Weeneebayko Area Health Authority (WAHA) Operational Assessment

Project Report

January, 2016

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Weeneebayko Area Health Authority

WAHA was established in 2010 as a merger of James Bay General Hospital and Weeneebayko Health Ahtuskayin.

Weeneebayko Area Health Authority (WAHA) was established on October 1, 2010 as a merger of the provincial James Bay General Hospital and the federal hospital Weeneebayko Health Ahtuskayin by way of an Asset Transfer Agreement under the Weeneebayko Area Health Integration Framework Agreement (WAHIFA). Part of the impetus for the establishment of WAHA was to achieve better coordination of federally and provincially funded health services leading to improved quality, accessibility, delivery, effectiveness, efficiency and cultural appropriateness of healthcare and related programs and services.

WAHA is a regional, community-focused organization, committed to providing optimum health care as close to home as possible.

WAHA is a regional, community-focused organization, committed to providing optimum health care as close to home as possible. WAHA is responsible for providing health services in the Weeneebayko region along the James Bay and Hudson Bay coastal regions in northern Ontario. WAHA services include acute and chronic care, 24 hour emergency services, family medicine clinics, birthing, general surgery and anesthesia, and occupational and rehabilitative services at Weeneebayko General Hospital, Fort Albany Hospital, Attawapiskat Hospital, Moosonee Health Centre and the Kashechewan and Peawanuck Nursing Stations. (The nursing stations are currently managed and operated by Health Canada but under WAHIFA it is anticipated that these nursing stations will become integral parts of WAHA).

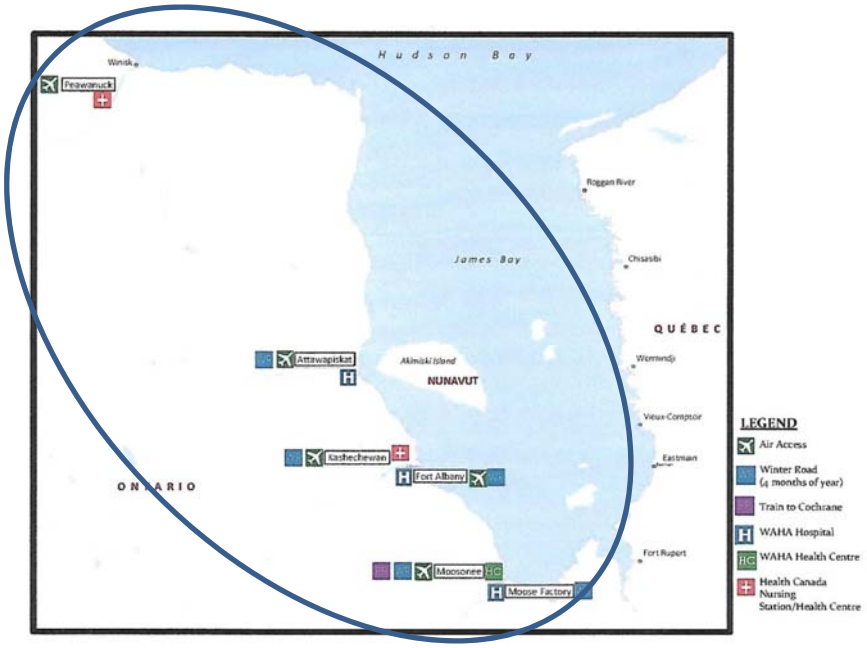
This is one of the most remote areas within the Province of Ontario. None of the communities have road access. Working in this environment is challenging, as resources are limited, distances are great, and the weather is always problematic. The total population of the James / Hudson Bay lowlands is approximately 12,000 people. The majority of the citizens of the coastal communities that make up this region are of Cree lineage.

WAHA patients come primarily from the six communities where WAHA has facilities

In 2014/15, there were 18,790 visits to WAHA EDs and WAHA facilities admitted 647 inpatients; over 95% of these ED visits and inpatient admissions were by residents of the communities surrounding the WAHA sites.

The WAHA catchment area is reflected in the following graphic.

Map/Graphic of WAHA Primary Catchment Area



Residents of the WAHA catchment area rely on WAHA for 48% of their inpatient acute care. The remainder of their inpatient care is provided mostly by Timmins and District Hospital and Kingston General Hospital. KGH has had a long-standing, valued and important program providing service to residents of the WAHA catchment area.

% Reliance of Residents of WAHA Catchment Area on Hospitals

Patient Residence	Total Acute Inpatient Cases	WAHA	Timmins & District	Kingston General Hospital	Sensenbrenner Hospital	Health Sciences North	Other Hospitals
Moose Factory[1]	422	65%	10%	17%	1%	2%	7%
Fort Albany/Kashechewan	272	28%	33%	17%	5%	2%	15%
Moosonee	246	59%	17%	8%	0%	4%	11%
Attawapiskat 91A	214	41%	34%	13%	0%	3%	10%
Cochrane District	125	28%	28%	0%	2%	4%	38%
Peawanuck	24	54%	29%	4%	0%	4%	8%
Grand Total	1,303	48%	22%	13%	4%	3%	11%

[1] Moose Factory includes both residence codes on Moose Factory Island.

Operational Review

Project Objectives

This Operational Review was commissioned by WAHA with support from the NE LHIN. The overall objective of the review has been to refine and redevelop the Hospital Improvement Plan for 2016/17 and future years that will identify strategies to achieve a balanced operating position and financial sustainability.

Clinical Profile of WAHA

Understanding the clinical characteristics of the hospital

The following table presents the volumes of clinical activity at WAHA.

WAHA[2] Clinical Activity

Clinical Activity	2014/15
Emergency Department Visits	20,415
Average Daily ED Visits	56
Acute Inpatient Days	9,866
Inpatient Surgical Cases	73
Outpatient Surgical Cases	486
Clinic Visits	19,268
CCC Inpatient Days	5,657

Clinical characteristics of the patients admitted for acute care.

In 2014/15 WAHA had 50 acute care beds[3] staffed and in operation across all three hospital sites with an average occupancy of only 54%[4]. It had 17 CCC beds with an average occupancy of 89%. The following table presents the clinical characteristics of the patients admitted for acute care at WAHA.

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2 Reflects activity at all 4 WAHA sites.

3 The number of beds may have been under reported by WAHA; WAHA suggests that the correct total number of acute and chronic beds is 69.

4 It should be noted that this very low occupancy for acute care beds is a reporting anomaly and reflects a variety of factors. Meditech was implemented in WAHA in 2014 and the implementation had not yet stabilized during 2014/15. As a result, the reported occupancy levels for Fort Albany and Attawapiskat are incorrect. Also, the hospital in Attawapiskat has been closed since December 2014 due to an oil spill and the need for soil remediation.

Distribution of 2014/15 IP Activity by Program

Broad Program	IP Cases	IP Days	Avg. LOS
Medicine	415	6,741	16.24
Surgery	42	505	12.02
Birthing	154	431	2.80
Mental Health	36	234	6.50
Grand Total	647	7,911	12.23

Future Clinical Role for WAHA and its Sites

The Weeneebayko General Hospital (Moose Factory) provides inpatient and outpatient medicine, surgery, birthing and paediatrics. While it is clearly necessary to continue offering inpatient medical services, we have given careful consideration to the wisdom of continuing to offer obstetric, surgery and paediatric services locally.

- Availability of obstetrics locally is a critical service for the community. Removal of obstetrics from the community would result in significant family dislocation, particularly as family members are required to pay their own air transportation if they wish to accompany their spouse (or family member) to hospital in order to be present for the delivery.
- A significant volume of surgical activity is related to acute or urgent conditions. Given the time imperative associated treatment of these conditions, the difficulties frequently encountered in transferring patients to remote sites, and the need to ensure timely intervention, it would introduce a significant element of risk to eliminate surgical services from the Moose Factory hospital. Also, it is necessary to ensure on-site surgical capacity to perform cesarean sections in support of the hospital's obstetrics program.
- Only "general" paediatrics patients and newborns are treated in the Moose Factory hospital, and any complex paediatric cases are currently transferred. The limited level of service should be continued in support of both the birthing and primary care activity of the Authority.

Need to replace the Moose Factory hospital facility

All of these services should be continued. However it is clear, based on the age and condition of the current physical plant that the hospital is in urgent need of extensive renovation or, preferably, replacement.

Current scope of inpatient activity should be maintained at Attawapiskat and Fort Albany sites

The Fort Albany and Attawapiskat facilities offer acute care medical services, as well as chronic or long-term care services. The volumes of acute care services are small, but serve an important function in allowing patients with mild to moderately acute and stable illness the opportunity to be treated in their home community, minimizing family disruption, and avoiding the cost of travel to and from the hospital in Moose Factory. We feel that the current scope of inpatient activity should be maintained at Fort Albany and Attawapiskat. The primary care and related services provided in these hospital sites are critical supports to the community and also should be continued.

The Moosonee Health Centre provides a critically needed service to the community of Moosonee, especially during the periods when there is no surface route to the hospital on Moose Factory. This service must be continued.

WAHA Financial Profile

WAHA has had recurring operating deficits since its creation

WAHA receives funding from the Province of Ontario, the North East Local Health Integration Network (NE LHIN) and Health Canada (HC). Total revenue for the fiscal year 2014/15 was $70 million.

In the first full year of operations (2011/12), WAHA had total revenues of $67.3M including hospital operating funding of $25.7M made up of $4M from Health Canada and $21.7M from the NELHIN. It is important to note that this was $3 million less than the combined hospital operating revenues of the hospitals of the predecessor organizations. Since the merger, WAHA has had recurring deficits; as of March 31, 2015, it had an accumulated operating deficit of $19 million. Despite initiatives to improve its operating position, WAHA is projecting another deficit of approximately $2 million for FY 2015/16.

WAHA reported a working capital deficit of $3.98M following its first 6 months of operation. At the end of 2014/15 the WAHA working capital deficit had grown to $19.94 million. The current ratio for the organization has declined from 0.81 at the time of the merger to 0.28 at the end of 2014/15. Management is projecting a working capital deficit of over $22 million and a current ratio of only 0.26 by the end of 2015/16.

A recent request to increase the hospital's credit facility was denied.

WAHA has never had a positive cash position; for the past 4 years bank indebtedness at the end of each fiscal year was approximately $8M. WAHA has arranged a $10M demand credit facility secured by the Health Authority's assets. The facility is payable on demand with no fixed terms of repayment and bears interest payable monthly at the rate

of prime minus 0.5%. A recent request to increase the limit of this credit facility was denied. WAHA debt is expected to exceed its borrowing capacity at the beginning of February 2016. Indebtedness at the end of the 2015/16 fiscal year is projected to be greater than $17M; no facilities are in place to provide for this level of debt.

Extraordinary Fiscal Challenges

WAHA has also experienced a number of extraordinary incidents / challenges that have contributed to its current financial situation:

- A fire at the Moosonee Health Centre required temporary evacuation, relocation and redevelopment;
- Flooding at Moose Factory and Attawapiskat requiring restoration expenses;
- An oil spill at Attawapiskat requiring evacuation, patient relocation and environmental clean-up.

Management has estimated that the uninsured costs associated with these extraordinary events have cost the organization approximately $2.0M.

Improving Efficiency/Reducing Costs

This isolation of WAHA facilities is a necessary consideration when comparing the operational efficiency of WAHA with other Ontario facilities.

The isolation of WAHA is a rare example of a truly unique characteristic of an Ontario hospital. Weeneebayko General Hospital was intentionally built as an isolated island facility for Tuberculosis patients. However this isolation presents problems for its current role as a regional hub hospital; it is now accessible only by water taxi, ice road or helicopter depending on the time of year. Similarly Fort Albany and Attawapiskat are accessible only by air, with the exception of a few months a year when an ice-road is available. Moosonee is accessible by air and daily train service as well an ice road in winter. The isolation of its facilities is a necessary and important consideration when comparing the clinical and operational efficiency of WAHA with other Ontario facilities.

WAHA has a relatively small opportunity to reduce length of stay for the patients that it is admitting to inpatient care

A review of clinical efficiency has been used to assess the opportunity for WAHA to reduce reliance on inpatient beds through reductions in inpatient lengths of stay. The review indicated that WAHA has a relatively small opportunity to reduce length of stay for the patients that it is admitting to inpatient care. It is among the better performing of its clinical peer hospitals. If WAHA were to achieve benchmark ELOS for each of its patients, it would be able to only modestly reduce costs. The savings would be limited because of the relatively small number of days that will be reduced and the distribution of these days across different programs. We estimate that the potential savings in 2014/15 were only $50,000 to $60,000.

Opportunities for reductions in operating costs that would provide savings of approximately $2.1 million in addition to those in the WAHA HIP

The operating efficiency of WAHA functional centres was compared to the performance of peer hospitals. The peer hospitals were selected because of similarities in size and range of clinical services with WAHA hospital operations. Because of deficiencies in the tracking and allocation of workload and costs by WAHA, these comparisons are not as meaningful as they might have been. The comparisons were augmented by observation of functional centre operations and interviews of functional centre managers. Based on this review WAHA appears to be less efficient than its peer hospitals. The review identified opportunities for reductions in operating costs and improvements in operating efficiency that would provide annual savings of approximately $2 million in addition to the savings already identified by WAHA management in its recent Hospital Improvement Plan.

Medical Staff Costs

WAHA should not be subsidizing physician remuneration with funding intended for the operations of the authority

WAHA has signed an Alternate Payment Plan (APP) Agreement for Comprehensive Primary Care Physician Services with the Ontario Ministry of Health and Long-Term Care. The Agreement provides a base salary plus incentive payments that total approximately $300,000 annually for each of 12 Primary Care Physicians. WAHA has also entered into separate Physician Services Agreements with each Family Practitioner. These agreements provide annual remuneration of $380,000 plus support services and accommodations. We are not aware of any rationale for the difference between the remuneration amount provided for in the APP and that provided by the hospital. The hospital base budget is supporting additional direct physician remuneration of $80,000 per physician or a total of $960,000 annually. This is not an appropriate use of funds that are intended for hospital/authority operations. WAHA and the LHIN should create a plan that will ensure that sufficient funding is provided by the MOHLTC so that WAHA is not subsidizing physician remuneration with funding intended for operations. Achieving a balanced operating position is dependent on WAHA being relieved of this physician funding obligation.

Hospital Improvement Plan

WAHA will need to significantly reduce its operating costs if it is to achieve or even approach fiscal sustainability.

The Authority needs to reduce its operating costs to balance its operating position, support renewal of its equipment and services and, until its working capital position is addressed, provide for servicing of its debt. The hospital incurred operating losses of $2.96 million in 2014/15. Given that MOHLTC funding is not expected to grow for the foreseeable future, or, at best, grow much more slowly than hospital input costs, the Authority will need to significantly reduce its operating costs if it is to achieve or even approach fiscal sustainability.

The following table presents the cost reduction opportunities (reductions from actual spending in 2014/15) identified by hospital management and by this operational review. The improvement initiatives can be implemented in 2016/17 and 2017/18 and the related savings can be realized in 2016/17 through 2018/19.

Suggested Implementation Timing of Cost Savings/Avoidance Opportunities[5]

Opportunity	Report Section	Mgmt HIP	Hay HIP	Implement in 2016/17	Implement in 2017/18	Total
Reduce Debt carrying charges	3.3	0	400,000	400,000		400,000
ALOS at best practice	6.1	0	60,000	30,000	30,000	60,000
Support for Physician remuneration	6.4	0	960,000	960,000		960,000
Finance: Repatriation of financial services from HSN	7.2.1	0	0			0
Human Resources: reductions in variable non-labour expenses	7.2.4	0	100,000	100,000		100,000
Reduced Overtime	7.2.4; 7.2.7; 7.3.1; 7.3.4; 7.3.5; 7.4.1	350,000	0	200,000	150,000	350,000
Reduced Nursing Agency usage	7.2.4; 7.2.7; 7.3.1; 7.3.4	600,000	0	350,000	250,000	600,000
Reduced sick time	7.2.4, 7.2.7; 7.3.5	0	330,000	180,000	150,000	330,000
Systems Support: review of maintenance contracts and costs	7.2.5	0	60,000	60,000		60,000
Materials Management Healthpro participation	7.2.6	25,000	0	25,000		25,000
Materials Management relocation of warehouse to MHC	7.2.6	0	100,000		100,000	100,000
Housekeeping	7.2.7	0	150,000	75,000	75,000	150,000
Streamlined management model in coastal hospitals	7.2.9	0	150,000	100,000	50,000	150,000
Inpatient median quartile performance of 6.0 hours per patient day	7.3.1	0	600,000	300,000	300,000	600,000
Operating room summer / winter closures to reflect utilization	7.3.3	0	100,000	100,000		100,000
Night closure of MHC ED during winter road period	7.3.4	0	100,000	100,000		100,000
Other items from Management HIP Plan		366,800	0	366,800		366,800
Total		**1,341,800**	**3,110,000**	**3,346,800**	**1,105,000**	**4,451,800**

WAHA will be able to achieve modest operating surpluses in 2017/18 and 2018/19

The Authority is expecting a deficit in 2015/16 of approximately $2M. Assuming[6] inflationary pressures of approximately 2% on Authority operations, and funding increases of 1%; net annual operating pressures for WAHA are estimated at $0.75M annually. Taking this into account, and assuming a 6-month delay in realizing the savings from each

[5] It is important to note that the 'savings' attributed to support for physician remuneration is not suggesting that remuneration for the medical staff should be reduced, just that the source of this remuneration should not be the Authority's operating funds.

[6] Assumptions are provided for modeling purposes only; projections will need to be refined when funding and inflation are confirmed.

initiative, full implementation of the identified savings opportunities will result in modest operating surpluses in 2017/18 and 2018/19.

Year-end Position with HIP Implementation

	2016/17	2017/18	2018/19
Deficit at start of year	-2,000,000	-1,076,600	399,300
Savings realized in year from opportunities	1,673,400	2,225,900	552,500
Net Inflation pressure	-750,000	-750,000	-750,000
Deficit / Surplus at end of year	-1,076,600	399,300	201,800

Fiscal sustainability will require significant reduction of the Authority's working capital deficit

Even though it may achieve modest operating surpluses, WAHA will still have a significant working capital deficit; estimated at $22.25 million at the end of 2015/16. This deficit cannot be retired through the operating surpluses that will be achieved through the savings opportunities identified. As the HIP is being implemented, the Authority should work to secure additional funding to retire its debt.

Health Canada and/or the Ontario MOHLTC should consider some one-time funding to provide the Authority with some debt relief. There are a number of legitimate one-time costs and/or funding shortfalls that might provide justification for one-time funding from either or both levels of government. Examples of these one-time funding opportunities are presented in the following table.

One-time Cost and Funding Issues

One-time Funding Issues	Report Section	Amount
Accumulated deficits of special programs	3.1	4,562,432
Collective agreement merger / wage harmonization transition costs	3.3	5,028,114
Other Transition Costs (estimate)	3.5	7,000,000
Uninsured extraordinary events (estimate)	3.6	2,000,000
Total		18,590,546

While the total of these potential one-time funding issues is insufficient to completely eliminate the Authority's working capital deficit, it would provide significant progress towards this objective.

A cash infusion will be required in February 2016 to maintain WAHA's short term solvency

Addressing the working capital deficit in some manner will be necessary to secure the Authority's fiscal sustainability. However, no matter the decision on debt relief, a cash infusion will be required in February 2016 to maintain the short term solvency of the organization as the Authority is expected to reach the limit of its borrowing authority at that point.

Recommendations

The following are the recommendations of the Operational Assessment:

(1) The ED Manager should ensure that accurate CTAS levels are assigned to all patients visiting the ED.

(2) The Chief of Staff should undertake measures to standardize practice and reduce admission rates.

(3) The medical staff should develop emergency department specific care maps and protocols for the 10-15 most common emergency department presenting diagnoses.

(4) The CEO and CFO should work with the Ontario Ministry of Health and Long Term Care, the NE LHIN and Health Canada to agree on an approach to reimburse WAHA for the accumulated deficit associated with the specially funded provincial and federal programs.

(5) The CFO should initiate a zero-based budget exercise to properly establish necessary operating budgets throughout WAHA.

(6) The NELHIN should provide one time funding to pay for the retroactive union settlement related to the integration of JBGH and WHA.

(7) The NELHIN should consider providing an increase in WAHA funding to reflect the annual additional cost emanating from wage harmonization.

(8) The NELHIN, Ontario Ministry of Health and Long Term Care, and Health Canada should ensure that WAHA has sufficient immediate access to resources to manage the imminent inability of WAHA to pay its expenses.

(9) The CEO and CFO should identify all Transition Costs incurred by WAHA since integration and work with the NE LHIN, Ontario Ministry of Health and Long Term Care and Health Canada to agree on proper reimbursement of these costs as envisioned by the parties to the WAHIFA.

(10) The CEO and CFO should work with the Ontario Ministry of Health and Long Term Care, the NE LHIN and Health Canada to identify an approach to reimbursement for the uninsured costs associated with recent extraordinary events.

(11) The CEO should work with the Ontario Ministry of Health and Long Term Care, Health Canada, and the NE LHIN, to agree on a process and timeline for the approvals necessary for the redevelopment of WAHA facilities, particularly WGH.

(12) The Board should charge the hospital's management and MAC with responsibility to pursue opportunities to reduce costs and implement the HIP arising from this Operational Review.

(13) The CFO should re-establish a formalized approach to variance analysis that includes a comprehensive analyses of volume, productivity and cost variances.

(14) MAC should develop 'care maps' for the most common inpatient diagnoses.

(15) WAHA through its CNE and in partnership with the LHIN should develop explicit transfer agreements with its referral hospitals and more effective processes for transferring patients that will reduce the requirements for nurse accompaniment.

(16) The CEO should revisit the Physician Services Agreement to ensure that it accurately and specifically reflects the services to be provided.

(17) The Director of Family Medicine should provide the individual WAHA physicians with a copy of the APP and each should be required to sign it on their own behalf.

(18) WAHA and NELHIN should develop and implement a plan to ensure that the Authority does not need to subsidize physician remuneration with funding intended for operations.

(19) The CFO should undertake a full Ontario MIS compliance review against the Ontario Hospital Reporting Standards (OHRS).

(20) The CFO and controller should undertake a review of the incremental management and support services required to maintain specially funded provincial and federal programs and work with Ontario and Canada to ensure that such efforts are adequately recognized / funded.

(21) The CFO and Controller should distribute the HC management fee to each functional area that has a role in managing specially funded provincial and federal activities.

(22) The CFO should prepare an RFP for insurance coverage to determine if rates can be reduced.

(23) The VP Human Resources should review and reduce non-labour HR expenses by $100,000.

(24) The VP Human Resources assess the costs and benefits associated with engaging a third party disability management organization.

(25) The Senior Leadership Team aggressively pursue proactive approaches to attendance management with the aim of reducing sick time, overtime and use of agency staff.

(26) The CEO should work with NEON and the LHIN to achieve monthly support fees that more accurately reflect usage for / requirements of the smaller members of the Network.

(27) The CFO and Manager of Materials Management develop a business case for the capital investment required to relocate the supply warehouse to Moosonee Health Centre from WGH and aggressively pursue reductions in freight costs.

(28) The VP Support Services should review housekeeping operations and expenses with the goal of reducing expenses by $150,000.

(29) The VP Patient Care and VP Support Services should establish a streamlined management model with a single role for accountability in the coastal health centres.

(30) The VP Patient Care and the Director of HR establish an attendance management program.

(31) The VP Patient Services and CNE should establish processes to reduce use of overtime hours and agency staff.

(32) The VP Patient Care should ensure the development and implementation of guidelines for 1:1 care in the Inpatient Department.

(33) The VP Patient Care should implement a plan to work toward achieving nursing productivity performance of 6.0 hrs/ppd for the Moose Factory Inpatient Department.

(34) The VP Patient Care and the VP Finance should ensure a process for accurate reporting for ATT and FA.

(35) The VP Patient Services should work together with Timmins and District Hospital and the LHIN to develop a process to reduce overtime costs for treat and return patients.

(36) The VP Patient Services together with the Director of Information Services should develop and implement a process of capture of CTAS level on patient admission to the ED.

