



Consolidated Health Information Services

Erie St. Clair Hospitals' Integrated Services Project

Regional IM/IT Strategic Plan - Overview

October, 2011

A Bit About CHIS

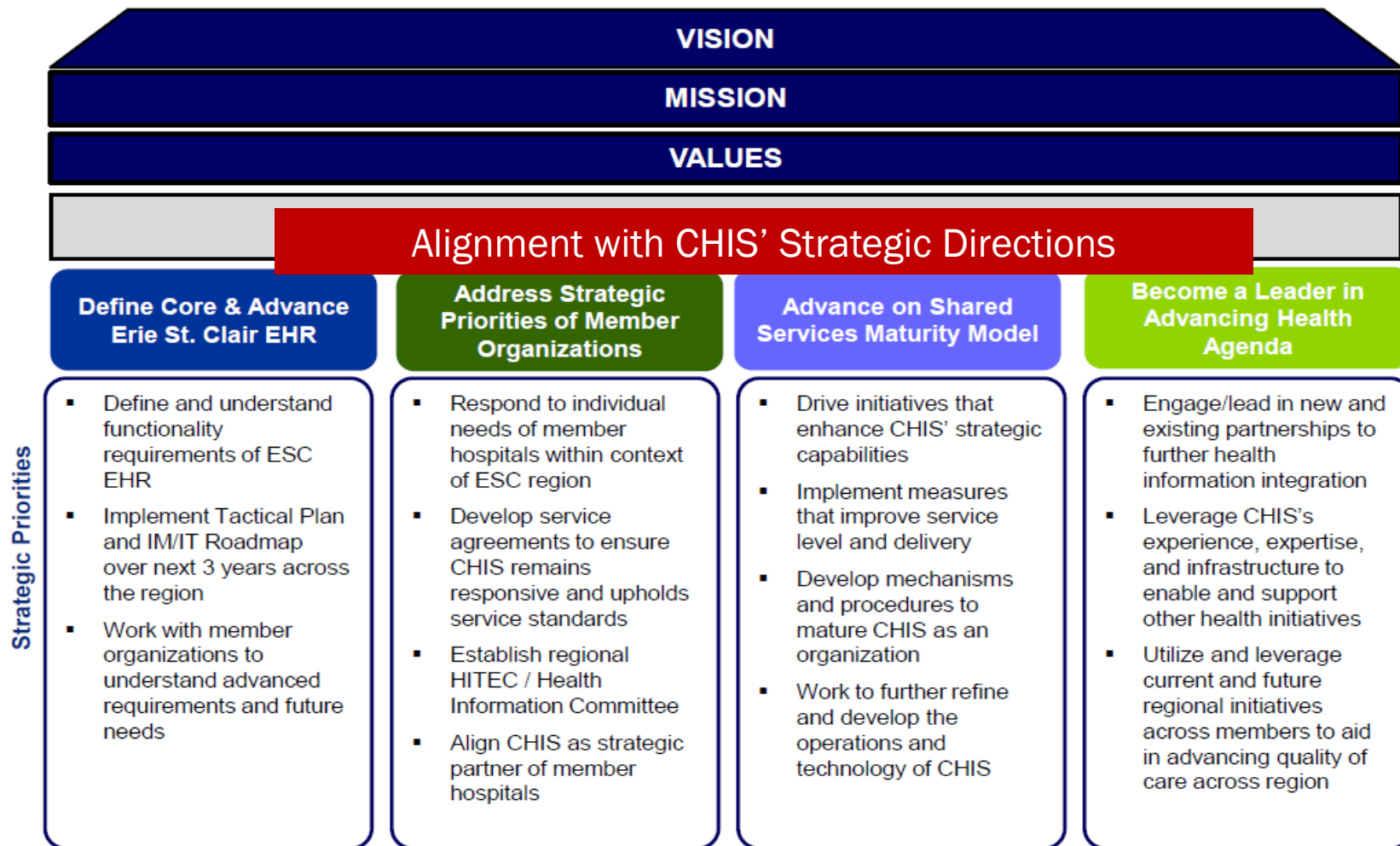
- CHIS is the first and only regional shared services organization in Ontario to lead the planning and implementation of information technology and information management for all of the hospitals in a LHIN.
- CHIS is also responsible for the planning and implementation of provincial eHealth initiatives.
- CHIS is owned and governed by the five hospitals in the Erie St. Clair LHIN.
- 78 FTEs working for CHIS, who are located across the region.
- CHIS operates the regional Project Management Office which manages all IM/IT projects for the hospitals, other health service providers and eHealth Ontario.
- Our Mission is to provide service excellence in information management enabling our customers to deliver exceptional patient care. Our vision is to be the premier health information provider in Canada.

Regional IM/IT Strategic Plan

- First-ever 5-Year Regional IM/It Strategic Plan
- Focused on one outcome:
Fully Integrated Electronic Health Record Across This Region
- Identified 4 Strategic Objectives to support getting us there
- Identified 18 Strategic Initiatives required to achieve Strategic Objectives

The IM/IT strategic plan has been developed to align with and enable the recently renewed mission and vision for CHIS

*To be the premier healthcare information management provider in Canada.
Service excellence in information management enabling our customers to deliver exceptional patient care.*



Significant Transformational Agenda

Driven By:

- Regionalization for the purpose of improved patient care and access to care
- Optimizing scarce/valuable resources
- Leveraging and expanding IM/IT knowledge and expertise

Significant Change:

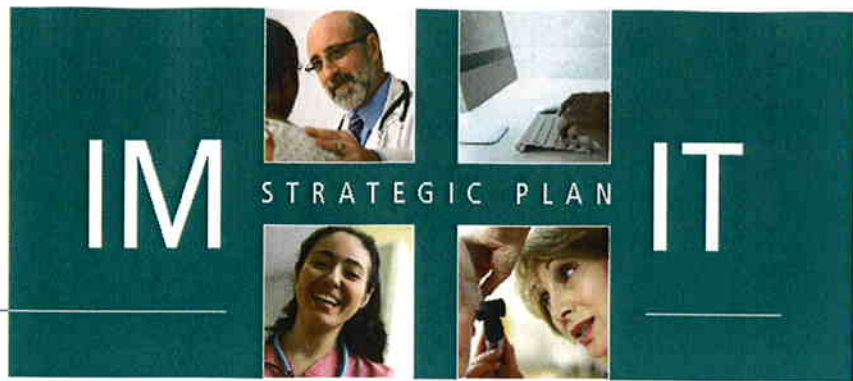
- Implement a single vendor solution for Hospital Information Systems across the region, focused on Core Applications

Where We Are Now

- Implementing local and regional initiatives that support the advancement of the Strategic Plan
- Developing financial plan to support remaining objectives
- Identifying funding sources to support the implementation
- Planning and engaging with local and regional governance bodies
- Ensuring that investments made by hospitals are maximized for long term gains

Thank You!





A REGIONAL IM/IT STRATEGIC PLAN FOR ERIE ST. CLAIR



It gives me great pleasure to share with you the Regional IM/IT Strategic Plan for Consolidated Health Information Services. The completion and approval of the Plan represents a key deliverable of the Erie St. Clair Hospitals' Integrated Services Project.

The Plan is the culmination of several months of work undertaken by CHIS, with support from the Erie St. Clair (ESC) LHIN and Deloitte Inc., to develop a strategic and tactical roadmap that will position CHIS to be able to continue to deliver on its mission and advance the pursuit of our vision. In addition, the Plan sets out the activities that will need to take place in order to support the goals of eHealth Ontario and the broader goals of the Ministry of Health and Long-Term Care as they relate to the development and application of IM/IT as a strategic enabler in strengthening Ontario's health care system.

The CHIS governance and operating model is unique in Ontario, particularly in light of the fact that we are the only IM/IT shared services organization owned by all of the hospitals in a LHIN. Our operating model, while unique, is also extremely advantageous, as it allows us to be able to plan within a regional context, while at the same time, appreciating and serving the local needs of our Member hospitals. This positioning has supported the development of a Plan that I believe, ensures the continued growth and development of the hospitals and CHIS and presents us with a significant opportunity to move forward with regional IM/IT planning and implementation across Erie St. Clair.

Over the coming weeks and months, we will be reaching out to you, our stakeholders, to assist us in our tactical planning by providing your input, insights and ideas for moving the Plan forward as efficiently and effectively as possible. This is an exciting and important achievement for CHIS, its Member Hospitals, other health service providers and ultimately, the people we serve in Erie St. Clair.

This document provides a high-level overview of the Plan. A copy of the complete Regional IM/IT Strategic Plan is available on our website at www.consolidatedhealth.ca. I look forward to your comments and participation as we move forward.

Sincerely



Stephen Banyal, President and CEO
Consolidated Health Information Services

PLANNING PROCESS

As a regional IM/IT Plan, it was important to gain the perspectives of stakeholders both within Member hospitals and more broadly, across the LHIN. This has helped to ensure an awareness of the Plan's goals across the health system in ESC and input from both institutionally-based and community-based health services providers and others who will be impacted by the Plan. In addition, an extensive review and analysis of CHIS' current state was undertaken to identify strengths, opportunities and areas for improvement.

In summary, the process undertaken to develop the Plan included:

- Extensive stakeholder engagement through discussions, interviews, focus groups and surveys
- A qualitative assessment of LHIN initiatives, CHIS' operating model (including a review of shared services 'best practices' in other jurisdictions), CHIS' infrastructure, CHIS' governance and core applications in region
- A quantitative assessment of operating performance, IT budgets and staffing
- A gap analysis and the development of short and long-term mitigation strategies
- Identification of opportunities and directions to inform the Strategic Plan
- Comprehensive review of the draft plan, including input from the CHIS Management Team

As a result of the foregoing, we have been able to build a plan that is both ambitious and realistic. It sets out the future state directions for CHIS, the practical activities that we are currently committed to carrying out and the scope and timelines of future activities that will bring us to our desired end state of a fully integrated Electronic Health Record (EHR) in ESC. It recognizes the information management needs of the hospitals and the region as a whole, as well as the technology enablers and resource supports (both financial and human) that will be required to bring it to fruition.

The plan also provides CHIS' management team with internal operational opportunities that will be implemented to strengthen our internal processes and procedures as well as service delivery to our customers.

SETTING IM/IT STRATEGIC DIRECTIONS

Four IM/IT strategic directions were set in relation to the Regional IM/IT Strategic Plan:

- Define Core Systems and Advance Erie St. Clair Electronic Health Record
- Address Strategic Priorities of Member Organizations
- Advance on Shared Services Maturity Model
- Become a Leader in Advancing Health Agenda

From these strategic directions it was determined that there were a number of priorities that supported the IM/IT Strategic Plan.

continued over...

MISSION

Service excellence in information management enabling our customers to deliver exceptional patient care

VISION

To be the premier healthcare information management provider in Canada

SETTING IM/IT STRATEGIC DIRECTIONS continued...

