Open Meeting

BLUEWATER HEALTH BOARD
AGENDA

Please note the start time

November 30, 2011
6:00 p.m.
Auditorium
Lambton Meadowview Villa
3958 Petrolia Line, Petrolia

Documents: *attached **to be tabled

Topic	Board Responsibility						Presenter
	Establish Strategic Direction	Providing for Excellent Management	Ensuring Program Quality & Effectiveness	Ensuring Financial Viability	Ensuring Board Effectiveness	Fostering Relationships	
1. CALL TO ORDER 1.1 Welcome/Opening Remarks 1.2 Approval of Agenda 1.3 Declaration of Conflict of Interest					✓		B. Davies
2. APPROVAL OF MINUTES 2.1 October 26, 2011*					✓		B. Davies
3 REPORT FROM IN-CAMERA MEETING					✓		B. Davies
4. ITEMS REQUIRING DECISIONS 4.1 *Freedom of Information and Protection of Privacy Act* – Policy and Delegation of Authority*		✓	✓				K. Waymouth
4.2 Hospital Service Accountability Agreement (H-SAA)*				✓	✓		M. Lapaine
4.3 Equipment Capitalization Threshold*		✓		✓			M. Lapaine
4.4 Increase to Physician Loans*		✓	✓	✓		✓	M. Lapaine
4.5 Redevelopment Project – Final Holdback Payment*		✓		✓			M. Lapaine
5. POLICY FORMATION - none							
6. MONITORING/OVERSIGHT 6.1 Financial Statement*				✓			M. Lapaine
6.2 Capital Project/Facilities Planning Report*				✓			M. Lapaine
6.3 Board Director and Executive Team Expenses*				✓	✓		M. Lapaine
6.4 Disclosure of Executive Contracts*				✓	✓		M. Lapaine
6.5 Quarterly QIP Implementation Outcomes*			✓		✓		M. Taylor
6.6 Balanced Scorecard – RU&A Indicator Report* – Quality Indicator Report*			✓	✓			S. Thiffeault R. McKinley

Topic	Board Responsibility						Presenter
	Establish Strategic Direction	Providing for Excellent Management	Ensuring Program Quality & Effectiveness	Ensuring Financial Viability	Ensuring Board Effectiveness	Fostering Relationships	
7. ITEMS FOR DISCUSSION 7.1 Mitton Site Decommissioning					✓	✓	M. Lapaine
8. ITEMS FOR INFORMATION & ANNOUNCEMENT 8.1 CEO/Management Reports*			✓			✓	S. Denomy
8.2 Board Chair Report			✓			✓	B. Davies
8.3 President of the Professional Staff Association			✓				L. Potts
8.4 Quality Committee Report – November 3*			✓				R. McKinley
8.5 Governance and Nominating Report – November 8*			✓				R. Newton-Smith
8.6 Resource Utilization & Audit Committee Report – November 10**				✓			S. Thiffeault
8.7 Foundation Report*						✓	K. Alexander
9. OPEN FORUM – Opportunity for Directors to reflect on how our patients, families and community were considered in our discussions – Call for future meeting items							All Members
10. NEXT MEETINGS: – January 25, 2012							B. Davies
11. ADJOURNMENT							B. Davies

BLUEWATER HEALTH

DRAFT

Manual	GOVERNANCE POLICY		Policy
Section 6.0	Fostering Relationships		
Title	Freedom of Information - Delegation of Authority and Oversight		
Issuing Body/ Prepared By	Governance and Nominating Committee		
Approved by	Board of Directors		**Number**: 6.50
Effective Date Revised Date	O: November 2011	Version 1	"Lhgdata"(J:)/Dept'l/Admin/Chief Executive Officer/Board and Board Committees/Board BWH/Board Policies/6.50 Freedom of Information - Delegation of Authority and Oversight
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 responsibility for fostering relationships and pursuant to the requirements of the *Freedom of Information and Protection of Privacy Act* ("FIPPA"), the Board of Bluewater Health is responsible for ensuring that the Hospital's policies and processes comply with FIPPA.

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

Policy

The Board hereby authorizes and directs the CEO to implement appropriate and effective processes to ensure that the Hospital is in compliance with FIPPA. In particular, the Board directs that the CEO to allocate adequate personnel and resources to permit the Hospital to fulfill its obligations in respect of access to information and protection of privacy.

FIPPA designates the Chair of the Board as the "Head" of the Hospital. The Board hereby directs the Chair to consult with the CEO to identify appropriate Hospital personnel to whom the Head's powers and duties should be delegated, and to take all necessary steps to effect such delegation.

The CEO shall:

- annually report to the Board on FIPPA compliance.
- advise the Board of FIPPA-related activities which are particularly significant.
- ensure that the hospital meets its reporting obligations to the Information and Privacy Commission (IPC).

Monitoring:

Method and Frequency:
1. Review of policy (every 3 years)
2. Review of Delegation of Authority of 'Head' (annually)

DRAFT

89 Norman Street Sarnia Ontario N7T 6S3
Administration Office **T** 519 464-4400 **F** 519 336-8780   www.bluewaterhealth.ca

Delegation of Authority

I, Bruce Davies, as Chair of Bluewater Health, hereby delegate all of the powers and duties of the "Head" under the *Freedom of Information and Protection of Privacy Act* (FIPPA) in relation to Bluewater Health to the Chief Privacy Officer ("CPO") of Bluewater Health.

If the CPO is not reasonably available, then the CPO's powers and duties shall be delegated to the Chief Operating Officer ("COO") of Bluewater Health until the CPO is reasonably available.

____
Date

____
Bruce Davies
Chair
Board of Directors

ISSUE REPORT TO THE BOARD

SUBJECT: **2008-2012 H-SAA Amending Agreement #2**

Purpose of Report:

Info	Input	Approval
	X	X

Meeting Date: November 30, 2011 **Time**: 6:00 pm **Location**: Meadowview Villa, Petrolia

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Background

The Erie St Clair LHIN (LHIN) and Bluewater Health (the Hospital) entered into a two-year Hospital Service Accountability Agreement (H-SAA) effective April 1, 2008. The agreement has been extended by two one-year increments effective April 1, 2010 and April 1, 2011.

The April 1, 2011 amending agreement was brought to the Board of Directors for approval on April 27, 2011. The amending agreement included a deficit from hospital operations and included a waiver for the balanced budget requirement. It was anticipated that further funding information would become available over the summer 2011 and that a final 2008-12 H-SAA Amending Agreement with a balanced budget would be brought to the Board of Directors for approval in October 2011. The Board of Directors approved the initial H-SAA Amending Agreement with waivers.

Due to the lateness of receipt of the updated schedules, the final review of the Amending Agreement has been delayed to November 2011.

Discussion

The 2008-2012 H-SAA Amending Agreement #2 is backdated to April 1, 2011 and is based mainly on revised schedules which provide for funding announcements and some changes to performance indicators. The changes are as follow:

1. **Schedule C2 2011/12:**

Funding adjustment Funding Formula	$1,684,500	
Funding adjustment – Small Hospital	35,500	
PCOP	7,397,200	
Increased Base Funding		$9,117,200
One-Time – ED Pay for Results	$ 128,600	
- Chronic Care Co-payment	16,700	
- Critical Care Nurse Training	36,000	
Increased One-Time Funding		$ 181,300

2. **Schedule D2 2011/12:**
Organizational Health
Current ratio increases from 0.33 to **0.64**
Range from 0.30-0.36 to **0.576-0.70**
Total Margin from 0.0% to **0.13%**
These changes reflect the small operating surplus reported with the balanced budget submission.

3. **Schedule E2 2011/12 Critical Care Funding** blank

4. **Schedule F2 2011/12 PCOP Funding and Volume** blank

5. **Schedule G2 2011/12 Protected Services**

Changes targeted MRI hours from base hours of operation 2,080 to combination of base and wait time increase to **4,456 hours**

6. **Schedule H2 2011/12 Wait Time Services** no change

No changes have been made to the body of the H-SAA Amending Agreement discussed at the April Committee meeting.

Concern remains that Schedule F2 2011/12 PCOP Funding and Volume remains blank. The Hospital is in discussion with the ESC LHIN in order to address this issue with the ministry.

Request

It is requested that the Board of Directors approve the 2008-2012 H-SAA Amending Agreement #2 for signature with the ESC LHIN.

Attachments:
1.0 2008-2012 Amending Agreement #2 – signature document
2.0 Amended Schedules C-2; D-2; E-2; F-2; G-2 and H-2.

Result of Review:

2008-2012 H-SAA AMENDING AGREEMENT # 2

THIS AMENDING AGREEMENT (the "Agreement") is made as of the 1st day of April, 2011

BETWEEN:

ERIE ST. CLAIR LOCAL HEALTH INTEGRATION NETWORK (the "LHIN")

AND

Bluewater Health (the "Hospital")

WHEREAS the Erie St. Clair LHIN and the Hospital entered into a Hospital Service Accountability Agreement that took effect April 1, 2008 and has been amended by agreements made as of April 1, 2010 and April 1, 2011 (the "H-SAA");

AND WHEREAS the Parties acknowledged, in the amending agreement made as of April 1, 2011, that further amendments would be required to the Schedules following the announcement of funding allocations by the Ministry of Health and Long-Term Care.

NOW THEREFORE in consideration of mutual promises and agreements contained in this Agreement and other good and valuable consideration, the parties agree as follows:

1.0 Definitions. Except as otherwise defined in this Agreement, all terms shall have the meaning ascribed to them in the H-SAA.

2.0 Amendments.

2.1 Agreed Amendments. The Parties agree that the H-SAA shall be amended as set out in this Article 2.

2.2 Schedules.

(a) Schedules C-2 shall be deleted and replaced with Schedule C-2 attached to this Agreement.

(b) Schedules D-2 shall be deleted and replaced with Schedule D-2 attached to this Agreement.

(c) Schedules E-2 shall be deleted and replaced with Schedule E-2 attached to this Agreement.

(d) Schedules F-2 shall be deleted and replaced with Schedule F-2 attached to this Agreement.

(e) Schedules G-2 shall be deleted and replaced with Schedule G-2 attached to this Agreement.

(f) Schedules H-2 shall be deleted and replaced with Schedule H-2 attached to this Agreement.

3.0 **Effective Date.** The Parties agree that the amendments set out in Article 2 shall take effect on April 1, 2011. All other terms of the H-SAA, those provisions in the Schedules not amended by s. 2.2, above, shall remain in full force and effect.

4.0 **Governing Law.** This Agreement and the rights, obligations and relations of the Parties will be governed by and construed in accordance with the laws of the Province of Ontario and the federal laws of Canada applicable therein.

5.0 **Counterparts.** This Agreement may be executed in any number of counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument.

6.0 **Entire Agreement**. This Agreement together with Schedules C-2, D-2, E-2, F-2, G-2 and H-2, constitutes the entire agreement between the Parties with respect to the subject matter contained in this Agreement and supersedes all prior oral or written representations and agreements.

IN WITNESS WHEREOF the Parties have executed this Agreement on the dates set out below.

