliminary discussions have been held with the BWH Foundation concerning the need for recurring capital campaigns in support of replacement of key Diagnostic Imaging equipment. A new CT Scanner will be required in approximately two years.
Note 2	Two digital machines bought in 2008/09. Replacement in 2015/16 is following seven (7) years of service for current machines. Breast Cancer Society matched Dream Home funding in support of purchase of new machines.
Note 3	Eight machines bought at end of 2008/09. Planned to replace machines over two years.
Note 4	Hospital began replacing physiological monitors in existing units prior to occupation of new building. Equipment was transferred in the move. Current year amount is to install equipment in units where need was underestimated during planning. Intent is create a replacement cycle to "evergreen" the existing inventory of units
Note 5	Lab has identified the requirement to begin replacing equipment on an annual plan beginning in 2015/16. Approximately five (5) years after occupation of new lab space. Would begin with the older equipment which was transferred in the move.
Note 6	Pharmacy has identified a requirement for a carousel to assist in the control of medication inventories. Request was delayed pending outcome of regional pharmacy study.
Note 7	The Hospital is encountering an increasing demand for ventilators. The plan anticipates replacement of our current inventory over the next two years.
Note 8	The multi-year plan envisions development of an ongoing process to replace stretchers and lifts on a regular cycle.
Note 9	The multi-year plan envisions development of an ongoing process to replace beds on a regular cycle.
Note 10	CHIS through the regional Hi-Tech Committee has submitted a two-year plan for achieving a more regionalized plan for IT/IS expansion. These amounts represent the BWH share for the upcoming years. Final amounts for year 2 subject to confirmation.
Note 11	The CHIS regional plan envisions a move to a common Health Information System in the coming years. The initial estimate is that this system might cost BWH approximately \$4 M. This amount represents a \$4 M commitment amortized over five years. Many hospital initiatives (such as the Pharmacy carousel) are dependent upon a known HIS prior to



Quarterly Investment Report
As at December 31, 2011

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.

	<u>Dec 31</u>	<u>Sep 30</u>
Hospital Redevelopment Project		
Current Balance (including cash) ¹	\$ 1,028,137	16,934,944

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:

CEE Investments	\$ 1,021,514	1,016,885
CEE Endowment Investments	<u>776,837</u>	<u>787,034</u>
Current balance (excluding cash)	\$ 1,798,351	1,803,919
CEE Endowment Investments Cash	<u>8,826</u>	<u>2,315</u>
Total CEE Investments ²	\$ 1,807,177	1,806,234

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

Interest in Joint Venture	\$ 56,537	56,537
83 of 443 Class A limited partnership units CBI Sarnia Limited Partnership		
Investment in Subsidiary Company	\$ 265,931	265,931
1 Common Share of 876576 Ontario Limited which operates as Lambton ProResp Inc. for which the Hospital receives annual management fees		

Notes:

	<u>Dec 31</u>	<u>Sep 30</u>
¹ Hospital Redevelopment Project Current Balance Breakdown		
Superbuild Investment Account	\$ 44,335	10,626,195
Superbuild Sinking Fund	96,650	264,569
Capital Bank Account	-	4,031,627
New Capital Bank Account	<u>887,152</u>	<u>2,012,553</u>
Total	\$ 1,028,137	16,934,944

Overall decrease in Hospital Redevelopment Project Accounts is due to our Final Payment for the project being paid in November 2011.

The remaining funds will be transferred in the next quarter and all Hospital Redevelopment Project investment and bank accounts will be \$0.

²CEE Investments:

Reconciliation of Total CEE Investments to Balance Sheet

Total CEE Investments per above	\$ 1,807,177	1,806,234
Less Endowment Cash	(8,826)	(2,315)
Add Accrued Interest on A23 Bond	1,707	1,166
Less Book Value to FMV of A23 Bond	<u>(2,508)</u>	<u>(2,458)</u>
Total	\$ 1,797,550	1,802,627

PART B: Improvement Targets and Initiatives

2012/13

Bluewater Health, 89 Norman St. Sarnia, ON

Please do not edit or modify provided text in Columns A, B & C

AIM		MEASURE			CHANGE					
Quality dimension	Objective	Measure/Indicator	Current performance	Target for 2012/13	Target justification	Priority level	Planned improvement initiatives (Change Ideas)	Methods and process measures	Goal for change ideas (2012/13)	Comments
Safety	Reduce clostridium difficile associated diseases (CDI)	CDI rate per 1,000 patient days: Number of patients newly diagnosed with hospital-acquired CDI, divided by the number of patient days in that month, multiplied by 1,000 - Average for Jan-Dec. 2011, consistent with publicly reportable patient safety data	0.46	0.20	Approximate 55% decrease from 2011 performance organizationally and approximate 40% reduction from provincial trend in 2011 which was between 0.3 and 0.4 each month (average was 0.34)	1	1) Provide monthly data to the Antibiotic Stewardship Committee and the Medical Quality and Utilization Committee regarding antibiotic usage for specified group of antibiotics	# of months data is provided to the committees and included in minutes.	Agenda item at 100% of meetings.	Measurement & Feedback
							2) Provide quarterly data to the Infection Control Committee and Clinical Leads Group regarding the amount of time elapsed from onset of diarrhea (as per definition) and initiation of precautions for patients with confirmed CDI.	# of quarters data is provided to the committees and included in minutes.	Agenda item at 100% of meetings each quarter.	Measurement & Feedback
							3) Improved hand hygiene compliance (see below)	(see below)		
	Improve provider hand hygiene compliance	Hand hygiene compliance before patient contact: The number of times that hand hygiene was performed before initial patient contact divided by the number of observed hand hygiene indications for before initial patient contact multiplied by 100 - Jan-Dec. 2011, consistent with publicly reportable patient safety data	82.76%	90% (for each of 3 streams: nurses, physicians, support services)	Will include proportionately more audits of non-nursing groups than current performance reflects (greater improvement opportunity)	1	1) Provide standardized quarterly reports to each inpatient department by provider type (physician, nursing, and support services).	# months data is reported to each department. Inclusion in departmental meeting minutes.	Agenda item at 100% of meetings each quarter.	Measurement & Feedback
							2) Increase the number of audits within each provider category - identify and obtain specified number of audits - monthly and quarterly targets. Provide monthly report identifying status of achievement of audit numbers.	100% of audit targets established. # months data has reached established target thresholds by department.	100% of targets established. Quarterly audit targets achieved 100% of the time.	Measurement & Feedback
							3) Recognition - Identification and public posting of hand hygiene champion posters.	Hand hygiene champion posters will be hung in 3 public space locations.	A minimum of 4 champions will be identified in each stream. 100% of posters mounted.	Incentives/ Motivation