In order to achieve success it was determined that CHIS should aim to:

- Support the improvement of the electronic capture of information;
- Integrate current information and enhance its use;
- Develop advanced analytics capabilities across the Erie St. Clair Region;

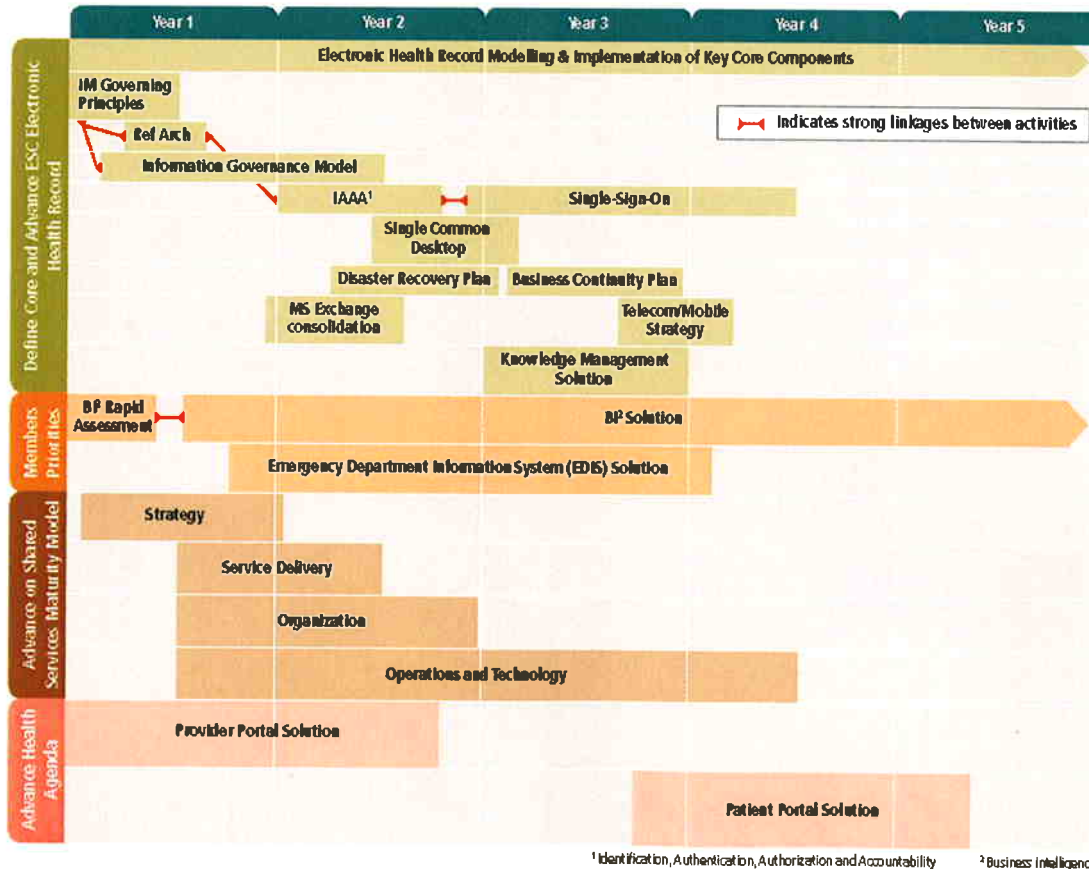
- Consolidate technologies across organizations to improve service delivery;
- Improve people management capability;
- Improve communication within the organization and member organizations.

The activities detailed in the Plan, both individually and collectively, correspond directly to these aims.

IM/IT STRATEGIC DIRECTIONS



REGIONAL IM/IT STRATEGIC ROADMAP





BLUEWATER HEALTH

Life, health and renewal.

Breast Assessment Program

Dr. Rishi Duggal

Our Strategic Priorities



Vision: Exceptional Care - Exceptional People - Exceptional Relationships

Values: Compassion, Accountability, Respect, Excellence (CARE)

Breast Assessment Program or BAP

- Patient-centered approach
- Improving access
- Providing support
- Timely diagnosis
- Coordinated referral and follow up
- Established and monitored quality indicators
- Component of Bluewater Health's cancer care program

Diagnostic Imaging Breast Assessment Process

Abnormal/Suspicious Mammogram

- Referral to BAP for follow up breast imaging to mammography in Sarnia, including biopsy if required, **same day**
- Results provided to patient **same day** if no biopsy
- BAP nurse coordinator guides and supports patient through program and keeps family physician or nurse practitioner informed
- Biopsy pathology reports usually provided within 48 hours
- If positive, physician or nurse practitioner is contacted and immediate seamless referral from BAP to cancer program

Referral Process

- Radiologist flags abnormal breast imaging study and refers to BAP
- Ordered by physician or nurse practitioner due to clinical finding
- Ordered by physician or nurse practitioner after abnormal breast imaging performed at another facility

Implementation and Communication

- Multidisciplinary proposal was developed and submitted to Cancer Care Ontario (CCO) in 2009. CCO approval May 2011 and implementation June 2011.
- Overall Cancer Care program processes & BAP presented and communicated to physician groups including CEEH physicians.
- Communications discussing the new BAP, including referral process, sent to all physicians June 2011. Physicians began referring patients to BAP.
- Dr. Potts presented at Rural Health Family Practice Team September 2011
- New Cancer Center launched September 2011 with media coverage.
- Mammo volumes at CEEH significantly reduced and CEEH DI staff raise concerns of loss of volume. Staff continue to rotate through DI at both sites.

BAP Data

- 490 clients since June 6 implementation through Oct. 20th
- Radiologists have performed 155 biopsies (1/3)
- 52 positive findings referred to cancer centre (1/3)
- Time from initial breast imaging to biopsy significantly reduced since BAP implementation

Mammography Data

Sarnia

- 2010/2011 – 7,675 mammograms
- Approximately 2 week wait time non urgent
- June 1st to Oct. 14 : 3,170

CEEH of Bluewater Health

- 2010/2011 – 618 mammograms
- No wait time
- Currently 10 mammograms booked in Petrolia for the week of October 17.
No future bookings.
- June 1st to Oct. 14 : 256

Next Steps

- Mammography centralization to Sarnia

Why?

- Unable to maintain minimum volumes required for quality and competency and continued accreditation
- Improve coordination and standardization of care through BAP, including report turn around time and immediate consultation with radiologist
- Consensus agreement amongst radiologists and administration for centralization in the interest of best patient care
- Expansion of OBSP for women aged 30 – 69 at high risk. MRI is part of the screening. We plan to implement when new MRI is operational.
- Increased utilization of breast MRI in addition to other imaging modalities

When?

- Recommendation of December 1, 2011

Thank you.

Questions?



BLUEWATER HEALTH

Open board
Item #

ISSUE REPORT TO THE BOARD

SUBJECT: Bluewater Health Breast Assessment Program & Mammography Centralization

Purpose of Report:

Info

Input

Approval

Board Meeting Date: Oct. 26, 2011

Time: Location: Mitton site, Sarnia

Situation:

- BWH Sarnia site has been an Ontario Breast Screening Program (OBSP) approved site since 1997.
- The OBSP established the multidisciplinary Breast Assessment initiative in 1999. The objective was to promote improvement in Breast Assessment which included establishing timelines for fast tracking women with abnormal breast findings from screening through biopsy and pathology results.
- As directed by the Board in 2009, a full review of cancer care at Bluewater Health has been completed with the culmination and fully launched comprehensive Cancer Services Plan for Bluewater Health in September 2011. The 4 types of cancer addressed in the comprehensive Cancer Services Plan include colorectal, breast, prostate and lung cancer.
- With the implementation of an organized, comprehensive, and improved cancer service for Bluewater Health, the Breast Assessment Program (BAP) proposal was approved by Cancer Care Ontario (CCO) May, 2011 and implemented at BWH Sarnia Site on June 6, 2011.
- BWHs Breast Assessment Program follows the best practice guidelines established by CCO. Prior to the BAP implementation, BWH met the timeline indicator (time from referral to biopsy completion) only 31% of the time. Since implementation of the BAP, BWH now achieves the timelines 100% of the time.

Background:

In the summer of 2009, the Board of Bluewater Health directed management to complete an analysis of all cancer care services (including services provided to Sarnia-Lambton residents external to Bluewater Health) for its further review and discussion, in order to appropriately plan for the future of care at Bluewater Health.

Bluewater Health initiated a review of cancer services performed at Bluewater Health along the continuum of cancer services (Prevention; Screening; Diagnosis; Treatment; Palliative/End of Life; Recovery), assessing gaps in service and gaps or ability to meet standards of care as defined by Cancer Care Ontario. A broad inclusive process was used to conduct the analysis and prepare the report its recommendations.

Healthcare providers, patients, families and referring physicians were engaged in the planning process. As stated by one participant, "The fight against cancer is a very personal journey filled with fear, anxiety, the sense of unknown and hope. While expectations are varied based on personal

and individual circumstance, there are basic system perspectives, which if achieved would serve to improve how Bluewater Health serves this group of people at one the most vulnerable times in their lives.”

The analysis and review represented a significant clinical services review with respect to core cancer services. The plan positions Bluewater Health to deliver coordinated, quality patient and family focused care and is in alignment with the strategic priorities of Bluewater Health. The plan will improve accessibility, continuity of care, shorten wait times, enable Bluewater Health to meet CCO and Canadian Association of Radiologists (CAR) standards, and enable Bluewater Health to continue to advance towards excellence in Cancer Care.

The Bluewater Health Cancer Care Plan was endorsed by the Board of Directors of BWH on June 23, 2010.

The Cancer Care Program and BAP, align with BWH’s strategic plan and more specifically with the multiyear goal- 1.1. This goal states, ‘By 2010, Bluewater Health will have achieved an organizational culture that places top priority on quality service and patient safety through continuous improvement and a commitment to evidence-based practice.’

Analysis:

- Cancer Care program, once approved, was communicated to stakeholders within BWH. The BAP approved by CCO is a subset of the Cancer Program
- Diagnostic Imaging Process for BAP is as follows:
When an Abnormal/Suspicious Mammogram is identified:
 - Referral to BAP for follow up breast imaging to mammography in Sarnia, including biopsy if required, **same day**
 - Results provided to patient **same day** if no biopsy
 - BAP nurse coordinator guides and supports patient through program and keeps family physician or nurse practitioner informed
 - Biopsy pathology reports usually provided within 48 hours
 - If positive, primary care physician or nurse practitioner is contacted and immediate seamless referral from BAP to cancer program
- BAP is an evidenced based, value add quality program for people in Sarnia/Lambton. For reasons of meeting quality criteria, access to radiologists and the nurse coordinator, and the Cancer Care Program, BWH offers the BAP at the Sarnia site only.
- In 2010/11, BWH performed 7675 mammography exams at its Sarnia site and 618 mammography exams at CEEH. Since the introduction of BAP, mammography volumes at CEEH have steadily declined.
- It is important for cancer services to be delivered to patients in an organization that performs sufficient volumes to attain a high quality of service and meet the CAR standards for Accreditation and CCO standards of care.
- From June 6, through Oct. 20, 2011, 490 people with abnormal/suspicious mammograms, have been immediately assessed through the BAP and 155 biopsies have been performed by the radiologists.
- Sarnia Site operates 2 newer (2008) digital mammography units 5 days/week. The Sarnia site has capacity to accommodate all of the additional patient volumes currently served at CEEH without increasing wait times.
- CEEH operates 1 older (1999) analog mammography unit 2 days/week.
- Mammography Accreditation, through the Canadian Association of Radiologists (CAR), has very specific criteria requirements. BWH received a certification extension of 3 years (Feb 2010) following 3 separate & distinct submissions over a 2 year period before meeting minimum criteria. The low volumes of mammograms performed, limited the opportunity for the variety of breast tissue images, which is required to achieve accreditation.
- From a financial perspective, BWH anticipates a savings of approximately \$20,000 on an annual basis by centralizing mammography services in Sarnia. The analysis and recommendations are not driven by the financial savings. Management proposes to reinvest any savings in required programming at CEEH.
- CCO have very specific quality indicators that the BAP program must meet. They include 4 timeline indicators, 1 follow-up procedure indicator and 3 biopsy indicators.