ERIE ST. CLAIR LOCAL HEALTH INTEGRATION NETWORK

By:

____________________________ ____________________________
Dave Cook, Board Chair Date

And by:

____________________________ ____________________________
Gary Switzer Date
Chief Executive Officer

Bluewater Health
By:

____________________________ ____________________________
Bruce Davies, Board Chair Date

And by:

____________________________ ____________________________
Sue Denomy Date
President and Chief Executive Officer

Hospital Multi-Year Funding Allocation

Schedule C2 2011/12

Hospital: SARNIA Bluewater Health

Fac #: 966

	2011/12 LHIN Allocation Base	One-Time
Operating Base Funding	$130,617,900	
Multi-Year Funding Incremental Adjustment		
Other Funding		
Funding adjustment Funding Formula	1,684,500	
Funding adjustment - Palliative Care Reduction	(975,000)	
Funding adjustment - Small Hospital	35,500	
Funding adjustment Peer Review		1,000,000
Funding Adjustment - ED Pay for Results		1,094,000
Funding Adjustment - Chronic Care Co-payment		16,700
Funding Adjustment - Critical Care Nurse Training		36,000
Prior Years' Payments		
Critical Care Stategies Schedule E		
PCOP: Schedule F		
PCOP	7,397,200	
Stable Priority Services: Schedule G		
Chronic Kidney Disease		
Cardiac catherization		
Cardiac surgery		
Provincial Strategies: Schedule G		
Organ Transplantation		
Endovascular aortic aneurysm repair		
Electrophysiology studies EPS/ablation		
Percutaneous coronary intervention (PCI)		
Implantable cardiac defibrillators (ICD)		
Daily nocturnal home hemodialysis		
Provincial peritoneal dialysis initiative		
Newborn screening program		
Specialized Hospital Services: Schedule G		
Cardiac Rehabilitation		
Visudyne Therapy		
Total Hip and Knee Joint Replacements (Non-WTS)		
Magnetic Resonance Imaging		
Regional Trauma		
Regional & District Stroke Centres		
Sexual Assault/Domestic Violence Treatment Centres		
Provincial Regional Genetic Services		
HIV Outpatient Clinics		
Hemophiliac Ambulatory Clinics		
Permanent Cardiac Pacemaker Services		
Provincial Resources		
Bone Marrow Transplant		
Adult Interventional Cardiology for Congenital Heart Defects		
Cardiac Laser Lead Removals		
Pulmonary Thromboendarterectomy Services		
Thoracoabdominal Aortic Aneurysm Repairs (TAA)		
Health Results (Wait Time Strategy): Schedule H		
General Surgery		23,800
Total Hip and Knee Joint Replacements		292,900
Cataract Surgeries		342,800
Magnetic Resonance Imaging (MRI)		617,800
Computed Tomography (CT)		75,300
Total Additional Base and One Time Funding	$138,760,100	$3,499,300
Total Allocation	$142,259,400	

Performance Indicators

Schedule D2 2011/12

Hospital: SARNIA Bluewater Health

Fac #: 966

	Measurement Unit	2011/12 Performance Target	2011/12 Performance Standard**
PERSON EXPERIENCE: Access, Safe, Effective, Person-Centred			
Accountability Indicators			
90th Percentile ER LOS for Admitted Patients	Hours	17.00	17
90th Percentile ER LOS for Non-admitted Complex Patients	Hours	6.50	6.5
90th Percentile ER LOS for Non-admitted Minor / Uncomplicated Patients	Hours	4.00	4
Explanatory Indicators			
Emergency Department Activity	Weighted Cases		
Emergency Department Visits	Visits		
30-day readmission of patients with stroke or transient ischemic attack (TIA) to acute care for all diagnoses	Percentage		
Percent of stroke patients discharged to rehabilitation	Percentage		
Percent of stroke patients managed on a designated stroke unit	Percentage		
Wait Time Volumes (Per Schedule H2)	Cases		
Rehabilitation Separations	Separations		
ORGANIZATIONAL HEALTH: Efficient, Appropriately Resourced, Employee Experience, Governance			
Accountability Indicators			
Current Ratio (consolidated)	Ratio	0.84	0.576 - 0.70
Total Margin (Conslidated)	Percentage	0.13%	0
Explanatory Indicators			
Total Margin (Hospital Sector Only)	Percentage		
Percentage Full Time Nurses	Percentage		
Percentage Paid Sick Time	Percentage		
Percentage Paid Overtime	Percentage		
SYSTEM INTEGRATION: Integration, Community Engagement, eHealth			
Explanatory Indicators			
Percentage ALC Days	Days		
Repeat Unplanned Emergency Visits within 30 days for Mental Health Conditions	Visits		
Repeat Unplanned Emergency Visits within 30 days for Substance Abuse Conditions	Visits		
GLOBAL VOLUMES			
Accountability Indicators			
Total Acute Activity, incl. Inpatient and Day Surgery*	Weighted Cases	12,567	11,310 - 13,824
Complex Continuing Care	RUG Weighted Patient Days	23,862	21,476-26,248
Mental Health	Inpatient Days	8,600	7,740-9,460
ELDCAP	Inpatient Days	0	0
Rehabilitation	Inpatient Days	9,300	8,835 - 9,765
Ambulatory Care***	Visits	70,000	63,000 - 77,000

* Global volumes based on CIHI Case mix Group (CMG)+ methodology and RIW weights.
**Volume Performance Indicators under Global Volumes vary in application based on hospital type.
***Ambulatory Care includes OHRS Primary account codes 7134* (excluding 7134050), 712*, 7135* 715* OHRS secondary statistical account codes 447*, 450*, 5* (excluding 50*, 511*, 512*, 513*, 514*, 518*, 519*, 501*)

Critical Care Funding

Schedule E2 2011/12

Hospital SARNIA Bluewater Health

This section has been intentionally left blank

Once negotiated, an amendment will be made under section 15.3 of the Agreement to include these targets and any additional conditions not otherwise set out in Schedule B, B1 or B2. This funding would be an additional in-year allocation contemplated by section 5.3 of the Agreement

Post-Construction Operating Plan Funding and Volume

Schedule F2 2011/12

Hospital SARNIA Bluewater Health

TBD. This section has been intentionally left blank

Once negotiated, an amendment (Sch F2.1) will be made under section 15.3 of the Agreement to include these targets and any additional conditions not otherwise set out in Schedule B, B1 or B2. This funding would be an additional in-year allocation contemplated by section 5.3 of the Agreement

Protected Services

Schedule G2 2011/12

Hospital SARNIA Bluewater Health

Fac # 966

	Units of Service	2011/12 Interim Performance Target	2011/12 Performance Standard
Stable Priority Services			
Chronic Kidney Disease	Weighted Units		
Cardiac catherization	Procedures	0	0
Cardiac surgery	Weighted Cases	0	0
Provincial Strategies			
Organ Transplantation* Endovascular aortic aneurysm repair Electrophysiology studies EPS/ablation Percutaneous coronary intervention (PCI) Implantable cardiac defibrillators (ICD) Daily nocturnal home hemodialysis Provincial peritoneal dialysis initiative Newborn screening program	Cases	0	0
Specialized Hospital Services			
Cardiac Rehabilitation	Number of patients treated		
Visudyne Therapy	Number of insured Visudyne vials administered	0	0
Total Hip and Knee Joint Replacements (Non-WTS)	Number of Implant Devices	343	343
Magnetic Resonance Imaging	Hours of operation	4,456	4,456
Regional Trauma	Cases	0	0
Regional & District Stroke Centres Sexual Assault/Domestic Violence Treatment Centres Provincial Regional Genetic Services HIV Outpatient Clinics Hemophiliac Ambulatory Clinics Permanent Cardiac Pacemaker Services			
Provincial Resources			
Bone Marrow Transplant Adult Interventional Cardiology for Congenital Heart Defects Cardiac Laser Lead Removals Pulmonary Thromboendarterectomy Services Thoracoabdominal Aortic Aneurysm Repairs (TAA)			

* Organ Transplantation - Funding for living donation (kidney & liver) included as part of organ transplantation funding. Hospitals are funded retrospectively for deceased donor management activity, reported and validated by the Trillium Gift of Life Network.

Note: Additional accountabilities assigned in Schedule B, B1, B2

Funding and volumes for these services should be planned for based on 2010/11 approved allocations. Amendments, pursuant to section 5.2 of this Agreement, may be made during the quarterly submission process.

Wait Time Services

Schedule H2 2011/12

Hospital SARNIA Bluewater Health

Fac # 966

	2010/11 Funded		Assumed Not Approved 2011/12 Funded	
	Base Volumes	Incremental Volumes*	Base Volumes	Incremental Volumes **
Selected Cardiac Services	Refer to Schedule G for Cardiac Service Volumes and Targets			
Total Hip and Knee Joint Replacements (Total Implantations)	343	50	343	42
Cataract Surgeries (Total Procedures)	720	665	720	457
Magnetic Resonance Imaging (MRI) (Total Hours)	2,080	2,580	2,080	2,376
Computed Tomography (CT) (Total Hours)	2,340	348	2,340	301

	Measurement Unit	2011/12 Performance Target	2011/12 Performance Standard**
90th Percentile Wait Times for Cancer Surgery	Days	48.00	48.00
90th Percentile Wait Times for Cardiac Surgery	Days		
90th Percentile Wait Times for Cataract Surgery	Days	56.00	56.00
90th Percentile Wait Times for Hip Replacement Surgery	Days	132.00	132.00
90th Percentile Wait Times for Knee Replacement Surgery	Days	142.00	142.00
90th Percentile Wait Times for MRI Scan	Days	28.00	28.00
90th Percentile Wait Times for CT Scan	Days	28.00	28.00

* The 2010/11 Funded volumes are as a reference only

** Once negotiated, an amendment will be made under section 15.3 of the Agreement to include these targets and any additional conditions not otherwise set out in Schedule B,B1, B2. This funding would be an additional in-year allocation contemplated by section 5.3 of the Agreement.

ISSUE REPORT TO THE BOARD

SUBJECT: Equipment Capitalization Threshold

Purpose of Report:

Info	Input	Approval
	X	X

EC Meeting Date: November 30, 2011 **Time**: 6:00 Pm **Location**: Meadowview Villa, Petrolia

Background

The Ministry of Health and Long-term Care and the MIS Guidelines defines “Capital Equipment” as equipment, expected to have a useful life beyond one year. As a guideline the threshold for capitalization in the ESC LHIN varies from $1,000 to $5,000 depending upon the relative size of the health care provider. Currently, Bluewater Health (Hospital) has set its capitalization threshold at $1,000.

Purpose

The purpose of this document is to recommend an increase in the capitalization threshold for Bluewater Health from $1,000 to $3,000.

Discussion

The Hospital has held its capitalization threshold for equipment at $1,000 for many years. Over the past decade, the ministry has recommended that larger facilities raise their threshold to $2,500. This increase has reflected the ongoing escalation in prices of even small items and the ease of administration. The Hospital has maintained the lower level for a variety of reasons.

First, the 2005/06 Peer Review recommended that the Hospital restrict its capital replacement budget to $2,500,000 per annum as a means of stabilizing its worsening working capital deficit. By maintaining the $1,000 threshold, greater control could be maintained over the equipment purchasing process across the Hospital.

Second, much of the planning process for small equipment purchases in the Building Project both for ministry-paid items and local share items was built upon the $1,000 threshold. With approximately $8,000,000 of potential items, it was determined to maintain the lower, in-place threshold.

With the introduction of the new capital purchasing process through PROcure, the need has arisen to re-assess the threshold. Currently, the Hospital has the lowest capitalization threshold across the LHIN. The current thresholds are:

1. LDMH $2,000
2. BWH $1,000
3. CKHA $2,500
4. HDGH $5,000

5. WRH $5,000
6. PROcure $2,500
7. CHIS $5,000

8. Ministry recommendation $2,500

The new capital equipment acquisition process based upon PROcure remains in a state of transition. The processes for requesting equipment prices; identification of vendors; participation in RFP and RFQ processes; and timing of equipment purchases are being still being finalized which has resulted in greater workloads being placed on our Directors and Managers.