AIM		MEASURE				CHANGE					
Quality dimension	Objective	Measure/indicator	Current performance	Target for 2012/13	Target justification	Priority level	Planned improvement initiatives (Change Ideas)	Methods and process measures	Goal for change ideas (2012/13)	Comments	
Safety (cont.)	Reduce incidence of Ventilator Associated Pneumonia (VAP)	VAP rate per 1,000 ventilator days: the total number of newly diagnosed VAP cases in the ICU after at least 48 hours of mechanical ventilation, divided by the number of ventilator days in that reporting period, multiplied by 1,000 - Average for Jan-Dec. 2011, consistent with publicly reportable patient safety data	4.01				1)				
							2)				
							... N)				
	Reduce rate of central line blood stream infections	Rate of central line blood stream infections per 1,000 central line days: total number of newly diagnosed CLI cases in the ICU after at least 48 hours of being placed on a central line, divided by the number of central line days in that reporting period, multiplied by 1,000 - Average for Jan-Dec. 2011, consistent with publicly reportable patient safety data	0					1)			
								2)			
								... N)			
	Reduce incidence of new pressure ulcers	Pressure Ulcers: Percent of complex continuing care residents with new pressure ulcer in the last three months (stage 2 or higher) - FY Q3 2011/12, CCRS - <i>unadjusted rates</i>	Q2: Sarnia: 6.4%; CEEH: 3.6% (NOTE: Q3 avail end Mar)	switch to adjusted rate and use provincial comparator?				1)			
								2)			
								... N)			
	Avoid patient falls	Falls: Percent of complex continuing care residents who fell in the last 30 days - FY Q3 2011/12, CCRS- <i>unadjusted rates</i>	Q2: Sarnia: 10.8%; CEEH: 10.7% (NOTE: Q3 avail end Mar)	switch to adjusted rate and use provincial comparator?				1)			
								2)			
								... N)			
**Falls: Number of Category 3 falls by inpatients across entire organization. Category 3 - Event/error results in permanent harm/damage. Additional monitoring, prolonged stay and extensive follow-up required. - Total reported events for Jan-Dec 2011		12	<=6	50% reduction (25% reduction from 3 year avg)		1	1) Provide standardized monthly reports to each inpatient department regarding fall occurrences. Inclusion of falls data on departmental meeting agendas quarterly. Continued use of safety crosses to communicate and discuss incidents.	Reports generated and sent within 7 days of month's end. Safety crosses posted on inpatient units and updated daily.	Reports sent reliably 100% of the time. Safety crosses posted & updated on 100% of RTC™ units.	Measurement & Feedback	
							2) Establish a formal task force to review and support implementation of selected falls prevention strategies from RNAO and other best practices.	2 new falls prevention strategies tested in 1-2 units.	2 new strategies by fiscal year-end	Process Improvement	
							3) Ensure thorough case review of all category 3 falls to examine root causes and to align change ideas to reduce falls.	% of case reviews completed within 30 days of event.	100%	Measurement & Feedback	

AIM		MEASURE				CHANGE				
Quality dimension	Objective	Measure/Indicator	Current performance	Target for 2012/13	Target justification	Priority level	Planned improvement initiatives (Change Ideas)	Methods and process measures	Goal for change ideas (2012/13)	Comments
Safety (cont.)	Reduce rates of deaths and complications associated with surgical care	Surgical Safety Checklist: number of times all three phases of the surgical safety checklist was performed ('briefing', 'time out' and 'debriefing') divided by the total number of surgeries performed, multiplied by 100 - Jan-Dec. 2011, consistent with publicly reportable patient safety data	99.60%				1)			
							2)			
							... N)			
	Reduce use of physical restraints	Physical Restraints: The number of patients who are physically restrained at least once in the 3 days prior to initial assessment divided by all cases with a full admission assessment - Q4 FY 2009/10 - Q3 FY 2010/11, OMHRS	4.4%		Peer = 6.6%		1)			
							2)			
							... N)			
	Improve reliability with medication reconciliation process	**Medication Reconciliation: % complete within 24hr of admission - Q3 FY 2011/12	75.13%	90%	90% is Accreditation Canada target	1	1) Implementation of 1 FTE Med Rec Pharmacy Tech to assist in ED and on inpatient units	# med recs completed by Tech	8 per day	Targeted Investment
							2) Evaluate incomplete Med Recs to understand how to improve, including where further resources may be required.	monitor and audit incomplete Med Recs beyond 24 hr	monthly audits	Measurement & Feedback
							3) Provide Iatrics Med Rec education to new, returning, and existing staff who may require further training and development.	# of educational offerings	14 per year minimum	Skills Development
Effectiveness	Reduce unnecessary deaths in hospitals	HSMR: number of observed deaths/number of expected deaths x 100 - FY 2010/11, as of December 2011, CIHI	88	<100	New methodology and baselines to be released spring 2012		1)			
							2)			
							... N)			
	Improve organizational financial health	Total Margin (consolidated): Percent by which total corporate (consolidated) revenues exceed or fall short of total corporate (consolidated) expense, excluding the impact of facility amortization, in a given year. Q3 2011/12, OHRS	0.51%	> -0.5%	Considered balanced by H-SAA guidelines.	1	1) Set departmental budgets informed by efficiency measures and projected activity.	Budgets completed before start of fiscal year.	100% completed	Measurement & Feedback
							2) Optimize use of BudMan system to provide timely reports of performance.	Use of new indicator report incorporating statistics and financials.	50% of Managers & Directors using new report	Measurement & Feedback
							3) Continue monthly variance analysis and recovery planning.	Directors submit variance analysis/recovery plans monthly.	100% of Directors submitting each month	Accountability

AIM		MEASURE				CHANGE				
Quality dimension	Objective	Measure/Indicator	Current performance	Target for 2012/13	Target justification	Priority level	Planned improvement initiatives (Change Ideas)	Methods and process measures	Goal for change ideas (2012/13)	Comments
Access	Reduce wait times in the ED	ER Wait times: 90th Percentile ER length of stay for Admitted patients. Q3 2011/12, NACRS, CIHI (ED Process Improvement Program (PIP) Site)	22.9 hr	19.0 hr	Greater than 15% improvement from current and below Ontario target to reduce to under 25h.	1	1) Improve bed utilization and bed availability for admissions by reducing ALCs through Home First initiatives. 2) Improve bed utilization and bed availability for admissions by reducing readmissions (see below).	# of new Home First initiatives developed	3 new initiatives by fiscal year-end	Process Improvement
	Reduce wait times for Cancer Surgery for Breast, Bowel, and Prostate	***% Completed within Each Priority Access Target: for breast, bowel, and prostate cancer surgery - Q3 FY 2011/12	85% (Breast 92%, Prostate 64%, Colorectal 85%)	90%	Provincial target = 90%	1	1) Implementation of surgeon and Nurse Practitioner/Navigator seeing patients with possible cancer diagnosis in Ambulatory Care and reducing diagnosis to treatment wait times.	% of referrals seen by NP and surgeon team	100% of referrals seen	Process Improvement
							2) Chart reviews of patients receiving treatment outside of target wait times to understand contributing factors. Data collection tool for OR booking clerk and physician office clerk will support reviews.	# of cases reviewed by Surgical Program Council (SPC)	100% of cases treated outside of target wait times reviewed	Measurement & Feedback and Skills Development
						3) Improved feedback re: a) group and b) individual surgeon performance	a) report to SPC, Medical Advisory Committee (MAC), and Quality & Performance Council (QPC) b) report to Medical Director and Business Director	SPC-monthly; MAC & QPC-quarterly; Medical Dir. & Business Dir-monthly	Measurement & Feedback	
Patient- & Family-Centred	Improve patient satisfaction	From NRC Picker / HCAPHS: "Would you recommend this hospital to your friends and family?"	Q2 Inpatient: 77.3	81	maintain as already stats. sig higher than ON comm. hosp avg of 69.2%		1)			
		From NRC Picker: "Overall, how would you rate the care and services you received at the hospital?"	Q2 Inpatient: 94.4	97	return to previously achieved score of 97 which is stats. sig higher than ON comm. hosp avg of 92.4%		1)			