- The hospital will not be able to meet these standards for patients receiving mammograms at CEEH. Patients will experience a delay in access to interventions, diagnosis and treatment (if necessary).
- BWH will be in a position to qualify and offer expansion of OBSP & BAP once the new MRI is in place (Spring 2012) with breast imaging capability. This service is targeted for women age 30-69 at high risk for developing breast cancer.
- The Communication Plan regarding the Cancer Care Assessment and Treatment Centre, of which BAP is part is ongoing and includes:
 - Multidisciplinary proposal was developed and submitted to Cancer Care Ontario (CCO) in 2009. CCO approval May 2011 and implementation June 2011.
 - Overall Cancer Care program processes & BAP presented and communicated to physician groups including CEEH physicians.
 - Communications discussing the new BAP, including referral process, sent to all physicians June 2011. Physicians began referring patients to BAP.
 - Dr. Potts presented at Rural Health Family Health Team September 2011
 - New Cancer Center launched September 2011 with media coverage.
 - Mammo volumes at CEEH significantly reduced and CEEH DI staff raise concerns of loss of volume. Staff continue to rotate through DI at both sites.
 - Business Director Vicki Lucas and Patient Navigator, Alana Halfpenny has made several presentations both inside the hospital and in the community.
 - There have been articles included in recent publications, PULSE and Bedpost.
 - Dr. Potts presented to the Rural Health Advisory Panel and Community Advisory Panel on October 18th.

Conclusion:

Bluewater Health is committed to providing access and exceptional care, including cancer care, to the Sarnia/Lambton community. An opportunity existed to improve the coordination of cancer care services at Bluewater Health while achieving improvements in all of the domains of quality for this service by fully implementing the Breast Assessment Program. BWH's Strategic Plan and commitment ' *to achieve performance excellence through a culture of patient safety and quality service provision and as a key community partner in the development of an integrated, accessible system of health care for Lambton residents* ', compels BWH to always place quality service and patient safety as our top priority. Evidence-based practice and continuous improvement is a cornerstone of the CCO and BAP standards.

Recommendation:

- BWH should centralize mammography services at the Sarnia site using the digital mammography machines and should discontinue providing such services at CEEH effective December 1, 2011.
- As the Rural Health Advisory Panel and Community Advisory Panel recommended on Oct. 18, 2011, BWH should implement a comprehensive communication plan to the Petrolia community once the Board makes its decision. The communication plan should include details of the Breast Assessment Program and the rationale for centralization.
- BWH should continue discussion with CCO regarding expansion of the OBSP at BWH to include women age 30 to 69 at high risk for breast cancer. This requires MRI imaging. This program expansion has been discussed with CCO for implementation at BWH with the installation of the new MRI scheduled for Spring 2012.

Result of Board's Review:



Quarterly Investment Report
As at September 30, 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.

Substantial completion payment is set for October 14, 2011. To that end, funds have been transferred to the Project Account which is overseen by Computershare (trustee) in Toronto. Direction has been given to Computershare to transfer the deposited funds on that date.

	<u>Sep 30</u>	<u>Jun 30</u>
Hospital Redevelopment Project		
Current Balance (including cash) ¹	\$ 16,934,944	32,757,916

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	\$ 1,016,885	1,012,958
CEE Endowment Investments	<u>787,034</u>	<u>790,723</u>
Current balance (excluding cash)	\$ 1,803,919	1,803,681
CEE Endowment Investments Cash	<u>2,315</u>	<u>5,762</u>
Total CEE Investments ²	\$ 1,806,234	1,809,443

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>Sep 30</u>	<u>Jun 30</u>
¹ Hospital Redevelopment Project Current Balance Breakdown		
Superbuild Investment Account	\$ 10,626,195	19,632,018
Superbuild Sinking Fund	264,569	9,556,980
Capital Bank Account	4,031,627	1,560,103
New Capital Bank Account	<u>2,012,553</u>	<u>2,008,815</u>
Total	\$ 16,934,944	32,757,916

Overall decrease in Hospital Redevelopment Project Accounts is due to our Substantial Completion invoice coming due for payment on October 14, 2011. To get ready for payment in October we had to transfer the appropriate funds to Computershare (not listed above) to pay for invoice.

Activity in these accounts included a \$2.4M GIC matured and was deposited into Capital Bank Account, the Capital Bank Account is the account the taxes of the Substantial Completion invoice will be paid out of. Also, a \$5M GIC from the Superbuild Investment Account matured and was deposited into the Sinking Fund. \$14,400,000 from the Sinking fund was transferred to Computershare to go towards Substantial Completion Invoice.

²CEE Investments:

Reconciliation of Total CEE Investments to Balance Sheet

Total CEE Investments per above	\$ 1,806,234	1,809,443
Less Endowment Cash	(2,315)	(5,762)
Add Accrued Interest on A23 Bond	1,166	625
Less Book Value to FMV of A23 Bond	<u>(2,458)</u>	<u>(2,607)</u>
Total	\$ 1,802,627	1,801,699

CERTIFICATE OF THE CHIEF FINANCIAL OFFICER
OF
BLUEWATER HEALTH

TO: The Board of Directors

RE: Corporate Governance Matters
For the period July 1st through September 30th, 2011
(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 September 30th, 2011 in respect of all tax and related withholdings and remittances required by law, including in respect of items (i) through (v) below:
 - (i) Income tax withholdings with respect to payments to non-residents;
 - (ii) Canada Pension Plan contributions;
 - (iii) Employer's and employee's portions of Employment Insurance Act contributions.
 - (iv) Income tax contributions; and
 - (v) Employer Health Tax Act contributions.
3. Bluewater Health is current at September 30th, 2011 in respect of the payment of all salaries to its employees.
4. Bluewater Health is current at September 30th, 2011 in respect of the payment of pension amounts to the Hospitals of Ontario Pension Plan (HOOPP).
5. Bluewater Health has received notification of pending tax refunds:
 - a. The final provincial review of Retail Sales Tax (RST) in advance of the closure of the provincial office has identified a refund of \$767,368.91. This covers the purchase of disputed capital items for approximately the last five years. The dispute centers on the definition of assets used for clinical purposes such as the picture archiving system (PACS). We anticipate receipt of the cheque shortly; and
 - b. A recent review of the GST paid with respect to the retail areas of the building project suggest, we did not claim all the input tax credits available. We have made application for a net refund of approximately \$180,000. CRA has acknowledged our application.

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

7. The Hospital's purchasing and accounts payable functions are processed through the materials management shared-services organization, PROcure. The Hospital Director of Finance has received increased access to PROcure's internal general ledger system and can now access greater information on invoices and expenses paid. The Finance Department continues to work closely with PROcure staff to review payments and identify/correct any errors found.

8. PROcure has received its draft management letter from their auditors. It contains observations concerning current internal controls. PROcure's plans to address the observations will be discussed with the PROcure Board. My recommendation will be that these management plans also be shared with the Boards of the five partnering hospitals.

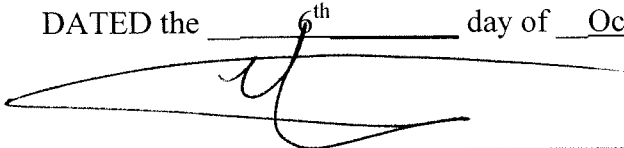
9. The necessary funds CDN \$33,217,790.62 have been deposited to the Redevelopment Project trustee bank account to meet the October 14th payment due date as specified under the terms of the Guaranteed Price Contract. The necessary direction has been issued to the trustee, Computershare, to complete the transaction.

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

11. 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.

12. 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 9th day of October, 2011.



Mr Stephen B Anema
Chief Financial Officer

Bluewater Health Board of Directors Work Plan 2011-12

10/21/2011

Strategic Priority #	Board Responsibility and Action	Board Goal #	Policy Reference #	Role	2011					2012						Administrative Lead	Status	Date & Comments
					Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			
1.0 Establishing Strategic Direction																		
1.1	2009/12 Strategic Plan Implementation / Monitoring (Board receive quarterly progress reports and G&N annual review).	3	1.30 5.15	Decision Making Oversight				✓			✓			✓		S. Denomy C. Murphy		
1.2	Review and approve plan for the 3-year cycle review of the Strategic Plan and begin implementation. (Plan for 2013-16 to be reviewed/approved by March 31/13)	1,3	1.30 5.15	Decision Making			✓				✓			✓		S. Denomy C. Murphy		
1.3	Monitor organizational performance regularly against the performance indicators within monthly monitoring process for BWH/Corporate Balanced Scorecard (Resource, Quality & QIP), including providing oversight for remediation/ improvement plans.	1,3	1.40 5.15	Oversight		✓	✓	✓	✓	✓	✓	✓	✓	✓		S. Denomy	In Progress	

Bluewater Health Board of Directors Work Plan
2011-12

10/21/2011

Strategic Priority #	Board Responsibility and Action	Board Goal #	Policy Reference #	Role	2011					2012						Administrative Lead	Status	Date & Comments
					Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			
1.4	Review and approve the annual Quality Improvement Plan (QIP) to submission to MOHLTC, LHIN & OHQC (ECFAA).	1,3	1.3 3.30 5.15	Decision Making Oversight								✓				M. Taylor		
1.5	Monitor QIP implementation and outcomes quarterly.	1,3	1.30 1.40 5.15	Oversight		✓		✓			✓			✓		M. Taylor	In Progress	
1.6	Review and revise By-laws for the 3-year cycle review.	3	5.15	Policy Formation										✓		S. Denomy C. Murphy		
2.0 Providing for Excellence Management																		
2.1	Complete CEO and CoPS performance evaluation and approve CEO and CoPS goals / objectives 2011/12	1,3	2.30	Decision Making Oversight										✓		S. Denomy M. Haddad		
2.2	Establish annual CEO and CoPS performance expectations through the review and approval of goals, objectives and work plans	1,3	2.30	Decision Making Oversight		✓								✓				
2.3	Determine annual compensation for CEO, CoPS	3	2.30	Decision Making										✓				

Bluewater Health Board of Directors Work Plan
2011-12

10/21/2011

Strategic Priority #	Board Responsibility and Action	Board Goal #	Policy Reference #	Role	2011					2012						Administrative Lead	Status	Date & Comments
					Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			
2.4	Ensure CEO and CoPS establish an appropriate succession plan for BWH leaders and Professional Staff by reviewing and approving such plans annually.	1,3	2.10 5.15	Decision Making Oversight										✓		S. Denomy M. Haddad		
2.5	Ensure CEO and CoPS establish human resource plans for hospital staff and the Professional Staff by reviewing and approving such plans annually.	1,3	5.15	Decision Making Oversight										✓		S. Denomy M. Haddad		
2.6	Review and approve recommendations on salary compensation reviews as recommended by RU&A	3	2.30	Decision Making								✓				S. Denomy		
2.7	Review and approve Medical Director and other medical leadership position appointments, upon recommendation of the CoPS (<i>timing as per contracts</i>)	1,3	5.15	Decision Making												M. Haddad		

Bluewater Health Board of Directors Work Plan
2011-12

10/21/2011

Strategic Priority #	Board Responsibility and Action	Board Goal #	Policy Reference #	Role	2011					2012						Administrative Lead	Status	Date & Comments
					Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			
3.0 Ensuring Program Quality and Effectiveness																		
3.1	Receive reports from the CEO in relation to the 3rd party whistleblower service (annually).	3	3.60	Decision Making Oversight								✓				S. Denomy		
3.2	Accreditation - 1) implement action plan for three (3) yellow flags/high priority items, address the unmet criterion and enter "evidence" into Accreditation Canada portal for the "Sustainable Governance" 2) monitor plans to address "conditions" and unmet standards/criteria for the organization, as identified in 2011 Accreditation Canada report.	1,3	3.30 5.15 5.40	Oversight					✓				✓			S. Denomy M. Taylor C. Murphy	Completed	
3.3	Review and approve appointments, reappointments & privileges for Professional Staff, upon recommendation of MAC	1,3	5.15 2.40	Decision Making Oversight		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	M. Haddad	In Progress	