The $3,000 limit was selected as it represents the halfway point between the current threshold and the thresholds used by the larger hospitals in Windsor.

A review of equipment requests over the past two years (exclusive of the redevelopment project) suggests that approximately 10 to 15% of the requests are for equipment with a purchase value of less than $3,000. It should be further noted that much of the "evergreening" of the Hospital PC inventory and smaller peripherals are at prices less than $3,000.

The major risk associated with raising the capitalization threshold is the potential impacts on departmental minor equipment budgets. The potential exists for greater purchases to be made through these accounts which will have immediate impacts on the Hospital Bottom Line. An overall increase to the annual budget to reflect this change is anticipated. It is not known, at this time, what the overall financial impacts will be.

This potential impact may be mitigated through the requirement for Directors and Managers to identify the larger purchases being contemplated during the budget process. They would be required to stay within their budgeted levels on an annual basis and be required to develop plans to stay on budget should they exceed their planned amounts.

Recommendation

It is requested that the Board of Directors approve the request that the equipment capitalization threshold for Bluewater Health be increased to **$3,000** for the 2012/13 Capital Planning Year effective April 1, 2012.

Attachments:

Result of Review:

ISSUE REPORT TO THE BOARD

SUBJECT: **Increase to Supported Physician Loans**

Purpose of Report:

[ ] Info	[X] Input	[X] Approval

Meeting Date: November 30, 2011 **Time**: 6:00 pm **Location**: Meadowview Villa, Petrolia

Background

Prior to 2008, Bluewater Health (and its predecessor, the Lambton Hospitals Group) actively contributed to the attraction and recruitment of physicians to Sarnia-Lambton through the avenue of providing a five-year, interest-free loan. The maximum loan amount was $150,000. It was intended to help the physician relocate to Sarnia-Lambton and establish a practice. Due to the financial position of the Hospital, it was necessary to borrow funds through the bank to loan to the physician. A loan agreement and repayment schedule were required and signed by the physician and the Hospital President & CEO.

In 2008, a new process was established by which the new physician could obtain a personal loan from the hospital bank for up to a maximum $150,000. The Hospital agreed to pay the loan interest for the first five-years and is a guarantor to the loan during this period. At the end of the five-year period, should a balance remain, a new loan agreement will be established between the physician and the bank. The Hospital ceases to be a party to the loan at that point forward.

Purpose

The purpose of this document is to request an increase to the guaranteed borrowing limit.

Discussion

The current Demand Guarantee Facility has a defined upper limit of $1.5 Million. It is used to help attract professional staff as part of the overall benefit package. Ten physicians have availed themselves of the funds and the current balance of loans is $1.425 Million. One of the physicians has resigned his privileges so the loan will convert to a personal loan without guarantee from the Hospital.

The Hospital Physician Human Resources Plan envisions the attraction of approximately ten (10) new physicians in the upcoming 2 to 3 years. Bluewater Health being located in a smaller, relatively isolated urban centre must use a variety of tools to attract physicians to Sarnia. An

important component of this attraction plan is the ability to provide financial incentives to these potential recruits. Other hospitals located in smaller urban centres or rural areas employ similar attraction incentives.

The Hospital currently has two (2) new physicians in the process of relocating to the city who are enquiring about the status of drawing upon the loan. At present, only $75,000 is available to meet these requests.

Recommendation

It is requested that the Board of Directors to authorize an increase to the Demand Guarantee Facility for Physician Loans from the current $1.5 Million to $3.0 Million effective immediately.

Attachments:

Result of Review:

ISSUE REPORT TO THE BOARD

SUBJECT: **REDEVELOPMENT PROJECT – FINAL HOLDBACK PAYMENT**

Purpose of Report:

Info	Input	Approval
	x	x

Meeting Date: November 30, 2011 **Time**: 6:00 pm **Location**: Meadowview Villa, Petrolia

Background

In October 2007, Bluewater Health entered into a contractual agreement with the Ontario Infrastructure Projects Corporation, EllisDon Corporation and Gwich'in EllisDon Healthcare Inc to redevelop its hospital premises at 89 Norman Street in Sarnia, Ontario. In the subsequent loan restructuring arrangements, Gwich'in EllisDon Healthcare Inc was replaced by Bluewater EllisDon Healthcare Inc as the designated Project Company within the build finance consortium.

At that time, the total redevelopment project was estimated to be $319, 491,739 with a local share of approximately $76,109,573. During the approval process, the Hospital, and its supporting community, demonstrated they had the capacity to raise sufficient funds to support the local share portion of the overall project costs.

The original building construction redevelopment plan budget was $267,014,862 of the $319 M. This amount has increased to $269,705,653 due to the approval of the ICU/CCU consolidation. Ministry approval was received in February 2009. Under the terms of the payment schedule, the hospital is required to pay $214,080,287 for the actual building construction portion over three payments in May 2010, October 2011 and November 2011. See attached Funding Model.

The interim payment of **$160,560,215** is now complete**.** The Substantial Completion payment, less incomplete work ($529,856.31) and minor deficiencies ($150,000) of **$33,217,790.62** was completed on October 14, 2011. The remainder of this payment is subject to final billing from EllisDon.

On September , 2011, the Hospital received ownership of the remaining portion of the redevelopment project less some incomplete work and minor deficiencies. This notification triggered a series of events which will result in the transfer of funds to payout the legislated holdbacks that have been accumulated over the term of the project. The steps to be followed are set out by contract.

Discussion

The Final Legislated Holdback Payment represented 10% of the overall Construction portion of $214,080,286. The amount is **$19,622,424.07 + GST/HST.** The ministry grant is approximately 90% (exclusive of GST/HST). The remaining Superbuild funds comprise the substantial portion of this payment.

In keeping with the Guaranteed Price Contract and the Project Agreement, the transfer of funds is to be completed two (2) business days following 45 days after the publication of the Certificates and Notices under the Construction Lien Act. The certification of completion was posted on October 5, 2011. Should no liens be posted, the final payment date will be November 22, 2011.

This payment is independent of the final payment of the incomplete items and deficiencies.

The ministry has provided the Hospital with the administrative direction (March 1, 2010) confirming the costs and grant amounts post financial close on the project. It included the ministry signed build finance table outlining the timings and amounts of ministry funding.

The Trust Account Agreement of October 4, 2007 specifies the process by which the Project Trustee will be notified and authorized to disburse funds from the Project Trust Account in settlement of the Interim Payment. The attached Schedule 1 "Form of Payment Instruction" should be executed by both Bluewater Health and Bluewater EllisDon Healthcare Inc to authorize the payment.

Request

The Board is asked to review the enclosed documentation and endorse that Mr. Bruce Davies, Chair, and Ms Sue Denomy, President & CEO, be authorized to sign the Schedule 1 "Form of Payment Instruction" on behalf of the hospital. The final amount is subject to confirmation by the Project Architects and may be reduced by any holdback amounts identified. Barring holdbacks, the maximum amount to be transferred is **$19,622,424.07.** The GST/HST portion will be transferred under separate direction.

Attachments:

1. Schedule 1, Form of Payment Instruction to Trust Account Agreement dated November , 2011 (to be completed to reflect changed financing arrangement)
2. Certificates and Notices under the Construction Lien Act – Published on October 5, 2011

Result of Board Review:

BLUEWATER
HEALTH

89 Norman Street Sarnia Ontario N7T 6S3
Administration Office T 519 464-4400 F 519 336-8780 www.bluewaterhealth.ca

November 14, 2011

MS Lisa M. Kudo
Corporate Trust Officer, Corporate Trust
Computershare
8-100 University Ave
Toronto, ON M5J 2Y1

Dear Ms Kudo,

Re: Instruction for Payment

We refer to the Trust Account Agreement (the "Agreement"), between Bluewater Health, Bluewater EllisDon Healthcare Inc. (formerly Gwich'in EllisDon Healthcare Inc.) and Computershare Trust Company of Canada (the "Trustee") dated October 4, 2007 as amended by Amending Agreement No. 1 to Trust Account Agreement (together, the "Agreement").

In accordance with Section 3.2 of the Agreement, this letter constitutes a Payment Instruction with respect to the payment of Trust Funds by the Trustee.

Please transfer the sum of $19,622,424.07 from the Bluewater Trust Account No. 789-40588-12 to Bank No: 002 Transit Number: 47696 Account No: 0867713 maintained with the Bank of Nova Scotia in the name of the Bluewater EllisDon Healthcare Inc. This transfer is to be completed on November 22, 2011.

(Where the Payment Instruction is signed only by the Hospital as permitted in Section 3.2 (b), Hospital must also certify that the monies are being drawn as permitted by Section 3.2(b) and the Payment Instruction must also be addressed to each Project Co and Administrative Agent.)

Yours truly,

BLUEWATER HEALTH

Per: ______________________________
Name: Mr Bruce Davies
Title: Chairman, Board of Directors

Per: ______________________________
Name: Ms Sue Denomy
Title: President & CEO

BLUEWATER ELLISDON HEALTHCARE INC.

Per: ______________________________
Name: Jim King
Title: Director

Per: ______________________________
Name: Marco Di Carlantonio
Title: Director

c. Mr Michael Dixon
Assistant Vice-President
Pacific & Western Bank of Canada
140 Fullarton Street, Suite 2002
London, ON N6A 5P2

Certificates and Notices under the Construction Lien Act

Published on October 5, 2011

City of Sarnia
89 Norman Street, Sarnia, Ontario N7T 6S3

This is to certify that the contract for the following improvement: New Construction of 5-storey Building A & 1-storey Building D and the Renovation of two Existing Buildings B & C
To the above premises was substantially performed on: September 30, 2011
Date Certificate Signed: September 30, 2011
Name of Owner: Bluewater Health
Address for Service: 89 Norman Street, Sarnia, ON N7T 6S3
Name of Contractor: Ellis Don
Address for Service: 2045 Oxford Street East, London, ON N5V 2Z7
Name of Payment Certifier: Hong Kim, Farrow Partnership Architects Inc.
Address: 559 College Street, Suite 500, Toronto, ON M6G 1A9
Identification of Premises for preservation of Liens: Lot C, Part Lot D, Registered Plan 14, City of Sarnia

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Daily Commercial News
500 Hood Road, 4th fl.
Markham, ON L3R 9Z3