(37) The VP Patient Services should ensure the development and implementation of a plan to reduce overtime and sick time in the clinics.

(38) The CEO and VP Patient Care should work with the LHIN and other LHIN hospitals to ensure the appropriateness of inter-facility charges for DI services, that such charges are restricted to the transferring hospitals' inpatients, and that the magnitude of such charges are standardized across the LHIN.

1.0 Background

1.1 Weeneebayko Area Health Authority

WAHA was established in 2010 as a merger of James Bay General Hospital and Weeneebayko Health Ahtuskayin.

Weeneebayko Area Health Authority (WAHA) was established on October 1, 2010 as a merger of the provincial James Bay General Hospital and the federal hospital Weeneebayko Health Ahtuskayin by way of an Asset Transfer Agreement under the Weeneebayko Area Health Integration Framework Agreement (WAHIFA). Part of the impetus for the establishment of WAHA was better coordination of federally and provincially funded health services leading to improved quality, accessibility, delivery, effectiveness, efficiency and cultural appropriateness of healthcare and related programs and services.

WAHA is a regional, community-focused organization, committed to providing optimum health care as close to home as possible.

WAHA is a regional, community-focused organization, committed to providing optimum health care as close to home as possible. WAHA is responsible for providing health services in the Weeneebayko region along the James Bay and Hudson Bay coastal regions in northern Ontario servicing six communities: Moose Factory, Fort Albany, Attawapiskat, Moosonee, Kashechewan and Peawanuck. This is one of the most remote areas within the Province of Ontario. None of the communities have road access. Working in this environment is challenging, as resources are limited, distances are great, and the weather is always problematic. The total population of the James / Hudson Bay lowlands is approximately 12,000 people. The majority of the citizens of the coastal communities that make up this region are of Cree lineage.

Better coordination of health services leading to improved quality, accessibility, effectiveness, efficiency and cultural appropriateness of healthcare services

WAHA services include acute and chronic care, 24 hour emergency services, family medicine clinics, birthing, general surgery and anesthesia, and occupational and rehabilitative services at Weeneebayko General Hospital, Fort Albany Hospital, Attawapiskat Hospital, Moosonee Health Centre and the Kashechewan and Peawanuck Nursing Stations. (The nursing stations are currently managed and operated by Health Canada but under WAHIFA it is anticipated that these nursing stations will become integral parts of WAHA). A regional mental health program serves all communities and specialty clinics are available in the fields of paediatrics, obstetrics, gynecology, rheumatology, ophthalmology, and neurology.

The Traditional Healing Program with counselors and community endorsed Traditional Healers offers a variety of services with traditional and cultural healing options. The program exists to support WAHA community members and their families, with emphasis on

serving those who are surviving residential school members, or family members of survivors.

WAHA is also responsible for the WAHA Paramedic Service including pre-hospital care and administration of Non-Insured Health Benefits including medical travel services from the communities to major referring hospitals; primarily Kingston General Hospital and Timmins District Hospital.

1.2 Project Background and Objectives

1.2.1 Project Background

At the time of merger, there was no critical analysis undertaken to determine why the hospitals had recurring deficits.

WAHA receives funding from the Province of Ontario, the North East Local Health Integration Network (NE LHIN) and Health Canada (HC). Total revenue for the fiscal year 2013-14 was almost $68 million.

At the time of the merger, both the Province and Health Canada agreed to fund the deficits of their respective hospitals but there was no critical analysis undertaken as to why the hospitals had recurring deficits. Deficits have continued following the merger; as of March 31, 2014, WAHA had an accumulated operating deficit of $19 million.

HIP enabled WAHA to reduce, but not eliminate, operating deficits.

A Hospital improvement Plan (HIP) was developed by WAHA and submitted to the NE LHIN. Implementation of the HIP has helped to decrease the operating deficit from a peak of $5.8 million to $2.9 million for the 2014-15 fiscal year. The HIP has resulted in some improvements, and although WAHA developed budgets that would provide for a balanced operating position for both 2014/15 and 2015/16, the HIP strategies implemented were not sufficient to achieve the planned balanced position.

WAHA Management has identified that financial sustainability is at high risk.

The Health Canada Contribution Agreement funding will no longer be available for hospital operations.

WAHA Management has identified that financial sustainability is at high risk with significant further financial challenges for hospital operations pending: WAHIFA indicates that Health Canada's funding for hospital operations is time limited - lasting for only the initial 5 year transition period which ended September 30, 2015. The current Contribution Agreement (CA) (October 2015 – September 2020) represents approximately 25% of WAHA funding. The CA will be amended upward by $2M before the end of March 2016 to honour the federal funding commitment of $12M / year. It was confirmed, however, that while the $4M annual funding commitment for hospital operations was ending, the federal funding level would remain at $12M with the portion previously provided for hospital operations redirected to other business lines. This results in an additional $4 million

challenge for WAHA in hospital operations. There are also concerns arising from the expiration of the Provincial Working Capital Relief Fund and a cash advance from the NELHIN that will be recovered in fiscal 2015/16. With such challenges, WAHA expects that it will struggle to be able to carry its debt load.

1.2.2 Project Objectives

The Operational Review is being commissioned by WAHA with support from the NE LHIN.

This Operational Review was commissioned by WAHA with support from the NE LHIN. The overall objective of the review has been to refine and redevelop the Hospital Improvement Plan for 2016/17 and future years that will identify strategies to achieve a balanced operating position and financial sustainability. The improvement plan is intended to allow WAHA to continue to respond to the health needs of the mostly First Nations population in Weeneebayko and was to include:

- Practical and reasonable approaches and recommendations to help eliminate the deficit and
- Assurance that WAHA will have the resources to effectively respond to the health needs of the region.

1.3 Scope of Work

A project to identify a set of initiatives that will lead to improvements in the fiscal position of WAHA

Major results to be achieved are:

1. Review and assess the financial operations of WAHA since integration on October 1, 2010 in order to identify the causes of the deficit.
2. Analyze programs and funding at the time of integration until present with recommendations on sustainable programming and funding.
3. Assess the clinical programs and services delivered by WAHA in the three hospital sites. Based on community needs and the unique challenges facing WAHA in responding to those needs, the review will determine:
   a) The effectiveness and efficiency of these programs, using relevant performance benchmarks for WAHA.
   b) Opportunities to reduce duplication at the three hospital sites (Moose Factory, Fort Albany and Attawapiskat).
4. Recommend an enhanced Hospital Improvement Plan (HIP) with an implementation plan with a view for implementing in FY 2016-17.
5. Recommend sustainable programming and funding.

6. Assess the capacity of the WAHA Board and Management to implement the enhanced HIP and account for its results.

The operational review was conducted concurrently and collaboratively with a separate review to evaluate the effectiveness of WAHIFA's integration goals

It is recognized that the parties to WAHIFA intended that WAHA would consolidate, plan, manage and deliver the Health Care and Related Programs and Services delivered to the residents of the Weeneebayko Area by James Bay General Hospital, WHA and the Federal Nursing Program. To date, however, the Federal Nursing Program continues to operate the Kashechewan and Peawanuck Nursing Stations. This operational review is limited to WAHA operations and did not consider the operations of the Kashechewan and Peawanuck Nursing Stations that are operated by Health Canada.

There is a separate and concurrent review being undertaken to evaluate the effectiveness of WAHIFA's integration goals. The two reviews are being done collaboratively but separately. Any comprehensive forward looking planning for the health care and related programs and services delivered to the residents of the Weeneebayko Area must consider both the operations of WAHA and the Federal Nursing Program.

Report presents findings of the operational assessment

This report presents the findings of the operational assessment and a suggested set of initiatives that will lead to improvements in the fiscal position of WAHA. This report provides a 'Hospital Improvement Plan' for the Authority. The improvement plan has been reviewed and validated with Authority management and presented to the board for its review.

2.0 Clinical Profile of WAHA

Understanding the clinical characteristics of the hospital

The first step in the operational review was to develop an understanding of the clinical and operating characteristics of the hospital[7].

2.1 WAHA Capacity

In 2014/15 WAHA had 50 acute care beds staffed and in operation across all three hospital sites with an average occupancy of only 54%[8]. It had 17 CCC beds with an average occupancy of 89%. Beds[9] and reported occupancy levels by site are presented in the following table.

Exhibit 1: Beds and Occupancy Levels by Bed Type and Site

Hospital Site	Medical	Surgical	Comb. Med Surg	ICU	Obstet.	Paed.	Total Acute Care	Chronic Care / CCC
	Beds							
Moose Factory	2	1	22	4	7	4	40	-
Fort Albany	5	-	-	-	-	-	5	9
Attawapiskat	5	-	-	-	-	-	5	8
Weeneebayko Total	**12**	**1**	**22**	**4**	**7**	**4**	**50**	**17**
	Avg. % Occup.							
Moose Factory	0%	0%	83%	38%	9%	13%	55%	-
Fort Albany	25%	0%	0%	0%	0%	0%	25%	97%
Attawapiskat	80%	0%	0%	0%	0%	0%	80%	80%
Weeneebayko Total	**44%**	**0%**	**83%**	**38%**	**9%**	**13%**	**54%**	**89%**

Deficiencies in reporting patient days and occupancy rates

It should be noted that this very low occupancy for acute care beds is a reporting anomaly and reflects a variety of factors. Meditech was implemented in WAHA in 2014 and the implementation had not yet stabilized during 2014/15. As a result, the reported occupancy levels for Fort Albany and Attawapiskat are incorrect. Work is occurring to ensure workload and staffing data are reported in the correct functional centres.

The hospital in Attawapiskat is expected to reopen by the end of CY 2015

Also, the hospital in Attawapiskat has been closed since December 2014 due to an oil spill and the need for soil remediation. There have been no inpatient services provided in the community since December

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7 This section has used the data available to the reviewers to describe the capacity, patients served, clinical activity and clinical profile of WAHA. It is recognized that in some cases this data is insufficient or incomplete to provide a comprehensive picture; any conclusions drawn from this clinical profile must take into account the limitations of the available data.

8 Beds and occupancy data from MOHLTC data portal bed census summary reports. This is the average beds for fiscal year 2014/15, extracted from the MOHLTC Portal bed census summary reports on November 12, 2015.

9 The number of beds may have been under reported by WAHA; WAHA suggests that the correct number of acute and chronic care beds is 69.

2014 and outpatient clinic services have been provided in shared office space provided by the community / Band. It was anticipated that the clinic would begin operations mid to late November 2015 and inpatients would be repatriated near the end of the month. When Attawapiskat was evacuated in December 2014, 10 patients were relocated within WAHA. Four patients were sent to Fort Albany and 6 to Moose Factory. All but two of these patients were to be repatriated to Attawapiskat before the end of CY 2015.

2.2 WAHA Clinical Activity

Overview of the clinical activity provided by WAHA over the past four years

The following table provides an overview of the clinical activity provided by WAHA over the past four years[10].

Exhibit 2: WAHA Clinical Activity[11]

Indicator Name	2011/12	2012/13	2013/14	2014/15
Acute Inpatient Days	9,524	8,123	9,096	9,866
CCC Inpatient Days	6,203	5,991	3,770	5,657
Inpatient Surgical Cases	68	34	78	73
Outpatient Surgical Cases	528	504	509	486
Emergency (ED) Visits	9,328	9,885	7,216	20,415
Average Daily ED Visits	25	27	20	56
Clinic In House Visits	5,201	5,839	9,050	19,268

Reported patient volumes in 2014/15 are closer to a true reflection of the clinical activity of the WAHA facilities

There was a significant increase in reported clinic visits in 2014/15. This is likely related to implementation of Meditech and the resultant more complete capture and reporting of clinic visits. The number includes visits at Attawapiskat and Fort Albany. Reporting of ED visits also improved in 2014/15 resulting a more accurate reflection of ED visit volumes. The patient volumes reported in 2014/15 are closer to a true reflection of the clinical activity of the WAHA facilities.

[10] MOHLTC Healthcare Indicator Tool, Hospitals – Global Indicators, June 2015.

[11] The increase in Emergency Department (ED) visits in fiscal year 2014/15 reflects the impact of the implementation of the Meditech information system, and the associated more comprehensive reporting of emergency visits.

2.3 Who are WAHA Patients

WAHA patients come primarily from the six communities where WAHA has facilities

The following tables provide an indication of where WAHA ED and inpatients come from. They present the number of patients from each residence code that visited the ED and those who were admitted as inpatients.

As can be seen, in 2014/15, there were 18,790 visits to WAHA EDs; over 90% of these visits came from the communities surrounding WAHA sites.

Exhibit 3: Residence of WAHA ED Patients (2014/15)

Patient Residence Code	ED Visits	% of all Visits	Cumul. %
Moose Factory[12]	6,434	34.2%	34.2%
Attawapiskat 91A	5,463	29.1%	63.3%
Moosonee	3,183	16.9%	80.2%
Cochrane District	1,860	9.9%	90.1%
Fort Albany / Kashechewan	575	3.1%	93.2%
Timmins	524	2.8%	96.0%
Cochrane	130	0.7%	96.7%
Greater Sudbury	93	0.5%	97.2%
Kapuskasing	89	0.5%	97.7%
Peawanuck	56	0.3%	98.0%
Iroquois Falls	51	0.3%	98.3%
North Bay	41	0.2%	98.5%
Northeast Manitoulin	20	0.1%	98.6%
All Other Residence Codes	271	1.4%	100.0%
Grand Total	18,790	100.00%	

Similarly, in 2014/15, WAHA facilities admitted 647 inpatients; 90% of these inpatients came from the communities surrounding the WAHA sites.

[12] Moose Factory includes both residence codes on Moose Factory Island.

Exhibit 4: Residence Code of WAHA Inpatients (2014/15)

Patient Residence Code	Total Cases	Medicine	Birthing	Surgery	Mental Health
Cases					
Moose Factory[13]	271	148	72	37	14
Moosonee	146	72	51	16	7
Attawapiskat 91A	87	57	14	13	3
Fort Albany/Kashechewan	76	46	13	15	2
Cochrane District	35	22	3	4	6
Peawanuck	13	6	-	6	1
Other	19	11	1	4	3
Grand Total	647	362	154	95	36
Percentage of Cases					
Moose Factory	41.9%	40.9%	46.8%	38.9%	38.9%
Moosonee	22.6%	19.9%	33.1%	16.8%	19.4%
Attawapiskat 91A	13.4%	15.7%	9.1%	13.7%	8.3%
Fort Albany/Kashechewan	11.7%	12.7%	8.4%	15.8%	5.6%
Cochrane District	5.4%	6.1%	1.9%	4.2%	16.7%
Peawanuck	2.0%	1.7%	0.0%	6.3%	2.8%
Other	2.9%	3.0%	0.6%	4.2%	8.3%
Grand Total	100.0%	100.0%	100.0%	100.0%	100.0%

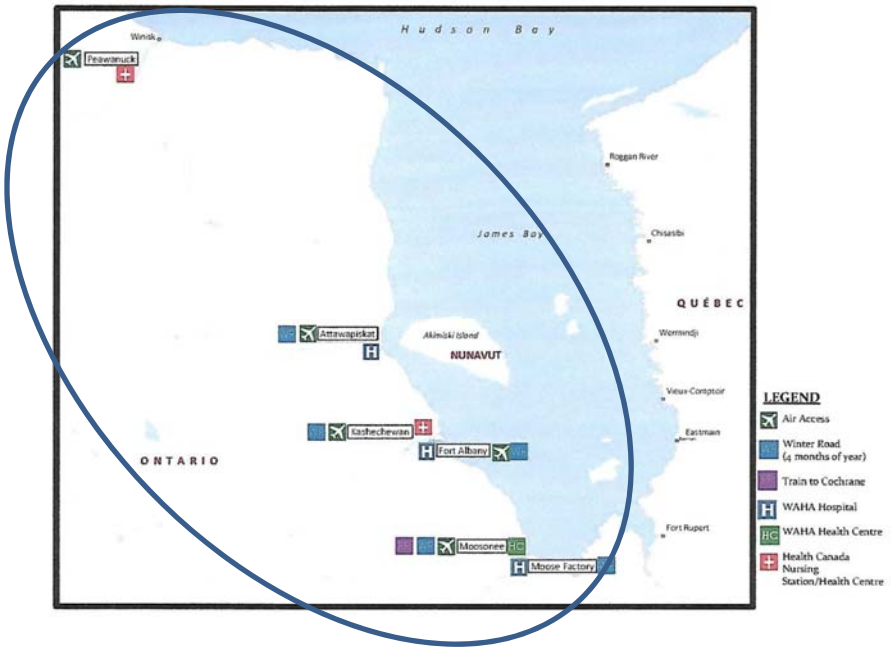
A hospital's Primary Catchment Area is traditionally defined as the contiguous communities that account for 70% or more of a hospital's admissions. Based on this definition, we can conclude that the primary catchment area for WAHA is the subset of the Cochrane and Kenora Districts where WAHA has its sites. WAHA is providing health services in the Weeneebayko region along the James Bay and Hudson Bay coastal regions in northern Ontario primarily serving the residents of six communities: Moose Factory, Fort Albany, Attawapiskat, Moosonee, Kashechewan and Peawanuck.

In considering this catchment area, it is important to note that the population of the catchment area is only approximately 12,000 people. The population of the entire Cochrane District is only 81,122; the population of the entire Kenora District is only 57,607.

The WAHA catchment area is reflected in the following graphic.

[13] Again, Moose Factory includes both residence codes on Moose Factory Island.

Exhibit 5: Map/Graphic of WAHA Primary Catchment Area



2.4 Clinical Profile of WAHA

A clinical profile of WAHA ED and inpatient activity

We used the 2014/15 Discharge Abstract Data (DAD) and the National Ambulatory Care Reporting System (NACRS) data sets to develop a clinical profile of WAHA ED and inpatient activity.

When considering the clinical performance of WAHA, we compared its characteristics and performance to the following peer hospitals which are similar in clinical activity and scope to WAHA.

Exhibit 6: Clinical Peer Hospitals for WAHA

Hospital	Birthing	Medicine	Mental Health	Surgery	Grand Total
Blind River Dist. Hlth. Ctr.	-	500	25	17	542
Espanola General Hospital	1	563	36	14	614
Glengarry Memorial Hospital	-	568	13	11	592
Kirkland & District Hospital	7	1,052	56	219	1,334
Notre Dame Hospital	108	447	52	30	637
Sensenbrenner Hospital	206	872	98	106	1,282
Sioux Lookout Meno-Ya-Win	935	1,184	140	145	2,404
Weeneebayko Area HA	154	415	36	42	647
Grand Total	1,411	5,601	456	584	8,052
Average per Hospital	176	700	57	73	1,007

2.4.1 Emergency Department Activity

The following table presents the ED visit volume by WAHA site for the past 5 years. As can be seen, ED visits have not been counted comprehensively until 2014/15.

Exhibit 7: Reported ED Visits by Site by Fiscal Year

Hospital Site	Fiscal Year				
	2010	2011	2012	2013	2014
WAHA - Moosonee	69	-	-	-	2,624
WAHA - Fort Albany	737	-	305	-	2,322
WAHA - Attawapiskat	420	-	764	909	5,548
WAHA - Moose Factory	3,823	8,011	6,743	6,725	8,805
Weeneebayko AHA - Total	5,049	8,011	7,812	7,634	19,299

Canadian Triage and Acuity Scale incorporates 5 levels of acuity.

The Canadian Triage and Acuity Scale (CTAS) guidelines incorporate 5 levels of acuity[14]:

- CTAS Level 1 – Resuscitation; Conditions that are threats to life or limb (or imminent risk of deterioration) requiring immediate aggressive interventions.
- CTAS Level 2 – Emergent; Conditions that are a potential threat to life limb or function, requiring rapid medical intervention or delegated acts.
- CTAS Level 3 – Urgent; Conditions that could potentially progress to a serious problem requiring emergency intervention. May be associated with significant discomfort or affecting ability to function at work or activities of daily living.
- CTAS Level 4 – Less Urgent; Conditions that related to patient age, distress, or potential for deterioration or complications would benefit from intervention or reassurance within 1-2 hours).
- CTAS Level 5 – Non – Urgent; Conditions that may be acute but non-urgent as well as conditions which may be part of a chronic problem with or without evidence of deterioration. The investigation or interventions for some of these illnesses or injuries could be delayed or even referred to other areas of the hospital or health care system.

[14] Implementation Guidelines for the Canadian ED Triage & Acuity Scale (CTAS), Robert Beveridge MD MSc FRCPC, et al, CAEP Website, 2009.

Over 80% of WAHA ED cases did not have CTAS assignment

The following table presents the distribution of ED patients by CTAS level for WAHA[15] and its peer hospitals. As can be seen the percentage of ED visits in CTAS 4 & 5 at WAHA is similar to that of its peer hospitals (i.e. 4th highest of peers). It is important to note that in 2014/15, over 80% of WAHA ED cases did not have CTAS assignment. Also, it is evident that the assignment of CTAS Levels in the tables below do not accurately represent the actual acuity of ED activity as all clinical interviewees confirmed that they have, for instance, treated patients who sustained cardiac arrests during the 2014/15 year.

Exhibit 8: Visits to EDs by CTAS Levels 2014/15 by Hospital Organization

Hospital Organization	Emergency Department Visits (non-scheduled) by CTAS							% of ED Visits	
	1 - Resusc.	2 - Emerg.	3 - Urgent	4 - Semi-Urgent	5 - Non-Urgent	9 - Unkn.	All CTAS	CTAS 1, 2, 3	CTAS 4, 5
Blind River Dist. Hlth. Ctr.	24	591	4,294	7,855	5,998	203	18,965	26%	74%
Espanola General Hospital	44	1,308	4,300	5,884	2,240	21	13,797	41%	59%
Glengarry Memorial Hospital	8	342	3,147	10,027	8,896	8	22,428	16%	84%
Kirkland & District Hospital	1	133	1,401	7,656	3,595	95	12,881	12%	88%
Notre Dame Hospital	4	40	925	8,670	3,340	1	12,980	7%	93%
Sensenbrenner Hospital	7	321	4,257	8,488	3,540	2,750	19,363	28%	72%
Sioux Lookout Meno-Ya-Win	15	680	5,600	8,244	3,122	245	17,906	36%	64%
Weeneebayko Area HA	0	68	442	1,433	1,088	15,752	18,783	17%	83%
Grand Total	103	3,483	24,366	58,257	31,819	19,075	137,103	24%	76%

Exhibit 9: Visits to EDs by CTAS Levels 2014/15 by Individual Site

Hospital Site	Emergency Department Visits (non-scheduled) by CTAS							% of ED Visits	
	1 - Resusc.	2 - Emerg.	3 - Urgent	4 - Semi-Urgent	5 - Non-Urgent	9 - Unkn.	All CTAS	CTAS 1, 2, 3	CTAS 4, 5
Blind River - Pavillon Sante	10	190	2,070	3,707	4,941	174	11,092	21%	79%
Blind River - Richards Landing	1	91	593	1,796	539	6	3,026	23%	77%
Blind River - Thessalon Site	13	310	1,631	2,352	518	23	4,847	41%	59%
Espanola General Hospital	44	1,308	4,300	5,884	2,240	21	13,797	41%	59%
Glengarry Memorial Hospital	8	342	3,147	10,027	8,896	8	22,428	16%	84%
Kirkland & District Hospital	1	133	1,401	7,656	3,595	95	12,881	12%	88%
Notre Dame Hospital	4	40	925	8,670	3,340	1	12,980	7%	93%
Sensenbrenner Hospital	7	321	4,257	8,488	3,540	2,750	19,363	28%	72%

[15] The hospital has not been routinely nor accurately capturing CTAS score. The hospital is currently using a 3rd party to scan data to system. There appears to be issues when ED staff are recording the CTAS level. This should be done at triage. Improvements should be made in this process to ensure appropriate capture of the CTAS level.