**Bluewater Health Board of Directors Work Plan
2011-12**

10/21/2011

Strategic Priority #	Board Responsibility and Action	Board Goal #	Policy Reference #	Role	2011					2012						Administrative Lead	Status	Date & Comments
					Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			
3.4	Review fairness and effectiveness of the credentialing process periodically.	1,3	5.15 2.40	Decision Making Oversight									✓			M. Haddad		
3.5	Review quality goals/objectives and related indicators annually.	1,3	3.30	Decision Making			✓									S. Denomy M. Taylor	In Progress	
3.6	Review and approve recommendations from Quality & G&N Committees on the adoption of best practices from the "Effective Governance for Quality and Patient Safety" Toolkit	1,3	3.30	Decision Making					✓					✓		M. Taylor C. Murphy		
3.7	Monitor Patient Safety Program	1,3	3.10 3.30	Oversight		✓		✓			✓			✓		M. Taylor		
3.8	Monitor Pandemic Plan annually	1,3	3.10 3.30	Oversight					✓							M. Taylor		
3.9	Monitor Risk Management processes and outcomes- (concerns and complaints monitoring reports, incidents & adverse events quarterly).	1,3	3.40	Oversight		✓	✓			✓			✓	✓		S. Denomy M. Taylor	In Progress	

Bluewater Health Board of Directors Work Plan
2011-12

10/21/2011

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					Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			
3.10	Monitor Risk Management processes and outcomes- (litigation claims review quarterly).	1,3	3.40	Oversight		✓		✓			✓			✓		M. Taylor	In Progress	
3.11	Monitor ethical framework outcomes & related policies annually.	1,3	3.45 3.70	Policy Formation Oversight				✓						✓		M. Taylor		
3.12	Critical Incident Monitoring/Reporting - Receive and review Critical Incident Aggregated Data reports at least 2 times annually from the Quality Committee/other actions for the Board).	1,3	3.30	Oversight												M. Lapaine S. Anema M. Taylor		
3.13	Review recommendations from the Quality Committee on any systemic or recurring quality of care issues within the hospital (PHA Reg 965 requirement)	1,3	3.30	Decision Making Oversight												M. Haddad		Tracking based as issues arise.
3.14	Review reports from Quality Committee on the outcomes of stakeholders satisfaction surveys and issues to be addressed (ECFAA)	1,3	3.30	Decision Making Oversight					✓		✓			✓		M. Taylor B. O'Neil		Tracking pending Quality review

Bluewater Health Board of Directors Work Plan
2011-12

10/21/2011

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3.16	Receive and approve annual resource utilization objectives and indicators.	3	4.10	Decision Making									✓			M. Lapaine S. Anema		
3.17	Monitor resource utilization processes and outcome (e.g. cost per weighted case)	3	4.10	Oversight		✓										M. Lapaine S. Anema M. Haddad		
4.0 Ensuring Financial Viability																		
4.1	Ensure operating budget plans for quality of care implications annually.	1,3	3.30	Decision Making						✓						M. Haddad		
4.2	Review and approve Audit firm, upon recommendation of RU&A	3	5.15 5.40	Decision Making Oversight										✓		M. Lapaine		
4.3	Receive annual audit plan and monitor interim and final audit including the Service Auditor's 5970 Report (SAR) for PROcure	3	5.15 5.40	Decision Making Oversight				✓				✓	✓			M. Lapaine		
4.4	Review and approve a detailed annual budget/plan for capital and operating revenues and expenditures.	1,3	4.1 5.15	Decision Making			✓					✓				M. Lapaine	Deferred	Deffered to the November 30 mtg

Bluewater Health Board of Directors Work Plan
2011-12

10/21/2011

Strategic Priority #	Board Responsibility and Action	Board Goal #	Policy Reference #	Role	2011					2012						Administrative Lead	Status	Date & Comments
					Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			
4.5	Review the Hospital Service Accountability Agreement (H-SAA) & the Multi-Sectoral Service Agreement (M-SAA) as recommended by RU&A and approve for submission to the ESC LHIN	1,3	4.10 5.15	Decision Making	✓		✓									M. Lapaine		
4.6	Monitor financial performance periodically against budget and agreed-upon indicators.	3	4.10 4.40	Oversight	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	M. Lapaine	In Progress	
4.7	Review and approve any banking arrangements of the Corporation and revisions to the Banking Resolution as recommended by RU&A.	3	4.80	Decision Making										✓		M. Lapaine		

Bluewater Health Board of Directors Work Plan
2011-12

10/21/2011

Strategic Priority #	Board Responsibility and Action	Board Goal #	Policy Reference #	Role	2011					2012						Administrative Lead	Status	Date & Comments
					Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			
4.8	Receive Quarterly CFO report to the Board outlining that all workplace legislative requirements have been completed, including submission of required information to government agencies and posting of prescribed information and ensure the amount of liability and cumulative liability along with the HIROC report is reported.	3	5.15	Oversight	✓		✓			✓			✓			M. Lapaine	In Progress	Approved by the Board: Sept 28/11
4.9	Review and approve Annual Consultant Expenses report for submission to MOHLTC & LHIN (BPSAA)	3	5.10	Oversight										✓		M. Lapaine		Beginning in Jun 2012, the hospital is required to report to MOHLTC/LHIN regarding consultant use & expenses (BPSAA)

Bluewater Health Board of Directors Work Plan
2011-12

10/21/2011

Strategic Priority #	Board Responsibility and Action	Board Goal #	Policy Reference #	Role	2011					2012						Administrative Lead	Status	Date & Comments
					Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			
4.10	Review and approve posting of Expenses for Hospital Directors and Executive Team (BPSAA).	3	4.75 5.10 5.105	Oversight				✓								M. Lapaine		Beginning in Nov. 2011, Director & Executive expenses are required to be publically available (posted to hospital website) (BPSAA).
4.11	Review and approve public posting of summary information on Allowable Perquisites for Hospital Directors and employees (BPSAA).	3	5.10	Oversight			✓					✓				M. Lapaine		Beginning in Oct. 2011, summary information on Allowable Perquisites are required to be publically available/posted to the hospital website (BPSAA).
4.12	Review BWH insurance coverage and approve any changes as recommended by RU&A.	1,3	4.50	Decision Making			✓									M. Lapaine		

Bluewater Health Board of Directors Work Plan
2011-12

10/21/2011

Strategic Priority #	Board Responsibility and Action	Board Goal #	Policy Reference #	Role	2011					2012						Administrative Lead	Status	Date & Comments
					Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			
4.13	Review report from RU&A on the control and management of investments quarterly and review/approve recommendations on any changes to the investment plan.	3	4.60 5.15	Oversight	✓		✓				✓			✓		M. Lapaine		Approved by the Board: Sept 28/11
4.14	Monitor programs and plans pertaining to the physical facilities and capital redevelopment project and their financial performance against budget	3,4	4.10 5.15	Oversight	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	M. Lapaine	In Progress	
4.15	Review and approve the annual review of the Human Resources Plan for hospital staff and Professional Staff as recommended by RU&A	1,3	4.10 5.15	Decision Making										✓		M. Haddad M. Lapaine		
4.16	Examine and consider the Corporation's financial statements and report of the auditors annually.	3	5.15	Decision Making										✓		M. Lapaine		
4.17	Monitor the financial stewardship principles and identify financial risk management indicators.	3	3.40 4.40 4.50	Oversight				✓						✓		M. Lapaine		

Bluewater Health Board of Directors Work Plan
2011-12

10/21/2011

Strategic Priority #	Board Responsibility and Action	Board Goal #	Policy Reference #	Role	2011					2012						Administrative Lead	Status	Date & Comments
					Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			
4.18	Review and approve annual attestation for compliance with lobbyist rules, expenses, procurement and perquisites and report to the LHIN (BPSAA)	3	4.7 4.75 5.105	Oversight										✓		M. Lapaine		Beginning in June 2012, Attestation Form addressing these issues is required to be submitted to LHIN (BPSAA).
4.19	Review and approval annual attestation for compliance with Public Sector Restraint to Protect Public Services Act, 2010	3	5.10											✓		M. Lapaine		Report due no later than May 1st for previous fiscal year attesting to compliance with the Act.
5.0 Ensuring Board Effectiveness																		
5.1	Establish annual Board goals and develop annual work plans for: - Board of Directors - Governance and Nominating Committee - Quality Committee - Resource Utilization and Audit Committee	1,2, 3	5.85	Decision Making			✓									C. Murphy		
5.2	Review and revise Terms of Reference for all Board Standing Committees.	2,3	5.40	Decision Making										✓		C. Murphy		

Bluewater Health Board of Directors Work Plan
2011-12

10/21/2011

Strategic Priority #	Board Responsibility and Action	Board Goal #	Policy Reference #	Role	2011					2012						Administrative Lead	Status	Date & Comments
					Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			
5.3	Review recommendation of the Nominating Committee for the 2012 AGM, and undertake succession planning for Board Officers, Directors and Non-Director Committee Members.	3,4	5.70	Decision Making								✓		✓		C. Murphy		
5.4	Complete review and revision of Board policies* (*see Policy Development/Review monitoring chart), as per 3-year cycle requirement.	1,2,3	5.85	Policy Formation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	C. Murphy		
5.5	Continue to strengthen Board website and promote increased use by Directors and other Board meeting participants.	2	5.80 5.90	Decision Making Oversight							✓					C. Murphy		
5.6	Address areas for improvement identified in Board, Director, Committee and other Evaluation surveys (e.g. OHA 2011 Governance Survey).	2	5.86	Decision Making Oversight									✓			C. Murphy		

Bluewater Health Board of Directors Work Plan
2011-12

10/21/2011

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					Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			
5.7	Address Board Education needs (as per Board, Director & Committee Evaluation results), maximizing use of OHA's GCE programs/resources.	2	5.85 5.80 5.90	Decision Making									✓			C. Murphy		
5.8	Continue to strengthen the Board Orientation Program by implementing improvements , as per Board, Director & Committee Evaluation results, including exploring development of e-learning modules and maximizing use of OHA's GCE programs/resources.	2	5.80	Decision Making						✓						C. Murphy		
5.9	Complete Board, Individual Director, Non-Director Committee Member, Board Officer, Committee Chair, Board meeting and Committee Evaluations (as per policy requirements)	2	5.86 (5.45 5.50 5.55 5.60 5.65)	Decision Making Oversight				✓						✓		C. Murphy		

Bluewater Health Board of Directors Work Plan
2011-12

10/21/2011

Strategic Priority #	Board Responsibility and Action	Board Goal #	Policy Reference #	Role	2011					2012						Administrative Lead	Status	Date & Comments
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5.10	Continue to strengthen Board meeting processes (e.g. agendas, issues/decisions summaries, time management) participation, evaluation.	1,2,3	5.85	Decision Making Oversight				✓					✓			S. Denomy C. Murphy		
5.11	Address action items arising from the HIROC Risk Management Self Appraisal survey.	1,3	3.10 3.30 3.40 4.10 4.100 5.70 5.90	Decision Making Oversight							✓					C. Murphy		
5.12	Review reports from G&N Committee on the execution of implementation plans for compliance with ECFAA, BPSAA, including FIPPA (see ECFAA/BPSAA Compliance Tracking document)	1,3	5.15	Policy Formation Decision Making Oversight				✓		✓		✓		✓		S. Denomy		

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10/21/2011

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					Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			
6.0 Fostering Relationships																		
6.1	Monitor progress and effectiveness of the Community Engagement Strategy, with annual monitoring report provided to the Board through G&N, including ensuring application of the BWH Communications & Community Engagement Template for key issues (e.g. Mitton Site Decommissioning, Budget, expansion/retraction of services).	3	5.10 5.15 6.10 6.15	Decision Making Oversight												C. Murphy		
6.2	Strengthen relationships with MOHLTC, the LHIN, health system partners and other key stakeholders to support fulfilling Bluewater Health's agreements and obligations under LHIN & provincial policies.	3	5.10 5.15 6.15	Decision Making Oversight												S. Denomy		

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2011-12

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6.3	<p>Voluntary Integration Consider and, if appropriate, approve specific voluntary integration initiatives for consideration by the LHIN, upon recommendation of the CEO.</p> <p>Participate through the Chair on the ESC LHIN Governance Advisory Council and other governance forums with health service providers and provide periodic reports to the Board.</p> <p>Establish &/or support mechanisms to dialogue with other health service providers and stakeholders related to specific types of integration initiatives.</p>	1,3	5,10 5.15 6.20	Decision Making												S. Denomy		

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2011-12**

10/21/2011

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6.4	Monitor effective coordination of patient care and positive working relationships with other community health service providers via ALC indicator reporting and other sources.	1,3	3.30 5.10 5.15 6.20	Decision Making Oversight				✓								M. Taylor		
6.5	Review mechanisms to support integration initiatives (e.g. joint ventures and other co-operative arrangements) with other health service providers and stakeholders.	1,3	3.30 5.10 5.15 6.20	Decision Making Oversight								✓				M. Taylor		
6.6	Patient & Family Centered Care - actions for Board to support implementation.	1,3														B. O'Neil		Quality Committee to determine if any for Board and/or Committee work plans

Board Goals 2011-2012

1. Enhance Board and organizational focus on quality and patient safety.
2. Enhance Board orientation, development and continuing education.
3. Enhance Board and organizational openness, transparency and accountability.
4. Oversee the successful completion of the Sarnia Site Redevelopment Project.