AIM		MEASURE					CHANGE				
Quality dimension	Objective	Measure/Indicator	Current performance	Target for 2012/13	Target justification	Priority level	Planned improvement initiatives (Change Ideas)	Methods and process measures	Goal for change ideas (2012/13)	Comments	
Patient- & Family-Centred (cont.)	Improve patient satisfaction	**From NRC Picker: Respect for Patient Preferences Dimension Score (roll-up score of "Treated you with respect/dignity", "Enough say about treatment", Drs & Nurses did not talk in front of you as if you weren't there"	Q2 Inpatient: 79.8	83	5% improvement and higher than comm. hosp avg of 77.9	1	1) Implement Patient Advocate role to establish Patient- & Family-Centred Care Steering Committee.	Steering Committee established by Sep 2012 and regularly reviewing survey data including in-house survey question re: "The amount of time staff spend discussing your concerns/questions with you?"	Data review included in 100% of monthly Steering Committee meetings	Targeted Investment and Measurement & Feedback	
							2) Pursue Lean/Thedacare pilot to develop capacity in supporting patient- and family-centred care initiatives.	Site visits to Thedacare, participation in Lean coaching and workshops	90% of Executive Council trained	Leadership and Skills Development	
							3) Continue spread of Releasing Time to Care™ strategies (bullet rounds, patient room whiteboards, discharge checklists & pamphlets etc.) that focus on improving discharge preparedness and information sharing.	Monitor in-house survey question re: "How involved you are with your plan for discharge?"	Data review included in 50% of monthly reports (i.e. every other month) to RTC™ Executive Steering Committee	Process Improvement and Measurement & Feedback	
							4) Review and plan to adopt selected RAO Best Practice Guidelines for Client-Centred Care	Adopt 3 new strategies.	3 new strategies by fiscal year-end	Process Improvement	
		In-house survey (if available): provide the percent response to a summary question such as the "Willingness of patients to recommend the hospital to friends or family" (Please list the question and the range of possible responses when you return the QIP)	in progress	TBD	TBD	1)					

AIM		MEASURE				CHANGE					
Quality dimension	Objective	Measure/Indicator	Current performance	Target for 2012/13	Target justification	Priority level	Planned improvement initiatives (Change Ideas)	Methods and process measures	Goal for change ideas (2012/13)	Comments	
Integrated	Reduce unnecessary time spent in acute care	Percentage ALC days: Total number of acute inpatient days designated as ALC, divided by the total number of inpatient days. Q2 2011/12, DAD, CIHI	Q2: Sarnia 10.68%; CEEH 6.98%	<9%	MLPA target		1)				
							2)				
							... N)				
	Reduce unnecessary hospital readmission	Readmission within 30 days for selected CMGs to any facility: The number of patients with specified CMGs readmitted to any facility for non-elective inpatient care within 30 days of discharge, compared to the number of expected non-elective readmissions - Q1 2011/12, DAD, CIHI	Q1: 14.71%	<13.5%	most recent release of expected readm. rate = 13.9%			1)			
								2)			
								1) Maximize discharge follow-up arrangements with Community COPD Team.	# of referrals made to COPD team	25 patients	Process Improvement
	**Readmission to Bluewater Health within 30 days for Chronic Obstructive Pulmonary Disease (COPD) and Congestive Heart Failure (CHF) : The per cent of patients with specified COPD or CHF CMGs readmitted to Bluewater Health within 30 days of discharge. Jan-Dec 2011, DAD, CIHI	20.3%	13%	35% reduction	1	2) Create comprehensive chronic disease management strategy including implementation of standard order sets for patients with heart failure.	% of CHF patients with CHF standard order sets on chart	50%	Clinical Supports		
						3) Optimize discharge follow-up arrangements (by Nurse Practitioner) for heart failure patients	% discharged with follow-up arrangements made	50%	Process Improvement		

**Added by Bluewater Health

Statement of Revenue and Expense
Forecast surplus/(deficit) as at March 31, 2012
Based upon the nine (9) months ended December 31, 2011
(000's)

	2012 YTD Budget	2012 YTD Actual	2012 YTD Variance	2012 YTD % Variance	2012 Annual Budget	2012 Forecast Amount	Projected Variance to Budget	2012 Forecast % Variance	Notes
Revenue	\$								
LHIN Revenue	96,097	96,656	559	1%	127,806	128,433	627	0%	1
PCOP Revenue (includes Facility & Amort. Funding)	6,560	8,018	1,457	22%	8,731	10,671	1,940	22%	1
OHIP Revenue	13,229	15,664	2,435	18%	17,557	20,753	3,196	18%	2
WSIB Revenue	406	206	(200)	-49%	540	254	(287)	-53%	3
Revenue	141	259	117	83%	188	305	117	62%	
Other Provinces	87	144	56	65%	116	173	56	49%	
Non Residents	320	298	(22)	-7%	426	404	(22)	-5%	
Self Pay	2,549	2,222	(327)	-13%	3,392	2,924	(468)	-14%	4
Room differential	876	780	(96)	-11%	1,167	1,055	(112)	-10%	
CC Co-payment	2,464	3,261	798	32%	3,307	4,876	1,568	47%	5
Recoveries	588	710	122	21%	782	904	122	16%	
Parking Revenue	152	148	(4)	-2%	170	160	(10)	-6%	
Other Revenue	3,126	3,110	(16)	-1%	5,083	5,781	698	14%	6
Deferred Equipment Grants	75	190	115	155%	99	215	115	116%	
Interest and Donations	2,762	3,004	242	9%	3,661	3,896	235	6%	7
Administered Programs									
Total Revenue	\$ 129,432	134,671	5,239	4%	173,027	180,804	7,777	4%	
Expenses	\$								
Salaries and Wages	65,328	65,864	(536)	-1%	86,590	88,438	(1,848)	-2%	8
Medical Staff Remuneration	13,241	14,978	(1,738)	-13%	17,572	19,686	(2,114)	-12%	2
Employee Benefits	16,079	15,931	148	1%	21,837	22,096	(258)	-1%	9
Supplies and Expenses	18,202	18,531	(329)	-2%	24,107	24,710	(602)	-2%	10
Medical/Surgical Supplies	4,971	6,210	(1,239)	-25%	6,615	8,325	(1,709)	-26%	11
Drug Expense	3,803	4,177	(374)	-10%	5,061	5,677	(616)	-12%	2
Interest Expense	95	132	(36)	-38%	127	163	(36)	-29%	
Amortization	5,433	5,214	219	4%	7,244	7,581	(337)	-5%	6
Administered Programs	2,745	2,978	(233)	-8%	3,648	3,946	(298)	-8%	7
Total Expenses	\$ 129,896	134,014	(4,119)	-3%	172,802	180,621	(7,819)	-5%	
LHIN Operating Surplus/(Deficit)	\$ (463)	656	1,120	n/a	225	183	(42)	n/a	
Deferred Building Grants	5,254	4,189	(1,065)	-20%	7,005	7,005	-	0%	
Building Amortization	6,834	5,720	1,114	16%	9,112	9,112	-	0%	
Interest on L/T Liabilities	279	307	(28)	-10%	371	388	17	5%	
Hospital Surplus/(Deficit)	\$ (2,321)	(1,181)	1,141	n/a	(2,252)	(2,312)	(25)	n/a	

Balance Sheet
As at December 31, 2011
Comparison to December 31, 2010
(000's)