Hospital Site	Emergency Department Visits (non-scheduled) by CTAS							% of ED Visits	
	1 - Resusc.	2 - Emerg.	3 - Urgent	4 - Semi-Urgent	5 - Non-Urgent	9 - Unkn.	All CTAS	CTAS 1, 2, 3	CTAS 4, 5
Sioux Lookout Meno-Ya-Win	15	680	5,600	8,244	3,122	245	17,906	36%	64%
Weeneebayko - Moose Factory	0	65	441	1,431	1,086	5,273	8,296	17%	83%
Weeneebayko- Attawapiskat	0	0	0	0	0	5,547	5,547		
Weeneebayko- Fort Albany	0	3	0	2	2	2,309	2,316	43%	57%
Weeneebayko- Moosonee	0	0	1	0	0	2,623	2,624	100%	0%
Grand Total	103	3,483	24,366	58,257	31,819	19,075	137,103	24%	76%

Over 50% of visits to WAHA EDs are for diagnoses that are not 'appropriate' for an ED

The following table presents the distribution of WAHA ED visits by the presenting diagnosis in the ED. As can be seen, over 40% of the visits to WAHA EDs were for the diagnosis group, "Use of Health Service Other Factors'. Other high volume diagnosis that are not typically appropriate for an ED visit are 'Examination & Investigation', 'Prescription Repeat', and "Attention to Surgical Dressings and Sutures". Taken together, these diagnoses account for another 8% of ED visits.

This may be attributed to a variety of factors that include (but are not limited to):

- No "ambulatory" or primary care services are electively offered after hours or on weekends
- With exception of some service delivered by RN's or NP's there is no true "continuity of care" offered by the FP's owing to their frequent absences from the community, sharing of the hospitalist role etc.
- High rates of substance abuse that contribute to episodic care being sought
- A lack of emphasis on preventative care owing to factors outlined above
- A lack of community based diagnostic resources such as some lab testing, ultrasound, etc.) that results in ED visits for diagnostics

Exhibit 10: 2014/15 WAHA ED Visits by Diagnosis and CTAS Level

Diagnosis Group	Visits by CTAS Level						
	1 - Resusc.	2 - Emerg.	3 - Urgent	4 - Semi-Urgent	5 - Non-Urgent	Un-known	Total
Use of Health Services for Other Factors	0	0	9	71	48	7,778	7,906
Acute Upper Respiratory Infections	0	2	20	92	67	651	832
Examination and Investigation	0	1	6	33	68	507	615
Abdominal Pain	0	2	43	44	14	363	466
Prescription Repeat	0	0	0	11	34	414	459
Attention to Surgical Dressings & Sutures	0	0	1	20	45	382	448
Chest Pain	0	13	21	18	12	332	396
Chemotherapy	0	0	2	22	73	192	289
Pain in Limb	0	0	3	24	27	220	274
Urinary Tract Infection	0	0	5	47	13	187	252
Abnormalities of Breathing	0	2	9	12	12	209	244
Anxiety Disorder	0	2	9	27	18	181	237
Low Back Pain	0	0	6	35	15	179	235
Ment/Behav Disorder Due to Alcohol	0	11	26	25	12	155	229
Cutaneous Abcess, Furnuncle, and Carbuncle	0	0	6	38	28	138	210
Otitis Media	0	0	4	35	16	149	204
Diseases Of Oral Cavity, Salivary Glands And Jaws	0	2	1	21	17	161	202
Fever	0	0	4	8	1	138	151
Headache	0	1	4	24	9	108	146
All other Diagnosis	0	32	263	826	559	3,308	4,988
Grand Total	0	68	442	1,433	1,088	15,752	18,783

Only 2.3% of all WAHA ED visits were admitted to inpatient care

The following table presents the admissions of ED patients to inpatient care (at WAHA or elsewhere). Overall, only 2.3% of all WAHA ED visits were admitted to inpatient care in 2014/15. While this is a very small percentage, as discussed in detail below, the number of admissions is higher than would be expected based on the types of patients visiting the ED and the performance of other Ontario hospitals[16].

[16] It should be noted that the 3.4% of WAHA ED visits that are residents of Ft. Albany/Kashechewan and Peawanuck have likely already been seen by a primary care provider in their local HC managed clinic before being referred to a WAHA ED. As a result, these patients likely have a higher probability of needing admission than would be the case if they had not been seen by a primary care provider. This will contribute to the higher than expected admission rate for WAHA ED patients.

Exhibit 11: 2013/14 ED Admissions by Hay Group Diagnosis Group

Diagnosis Group	ED Visits	Admits to Acute Care	% Admit
Use of Health Services for Other Factors	7,906	29	0.4%
Pneumonia	98	27	27.6%
Other Childbirth	96	24	25.0%
Abdominal Pain	466	17	3.6%
Examination and Investigation	615	15	2.4%
Cellulitis	146	14	9.6%
Chest Pain	396	12	3.0%
Signs/Symptoms invol. Emotional State	42	11	26.2%
Follow-Up Care	30	10	33.3%
Fever	151	10	6.6%
Poisoning by Drugs/Medicaments/Biolog. Subst.	48	9	18.8%
AMI	11	9	81.8%
Schizophrenia	28	9	32.1%
Sepsis	9	8	88.9%
Ment/Behav Disorder Due to Alcohol	229	8	3.5%
Urinary Tract Infection	252	8	3.2%
Ischaemic Heart Diseases	10	7	70.0%
Acute Upper Respiratory Infections	832	7	0.8%
COPD	42	7	16.7%
Other Diseases Of Upper Respiratory Tract	19	5	26.3%
All Other Diagnosis	7,357	194	2.6%
Grand Total	18,783	440	2.3%

WAHA admitted 5% more ED visits to inpatient care than would be expected based on the performance of other small Ontario hospitals

The following exhibit provides an assessment of the propensity to admit ED patients. It presents a comparison of the number of ED patients admitted to acute care by WAHA by diagnosis group with the expected number of admissions in each diagnosis group. It then presents the diagnosis groups with the highest number of 'excess' admissions at WAHA compared to the expected number. The Expected Number of ED Admits is based on the 'Expected Rate of ED Admissions' for each diagnosis group. The Expected Admission rated is calculated for every combination of ED diagnosis, CTAS level, and patient age and is based on the average admission rates for smaller Ontario hospitals. Overall, WAHA admitted 5% more ED visits to inpatient care than would be expected based on the performance of all other hospitals in Ontario. It admitted 122 more ED visits than would have been expected. As can be seen, the highest number of excess admissions at WAHA are for:

- Other Childbirth: 14
- Pneumonia: 12
- Examination and Investigation: 11
- Follow-Up Care: 10

Exhibit 12: Actual to Expected Admissions from the ED by Diagnosis Group

Diagnosis Group	ED Visits	Actual Admits	Expected Admits	Excess Admits
Other Childbirth	96	24	10	14
Pneumonia	98	27	15	12
Examination and Investigation	615	15	4	11
Follow-Up Care	30	10	0	10
Cellulitis	146	14	5	9
Other Arthropathies	130	5	2	3
Fever	151	10	7	3
Complications of Surgical & Medical Care	23	4	1	3
Constipation	63	5	2	3
Other Diseases Of Upper Respiratory Tract	19	5	2	3
Other Dermatologic Conditions	123	3	1	2
Atrial Fibrillation and Flutter	15	5	3	2
Symptoms/Signs Involv. Digestive System & Abdomen	16	3	1	2
Renal Tubulo-Interstitial Disease	23	5	3	2
Diseases Of Liver	3	3	1	2
Gastrointestinal Haemorrhage NOS	7	4	3	1
Other Diseases Of Pleura	3	2	1	1
Visual Disturbances And Blindness	10	2	1	1
Anaemias	27	4	3	1
Hypertensive Diseases	80	3	2	1

WAHA is among the higher performing of the peer hospitals

The following table compares the ratio of actual to expected admissions for WAHA with its clinical peer hospitals. In 2014/15, WAHA admitted 5% more of its ED visits to inpatient care than would have been expected based on the performance of other small Ontario hospitals. As can be seen it is among the higher performing of the peer hospitals. Only two of the peer hospitals had a lower ratio of actual to expected admissions via the ED.

One factor that complicates this analysis is the absence of a valid CTAS score on most of the WAHA ED records. Depending on the CTAS level assigned to the WAHA records, the estimate of "expected" admissions would change. A second factor may be the reporting of the disposition of ED visits at the Fort Albany and Moosonee sites. If any

of the ED visits at these sites were reported as transfers to the WAHA Moose Factory site or any other hospital with acute care beds, then those visits would be considered to be admissions for the purposes of this analysis. The reported NACRS data did not show any transfers to any hospital for any ED visits to the Fort Albany and Moosonee sites.

Exhibit 13: Actual to Expected ED Visit Admission Rates Among Peer Hospitals

Hospital	Visits	Admissions		Admission Rate		Ratio of Actual to Expect.	Rank of Act. To Expect.
		Actual	Expected	Actual	Expect.		
Blind River Dist. Hlth. Ctr.	18,965	828	913	4.4%	4.8%	91%	7
Espanola General Hospital	13,797	763	868	5.5%	6.3%	88%	8
Glengarry Memorial Hospital	22,428	881	687	3.9%	3.1%	128%	2
Kirkland & District Hospital	12,881	780	489	6.1%	3.8%	159%	1
Notre Dame Hospital	12,980	484	392	3.7%	3.0%	123%	3
Sensenbrenner Hospital	19,363	969	843	5.0%	4.4%	115%	5
Sioux Lookout Meno-Ya-Win	17,906	1,269	1,042	7.1%	5.8%	122%	4
Weeneebayko Area HA	18,783	440	419	2.3%	2.2%	105%	6
Grand Total	137,103	6,414	5,653	4.7%	4.1%	113%	

Exhibit 14: Actual to Expected ED Visit Admission Rates Among Peer Hospitals – By Site

Hospital Site	Visits	Admissions		Admission Rate		Ratio of Actual to Expect.	Rank of Act. To Expect.
		Actual	Expected	Actual	Expect.		
Blind River - Pavillon Santé	11,092	396	410	3.6%	3.7%	97%	7
Blind River - Richards Landing	3,026	123	161	4.1%	5.3%	77%	10
Blind River - Thessalon Site	4,847	309	342	6.4%	7.1%	90%	8
Espanola General Hospital	13,797	763	868	5.5%	6.3%	88%	9
Glengarry Memorial Hospital	22,428	881	687	3.9%	3.1%	128%	3
Kirkland & District Hospital	12,881	780	489	6.1%	3.8%	159%	1
Notre Dame Hospital	12,980	484	392	3.7%	3.0%	123%	4
Sensenbrenner Hospital	19,363	969	843	5.0%	4.4%	115%	6
Sioux Lookout Meno-Ya-Win	17,906	1,269	1,042	7.1%	5.8%	122%	5
Weeneebayko - Moose Factory	8,296	439	309	5.3%	3.7%	142%	2
Weeneebayko- Attawapiskat	5,547	1	27	0.0%	0.5%	4%	11
Weeneebayko- Fort Albany	2,316	-	31	0.0%	1.4%	0%	12
Weeneebayko- Moosonee	2,624	-	51	0.0%	2.0%	0%	12
Grand Total	137,103	6,414	5,653	4.7%	4.1%	113%	

Strategies to reduce the number of admissions from the ED.

Although WAHA admits only 5% more visits to ED than would be expected based on performance of all other Ontario hospitals, it does admit a very high proportion of patients who visit the ED because of symptoms of pneumonia. WAHA admits 177% of the expected number of admissions of for patients visiting the ED for Pneumonia. This is the 3rd highest rate among its clinical peer hospitals. The following exhibit compares the admission rates for patients visiting the ED for Pneumonia for WAHA and its clinical peer hospitals.

Exhibit 15: Actual to Expected ED Visit Admission Rates Among Peer Hospitals for Patients with Pneumonia

Hospital	Visits	Admissions		Admission Rate		Ratio of Actual to Expect.	Rank of Act. To Expect.
		Actual	Expected	Actual	Expect.		
Blind River Dist. Hlth. Ctr.	164	20	26	12.2%	16.1%	76%	8
Espanola General Hospital	133	36	37	27.1%	28.1%	96%	7
Glengarry Memorial Hospital	285	51	32	17.9%	11.4%	157%	5
Kirkland & District Hospital	97	34	17	35.1%	18.0%	195%	2
Notre Dame Hospital	125	28	14	22.4%	11.1%	202%	1
Sensenbrenner Hospital	190	29	28	15.3%	14.7%	104%	6
Sioux Lookout Meno-Ya-Win	421	95	56	22.6%	13.2%	171%	4
Weeneebayko Area HA	98	27	15	27.6%	15.6%	177%	3
Grand Total	1,513	320	226	21.2%	15.0%	141%	

There are a number of factors that may be contributing to higher rates of admission that include:

- Lack of appropriate social supports to facilitate discharge home
- Transportation logistics in returning patients to James Bay communities once they have been referred for assessment
- Lack of nursing supports (specifically CCAC) in some James Bay communities
- Patients who present with one clinical problem but have multiple comorbidities that mitigate against discharge
- The inability to access diagnostic tests (either locally or remotely) with resultant admissions for patients who are waiting for access to such tests

There are a variety of strategies that might be employed to decrease the number of admissions. They include:

- The use of ED specific care maps for common conditions

- Extending patient stays in the ED to allow for a prolonged trial of therapy with inhalations, antibiotics etc. for up to 24 hours before deciding to admit
- Accessing CCAC nurses (where the service is available) to evaluate patients for discharge before deciding on an admission
- Treating (virtually) all patients with cellulitis[17] as out patients, which is the current standard of care, by:
  - Considering the use of oral versus IV antibiotics,
  - Administering IV antibiotics at home by CCAC nurses when necessary or having patients treated in an out-patient area of the hospital on a daily basis.
- The use of criteria developed for the decision to treat pneumonia on an in-patient basis (the Fine criteria)

We offer the following recommendations to provide for fewer, more appropriate, admissions from the WAHA EDs.

Recommendations:

It is recommended that:

(1) The ED Manager should ensure that accurate CTAS levels are assigned to all patients visiting the ED.

(2) The Chief of Staff should undertake measures to standardize practice and reduce admission rates.

(3) The medical staff should develop emergency department specific care maps and protocols for the 10-15 most common emergency department presenting diagnoses.

2.4.2 Inpatient Activity

The inpatient acute care data includes categorization of cases by "program cluster category" (PCC) that reflect the physician specialty usually responsible for inpatient care.

[17] It should be noted that WAHA reports that a high proportion of its cellulitis patients also present with complicated wound infections; that have a high risk of subsequently needing a below knee amputation if not managed aggressively. This may be true for people with long-standing diabetes, but, in general, patients with uncomplicated cellulitis should be treated as outpatients. Also it is estimated that approximately 95% of these patients are MRSA positive, resulting in more limited antibiotic choices.

The inpatient acute data were also categorized by level of hospital care:

- Primary (admitted via ED or birthing or very minor surgery, usually at closest hospital).
- Secondary (not usually available at smallest hospitals, includes most surgery).
- Tertiary (requires specialized supports, usually consolidated in single provider within a LHIN).
- Quaternary (highly specialized, demonstrated volume/outcome relationship, and usually consolidated in academic health science centres).

Clinical characteristics of the patients admitted for acute care.

The following tables present the clinical characteristics of the patients admitted for acute care at WAHA. Clinical characteristics are first reflected by program and then by the program cluster category (PCC).

Exhibit 16: Distribution of 2014/15 IP Activity by Program

Broad Program	IP Cases	IP Days	Avg. LOS	% ALC Days	RIW Wtd. Cases	Avg. RIW
Birthing	154	431	2.80	0.0%	62	0.401
Medicine	415	6,741	16.24	10.4%	867	2.090
Mental Health	36	234	6.50	0.0%	38	1.047
Surgery	42	505	12.02	0.6%	73	1.735
Grand Total	647	7,911	12.23	8.9%	1,040	1.607

Exhibit 17: Distribution of 2014/15 IP Activity by PCC[18]

Program Cluster Category	IP Cases	IP Days	Avg. LOS	% ALC Days	RIW Wtd. Cases	Avg. RIW
Non-Acute	61	2,418	39.6	29%	293	4.80
Other Internal Medicine	81	2,129	26.3	0%	253	3.12
Endocrinology	26	585	22.5	0%	68	2.61
Cardiology	49	539	11.0	0%	82	1.67
Pulmonary	50	307	6.1	0%	55	1.10
Gastro/Hepatobiliary	59	270	4.6	0%	40	0.68
Obstetrics	86	247	2.9	0%	43	0.50
General Surgery	29	234	8.1	1%	41	1.43
Psychiatry	36	234	6.5	0%	38	1.05
Orthopaedics	9	233	25.9	0%	27	2.96
Neonatology	68	184	2.7	0%	18	0.27

[18] Psychiatric activity shown excludes adult patients in designated psych beds (reported via OMHRS; not in DAD).

Program Cluster Category	IP Cases	IP Days	Avg. LOS	% ALC Days	RIW Wtd. Cases	Avg. RIW
Urology	21	129	6.1	0%	18	0.86
Neurology	12	122	10.2	0%	18	1.51
Other Reasons	18	102	5.7	0%	15	0.86
Nephrology	10	90	9.0	0%	14	1.40
All Other PCCs	32	88	2.8	0%	16	0.50
Grand Total	647	7,911	12.2	9%	1,040	1.61

WAHA is focusing its inpatient activity on a small number of clinical areas

As can be seen, WAHA appears to be focusing its inpatient activity on a small number of clinical areas. Over 75% of the hospital's inpatient days were for patients with admissions for problems related to:

- Non-Acute (e.g. convalescence, palliative care, rehabilitation, etc.)
- Other Internal Medicine
- Endocrinology
- Cardiology
- Pulmonary

Average lengths of stay for WAHA patients are long, but ALC is likely under-reported.

The average lengths of stay for WAHA patients are long. While there is not very high percentage of the total stay reported as being spent as an Alternate Level of Care (ALC) patient waiting for placement in a post-acute care treatment setting; ALC days were under-reported prior to 2015/16. The average length of stay for all WAHA inpatients is 12.2 days with only 9% of those days spent waiting for placement. There are a number of factors that likely are contributing to the long lengths of stay. They include:

Factors contributing to long lengths of stay.

- The lack of clinical pathways or care maps
- The lack of automatic substitution of oral for intravenous drugs when appropriate
- The relative lack of availability of OT, PT, RT and other health professionals
- A number of "social" (or patients with concomitant multiple social problems) admissions whose length of stay could be shortened with better access to homecare services
- Appropriate concerns regarding patient compliance with discharge orders
- A lack of care providers who can provide the necessary clinical care/follow up in some communities
- Logistic challenges in arranging transfers to remote communities including weather, availability of aircraft etc.

- Keeping patients in hospital awaiting air ambulance transfer to complete a test in another centre

There is a need for respite beds

WAHA reported that there is a lack of respite beds available for their community and that this may account for a number of social admissions. If patients are being admitted to acute beds for respite, WAHA may consider pursuing an increase in the number of respite beds available in the community.

The following table presents the clinical characteristics of the patients admitted for acute care at WAHA as reflected by Case Mix Groups (CMGs). CMGs are groupings of clinically similar diagnoses and treatments that can be expected to consume similar amounts of hospital resources. The CMGs are ordered in relation to total number of WAHA inpatient cases. Patients are assigned to a CMG based on their 'Most Responsible Diagnosis', and for surgical cases, the 'Principle Procedure'. The Most Responsible Diagnosis is the treatment or condition that was responsible for the largest amount of resources used during the course of the patients' stay in the hospital.

Exhibit 18: Highest Volume Case Mix Groups (20014/15) for WAHA Inpatients

Cases Mix Group	IP Cases	IP Days	Avg. LOS	% ALC Days	Avg. RIW
576-Normal Newborn Sing Vag Deliv	34	73	2.15	0.0%	0.161
806-Convalescence	31	423	13.65	0.0%	1.937
565 Vag Birth w/o Anaes w/o Non-Maj Interv	30	66	2.20	0.0%	0.357
138-Viral/Unspecified Pneumonia	28	174	6.21	0.0%	0.996
778-Poisoning/Toxic Effect of Drug	19	58	3.05	0.0%	0.599
257-Symptom/Sign Digestive System	19	121	6.37	0.0%	0.729
577-Normal NB Mult/C-Sect Deliv	17	58	3.41	0.0%	0.266
809-Awaiting Placement	17	692	40.71	50.3%	8.753
437-Diabetes	16	187	11.69	0.0%	1.459
557 Antepartum Diagnosis treated Medically	16	32	2.00	0.0%	0.333
811-General Symptom/Sign	14	55	3.93	0.0%	0.652
196 Heart Failure without Coronary Angiogram	13	188	14.46	0.0%	2.138
487-Lower Urinary Tract Infect	13	87	6.69	0.0%	0.935
194-MI/Shock/Arrst wo Coronary Angiogram	13	251	19.31	0.0%	2.821
559 Primary Caesarean Section, no induction	13	58	4.46	0.0%	0.844
708-Substance Abuse with Other State	12	29	2.42	0.0%	0.616
139-Chronic Obstructive Pulmon Dis	11	59	5.36	0.0%	1.076
560 Caes. Section w uterine scar, no induction	11	38	3.45	0.0%	0.644
249-Non-Severe Enteritis	10	47	4.70	0.0%	0.795
All Other CMGs	310	4,510	14.55	0.1%	1.927
Grand Total	647	7,206	11.14	8.9%	1.607

65% of WAHA inpatients require primary level hospital care

The following table presents the characterization of WAHA patients by Level of Care. As can be seen, almost 65% of all WAHA inpatients can be characterized, appropriately, as requiring Primary Level of Hospital care. The Primary Level inpatients used almost 80% of all WAHA inpatient days in 2014/15.

Exhibit 19: Level of Care of WAHA Inpatients

Level of Care	IP Cases	IP Days	Avg. LOS	% ALC Days	RIW Wtd. Cases	Avg. RIW
Primary	418	6,310	15.1	11%	775	1.85
Secondary	210	1,441	6.9	0%	233	1.11
Tertiary	17	150	8.8	0%	29	1.71
Quaternary	2	10	5.0	0%	3	1.27
Grand Total	647	7,911	12.2	9%	1,040	1.61

2.5 Dependence on WAHA for Hospital Care

Residents of WAHA catchment area rely on WAHA for 48% of their inpatient care.

The following tables show where patients in the communities served by WAHA received their hospital care. It is an indication of how dependent these communities are on WAHA for their hospital care.

The first table shows the level of dependence of residents of the WAHA catchment area on WAHA. As can be seen, residents of the WAHA catchment area rely on WAHA for 48% of their inpatient care; the second table shows they rely on WAHA for 58% of their primary hospital care.

Exhibit 20: % Reliance of Residents of WAHA Catchment Area on Hospitals – All Acute Inpatient Activity by Patient Residence

Patient Residence	Total Acute Inpatient Cases	WAHA	Timmins & District	Kingston General Hospital	Sensenbrenner Hospital	Health Sciences North	Other Hospitals
Moose Factory[19]	422	65%	10%	17%	1%	2%	7%
Fort Albany/Kashechewan	272	28%	33%	17%	5%	2%	15%
Moosonee	246	59%	17%	8%	0%	4%	11%
Attawapiskat 91A	214	41%	34%	13%	0%	3%	10%
Cochrane District	125	28%	28%	0%	2%	4%	38%
Peawanuck	24	54%	29%	4%	0%	4%	8%
Grand Total	1,303	48%	22%	13%	4%	3%	11%

[19] Moose Factory includes both residence codes on Moose Factory Island.