Manual	GOVERNANCE POLICY		POLICY
Section 4.0	Ensuring Financial Viability		
Title	PERQUISITES		
Issuing Body/ Prepared By	Governance and Nominating Committee		
Approved by	Board of Directors		Number: GOV 4.80
Effective Date Revised Date	O: October 2011		File Name: Lhgdata\J:\Dept\1\Admin\Board & Board Cmtes\Board BWH\Board Policies\4.80 Perquisites
Controlled document. Any documents appearing in paper form must be used for reference purposes only. The on-line copy on the file server above must be considered the current documentation.			

Purpose

As part of its fiduciary responsibility, the Board of Bluewater Health is required to ensure that the Hospital’s policies and processes regarding the provision of perquisites for Board members and Hospital employees comply with the Ontario Broader Public Sector (“BPS”) Perquisites Directive.

This policy sets out processes to support the Board in fulfilling this responsibility.

Policy

The Board hereby authorizes and directs the CEO to ensure that appropriate and effective processes exist to ensure that provision and reimbursement of perquisites by the Hospital complies with the BPS Perquisites Directive. In this policy, a perquisite is a privilege that is provided to an individual or to a group of individuals, provides a personal benefit, and is not generally available to others employed by or associated with the Hospital.

These processes will be guided by the following three (3) key principles:

- **Accountability**

The Hospital is accountable for its use of public funds. All expenditures must support the Hospital’s objectives.

- **Transparency**

The Hospital’s processes must be transparent to all stakeholders. The rules for perquisites must therefore be clear and easily understood.

- **Value for Money**

Taxpayer dollars must be used prudently and responsibly.

To be allowable, a perquisite must be a business-related requirement for the effective performance of an individual's duties. Authorized perquisites will be reimbursed in a timely manner according to Hospital policies and procedures.

The BPS Perquisites Directive is attached hereto as Schedule "A".

Summary information about allowable perquisites at the Hospital will be made publicly available on an annual basis, in accordance with the BPS Perquisites Directive.

Monitoring

Method & Frequency:

1. Review of the Policy (every three years)

Schedule A

BPS Perquisites Directive



Broader Public Sector Perquisites Directive

**Issued By
Management Board of Cabinet**

August 2, 2011

Broader Public Sector Perquisites Directive

Table of Contents

1. INTRODUCTION.....	3
2. PURPOSE, APPLICATION AND SCOPE	3
3. PRINCIPLES.....	4
4. REQUIREMENTS	5

1. INTRODUCTION

The Government of Ontario is committed to protecting the interests of taxpayers and strengthening accountability for organizations that receive public funding.

The Management Board of Cabinet has issued this directive under the authority of the *Broader Public Sector Accountability Act, 2010* (Part IV.1: Perquisites), the “Act”.

The Act sets out provisions for perquisites that are allowable and those that are not. A perquisite refers to a privilege that is provided to an individual or to a group of individuals, provides a personal benefit, and is not generally available to others.

The requirements set out in this document raise the level of accountability and transparency for designated broader public sector (BPS) organizations¹, contributing to greater alignment with the high standards expected in ministries and agencies of the Government of Ontario.

2. PURPOSE, APPLICATION AND SCOPE

The purpose of this directive is to set out the requirement for the designated BPS organizations to establish rules on perquisites where these are provided through public funds².

The rules apply to any person in a designated BPS organization, including the following:

- appointees,
- board members,
- elected officials (e.g. school trustees), and
- employees.

This directive does not apply to the following:

- provisions of collective agreements
- insured benefits
- items generally available on a non-discriminatory basis for all or most employees (e.g. an employee assistance program, pension plans)
- health and safety requirements (e.g. provision of work boots)
- employment accommodations made for human rights and/or accessibility considerations (e.g. special workstations, work hours, religious holidays)

¹ “Designated broader public sector organization” as defined under the Act (s.1)

² “Public funds” as defined under the Act (s.1)

- expenses covered under an organization’s rules on travel, meals and hospitality (established in accordance with the BPS Expenses Directive)

Note that in this directive, the term, Chief Executive Officer (CEO), refers to the head of operations in a designated broader public sector organization.

In addition, this directive serves as a guideline to all other publicly funded organizations³. This means that these other organizations can consider this directive in any review or development of their policies and practices related to perquisites.

Designated BPS organizations must comply with this directive.⁴ In addition, every funding agreement between a designated BPS organization and a ministry or agency of the Government of Ontario is deemed to include the requirements of this directive.⁵

Where an agreement addresses the subject matter of this directive, this directive prevails over the relevant terms of the agreement if there is any conflict or inconsistency between them⁶.

This directive does not prevail over a collective agreement between an organization and a bargaining agent representing employees of the organization.

3. PRINCIPLES

This directive is based on three key principles.

A) Accountability

Organizations are accountable for their use of public funds. All expenditures support business objectives.

B) Transparency

Organizations are transparent to all stakeholders. The rules for perquisites are clear and easily understood.

C) Value for Money

Taxpayer dollars are used prudently and responsibly.

³ “Publicly funded organization” as defined under the Act (s. 1)

⁴ As set out in the Act (s. 11.1 (5))

⁵ As set out in the Act (s. 19)

⁶ As set out in the Act (s. 21(1))

4. REQUIREMENTS

Every designated BPS organization must establish rules with respect to perquisites. These rules must cover all individuals in the organization.

The term perquisites, or perks, refers to a privilege that is provided to an individual or to a group of individuals, provides a personal benefit, and is not generally available to others.

A perquisite is not allowable if it is not a business-related requirement. To be allowable, a perquisite must be a business-related requirement for the effective performance of an individual's job.

The following requirements must be included in the perquisite rules for the organization.

4.1 Rules on perquisites must set out that the following perquisites are not allowed under any circumstance:

- club memberships for personal recreation or socializing purposes, such as fitness clubs, golf clubs or social clubs
- seasons tickets to cultural or sporting events
- clothing allowances not related to health and safety or special job requirements
- access to private health clinics – medical services outside those provided by the provincial health care system or by the employer's group insured benefit plans
- professional advisory services for personal matters, such as tax or estate planning

These privileges cannot be provided by any means, including:

- an offer of employment letter, as a promise of a benefit,
- an employment contract, or
- a reimbursement of an expense.

4.2 Rules on perquisites must set out that perquisites that are not related to business requirements are not allowed.

4.3 Rules on perquisites must include an accountability framework to ensure that there is appropriate governance, and that everyone understands who in the organization has the authority for approvals. The approval authority for an allowable perquisite should be at a high level within the organization.

4.4 Rules on perquisites must require that good record-keeping practices be maintained for verification and audit purposes.

4.5 Rules on perquisites must set out that a perquisite is allowable only in limited and exceptional circumstances where it is demonstrated to be a business-related requirement for the effective performance of an individual's job.

4.6 Rules on perquisites must set out how summary information about allowable perquisites will be made publicly available. This summary information should be made available on an annual basis. Personal information should not be provided.

Manual	GOVERNANCE POLICY		POLICY
Section 3.0	Program Quality and Effectiveness		
Title	WHISTLEBLOWER POLICY		
Issuing Body/ Prepared By	Governance and Nominating Committee		
Approved by	Board of Directors		Number: GOV 3.60
Effective Date	O: January 2007	Version 3	File Name: "Lhgdata"(J:)/Dept'1/Admin/Board & Board Cmtes/Board BWH/Board Policies/3.60 Whistleblower
Revised Date	R: April 2008 R: October 2011		
Controlled document. Any documents appearing in paper form must be used for reference purposes only. The on-line copy on the file server above must be considered the current documentation.			

1.0 Policy

Bluewater Health (the Hospital) is committed to maintaining a safe, fair and productive environment. All those receiving healthcare services, working at or visiting the Hospital are expected to behave in a professional manner that respects the rights of others and contribute to an environment that is free from verbal or physical abuse, unlawful harassment or discrimination.

Bluewater Health is therefore providing a process for any person associated with the hospital to communicate any legitimate and genuine concerns in relation to:

- Criminal activity, breach of legal obligations, financial malpractice, fraud, or any attempt to conceal information relating to the above, including information that is considered confidential
- Harassment or discrimination of anyone receiving healthcare services, working or visiting the Hospital
- Patient, visitor, staff, physician, volunteer or student safety within Hospital premises

This policy does not apply to:

- Personal complaints concerning an employee's terms and conditions of employment
- Professional staff agreements with the Hospital
- Volunteer and student arrangements with the Hospital
- Any aspects of the working relationship in the Hospital, or
- Disciplinary matters.

Such issues are dealt with under the provisions of duly negotiated agreements (including collective agreements), applicable current hospital policies and procedures, and federal or provincial laws as appropriate.

2.0 General Procedure

- a) Disclosure regarding concerns within this policy may be made, in confidence, to an external firm retained for this purpose. This firm will review the information provided and determine, in consultation with the Hospital, whether an investigation should be conducted and what form it should take. A detailed process will be made available through the selected outside firm.
- b) The investigation, depending on the nature of the matter raised may be –

- Investigated internally by the Hospital
 - Referred to the Hospital's external auditors
 - Investigated externally by an independent organization
 - Referred to the police.
- c) A general update on the investigation will be communicated to the person making the disclosure.
- d) The external firm will provide regular reports to the CEO of Bluewater Health regarding disclosures received pursuant to this policy as well as the outcome of any investigative process.
- e) Notwithstanding section 2 d) any disclosure regarding concerns related to the CEO will be reported to the Board Chair by the selected outside firm.