Statement of Revenue and Expense
Forecast surplus/(deficit) as at March 31, 2012
Based upon the six (6) months ended September 30, 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		64,063	64,235	172	0%	127,806	**127,957**	151	0%	1
PCOP Revenue (includes Facility & Amort. Funding)		4,366	5,702	1,336	31%	8,731	**11,722**	2,991	34%	1
OHIP Revenue		8,854	10,271	1,417	16%	17,557	**20,011**	2,453	14%	2
WSIB Revenue		270	155	(116)	-43%	540	**278**	(262)	-49%	3
Revenue Other Provinces		94	144	50	53%	188	**288**	100	53%	
Non Residents		58	83	25	43%	116	**188**	72	62%	
Self Pay		213	211	(3)	-1%	426	**431**	5	1%	
Room differential		1,696	1,495	(201)	-12%	3,392	**3,030**	(361)	-11%	4
CC Co-payment		583	508	(75)	-13%	1,167	**1,077**	(90)	-8%	5
Recoveries		1,704	2,056	352	21%	3,307	**4,425**	1,117	34%	6
Parking Revenue		391	505	114	29%	782	**931**	148	19%	
Other Revenue		144	142	(2)	-1%	170	**160**	(10)	-6%	
Deferred Equipment Grants		2,129	1,993	(136)	-6%	5,083	**5,410**	327	6%	7
Interest and Donations		50	63	14	27%	99	**113**	14	14%	
Administered Programs		1,853	2,025	172	9%	3,661	**3,821**	160	4%	8
Total Revenue	$	**86,467**	**89,587**	**3,120**	**4%**	**173,027**	**179,842**	**6,815**	**4%**	
Expenses	$									
Salaries and Wages		43,423	43,413	10	0%	86,590	**87,723**	(1,133)	-1%	9
Medical Staff Remuneration		8,861	9,873	(1,011)	-11%	17,572	**19,516**	(1,944)	-11%	2
Employee Benefits		11,141	10,877	264	2%	21,837	**22,838**	(1,001)	-5%	10
Supplies and Expenses		12,181	11,943	237	2%	24,107	**23,669**	438	2%	11
Medical/Surgical Supplies		3,308	4,030	(722)	-22%	6,615	**8,087**	(1,472)	-22%	12
Drug Expense		2,531	2,818	(287)	-11%	5,061	**5,839**	(778)	-15%	2
Interest Expense		64	87	(23)	-36%	127	**150**	(23)	-18%	
Amortization		3,622	3,441	181	5%	7,244	**7,743**	(499)	-7%	7
Administered Programs		1,857	1,998	(142)	-8%	3,648	**3,871**	(223)	-6%	8
Total Expenses	$	**86,987**	**88,480**	**(1,492)**	**-2%**	**172,802**	**179,436**	**(6,634)**	**-4%**	
LHIN Operating Surplus/(Deficit)	$	**(520)**	**1,107**	**1,627**	n/a	**225**	**406**	**181**	n/a	
Deferred Building Grants		3,503	2,780	(722)	-21%	7,005	**7,005**	-	0%	
Building Amortization		4,556	3,739	817	18%	9,112	**9,112**	-	0%	
Interest on L/T Liabilities		185	179	6	3%	371	**371**	-	0%	
Hospital Surplus/(Deficit)	$	**(1,759)**	**(30)**	**1,729**	n/a	**(2,252)**	**(2,072)**	**181**	n/a	

Balance Sheet
As at September 30, 2011
Comparison to September 30, 2010
(000's)

		2011/12		2010/11		
			Actual Sep-11		Actual Sep-10	% Change
Assets						
Current Assets						
Operating Cash	$		654		(3,467)	
Superbuild Cash			6,547		15,950	59%
Superbuild Fund			44,756		16,438	-172%
Investments - CEE Site			1,803		1,793	-1%
Accounts Receivable			5,195		7,076	27%
Accounts Receivable - MOHLTC			4,479		346	-1195%
Inventories			689		968	29%
Prepaid Expenses			1,376		1,287	-7%
Total Current Assets			65,499		40,390	62%
Fixed Assets						
Land and Land Improvements		5,522		5,522		
Building/Building services Equipment		271,426		72,566		
Furniture and Equipment		91,695		100,813		
Less: Accumulated Amortization		(115,330)	253,312	(109,746)	69,155	266%
Construction in Progress			40,291		225,651	-82%
Other Non Current Assets			322		338	-4%
Total Fixed Assets			293,926		295,144	0%
Total Assets	$		**359,424**		**335,534**	**7%**
Current Liabilities						
Bank Loans Payable	$		0		2,681	-100%
Accounts Payable			1,180		1,439	-18%
Accounts Payable - MOHLTC			10,851		8,422	29%
Accrued Salaries & Vacation Pay			7,221		7,029	3%
Deferred Operating Grant - Trailing Costs			835		0	n/a
Current Portion - Long Term Debt			36,860		0	n/a
Other Liabilities			8,328		13,965	n/a
Total Current Liabilities			65,275		33,536	95%
Long Term Liabilities						
Long Term Bank Loans Payable			8,495		5,559	n/a
Long Term Debt			0		18,764	-100%
Deferred Revenue			268,879		261,807	3%
Other L/T Liabilities			7,686		6,686	15%
Total Long Term Liabilities	$		285,060		292,816	-3%
Equity						
Opening Equity		9,120		11,295		
R&E Surplus/(Deficit)		**(30)**		**(2,114)**		
Total equity			9,090		9,181	-1%
Total Liabilities and Equity	$		**359,424**		**335,534**	**7%**

Hospital Accountability Agreement Indicators:			**Negotiated Target**
Current Ratio	**0.19**	**0.19**	**0.30 - 0.36**
Working Capital	**(17,024)**	**(27,856)**	

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
September 30, 2011 Actual and Full Year Forecast

An overall surplus of $406K is forecasted for the 2011/12 year end. This is a small reduction from the forecasted surplus for August (-$120K). As Bluewater Health moves forward with the opening of new Medical beds, there are anticipated increases in costs for salaries, med/surg supplies, etc. The increased salaries were incorporated in the August forecast but we are continuing to see increases in med/surg supplies which has been adjusted for in this forecast. Our PCOP funding is still based on conservative estimates as we have not yet had a first year reconciliation done of our PCOP achievement.

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. This forecasted revenue has increased from the August forecast. As more of our hospital beds are being occupied by Alternative Level of Care (ALC) patients, our co-payment revenue increases. This is an instance where an improvement to revenue is not necessarily a positive thing. Increasing beds occupied by ALC patients means fewer beds available for acutely ill patients who present at the hospital.

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

Note 9

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 10

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 11

Supplies and Expenses are forecasting to be better than budget. Our year-to-date actuals are under budget by $237K and this trend is expected to continue for the remainder of the year. The majority of this variance is a result of utilities.

Note 12

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.

Resource Utilization & Audit Committee Report
Prepared by: Facilities Planning & Development
Period Ending Oct 31, 2011

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	

- 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 occupancy of level 3 and the north end of level 1 granted Oct 21, 2011. Ellis Don at this point are correcting deficiencies throughout the building.
- 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.
- Bluewater Health Facilities Planning and Maintenance departments are working with the Mental Health Inpatient unit staff to ensure proper fit-out of the space prior to patients moving in.
- Occupancy and move planning are in high gear for all departments that will be relocating to the renovated Russell building.
- Phase 2 Occupancy – Health Care Relocations has been hired to complete the final moves; the moves will take place the week of November 21, 2011.

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

- To date there have been 297 Change Orders issued

Approved Change Orders	**Value**	**MOH Share**	**BWH Share**
MOHLTC Shareable*	7,921,520	6,531,653	1,389,866
Own Funds	1,990,002	-	1,990,002
To be Negotiated	-	-	-
Subtotal	*9,911,522*	*6,531,653*	*3,379,869*
Pipeline Change Orders			
MOHLTC Shareable	727,270	654,543	72,727
Own Funds	-	-	-
To be Negotiated	-	-	-
Subtotal	*727,270*	*654,543*	*72,727*
Total Change Orders / Pipeline	**10,638,792**	**7,186,196**	**3,452,596**

BLUEWATER HEALTH
EXPENSES

Name: David Campbell
Title: Board Member
Reporting Period: April 1, 2011 to September 30, 2011

Date	Amount	Expense Category	Description
5/18/2011	52.00	Travel - Mileage	Board Meeting
6/2/2011	52.00	Travel - Mileage	Board Committee Meeting
6/22/2011	52.00	Travel - Mileage	Board Committee Meeting

BLUEWATER HEALTH
EXPENSES

Name: Jim Elliott
Title: Board Member
Reporting Period: April 1, 2011 to September 30, 2011

Date	Amount	Expense Category	Description
5/25/2011	164.98	Travel - Accommodation	OHA - Quality & Patient Safety Conference

BLUEWATER HEALTH
EXPENSES

Name: Bob McKinley
Title: Board Member
Reporting Period: April 1, 2011 to September 30, 2011

Date	Amount	Expense Category	Description
5/23/2011	172.07	Travel - Accommodation	OHA - Board Finance Conference
5/23/2011	224.00	Travel - Mileage	OHA - Board Finance Conference
5/23/2011	33.00	Meals	OHA - Board Finance Conference

BLUEWATER HEALTH
EXPENSES

Name: Stéphane Thiffeault
Title: Board Member
Reporting Period: April 1, 2011 to September 30, 2011

Date	Amount	Expense Category	Description
5/3/2011	158.20	Travel - Accommodation	OHA - Board Finance Conference
7/5/2011	216.00	Travel - Mileage	OHA - Board Finance Conference

BLUEWATER HEALTH
EXPENSES

Name: Kim Bossy
Title: Chief, Communications & Public Affairs
Reporting Period: April 1, 2011 to September 30, 2011

Date	Amount	Expense Category	Description
4/13/2011	504.00	Travel - Mileage	Chatham-Sarnia
4/13/2011	144.00	Travel - Mileage	Chatham-Sarnia
4/13/2011	504.00	Travel - Mileage	Chatham-Sarnia
5/11/2011	504.00	Travel - Mileage	Chatham-Sarnia
5/11/2011	72.00	Travel - Mileage	Chatham-Sarnia
8/24/2011	20.00	Travel - Mileage	Mileage to Petrolia
8/24/2011	84.00	Travel - Mileage	Mileage to Detroit re: Leadership Conference

BLUEWATER HEALTH
EXPENSES

Name: Sue Denomy
Title: President/Chief Executive Officer
Reporting Period: April 1, 2011 to September 30, 2011

Date	Amount	Expense Category	Description
4/20/2011	750.00	Travel - Mileage	Monthly Travel Allowance
4/21/2011	208.37	Travel - Accommodation	OHA - Physician Forum
5/4/2011	133.34	Travel - Train	OHA - Quality & Patient Safety Conference
5/9/2011	163.85	Travel - Accommodation	OHA - Quality & Patient Safety Conference
5/18/2011	750.00	Travel - Mileage	Monthly Travel Allowance
6/13/2011	901.74	Travel - Accommodation	OHA Conference
6/15/2011	750.00	Travel - Mileage	Monthly Travel Allowance
7/5/2011	530.25	Travel - Air	ED PIP Meeting
7/13/2011	750.00	Travel - Mileage	Monthly Travel Allowance
8/10/2011	750.00	Travel - Mileage	Monthly Travel Allowance
9/21/2011	750.00	Travel - Mileage	Monthly Travel Allowance
9/30/2011	167.00	Travel - Accommodation	OHA - Health Care Leadership Summit

BLUEWATER HEALTH
EXPENSES

Name: Mike Lapaine
Title: Vice President, Operations/Chief Operating Officer
Reporting Period: April 1, 2011 to September 30, 2011