Exhibit 21: % Reliance of Residents of WAHA Catchment Area on Hospitals by Level of Care

Level of Care	Total Acute IP Cases	Weeneebayko Area HA	Timmins & District	Kingston General Hospital	Thunder Bay Regional	Health Sciences North	All Other Hospitals
Primary	712	58%	21%	7%	3%	2%	9%
Secondary	500	40%	25%	17%	5%	3%	11%
Tertiary	73	23%	12%	29%	3%	14%	19%
Quaternary	18	6%	11%	33%	0%	0%	50%
All	1,303	48%	22%	13%	4%	3%	11%

KGH has had a long-standing program providing service to residents of the WAHA catchment area

As can be seen, residents of the catchment area use WAHA facilities for 28% (Cochrane District) to 65% (Moose Factory) of their inpatient care. They rely heavily on both Timmins and District Hospital and Kingston General Hospital. KGH has had a long-standing program providing service to residents of the WAHA catchment area. This has been a valued and important program. The types of acute inpatients from the WAHA catchment area most frequently admitted to KGH are shown in the following table:

Exhibit 22: CMGs for WAHA Catchment Residents Admitted to Kingston General Hospital

Case Mix Group	IP Cases
196 Heart Failure without Coronary Angiogram	5
593 NB/Neo 2500+ grams, Short Gestation	5
321-Unilateral Knee Replacement	5
565 Vag Birth w/o Anaes w/o Non-Maj Interv	4
560 Caes. Section w uterine scar, no induction	4
562 Vag Birth w Anaes. and Non-Major Interv	4
576-Normal Newborn Sing Vag Deliv	4
557 Antepartum Diagnosis treated Medically	4
559 Primary Caesarean Section, no induction	4
454-Major Intv Upper Urinary Tract	4
040-Seizure Disorder exc. Stat. Epil.	3
693-Depressive Episode without ECT	3
172 CABG-Angio-MI/Shock/Ar w/ w/o Pump	3
207-Ang (exc Unst)/CP w Cor. Angiogram	3
175-PCI w MI/Shock/Arrest/Hrt Fail	3
All Other CMGs	105
Total	163

The following table shows the level of dependence of the WAHA catchment population on WAHA and other hospitals in the NE LHIN for different types of hospital programs. As can be seen, residents of WAHA catchment area use WAHA for almost two thirds (64%) of their medical care but for much less of their care related to other programs. 43% of birthing related inpatient services for residents of the WAHA catchment area is provided by Timmins and District Hospital.

Exhibit 23: Percent Reliance of Residents of WAHA Catchment Area on Hospitals - Medicine

Patient Residence	Total Acute IP Cases	Weeneebayko Area HA	Kingston General Hospital	Timmins & District	Health Sciences North	Thunder Bay Regional	All Other Hospitals
Moose Factory	201	74%	11%	6%	2%	0%	7%
Moosonee	99	73%	8%	7%	4%	0%	8%
Attawapiskat 91A	90	63%	11%	16%	3%	0%	7%
Fort Albany 67/Kash'n	96	48%	16%	7%	3%	5%	21%
Cochrane District	53	42%	0%	8%	8%	17%	26%
Peawanuck	10	60%	0%	20%	10%	10%	0%
Grand Total	549	64%	10%	8%	3%	3%	11%

Exhibit 24: Percent Reliance of Residents of WAHA Catchment Area on Hospitals - Surgery

Patient Residence	Total Acute IP Cases	Weeneebayko Area HA	Kingston General Hospital	Timmins & District	Thunder Bay Regional	Hospital For Sick Children	All Other Hospitals
Moose Factory	73	51%	35%	4%	3%	3%	6%
Moosonee	39	41%	21%	15%	0%	10%	13%
Attawapiskat 91A	36	36%	22%	19%	3%	8%	11%
Fort Albany 67/Kash'n	56	27%	32%	21%	4%	2%	14%
Cochrane District	16	25%	0%	19%	38%	0%	19%
Peawanuck	9	67%	11%	11%	0%	0%	11%
Grand Total	229	40%	26%	14%	5%	4%	11%

Exhibit 25: Percent Reliance of Residents of WAHA Catchment Area on Hospitals - Birthing

Patient Residence	Total Acute IP Cases	Weeneebayko Area HA	Timmins & District	Kingston General Hospital	Thunder Bay Regional	Health Sciences North	All Other Hospitals
Moose Factory	126	57%	17%	16%	0%	2%	8%
Moosonee	100	51%	30%	2%	0%	4%	13%
Attawapiskat 91A	83	17%	60%	11%	2%	4%	6%
Fort Albany 67/Kash'n	114	11%	63%	11%	5%	0%	9%
Cochrane District	45	7%	62%	0%	24%	2%	4%
Peawanuck	4	0%	100%	0%	0%	0%	0%
Grand Total	472	32%	43%	9%	4%	2%	8%

Considering Program Cluster Categories (PCCs), WAHA provides more than 50% of the care for its catchment population for the following PCC's:

- Other Internal Medicine
- Gastro/Hepatobiliary
- Non-Acute
- Pulmonary
- Psychiatry
- Urology
- Endocrinology
- Otolaryngology
- Other Reasons
- Nephrology

Exhibit 26: Percent Reliance of Residents of WAHA Catchment Area on Hospitals in NE LHIN by Program Cluster Category

Program Cluster Category	Total Acute IP Cases	Weeneebayko Area HA	Timmins & District	Kingston General Hospital	Thunder Bay Regional	Health Sciences North	All Other Hospitals
Obstetrics	253	34%	43%	11%	4%	2%	7%
Neonatology	219	31%	44%	8%	4%	3%	10%
Other Internal Medicine	126	63%	10%	7%	3%	2%	15%
Cardiology	98	47%	9%	20%	4%	12%	7%
Gastro/Hepatobiliary	87	66%	7%	10%	1%	1%	15%
Non-Acute	70	86%	6%	6%	0%	0%	3%
Pulmonary	68	72%	6%	9%	4%	3%	6%
General Surgery	65	38%	17%	26%	5%	0%	14%

Program Cluster Category	Total Acute IP Cases	Weeneebayko Area HA	Timmins & District	Kingston General Hospital	Thunder Bay Regional	Health Sciences North	All Other Hospitals
Psychiatry	53	62%	9%	6%	4%	0%	19%
Urology	37	57%	11%	14%	5%	3%	11%
Neurology	36	33%	11%	11%	8%	6%	31%
Orthopaedics	34	26%	21%	44%	6%	0%	3%
Endocrinology	31	81%	6%	6%	3%	0%	3%
Otolaryngology	24	75%	8%	0%	4%	4%	8%
Other Reasons	23	78%	9%	0%	0%	0%	13%
Gynaecology	18	33%	33%	22%	6%	0%	6%
Nephrology	14	71%	7%	21%	0%	0%	0%
Plastic Surgery	11	9%	0%	36%	0%	0%	55%
Haematology	10	50%	10%	20%	0%	0%	20%
Neurosurgery	9	0%	0%	33%	22%	11%	33%
Cardiac Surgery	7	0%	0%	71%	0%	14%	14%
Vascular Surgery	6	0%	17%	50%	0%	33%	0%
Ophthalmology	2	50%	0%	0%	0%	0%	50%
Dental/Oral Surgery	1	0%	0%	0%	0%	0%	100%
Thoracic Surgery	1	0%	0%	100%	0%	0%	0%
Grand Total	1,303	48%	22%	13%	4%	3%	11%

Residents of the WAHA catchment area rely more on Timmins and District Hospital for Obstetrics and Neonatology inpatient care[20].

Although small in number, as might be expected, residents of the WAHA catchment area are most likely to go to Kingston General Hospital for their inpatient Orthopaedic, Plastic Surgery, Neurosurgery, Cardiac Surgery, Vascular Surgery, and Thoracic Surgery.

WAHA admits most of the CHF and COPD cases from its catchment area.

When considering Quality Based Procedures, WAHA admits most of the CHF and COPD cases from its catchment area. When considering Hip Fractures, all are treated at Timmins and District Hospital. In 2014/15, all of the knee replacements for WAHA catchment residents were done at Kingston General Hospital.

[20] While Medical Travel Support is provided to Moose Factory, many patients are choosing to travel by train to Timmins rather than to Moose Factory.

Exhibit 27: Percent Reliance of Residents of WAHA Catchment Area on Hospitals in NE LHIN for QBPs

Quality Based Procedure	Total Acute IP Cases	Weeneebayko Area HA	Timmins & District	Kingston General Hospital	Thunder Bay Regional	Cornwall Community Hospital	All Other Hospitals
Neonatal Jaundice	134	42%	50%	4%	1%	1%	1%
CHF	21	62%	14%	24%	0%	0%	0%
COPD	12	83%	0%	0%	8%	0%	8%
Stroke Ischemic	6	33%	17%	17%	33%	0%	0%
Knee Replacement	5	0%	0%	100%	0%	0%	0%
Stroke Unspecified	3	33%	0%	0%	0%	0%	67%
Hip Fracture	2	0%	100%	0%	0%	0%	0%
Grand Total	183	45%	40%	9%	3%	1%	2%

2.6 Proposed Clinical Role for WAHA and its Sites

Allowing mild to moderately acute patients with stable illness to be treated in their home community

Currently, WAHA operates three "hospital" sites. The Fort Albany and Attawapiskat facilities offer acute care medical services, as well as chronic or long-term care services. The volumes of acute care services are small, but serve an important function in allowing patients with mild to moderately acute and stable illness the opportunity to be treated in their home community, minimizing family disruption, and avoiding the cost of travel to and from the hospital in Moose Factory.

In considering opportunities to consolidate inpatient activity, an important consideration is the long history of family disruption that has been experienced by First Nations communities in Canada in general and in Weeneebayko in particular. Recent documents, such as the findings of the Truth and Reconciliation Commission, have made considerable mention of the long-term social costs to First Nations communities created by forcing First Nations people to travel extended distances for access to education, health services, etc.

Current scope of inpatient activity should be maintained at Attawapiskat and Fort Albany sites

In light of the above, and given the often long delays that patients experience in accessing inpatient beds at Moose Factory because of high occupancy of that site, we feel that the current scope of inpatient activity should be maintained at Fort Albany and Attawapiskat.

The primary care and related services provided in these hospital sites are critical supports to the community and also should be continued.

With specific reference to the Moose Factory hospital, it is clear, based on the age of the current physical plant and its infrastructure that the physical plant is in urgent need, at a minimum, of extensive renovation. Ideally, the entire facility would be replaced.

In considering whether a new facility should be located on the mainland or on Moose Factory Island, consideration must be given to the logistic issues in transferring patients from the mainland to the current hospital, particularly during freeze up and break up. In addition, as many of the hospital's materials and supplies arrive by train, there are costs associated with transporting them from the train station to the current hospital that would be eliminated by building a new facility on the mainland. Having said that, consideration must also be given to the needs of the residents of Moose Factory Island who are very dependent on the hospital for their care and represent a very high percentage of the hospital's volume of inpatient care.

Current scope of services should be maintained at Moose Factory site

No matter which physical location is chosen, a key consideration of this process is what clinical programs and services should be offered at the central site. While it is clearly necessary to continue offering inpatient medical services, we have given careful consideration to the wisdom of continuing to offer paediatric, surgical, and obstetric services locally.

A significant volume of surgical activity is related to acute or urgent conditions, such as acute cholecystitis and appendicitis

With specific reference to surgery, a significant volume of surgical activity is related to acute or urgent conditions, such as acute cholecystitis and appendicitis. Given the time imperative associated with the surgical treatment of these conditions, the difficulties frequently encountered in transferring patients to any or all of Timmins, Sudbury and Kingston, and the need to ensure timely intervention, it would introduce a significant element of risk to eliminate surgical services in the Moose Factory hospital. While, in theory, one could develop a model in which only emergent surgery was conducted locally with all elective surgery transferred out, this would only decrease the hospital's ability to recruit locum surgeons and anaesthetists, and create significant issues related to both access to care and quality of care for residents of Weeneebayko.

Obstetrics is a critical service for the community

Availability of obstetrics locally is a critical service for the community. To support the hospital's obstetrics program, it is necessary to ensure the availability of an on-site surgeon with the capacity to perform cesarean sections. Any diminution in the volume of surgical activity would, as a consequence, have a spillover effect on the ability to provide surgical support to the obstetrics program. Even in the current state of affairs, owing to the need to relocate patients to Moose factory from the James Bay communities in anticipation of their delivery, many women have deliberately chosen not to be transferred in order to remain

in their home community for the delivery[21]. The possibility or threat of even greater geographic dislocation will almost certainly result in even larger numbers of women choosing to deliver their babies locally and refusing to be transferred. This is understandable, given the significant family dislocation that occurs, even in the current situation, particularly as family members are required to pay their own air transportation if they wish to accompany their spouse (or family member) to hospital in order to be present for the delivery.

As pertains to paediatric services, only "general" paediatrics patients and newborns are treated in the Moose factory hospital, and any complex pediatric cases are currently transferred.

Maintain the current configuration of services in each of the three hospitals

Thus, our net recommendation is to retain the current configuration of services in each of the three hospitals, but the construction of a new hospital is highly supported.

One caveat is that the number of surgeons trained and/or willing to provide surgical services beyond the strictly defined scope of practice of general surgery is diminishing. Current surgical graduates have not been trained to perform cesarean sections, minor gynecologic procedures, or any orthopedic or plastic surgery procedures. There are, however, some postgraduate training programs (such as the one in Saskatoon) that have placed a focus on the training of general surgeons imbued with the skills necessary to provide service in small rural communities. The hospital will need to focus its recruitment efforts for surgeons on such training programs if, indeed, the WAHA surgical program is to remain viable.

[21] While consideration could be given to allowing women of low risk with good obstetric histories to remain in the James Bay communities to deliver (without clinical backup), with resultant decreased costs of transferring and accommodation, in the opinion of the consultants the risks attended to this decision, such as dealing with obstructed or non-progressing labor in facilities without surgical or anaesthesia coverage, or access to a blood bank, is high. If consideration is to be given to keeping more patients in their local community, it is suggested that traditional midwives be recruited, and provided with extra training to ensure their detection of high risk pregnancies in an appropriately timely manner.

3.0 WAHA Financial Profile

3.1 Financial History

WAHA has had an operating deficit since integration.

WAHA's financial results for the fiscal years (FY) 2010/11 through 2014/15 are presented in the table that follows[22]. As can be seen, WAHA has had an operating deficit since integration. This deficit has ranged from 2.4% of revenues in 2011/2012 (the first full year of integration) to a high of 8.7% of revenues the following year. Since that time, management has reduced the deficit to 4.2% ($2.96M) of revenues in the most recently completed FY 2014/15. In percentage terms this is equivalent to the operating deficit inherited by the newly integrated organization in FY 2010/11 ($2.6M or 4.1% of revenues).

At the time of the merger, both the Province and Health Canada agreed to fund the deficits of their respective hospitals.

At the time of the merger, both the Province and Health Canada agreed to fund the then current deficits of their respective hospitals. To this end, the Ministry of Health and LTC provided James Bay General Hospital (JBGH) only a one-time payment of $2.8M to both eliminate the hospital deficit and reconcile historical balances associated with specially funded Provincial Programs / other votes in FY 2009/2010. This amount, however, was written off as uncollectible by WAHA in 2010/11. The hospital also wrote off as uncollectable a receivable for NE LHIN funding of $0.9M for JBGH integrations costs. These two amounts (totaling $3.7 million) were never provided by the province. However, the NE LHIN did commit to provide WAHA with a one-time payment of $7.3M to assist with working funds deficit in 2010/11; this amount was not paid until 2011/12 at which point it was reduced to $6.8M. A one-time payment of $1.5M was provided to JBGH for the six months ended September 30, 2010; JBGH reported a deficit from hospital operations of $268,899 for this six-month period. At the point of dissolution JBGH also reported a net assets deficit of $340,972.

The NELHIN provided one-time payments to JBGH of $1.5M in 2009/10 and to WAHA of $6.8M in 2011/12.

[22] The historical information presented here is from the Audited Financial Statements provided by the hospital. The total for 2010/11 was derived from combining the audited statements for WHA and JBGH for the 6 months ended September 30, 2010 and the audited statements for WHA for the 6 months ended March 31, 2011. The 2015/16 projection was provided by management based on actuals to September 30, 2015.

Exhibit 28: Historical Operating Statements and 2015/16 Projection[23]

	Comb 2010/11	Act 2011/12	Act 2012/13	Act 2013/14	Act 2014/15	Forecast 2015/16
Revenue						
NELHIN	16,265,284	21,679,286	21,787,109	23,221,360	23,041,931	23,265,334
Ministry of Health and LTC	6,999,802	5,158,521	5,326,216	5,208,637	5,927,747	5,409,467
Health Canada	15,365,855	12,000,000	12,000,000	12,000,000	12,000,000	12,000,000
Patient Services	800,792	1,543,517	1,278,267	1,198,805	1,193,610	620,000
Rental	989,827	883,731	968,972	809,912	828,935	760,000
Insurance Recoveries	0	0	965,751	1,863,969	2,258,634	3,328,220
Other Recoveries / Activities	1,698,407	1,620,198	1,308,944	856,882	703,634	2,591,779
Specially-funded Provincial Programs	7,499,904	7,695,660	8,108,582	8,432,204	9,609,916	10,573,043
Specially-funded Federal Programs	13,920,474	15,931,922	14,141,180	13,294,430	13,600,408	13,396,000
Deferred Capital contributions Equipment	1,187,061	779,976	596,571	721,089	907,217	400,000
	64,727,406	67,292,811	66,481,592	67,607,288	70,072,032	72,343,843
Expenses						
Salaries and Wages	20,340,395	18,408,830	19,573,215	21,894,164	21,825,443	21,320,000
Isolated post allowance	2,425,218	3,120,854	3,255,657	2,837,222	2,796,398	3,100,000
Employee Benefits	4,260,518	3,000,663	3,101,414	3,473,469	3,455,975	3,700,000
Medical Staff Remuneration	7,734,686	6,402,589	6,112,395	5,638,949	6,098,053	6,164,500
Professional Fees	1,011,980	1,275,400	1,233,516	1,026,054	959,967	900,000
Travel and training	1,478,949	1,901,690	1,723,670	1,447,167	1,131,106	750,000
Supplies & Other costs	12,670,090	8,219,292	8,331,126	8,595,593	8,455,694	8,371,672
Carrying Charges	196,318	640,352	474,102	459,648	589,211	200,000
Insurance Claims	0	0	965,751	1,202,517	720,750	380,265
Attawapiskat oil spill	0	0	0	0	710,546	3,012,631
Fuel	0	614,075	1,178,686	1,715,672	1,504,244	1,300,000
Specially-funded Provincial Programs	4,327,059	7,794,914	8,108,582	8,681,375	9,608,751	10,573,043
Specially-funded Federal Programs	12,279,931	16,504,601	17,278,429	13,500,720	13,899,362	13,396,000
Depreciation Equipment	644,450	1,033,212	932,973	1,102,895	1,280,192	1,148,000
	67,369,594	68,916,472	72,269,516	71,575,445	73,035,692	74,316,111
Operating (Deficiency) of Revenue over Expenses	(2,642,188)	(1,623,661)	(5,787,924)	(3,968,157)	(2,963,660)	(1,972,268)
Deferred Capital contributions Buildings	(297,385)	(1,310,237)	(2,010,159)	(2,007,502)	(1,492,139)	(1,665,000)
Depreciation Buildings	81,834	1,080,897	1,474,857	1,876,225	1,581,822	1,400,000
(Deficiency) of Revenue over Expenses before the undernoted	(2,857,739)	(1,853,001)	(6,323,226)	(4,099,434)	(2,873,977)	(2,237,268)
Hospital Operations - surpluses repayable	(138,721)	(42,000)	0	(133,695)	0	0
NELHIN working funds deficit funding	7,308,202	(498,402)	0	0	0	0
Health Canada hospital deficit funding	3,000,000	954,725	0	0	0	0
Adjustment to assets and liab. assumed on integration	(5,037,743)	0	0	0	0	0
Carrying charges on working funds deficit on integration	(243,203)	0	0	0	0	0
Surplus (Deficiency) of Revenue over Expenses	2,030,796	(1,438,678)	(6,323,226)	(4,233,129)	(2,873,977)	(2,237,268)
Operating Deficiency percentage of revenue	-4.1%	-2.4%	-8.7%	-5.9%	-4.2%	-2.7%
Net Specially-funded Provincial Programs	N/A	(99,254)	0	(249,171)	1,165	0
Net Specially-funded Federal Programs	N/A	(572,679)	(3,137,249)	(206,290)	(298,954)	0
Working Capital Deficit						
Current Assets	17,244,847	20,021,718	9,623,477	6,418,559	7,830,699	7,750,000
Current Liabilities	21,225,671	25,971,031	20,407,457	22,795,390	27,767,722	30,004,990
	(3,980,824)	(5,949,313)	(10,783,980)	(16,376,831)	(19,937,023)	(22,254,990)
Current Ratio	0.81	0.77	0.47	0.28	0.28	0.26

Health Canada provided WAHA with a one-time payments of $3M in 2010/11 and $954,725 in 2011/12.

Weeneebayko Health Ahtuskaywin (WHA) completed the FY 2009/10 with an operating deficit of $3.5M and completed the six months ending September 30, 2010 with an operating deficit of $1.9M; at the time of dissolution WHA recorded a net assets deficit of $4.99M. In 2010/11, Health Canada provided WAHA with a one-time payment of $3M as hospital deficit funding and in 2011/12 a further $0.95M was provided as a one-time payment.

At the end of 2010/11, WAHA had an operating deficit of $2.6M and a Working Capital deficit of $3.98M.

For the full fiscal year 2010/11, the combined entities of JBGH, WHA and WAHA reported an operating deficit of $2.6M but an overall surplus of $2M as a result of the various one-time payments and one-time adjustments to the carrying value of assets. Despite the one-time surplus, at the end of 2010/11 WAHA reported a working capital deficit of $3.98M following its first 6 months of operation.

Exhibit 29: Historical WAHA Base Provincial Operating Budget

	Beginning Base	Telemedicine	Small Hospital	Diabetes	% increase	Misc. adjustments	Physiotherapy	Total Base
2010/11								21,207,200
2011/12	21,207,200	87,200	41,000		303,800			21,639,200
2012/13	21,639,200	103,053				2,000		21,744,253
2013/14	21,744,253			660,162	224,000			22,628,415
2014/15	22,628,415				226,300	(25,804)	15,600	22,844,511
2015/16	22,844,511				228,400			23,072,911

No recurring funding was provided by HC or the Province to address a structural operating deficit inherited by WAHA from its predecessor organizations

In 2010/11, an annualized base hospital budget of $21.2M was established for WAHA by the NE LHIN; almost double the hospital allocation reported by JBGH in their final full fiscal year of 2009/10 ($11.0M). However, Health Canada funding to WAHA for hospital operations decreased by roughly an equivalent amount (from 17.75M in 2009/2010, to $4M in 2011/2012)[24]. Thus, in 2011/12 WAHA

[23] There was a large increase in other recoveries in 2014/15 related to one-time payments for programmatic funding and extraordinary events as well as some reclassification from other revenue lines.

[24] Prior to integration, Weeneebayko Health Ahtuskaywin had total revenues of approximately $42.2M including hospital operating revenues of approximately $17.75M; James Bay General Hospital had total recurring revenues of approximately $17M including hospital operating revenues of approximately $11M. Combined therefore the two organizations would have had total revenues of approximately $59.2M including hospital operating revenues of approximately $28.75M. In the first full year of operations (2011/12), WAHA had total revenues of $67.3M including hospital Operating funding of $25.7M made up of $4M from Health Canada and $21.7M from the NELHIN. This was $3 million less than the combined operating costs / revenues of the hospitals of the predecessor organizations.

received HC and NE LHIN funding for hospital operations of $25.7 million; this was $3 million less than the combined hospital operating revenues of the hospitals of the predecessor organizations. Since then, the NELHIN base funding has increased by approximately 1% annually in addition to some funding enhancements for specific purposes. As of October 1st, 2015, Health Canada has withdrawn its support for hospital operations as it considers that to be a Provincial responsibility (see discussion in section 3.4).

By the end of 2014/15 the working capital deficit was $19.94M.

We are not aware of any analysis undertaken for why JBGH and WHA had recurring deficits prior to dissolution. While one-time payments were provided to WAHA to address some of the historical deficits it had inherited, no recurring funding was provided to address the apparently structural operating deficit inherited by WAHA from its predecessor organizations. As a result, operational deficits have continued and have resulted in a total accumulated operating deficit of $16.985M for the five fiscal years from 2010/11 to 2014/15.

Approximately $4.55M of the accumulated operating deficit has no association with hospital (and related clinic) operations[25]; rather it represents operating deficits associated with specially funded provincial and federal programs: $0.35M of the accumulated deficit is associated with provincial programs and $4.2M with federal programs[26]. While WAHA and Health Canada have recently revised the funding approach to a number of the specially funded federal programs to ensure that future spending on these programs will be properly funded[27], the accumulated deficit from underfunding was not addressed. This historical deficit is a major contributor to WAHA's current working capital deficit. At the end of 2014/15 the WAHA working capital deficit was $19.94M; the current ratio for the organization at the time was 0.28.