3.0 Guiding Principles

The guiding principles relating to this policy are –

- Confidentiality for the person making disclosure. (The outside firm will not disclose the individual's name to the hospital. In the case of legal proceedings disclosure to the police and/or courts may be required).
- Anonymous complaints will not be accepted
- The Hospital will treat reprisals towards the person making disclosure seriously and take appropriate disciplinary or other action
- Allegations which are determined to be false or malicious after investigation will be considered to be mischief and treated seriously and appropriate disciplinary or other action will be taken
- The Hospital will not condone any attempt to conceal evidence and/or information relating to matters covered under this policy

Monitoring:

- Method:
1. Review of the policy (every three years)
 2. Reports to Board by the CEO of Bluewater Health related to the Third party Whistleblower services

Statement of Revenue and Expense
Forecast surplus/(deficit) as at March 31, 2012
Based upon the five (5) months ended August 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	53,427	53,629	202	0%	127,806	127,918	112	0%	1
PCOP Revenue (includes Facility & Amort. Funding)	3,650	4,715	1,065	29%	8,731	11,722	2,991	34%	1
OHIP Revenue	7,427	8,473	1,046	14%	17,557	19,916	2,358	13%	2
WSIB Revenue	226	140	(86)	-38%	540	352	(189)	-35%	3
Revenue									
Other Provinces	79	130	51	65%	188	295	107	57%	
Non Residents	49	67	19	39%	116	178	62	53%	
Self Pay	178	180	1	1%	426	402	(24)	-6%	
Room differential	1,418	1,286	(132)	-9%	3,392	3,061	(331)	-10%	4
CC Co-payment	488	414	(73)	-15%	1,167	980	(186)	-16%	5
Recoveries	1,485	1,792	307	21%	3,307	4,380	1,073	32%	6
Parking Revenue	327	429	102	31%	782	902	120	15%	
Other Revenue	21	140	119	562%	170	289	119	70%	
Deferred Equipment Grants	1,779	1,675	(104)	-6%	5,083	5,410	327	6%	7
Interest and Donations	42	51	9	22%	99	108	9	9%	
Administered Programs	1,545	1,715	170	11%	3,689	3,803	115	3%	
Total Revenue	\$ 72,140	74,837	2,697	4%	173,055	179,716	6,661	4%	
Expenses	\$								
Salaries and Wages	36,500	36,019	481	1%	86,590	87,713	(1,123)	-1%	8
Medical Staff Remuneration	7,433	8,138	(705)	-9%	17,572	19,421	(1,849)	-11%	2
Employee Benefits	9,480	9,352	129	2%	21,837	22,750	(912)	-4%	9
Supplies and Expenses	10,198	10,088	110	1%	24,107	23,996	111	0%	
Medical/Surgical Supplies	2,766	3,393	(628)	-6%	6,615	7,859	(1,243)	-19%	10
Drug Expense	2,116	2,193	(77)	-3%	5,061	5,712	(651)	-13%	2
Interest Expense	53	70	(17)	-1%	127	144	(17)	-13%	
Amortization	3,018	2,863	155	292%	7,244	7,743	(499)	-7%	7
Administered Programs	1,556	1,699	(143)	-5%	3,676	3,853	(178)	-5%	11
Total Expenses	\$ 73,120	73,814	(694)	-1%	172,830	179,190	(6,361)	-4%	
LHIN Operating Surplus/(Deficit)	\$ (980)	1,023	2,003	n/a	225	525	300	n/a	
Deferred Building Grants	2,919	2,315	(604)	-21%	7,005	7,005	-	0%	
Building Amortization	3,797	3,115	681	18%	9,112	9,112	-	0%	
Interest on L/T Liabilities	155	147	7	5%	371	371	-	0%	
Hospital Surplus/(Deficit)	\$ (2,012)	75	2,088	n/a	(2,252)	(1,952)	300	n/a	

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

	<u>2011/12</u>	<u>2010/11</u>	<u>%</u>
	<u>Actual</u>	<u>Actual</u>	<u>Change</u>
	<u>Aug-11</u>	<u>Aug-10</u>	
Assets			
<u>Current Assets</u>			
Operating Cash	\$ 2,801	(2,022)	
Superbuild Cash	36,643	14,159	-159%
Superbuild Fund	14,673	16,421	11%
Investments - CEE Site	1,801	1,772	-2%
Accounts Receivable	5,139	7,085	27%
Accounts Receivable - MOHLTC	4,380	852	-414%
Inventories	800	1,001	20%
Prepaid Expenses	1,452	1,276	-14%
Total Current Assets	<u>67,688</u>	<u>40,543</u>	<u>67%</u>
<u>Fixed Assets</u>			
Land and Land Improvements	5,522	5,522	
Building/Building services Equipment	271,426	72,566	
Furniture and Equipment	91,663	100,365	
Less: Accumulated Amortization	(114,169)	(111,102)	278%
Construction in Progress	37,294	223,767	-83%
Other Non Current Assets	322	338	-4%
Total Fixed Assets	<u>292,058</u>	<u>291,454</u>	<u>0%</u>
Total Assets	\$ <u>359,746</u>	\$ <u>331,997</u>	8%
<u>Current Liabilities</u>			
Bank Loans Payable	\$ 0	2,681	-100%
Accounts Payable	2,057	3,075	-33%
Accounts Payable - MOHLTC	10,886	8,402	30%
Accrued Salaries & Vacation Pay	6,788	6,434	5%
Deferred Operating Grant - Trailing Costs	1,020	0	n/a
Current Portion - Long Term Debt	34,466	0	n/a
Other Liabilities	10,093	11,213	n/a
Total Current Liabilities	<u>65,310</u>	<u>31,806</u>	<u>105%</u>
<u>Long Term Liabilities</u>			
Long Term Bank Loans Payable	8,495	5,559	n/a
Long Term Debt	0	18,764	-100%
Deferred Revenue	269,144	260,203	3%
Other L/T Liabilities	7,602	6,571	16%
Total Long Term Liabilities	<u>285,241</u>	<u>291,097</u>	<u>-2%</u>
<u>Equity</u>			
Opening Equity	9,120	11,295	
R&E Surplus/(Deficit)	<u>75</u>	<u>(2,201)</u>	
Total equity	<u>9,196</u>	<u>9,094</u>	<u>1%</u>
Total Liabilities and Equity	\$ <u>359,746</u>	\$ <u>331,997</u>	8%

Hospital Accountability Agreement Indicators:

Negotiated Target

Current Ratio	0.22	0.26	0.30 - 0.36
Working Capital	(14,870)	(21,042)	

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

August 31, 2011 Actual and Full Year Forecast

An overall surplus of \$525K is forecasted for the 2011/12 year end. This is a further improvement from the July forecast where a surplus of \$61K was forecasted. The primary contributing factor to the increased surplus is a Retail Sales Tax Refund entitled to the hospital. The amount of this refund was unknown in prior months.

- 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 (\$3M). 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. It is anticipated that we will have this report in the upcoming months.
- 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** Co-payment revenue is forecasted to come in below budget for the year. Alternative Level of Care (ALC) patients generate co-payment revenue. The number of ALC patients occupying hospital beds is a determining factor in our co-payment revenue.
- Note 6** 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), an increase in building rental income, and the Retail Sales Tax Refund recently awarded.
- Note 7** Deferred Grants and Amortization Expense are forecasting to be similar to prior year actuals.
- 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 greater than budget for the year. With the anticipated PCOP Growth, there will be an increase in benefits - the major increase expected to be In Lieu of benefits for those part-time individuals.
- Note 10** 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, there are anticipated increases in Med/Surg supplies to service the increased volume of patients.
- Note 11** 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.



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	
<ul style="list-style-type: none"> Total Construction is 98% complete. Phase 2 (Russell Building) is 98% complete. We were granted occupancy from the City of Sarnia on September 30, 2011, with the exception of level 3 and the north end of level 1. Ellis Don has committed to completion of these areas before the end of October, in time for staff orientation to commence. MMM Group has put a lien on the hospital due to lack of payment from Farrow Partnership Architects. The value of the lien is \$752,313.34. Ongoing communications have taken place with Farrow Partnership Architects to determine how they will have this lien removed. There is a risk to the hospital if Farrow Partnership goes bankrupt. The Change Order was approved for the Mental Health Consolidation. A revised Project Scope Change Authorization has been signed until MOHLTC funding can be confirmed. At this point the change is reflected in the own funds post contract contingency. Meetings will continue to take place with MOHLTC & IO to see if they will share in the costs for the changes. Please see attached documents for signage. Phase 2 renovations underway – EllisDon is working in the following areas: <ul style="list-style-type: none"> Russell Building All levels – completing deficiencies throughout the building, and completing the final work on level 3 and level 1. Final Occupancy – Health Care Relocations has been hired to complete the final moves; the moves will take place the week of November 21, 2011. Training and orientation for staff begins October 24th until November 11th. 			
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	
<ul style="list-style-type: none"> To date there have been 267 Change Orders issued 			
Approved Change Orders	Value	MOH Share	BWH Share
MOHLTC Shareable*	7,195,968	5,878,657	1,317,311
Own Funds	2,000,638	-	2,000,638
To be Negotiated	-	-	-
<i>Subtotal</i>	9,196,606	5,878,657	3,317,949
Pipeline Change Orders			
MOHLTC Shareable	1,537,363	1,383,627	153,736
Own Funds	-	-	-
To be Negotiated	-	-	-
<i>Subtotal</i>	1,537,363	1,383,627	153,736
Total Change Orders / Pipeline	10,733,969	7,262,283	3,471,686

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)	Apr '11	May '11	Jun '11	Jul '11	Aug '11	Per.Target	Proj. Yr-End	Yr-End Target						
Surplus/(Deficit) YTD	\$ (336,595)	\$ (327,142)	\$ (1,206,556)	\$ 567,386	\$ 1,023,210	\$ (979,673)	\$ 525,380	\$ 225,002	Surplus result of announced base funding increase and ability to recognize more revenue based on forecasted achievement of PCOP volumes.			Nov	Y	
Working Capital (in 000s)	\$ (16,979)	\$ (18,339)	\$ (19,038)	\$ (16,842)	\$ (14,870)	\$ (13,800)	\$ (15,000)	\$ (13,800)	Working Capital has been adjusted by removing all balance sheet transactions related to the new building project (holdbacks, etc.)			Nov	Y	
Hospital Service Accountability Agreement (HSAA) Activity	Jun '11	Jul '11	Aug '11	Prev. Yr. YTD	% change from Prev Yr YTD	YTD Target/Budget	Proj. Yr-End	Yr-End Target	Variances					
Total Margin YTD	-2.81%	0.96%	1.37%	-2.25%	-160.89%	-1.36%	0.29%	0.13%				Nov	Y	
Current Ratio (at that month-end)	0.46	0.47	0.22	0.26	-15.38%	0.33	0.30	0.33 (0.3 - 0.36)				Nov	Y	
Total Weighted Cases YTD (Acute Inpatient, Day Surgery & Endoscopy)	2,504 (May)	3,766 (June)	4,855 (July)	4,062 (Jul 10)	19.52%	4,189	14,565	12,567 (11,310 - 13,824)	666 YTD			Nov	Y	
Acute Inpatient Days YTD (excludes Mental Health, Rehab, & Continuing Care)	13,958	18,476	23,198	21,366	8.57%	23,673	55,493	56,629	1,998 Yr-End			Nov	Y	
Mental Health Inpatient Days YTD	2,287	3,093	3,871	3,526	9.78%	3,595	9,260	8,600 (7,740 - 9,460)	276 YTD			Nov	Y	
Rehab Inpatient Days YTD	2,042	2,733	3,505	2,917	20.16%	3,888	8,385	9,300 (8,835 - 9,765)	660 Yr-End			Nov	Y	
Emergency Department (ED) Visits	21,081	28,585	36,096	36,525	-1.17%	35,240	86,347	84,300	(383) YTD			Nov	Y	
Ambulatory Care Visits	21,111	27,244	34,207	30,438	12.38%	29,262	81,829	70,000 (63,000 - 77,000)	(915) Yr-End			Nov	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)			23,862 (21,476 - 26,248)	856 YTD			11/12 fiscal yr		
Efficiency (monthly indicators)	Jun '11	Jul '11	Aug '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	\$2,693.55 (May)	\$2,668.49 (Jun)	\$2,719.79 (Jul)	\$ 2,924.25	-5.82%				\$ -		Does not include Medicine at CEEH. Prior Year actual has not been regrouped.		Nov	Y
Surgery Direct Cost per Weighted Case (includes Surg IP, Day Surg, OR, and Endo)	\$3,302.16 (May)	\$3,386.07 (Jun)	\$3,389.45 (Jul)	\$ 3,571.44	-4.56%				\$ -		Prior Year Actual has not been regrouped.		Nov	Y
Maternal Infant Child Direct Cost per Weighted Case	\$4,170.14 (May)	\$4,309.23 (Jun)	\$4,348.40 (Jul)	\$ 4,442.13	-2.96%				\$ -		Prior Year Actual has not been regrouped.		Nov	Y
Mental Health Cost per Patient Day	\$ 332.92	\$ 324.90	\$ 322.21	\$ 342.31	-5.87%	\$ 313.43	\$ 330.00	\$ 313.43	\$ (16.57)			Nov	Y	
Rehab Cost per Patient Day	\$ 281.99	\$ 282.29	\$ 286.39	\$ 305.64	-6.30%	\$ 351.43	\$ 300.00	\$ 351.43	\$ 51.43			Nov	Y	
Emergency Department (ED) Cost per Visit	\$ 119.76	\$ 114.14	\$ 112.67	\$ 100.05	12.61%	\$ 105.88	\$ 115.00	\$ 105.88	\$ (9.12)		Includes ER at CEEH Site & GEM Nurses		Nov	Y