Date	Amount	Expense Category	Description
2/7/2011	22.00	Travel - Incidentals	Parking
3/28/2011	37.66	Meal	CHIS Board Meeting
3/28/2011	128.00	Travel - Mileage	CHIS Board Meeting
4/10/2011	240.00	Travel - Mileage	Toronto - Rotman Health Leadership
4/15/2011	912.75	Travel - Accommodation	Accommodations
4/15/2011	13.00	Travel - Incidentals	Parking
4/15/2011	297.00	Meals	Rotman 4 days
4/26/2011	128.00	Travel - Mileage	Windsor - Health-Based Allocation Model (HBAM) Conference
4/27/2011	20.00	Travel - Mileage	Petrolia
6/8/2011	96.00	Travel - Mileage	London - Regional Shared Services Cost Model Review Meeting
6/19/2011	240.00	Travel - Mileage	Toronto - Rotman AHLP
6/19/2011	22.00	Travel - Incidentals	Parking
6/19/2011	297.00	Meals	Rotman 4 days
6/24/2011	1,086.77	Travel - Accommodation	Accommodations
6/24/2011	10.50	Travel - Incidentals	Parking
6/27/2011	72.00	Travel - Mileage	Chatham - CHIS Board Meeting
9/6/2011	48.00	Travel - Mileage	Wallaceburg - Partnership Meeting
9/30/2011	267.00	Travel - Accommodation	OHA - Health Care Leadership Summit

BLUEWATER HEALTH
EXPENSES

Name: Barb O'Neil
Title: Chief Nursing Executive & Chief of Interprofessional Practice and Organizational Development
Reporting Period: April 1, 2011 to September 30, 2011

Date	Amount	Expense Category	Description
3/23/2011	240.00	Travel - Mileage	Nursing Leadership Network (NLN) Conference
3/24/2011	33.38	Meal	NLN Conference
3/25/2011	28.47	Meal	NLN Conference
3/28/2011	43.49	Meal	NLN Conference
5/31/2011	372.90	Travel - Accommodation	NLN Conference
6/5/2011	292.00	Travel - Mileage	RNAO Nursing Best Practice Institute

BLUEWATER HEALTH
EXPENSES

Name: Lynda Robinson
Title: Vice President, Operations
Reporting Period: April 1, 2011 to September 30, 2011

Date	Amount	Expense Category	Description
4/30/2011	462.88	Travel - Accommodation	ED-PIP
4/30/2011	20.00	Travel - Mileage	Petrolia
4/30/2011	20.00	Travel - Mileage	Petrolia
4/30/2011	20.00	Travel - Mileage	Petrolia
5/5/2011	91.20	Travel - Mileage	Windsor EDIS Site visit
5/5/2011	24.75	Travel - Incidentals	Windsor - parking
5/13/2011	20.00	Travel - Mileage	Petrolia
5/17/2011	20.00	Travel - Mileage	Petrolia
5/25/2011	240.00	Travel - Mileage	Toronto - ED PIP
5/25/2011	66.39	Meals	Toronto - ED PIP
5/25/2011	8.00	Travel - Incidentals	Parking
5/25/2011	14.63	Travel - Incidentals	Internet Access
5/30/2011	72.00	Travel - Mileage	Chatham - LHIN Meeting
6/14/2011	48.00	Travel - Mileage	Wallaceburg - LHIN Meeting
6/17/2011	20.00	Travel - Mileage	Petrolia
6/22/2011	20.00	Travel - Mileage	Petrolia
6/27/2011	80.00	Travel - Mileage	Mileage to Detroit re: Chicago Hospital Site Visit
6/27/2011	23.00	Travel - Incidentals	Parking
6/29/2011	80.00	Travel - Mileage	Mileage to Detroit re: Leadership Conference
6/29/2011	18.00	Travel - Incidentals	Parking
7/12/2011	105.60	Travel - Mileage	Mileage to Detroit re: IHI Conference
7/12/2011	396.60	Travel - Airfare	Denver - IHI Conference
7/12/2011	589.08	Travel - Accommodation	Denver IHI Conference
7/12/2011	67.05	Travel - Incidentals	Parking
7/12/2011	87.47	Meals	IHI Conference
7/29/2011	72.00	Travel - Mileage	Chatham - LHIN Meeting
9/12/2011	253.23	Travel - Accommodation	ED-PIP
9/6/2011	72.00	Travel - Mileage	Chatham - LHIN Meeting
9/6/2011	20.00	Travel - Mileage	Petrolia
9/6/2011	72.00	Travel - Mileage	Chatham - Meeting

BLUEWATER HEALTH
EXPENSES

Name: Dr. Mark Taylor
Title: Vice President, Medical Affairs & Chief, Quality, Patient Safety & Risk Management
Reporting Period: April 1, 2011 to September 30, 2011

Date	Amount	Expense Category	Description
3/5/2011	352.61	Travel - Accommodation	HIROC Annual Meetings
4/15/2011	67.80	Travel - Train	HIROC Annual Meetings
4/19/2011	224.19	Travel - Accommodation	OHA - Physician Forum
5/25/2011	164.98	Travel - Accommodation	OHA - Quality & Patient Safety Conference
6/2/2011	322.87	Hospitality	Hosted Physician Mgmt Institute presenters
6/14/2011	240.00	Travel - Mileage	OHA - Quality & Patient Safety Conference
6/14/2011	168.39	Travel - Accommodation	OHA - Quality & Patient Safety Conference
6/14/2011	21.00	Travel - Incidentals	Parking
6/22/2011	357.83	Hospitality	Hosted Dean UWO
9/20/2011	378.40	Travel - Mileage	OHA - Health Care Leadership Summit
9/26/2011	267.00	Travel - Accommodation	OHA - Health Care Leadership Summit

Quality Committee of the Board -- QIP Progress Report

Objective	Definition	QIP Change Indicator(s)/Methods/Results Tracking	Quarterly Performance Q1 11-12	Q2 11-12	Q3 11-12	Q4 11-12	Target	Activities Underway	Reporting Contact
Quality Care									
Patient Safety Indicators									
Improve provider hand hygiene compliance	Hand hygiene compliance before patient/patient environment contact	Increase compliance amongst nurses within the 2 targeted areas to 75% or better	98.67%	94.62%			75%	• Focus on sustaining gains and making further improvements through education, a contest, continued audits and feedback/recognition. • Planning for posters of hand hygiene champions.	Director, Patient Safety Services (Lisa O'Connor)
		Increase compliance amongst support staff within the 2 targeted areas to 75% or better	95.09%	92.64%			75%		
		Increase compliance amongst physicians within the 2 targeted areas to 75% or better	78.46%	77.10%			75%	• Strategies to improve the capture of physician opportunities. • Development of a second physician information package.	
Avoid Falls	Organizationally defined as Levels 2 and 3	Implementation of 2 strategies to reduce falls within the Acute/Palliative/ Telemetry Medicine Programs	on-track	on-track			Weekly review of safety crosses in 100% of 9 RTC© units	• Fall Risk assessment completed on admission for 100% of patients and completed daily if at-risk and weekly if identified as a potential for risk of fall. • Patients at risk of falling are identified on unit white board to effectively communicate to all staff. • Spread releasing Time to Care (RTC©) to 9 inpatient units in 2011-2012 with patient falls as a core measurement and implementation and weekly reviews of safety crosses in all medical units.	Business Director, Medical Programs (Sue Roger)
		Participation in the LHIN Ontario-wide Falls Prevention Program						Not yet in progress from LHIN	
Improve reliability with medication reconciliation process	% complete within 24 hours of admission	Improve compliance within Acute and Telemetry Medicine (from Q3 baseline of 32%)	47%; (corp-orate= 72.4%)	43%; (corp-orate= 70%)			75%	Improvements expected with Iatrics Med Rec roll-out (below)	Director, Transitional Planning (Lisa Regan)
		Completion of required education by staff	on-track	60%			80%	Education continues until end Oct. Sessions added to meet training target before go-live.	
		Implementation of Iatrics Software	on-track	1 wk delay				Go-live delayed one week to Nov 7th to address technical issues and to allow for more training. Physician training starts last week of Oct.	
Accessibility Indicators									
Reduce wait times in the ED	90th percentile ED length of stay for admitted patients	ED PIP: DART data entry process initiated	on-track					ED PIP on-track. Diagnostic phase complete.	ED PIP Project Manager (Marsha O'Mahony)
		ED PIP: Data analysis process complete	on-track						
		ED PIP: Indicator analysis complete		on-track				Early plans to integrate ED PIP work to RTC™ Admission/ Discharge module. Pre-module review = 8/10 objectives met.	
		Standardized admissions/discharge - Achievement of 100% of targets from the 10-point checklist		Integra-tion on-track					
		Standardized admissions/discharge - Performance Target identified							
Reduce wait times for cancer surgery for breast, bowel, and prostate	% completed within each priority access target	Maintain wait times for prostate surgery at 90% or greater of cases completed within the provincial target	91%	67%			90%	• Nurse Practitioner Navigator in place. • Data collection/validation tool being trialed. • DAPs (Diagnostic Assessment Pathways) being fully implemented. Surgeons' offices to be in-serviced • Rolled out to Family Docs (2-3 phases) • Referral form - colorectal, lung, breast, prostate developed and implemented. • Patient education including website and pamphlet being developed. • Contact information line set up for patients, surgeons and physicians.	Business Director, Surgical Programs (Vicki Lucas)
		Improve wait times for breast surgery to 85% or greater of cases completed within the provincial target	83%	89%			85%		
Exceptional Relationships									
Patient Experience Indicators									
Improve patient satisfaction	NRC Picker Survey - Would you recommend this hospital query.	Healthy Workplace Team: Implementation of 1 strategy for each of the of the 3 priorities	on-track	on-track			100%	Strategies identified in Q1 were implemented in Q2. New employee engagement survey planned for Oct-Dec '11. "Pep rally" held with champions to talk about launch of new survey and to establish likelihood of continuing as champion.	Chief Nurse Executive (Barb O'Neil)
		Team Renewal (Rehab, In-pt Surgery, In-pt Mental Health): Recommendations and action plans finalized for the top 2-3 priorities	on-track	on-track			100%	Renewal plans for Mental Health have been endorsed by Executive Council (EC). Surgery and Rehab will report recommendations to EC in November. Team renewal planning for PACT (Program for Assertive Community Treatment) has begun.	
		Team Renewal (Rehab, In-pt Surgery, In-pt Mental Health): Each team will implement a minimum of 1 strategy in 11/12	on-track	on-track			100%	Mental Health plans endorsed for implementation. Surgery and Rehab implementation will follow meeting with EC.	
		Achieve the Ontario Community Hospital Average for definitely recommending	80.7	not avail. until Jan/Feb '12			69.4 (from Q2 10/11)	Through RTC© , placement of whiteboards in patient rooms at bedside has improved communication between nursing, interdisciplinary team, patient, and families (and improved patient satisfaction). Overall condition of hospital no longer a negative factor.	
	In-house survey	RTC©: Survey administration in 100% of particpating units	100%	100%				On-track as units progress through RTC© modules. Process Improvement Program (PIP) surveying to be consolidated with RTC© surveying.	RTC© Improvement Facilitator (Dan Maure)
		RTC©: Each team will implement a minimum of 1 stratetgy in 11/12	50%	50%				Improvement strategies to-date have targeted communication: unit-specific patient/family pamphlets, patient whiteboards, & staff introducing self/role.	