	<u>2011/12</u>	<u>2010/11</u>	
	<u>Actual</u>	<u>Actual</u>	<u>%</u>
	<u>Dec-11</u>	<u>Dec-10</u>	<u>Change</u>
Assets			
<u>Current Assets</u>			
Operating Cash	\$ 9,415	2,681	
Superbuild Cash	1,340	12,834	90%
Superbuild Fund	364	19,584	98%
Investments - CEE Site	1,798	1,797	0%
Accounts Receivable	5,782	4,829	-20%
Accounts Receivable - MOHLTC	3,120	216	-1343%
Inventories	415	1,091	62%
Prepaid Expenses	720	799	10%
Total Current Assets	<u>22,953</u>	<u>43,831</u>	<u>-48%</u>
<u>Fixed Assets</u>			
Land and Land Improvements	5,534	5,522	
Building/Building services Equipment	264,433	66,624	
Furniture and Equipment	80,453	92,976	
Less: Accumulated Amortization	<u>(98,338)</u>	<u>(100,893)</u>	292%
Construction in Progress	59,483	232,239	-74%
Other Non Current Assets	322	338	-4%
Total Fixed Assets	<u>311,888</u>	<u>296,805</u>	<u>5%</u>
Total Assets	\$ <u>334,841</u>	\$ <u>340,636</u>	<u>-2%</u>
<u>Current Liabilities</u>			
Bank Loans Payable	\$ 7,470	3,341	124%
Accounts Payable	1,052	1,654	-36%
Accounts Payable - MOHLTC	16,226	12,270	32%
Accrued Salaries & Vacation Pay	6,293	5,554	13%
Deferred Operating Grant - Trailing Costs	357	1,090	n/a
Current Portion - Long Term Debt	369	24,207	n/a
Other Liabilities	<u>10,422</u>	<u>8,173</u>	<u>n/a</u>
Total Current Liabilities	<u>42,188</u>	<u>56,289</u>	<u>-25%</u>
<u>Long Term Liabilities</u>			
Long Term Bank Loans Payable	8,495	7,120	n/a
Long Term Debt	0	0	#DIV/0!
Deferred Revenue	268,280	260,477	3%
Other L/T Liabilities	<u>7,938</u>	<u>7,030</u>	<u>13%</u>
Total Long Term Liabilities	<u>284,713</u>	<u>274,626</u>	<u>4%</u>
<u>Equity</u>			
Opening Equity	9,120	11,295	
R&E Surplus/(Deficit)	<u>(1,181)</u>	<u>(1,575)</u>	
Total equity	<u>7,939</u>	<u>9,720</u>	<u>-18%</u>
Total Liabilities and Equity	\$ <u>334,841</u>	\$ <u>340,636</u>	<u>-2%</u>

Hospital Accountability Agreement Indicators:

	0.46	0.17	<u>Negotiated Target</u>
Current Ratio			0.30 - 0.36
Working Capital	(14,725)	(18,519)	

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

Working Capital excludes all current assets and current liabilities related to the new building project

Notes to Financial Statements

December 31, 2011 Actual and Full Year Forecast

An overall surplus of \$183K is forecasted for the 2011/12 year end. There continues to be uncertainty regarding achievement of PCOP weighted cases for Medicine and Surgery. The Ministry is changing its methodology in allocation of a weight to patient cases. The final methodology has not yet been determined. As such, Bluewater Health continues to be conservative in its estimated achievement of PCOP funding.

Note 1 LHIN Revenue and PCOP Revenue are both forecasting to be better than budget for the year. The majority of this variance pertains to PCOP (\$1.9M). PCOP Growth Funding was unconfirmed at the time of budget preparation. Therefore, Bluewater Health was conservative with the estimated PCOP Revenue for the 11/12 fiscal year. While we have more documentation to support the recognition of this additional revenue, there are still a number of unknowns as to how the Ministry will reconcile our achievements. Bluewater Health will be in a better position to forecast its PCOP Revenue once we receive the first year achievement reconciliation back from the Ministry.

Note 2 OHIP Revenue is expected to come in over budget for the year. This is mainly due to Physician billings and Cancer Care Ontario funding for drugs. There is a corresponding overage in Med Staff Remuneration and Drug Expenses.

Note 3 WSIB Revenue is expected to be under budget for the year. There is a steady decline in WSIB patients being seen at the hospital.

Note 4 Room Differential Revenue is forecasted to come in below budget. This is a result of fewer patients requesting a private or semi-private room. Another contributing factor is patients placed in private and semi-private rooms for isolation purposes.

Note 5 Recoveries are forecasted to come in better than budget for the year. Contributing factors are an increase in drug recoveries (not including recoveries from Cancer Care Ontario), minor equipment purchases for the new building funded by the Foundation, and the Retail Sales Tax Refund recently awarded.

Note 6 Deferred Grants are forecasting to be \$1.8M lower than the associated Amortization Expense. This is an improved differential from that previously forecasted. As funds are flowed from the Bluewater Health Foundation, we are able to associate these donations against capital equipment purchased in the prior year as part of the building project.

Note 7 Administered Programs are forecasted to be in a deficit position of \$50K for 11/12. Bluewater Health has ongoing dialogue with the LHIN regarding these programs. This forecasted deficit is comparable to the

actual deficit incurred for Administered Programs in the prior year.

Note 8

Salaries & Wages are expected to come in over budget for the year. A portion of the anticipated PCOP growth was built into the budget for 11/12. The forecasted overage is attributed to PCOP Growth in excess of that budgeted. There is an overage in PCOP Revenue as well.

Note 9

Employee Benefits are anticipated to come in over budget for the year. Although under budget at the end of December by \$148K, January to March are anticipated to have higher expenses for CPP, EI, etc.

Note 10

Supplies and Expenses are forecasted to be over budget by \$602K at year-end. There have been catch-up expenses as PROcure continues to improve its payment processes. PROcure is the hospital's 3rd party provider for Supply Chain Management which includes the Accounts Payable function. Part of the overage can also be attributed to minor equipment purchased for the new building project (there is an offsetting recovery from the Foundation for these purchases).

Note 11

Med/Surg Supplies are forecasted to have a negative budget variance for the 11/12 fiscal year. As indicated in Note 1, the hospital is in a period of PCOP Growth. As our activity levels increase and the cases being performed become more complex, there are anticipated increases in Med/Surg supplies to service the increased volume.



Capital Redevelopment Project	
Schedule:	Schedule Status: ██████ (Green) On Track
Construction Start: Oct. 9, 2007	
Phase 1 (London / Norman): Complete	Phase 1 Occupancy: Complete
Phase 2 Substantial (Russell): Sept. 2011	Final Occupancy: November 2011

Capital Redevelopment Project

- Total Construction is 100% complete. Phase 2 (Russell Building) is 100% complete.
- MMM Group has put a lien on the hospital due to lack of payment from Farrow Partnership Architects. The value of the lien is \$1,100,233.. Ongoing communications are taking place with Farrow Partnership Architects and our lawyer to negotiate a settlement. The hospital currently has approximately \$623,000 in withheld payments.
- Any outstanding purchases related to post-move requests will be completed by Feb 29th, 2012, in order for Finance to undertake the close-out report that will be submitted to the Ministry.
- The Change Order was approved for the Mental Health Consolidation. At this point the change is reflected in the own funds post contract contingency. Cost sharing will be discussed during the project reconciliation process and we are currently working with auditors to complete their final project audit as the next step in this process.
- Deficiency process developed to review consolidated list (BWH, Consultants, and warrantee items). Plan to have all outstanding items addressed by end of February.
- The decommissioning grant is being reviewed by the MOH
- We are developing a cost estimate for the removal of Block "X"

MRI Project

- Kick Off meeting has occurred, renovations are currently underway.
- No initial issues on project kickoff and is proceeding as planned.
- MRI unit to arrive last week of April
- Clinical handover – May 12
- Applications Training - May 14 – May 25th
- Removal/Decommissioning of existing Symphony system - May 28th and take approximately 5 days.