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 (Apr - Jun)	Prev. Yr. YTD	% change from Prev. Yr YTD	Q1 YTD (Apr-Jun)	YTD Target/Budget	Proj. Yr-End	Yr-End Target	Variances (Over)/Under Budget			
Total Incremental Funding		2,599,811	1,163,286	123.49%	2,599,811	5,299,220	12,810,512	21,313,345	8,502,833		Nov	
Post Construction Operating Plan (PCOP) Funding		1,540,014	-	N/A	1,540,014	4,413,391	9,053,634	17,750,560	8,696,926	Uncertain of having adequate weighted cases and visits to recognize revenue.	Nov	
Wait-Time Funding		480,784	573,206	-16.12%	480,784	336,302	1,352,600	1,352,600	-		Nov	
Cancer Care Ontario (CCO) Funding		579,013	590,080	-1.88%	579,013	549,527	2,404,278	2,210,185	(194,093)	CCO Funding for Endo, Oncology Drugs, & OBSP	Nov	

Incremental Volume Funding	(quarterly indicators)	Current Quarter (Apr - Jun)	Prev. Yr. YTD	% change from Prev. Yr YTD	Q1 YTD (Apr-Jun)	YTD Target/Budget	Proj. Yr-End	Yr-End Target	Variances			
Cataracts	Base: 720	182	182	0.00%	182	182	720	720	-	Base	Nov	
	Incremental: 457	308	376	-18.09%	308	114	457	457	-	Incremental		
Hips/Knees (Primary and Revision)	Base: 343	81	81	0.00%	81	81	343	343	-	Base	Nov	
	Incremental: 42	9	22	-59.09%	9	10	36	42	(6)	Incremental		
CT Hours	Base: 2,340	582	582	-0.03%	582	582	2,340	2,340	(0)	Base	Nov	
	Incremental: 301	75	87	-13.74%	75	75	301	301	-	Incremental		
MRI Hours	Base: 2,080	519	519	0.00%	519	519	2,080	2,080	-	Base	Nov	
	Incremental: 2,376	592	444	33.33%	592	592	2,376	2,376	-	Incremental		
Pacemakers	Base: 107	34	17	0.00%	34	27	137	107	7	YTD	Nov	
									30	Yr-End		

Resource Utilization	(quarterly indicators)	Q1 10-11	Q2 10-11	Q3 10-11	Q4 10-11	Q1 11-12	Per.Target	Proj. Yr-End	Yr-End Target			
Alternate Level of Care (ALC) Patients as a % of Beds	Acute	7.5%	11.3%	7.7%	6.0%	7.3%	<9%	7.3%	<9%			Nov
	Total	16.7%	19.3%	17.8%	16.4%	18.2%	<22.8% (5% below 08-09)	18.2%	<22.8% (5% below 08-09)			

Inspired People												
Human Resources	(quarterly indicators)	Q1 10-11	Q2 10-11	Q3 10-11	Q4 10-11	Q1 11-12	Per.Target	Proj. Yr-End	Yr-End Target			
Overtime Expense as % of Total Salary Expense YTD		1.85%	2.37%	2.39%	2.36%	2.25%	1.68%	2.25%	1.72%			Nov
Sick Time Expense as % of Total Salary Expense YTD		3.18%	3.23%	3.29%	3.46%	3.30%	2.08%	3.30%	2.12%			Nov
Administration Cost as % of Total Expenses YTD		3.33%	3.42%	3.35%	3.49%	3.25%	3.66%	3.25%	3.70%			Nov
Absenteeism Rate--Unionized Staff (avg # 7.5hr sick days)		3.08	3.28	3.58	3.96	3.48	3.27 (OHA avg)	3.48	3.27 (OHA avg)			

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 *Abbreviated DRAFT Version*



Indicator	Quarterly Performance (unless otherwise specified)				Current Period (Q1 11-12 unless otherwise specified)	Target	Interpretation/Analysis	Action Plan	Next Update (Month of Report)	Updated this Report	
	Q1 10-11	Q2 10-11	Q3 10-11	Q4 10-11							
Quality Care											
Patient Safety Indicators											
Hospital Standardized Mortality Ratio (HSMR)	annual	113 (FY 05-06)	115 (FY 06-07)	102 (FY 07-08)	88 (FY 08-09)	101 (FY 09-10)	<100 (national standard)	Sarnia= 98 and CEEH= 121 (not sig. diff. from baseline of 04-05--CEEH peer group= 118)	Dec/Jan		
Publicly Reported Patient Safety Indicators: MRSA & VRE Infection Rate (per 1,000 Patient Days), Central Line Infection Rate (per 1,000 CL Days), Surgical Site Infection Prevention Rates, Surgical Safety Checklist Compliance		All publicly reported patient safety indicators are equal to or better than provincial rates (i.e. green) with the exception of those noted below for MRSA, C. Difficile, VAP, and Hand Hygiene:							Nov	◀	
MRSA Infection Rate (per 1,000 Patient Days)	Norman	0.00	0.00	0.00	0.00	0.10	0.02 (province Apr-Jun 11)		Nov		
C Difficile Infection Rates (per 1,000 Patient Days)	Milton	0.00 Apr-11	0.00 May-11	0.00 Jun-11	0.00 Jul-11	0.00 Aug-11	0.34 (province Jul 11)	2 new hospital acquired cases were identified in acute care plus a 3rd case on Rehab (a prior case given antibiotics, but counts as a new case).	IPAC team monitors new cases daily to pick up any trends. The IPAC team has reviewed the Infection Control Resource Team Niagara Health Region Report (regarding their CDI situation) and will forward a report to the Infection Control Committee.	Nov	◀
	CEEH	0.00 Apr-11	1.10 May-11	2.50 Jun-11	1.40 Jul-11	0.00 Aug-11					
	Norman	0.00 Apr-11	0.58 May-11	0.30 Jun-11	0.45 Jul-11	0.44 Aug-11					
Ventilator Associated Pneumonia (VAP) Rate (per 1,000 Ventilator Days)		0.00	0.00	0.00	10.70	2.83	0 (1.33 =province Apr-Jun 11)	1 case in Q1.	Continue with improvement plan including pt positioning in bed for vented pts.	Nov	
QIP1 Hand Hygiene Compliance Rate <u>Before</u> Initial Patient/Enviro Contact	Milton	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 Milton). Milton 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 (C) 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	Milton	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)		80.6 (Q4 09-10)	80.5 (Q1 10-11)	77.8 (Q2 10-11)	84.3 (Q3 10-11)	80.4 (Q4 10-11)	83.8 (09-10 and 10-11)	OB showed improvements to reach 85%, ED and IP declined to 78% and require improvement. Day Surg remains above target.	Targeting ED to feedback reports/data. Education sessions also planned.	Dec	
QIP1 Medication Reconciliation (% Complete within 24hr)		57.8%	55.2%	62.2%	66.9%	72.4%	75% (BWH); 90% (CCHSA)	Continued improvements. Accreditation Canada reported overall compliance with the Med Rec Required Organizational Practice (ROP) within Canadian organizations was 32%.	New software to improve tracking to be implemented. Problem solving gaps/challenges.	Nov	
QIP1 Organizational Falls (Combined Category 2 and 3)		n/a				59	<152 for FY 11-12 (-38/Q)	4 Category 3 falls in Q1.	Targeting improvements on Palliative, Telemetry, and Acute Medicine and on all units through RTC@. QCIPA reviews for Category 3+.	Nov	◀
Accessibility Indicators--monthly											
Reporting Period:											
CEEH: 90th %ile ED LOS	Complex	3.1	3.3	3.3	3.5	3.7	<=8hr			Nov	◀
	Minor/Uncomplicated	2.5	2	2.1	2.3	2.2	<=4hr				
Norman: 90th%ile ED LOS	Complex	6.3	8.4	4.9	7	7	<=8hr			Nov	◀
	Minor/Uncomplicated	3.1	3.3	3.3	3.5	3.7	<=4hr				
QIP1 CEEH & Norman Combined 90th %ile ED LOS for Admitted Patients		21.7	25.3	11.7	15.9	18	<17.5hr	Experiencing high volumes into September. Sarnia: 18.7h; CEEH 7.3h.	Process Improvement Program (PIP) at Sarnia ED and Medicine inpatient unit aims to improve times.	Nov	◀
Accessibility Indicators--quarterly											
# Surgical Services with Cases Completed within Each Priority Access Target >=90% (of 11 Services)		6	7	6	7	8	11	Cancer Surgery, Plastics, and Paediatric Surgery (Urology, Plastics) less than 90%.	Improved use of block time for Plastics, Cancer Care strategies (below).	Nov	
QIP1 Breast/Bowel/Prostate Cancer Surgery-- % Completed Within Each Priority Access Target:		89%	78%	78%	74%	80%	>=90%	Improvements shown for Q1	Implement Board-approved strategies to improve access and quality.	Nov	
MRI-- % Completed Within Each Priority Access Target:		29%	30%	33%	54%	98%	>=90%	Other LHIN hospitals achieving between 39% and 57% within target.		Nov	
CT-- % Completed Within Each Priority Access Target:		57%	53%	65%	88%	91%	>=90%	Other LHIN hospitals achieving between 56% and 96% within target.		Nov	
Privacy/Confidentiality											
# of Confirmed Privacy Breaches		FY 10-11 total = 2			1	TBD				Nov	◀

Indicator	Quarterly Performance (unless otherwise specified)				Current Period (Q1 11-12 unless otherwise specified)	Target	Interpretation/Analysis	Action Plan	Next Update (Month of Report)	Updated this Report
	Q1 10-11	Q2 10-11	Q3 10-11	Q4 10-11						

Exceptional Relationships

Patient Experience Indicators

Reporting Period:		Q4 09-10	Q1 10-11	Q2 10-11	Q3 10-11	Q4 10-11				
Overall Rating of Care	Inpt	89.3	93.4	94.4	96.6	96.5	IP (comm hosp avg=91.9)	Significantly higher than large community hospital average.		Dec
	ED	84.9	83.2	85.9	85.6	86.3	ED (comm hosp avg = 83.6)			
	OB	98.3	97.7	95.4	100.0	97.9	OB (comm hosp avg = 94.3)			
	Day Surg	100.0	97.7	98.7	97.9	100.0	DS (comm hosp avg = 98.7)	Ontario high performer.		
QIP1 Would Definitely Recommend Bluewater Health	Inpt	62.4	64.7	68.5	75.7	75.0	IP (comm hosp avg = 68.8)	Significantly higher than large community hospital average. Parking (24%) and attitude of staff (21%) top reasons for not definitely recommending. Overall condition of hospital down significantly from 33% (pre-move) to 6% as reason. CEEH: 89.7; Med: 67; Surg: 76.0		Dec
	ED	59.6	61.7	55.6	62.7	62.4	ED (comm hosp avg = 55.3)	Time spent waiting (24%), parking (16%) & attitude of staff (13%) top reasons for not definitely recommending. Sarnia: 53.6; CEEH: 78.7		
	OB	63.8	57.1	73.8	73.0	78.3	OB (comm hosp avg = 70.2)	Attitude of staff (33%) top reason for not definitely recommending.		
	Day Surg	74.7	70.6	72.7	70.2	71.3	DS (comm hosp avg = 79.9)	Attitude of staff (27%), time waiting (18%) and parking (14%) top reasons for not definitely recommending.	Continue improvement initiatives including patient teaching (incl. handouts), standardized order sets, decr. arrival pre-op from 3hr to 2hr, incr. pre-anesthetic consults, incr. pt satisfaction surveying.	