Quality Committee of the Board -- QIP Progress Report

Objective	Definition	QIP Change Indicator(s)/Methods/Results Tracking	Quarterly Performance				Target	Activities Underway	Reporting Contact
			Q1 11-12	Q2 11-12	Q3 11-12	Q4 11-12			
Outstanding Performance									
Resource Utilization									
Improve organizational financial health	Total Margin	Achieve between -0.5 and0.5 margin for 11/12	-2.81%	1.24%			-0.5 to 0.5	The significant improvement from the previous quarter can be attributed to the base funding increase received as well as the PCOP growth. While there are offsetting expenses (staffing, etc.) associated with this growth, Bluewater Health continues to look for efficiencies in its operations. This is reflective in the improved margin. The last 2 quarters of the fiscal year tend to show increased expenditures resulting from increased activity, more sick time, and overtime etc. Keeping these factors in mind, Bluewater Health is forecasting a slight decline in our Total Margin from our Q2 results (forecasted Total Margin of 0.29% for year-end).	CFO (Steve Anema)

Prepared by: Performance Management
Oct 27 '11

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)	**May '11**	**Jun '11**	**Jul '11**	**Aug '11**	**Sep '11**	***Per.Target***	**Proj. Yr-End**	***Yr-End Target***				
Surplus/(Deficit) YTD	$ (327,142)	$ (1,206,556)	$ 567,386	$ 1,023,210	**$ 1,107,248**	**$ (520,242)**	**$ 405,800**	**$ 225,002**	Surplus result of announced base funding increase and ability to recognize more revenue based on forecasted achievement of PCOP volumes.		Dec	Y
Working Capital (in 000s)	$ (18,339)	$ (19,038)	$ (16,842)	$ (14,870)	**$ (17,024)**	**$ (13,800)**	**$ (16,000)**	**$ (13,800)**		Working Capital has been adjusted by removing all balance sheet transactions related to the new building project (holdbacks, etc.)	Dec	Y
Hospital Service Accountability Agreement (HSAA) Activity	**Jul '11**	**Aug '11**	**Sep '11**	**Prev. Yr. YTD**	**% change from Prev Yr YTD**	***YTD Target/Budget***	**Proj. Yr-End**	***Yr-End Target***	**Variances**			
Total Margin YTD	0.96%	1.37%	**1.24%**	-1.55%	-180.00%	**-0.60%**	**0.23%**	**0.13%**			Dec	Y
Current Ratio (at that month-end)	0.47	0.22	**0.19**	0.19	0.00%	**0.33**	**0.30**	0.33 (0.3 - 0.36)			Dec	Y
Total Weighted Cases YTD (Acute Inpatient, Day Surgery & Endoscopy)	3,766 (June)	4,855 (July)	**5,913 (Aug)**	4,970 (Aug 10)	19.52%	**5,253**	**14,145**	12,567 (11,310 - 13,824)	666 YTD 1,578 Yr-End		Dec	Y
Acute Inpatient Days YTD (excludes Mental Health, Rehab, & Continuing Care)	18,476	23,198	**28,009**	25,878	8.23%	**28,315**	**56,018**	56,629	(611) Yr-End		Dec	Y
Mental Health Inpatient Days YTD	3,093	3,871	**4,559**	4,255	7.14%	**4,300**	**9,118**	8,600 (7,740 - 9,460)	259 YTD 518 Yr-End		Dec	Y
Rehab Inpatient Days YTD	2,733	3,505	**4,306**	3,501	22.99%	**4,650**	**8,612**	9,300 (8,835 - 9,765)	(344) YTD (688) Yr-End		Dec	Y
Emergency Department (ED) Visits	28,585	36,096	**42,992**	43,069	-0.18%	**42,150**	**85,984**	84,300	842 YTD 1,684 Yr-End	ER Visits is no longer a performance indicator in the 11/12 HSAA agreement. No set target per HSAA for 11/12. Continue to use 10/11 target.	Dec	Y
Ambulatory Care Visits	27,244	34,207	**41,250**	36,946	11.65%	**35,000**	**82,500**	70,000 (63,000 - 77,000)	6,250 YTD 12,500 Yr-End		Dec	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)	YTD (23,862) Yr-End		11/12 fiscal yr	
Efficiency (monthly indicators)	**Jul '11**	**Aug '11**	**Sep '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	$2,670.91 (Jun)	$2,725.11 (Jul)	$2,877.29 (Aug)	$ 2,957.64	-2.72%				$ -	Does not include Medicine at CEEH. Prior Year actual has not been regrouped.	Dec	Y
Surgery **Direct** Cost per Weighted Case (includes Surg IP, Day Surg, OR, and Endo)	$3,386.07 (Jun)	$3,389.45 (Jul)	$3,473.86 (Aug)	$ 3,594.25	-3.35%				$ -	Prior Year Actual has not been regrouped.	Dec	Y
Maternal Infant Child **Direct** Cost per Weighted Case	$4,309.23 (Jun)	$4,348.40 (Jul)	$4,337.04 (Aug)	$ 4,462.25	-2.81%				$ -	Prior Year Actual has not been regrouped.	Dec	Y
Mental Health Cost per Patient Day	$ 324.90	$ 322.21	$ 325.29	$ 337.76	-3.69%	$ 313.43	**$ 327.00**	**$ 313.43**	$ (13.57)		Dec	Y
Rehab Cost per Patient Day	$ 282.29	$ 286.39	$ 284.58	$ 313.08	-9.10%	$ 351.43	**$ 300.00**	**$ 351.43**	$ 51.43		Dec	Y
Emergency Department (ED) Cost per Visit	$ 114.14	$ 112.67	$ 112.27	$ 101.97	10.10%	$ 105.88	**$ 115.00**	$ 105.88	$ (9.12)	Includes ER at CEEH Site & GEM Nurses	Dec	Y

Prepared By: Finance
November 7, 2011

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 (Jul - Sep)	Prev. Yr. YTD	% change from Prev. Yr YTD	Q2 YTD (Apr-Sep)	YTD Target/Budget	Proj. Yr-End	Yr-End Target	Variances (Over)/Under Budget	Notes	Next Update	Updated this Report
Total Incremental Funding	**5,219,803**	**2,040,082**	**283.30%**	**7,819,614**	**10,664,293**	**15,561,133**	**21,328,585**	**5,767,452**		Feb	Y
Post Construction Operating Plan (PCOP) Funding	4,162,037	-	N/A	**5,702,051**	**8,882,900**	**11,722,003**	17,765,800	6,043,797	Uncertain of having adequate weighted cases and visits to recognize revenue.	Feb	Y
Wait-Time Funding	255,646	847,313	-13.09%	**736,430**	**676,300**	**1,285,900**	1,352,600	66,700		Feb	Y
Cancer Care Ontario (CCO) Funding	802,120	1,192,769	15.79%	**1,381,133**	**1,105,093**	**2,553,230**	2,210,185	(343,045)	CCO Funding for Endo, Oncology Drugs, & OBSP	Feb	Y

Incremental Volume Funding (quarterly indicators)		Current Quarter (Jul - Sep)	Prev. Yr. YTD	% change from Prev. Yr YTD	Q2 YTD (Apr-Sep)	YTD Target/Budget	Proj. Yr-End	Yr-End Target	Variances		Notes	Next Update	Updated this Report
Cataracts	Base: 720	178	360	0.00%	**360**	360	**720**	720	-	Base		Feb	Y
	Incremental: 457	203	627	-18.50%	**511**	229	**1,022**	457	565	Incremental			
Hips/Knees (Primary and Revision)	Base: 343	82	172	-0.58%	**171**	171	**343**	343	-	Base		Feb	Y
	Incremental: 42	9	27	-11.11%	**24**	20	**48**	42	6	Incremental			
CT Hours	Base: 2,340	588	1,170	0.00%	**1,170**	1,170	**2,340**	2,340	1	Base		Feb	Y
	Incremental: 301	76	174	-13.22%	**151**	151	**301**	301	-	Incremental			
MRI Hours	Base: 2,080	521	1,040	0.00%	**1,040**	1,040	**2,080**	2,080	-	Base		Feb	Y
	Incremental: 2,376	898	890	33.48%	**1,188**	1,188	**2,376**	2,376	-	Incremental			
Pacemakers	Base: 107	31	42	33.48%	**65**	54	**115**	107	12	YTD		Feb	Y
									8	Yr-End			

Resource Utilization (quarterly indicators)		Q2 10-11	Q3 10-11	Q4 10-11	Q1 11-12	Q2 11-12	Per.Target	Proj. Yr-End	Yr-End Target	Interpretation/ Analysis	Notes	Next Update	Updated this Report
Alternate Level of Care (ALC) Patients as a % of Beds	Acute	11.3%	7.7%	6.0%	7.3%	**10.40%**	<9%	**10.40%**	<9%			Feb	Y
	Total	19.5%	18.1%	16.7%	18.5%	**23.5%**	<22.8% (5% below 08-09)	**23.5%**	<22.8% (5% below 08-09)				

Inspired People

Human Resources (quarterly indicators)	Q2 10-11	Q3 10-11	Q4 10-11	Q1 11-12	Q2 11-12	Per.Target	Proj. Yr-End	Yr-End Target	Interpretation/ Analysis	Notes	Next Update	Updated this Report
Overtime Expense as % of Total Salary Expense YTD	2.37%	2.39%	2.36%	2.25%	**2.50%**	1.68%	**2.50%**	1.72%			Feb	Y
Sick Time Expense as % of Total Salary Expense YTD	3.23%	3.29%	3.46%	3.30%	**3.03%**	2.08%	**3.30%**	2.12%			Feb	Y
Administration Cost as % of Total Expenses YTD	3.42%	3.35%	3.49%	3.25%	**3.48%**	3.70%	**3.48%**	3.70%			Feb	Y
Absenteeism Rate--Unionized Staff (avg # 7.5hr sick days)	3.28	3.58	3.96	3.48	**3.22**	3.27 (OHA avg)	**3.5**	3.27 (OHA avg)			Feb	Y