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

- To date there have been 297 Change Orders issued

Approved Change Orders	Value	MOH Share	BWH Share
MOHLTC Shareable*	8,734,570	7,263,399	1,471,172
Own Funds	1,990,002	-	1,990,002
To be Negotiated	-	-	-
<i>Subtotal</i>	10,724,572	7,263,399	3,461,174
Pipeline Change Orders			
MOHLTC Shareable	-	-	-
Own Funds	-	-	-
To be Negotiated	-	-	-
<i>Subtotal</i>	-	-	-
Total Change Orders	10,724,572	7,263,399	3,461,174

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



Indicator	Recent Performance					Current Period	Period Target	Projected FY 10-11 Year-End	Year-End Target	Interpretation/ Analysis	Notes	Next Update (Month of Report)	Updated this Report
Outstanding Performance													
Financial Health (monthly indicators)	Aug '11	Sep '11	Oct '11	Nov '11	Dec '11	Per.Target	Proj. Yr-End	Yr-End Target					
Surplus/(Deficit) YTD	\$ 1,023,210	\$ 1,107,248	\$ 1,068,839	\$ 588,792	\$ 656,461	\$ (463,293)	\$ 182,644	\$ 225,002					
Working Capital (in 000s)	\$ (14,870)	\$ (17,024)	\$ (14,995)	\$ (15,755)	\$ (14,725)	\$ (13,800)	\$ (15,000)	\$ (13,800)					
Hospital Service Accountability Agreement (HSAA) Activity	Oct '11	Nov'11	Dec'11	Prev. Yr. YTD	% change from Prev Yr YTD	YTD Target/Budget	Proj. Yr-End	Yr-End Target	Variances				
Total Margin YTD	1.02%	0.49%	0.49%	-0.03%	-1733.33%	-0.36%	0.10%	0.13%					
Current Ratio (at that month-end)	0.38	0.46	0.44	0.17	158.82%	0.33	0.30	0.33 (0.3 - 0.36)					
Total Weighted Cases YTD <i>(Note: Acute Inpatient only as Day Surgery & Endoscopy not yet converted to HIG)</i>	5,738 (Sep)	6,776 (Oct)	7,880 (Nov)	7,264 (Nov)	8.48%	6,887	11,820	10,330 (9,297 - 11,363)	666 YTD (747) Yr-End	Weighted Cases for all periods have been restated using HIG. Day Surgery & Endo have been removed from target and actual.	Mar	Y	
Acute Inpatient Days YTD (excludes Mental Health, Rehab, & Continuing Care)	33,844	38,891	43,735	39,315	11.24%	42,549	58,207	56,629	1,578 Yr-End		Mar	Y	
Mental Health Inpatient Days YTD	5,313	6,091	6,807	6,428	5.90%	6,462	9,059	8,600 (7,740 - 9,460)	345 YTD 459 Yr-End		Mar	Y	
Rehab Inpatient Days YTD	5,106	5,873	6,596	5,381	22.58%	6,988	8,779	9,300 (8,835 - 9,765)	(392) YTD (521) Yr-End		Mar	Y	
Emergency Department (ED) Visits	50,108	57,096	64,140	62,491	2.64%	63,340	85,365	84,300	800 YTD 1,065 Yr-End	ER Visits is no longer a performance indicator in the 11/12 HSAA agreement. No set target per HSAA for 11/12. Continue to use 10/11 target.	Mar	Y	
Ambulatory Care Visits	48,067	54,938	61,242	56,289	8.80%	52,596	81,508	70,000 (63,000 - 77,000)	8,646 YTD 11,508 Yr-End		Mar	Y	
Complex Continuing Care (CCC) Resource Utilization Group (RUG) Weighted Patient Days <i>(in 09-10 values)</i>		25,267 (FY 06-07)	25,854 (FY 07-08)	25,810 (FY 08-09)	26,120 (FY 09-10)			23,862 (21,476 - 26,248)			11/12 fiscal yr		
Efficiency (monthly indicators)	Oct '11	Nov'11	Dec'11	Prev. Yr. YTD	% change from Prev Yr YTD	YTD Target/Budget	Proj. Yr-End	Yr-End Target	Variances (Over)/Under Budget				
Equivalent Cost per Weighted Case (Prior Year Actuals Only)				\$5,697 (09/10)					\$ - Targeting a 2% improvement in our Cost per Equivalent Weighted Case from Prior Year				
Medicine/ICU Direct Cost per Weighted Case	\$3,193.39 (Sep)	\$3,214.00 (Oct)	\$3,115.53 (Nov)	\$2,713.88	14.80%				\$ - Does not include Medicine at CEEH. Weighted Cases regrouped to HIG for all periods.				
Surgery Direct Cost per Weighted Case (includes Surg IP, Day Surg, OR, and Endo)	\$3,406.97 (Sep)	\$3,359.79 (Oct)	\$3,382.33 (Nov)	\$ 3,557.23	-4.92%				\$ - Weighted Cases regrouped to HIG for all periods.				
Maternal Infant Child Direct Cost per Weighted Case	\$4,316.02 (Sep)	\$4,277.55 (Oct)	\$4,249.89 (Nov)	\$ 4,418.56	-3.82%				\$ - Weighted Cases regrouped to HIG for all periods.				
Mental Health Cost per Patient Day	\$ 328.44	\$ 328.82	\$ 336.73	\$ 419.33	-19.70%	\$ 313.43	\$ 330.00	\$ 313.43	\$ (16.57)				
Rehab Cost per Patient Day	\$ 283.60	\$ 281.77	\$ 283.03	\$ 302.02	-6.29%	\$ 351.43	\$ 290.00	\$ 351.43	\$ 61.43				
Emergency Department (ED) Cost per Visit	\$ 111.91	\$ 111.67	\$ 110.50	\$ 106.07	4.18%	\$ 105.88	\$ 111.00	\$ 105.88	\$ (5.12) Includes ER at CEEH Site & GEM Nurses				

Indicator	Recent Performance			Current Period	Period Target	Projected FY 10-11 Year-End	Year-End Target	Interpretation/ Analysis	Notes	Next Update (Month of Report)	Updated this Report
Incremental/Performance Funding (\$)	(quarterly indicators)	Current Quarter (Oct - Dec)	Prev. Yr. YTD	% change from Prev. Yr YTD	Q3 YTD (Apr-Dec)	YTD Target/Budget	Proj. Yr-End	Yr-End Target	Variances (Over)/Under Budget		
Total Incremental Funding		3,418,544	5,507,549	104.05%	11,238,157	16,025,576	14,868,316	21,328,585	6,460,269		May Y
Post Construction Operating Plan (PCOP) Funding		2,315,639	2,648,556	202.72%	8,017,690	13,348,620	10,670,815	17,765,800	7,094,985	Uncertain of having adequate weighted cases and visits to recognize revenue.	May Y
Wait-Time Funding		347,152	1,081,503	0.19%	1,083,582	1,016,298	1,352,600	1,352,600	-		May Y
Cancer Care Ontario (CCO) Funding		755,753	1,777,490	20.22%	2,136,885	1,660,658	2,844,901	2,210,185	(634,716)	CCO Funding for Endo, Oncology Drugs, & OBSP	May Y