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[25] This is the sum of the "Net Specially-funded Provincial and Federal Programs lines from historical operating Statements exhibit.

[26] As presented in the Audited Financial Statements, Schedule 3, these programs include Indian Residential School, Non-Insured Dental, NIHB Medical Transport Admin, Timmins Translator, NIHB Charter, Moosonee Hostel, Timmins Hostel, Local Transportation, Traditional Healing, Zone Transport, Pre-Natal Teaching, Mental Health Integration, and Capital ON-1500032.

[27] The revised approach was in process not substance. Previously full receipts were required before funding would be provided.

Recommendations:

It is recommended that:

(4) The CEO and CFO should work with the Ontario Ministry of Health and Long Term Care, the NE LHIN and Health Canada to agree on an approach to reimburse WAHA for the accumulated deficit associated with the specially funded provincial and federal programs.

(5) The CFO should initiate a zero-based budget exercise to properly establish necessary operating budgets throughout WAHA.

3.2 Financial Management and HIP

Hospital Improvement Plan initiated for 2015/16.

WAHA has been working at cutting costs and increasing revenues to reduce their deficit for the past 3 years. Management had prepared a comprehensive Hospital Improvement Plan (HIP) for FY 2015/16 that included Revenue Generation, Operational Efficiencies, Administrative Savings and Cash Flow Improvements. As a result, operating deficits have decreased from a peak of $5.8 million in 2012/13; WAHA ended the fiscal year 2014-15 with an operating deficit of approximately $2.9 million.

Annual operating deficits have decreased from a peak of $5.8M in 2012/13 to $2.9M in 2014/15.

The 2015/16 budget included a target of $1.138M in cost savings / revenue generation from strategies that management had implemented from the HIP. In the current forecast for 2015/16 management is now anticipating cost savings and revenue generation equivalent to $2.37M arising from HIP initiatives.

The success of these efforts is evident in the financial results for the first four months of FY 2015/16 during which the health authority experienced a deficit of approximately $650,000; significantly, only $100,000 of this deficit was attributable to Hospital Operations while the remainder was attributable to the specially-funded provincial programs.

Management is projecting an operating deficit of approximately $2.0M for 2015/16.

The strategies implemented, however are not sufficient to realize the savings/additional revenues necessary to achieve the balanced position that was submitted to the LHIN for 2015/16. To the end of fiscal 2015/16 despite preparing a balanced budget, management is now projecting an operating deficit of approximately $2.0M. This projected deficit is predominantly attributed to unexpected costs associated with overtime and agency nursing.

3.3 Working Capital and Cash Flow

Repeated operating deficits have had a significant impact on the organization's balance sheet and cash position.

Repeated operating deficits, combined with poor working capital to begin with, have had an impact on the organization's balance sheet and cash position. Despite the recent efforts at deficit reduction, the Health Authority continues to be burdened by a severe working capital deficit. As noted in the exhibit above, the working capital deficit of $3.98M inherited in 2010/11 increased to $19.94M by the end of 2014/15.

Bank indebtedness at the end of each of the last 4 fiscal years was approximately $8M against a credit facility of $10M.

WAHA has never had a positive cash position; for the past 4 years bank indebtedness at the end of each fiscal year was approximately $8M. The current ratio for the organization has consistently declined from 0.81 to 0.28. Management is projecting a working capital deficit of $22.25M and a current ratio of 0.26 by the end of 2015/16.

A recent request to increase the limit of this credit facility was denied.

WAHA has arranged a $10M demand credit facility secured by a general security agreement over the Health Authority's assets. The facility is payable on demand with no fixed terms of repayment and bears interest payable monthly at the rate of prime minus 0.5%. A recent request to increase the limit of this credit facility was denied.

Debt carrying charges represent a significant expense for WAHA, contributing $2.3M to the overall working capital deficit since integration.

Debt carrying charges represent a significant expense for WAHA; approximately $0.5M in each of the previous 4 fiscal years; these charges have contributed $2.3M to the overall working capital deficit. These charges include bank charges, interest on the credit facility, and significantly, vendor charges for late payment of invoices. Accounts payable from operations has been consistently greater than $6M and stood at almost $9M at the end of 2014/15. A necessary cash management strategy for the authority has been to slow down payments to vendors resulting in high interest and late payment charges. Negotiating payment terms and reduced interest charges with vendors has become a full-time activity within the finance department.

WAHA requested and received a $4M advance from the NE LHIN in April 2015 to cover labour transition costs.

WAHA requested and received a $4M advance from the NE LHIN in April 2015. This advance was requested to cover a retroactive union settlement associated with the merger of collective agreements and related harmonization of salaries and wages following integration. This negotiated settlement, recorded on the balance sheet as a $5M liability, was largely paid out at the same time as the cash advance was received from the LHIN. The hospital expects to receive a funding increase from the LHIN to cover the related annual increase in salaries and wages emanating from the wage harmonization settlement; no written confirmation of this was available. The NE LHIN advance is to be paid back in February and March 2016. WAHA has recently requested a cash flow advance of $3.8M from the NE LHIN for April of 2016.

WAHA has also received a cashflow advance of $3M from Health Canada in October 2015.

WAHA also received a cashflow advance of $3M from Health Canada in October 2015. This advance was provided in the form of an early flow of funds associated with the Health Canada Contribution Agreement. This advance does not need to be repaid, however monthly Health Canada payments that would normally have been provided in December, February and March will not be made.

WAHA debt is expected to exceed its borrowing capacity at the beginning of February 2016.

Despite the NELHIN cash advance, WAHA was very close to insolvency at the beginning of October 2015 immediately before receiving the Health Canada advance; bank indebtedness had reached $9.77M against the $10M credit facility. WAHA debt is expected to exceed its borrowing capacity at the beginning of February 2016. Indebtedness at the end of the 2015/16 fiscal year is projected to be greater than $17M; no facilities are in place to provide for this level of debt.

Recommendations:

It is recommended that:

(6) The NELHIN should provide one time funding to pay for the retroactive union settlement related to the integration of JBGH and WHA.

(7) The NELHIN should consider providing an increase in WAHA funding to reflect the annual additional cost emanating from wage harmonization.

(8) The NELHIN, Ontario Ministry of Health and Long Term Care, and Health Canada should ensure that WAHA has sufficient immediate access to resources to manage the imminent inability of WAHA to pay its expenses.

3.4 Health Canada Annual Contribution Commitment

Health Canada has provided WAHA with $12M contribution annually since inception.

Health Canada had provided WHA with approximately $12M per year of contribution funding toward the costs of operating Weeneebayko General Hospital – described as costs associated with "physician and nursing services, hospital administration, equipment, operations and maintenance". Canada agreed to enter a new Contribution Agreement with WAHA for the amount of $12 million per year. This amount was not intended to be subject to an annual adjustment and was to be subject to a review every ten years[28]. This contribution was intended to cover:

[28] Section 6.2(2) of the WAHIFA Agreement states that there will be "a review of Canada's annual contribution commitment under 6.1 every ten years following

The original 5-year Contribution Agreement was extended to March 31, 2016; the extension excluded support for hospital operations.

- Funding for primary care services at Attawapiskat and Fort Albany (up to $5million per year);
- Ancillary costs of family physician services (up to $1.5 million per year);
- Hospital operating funding during the Transition period[29] (up to $6.5 million per year);
- Funding for enhanced community health contribution programs available from FNIHB (up to $5.5 million per year); and
- Capital costs for new or improved Health Care Infrastructure.

Since the establishment of WAHA, this contribution has been allocated as follows:

Exhibit 30: Historic Allocation of Health Canada Contribution Agreement

Health Canada - Allocation of WAHIFA Funds							
Description of Element	**2010/11**	**2011/12**	**2012/13**	**2013/14**	**2014/15**	**2015/16 to Sept 30**	**2015/16 To Mar 31**
Primary Care Nursing	$ 1,500,000	$ 3,000,000	$ 3,000,000	$ 3,000,000	$ 3,000,000	$ 1,500,000	$ 1,500,000
Physician Services	$ 750,000	$ 1,500,000	$ 1,500,000	$ 1,500,000	$ 1,500,000	$ 750,000	$ 750,000
Hospital Operations	$ 2,700,000	$ 4,000,000	$ 4,000,000	$ 4,000,000	$ 6,000,000	$ 2,000,000	$ -
Enhanced Community Programs	$ 500,000	$ 1,500,000	$ 1,500,000	$ 1,500,000	$ 1,500,000	$ 750,000	$ 750,000
Future Capital	$ 550,000	$ 2,000,000	$ 2,000,000	$ 2,000,000	$ -	$ 1,000,000	$ 3,000,000
Total	$ 6,000,000	$12,000,000	$12,000,000	$ 12,000,000	$ 12,000,000	$ 6,000,000	$ 6,000,000

HC intends any new Contribution Agreement to exclude support for hospital operations.

The original five year Contribution Agreement (CA) with WAHA was for five years ending September 30, 2015. A second contribution Agreement has since been established for an additional 5 years (October 2015 – September 2020). WAHIFA indicates that Health Canada's funding for hospital operations is time limited - lasting for only the initial 5-year transition period that ended September 30, 2015. Funding for hospital operations is not part of the new Agreement. The CA continues to honour the federal funding commitment of $12M / year, however, the component of annual funding commitment for hospital operations will be redirected to other business lines based on a revised health plan that will be developed following the findings of this review and the evaluation of WHIFA. Health Canada has stated that the interim federal funding for hospital operations was deemed reasonable because of the expected costs associated with integration

the Canada Funding Date". Section 12.2(1) of the WAHIFA states that the "parties intend that WAHA, in consultation with Canada and Ontario, shall evaluate the implementation of this Agreement and the effectiveness of the Integration every five years."

[29] The Transition Period is defined as the first five years of WAHA operations that ended September 30, 2015.

but beyond this period all funding for hospital operations should be sourced from the province – given provincial responsibility for hospital services.

A request by the hospital to re-allocate the future capital component to hospital operations in 2014/15 was agreed to by Health Canada. The original Contribution Agreement allowed WAHA to use the capital; set aside for other purposes if a written request by WAHA was received and approved by Health Canada. This was done for 2014/15. A similar request for 2015/16 was denied. As required by the Health Canada Contribution Agreement, on March 31, 2016, WAHA must have set aside $10,550,000 to meet future capital infrastructure requirements. While this obligation is reflected on the Authority's balance sheet, clearly, given the cash situation, the funds are not immediately available.

3.5 Transition Costs

The parties to WAHIFA recognized that WAHA would incur integration / transition expenses.

The parties to WAHIFA recognized that WAHA would incur costs associated with integration activities during the Transition Period (defined as a period of up to five years following the establishment of WAHA). Such costs were expected to include[30]:

- Costs related to planning and implementation activities, including support for the development and implementation of WAHA's operations, including a standardized set of practices, policies, procedures, protocols, reporting and standards for information technology, human resources, health records, facilities management, materials management and similar matters; and
- Costs related to the transfer or lease of assets from James Bay General Hospital, WHA and Canada to WAHA.

The parties to WAHIFA intended WAHA to apply for funding for Transition Costs.

The parties intended that WAHA would apply for funding for the Transition Costs from all eligible federal and provincial funding sources.

In 2010/11, WAHA received $935,720 ($860,720 from the NE LHIN and $75,000 from Health Canada) in revenue to cover "Integration Activities" associated with Specially Funded Provincial Programs against $1.14M in reported integration expenses. There is no record of any further funding received by WAHA for Transition Costs[31].

[30] WAHIFA section 4.2.1.

[31] In the audited statements for the six months ended 2010/11, $890,244 of NELHIN funding for JBGH integration costs was written off as uncollectible; while there is no institutional memory for the rationale associated with this write-off, in the

A complete assessment of integration / transition costs incurred by WAHA has not been prepared.

In February 2015, WAHA submitted a request for funding of one-time Integration Costs to both Health Canada and the NE LHIN totaling $2.2M. To date the request has been rejected by both parties. In September 2015, WAHA submitted the same request again to the NE LHIN for $2.2M and at the same time identified a further $3.3M of one-time integration costs. A single complete assessment of integration / transition costs incurred by WAHA has not been prepared.

Recommendation:

It is recommended that:

(9) The CEO and CFO should identify all Transition Costs incurred by WAHA since integration and work with the NE LHIN, Ontario Ministry of Health and Long Term Care and Health Canada to agree on proper reimbursement of these costs as envisioned by the parties to the WAHIFA.

3.6 Extraordinary Fiscal Challenges

WAHA has also experienced a number of extraordinary incidents / challenges that have contributed to its current financial situation:

- A fire at the Moosonee Health Centre required temporary evacuation, relocation and redevelopment;
- Flooding at Moose Factory and Attawapiskat requiring restoration expenses;
- An oil spill at Attawapiskat requiring evacuation, patient relocation and environmental clean-up.

Management has estimated that the uninsured costs associated with these extraordinary events have cost the organization approximately $2.0M.

Recommendation:

It is recommended that:

(10) The CEO and CFO should work with the Ontario Ministry of Health and Long Term Care, the NE LHIN and Health Canada to identify an approach to reimbursement for the uninsured costs associated with recent extraordinary events.

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same period the $860,720 of funding was provided by the NELHIN as revenue for integration costs associated with specially funded Provincial Programs; presumably these two transactions are related.

4.0 Facilities Planning

Planning for healthcare infrastructure

The WAHIFA was intended to provide a framework for, among other items, capital planning for Health Care Infrastructure and the provision of capital funding from Canada and Ontario. During the Transition Period (up to 5 years following the establishment of WAHA) the parties to WAHIFA intended WAHA to commence work on a Strategic Infrastructure Development Plan; related funding proposals were to be submitted to Canada and Ontario.

The WAHIFA allows for Capital funding: Canada is to provide 45 percent and Ontario is to provide up to 55% of approved Health Care Infrastructure project costs.

The WAHFA provides for Capital funding from Canada, subject to development of a contribution Agreement, equivalent to 45 percent of provincially approved Health Care Infrastructure project costs as determined under the Ontario Capital Planning Manual and 100 percent of non-shareable expenses approved and eligible for reimbursement under Canada's capital facilities funding authorities. Canada's contribution for new or improved Health Care Infrastructure shall be paid to or on behalf of WAHA from the portion of the $12 Million Annual Contribution to be dedicated to capital costs for Health Care Infrastructure.

As required by the Health Canada Contribution Agreement, on March 31, 2016, WAHA must have set aside $10,550,000 to meet future capital infrastructure requirements. While this obligation is reflected on the Authority's balance sheet, clearly, given the cash situation, the funds are not immediately available.

The WAHIFA also provides for Capital funding from Ontario for up to 55 percent of project costs as determined by the Ontario Capital Planning Process.

Weeneebayko General Hospital was originally built to isolate patients for tuberculosis patients; the isolated location is no longer functional for its role as a regional hub.

Weeneebayko General Hospital was built in 1949 to provide tuberculosis treatment. It was built on Moose Factory Island originally to effectively quarantine patients through isolation. This isolated location is no longer functional in the hospital's current role as the regional hub for WAHA; providing the region's only secondary level services. Access by water taxi, ice road and helicopter is required with no access by road or rail to/from coastal communities; there is also no airport on Moose Factory Island. Further the site is subject to periodic flooding – most recently in 2013. The location is a significant barrier to patients accessing services and substantially increases operating costs of the hospital.

WGH is in the worst condition of any hospital in the province

The three story wood facility, now 64 years old, has not been adequately maintained and is now experiencing major mechanical, electrical and structural deficiencies, is expensive to heat, has no

environmental systems to condition air and requires asbestos abatement for even minor repairs. A recent assessment by Health Canada (2012) has identified costs over the next 25 years for deferred maintenance / life cycle investments of $82M for the hospital and outbuildings[32]. Management reports that a Provincial Facility Assessment Report identified that WGH is in the worst condition of any hospital in the province. WAHA management further reports that they have many Ministry of Labour orders due to non-compliance related to the structure of facility.

A stage 1 Proposal submission prepared by WAHA addresses the essential redevelopment of the WGH facilities as the highest capital priority for WAHA

A stage 1 Proposal submission prepared by WAHA addresses the essential redevelopment of the WGH facilities as the highest capital priority for WAHA to ensure continued availability of services to residents. The submission recommends that the WGH facility be rebuilt on a new site on the mainland in Moosonee (close to rail and airport facilities) and that a Health Centre similar to that currently located in Moosonee be established in Moose Factory. The Proposal began with a robust clinical and capital planning process undertaken in 2011-13. The pre-capital submission was completed in 2012, Part A Service Delivery Model was submitted in August 2013. The full Stage 1 proposal (Part A and Part B Service Support) was submitted in October 2013. Commentary from the Ministry of Health was provided in November 2014 and responses were provided from WAHA in February 2015. WAHA received an endorsement letter in September 2013 from the NE LHIN and a revised letter from the NE LHIN Board endorsing the Program and Service elements outlined in the Stage 1 submission in September 2015.

There is no clear path for approval of redevelopment for WGH

Stage One approval has not yet been granted by the Ontario Ministry of Health and Long Term Care and management reports that there appears to be no clear path for approval of this important redevelopment. Recently, Health Canada, the NE LHIN, the Ontario Ministry of Health and Long Term Care and WAHA agreed to establish a working group to develop timelines with key milestones for each stage that needs to be developed as well as a business case to outline the need for the new hospital.

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[32] Stage 1 Capital Redevelopment proposal, Agnew Peckham, October 2013 – WE1212 – 2.

Since 2012, FNIHB-ON has spent $2.2M on priority repairs at the WGH, with an additional $750K planned for 2015. Health Canada is currently working with PWGSC on a refinement of the 2012 facility condition report to identify critical immediate repairs to maintain the current facility assuming a new hospital is built in 8-10 years- This will guide HC investment over the interim life of the facility.

Recommendation:

It is recommended that:

(11) The CEO should work with the Ontario Ministry of Health and Long Term Care, Health Canada, and the NE LHIN, to agree on a process and timeline for the approvals necessary for the redevelopment of WAHA facilities, particularly WGH.

5.0 Hospital Management and Reporting

5.1 WAHA Board of Directors and Management

The WAHA Board is an active advocate for the communities of Weeneebayko.

Management reports that the Board of Directors is engaged and an active advocate for the communities served by WAHA. Board discussions are fulsome and members typically challenge both management and each other in an appropriate manner on matters before them. However, as a Board composed representatives of the various communities served by WAHA, discussion can sometimes be focused on the often competing interests of individual communities rather than the broader interests of WAHA.

The WAHA Board must act in uniform as a primary steward and advocate for WAHA to best meet the distinct needs of all peoples in the Weeneebayko region.

Each member of the Board has a fiduciary and primary responsibility as a Director of the Authority and the Public Hospitals operated by the Authority. What this requires is that Board members remain objective, unselfish, responsible, honest and trustworthy, as stewards of public trust acting for the good of the organization as a whole rather than strictly for the benefit of the communities they represent. This can often be a challenge for Boards that are structured through representative membership; individuals can feel conflicted in their perceived role as both community representatives and Board members. They are not there to represent their community; they are board members who can reflect the perspective of their community as the board addresses issues facing the organization. Issues affecting individual communities can and should be raised. However, if WAHA is to achieve its vision to be a provider of quality health services addressing the distinct needs of all peoples in the Weeneebayko region, the Board must act in uniform as a primary steward and advocate for the interest of WAHA. In achieving its vision, WAHA will also be well placed to meet the interests and needs of the individual communities.

One of the primary responsibilities of Board members is to maintain the fiscal integrity of WAHA and its long-term solvency.

One of the primary responsibilities of Board members is to maintain the fiscal integrity of WAHA and its long-term solvency. In this respect, the Board is accountable to:

- The Authority's corporation,
- The communities it serves, and
- The government(s) acting on behalf of those communities.

Health Authorities and Hospitals in Canada are significantly dependent on the provincial government for their operating and capital funds. The public holds the provincial government accountable for the funding,

organization, delivery and, to a large extent, the quality of hospital and related health services.

To protect the long-term viability of WAHA, the Board should be monitoring and ensuring effective fiscal management of the Authority.

However, most hospitals are private entities, owned by the hospital's corporation, and governed by an independent Board of Governors. Because of the public's perspective and the amount of public funds being provided to hospitals, the government has increasingly stressed the accountability of hospitals (and health authorities) and their Boards for the use of these public funds and for the quality of care, effectiveness, efficiency and the long-term viability of hospitals.

The Board must not allow WAHA's debt to exceed its ability to repay that debt or it puts the authority's ability to provide service to the communities at risk.

To protect the long-term viability of WAHA, the Board should be monitoring and ensuring effective fiscal management of the Authority. The fiscal solvency of WAHA is critical to its ability to respond to the care requirements of the communities it serves. Hospital Boards need to take an active role with governments to ensure an appropriate financial foundation for the organization to achieve its objectives. At the same time, the Board must not allow WAHA's debt to exceed its ability to repay that debt or it puts the authority's ability to provide service to the communities and the health of the communities at risk. This is not good or reasonable stewardship of public and charitable funds and is not in keeping with the Board's and the corporation's long-term obligations to its communities.

The dire financial situation faced by WAHA since its inception has been a challenge and source of fatigue for governments, the hospital corporation and the Board.

The dire financial situation faced by WAHA has been a challenge for governments, the hospital corporation and the Board. WAHA has been in a financially challenging situation since its inception. It carries the fiscal difficulties of its predecessor organizations. This constant pressure can result in fatigue and act as an impediment to sound longer-term financial planning. A determined focus on a few fundamental issues (Hospital Improvement Plan, working capital deficit, cash flow and capital renewal) will be beneficial.

Board materials need to be organized in a manner to easily inform members of the most critical issues that must be addressed.

This focus begins with the information provided to the Board by management. Many Boards are provided with a large amount of information in advance of Board and committee meetings. But there is no certainty that there is always sufficient information for effective decision-making, nor that all of what is presented is relevant to the decision-making tasks of the Board. And, the materials provided for Board members often is not organized to easily inform Board member's consideration of key questions to be decided.

Boards should be assessing their information requirements regarding their critical responsibilities and the critical issues facing the organization to evaluate the comprehensiveness and utility of the information that they receive related to these. We are concerned that

often the amount of material provided to WAHA Board members is making it difficult for them to identify the information related to the most critical issues that require their attention.

5.2 Operations Management

There must be strong processes for operational planning and budgeting and for reporting on progress.

For the Board of an authority or a hospital to exercise its responsibility in ensuring effective management and the financial health of the organization, there must be strong processes for operational planning and budgeting and for reporting on progress in achieving these plans and budgets.

WAHA has recently established is draft strategic plan for 2015 to 2018 with five succinct strategies and a number of associated action items. The Board is planning a strategic planning retreat in early 2016 to review the draft plan, establish performance metrics and identify the necessary actions to realize the plan. Both the Operational Review and the Evaluation of the implementation of the WAHIFA are intended to inform this discussion. The Board should initiate the operational planning process by drawing from the Strategic Plan to set the annual objectives for the organization and to define the parameters for operational planning and budgeting. Without clearly articulated objectives, it is not possible for the Board to evaluate the performance of the authority or the effectiveness of management.

The Board should critically review and approve the operating plan and budget developed by management to achieve its objectives and to accommodate its budget parameters.

The Board must take the initiative in setting operational goals, performance targets and initial targets for the size of the authority's operating surplus or loss for the coming year. Budget targets should take into account the Board's responsibility to ensure the current and future financial health of the authority. The Board should then critically review and approve the operating plan and budget developed by management to achieve its objectives and to accommodate its budget parameters. If the organization's resources are insufficient to implement the its plans, then the Board must take responsibility for directing management to defer initiatives, suggest alternative strategies for achieving the authority's vision or, if necessary, to rethink the vision for the organization.

For many hospital's the pursuit of increased government revenues takes precedence over reduced operating costs.

Although most Boards indicate their desire and intention to be fiscally responsible, they often pursue concurrently two alternative strategies for addressing the fiscal problems of the authority/hospital:

- Increasing revenues through increased government funding, and
- Reducing operating costs.

An inefficient organization should not expect to be supported with increased public funding.