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

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

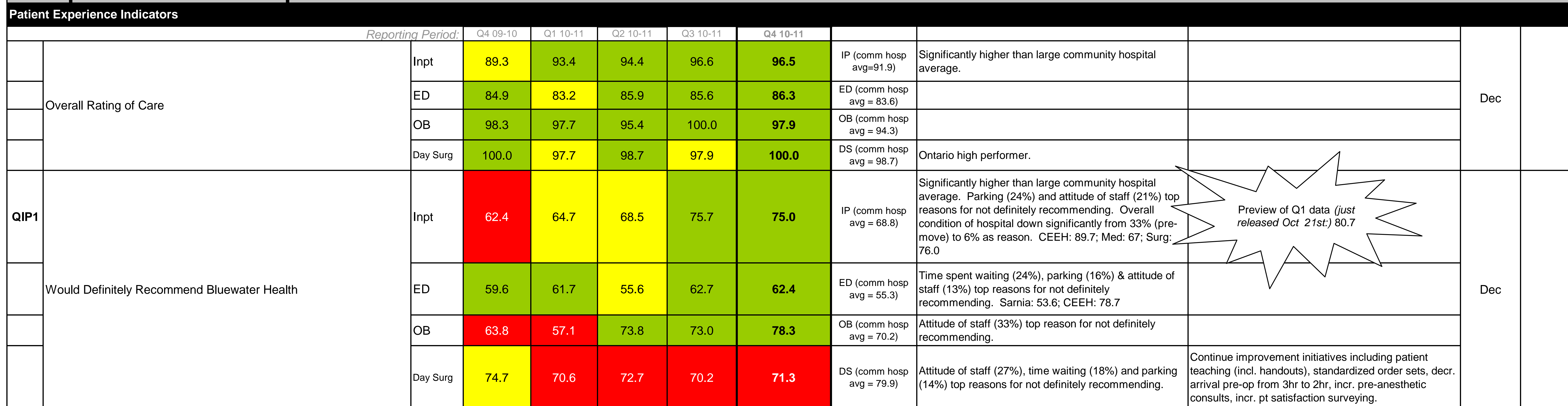
Prepared By: Finance
November 7, 2011

Quality Committee of the Board -- Balanced Scorecard

	Indicator		Quarterly Performance (unless otherwise specified) Q2 10-11	Q3 10-11	Q4 10-11	Q1 11-12	Current Period (Q2 11-12 unless otherwise specified)	Target	Interpretation/Analysis	Action Plan	Next Update (Month of Report)	Updated this Report
Quality Care												
Patient Safety Indicators												
	Hospital Standardized Mortality Ratio (HSMR)	annual	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: VRE/ MRSA/ C. Difficile Infection Rates (per 1,000 Patient Days), Ventilator Associated Pneumonia (VAP) Rate (per 1,000 Vent Days), Central Line Infection Rate (per 1,000 CL Days), Surgical Site Infection Prevention Rates, & Surgical Safety Checklist Compliance		*All publicly reported patient safety indicators are equal to or better than provincial rates (i.e. green) for the most recent period with the exception of those noted below for MRSA, C. Difficile, and Hand Hygiene:*								Dec	◄
	MRSA Infection Rate (per 1,000 Patient Days)	Mitton	0.00	0.00	0.00	0.00	**0.00**	0.02 (province Apr-Jun 11)	1 case.		Feb	◄
		CEEH	0.00	0.00	0.00	0.00	**0.00**					
		Norman	0.00	0.00	0.00	0.10	**0.05**					
	C Difficile Infection Rates (per 1,000 Patient Days)	Mitton	0.00 May-11	0.00 Jun-11	0.00 Jul-11	0.00 Aug-11	**1.34 Sep-11**	0.32 (province Aug 11)	7 cases (6 at Norman + 1 at Mitton).	Daily monitoring, bullet rounds incorporate IC discussion. Deficiencies will be addressed through focused training for staff.	Dec	◄
		CEEH	1.10 May-11	2.50 Jun-11	1.40 Jul-11	0.00 Aug-11	**0.00 Sep-11**					
		Norman	0.58 May-11	0.30 Jun-11	0.45 Jul-11	0.44 Aug-11	**0.86 Sep-11**					
QIP1	Hand Hygiene Compliance Rate Before Initial Patient/Enviro Contact	Mitton	58% (FY 08-09)	40% (Apr-Sep 09)	45% (Oct-Dec 09)	41% (FY 09-10)	**45% (FY 10-11)**	75% (72.1% =province Apr 10-Mar 11)	Target moved to 75% (from 80%) to align with QIP. Comparing FY 10-11 to FY 09-10, Norman Site has improved rates both BEFORE and AFTER contact (and now includes several programs that moved from Mitton). Mitton Site reflective only of Mental Health. Rehab made greatest improvements and will remain targeted unit for further improvements along with Surgery.	Increased auditing with Releasing Time to Care (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 After Patient/Enviro Contact	Mitton	68% (FY 08-09)	65% (Apr-Sep 09)	79% (Oct-Dec 09)	70% (FY 09-10)	**59% (FY 10-11)**	75% (83.3% =province Apr 10-Mar 11)				
		CEEH	63% (FY 08-09)	76% (Apr-Sep 09)	97% (Oct-Dec 09)	83% (FY 09-10)	**72% (FY 10-11)**					
		Norman	74% (FY 08-09)	54% (Apr-Sep 09)	84% (Oct-Dec 09)	68% (FY 09-10)	**78% (FY 10-11)**					
	Patients' Confidence that Caregivers Cleaned Hands (wt. avg of IP, ED, DS, OB)		80.6 (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 Reconcilliation (% Complete within 24hr)		55.2%	62.2%	66.9%	72.4%	**70.0%**	75% (BWH); 90% (CCHSA)	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.	Feb	◄
QIP1	Organizational Falls (Combined Category 2 and 3)		n/a			59	**44**	<152 for FY 11-12 (~38/Q)	4 Category 3 falls in Q2 (1 on target units).	Targeting improvements on Palliative, Telemetry, and Acute Medicine and on all units through RTC©.	Feb	◄
Accessibility Indicators--monthly												
		Reporting Period:	May-11	Jun-11	Jul-11	Aug-11	Sep-11					
	CEEH: 90th %ile ED LOS	Complex	3.3	3.3	3.5	3.7	**2.9**	<=8hr			Dec	◄
		Minor/ Uncomplicated	2	2.1	2.3	2.2	**2.3**	<=4hr				
	Norman: 90th%ile ED LOS	Complex	8.4	4.9	7	7	**6.8**	<=8hr			Dec	◄
		Minor/ Uncomplicated	3.3	3.3	3.5	3.7	**2.9**	<=4hr				
QIP1	CEEH & Norman Combined 90th %ile ED LOS for Admitted Patients		25.3	11.7	15.9	18.0	**21.7**	<17.5hr	Experiencing high volumes and ALC pressures. Sarnia: 22.7h; CEEH 6.6h.	Process Improvement Program (PIP) and Home First (ALC strategy) aim to improve times.	Feb	◄
Accessibility Indicators--quarterly												
	# Surgical Services with Cases Completed within Each Priority Access Target >=90% (of 11 Services)		7	6	7	8	**9**	11	Cancer Surgery (77%) & Plastics (57%) less than 90%.	Improved use of block time for Plastics. Cancer Care strategies below.	Feb	◄
QIP1	Breast/Bowel/Prostate Cancer Surgery-- % Completed Within Each Priority Access Target:		78%	78%	74%	80%	**80%**	*>=90%*	90th %ile wait down to 44 days. Breast 89%, colorectal 62%, prostate 67% (due to MD vacations outside of planned slowdown and wait lists not up-to-date).	Implement Board-approved strategies to improve access and quality. Urologists offered--and using--open OR time.	Feb	◄
	MRI-- % Completed Within Each Priority Access Target:		30%	33%	54%	98%	**98%**	*>=90%*			Feb	◄
	CT-- % Completed Within Each Priority Access Target:		53%	65%	88%	91%	**94%**	*>=90%*			Feb	◄

	Indicator		Quarterly Performance (unless otherwise specified) Q2 10-11	Q3 10-11	Q4 10-11	Q1 11-12	Current Period (Q2 11-12 unless otherwise specified)	Target	Interpretation/Analysis	Action Plan	Next Update (Month of Report)	Updated this Report
Privacy/Confidentiality												
	# of Confirmed Privacy Breaches		FY 10-11 total = 2			1	**0**	TBD			Feb	◄

Exceptional Relationships



Patient Experience Indicators

	Indicator		Q4 09-10	Q1 10-11	Q2 10-11	Q3 10-11	Q4 10-11	Target	Interpretation/Analysis	Action Plan	Next Update	Updated this Report
	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

	Indicator	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Target	Interpretation/Analysis	Action Plan	Next Update	Updated this Report
	Reporting Period:	May-11	Jun-11	Jul-11	Aug-11	Sep-11					
	Complaint Rate (per 1,000 Encounters)	0.81	0.88	1.15	1.14	**0.67**	TBD	15 complaints. Top categories of complaints: care/treatment (9), attitude/courtesy (5), communication (4) & accessibility (2).		Dec	◄

Inspired People

Employee Engagement

	Indicator		January 2011 Patient Safety Culture	Target	Interpretation/Analysis	Action Plan	Next Update	Updated this Report
	Overall grade on patient safety for organization (% Excellent, Very Good, Acceptable)	n/a	**89.5%**	in progress			TBD	

Workplace Safety Indicators

	Indicator		Jun-10	Sep-10	Dec-10	Mar-11	Jun-11	Target	Interpretation/Analysis	Action Plan	Next Update	Updated this Report
	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	
	Report Quarter:			Sep-10	Dec-10	Mar-11	Jun-11					
	WSIB Neer Index Rating (4 yr Window)		2011				**0.45**	<1			Jan	
			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

	Indicator		Q2 10-11	Q3 10-11	Q4 10-11	Q1 11-12	Current Period	Target	Interpretation/Analysis	Action Plan	Next Update	Updated this Report
	Alternate Level of Care (ALC) Patients as a % of Beds	Acute	11.3%	7.7%	6.0%	7.3%	**10.4%**	<9%	Rising bed & ALC pressures, inability to implement "first available bed" policy to utilize idle LTC beds in community.	Collaborating with CCAC and community services to promote "Home First" (philosophy to attempt to return all patients to home setting at discharge--especially rather than ALC for LTC).	Feb	◄
		Total	19.5%	18.1%	16.7%	18.5%	**23.5%**	*				
QIP1	Total Margin		*monitored by RU&AC*									

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

QIP1 = QIP #1s for FY 11-12

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

President / CEO Report to the Board

Quality Care

Registered Nurses Association of Ontario- Best Practice Spotlight Organization: (RNAO-BPSO):

Best Practice Guidelines are commonly referred to as systematically developed statements (based on best available evidence) to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances (i.e. falls; pain management).

Bluewater Health has submitted our letter of intent to RNAO for consideration to become a BPSO. Organizations are eligible to apply for candidacy if they meet the following criteria: demonstrated commitment to evidence-based practice by implementing one or more RNAO BPG's: have supported staff to participate in opportunities to develop capacity in evidence-based practice: have strong and explicit support from the Board, senior management; senior nurse leadership and other key stakeholders; the organizational vision and mission provide an opportunity for leveraging other initiatives related to evidence-based practice and patient safety; have a senior nurse leader, in the role of Chief Nursing Executive, who is part of the senior management team; have capacity to engage in research and be able to support implementation and evaluation of best-practice guidelines with advanced prepared nurses: have demonstrated ability to engage in successful partnerships within the healthcare community; and have established relationships with universities providing graduate programs in nursing

In the recent weeks, five focus groups were facilitated to discern organizational readiness and a beginning identification of the BPG's we will implement first. We believe we are ready to become a candidate for spotlight. Our application will be submitted to RNAO by December , 2011. Release of results will occur in January 2012. If ware accepted, BPSO launch will begin in April 2012

Inspired People

RNAO Conference

Kudos to Sandy Maxfield, Manager of Medicine and Dialysis, and Dan Maure, Clinical Educator, who were presenters at a recent RNAO conference. There they showcased

Bluewater Health's progress with regard to Releasing Time to Care (RTC©) and its success in optimizing quality of care. Also attending the conference were the RTC© team members, who used their educational bursary earned as recipients of the Bridging Excellence Award in the Vision category.

University - Chartered Director Program

I am pleased to report my successful completion of The Directors College Chartered Director Program and have received my designation as a Director (C.Dir.*) from McMaster University. I completed the program over the past two years and wrote my exam on October 21, 2011. I am appreciative to Medbuy who sponsored the program. Formal graduation ceremonies will take place in March 2012.

The Directors College Chartered Director Program is an accredited corporate director development program that leads to a university designation Chartered Director (C.Dir.*). It is a 5 Module residential program covers the full range of formal rules and practices that directors need to know about in their role as stewards of corporations. As well, the program examines the "behavioural" side of directorship – the human dynamics that influence a board and its decisions.

Participants learn concepts and best practices in governance from current practitioners; discover what leading boards are doing today from experienced chairs and CEOs (in residence at The Directors College); and apply this knowledge immediately in case studies, behavioral sessions and simulations.

The program has allowed me to develop the skills necessary to be an effective director for the Boards that I serve on. I am currently the board chair of CHIS and Medbuy Corporation and of course a director on our own Bluewater Health Board.