Incremental Volume Funding	(quarterly indicators)	Current Quarter (Oct - Dec)	Prev. Yr. YTD	% change from Prev. Yr YTD	Q3 YTD (Apr-Dec)	YTD Target/Budget	Proj. Yr-End	Yr-End Target	Variances		
Cataracts	Base: 720	181	542	-0.18%	541	541	720	720	0	Base	May Y
	Incremental: 457	163	738	-3.93%	709	343	944	457	487	Incremental	
Hips/Knees (Primary and Revision)	Base: 343	87	258	0.00%	258	258	343	343	0	Base	May Y
	Incremental: 42	8	27	18.52%	32	32	42	42	-	Incremental	
CT Hours	Base: 2,340	588	1,763	-0.28%	1,758	1,758	2,340	2,340	(0)	Base	May Y
	Incremental: 301	75	354	-36.16%	226	226	301	301	-	Incremental	
MRI Hours	Base: 2,080	523	1,567	-0.26%	1,563	1,563	2,080	2,080	0	Base	May Y
	Incremental: 2,376	597	1,842	-3.09%	1,785	1,785	2,376	2,376	-	Incremental	
Pacemakers	Base: 107	22	60	33.48%	87	80	116	107	7	YTD	May Y
									9	Yr-End	

Resource Utilization	(quarterly indicators)	Q3 10-11	Q4 10-11	Q1 11-12	Q2 11-12	Q3 11-12	Per. Target	Proj. Yr-End	Yr-End Target		
Alternate Level of Care (ALC) Patients as a % of Beds	Acute	7.7%	6.0%	7.3%	10.40%	13.10%	<9%	13.00%	<9%		May Y
	Total	18.1%	16.7%	18.5%	23.5%	24.10%	<22.8% (5% below 08-09)	24.00%	<22.8% (5% below 08-09)		

Inspired People											
Human Resources	(quarterly indicators)	Q3 10-11	Q4 10-11	Q1 11-12	Q2 11-12	Q3 11-12	Per. Target	Proj. Yr-End	Yr-End Target		
Overtime Expense as % of Total Salary Expense YTD		2.39%	2.36%	2.25%	2.50%	2.74%	1.67%	2.80%	1.72%		May Y
Sick Time Expense as % of Total Salary Expense YTD		3.29%	3.46%	3.30%	3.03%	3.14%	2.07%	3.30%	2.12%		May Y
Administration Cost as % of Total Expenses YTD		3.35%	3.49%	3.25%	3.48%	3.68%	3.72%	3.68%	3.70%		May Y
Absenteeism Rate--Unionized Staff (avg # 7.5hr sick days)		3.58	3.96	3.48	3.22	3.48	3.27 (OHA avg)	3.5	3.27 (OHA avg)		May Y

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

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

Quality Committee of the Board -- Balanced Scorecard



Indicator	Quarterly Performance (unless otherwise specified)				Current Period (Q3 11-12 unless otherwise specified)	Target	Interpretation/Analysis	Action Plan	Next Update (Month of Report)	Updated this Report		
	Q3 10-11	Q4 10-11	Q1 11-12	Q2 11-12								
Quality Care												
Patient Safety Indicators												
Hospital Standardized Mortality Ratio (HSMR)	annual	115 (FY 06-07)	102 (FY 07-08)	88 (FY 08-09)	101 (FY 09-10)	88 (FY 10-11)	<100 (national standard)	95% confidence interval (77-101) means not sig. diff. from baseline of 100 from FY 04-05.	Monitor given early 2012 release with new methodology.	Dec/Jan		
Publicly Reported Patient Safety Indicators: VRE/ MRSA/ C. Difficile Infection Rates (per 1,000 Patient Days), Ventilator Associated Pneumonia (VAP) Rate (per 1,000 Vent Days), Central Line Infection Rate (per 1,000 CL Days), Surgical Site Infection Prevention Rates, & Surgical Safety Checklist Compliance		<i>All publicly reported patient safety indicators are equal to or better than provincial rates (i.e. green) for the most recent period with the exception of those noted below for MRSA, C. Difficile, and Hand Hygiene:</i>								May	◀	
MRSA Infection Rate (per 1,000 Patient Days)	Mitton	0.00	0.00	0.00	0.00	0.00	0.02 (province Jul-Sep 11)			May	◀	
	CEEH	0.00	0.00	0.00	0.00	0.41						
	Norman	0.00	0.00	0.10	0.05	0.00						
C Difficile Infection Rates (per 1,000 Patient Days)	Mitton	0.00 Aug-11	1.34 Sep-11	0.00 Oct-11	0.00 Nov-11	n/a Dec-11	0.33 (province Nov 11)	CDI outbreak declared on MEDA on Jan 3.	Outbreak management team formed; visitor restrictions put in place; admissions/discharges to other units or facilities halted; enhanced cleaning & use of sporicidal disinfectant across all pt areas at BWH initiated.	Mar	◀	
	CEEH	0.00 Aug-11	0.00 Sep-11	1.15 Oct-11	0.00 Nov-11	1.30 Dec-11						
	Norman	0.44 Aug-11	0.86 Sep-11	0.55 Oct-11	0.00 Nov-11	1.20 Dec-11						
QIP1 Hand Hygiene Compliance Rate <u>Before</u> Initial Patient/Enviro Contact	Mitton	58% (FY 08-09)	40% (Apr-Sep 09)	45% (Oct-Dec 09)	41% (FY 09-10)	45% (FY 10-11)	75% (72.1% =province Apr 10-Mar 11)	Target moved to 75% (from 80%) to align with QIP. Comparing FY 10-11 to FY 09-10, Norman Site has improved rates both BEFORE and AFTER contact (and now includes several programs that moved from Mitton). Mitton Site reflective only of Mental Health. Rehab made greatest improvements and will remain targeted unit for further improvements along with Surgery.	Increased auditing with Releasing Time to Care™ and with more frequent feedback to programs. Improvement strategies will focus on improving compliance BEFORE patient/environment contact.	May		
	CEEH	38% (FY 08-09)	64% (Apr-Sep 09)	85% (Oct-Dec 09)	71% (FY 09-10)	57% (FY 10-11)						
	Norman	73% (FY 08-09)	28% (Apr-Sep 09)	55% (Oct-Dec 09)	44% (FY 09-10)	67% (FY 10-11)						
Hand Hygiene Compliance Rate <u>After</u> Patient/Enviro Contact	Mitton	68% (FY 08-09)	65% (Apr-Sep 09)	79% (Oct-Dec 09)	70% (FY 09-10)	59% (FY 10-11)	75% (83.3% =province Apr 10-Mar 11)					
	CEEH	63% (FY 08-09)	76% (Apr-Sep 09)	97% (Oct-Dec 09)	83% (FY 09-10)	72% (FY 10-11)						
	Norman	74% (FY 08-09)	54% (Apr-Sep 09)	84% (Oct-Dec 09)	68% (FY 09-10)	78% (FY 10-11)						
Patients' Confidence that Caregivers Cleaned Hands (wt. avg of IP, ED, DS, OB)		80.5 (Q1 10-11)	77.8 (Q2 10-11)	84.3 (Q3 10-11)	80.4 (Q4 10-11)	78.4 (Q1 11-12)	83.8 (09-10, 10-11, 11-12)	OB remains above 80%, ED and IP remain low. Day surgery remains above target of 83.8.		Mar		
QIP1 Medication Reconciliation (% Complete within 24hr)		62.2%	66.9%	72.4%	70.0%	75.1%	75% (BWH); 90% (CCHSA)			May	◀	
QIP1 Organizational Falls (Combined Category 2 and 3)		n/a		59	44	52	<152 for FY 11-12 (~38/Q)	3 Category 3 falls in Q3 (0 on target units).	Targeting improvements on Palliative, Telemetry, and Acute Medicine and on all units through RTC™.	May	◀	
Accessibility Indicators--monthly												
		<i>Reporting Period:</i>										
CEEH: 90th %ile ED LOS	Complex	3.7	2.9	3.4	3.1	3.2	<=8hr			May	◀	
	Minor/Uncomplicated	2.2	2.3	2.2	2.8	2.6						<=4hr
Norman: 90th%ile ED LOS	Complex	7	6.8	7.7	8.3	7.6	<=8hr			May	◀	
	Minor/Uncomplicated	3.7	2.9	3.4	3.1	3.2						<=4hr
QIP1 CEEH & Norman Combined 90th %ile ED LOS for Admitted Patients		18.0	21.7	24	22.4	17.8	<17.5hr	Sarnia: 18.6h (down from Oct/Nov); CEEH 8.1h (down from Oct/Nov).	Process Improvement Program (PIP) and Home First (ALC strategy) aim to improve times.	May	◀	
Accessibility Indicators--quarterly												
# Surgical Services with Cases Completed within Each Priority Access Target >=90% (of 11 Services)		6	7	8	9	9	11	Improvements made but Cancer Surgery (79%) & Plastics (87%) less than 90%.	Continued improvements to use of block time for Plastics. Cancer Care strategies below.	May	◀	
QIP1 Breast/Bowel/Prostate Cancer Surgery-- % Completed Within Each Priority Access Target:		78%	74%	80%	80%	85%	>=90%	Steady improvements. Breast 92%, colorectal 85%, prostate 64%.	Implement Board-approved strategies to improve access and quality. Increased OR time for prostates.	May	◀	
MRI-- % Completed Within Each Priority Access Target:		33%	54%	98%	98%	98%	>=90%			May	◀	
CT-- % Completed Within Each Priority Access Target:		65%	88%	91%	94%	95%	>=90%			May	◀	