Historically, the first strategy related to increasing government funding has been the focus at the expense of improving efficiency and reducing costs to the level of its revenues from the Ministry and other sources. Both approaches, however, need to be pursued with equal rigour; proper stewardship of public funds demands that such funds be utilized responsibly. An inefficient organization should not expect to be supported with increased public funding.

Boards need to take more responsibility for the financial health of the hospital by insisting that management aggressively pursue opportunities to minimize costs and improve efficiency.

Boards need to take more responsibility for the financial health of the organization by insisting that management aggressively pursue opportunities to minimize costs and improve efficiency. The Board should direct management to more aggressively pursue opportunities to reduce costs through improved clinical and operational efficiency and/or reduced content of care before considering reductions in the volume of services or seeking additional funding from the Ministry. The Board should further insist that a balanced budget is insufficient for future sustainability; a modest budgeted surplus will be required to retire debt, maintain and improve infrastructure.

Recommendation:

It is recommended that:

(12) The Board should charge the hospital's management and MAC with responsibility to pursue opportunities to reduce costs and implement the HIP arising from this Operational Review.

Controlling expenditures suggests that management needs to set in place processes for managing the hospital efficiency.

The primary focus of management of a hospital is providing for and ensuring the effective and efficient provision of patient care in accordance with the operational goals, performance targets and budget parameters established in the operational plan. Controlling expenditures suggests that management needs to set in place processes for managing the hospital efficiently. These processes should include:

- Cost Management-Controlling the cost of each unit of labour and material used by each department of the hospital in providing its services or producing its products.
- Productivity Management-Measuring, monitoring and controlling the number of units of labour and materials employed in producing departmental services.
- Content of Care Management-Measuring, monitoring and controlling the resources used in each episode of patient care (including length of stay in hospital).
- Utilization Management-Ensuring the appropriateness of each episode of patient care.

- Production Management-Measuring, monitoring and controlling the number of episodes of patient care.

Many of the approaches identified by WAHAs management team in the current HIP have focused on such strategies.

Management uses these processes to manage the overall content and cost of operations. Many of the approaches identified by WAHAs management team in the current HIP have focused on such strategies with the result that over the last two years, the hospital's deficit has been decreasing and efficiency has been improving.

There is, however, little accountability at the management level for performance and no formal variance analysis process in place.

A significant component of cost management is variance analysis. At WAHA, functional centre variance reports are distributed electronically to managers using the Meditech system, with summary reports provided to Directors and VP's. As foundational as this is for variance analysis, this practice has only been in place for the last two years; some training on reading reports has recently been provided. Accounting and finance meet to discuss key variances and monthly summary reports are discussed at the Senior Leadership Team. There is, however, little accountability at the management level for performance and no formal variance analysis process in place.

There is therefore an opportunity to establish an approach to analyzing variances from plans and budgets based on best practices. We believe that financial and performance reporting should be structured to understand:

- The causes of variances from plan,
- The impact of the variances on the running rate of costs for the hospital, and
- The potential impact on year-end results.

Variance analysis should not be limited to financial performance indicators.

Importantly, variance analysis should not be limited to financial indicators. The process should be designed to identify variances that might be corrected through management initiatives. Thus variances from budgeted levels of expenditure should be identified and measured as variances that are caused by:

- Variances from planned volumes/workload
- Variances from planned unit costs (of labour or materials)
- Variances from planned levels of productivity

The most important aspect of variance analysis is not the determination of the cause of the variance, but rather the determination whether it is a controllable variance.

In refining its approach to variance analysis, it will be important for the hospital to remember that the most important aspect of variance analysis is not the determination of the cause of the variance, but rather the determination whether it is a controllable variance. If the variance is controllable then corrective action should be initiated; if it is an uncontrollable variance, then rebudgeting should be considered to

reflect the uncontrollable/unplanned event. Corrective actions should be taken in response to significant departmental variances. When these actions will impact on departments outside the program portfolio, the proposed plan of action should be reviewed with the Senior Management prior to implementation.

Such analyses should also form the basis of Board reporting. Making this analysis available to the Board would allow Board members to better exercise their responsibility for monitoring and maintaining the financial health of the hospital. Corrective actions with significant implications for the hospital and/or rebudgeting with significant implications for year-end results should be reviewed with the Board.

Recommendation:

It is recommended that:

(13) The CFO should re-establish a formalized approach to variance analysis that includes a comprehensive analyses of volume, productivity and cost variances.

Quarterly portfolio reviews can improve and reinforce management accountability and provide a regular forum to discuss operational challenges.

Once the basic ability for variance analysis is established, management accountability for results is enhanced with robust internal processes. One approach that we believe encourages and increases accountability is the establishment of a quarterly review process that focuses on financial performance, utilization, quality, and goals and objectives. These reviews reinforce accountability and provide a forum for identifying and discussing operational issues, and facilitating communication around key results areas. Such an approach typically involves establishing an 'accountability framework' as an organization-wide approach to assigning accountability and monitoring performance. The framework is the basis for conducting quarterly reviews incorporating:

- Goals,
- Objectives,
- Action plans,
- Indicators,
- Monitoring and evaluation of performance, and
- Communication.

Each Vice President is responsible for a formal quarterly review of each component of the VP portfolio. Organization-wide quarterly reviews based on the accountability framework should measure and monitor:

- Progress toward operating plan objectives
- Quality & Patient volume indicators
- Financial performance
- Progress toward corporate goals

External Benchmarks can be used to support such reviews.

External benchmarks/targets can be used to support these reviews such as HCM Benchmarking Analyses', CCHSA Accreditation, OHA Report Cards, etc. These reviews can then form the basis for Quarterly Reports to the Board on selected indicators related to the hospital's Corporate Goals.

6.0 Clinical Efficiency

6.1 Reducing Lengths of Stay

WAHA has a relatively small opportunity to reduce length of stay for the patients that it is admitting to inpatient care

A review of clinical efficiency has been used to assess the opportunity for WAHA to reduce reliance on inpatient beds through reductions in inpatient lengths of stay. Length of Stay (LOS) benchmarks were derived from small Ontario community hospitals for each combination of:

- Case Mix Group (CMG),
- Patient age, and
- CIHI "resource intensity level" (i.e. measure of relative impact of specialized procedures and comorbid disease).

Restrictions in the analysis of clinical efficiency limits the impact of anomalous performance targets based on low case volumes

A hospital's data was only used to set a benchmark if it had at least 30 inpatient discharges in the CMG/age/RIL combination over the course of the fiscal year. This restriction limits the impact of anomalous performance targets based on low case volumes. Comparisons show the theoretical % of inpatient days that could be saved if LOS benchmarks ("best practice" and 75th percentile or "best quartile" of the small Ontario hospitals included in the analysis) were achieved across the board. A smaller % of days to save means a hospital is already close to achieving benchmark level performance. This analysis is designed to identify opportunities to reduce lengths of stay and then identify the impediments to improvement. For example are there any instances where access to ambulatory clinic services after discharge could facilitate reduction in the inpatient length of stay?

The following table compares the length of stay performance of WAHA with the performance of its clinical peer hospitals. As can be seen WAHA has a relatively small opportunity to reduce length of stay for the patients that it is admitting to inpatient care. It is among the better performing among its clinical peer hospitals.

Exhibit 31: Opportunities to Reduce Length of Stay

Hospital	2013/14 Actual Activity			Days to Save @ Targets		% of Total Acute Days to Save @ Tgt.		Resulting Avg. LOS	
	IP Cases	Acute Days	Avg. LOS	Best Pract.	Best Quart.	Best Pract.	Best Quart.	Best Pract.	Best Quart.
Blind River Dist. Hlth. Ctr.	542	5,358	9.9	197	142	3.7%	2.6%	9.5	9.6
Espanola General Hospital	614	2,795	4.6	172	130	6.2%	4.7%	4.3	4.3
Glengarry Memorial Hospital	592	3,725	6.3	518	382	13.9%	10.3%	5.4	5.6
Kirkland & District Hospital	1,334	8,458	6.3	598	474	7.1%	5.6%	5.9	6.0

Hospital	2013/14 Actual Activity			Days to Save @ Targets		% of Total Acute Days to Save @ Tgt.		Resulting Avg. LOS	
	IP Cases	Acute Days	Avg. LOS	Best Pract.	Best Quart.	Best Pract.	Best Quart.	Best Pract.	Best Quart.
Notre Dame Hospital	637	4,880	7.7	350	312	7.2%	6.4%	7.1	7.2
Sensenbrenner Hospital	1,282	7,873	6.1	760	642	9.7%	8.2%	5.5	5.6
Sioux Lookout Meno-Ya-Win	2,404	12,742	5.3	839	710	6.6%	5.6%	5.0	5.0
Weeneebayko Area HA	647	7,206	11.1	247	208	3.4%	2.9%	10.8	10.8
Grand Total	8,052	53,037	6.6	3,682	3,002	6.9%	5.7%	6.1	6.2

Having said that, there are opportunities to reduce lengths of stay for particular types of patients. Looking at CMGS we can identify the types of patients that might be discharged earlier from WAHA. These clinical efficiency opportunities are presented in the following table. As can be seen, the largest opportunities to save days by CMG are for:

- 487-Lower Urinary Tract Infect
- 437-Diabetes
- 559 Primary Caesarean Section, no induction
- 577-Normal NB Mult/C-Sect Deliv
- 257-Symptom/Sign Digestive System
- 288-Disorder of Biliary Tract
- 138-Viral/Unspecified Pneumonia
- 139-Chronic Obstructive Pulmon Dis
- 560 C-Section w uterine scar, no induction
- 208-Ang (exc Unst)/CP wo Cor. Angiogram.

Overall, across all CMG's at best quartile performance there is an opportunity to save only 2.9% of days for the typical cases cared for at WAHA. This would be a saving of only 208 patient days.

Exhibit 32: Clinical Efficiency Opportunities by CMG

Case Mix Group	2014/15 Actual Activity			LOS at Target		Days to Save @ Targets		% of Total Acute Days to Save @ Tgt.	
	IP Cases	Acute Days	Avg. LOS	Best Pract.	Best Quart.	Best Pract.	Best Quart.	Best Pract.	Best Quart.
487-Lower Urinary Tract Infect	13	87	6.7	4.3	4.5	31	28	35.7%	32.7%
437-Diabetes	16	187	11.7	10.5	10.6	20	18	10.5%	9.7%
559 Primary Caesarean Section, no induction	13	58	4.5	3.0	3.1	19	17	33.1%	29.9%
577-Normal NB Mult/C-Sect Deliv	17	58	3.4	2.4	2.5	17	15	29.3%	26.4%

Case Mix Group	2014/15 Actual Activity			LOS at Target		Days to Save @ Targets		% of Total Acute Days to Save @ Tgt.	
	IP Cases	Acute Days	Avg. LOS	Best Pract.	Best Quart.	Best Pract.	Best Quart.	Best Pract.	Best Quart.
257-Symptom/Sign Digestive System	19	121	6.4	5.6	5.7	15	13	12.5%	10.9%
288-Disorder of Biliary Tract	7	33	4.7	2.8	2.8	13	13	39.8%	39.8%
138-Viral/Unspecified Pneumonia	28	174	6.2	5.5	5.8	20	13	11.6%	7.5%
139-Chronic Obstructive Pulmon Dis	11	59	5.4	3.2	4.3	24	12	40.9%	20.5%
560 C-Section w uterine scar, no induction	11	38	3.5	2.4	2.4	12	12	31.6%	30.4%
208-Ang (exc Unst)/CP wo Cor. Angiogram	6	17	2.8	1.1	1.3	10	9	59.6%	55.7%
678-Schizotypal/Delusional Disord	5	21	4.2	2.4	2.4	9	9	44.0%	44.0%
234-Simple Appendectomy	4	12	3.0	1.1	1.3	8	7	63.8%	57.9%
565 Vag Birth w/o Anaes w/o Non-Maj Interv	30	66	2.2	2.0	2.0	5	5	7.6%	7.6%
194-MI/Shock/Arrst wo Coronary Angiogram	13	251	19.3	19.0	19.0	4	4	1.7%	1.7%
249-Non-Severe Enteritis	10	47	4.7	4.4	4.4	3	3	7.4%	7.4%
698-Psychoact Subst Use Ac Intox	1	4	4.0	1.1	1.1	3	3	72.8%	72.8%
778-Poisoning/Toxic Effect of Drug	19	58	3.1	2.9	2.9	3	3	5.5%	5.0%
693-Depressive Episode without ECT	6	14	2.3	1.9	1.9	3	3	20.7%	20.7%
278-Lap Cholecystect w/wo CBD Expl	2	5	2.5	1.4	1.4	2	2	45.0%	43.7%
672-Miscellaneous Mental Disorder	1	12	12.0	10.2	10.2	2	2	15.1%	15.1%
All Others	415	5,884	14.2	14.1	14.1	23	15	0.4%	0.3%
Grand Total	647	7,206	11.1	10.8	10.8	247	208	3.4%	2.9%

Reducing ALOS would provide only $60,000 in savings.

If WAHA were to achieve benchmark ELOS for each of its patients, it would be able to reduce costs and achieve some savings. The savings would be limited because of the relatively small number of days that will be reduced and the distribution of these days across different programs. We estimate that the potential savings in 2014/15 were $50,000 to $60,000. The savings estimate is based on 30% of the OCDM Direct Per Diem cost for the days to be saved. The calculation of the saving is presented in the following table.

Exhibit 33: Clinical Efficiency Savings Opportunities

Program	Days to Save @ LOS Target		Estimated Cost Saving @ 30% of 14/15 Direct per diem ($242)	
	"Best Pract."	"Best Quart."	"Best Practice"	"Best Quartile"
Birthing	60	54	$14,448	$13,125
Medicine	159	127	$38,550	$30,754
Mental Health	17	17	$4,081	$4,081
Surgery	11	10	$2,706	$2,465
Grand Total	247	208	$59,785	$50,425

To reduce lengths of stay and achieve these savings, WAHA needs to review the clinical processes and develop policies and practices that will achieve shorter lengths of stay and reduce costs. The hospital administration, medical staff association and/or Chief of Staff should consider adopting or enforcing any or all of the following policies or procedures to minimize length of stay:

- Develop or borrow a series of care maps for common admission diagnoses such as COPD or pneumonia
- Create a series of automatic substitution orders for prescribed drugs- p.o. for IV, least expensive formulation, etc.

Based on the analyses of clinical practices related to clinical efficiency of the organization, we offer the following recommendation.

Recommendation:

It is recommended that:

(14) MAC should develop 'care maps' for the most common inpatient diagnoses.

Implementation of this recommendation will help to provide for:

- Reduced Lengths of Stay.
- Improved quality of patient care by reducing lengths of hospital stays.
- Reduced operating costs by as much as $60,000[33]. These savings will come from a reduction in inpatient days which will provide a reduction in workload and related staffing requirements in nursing and therapeutic services and in support services.

6.2 Discharge Dispositions

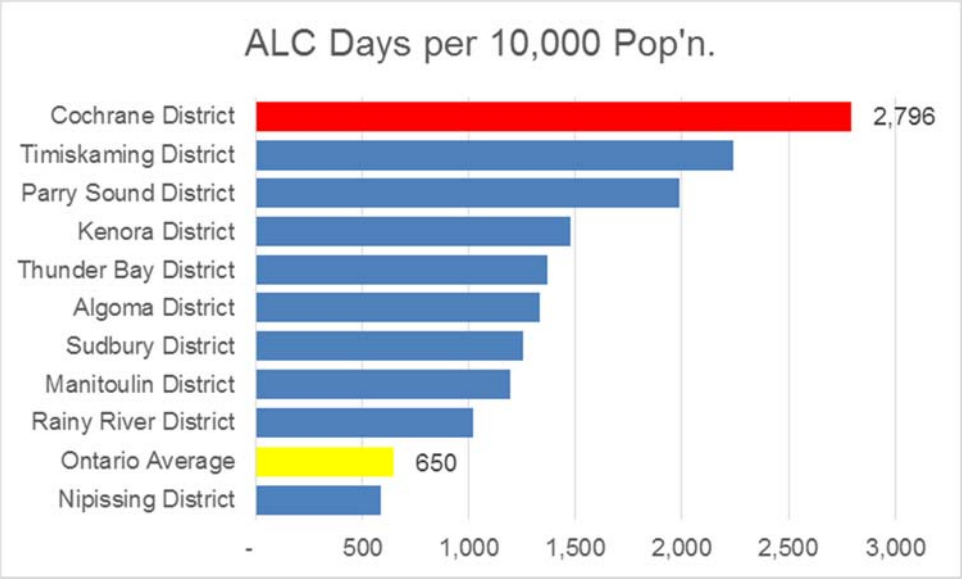
6.2.1 Alternate Level of Care Days

The following table presents the number of alternate level of care days per 10,000 residents used by residents of selected counties across Ontario in 2014/15. Rates are age/gender standardized to account for

[33] Calculated clinical efficiency opportunity to reduce 208 to 247 patient days. Savings will be derived from reduced workload for nursing, therapeutic services and support service departments and associated opportunities to reduce agency staffing levels, overtime and/or sick time replacement. Consistent with common practice, because these are days at the end of a patient stay and are thus relatively low cost, we estimate the savings opportunity to be 30% of the hospital's average direct care cost per patient day.

differences in population demographics across counties. As can be seen, in 2014/15, residents of Cochrane had 2,796 ALC days per 10,000 population, the highest ALC rate in the province.

Exhibit 34: 2014/15 ALC Days per 10,000 Age/Gender Standardized Population for Cochrane District and Other Northern Counties



WAHA reports using only 8.9% of its inpatient days to accommodate patients awaiting placement in an alternate level of care

The following table presents the distribution of ALC days by program among the WAHA facilities.

Exhibit 35: ALC Days by Program at WAHA

Broad Program	Weeneebayko Area HA Activity				Peer Hosp % ALC Days
	IP Cases	IP Days	ALC Days	% ALC Days	
Birthing	154	431	-	0.0%	0.2%
Medicine	415	6,741	702	10.4%	20.4%
Mental Health	36	234	-	0.0%	29.7%
Surgery	42	505	3	0.6%	19.2%
Grand Total	647	7,911	705	8.9%	19.3%

In 2014/15, WAHA reported only 8.9% of its inpatient days devoted to accommodating patients awaiting placement in an alternate level of care. At an estimated occupancy of 90%, this is equivalent to only 2.1 beds across its 3 facilities used for ALC patients.

WAHA had no formalized approach to identifying ALC patients prior to April 1, 2015.

We do know, however, that WAHA had no formalized approach to identifying ALC patients prior to April 1, 2015. As a result ALC days likely are understated[34]. This fact is evident in the table below that shows that just for Medicine and Surgery patients (i.e. the patient population that most often experiences discharge delays because of lack of post-acute care capacity), WAHA had the 2nd longest overall average length of stay[35], but the lowest (by far) percent ALC days. The lack of reporting is particularly evident given that WAHA is located in the region in Ontario that generally has the highest incidence of ALC.

Exhibit 36: ALC Days Reported by WAHA and Peer Hospitals for Medical/Surgical Inpatients

Hospital	2014/15 Inpatient Activity for Medical/ Surgical Patients				
	IP Cases	Total IP Days	Avg. LOS	ALC Days	% ALC Days
Blind River Dist. Hlth. Ctr.	517	8,420	16.3	3,209	38%
Espanola General Hospital	577	4,014	7.0	1,309	33%
Glengarry Memorial Hospital	579	4,655	8.0	992	21%
Kirkland & District Hospital	1,271	12,285	9.7	4,042	33%
Notre Dame Hospital	477	5,636	11.8	1,352	24%
Sensenbrenner Hospital	978	11,258	11.5	4,200	37%
Sioux Lookout Meno-Ya-Win	1,329	11,763	8.9	2,033	17%
Weeneebayko Area HA	457	7,246	15.9	705	10%
Grand Total	6,185	65,277	10.6	17,842	27%

The following table presents the CMGs of patients who spent time awaiting placement to an alternative level of care. The bulk of the patients who had ALC days were discharged with a most responsible diagnosis that was categorized as 'awaiting placement'

Exhibit 37: ALC Days by CMG

Case Mix Group	Weeneebayko Area HA Activity				Peer Hosp % ALC Days
	IP Cases	IP Days	ALC Days	% ALC Days	
809-Awaiting Placement	17	1,391	699	50.3%	67.5%
670-Dementia	4	1,073	2	0.2%	62.1%
780-Post-Op Complication exc Hemo	3	111	2	1.8%	33.7%
433-Disorder related to Nutrition	1	344	1	0.3%	39.1%
768-Fract of Patella/Upper Tib/Fib	1	111	1	0.9%	9.7%
Grand Total	647	7,911	705	8.9%	19.3%

[34] More comprehensive tracking of ALC status was implemented in April 1, 2015.

[35] Including both acute and ALC days.

6.2.2 Discharge Disposition

The following table presents the disposition of medicine patients discharged from WAHA in 2014/15.

Exhibit 38: 2014/15 Inpatient Discharges by Discharge Disposition

Broad Program: Medicine							
Discharge Disposition	Weeneebayko Area HA Activity					Peer Hospital	
	IP Cases	IP Days	ALC Days	% of All ALC Days	% ALC Days	% of All ALC Days	% ALC Days
Acute	63	743	451	64.2%	60.7%	6.6%	19.1%
CCC	7	975	1	0.1%	0.1%	9.7%	37.5%
Died	7	1,271	-	0.0%	0.0%	19.3%	29.9%
Home	310	1,939	-	0.0%	0.0%	4.5%	3.3%
Home Care	13	397	-	0.0%	0.0%	12.9%	10.4%
LTC	8	1,276	250	35.6%	19.6%	43.6%	47.4%
Other	6	139	-	0.0%	0.0%	0.9%	17.4%
Psych	-	-	-	0.0%		0.0%	6.4%
Rehab	1	1	-	0.0%	0.0%	2.3%	30.0%
Grand Total	415	6,741	702	100.0%	10.4%	100.0%	20.4%

It is interesting to note that most of the days spent awaiting placement were for patients who were discharged to another acute care hospital. And these patients appear to wait a long time before being transferred.

The Authority needs to develop more effective processes for transferring patients

Interviewees suggested that the largest impediments to timely transfer include:

- The willingness of hospitals in Timmins and Sudbury to accept transfers
- The need to mobilize ORNG or other modes of air transport to effect relocation of patients
- While Kingston is reported to be an excellent partner and willing to accept transfers, the flight schedule to Kingston is NOT daily so patients will regularly wait one to two days for a “scheduled” flight

The hospital, with the support of the LHIN, needs to develop explicit transfer agreements with its referral hospitals and more effective processes for transferring patients.

6.3 Community Care

Current model of service delivery is disruptive to primary care

WAHA also has opportunities to increase efficiency in the delivery of community care. The current model of service delivery that has the primary care physicians providing services in local ambulatory care settings, in the hospital emergency department, in the hospital as hospitalists, and visiting the outlying communities on James Bay is disruptive to the primary care function. Patients have no regular physician with ongoing contact who is familiar with their medical conditions, and the broader family context. As a consequence, patients experience disrupted care, there is no longitudinal care plan, and investigations, consultations, etc. may be frequently repeated.

In addition, owing to attendance at rounds, meetings, and teaching sessions conducted on Fridays, there is no physician providing clinical service in the primary care clinics in the fly-in communities on Fridays. While the skills of the nurse practitioners are to be respected, we suggest that the scheduling of family physicians should be altered to ensure that there is a physician present on Fridays; this might avoid some transfers for testing and consultation.

Permanent primary care resources in the outlying communities

An alternative or additional form of remediation would be to recruit more nurse practitioners (who can provide most of the necessary skills at lower cost) to be a "permanent" primary care resource not only in the Moosonee and Moose Factory clinics, but also in the outlying communities (for now at Attawapiskat and Fort Albany) and then when WAHA assumes control at Kashechewan and Peawanuck.

In addition, not all of the nurses working in some of the James Bay communities are nurse practitioners. Some of the nurses are RNs with 'added nursing skills'. As a consequence, their scope of practice is limited, and more patients are transferred (at considerable cost) to Moose Factory than would be necessary if nurse practitioners were available to provide care in these communities. However there is a role for both nurse practitioners and RNs with added nursing skills at these nursing stations. Altering the staffing model to provide for more Nurse Practitioners would also decrease some of the costs of training for nursing staff, and decrease the volume of work provided by physicians to support the nurses in the outlying communities.