Outstanding Performance

Quality Healthcare Workplace Award

I'm pleased to share with you that Bluewater Health has been recognized by the Ontario Hospital Association and the Ministry of Health and Long-Term Care's HealthForceOntario, earning a Quality Healthcare Workplace Award. This award recognizes employer and staff efforts in fostering and establishing healthy workplaces. I congratulate the entire hospital team and our staff, physicians and volunteers for their everyday service and contributions to Bluewater Health and those we serve. Our application profiled our efforts on many fronts, including:

- The work of employee champions to co-create action plans that contribute to their workplace
- Our commitment to staff wellbeing, health promotion, and a safe environment
- Staff opportunities for feedback, involvement in decision making, training and development, and 2-way communications
- Employee recognition including the new Bridging Excellence Awards

Final Occupancy

After four years of construction, it gives me tremendous pleasure to say our building project is now complete! It's a new era of healthcare in Sarnia-Lambton - one rich in experience and achievement, and capped off by this month's final occupancy in Sarnia and vacancy of the Mitton Site. As we look towards the future, we cannot forget the care and caring from our past. One Last Look, a final celebration at Mitton Site, was a

welcomed opportunity to celebrate history and share remembrances with past and present staff, physicians and volunteers. We take pride in our legacy of patient care, quality and service, and it is upon these strong foundations that we deliver on our mission, vision and values.

With final occupancy, we will cease using the former “site” language (i.e. Mitton Site and Norman Site). Instead, our new facility will simply be called Bluewater Health, and in Petrolia, Charlotte Eleanor Englehart Hospital of Bluewater Health. Revised stationery, brochures, and internal corporate standards manual incorporate this change.

Posting of Expenses

The Government of Ontario is committed to protecting the interests of taxpayers and strengthening accountability for organizations that receive public funding. The Broader Public Sector (BPS) Accountability Act, 2010 requires that hospitals post information pertaining to expense claims on its public website in a manner that complies with the requirements of the Ministry Directive dated April 1, 2011. These expenses pertain to travel, meal and hospitality expenses of the Board of Directors and Senior Management. Bluewater Health has consulted with its partner hospitals in the ESC LHIN to ensure consistency in presentation of these expenses. Arrangements have been made to post the necessary expense information on our website, effective November 30, 2011.

Exceptional Relationships

Charlotte Eleanor Englehart Hospital of Bluewater Health Anniversary Gala

The Charlotte Eleanor Englehart Hospital of Bluewater Health Anniversary gala dinner, dance and auction was held on Saturday, November 12, 2011 at the Plympton Wyoming Agricultural Society Building. There were 230 guests in attendance, and an estimated $14,500 was raised through the silent and live auctions, with proceeds supporting the purchase of laboratory equipment at CEEH of Bluewater Health. Congratulations to the organizing committee, who capped off a year of successful events and activities to recognize the history and heritage of our rural hospital.

Community Partnerships

In our community partnership efforts, this month saw involvement in the Period of Purple Crying campaign, our internal United Way campaign, and National Child Day.

A Culture of Innovation

Telecommunication Upgrade at Charlotte Eleanor Englehart Hospital of Bluewater Health

We are upgrading the telecommunication systems at Charlotte Eleanor Englehart Hospital of Bluewater Health. 130 new Voice Over Internet Protocol (VOIP) Cisco telephones are being installed and will be operational beginning December 13, 2011. The new technology, valued at $130,000, matches that at Bluewater Health in Sarnia and allows improved call quality, and standardized more efficient processes for patients and staff across Bluewater Health. This change allows private telephone extensions for all in-patients, a centralized switchboard function across Bluewater Health, and better customer service in patient registration at CEEH, as registration staff will no longer be interrupted by incoming calls. Staff will benefit from new telephone functions not previously available including an internal telephone directory on each telephone for easy

access to contact information at their fingertips. Internal and external communication is underway.

Bluewater Health Website

To strengthen Bluewater Health's web presence, the latest round of improvements to Bluewater Health's corporate website are now complete. Led by the team in Communications & Public Affairs, the changes include an enhanced homepage, with new user-friendly icons, and a modified design which is fresh yet familiar. Dynamic new features include rotating banners and an interactive A-Z program listing. New photography has also been incorporated. Bluewater Health's 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. The most frequently viewed page is our job postings board, and content that reflects our focus on care, quality and service. Visit .bluewaterhealth.ca for more information. The site will soon include additional information such as executive and board expense reports and executive contracts, in keeping with the Broader Public Sector Accountability Act.

November 29, 2011

To: Chair and Members of the Board of Directors
Bluewater Health

Re. Chief of Professional Staff/Medical Affairs Summary of the year (2011)

Dear Chair and Board Members:

Thank you very much for your continued support. It has been a busy and productive year at the Medical Affairs office. We have been working on many projects pertaining to medical practice and professional development at the hospital.

Various new Professional Staff have joined our team, namely:

Dr. Bertram, Department of Anesthesia (Associate)
Dr. AbdulRahman, Department of Anesthesia (Courtesy then Associate in July 2012)
Dr. March, Department of Surgery – Orthopedics (Associate)
Dr. Davis to join us soon, Department of Surgery, Maxillofacial (Courtesy)
Dr. Aviles, Department of Surgery – Plastics (Courtesy, credentials pending)
Dr. Mangel, Department of Emergency Medicine (ER) (Associate)
Dr. K Shetty, Department of Medicine - Cardiology (Associate)
Dr. Cuccarolo, Department of Critical Care (Associate)
Dr. Ahmed, Department of Rural Health – CEEH ER (Courtesy)
Ms. Xiaojuan Yan, Midwifery Services (Associate)

Ongoing recruitment efforts continue to fill the following vacant positions:

- Urology
- Dermatology
- Respirology
- ICU
- Neurology
- Rheumatology
- ER, Rural Heath
- Pediatrics.

Offers have been made to a Pathologist and an Emergency Physician (working on getting College of Physicians and Surgeons of Ontario (CPSO) and work permit). We have just made offers to an Urologist and a Neurologist; approval of the offers by the candidates is pending.

It's with sadness that we had to accept the departures from Bluewater Health of Dr. Hamideh (Rheumatology) and Dr. Al-Janabi (Respirology/ICU) who have decided to relocate back to Michigan. Dr. Al-Janabi will stay on as Courtesy staff, on a part time basis for the time being.

Dr. Mehta (Orthopedics), Dr. Jose (Dermatology) and Dr. Scarrow (Urology) have announced their retirements after decades of service at Bluewater Health. Both Dr. Mehta and Dr. Jose received awards at this year's Physicians Appreciation Day.

Also, in keeping with the focus on patient-centred care, we partnered with the Patients Association of Canada and the Ontario Medical Association to bring the Patient's Choice Awards to Sarnia-Lambton at the Physicians Appreciation Day this year.

Furthermore, multiple locum physicians have also helped us provide medical coverage as well, and our goal continues to be a reduction in the need for locum coverage and rely more on committed medical staff to our hospital and community.

A new Medical Director of Emergency/Ambulatory Care was appointed (Dr. Pasqualucci) who replaced Dr. Vouriot. Also, a new Chief of OB/GYN (Dr. Rutledge) was appointed. Dr. Singleton was appointed as an Interim Chief of Anesthesia until June 2012. Dr. Suryvanshi will take over from me as Interim Medical Director of Surgery as of January 1, 2012. He'll be entrusted with growing that program and provide further support to our nascent cancer care program and other new clinical and quality care initiatives within the surgical program.

The various Departments and Programs have been active both clinically and working collaboratively with the hospital Administration to improve the quality of patient care delivered at the hospital.

Some highlights include the launch of our Cancer Care Program, the implementation of the Goldman/Tagger report for our Surgical Program, the implementation of the MRP Collaborative Project, encouraging more Mortality and Morbidity rounds, albeit still needs more work. In addition, we continue to have Grand Rounds once a month to discuss various new topics relating to clinical practice. Furthermore, obstetrical epidural pain service was launched at the hospital in April, Mental Health moved to the new hospital in November therefore completing the last phase of the move to the new site. We continue to work on ways to enhance physician availability to cover our CEEH site ER, while we unfortunately continue to require support from locums and Health Force Ontario until we can complete our recruitment to be able to provide a full compliment of physicians.

Our patient volumes have increased, we've been able to open more in-patient medicine beds and secure all of the potential PCOP funding for that program. Furthermore, our surgical volumes have also increased and potential PCOP funds, albeit we still have more potential for growth. Operative room time utilization by the surgeons have increased but not to 100% yet. Work is being done to increase our efficiency and fill all available OR

time slots. We also doubled our pain clinic capacity from one to two days per week. We are also doubling our pre-anesthesia clinic times to reduce wait time and also have started to provide a dedicated ortho-trauma room to accommodate orthopedic fractures and reduce surgical wait time and reduce length of hospital stay. Our delivery numbers in the Department of Obstetrics has also increased and hope that this trend continues now that we offer the full spectrum of pain services to our mothers in labor. More work is also being done on the MORE OB program, led by the Maternal/Infant/Child (MIC) Program.

In addition, various government legislations have come into effect this year including Excellent Care for All Act (ECFAA), Freedom of Information Act (FOI). As part of our compliance, we have developed a Quality Improvement Project (QIP) led by our VP-Medical Affairs to improve our quality measures.

Challenges of course remain and more work needs to be done over the next years. We need to continue to work on encouraging physician leadership development, recruitment to fill vacant Professional Staff positions, increase cooperation between the hospital and the Medical Staff to enhance patient care and efficient patient care delivery at Bluewater Health, and increasing the number of Mortality and Morbidity sessions. In addition, a new Chief of Professional Staff needs to be appointed; a new Medical Director of Mental Health also needs to be recruited.

In conclusion, I would like to take this opportunity to thank the Board Members for supporting me in the role of Acting Chief of Professional Staff, especially that this would be my last report to the Board before my term ends on December 31, 2011. I wish you all the best for the Holiday Season and for the New Year.

Yours sincerely,

Michel Haddad, MD, MSc, FRCSC
Acting Chief of Professional Staff,
Medical Director of Critical Care,
Interim Medical Director of Surgery,

Bluewater Health Foundation
Executive Director Report
October 2011

It is an absolute pleasure to have joined the dedicated team at Bluewater Health Foundation. Thank you to all staff, board and volunteers both within the hospital and the foundation for their very warm welcome. I am grateful to Liz Kenny for her support during my transition and acknowledge her tremendous impact on the Foundation, hospital and community.

I have had the opportunity to meet several donors and supporters of the Foundation in the past few weeks. I was provided with an opportunity to take some donors on a tour of the new Mental Health wing. It was a pleasure to hear their personal connection to the wing and to have witnessed their emotional reaction to the new area.

Dream Home 2012 is up and running! Open houses are taking place every weekend and we are currently ahead with visitors compared to the same time last year. An additional two weekends of open houses have been added to the schedule. I attended both the ribbon cutting and recognition event at the home and must commend the builders, decorators and committee on a job well done – the home is beautiful.

The Speakeasy gala was held on October . From the décor, to the food and the live and silent auction – it was a top notch event. Feedback from many of those in attendance was very positive. Considering we were in competition with 3 additional charity events held on the same evening, the night was a success for the Foundation.

The Amazing e-album is now available on line for purchase $10, with 40% of proceeds going to Bluewater Health Foundation (specific to the Cancer Care Assessment Centre) and 60% going to Canadian Cancer Society. ://www.amazingcomp.ca/buy/

The new Foundation website is up and running! Please take a few moments and visit us at .bluewaterhealthfoundation. and let us know what you think.

I look forward to meeting and getting to know all of you as we work together to continue the very important work of the Foundation.

Respectfully submitted,

Kathy Alexander
Executive Director