Complaints

Reporting Period:		Apr-11	May-11	Jun-11	Jul-11	Aug-11					
Complaint Rate (per 1,000 Encounters)		0.91	0.81	0.88	1.15	1.14	TBD	27 complaints. Top categories of complaints: care/treatment (12), attitude/courtesy (11), and communication (5).		Nov	◀

Inspired People

Employee Engagement

2011 Patient Safety Culture										
Overall grade on patient safety for organization (% Excellent, Very Good, Acceptable)		n/a		89.5%	in progress				TBD	◀

Workplace Safety Indicators

Calendar Year YTD (Cumulative):		Jun-10	Sep-10	Dec-10	Mar-11	Jun-11					
Lost Time Injury Frequency (# of LTIs per 100 Full-Time Workers)		0.21	0.23	0.33	0.98	0.48	<1.66 (2009 healthcare rate)			Jan	◀
WSIB Neer Index Rating (4 yr Window)	Report Quarter:	Sep-10	Dec-10	Mar-11	Jun-11					Jan	◀
	2011				0.45						
	2010	0.32	0.62	0.95	0.80						
	2009	0.25	0.26	0.27	0.30						
	2008	0.58	0.80	0.82	0.82						

Outstanding Performance

Resource Utilization

Alternate Level of Care (ALC) Patients as a % of Beds	Acute	7.5%	11.3%	7.7%	6.0%	7.3%	<9%			Nov
	Total	16.7%	19.3%	17.8%	16.4%	18.2%	★			
QIP1 Total Margin	monitored by RU&AC									

All Indicators (Except Wait Times)	
QIP1 =	Meets/Exceeds Target
OIP	Within 5% of Target
#1s for FY 11-12	Worse than Target by 5+%
*	no established target/standard

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



BLUEWATER HEALTH

ISSUE REPORT TO THE BOARD

SUBJECT: Community and Rural Health Advisory Panels – Summary Update for the BWH Board of Directors

Purpose of Report:

Info

Input

Approval

Meeting Date: October 26, 2011 **Time:** 6:00 p.m. **Location:** Norman Site-Auditorium

Report Summary and Recommendation (if applicable)

The hospital advisory panels have met on six occasions since the January 2010 report to the Board.

Key panel actions to date:

- Recruited new members for both panels according to the Terms of Reference
- Worked to develop the panels' role as an essential component of the hospital community engagement strategy. In particular we are working to enhance two- way communication. There has always been good opportunity for information to flow from hospital staff to the panels. We are developing more opportunities for the panels to provide advice to staff on various issues that arise. One strategy has been to have presentations by program directors and for those directors to ask for feedback about issues and concerns within their areas of responsibility.
- Requested and received reports from the CEO on a variety of operational issues such as : Construction Project and Transition Planning, Budgets, Releasing Time to Care Initiative, Strategic Planning, Accreditation, Endoscopy Study, Emergency Department Studies, Excellent Care for All Act, Parking.
- Received answers to questions that members bring forward from their communities.
- Continued to follow a work plan that prioritizes panel education items.
- Participated in tours at both hospital sites.
- Held two joint panel meetings, one in May 2010 and another in May 2011. All panel members see the value in continuing with two advisory panels and all support the need to meet at least annually as a larger group to develop greater understanding between the panels and our communities.
- Opportunity to participate in the hospital orientation program.
- Completed a panel evaluation in 2010 and will complete another by the end of 2011.

Some specific reports and presentations from program directors/leaders have included:

- Christine Murphy - Community Engagement Report
- Bob Topliffe - Accessibility
- Lisa Regan - Director of Transition Planning—occupancy planning
- Steve Anema – Funding/Financial Management

- Sue Roger - Medical Programs
- Vicki Lucas - Surgery/Rehab/Ambulatory Care/Oncology and Cancer Care Plan
- Connie Courtney - Rural Health
- Lisa O'Connor and Dr Mark Taylor - Patient Safety Program

Panel opportunities to provide feedback to staff have included items such as:

- Suggestions for Community Engagement Strategy and Plan
- Small Community Hospital Emergency Department Study
- Feedback to LHIN Emergency Department Reference Panel Members
- Patient Declaration of Values
- Cancer Care Plan

Specific questions for the CEO have included items such as :

- Endoscopy program study and mammography volumes
- Emergency department issues at both sites
- Transition to the new hospital site
- Hospital food services
- Palliative Care protocols
- Building maintenance items

Attachments: - None

Result of Committee's Review:



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

President / CEO Report to the Board

Quality Care

CEEH ED Tele-medicine Crisis Support

We are excited about the imminent expansion of tele-medicine at CEEH.

The Ontario Telemedicine Network (OTN) is one of the largest telemedicine networks in the world. Using two-way videoconferencing, OTN provides access to care for patients in every hospital and hundreds of other health care locations across the province. Through OTN, hospitals are improving access and quality of care by having the right provider in the right place at the right time.

Currently at CEEH, OTN is predominantly used for education and communication purposes. However we are moving towards expanding its use clinically, to improve the patient experience.

In 2010/11 at the CEEH Emergency Department (ED), mental health diagnosis in patients accounted for 2-3 visits per week. EDs are an appropriate and common point of entry for people experiencing mental health crisis. However with limited immediate on-site resources and support for this diagnosis at CEEH, mental health patients requiring assessment, transfer from the CEEH ED to Sarnia ED where there is a specially trained crisis nurse available 24/7. An interview with a crisis nurse normally lasts 75 minutes. Utilization of OTN technology and service will enhance patient care, improve the patient experience, and bridge gaps of distance/travel. Other rural centres (e.g. Petrolia and Wallaceburg) have been successful with the implementation of mental health tele-medicine. We are targeting December for the go live date, and public communications will follow.

Inspired People

Sarnia Site – Final Occupancy

It has been long awaited, and highly anticipated, and after four years of construction – all services at Bluewater Health Sarnia site will be all together at 89 Norman. The final move is planned for the week of November 21-25th where all programs currently at Mitton and Essex site will move into the newly renovated Russell building. The lin-

Patient Mental Health program is scheduled to move on the Wednesday, November 23rd in the morning. Those programs and staff currently in the north wing of Russell building (also known as X building) will be relocating to new space within the renovated Russell building during that same week.

Training and orientation including way-finding and tours for staff are scheduled to start on October 24th over a three week period in preparation for occupancy.

We have planned an open house for October 27th from 2:00-7:00 p.m. for all our staff to tour the new renovated Russell building, facilitated by our volunteer services.

Outstanding Performance

Hospital Website

Bluewater Health's corporate website continues to be a valuable source of information about the organization. In the three-month period from July 1, 2011 to September 30, 2011, our website received almost 60,000 visits, and traffic continues to trend upward from this time period last year. The most frequently viewed page is our job postings board.

Overhead Paging System

Bluewater Health is working with the cabling contractors to install cabling to address the physicians concerns with cell phone reception in the hospital. The antennas will be installed in the first weeks of November.

Exceptional Relationships

Mitton Site - Open House

As Bluewater Health prepares for the final occupancy of its new and renovated facilities at 89 Norman Street, we are planning a fond farewell to what was once known as Sarnia General Hospital. On November 15 from 2:00 pm to 4:30 pm, Bluewater Health will host past and present staff, physicians and volunteers, local dignitaries and media in Classrooms A&B at the Mitton Site for displays, refreshments and memory sharing. It's our privilege to honour the past decades of care and caring provided here at the Mitton Site and we hope this event will offer appreciation for those who worked here and allow an opportunity to gather together, share stories and reminisce.

Community Engagement

In our community engagement efforts, the team in the Cancer Care Assessment & Treatment Centre and Bluewater Health Foundation recently took part in the Annual Sarnia-Lambton Chamber of Commerce Showcase event. As well, the geriatric emergency management (GEM) nurses, in partnership with Bluewater Health Foundation, recently hosted a free, one day event aimed at recognizing and celebrating seniors in Sarnia-Lambton. The Bluewater Health National Seniors Day Celebration was attended by more than 80 people and the program included presentations on health and well-being topics for seniors. Medical Affairs was involved with area partners in care to offer free, Pap test clinics for local area women and a health lecture by OBGYN Dr. Marie Blunt promoting cervical cancer awareness. And lastly, we have communicated with over 400 local neighbours regarding our relocation from the Mitton Site and interim actions to secure and monitor the building until such time as future plans are determined with City of Sarnia and Ministry of Health and Long-Term Care officials.

A Culture of Innovation

Dialysis Update

In August, LHSC Regional Dialysis Program submitted an application to expand the satellite dialysis program at Bluewater Health. This application was submitted to the MOHLTC and the Ontario Renal Network (ORN). The ORN has advocated with our local Kidney Foundation for this expansion, on our behalf and we are hopeful to receive early notification of this application's approval.

The pending application outlines expansion plans for an additional 3 stations for Sarnia-Lambton residents and would enable our satellite to increase by up to 18 patients over the next 12 months. At this time, there are 8 patients waiting for this approved expansion.

Our Dialysis satellite currently provides care for 55 patients as part of the Regional Program.

Bluewater Health Foundation
Executive Director's Report
October 2011

The Foundation was pleased to partner with the Geriatric Emergency Medicine Nurses (GEM) in hosting the first Seniors Day at Bluewater Health. Approximately 100 people attended for a day of educational sessions, information sharing, a suppliers showcase and fellowship. There has been very positive feedback and it is hoped that this will be the first of many more events.

We are hosting a media conference at 2:00 on November 1st to announce a new creative and exciting fundraiser. It is an iTunes album that was created on behalf of the Canadian Cancer Society and Bluewater Health Foundation by Beth Ray and Kevin Thorne. It will be available on iTunes Nov 1st. There will be more information to follow after the media conference. Sunny Choi, an internationally renowned piano artist, who is featured on the album will be in attendance and hosting a free concert on our behalf at the Holiday Inn that evening.

The dream Home is open every weekend from 1:00-4:00. The lottery draws will be held in the atrium on February 24th.

Our new website is now live on the internet, www.bluewaterhealthfoundation.ca. We have on-line giving and will be moving into social media and efundraising opportunities that are associated with that field. We also have the flexibility to change the content daily and add all of our publications.

Dr Ken Walker and the Running Room held the 2011 half marathon on our behalf again this year. There was good attendance and the event was very well organised. We will have a better idea of the funds raised next month.

Our Christmas edition of Pulse will be published on November 28th, which will be followed by our winter mail appeal. We hope to be able to feature the new MRI if it is approved and ready to go.

This is my last report to the hospital board after 22 years. I cannot even begin to describe the wonderful memories and warm experiences that I am taking with me. I will always appreciate the unwavering support that the hospital board gave to me in my role as Executive Director of the Foundation. I believe that you have an A+ senior management team who, under the direction of the Board, will lead the staff into a strong and secure future for our hospital and patients therein.

Respectfully Submitted
Liz Kenny
Executive Director