There is a very high incidence and prevalence of disease in this region related to substance abuse and diabetes. While not entirely preventable, the devotion of more resources to the prevention, early detection, and aggressive management of these conditions will significantly decrease the number of health professional visits, hospitalizations, and complications that are expensive to treat (such as amputations). This

too will require investment in primary care and community nursing, as well as counseling services, that is, in our opinion, necessary.

The WAHA and the LHIN should develop a human resource plan that will result in the recruitment of a sufficient number of nurse practitioners to provide continuing, seamless primary care services.

There is insufficient clerical support, resulting in practitioners answering phones, filing, and performing other administrative tasks that keep them from the provision of clinical services. The clinic should evaluate its staffing model to ensure that there are sufficient administrative support to allow nurse practitioners and physicians to devote their entire day to clinical, as opposed to administrative, tasks.

EHR linking community clinics with the hospitals

Acquisition of an electronic health record or electronic medical record that can be shared among community facilities and with the hospital would provide for much more efficient and effective community care.

More comprehensive point of care testing

In addition, patients who require laboratory investigations in any facility except Moose Factory hospital have their testing done using point of care testing technology. However, the array of tests on the current equipment is insufficient, resulting in the transfer of either blood samples or, occasionally, patients for testing. Many of these transfers with the associated costs could easily be avoided by the acquisition of point of care testing machines with a broader array of testing capacity.

Large numbers of patients are transferred to Timmins and Sudbury for ultrasound and CT Scans

Furthermore, large numbers of patients are transferred (both from the hospitals and the community facilities) to either Timmins or Sudbury for investigations such as ultrasounds, CT scans, etc.

The primary reason that patients need to travel for ultrasounds is the unavailability of a technician, although a newly leased ultrasound machine is available. The hospital should focus on the recruitment of an ultrasound technician and/or cross training current imaging technician or other staff in ultrasound. While it is unlikely that there would be high utilization of a CT scan, the hospital should asses the cost of acquiring, servicing, and technician support for a CT scanner on site as opposed to the very high costs and, perhaps more importantly patient dislocation of transferring patients away from WAHA for CT scans. Clearly the required technical skills would need to be recruited to support this service.

Need to mitigate the cost of nurses accompanying patients going to Timmins and Sudbury

Finally, it is evident that the process of transferring patients for diagnostic investigations and consultations (‘treat and return patients’) is extremely expensive. The cost arises not only from the cost of air transfer (which is unavoidable) but also from the fact that the receiving

hospitals, specifically in Timmins and Sudbury, demand that Moose Factory nursing staff attend with the patient. As patients may be kept these facilities for up to 24 to 36 hours before being transferred home (if they are not admitted), the nurses are absent from their regular duties, resulting in the cost of call backs and overtime to replace them, plus the cost of accommodation and food while they are in either Timmins or Sudbury, and the overtime charges paid to the nurses for the extra hours spent providing one-to-one nursing for patients who, in general, do not require it[36].

As virtually all of these transfers are conducted by ORNGE, the patients are accompanied during the transfer by paramedics, and there is no additional need for nurse accompaniment on most transfers (with the rare exception of those with acute life-threatening conditions). WAHA could achieve significant savings on patient transfers if it was able to negotiate agreements with hospitals in Sudbury and Timmins to provide local nursing staff to attend patients once the transfer is effected (and bill the cost of this service back to WAHA).

Recommendation:

It is recommended that:

(15) WAHA through its CNE and in partnership with the LHIN should develop explicit transfer agreements with its referral hospitals and more effective processes for transferring patients that will reduce the requirements for nurse accompaniment.

6.4 Medical Staff

Physicians have not co-signed the WAHA APP Agreement with Ministry

WAHA has signed an Alternate Payment Plan (APP) Agreement for Comprehensive Primary Care Physician Services with the Ministry of Health and Long-Term Care. The Agreement provides a base salary plus incentive payments that total approximately $300,000 annually for 12 Primary Care Physicians. We have been provided with no documentation that the individual Physicians have signed this APP.

WAHA has a separate Physician Services Agreement with each Family Practitioner

WAHA has also entered into separate Physician Services Agreements with each Family Practitioner. These Agreements provide annual remuneration of $380,000 plus support services and accommodations. There is a lack of specificity regarding the responsibilities of the Physicians in this Agreement. The CEO should revisit the Physician

[36] It should be noted that in most instances the transportation component of the cost of transferring patients is born by Health Canada not WAHA.

Services Agreement to ensure that it accurately and specifically reflects the services to be provided (e.g. emergency room coverage, obstetrics coverage, clinic coverage, coastal visits).

The hospital's PSA provides $960,000 more than is funded by the APP

We have been provided with no documentation providing a rationale for the difference between the remuneration provided in the APP and that provided by the hospital. It would appear that the hospital base budget is supporting direct physician remuneration of $80,000 per physician or $960,000 annually.

WAHA should not be subsidizing physician remuneration with funding intended for the operations of the authority

WAHA and NELHIN should conduct a salary survey to determine comparable salaries for rural and northern physicians. Based on this survey, the Authority and the LHIN should create a plan that will ensure that, in the future, physician remuneration is aligned with the market place and that sufficient funding is provided by the MOHLTC so that the hospital is not subsidizing this remuneration with funding intended for the operations of the authority. Achieving a balanced operating position is dependent on WAHA being relieved of this physician funding obligation.

Recommendations:

It is recommended that:

(16) The CEO should revisit the Physician Services Agreement to ensure that it accurately and specifically reflects the services to be provided.

(17) The Director of Family Medicine should provide the individual WAHA physicians with a copy of the APP and each should be required to sign it on their own behalf.

(18) WAHA and NELHIN should develop and implement a plan to ensure that the Authority does not need to subsidize physician remuneration with funding intended for operations.

7.0 Operating Efficiency

This isolation of WAHA facilities is a necessary consideration when comparing the operational efficiency of WAHA with other Ontario facilities.

The isolation of WAHA is a rare example of a truly unique characteristic of an Ontario hospital. Weeneebayko General Hospital was intentionally built as an isolated island facility for Tuberculosis patients. However this isolation presents problems for its current role as a regional hub hospital; it is now accessible only by water taxi, ice road and helicopter depending on the time of year. Similarly Fort Albany and Attawapiskat are accessible only by air, with the exception of a few months a year when an ice-road is available. Moosonee is accessible by air and daily train service as well an ice road in winter. The isolation of its facilities is a necessary and important consideration when comparing the operational efficiency of WAHA with other Ontario facilities.

Our review identified numerous issues of compliance with the Ontario Hospital Reporting System.

The other challenge with comparisons of the operating efficiency of WAHA with other Ontario facilities is within the control of management: the standard implementation of the Ontario MIS accounting and reporting guidelines. Our review identified numerous issues of incomplete or faulty compliance with the Ontario Hospital Reporting System. In other instances wherein current reporting, although compliant, would provide for more useful comparisons if the reporting was at the level of the facility rather than the organization as a whole. For example:

- It was reported that Medical Inpatient and Chronic Care IP Services include both Attawapiskat and Fort Albany. It would be useful to have workload and staffing for each of these centres reported in separate cost centres;
- There is a chronic care functional centre with patient days reported but associated staffing was not reported. Statistics should always be reported with corresponding staffing and other associated expenses;
- Agency hours should be reported in the appropriate patient care area where the work takes place;
- Nurse manager and clinic coordinator hours should all be reported in their own functional centres;
- Management fee recoveries related to other votes/programs are recovered in a single department (finance) – such recoveries should be recorded against the expenses that they relate to. This may be accomplished by calculating and distributing the fee among departments based on some basis of allocation: for example the management fee for human resources may be determined and

allocated to human resources based on the ratio of hospital FTEs to FTEs in other votes/programs.

Managers have little knowledge or insight about the budgeted activity for which they are responsible

In our site visit, many managers reported little knowledge or insight about the nature of the budgeted activity they are responsible for. Many did not understand which staff were reported in which cost centres and could not identify the staff for which hours were reported. Some reported deficits in salary expense lines while at the same time having vacant positions. While this again should not be an issue for comparative efficiency calculations since actual expenses are used, there remain questions about whether staff hours and expenses are reported in the most appropriate cost centre. No comprehensive review of this has been completed since integration.

A full review of MIS compliance with the Ontario Hospital Reporting Standards (OHRS) was beyond the scope of this review, the above examples are illustrative only. Challenges with the reporting however render accurate comparison with peer facilities extremely difficult. Several opportunities to improve/correct WAHA's reporting of resources/expenses have been identified that would provide closer alignment with the Ontario Hospital Reporting Standards (OHRS) and which would lead to a more accurate reflection of functional centre operating costs and productivity and improved comparability with peer organizations.

WAHA is a Regional Authority operating many specially funded provincial and federal programs and services.

In addition to these items, WAHA is a Regional Authority operating many specially funded provincial and federal programs and services including ambulance, Non-insured Health Benefits including dental and travel, traditional healing, community mental health as well as numerous Hostel's and staff residences. Other hospitals in Ontario often operate similar services, although not typically at the same scale as WAHA. These specific items are technically not problematic from a comparative efficiency perspective; fund type 2 and 3 activities are removed before comparative indicators are calculated; given the nature of MIS implementation, however, it is unclear if all of the expenses associated with these activities are fully removed from hospital operations expenses. Further, while it was beyond the scope of this review to determine, it is unclear if the management fee provided for such activities is sufficient to reimburse for the management and support services required to maintain them.

Recommendations:

It is recommended that:

(19) The CFO should undertake a full Ontario MIS compliance review against the Ontario Hospital Reporting Standards (OHRS).

(20) The CFO and controller should undertake a review of the incremental management and support services required to maintain specially funded provincial and federal programs and work with Ontario and Canada to ensure that such efforts are adequately recognized / funded.

Expense associated with Northern allowances and Northern Travel benefits represent 4% of total WAHA expenses.

WAHA also incurs a large expense associated with Northern allowances and Northern Travel benefits. These expenses are recorded separately on the financial statements and presented as 'Isolated post allowance'. The expense has ranged from $2.43M to $3.26M; in 2014/15 it totaled $2.8M. This represents a large expense for WAHA: approximately 10% of total Salaries & Wages and 4% of total expenses. While some WAHA peers will also incur such expenses, the comparative isolation of WAHA can be expected to result in a comparatively larger expense. In comparison to peers, total Salaries and Benefits per FTE are indeed 10.1% higher at WAHA. For comparative performance purposes, such expenses will have a minimal impact since most performance indicators are not affected by the comparative magnitude of salaries and benefits[37]. From a funding perspective, however, the Northern Allowances and Northern Travel benefits are an added and unique cost to northern facilities, particularly WAHA, which the Ministry of Health may wish to take into account when considering funding levels for WAHA.

2014/15 performance of WAHA was compared with benchmark performance of the selected peer hospitals.

We compared the 2013/14 and 2014/15 performance of WAHA functional centres with benchmark performance of the selected peer hospitals[38]. The performance benchmarks were derived from the statistical distribution (range) of peer hospital performance in 2014/15.

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[37] A majority of performance indicators are based on worked hours per unit of output; such indicators are independent of salary and wage rates. There are five areas where higher benefit rates will have a minor impact; net cost per square metre is used for housekeeping, plant operations and utilities; net cost per FTE is used for human resources; net cost per patient day is used for food services.

[38] It should be noted that this is a broader list of peers than was used for our analysis of clinical efficiency. When considering operating efficiency of functional centres within the hospital supporting the care of patients who have been accepted for treatment, location is not as important as patient volumes and type of workload

- Best Quartile: 25 % perform better, 75% perform worse
- Median: 50% perform better; 50% perform worse
- Worst Quartile: 75% perform better; 25 % perform worse

Exhibit 39: Peer Hospitals for Analysis of Operating Efficiency

NLA	592 NAPANEE LENNOX & ADD
ASMH	596 ALLISTON STEVENSON
AGH	597 ALMONTE GENERAL
BRSJ	611 BLIND RIVER ST JOS
CMH	624 CAMPBELLFORD MEM
DDG	647 DRYDEN DISTRICT GEN
EGH	654 ESPANOLA GENERAL
FGM	656 FERGUS GROVES MEM
GAH	663 GODERICH ALEXANDRA
HND	681 HEARST NOTRE DAME
KSH	687 KAPUSKASING SENSENBR
KLD	696 KIRKLAND LAKE DIST
LDM	704 LEAMINGTON DIST MEM
LMH	709 LISTOWEL MEMORIAL
RVH	788 RENFREW VICTORIA
AGH	802 ALEXANDRIA GLENGARRY
SMH	814 STRATHROY MIDDLESEX
TDMH	824 TILLSONBURG DIST MEM
KLOW	826 KENORA LAKE O WOODS
WDMH	882 WINCHESTER DIST MEM
SBGHS	946 SOUTH BRUCE GREY HS
SL	964 SIOUX LOOKOUT MENO-YA-WIN

Peer hospitals were selected because of similarities in size and range of clinical services with WAHA hospital operations.

WAHA functional centre performance was compared to the performance of peer hospitals. The peer hospitals were selected because of similarities in size and range of clinical services with WAHA hospital operations. Because of deficiencies in the tracking and allocation of workload and costs by WAHA, these comparisons are not as meaningful as they could be.

However, based on these comparisons, WAHA appears to be less efficient than its peer hospitals. Most functional centres appear to be operating worse than the worst quartile performance of the peer hospitals.

that they generate. As a result the peers include hospitals of similar size to WAHA and is not restricted to hospitals in northern, more remote communities.

7.1 Lines of Enquiry: Opportunities for Improvement in Operating Efficiency

Based on the comparisons of the performance of WAHA functional centres with similar functional centres in peer hospitals, the following functional centres were selected for review:

- Administration and Support Services
  - Finance
  - General Administration
  - Centralized Insurance
  - Patient Registration
  - Human Resources
  - Nursing Administration
  - Systems Support
  - Materials Management
  - Housekeeping
  - Laundry and Linen
- Inpatient and Outpatient Services
  - Emergency
  - Inpatient Nursing
  - Medical Clinics (Primary Care)
- Diagnostic & Therapeutic Services
  - Diagnostic Imaging
  - Laboratory

The following sections of this report present our findings related to the operations and operating efficiency of each of these functional centres.

7.2 Administrative and Support Services

For many of the administrative areas there are currently no appropriate workload/output measures that can be used to accurately measure and compare the department's performance; as a result the ratio of functional centre net operating costs to direct care net operating costs is used. Comparisons based on these types of measures do not represent a direct linear relationship between inputs and outputs and are used as a relative indicator of performance. In smaller hospitals

relatively minor changes to either the input or output component can have a significant impact on these measures and subsequent comparisons (this is the case for both WAHA and its peer hospitals).

7.2.1 Finance

The performance indicator for Finance is "Net Costs as a Percentage of Direct Care Net Costs".

Exhibit 40: WAHA Finance Department's Performance

Performance Indicators	Actual Performance				
	2011/12 (Y1)	2012/13	2013/14	2014/15 (Y4)	% Change (Y1 - Y4)
Net Cost % of Direct Care excl Eq/Med	9.43%	5.89%	-.07%	1.04%	-89.0%

Exhibit 41: Peer Hospitals Finance Performance

Performance Indicators	Peer Performance Range (2014/15)				
	Minimum	Best Quartile	Median	Worst Quartile	Mean
Net Cost % of Direct Care excl Eq/Med	1.66%	2.25%	2.77%	3.31%	2.91%

Recoveries recorded in Finance largely offset the entire cost of the department

These peer comparisons indicate that the WAHA Finance department's performance is better than the 25th percentile (best quartile) performance of its peer hospitals. In fact, at 1.04% of Net Cost as a Percentage of the hospitals Direct Care Net Costs, Finance is the lowest cost of any peer facility. This result is misleading, however, as there are recoveries recorded in Finance that largely offset the entire cost of the department. These recoveries represent Health Canada (HC) Management fees associated with the operation of Specially-funded Federal Programs. While it is appropriate to net-out the recoveries from the numerator since the denominator excluded the other votes/programs, the management fee is not solely related to finance support for federal programs, but rather relates to broader management support. As a result, on a comparative basis, finance looks overly cost effective in relation to peers while other areas that provide a management function related to federal programs will appear less cost effective relative to peers. The current approach to accounting for the HC Management fee presents a challenge when trying to compare the relative efficiency of administrative / management areas that have a role in managing specially funded provincial and federal activities.

HC Management recoveries should be recorded against the expenses that they relate to. This may be accomplished by calculating and distributing the fee based on some basis of allocation: for example the management fee for human resources may be determined and allocated to human resources based on the ratio of hospital FTEs to FTEs in other votes/programs.

Recommendation:

It is recommended that:

(21) The CFO and Controller should distribute the HC management fee to each functional area that has a role in managing specially funded provincial and federal activities.

The Authority's cash challenges are adding workload and cost to the finance department

Independent of the management fee, the WAHA finance department reports a total of over 9 FTEs. Peer organizations report an average of 4.5 FTEs. It is recognized that the current cash challenges of WAHA have created an additional burden on the finance department with added workload in the management of accounts payable and associated negotiations with vendors; while there are also legitimate finance activities associated with other votes and programs (for example the annual returns and audits). Following a review of the HC Management fee and the improvement of the cash position of the hospital, the finance department should assess its FTE requirements. Until these issues are addressed, there are no realistic opportunities for further savings in this area.

Repatriation of financial services from HSN will provide savings of $200,000/year

As part of the HIP prepared by management, WAHA recently re-assessed the financial services that it was receiving from HSN as part of the NEON shared service arrangements and determined that these services should be repatriated. This repatriation began in October 2014; the management HIP identified an annual savings associated with this change of 1.4 FTEs in purchased service or $177,000 starting in 2015/16.

7.2.2 General Administration

The performance indicator for General Administration is 'Net Cost as a percentage of Direct Care Expenses'.

Exhibit 42: WAHA General Administration Performance

Performance Indicators	Actual Performance				
	2011/12 (Y1)	2012/13	2013/14	2014/15 (Y4)	% Change (Y1 - Y4)
Net Cost % of Direct Care excl Eq/Med	17.54%	14.91%	15.31%	12.21%	-30.4%

Exhibit 43: WAHA Peer Hospital General Administration Performance

Performance Indicators	Peer Performance Range (2014/15)				
	Minimum	Best Quartile	Median	Worst Quartile	Mean
Net Cost % of Direct Care excl Eq/Med	3.17%	4.34%	5.33%	7.61%	6.08%

As can be seen, General Administration is operating far above the worst quartile performance of the peer hospitals. It is unclear, however,

whether all staff in this functional centre should be reported here. For example, prior to 2014/15 the "registration staff" in Fort Albany and Attawapiskat were charged to Administration. (They were classified as admin clerks). Starting in April 2014 they were set up in the Registration Department as their role now involved registering patients in Meditech. Registration staff went up by 10.12 FTEs and administration went down 10.66 FTEs. This accounts for some of the recent improvement in the performance indicator.

General Administration staffing and costs are higher than peer hospitals.

The General Administration roll-up at WAHA does include the Senior Management Team, Administrative staff at three sites, Public relations, Risk management and Quality for a total of approximately 13 FTEs. Peer hospitals report an average of 5.4 FTEs in General Administration. We expect that the larger size of this functional area is, in part, a function of services provided to other votes/programs that are not recognized in the management fee recovery. Further, expenses will be reduced in the future since the current level of expenditure does include some salary continuance for a previous member of the Senior Team.

Variable non-labour expenses are also much higher than peer facilities ($2M at WAHA versus a peer average of $300,000). While some of these expenses relate to some of the recent challenges faced by WAHA (oil spill, fire, flood) and are partially recoverable through insurance, a full review of the appropriateness of expenses allocated to General Administration should be undertaken by management[39].

7.2.3 Centralized Insurance

The performance indicator for Centralized Insurance is 'Net Cost as a percentage of Direct Care Expenses'.

Exhibit 44: WAHA Insurance Performance

Performance Indicators	Actual Performance				
	2011/12 (Y1)	2012/13	2013/14	2014/15 (Y4)	% Change (Y1 - Y4)
Net Cost % of Direct Care excl Eq/Med	2.22%	2.38%	2.92%	3.53%	58.8%

Exhibit 45: WAHA Peer Hospital Insurance Performance

Performance Indicators	Peer Performance Range (2014/15)				
	Minimum	Best Quartile	Median	Worst Quartile	Mean
Net Cost % of Direct Care excl Eq/Med	.66%	.89%	1.22%	1.35%	1.22%

[39] Large amounts of renovations costs charged here over the last 3 years ($720 K in 14/15 alone). $468 K in professional Fees, $185 in staff travel (board travel is separate).

Insurance expense is far greater than would be expected

As can be seen, Insurance expenses for WAHA are far above the worst quartile performance of the peer hospitals. While recent events at WAHA and its unique geography may account for some of this difference, insurance expense is far greater than would be expected[40]. In July 2015 management did consider whether or not to tender insurance coverage; the decision at the time was not to do so in light of recent high claims experience. A majority of hospitals in Ontario are subscriber members of the Healthcare Insurance Reciprocal of Canada (HIROC). While we are not in a position to endorse a specific insurance carrier or organization, many healthcare organizations in Canada find that premiums are reduced through participation in a reciprocal insurance arrangement (in addition to HIROC there are provincial reciprocal arrangements in Alberta and Nova Scotia) as compared to commercial insurance. An RFP for insurance coverage should be undertaken to determine if WAHA can reduce its current rates.

Recommendation:

It is recommended that:

(22) The CFO should prepare an RFP for insurance coverage to determine if rates can be reduced.

7.2.4 Human Resources

The performance indicator for Human Resources is "Net Cost per FTE".

Exhibit 46: WAHA Human Resources Performance

Performance Indicators	Actual Performance				
	2011/12 (Y1)	2012/13	2013/14	2014/15 (Y4)	% Change (Y1 - Y4)
Net Cost exclg Depn/Med per FTE	$2,671.14	$2,809.94	$2,576.47	$2,519.46	-5.7%

Exhibit 47: WAHA Peer Hospital Performance

Performance Indicators	Peer Performance Range (2014/15)				
	Minimum	Best Quartile	Median	Worst Quartile	Mean
Net Cost exclg Depn/Med per FTE	$1,003.38	$1,480.83	$1,626.16	$1,719.38	$1,662.22

Recruitment challenges lead to high cost of HR at WAHA

These peer comparisons indicate that the Human Resources performance is worse than the 75th percentile (worst quartile)

[40] The denominator does not include Other Votes/Programs. This may be a factor here as well since some insurance coverage for these activities is warranted; this should be considered when calculating the management fee for these activities.

performance of peer hospitals. The full FTE complement of hospital operations and specially funded federal and provincial programs is used for this indicator as are the full expenses for Human resources as no recoveries are recorded in the functional centre. This indicator therefore is fairly robust and reliable.

There may be opportunities to reduce HR variable non-labour expenses

In our review of this functional area with management, we do not believe that there are large opportunities for reducing Human Resource Staff given the recruitment challenges associated with the isolation of WAHA. We do believe, however that there are opportunities in the large expense in this area associated with variable non-labour expenses. In comparison to peers this expense is $300 - $400 K more than comparable organizations. These expenses are related to such items as:

- 62400 Travel Expense - Staff
- 62600 Travel Expenses - Recruitment and Relocation
- 65030 Professional Fees - Labour Relations
- 65040 Professional Fees - Legal
- 65050 Professional Fees - Management
- 65090 Professional Fees - not Elsewhere Classified

While it is recognized that isolation can increase such expenses, it is also recognized that recent expenses associated with reconciliation of bargaining units and retroactive payments will not need to be repeated. Management has already included a reduction of $161,000 associated with legal and professional fees in the 2015/16 HIP. Management should review such expenses to identify further opportunities to reduce such expenses by considering such approaches as minimizing trips, use of video meetings, use of telemedicine more, etc.

Recommendation:

It is recommended that:

(23) The VP Human Resources should review and reduce non-labour HR expenses by $100,000.