Indicator	Quarterly Performance (unless otherwise specified)				Current Period (Q3 11-12 unless otherwise specified)	Target	Interpretation/Analysis	Action Plan	Next Update (Month of Report)	Updated this Report			
	Q3 10-11	Q4 10-11	Q1 11-12	Q2 11-12									
Privacy/Confidentiality													
# of Confirmed Privacy Breaches	FY 10-11 total = 2				1	0	0	TBD		May	◀		
Exceptional Relationships													
Patient Experience Indicators													
		<i>Reporting Period:</i>		Q1 10-11	Q2 10-11	Q3 10-11	Q4 10-11	Q1 11-12					
Overall Rating of Care	Inpt	93.4	94.4	96.6	96.5	96.5	IP (comm hosp avg=92.4)	Significantly higher than large community hospital average.		Mar			
	ED	83.2	85.9	85.6	86.3	89.4	ED (comm hosp avg = 84.8)						
	OB	97.7	95.4	100.0	97.9	90.9	OB (comm hosp avg = 93.2)	Close to community hospital average.	See strategies below.				
	Day Surg	97.7	98.7	97.9	100.0	100.0	DS (comm hosp avg = 98.4)	Ontario high performer.					
QIP1 Would Definitely Recommend Bluewater Health	Inpt	64.7	68.5	75.7	75.0	80.7	IP (comm hosp avg = 69.2)	Significantly higher than large community hospital average. Parking (27%) and availability of food/beverage after hours (12%) top reasons for not definitely recommending. CEEH: 84.4, Med: 77.0, Surg: 80.7		Mar			
	ED	61.7	55.6	62.7	62.4	68.6	ED (comm hosp avg = 56.7)	Time spent waiting (29%), parking (18%) & Time spent with doctors 18% top reasons for not definitely recommending. Sarnia 54.1; CEEH 85.9					
	OB	57.1	73.8	73.0	78.3	62.3	OB (comm hosp avg = 70.1)	Significant decline. Attitude of staff (12%), parking (12%) and negative comments regarding Bluewater Health (12%) top reasons for not recommending.	Implementation of Epidural services resulting in significant change in practice for many. Results to be discussed at UBC in January 2012.				
	Day Surg	70.6	72.7	70.2	71.3	78.1	DS (comm hosp avg = 79.6)	Improvements observed. Time waiting (20%), attitude of staff (20%) and parking (13%) top reasons for not definitely recommending.	Effective Nov 1, time pt required to arrive at hospital decreased from 3h to 2h to decrease wait time. Implemented scheduled rounding in gownned waiting room Nov 1 to tend to patients' needs while waiting. Also implementing discharge phone calls in Jan.				
Complaints													
		<i>Reporting Period:</i>		Jul-11	Aug-11	Sep-11	Oct-11	Nov-11					
Complaint Rate (per 1,000 Encounters)	1.15				1.14	0.67	0.84	1.13	TBD	26 complaints. Top categories of complaints: care/treatment (13), communication (12) & attitude/courtesy (7) .	Consider complaints alongside pt. sat data in planning QIP.	Mar	
Inspired People													
Employee Engagement													
January 2011 Patient Safety Culture													
Overall grade on patient safety for organization (% Excellent, Very Good, Acceptable)	n/a				89.5%		TBD				TBD		
Workplace Safety Indicators													
		<i>Calendar Year YTD (Cumulative):</i>		Sep-10	Dec-10	Mar-11	Jun-11	Sep-11					
Lost Time Injury Frequency (# of LTIs per 100 Full-Time Workers)	0.23				0.33	0.98	0.48	0.27	<1.61 (2010 healthcare rate)		Mar	◀	
		<i>Report Quarter:</i>		Dec-10	Mar-11	Jun-11	Sep-11						
WSIB Neer Index Rating (4 yr Window)	2011				0.45		0.30		<1		Mar	◀	
	2010		0.62		0.95		0.80						
	2009		0.26		0.27		0.30						
	2008		0.80		0.82		0.82						
Outstanding Performance													
Resource Utilization													
Alternate Level of Care (ALC) Patients as a % of Beds	Acute	7.7%	6.0%	7.3%	10.4%	13.1%	<9%	Rising bed & ALC pressures Oct/Nov, inability to implement "first available bed" policy to utilize idle LTC beds in community.	Collaborating with CCAC and community services to establish services that support "Home First" philosophy.	May	◀		
	Total	18.1%	16.7%	18.5%	23.5%	24.1%	*						
QIP1 Total Margin	monitored by RU&AC												
QIP1 = QIP #1s for FY 11-12	All Indicators (Except Wait Times)			Wait Time Indicators									
	Meets/Exceeds Target			≥= 90% Completed within Priority Target									
	Within 5% of Target			51%-89% Completed within Priority Target									
	Worse than Target by 5+%			≤=50% Completed within Priority Target									
* no established target/standard													

NOTE: Red/yellow/green reflects performance against target that aligns with corresponding time period. Targets may change over time.



Vision: Exceptional Care - Exceptional People - Exceptional Relationships
Values: Compassion, Accountability, Respect, Excellence (CARE)

President / CEO Report to the Board

Quality Care

Expansion of the Diagnostic Imaging Services

Charlotte Eleanor Englehart Hospital of Bluewater Health:

Effective December 1, 2011, the diagnostics imaging services at Charlotte Eleanor Englehart Hospital of Bluewater Health will no longer require appointments for routine x-ray examinations. With the centralization of the mammography service to the Sarnia site, the ultrasound service is to be relocated to the vacant mammography space. Renovations will soon be complete and will offer patients a more spacious, private and comfortable area.

Ultrasound hours at both sites (Sarnia and Petrolia) will be expanded using a phased in approach to address growing demand and wait time and to support the Emergency Departments.

In addition, plans are underway to expand general x-ray services at the Charlotte Eleanor Englehart Hospital of Bluewater Health to improve access and support the Emergency Department.

Breast Assessment Program

We are pleased to advise that with since implementation of Breast Assessment Program in June, over 1000 (1032) patients have been through the program and Radiologists have performed 266 biopsies, of these 87 patients have been referred on to the Cancer Care Assessment and Treatment Centre (CCATC).

Smoking Cessation Application

Bluewater Health has applied for a \$50,000 smoking cessation application for the development and introduction of a smoking cessation program which will be applied over two years. If awarded, Bluewater Health will match this amount. This application aligns with another initiative the hospital has applied for which is an Application for designation as a Best Practice Spotlight Organization (one of best practices is Integrating Smoking Cessation into Daily Nursing Practice).

Ontario Telehealth Network (OTN)

Bluewater Health has received newbase funding to support the addition of two nurses to develop, implement and support the use and growth and use of the Ontario Telehealth Network at Bluewater Health with a focus on the clinical opportunities for Chronic Disease Management and Mental Health Care. The ESC LHIN project kick off occurred Tuesday, February 14, 2012 and Bluewater Health will be initiating recruitment and operationalizing the OTN program at the hospital as quickly as possible.

Ontario Action Plan and Drummond Report

On January 30th, 2011, in a speech to the Toronto Board of Trade, the Honourable Deb Matthews, Minister of Health and Long-Term Care, announced that Ontario is launching an Action Plan to transform the healthcare system and deal with the demographic challenges as well as the deficit. The Plan is available on the Ministry of Health and Long-Term Care's website at: [://www.health.gov.on.ca/en/ms/ecfa/healthy_change/docs/rep_healthychange](http://www.health.gov.on.ca/en/ms/ecfa/healthy_change/docs/rep_healthychange). In addition, the Drummond Report, a government-commissioned plan to address the \$16 Billion provincial deficit, was released February 15 with over 400 recommendations, many of which related to healthcare. It is available at: [://news.ontario.ca/mof/en/2012/02/ontario-receives-report-from-drummond-commission](http://news.ontario.ca/mof/en/2012/02/ontario-receives-report-from-drummond-commission).

Inspired People

Bluewater Health Donation

Two program managers, Deb Matchett, Manager, Critical Care Unit/ICU/Telemetry, and Kelly Ross, Manager, Maternal/Infant/Child Program, from Bluewater Health are in El Salvador at their own expense, to see first-hand how a donation of furnishings and equipment from Bluewater Health in 2011 is improving healthcare there. Hospital conditions in that region include damaged stretchers; wooden wedges to incline a patient; intravenous lines tied to the ceiling (which means there is no mobility for patients – not even to get to the washroom) and wheelchairs made from plastic patio chairs mounted on wheels. For 10 days, Deb and Kelly, will be living in host family homes as they tour schools and hospitals, and work with healthcare colleagues.

Outstanding Performance

Accreditation Canada

Accreditation Canada has implemented new accreditation decision levels, effective January 1, 2012. Organizations will now receive one of four decision following their on-site survey: Accredited with Exemplary Standing; Accredited with Commendation; Accredited; or Not Accredited. Since the new accreditation decision levels are retroactive to surveys that took place in 2011, the new decision for Bluewater Health is Accredited with Exemplary Standing.

Accreditation Canada awarded Bluewater Health for the RTC program.

LEED Certification

Bluewater Health has been selected as one of the first Canadian hospitals – and the first and largest acute care hospital in Ontario – to achieve LEED® certification. LEED (Leadership in Energy & Environmental Design) is the preeminent program for the design, construction and operation of high performance green buildings, established by the U.S. Green Building Council and verified by the Green Building Certification Institute (GBCI). The LEED certification will be presented to Bluewater Health in the Spring.

Sarnia-Lambton Chamber of Commerce's Outstanding Business Achievement Award

Bluewater Health has been nominated for a number of its leading initiatives: the Sarnia-Lambton Chamber of Commerce's Outstanding Business Achievement Award in the Employee Relations category; the Energy and Environmental Stewardship Award of the Canadian College of Health Leaders; and the 2012 International Aster Awards which recognize excellence in healthcare communications. News of the award recipients will come forward in the Spring and we remain hopeful.

Exceptional Relationships

ESC LHIN Strategic Planning

The ESC LHIN has undertaken the development of a three-year strategic plan for mental health services in and for the Erie St. Clair area. The priority target population is individuals living with moderate or serious mental illness, concurrent disorders and eating disorders. There will be formal communication outlining the project, vision, engagement strategies, etc. forthcoming in the near future.

Artwork Policy

Bluewater Health began communications of our new artwork policy, advising the community how we are choosing pieces that suit our patients, the décor, and the size and location of wall spaces. Corinne Schieman, owner of the local art store, Artopia Gallery & Framing, and local artist Kathy Rath, have been working with hospital and Foundation staff to review Bluewater Health's collection, and identify which pieces are suitable for hanging, which need to be disposed of, and which can be auctioned off in order to purchase new art. Bluewater Health Foundation has begun outreach to donors of artwork with an offer to return their pieces, or include them in a future art auction.

A Culture of Innovation

Bluewater Health Website

The almost 50,000 website visits between October 1 and December 31, 2011 are up 20% compared to the same quarter in 2010. Both *unique* visitors and *new* visitors were up 20% over the previous quarter. Interestingly, there were 2,140 visitors who went to the site more than 100 times in the quarter. Of the total visits, 38% was through direct traffic, 26% came to the site as a result of searches, and 36% through referrals from other sites. A social media task team has developed strategies to utilize Wikipedia, YouTube, Facebook & Linked In, to expand our communications reach.



**Executive Director Report
February 22, 2012**

The Holiday mail appeal marked the beginning of the MRI campaign. To date, we have raised close to \$100,000 towards the new MRI. We are grateful to the Sarnia-Lambton community for their generous response to our appeal.

Dream Home 2012 sales are ongoing. The final draw date is February 24. Compared to previous years, we are ahead with ticket sales having sold over 90% of tickets.

The groundwork for the MRI campaign is ongoing. Submissions for campaign materials have been received from several local marketing firms and we are pleased to announce that we have selected Innivity to create our materials. Subcommittees of the cabinet have begun to meet. We are still looking for a Chair for the campaign as well as some community members to sit on our cabinet.

I have met with both of our Auxiliaries in the past month. The Children's Auxiliary has developed a fundraising plan for the coming year. The Bluewater Health Auxiliary has expressed concerns about dwindling membership and difficulty in raising funds. We are working together to come up with new ideas to raise the needed funds to support their goals.

The hiring committee has met with respect to the Gift Development Officer vacancy. We have reviewed the applicants and the first round of interviews took place February 13th. Thank you to Michelle MacKinlay from Human Resources for all of her efforts.

The hospital and Foundation issued a joint press release February 10, 2012 with respect to our new Art Policy and plans for returning previously donated art to donors.

The committee for the revamped "gala" has begun meeting on a regular basis and have created a new and exciting event for the Foundation. Please hold the date, October 20, 2012, for Gourmet Giggles!

Respectfully submitted,

Kathy Alexander
Executive Director
Bluewater Health Foundation