A third party disability management function from outside the community may provide more objectivity in determining need for short and long term absences

In our review, we also noted that the Occupational Health Nurse role is currently a union position. This role is more typically a management function and we understand it will be posted as such upon the imminent retirement of the current incumbent. We also observed that, given the small size of the organization and community, there appears to be a lack of independence associated with the function of Occupational Health Physician. We observe that this results in far too many short-term and long-term absences that probably would not occur with a more

independent physician assessment and hence reduce agency costs considerably. A third party disability management function from outside the communities may provide this independence.

Exhibit 48: WAHA Sick-time and Overtime Performance

Sick Time and Overtime Indicators	Actual Performance			
	2011/12 (Y1)	2012/13	2013/14	2014/15 (Y4)
Sick Time Hr as a % of FT Wkd Hr		5.82%	6.59%	5.79%
OT Hrs as % Total Wkd Hr excl Purch		5.58%	8.26%	9.19%

Exhibit 49: WAHA Peer Sick-time and Overtime Performance

Sick Time and Overtime Indicators	Peer Performance Range (2014/15)			
	Minimum	Best Quartile	Median	Worst Quartile
Sick Time Hr as a % of FT Wkd Hr	3.07%	4.20%	4.81%	6.19%
OT Hrs as % Total Wkd Hr excl Purch	0.00%	1.75%	2.53%	3.63%

Significant opportunity to reduce sick time and overtime

The short-term and long-term absence's manifest in high sick time hours as a percentage of full-time worked hours and high overtime hours as a percentage of total worked hours at WAHA; see exhibit above. At the median performance of its peer hospitals WAHA could save 11,341 hours of sick time and 31,952 hours of overtime. The areas of largest opportunity for sick-time reduction are Registration / Admitting, Finance, Plant Operations, and Nursing Administration. The areas of largest opportunity for overtime reduction are Inpatient units, Emergency, and Laboratory. The NE LHIN has initiated a regional group looking at improved approaches to attendance management among the hospitals in the LHIN; WAHA is participating in this initiative[41].

The current management HIP did identify targets associated with reduced overtime ($350,000 in FY 2015/16) and Agency Nursing Staff ($600,000 in FY 2015/16). The most recent 2015/16 forecast would suggest that these targets are unlikely to be fully met. No specific target associated with reduced sick time was established; we have estimated that the Authority should be able to achieve a savings of $330,000 associated with reducing sick time to median performance of peer hospitals[42]. An RFP is currently in progress for an attendance management program. Management is encouraged to continue efforts

[41] The Authority reports that it has issued an RFP for an attendance management program.

[42] 11,000 hours reduction at an average cost of $30 per hour equates to $330,000.

in this regard; working with the LHIN and identifying approaches of peer hospitals who have achieved high levels of performance that may be replicated at WAHA. In the unique circumstances faced by WAHA, there may be advantages to a more flexible approach to staff who choose to take unpaid leave for cultural purposes. Such leave is currently allowed in collective agreements; planning for some level of such leave may result in more proactive, less costly approaches to staff replacement.

Recommendations:

It is recommended that:

(24) The VP Human Resources assess the costs and benefits associated with engaging a third party disability management organization.

(25) The Senior Leadership Team aggressively pursue proactive approaches to attendance management with the aim of reducing sick time, overtime and use of agency staff.

7.2.5 Systems Support

WAHA participates in the North Eastern Ontario Shared Information Network (NEON) to share software, hardware and data storage facilities supporting systems in Finance, Accounts Payable, Accounts Receivable, Materials Management, Admissions / Registration, Inpatient Charting, Laboratory and Diagnostic Imaging. NEON allows WAHA access to systems, for a monthly fee, that WAHA would not feasibly have access to on their own. While such access is beneficial, there is some question as to the magnitude of the fee for smaller participants in NEON.

The performance indicator for Systems Support is "Net Costs as a Percentage of Direct Care Net Costs[43]".

Exhibit 50: WAHA Systems Support Performance

Performance Indicators	Actual Performance				
	2011/12 (Y1)	2012/13	2013/14	2014/15 (Y4)	% Change (Y1 - Y4)
Net Cost % of Direct Care excl Eq/Med	1.73%	2.28%	4.28%	4.09%	136.6%

[43] As in many of these cost ratios, there is an issue with not having other vote/program recoveries in numerator or their cost in the denominator.

Exhibit 51: WAHA Peer Hospitals Systems Support Performance

Performance Indicators	Peer Performance Range (2014/15)				
	Minimum	Best Quartile	Median	Worst Quartile	Mean
Net Cost % of Direct Care excl Eq/Med	1.73%	2.17%	2.63%	3.25%	2.83%

System costs are high compared to peer hospitals.

As can be seen, Systems Support is operating above the worst quartile performance of the peer hospitals. Notably, System Support cost, as a percentage of Direct Care Cost, has been reduced in the most recent fiscal year, but has increased dramatically over the past 4 years with the implementation of Meditech. Expenses are expected to decline further now that the implementation is complete ($60,000); management is also anticipating some costs reductions ($40,000) associated with a review of all software maintenance contracts and leveraging such arrangements with the LHIN[44].

Recommendation:

It is recommended that:

(26) The CEO should work with NEON and the LHIN to achieve monthly support fees that more accurately reflect usage for / requirements of the smaller members of the Network.

7.2.6 *Materials Management*

The performance indicator for Materials Management is "Net Costs as a Percentage of Direct Care Net Costs[45]".

Exhibit 52: WAHA Materials Management Performance

Performance Indicators	Actual Performance				
	2011/12 (Y1)	2012/13	2013/14	2014/15 (Y4)	% Change (Y1 - Y4)
Net Cost % of Direct Care excl Eq/Med	3.92%	2.40%	2.64%	3.22%	-17.7%

Exhibit 53: WAHA Peer Hospitals Materials Performance

Performance Indicators	Peer Performance Range (2014/15)				
	Minimum	Best Quartile	Median	Worst Quartile	Mean
Net Cost % of Direct Care excl Eq/Med	1.38%	1.82%	2.27%	3.02%	2.52%

[44] The apparently poor performance may be at least partially the result of recoveries for IT services not being recorded appropriately.

[45] As in many of these cost ratios, there is an issue with not having other vote/program recoveries in numerator or their cost in the denominator.

Additional costs are incurred because of the isolation of WAHA and related logistics for materials acquisition and distribution

As can be seen, Materials Management is operating above the worst quartile performance of the peer hospitals. This performance is reflective of the additional costs incurred arising from the isolation of WAHA and related logistics for materials, particularly as the main supply centre is located at WGH on Moose Factory Island.

The Management HIP includes an estimated savings of almost $200,000 annually arising from participation in Healthpro contracts. A further savings one-time savings of $150,000 is also expected as a result of reduced inventories through improved ordering practices. While such savings are not realized in the Materials Management functional centre, the work of that team should be recognized for this effort. Management is also committed to the development of a business case investigating the potential for Supply Chain shared services through the NE LHIN.

Management has identified potential savings in freight expenses achievable with relocation of the primary supply warehouse to Moosonee. Once accomplished, further savings could be achieved in freight charges to the coastal communities by WAHA performing this activity in-house rather than outsourcing this transportation. The hospital has not, however, been in a position to make the capital investments required for relocation of its warehouse and supply processing function; a business case identifying annual savings and required capital investments should be developed. Anticipated savings from these efforts are conservatively estimated at $100,000 annually.

Recommendation:

It is recommended that:

(27) The CFO and Manager of Materials Management develop a business case for the capital investment required to relocate the supply warehouse to Moosonee Health Centre from WGH and aggressively pursue reductions in freight costs.

7.2.7 Housekeeping

The performance indicator for Housekeeping is “Net Cost per Square Metre”.

Exhibit 54: WAHA Housekeeping Performance

Performance Indicators	Actual Performance				
	2011/12 (Y1)	2012/13	2013/14	2014/15 (Y4)	% Change (Y1 - Y4)
Net Cost exclg Depn/Med per Square Metre	$99.35	$103.95	$101.16	$100.91	1.6%

Exhibit 55: WAHA Peer Hospitals Materials Performance

Performance Indicators	Peer Performance Range (2014/15)				
	Minimum	Best Quartile	Median	Worst Quartile	Mean
Net Cost exclg Depn/Med per Square Metre	$41.02	$62.67	$72.60	$82.75	$74.81

There appear to be opportunities to reduce expenses in this area

Housekeeping expenses in WAHA do include costs associated with the 160 housing units operated by the hospital for staff[46]. Cleaning of these housing units would not be as labour intensive (not same frequencies, less intensive) as the cleaning requirements for the hospital, but it is unclear whether the square metres associated with these housing units is reported by the hospital. Housekeeping of these units is not done on a regular basis; predominantly when staff changeover occurs. If the Square Metres associated with these units is reported by the hospital, it could be expected to reduce the cost per Square Metre in favour of WAHA – however as can be seen, Housekeeping is operating above the worst quartile performance of the peer hospitals.

While some additional expenses *may be associated* with housekeeping requirements across the multiple sites of WAHA, there are opportunities to reduce expenses in this area. Management should review current cleaning frequencies and intensity.

Recommendation:

It is recommended that:

(28) The VP Support Services should review housekeeping operations and expenses with the goal of reducing expenses by $150,000.

7.2.8 *Laundry and Linen*

The performance indicator for Laundry and Linen is "Net Cost per kilogram".

Exhibit 56: WAHA Laundry and Linen Performance

Performance Indicators	Actual Performance				
	2011/12 (Y1)	2012/13	2013/14	2014/15 (Y4)	% Change (Y1 - Y4)
Net Cost exclg Depn/Med per Kilogram	$2.39	$3.73	$4.24	$4.23	76.8%

[46] It is not clear why cleaning of the housing units needs to be done by hospital staff; the Authority should explore the cost benefits of contracting for this service.

Exhibit 57: WAHA Peer Hospitals Laundry and Linen Performance

Performance Indicators	Peer Performance Range (2014/15)				
	Minimum	Best Quartile	Median	Worst Quartile	Mean
Net Cost exclg Depn/Med per Kilogram	$.92	$1.37	$1.49	$1.59	$1.47

Isolation demands that laundry services are done in-house at each facility which increases costs

As can be seen, WAHA costs are above the worst Quartile performance of peer hospitals. Laundry and Linen is an area where economies of scale in operations can drastically reduce expenses. In WAHA however, the reality of isolation demands that laundry services are done in-house at each facility. Management has recently invested in new barrel washers to make the operations as efficient as possible under the circumstances. If the main hospital were relocated to Moosonee, some opportunities for economies may present themselves through the use of the daily train service. Until that time there are no realistic opportunities for further savings in this area.

7.2.9 Nursing Administration

The performance indicator for Nursing Administration is "Net Costs as a Percentage of Nursing Costs excluding Equip/Med Staff"[47]. In smaller hospitals relatively minor changes to either the input or output component can have a significant impact on these measures and subsequent comparisons. Also when hospitals report other staff in nursing administration, comparisons are difficult.

The following show WAHA's Nursing Administration current performance level.

Exhibit 58: WAHA Nursing Administration's Performance

	4 Year Actual				
	2011/12 (Y1)	2012/13	2013/14	2014/15 (Y4)	% Change (Y1 - Y4)
Workload Measure:					
Nursing $ excl Equip/Med Staff	13,129,891	15,281,206	16,119,691	15,358,597	17.0%
Worked Hours	8,072	3,965	8,552	14,934	85.0%
Benefit Hours	2,177	1,347	2,046	2,799	28.6%
Total Paid Hours	10,249	5,312	10,598	17,733	73.0%
Total FTEs	**5.26**	**2.72**	**5.43**	**9.09**	**73.0%**
Net Cost % of Nursing excl Eq/Med	7.35%	4.65%	7.68%	8.99%	22.3%

[47] For benchmarking purposes Nursing Administration includes both Inpatient and Outpatient Nursing Administration functional centres. Nursing costs include both inpatient (712*) and outpatient (713*) functional centres.

Exhibit 59: Peer Hospital Nursing Administration Productivity Performance

Performance Indicators	Peer Performance Range (2014/15)				
	Minimum	Best Quartile	Median	Worst Quartile	Mean
Net Cost % of Nursing excl Eq/Med	3.24%	3.42%	4.79%	6.79%	5.47%

These peer comparisons indicate that the Nursing Administration's performance is worse than the 75th percentile (worst quartile).

Improvements to reporting will provide for a more accurate reflection of performance

While these comparisons suggest that there are opportunities for improvement, our on-site discussions identified that there are issues with the accuracy of the reporting in this functional centre. We examined information provided by WAHA regarding what is reported. This analysis is provided in the following table.

Exhibit 60: Analysis of Nursing Administration 2014/15 Reported Hours[48]

	Overtime	Regular	Sick	Vacation	Benefit	Agency Nurses	Total	
Staffing Clerk	412	2,298	113	400	79		3,303	
Staffing Clerk Replacement		374					374	
Moose Factory IP Nurse Manager	28	682	15	163	57		945	**
Moose Factory OP Nurse Manager	28	682	15	126	57		909	**
Moosonee Director Patient Care (DPC)		1,587	37	252	80		1,956	
Moosonee Clinic Coordinator	99	1,334	221	178	115		1,947	
Fort Albany(FA) Clinic Coordinator	96	648	57	107	38		945	
FA DPC	7	1,503	8	215	87		1,820	
Attiwapiskat (ATT) Clinic Coordinator	257	1,436	137	223	65		2,118	
							-	
Agency Nurses FA						655	655	
Agency Nurses ATT						2,774	2,774	
Total	**928**	**10,545**	**602**	**1,664**	**577**	**3,429**	**17,745**	

** Last year the Moose Factory Nurse Managers were charged 50% to Nursing admin and the remainder to actual departments

To improve reporting the following should occur:

- Agency hours should be reported in the appropriate patient care area
- Nurse manager and clinic coordinator hours should all be reported in their own functional centres

There are 3,677 Staffing Clerk hours reported in Nursing Administration. Because of the significant amount of sick time and overtime for nursing and the amount of agency nursing, WAHA has used a staffing clerk to manage staffing for inpatient and outpatient at all the sites. The scarcity of replacement staff in the communities

[48] Data provided by WAHA.

necessitates a significant amount of time to generate staffing to meet replacement needs at each of the sites.

Role of the DPC should be as Site Director

It is appropriate for the Directors of Patient Care (DPC) to be reported in this cost centre. We also examined the DPC role in terms of accountability and responsibility at the coastal hospital sites. Currently there is the DPC role and a Director of Support Services. We believe there should be a single role responsible for site operations. We believe that for WAHA it is necessary for the site supervisor to be a clinical role. The support services staff should report to the DPC. The DPC should liaise with the Regional Director of Support Services for site issues. We estimate that this change will save $150,000 annually.

Recommendation:

It is recommended that:

(29) The VP Patient Care and VP Support Services should establish a streamlined management model with a single role for accountability in the coastal health centres.

The new position of Director of Professional Practice should improve quality of nursing care in WAHA facilities

The VP Patient Care and CNE has recently been able to recruit a Director of Professional Practice (June 2015). These hours should be included the Nursing Administration functional centre. As this role was not present in 2014/15 they are not included in the current reports. With this role now present, there has been significant focus on ensuring nursing staff are meeting basic College of Nurses Standards especially in the coastal communities. This focus will now also begin in Moose Factory and Moosonee. This role also has the following functions/staff reporting to it:

- Nursing and obstetrical educators,
- Diabetes program,
- Clinical nutrition inpatient and prenatal services,
- Discharge planning, social work and patient navigation.

In reviewing the remaining staffing in this functional centre, we believe the staffing levels for these positions are appropriate.

There are significant challenges for the nursing administrative team at WAHA:

- There was a fire at the Moosonee clinic and services were affected for over 2.5 years. The clinic provided services in a local unused curling rink and moved back into their own facility in July 2015.

- The hospital in Attawapiskat has been closed since December 2014 due to an oil spill and the need to do soil remediation. During this process it was discovered that the hospital is built on contaminated soil. There will be additional clean up done in the near future, but it is anticipated this can be done after the hospital is reoccupied and will not affect patient services. There have been no inpatient services provided in the community since December 2014 and clinic services have been provided in shared office space provided by the community Band. It is anticipated that the clinic will begin operations mid to late November and inpatients will be repatriated near the end of the month.
- Each year during spring break-up (April/May) there are evacuation issues for the coastal communities.
- Staff turnover is a constant challenge. There has been significant staff turnover particularly in Fort Albany (FA) with large agency costs. There has been a recent change in the onsite management (DPC) to try and address this problem. The organization has also recently taken advantage of the New Graduate Initiative and is also recruiting international nurses.

Occupational Health and Safety processes are a concern.

Sick time and overtime are a significant concern for all patient care units. Currently there are a number of staff on long term leaves related to stress. The organization has recently put employee support programs in place. As discussed previously, there appear to be issues related to how sick time is granted and monitored. There is no formal absence management program in place. The following concerns were reported:

- Staff are monitored by staff person who is also a union member. This staff person does a good job but is only able to do so much without feeling the pressure of peers.
- Staff wait to see certain physician(s) (or the NP) in the Medical clinic to obtain notes for absence. Physicians could feel pressured to provide these notes. It is appropriate for onsite physicians to provide notes initially but these absences should be evaluated by an unbiased occupational health physician/nursing staff. As suggested previously, the Authority should consider contracting for this function from an independent agency.

Recommendation:

It is recommended that:

(30) The VP Patient Care and the Director of HR establish an attendance management program.

Overtime is a significant concern in the patient care areas

There is a significant opportunity for savings if there is improved management of overtime. It should be noted that new processes and policies have been put in place since the beginning of 2015. Improvement has been noted since then with a decrease in overtime hours and decreased usage of agency staff. WAHA should continue the process of pre-approval for any overtime and improve the guidelines for agency calls. The improvement noted to date reflects that the Attawapiskat facility was closed and therefore there was reduced demand. If WAHA were to operate at best quartile just for inpatient and the coastal facilities there would be an opportunity of savings of more than 10,000 overtime hours.

Recommendation:

It is recommended that:

(31) The VP Patient Services and CNE should establish processes to reduce use of overtime hours and agency staff.

7.3 Inpatient and Outpatient Services

In examining the inpatient and outpatient services at WAHA it is important to consider the following:

- There are no long-term care (LTC) facilities north of Cochrane. There is some assisted living in Moosonee and there will be a new facility in Moose Factory that is currently under construction. It is anticipated that this facility is a least one-year from completion. Because there are no LTC beds, these people are cared for in the hospitals. In the current situation, this is appropriate.
- When Attawapiskat was evacuated in December 2014, 10 patients were relocated within WAHA. Four patients were sent to Fort Albany and 6 to Moose Factory. All but two of these patients will be repatriated to Attawapiskat before the end of 2015.
- Reporting of ALC days has not been accurate. It is estimated that approximately half to two thirds of patients in each of the hospital inpatient departments are ALC patients.
- Reporting in functional centres medical inpatient and chronic care are not accurate (#712 & 712952000). Meditech was implemented in 2014 and work is occurring to ensure staffing and workload data are reported in the correct functional centres. It was reported that 712 Medical IP + Chronic Care IP Services include both Attawapiskat and Fort Albany. It would be useful to have workload and staffing for each of these centres reported in separate cost centres.

7.3.1 Moose Factory Inpatient

Inpatient Department (IPD) at Moose Factory is a 32 bed unit that averages an occupancy of 25 patients

It was reported that the Inpatient Department (IPD) at Moose Factory is a 32 bed unit that averages an occupancy of 25 patients. At the present time 14 of these 25 patients are ALC patients. As noted earlier there are no LTC beds within the region. The beds include 1 bed for palliative care and 3 beds for special care. There are also 6 obstetrical beds/bassinettes.

The workload, staffing and productivity performance of the combined medicine/surgery functional centre (#712300000) called the Inpatient Department (IPD) is presented in the following tables. Other, more comprehensive comparisons of the staffing and cost characteristics of the unit and the peer hospitals are presented in an appendix to this report.

Exhibit 61: WAHA Combined Med/Surg (IPD) Actual Performance

	4 Year Actual				
	2011/12 (Y1)	2012/13	2013/14	2014/15 (Y4)	% Change (Y1 - Y4)
Workload Measure:					
Patient Days	7,489	6,415	6,162	8,490	13.4%
Worked Hours	66,644	66,612	65,706	66,728	0.1%
Benefit Hours	5,852	8,868	16,959	9,797	67.4%
Total Paid Hours	72,496	75,480	82,665	76,525	5.6%
Total FTEs	**37.18**	**38.71**	**42.39**	**39.24**	**5.6%**

Exhibit 62: WAHA Combined Med/Surg (IPD) Actual Productivity Performance

Performance Indicators	Actual Performance				
	2011/12 (Y1)	2012/13	2013/14	2014/15 (Y4)	% Change (Y1 - Y4)
Worked Hours/Patient Day	8.8989	10.3838	10.6631	7.8596	-11.7%

Exhibit 63: Peer Performance Combined Med/Surg

Performance Indicators	Peer Performance Range (2014/15)				
	Minimum	Best Quartile	Median	Worst Quartile	Mean
Worked Hours/Patient Day	3.7872	5.0587	5.9984	6.6002	5.8642

As can be seen the WAHA IPD is performing worse than the worse quartile performance of the peer hospitals.

The staff work 12-hour shifts. There are RNs, RPNs and HCAs. It was reported that RPNs are working to full scope of practice. Staff are generally full time. It is almost impossible to recruit part-time and casual nursing staff to the region. No housing is available for casual or

part time staff; as a result it has not been possible to recruit for these positions. This impacts somewhat the ability of the unit to flex staffing to workload and therefore to meet best quartile or median performance. Although, with the campus of the Northern College located in Moosonee offering an RPN program, opportunities to recruit casual and part-time RPNs are increasing.

In discussion it was noted that there is frequently a need for 1:1 staffing for wandering or agitated patients or when there is a need in the special care unit. Staff are added for this function[49]. There are no clear guidelines regarding the need to provide 1:1 monitoring. Clear guidelines and protocols will assist staff in decision-making and appropriateness of care.

Recommendation:

It is recommended that:

(32) The VP Patient Care should ensure the development and implementation of guidelines for 1:1 care in the Inpatient Department.

Current practice is to staff the unit with the same number of staff across all shifts

The current practice is to staff the unit with the same number of staff across all shifts. This is not common practice in similar units in peer organizations. It is suggested that the IPD reduce coverage by 24 hours per day:

- Reduce one 12-hour night shift for either HCA or RPN
- Move the start time of one 12-hour day shift to start at either 1000 or 1100 hours. Once this has been done, reduce another 12-hour night shift of HCA or RPN
- These changes will result in approximately staffing productivity of 6.8 worked hours/ppd

Changing staffing patterns can provide savings of as much as $600,000

The unit is encouraged to continue its efforts co-locate the ALC patients as much as possible and staff the area more like a long term care unit. If this model of care is established there will be opportunities for additional staff reductions and savings. Over time, the unit should be able to achieve productivity of 6.0 hours per patient day; the median performance level of its peer hospitals; achieving this level of productivity will result in estimated annual savings of $600,000.[50]

[49] Some hospitals are using PSWs and/or 2nd year nursing students versus RNs/RPNs for this function.

[50] 8,500 patient days moving from 7.85 hours per day to 6.0 hours per days is a savings of 15,750 hours or 8 FTEs; equivalent to $600,000 annually.

Recommendation:

It is recommended that:

(33) The VP Patient Care should implement a plan to work toward achieving nursing productivity performance of 6.0 hrs/ppd for the Moose Factory Inpatient Department.

7.3.2 Attawapiskat (ATT) and Fort Albany (FA) Inpatient

Both of these health centres have had significant challenges in the past year. As noted earlier, ATT has had no inpatients since Dec 2014. FA has provided care to 4 patients from ATT and this has placed significant strain on the ability of the FA centre to respond to the inpatient needs of the community. In both centres more than half the patients are ALC.

The workload, staffing and productivity performance of the Medical Inpatient and Chronic Care (ATT and FA) functional centre (#712) are presented in the following tables. Other, more comprehensive comparisons of the staffing and cost characteristics of the centres and the peer hospitals are presented in an appendix to this report.

Exhibit 64: WAHA Medical Inpatient and Chronic Care (ATT & FA) Actual Performance

	4 Year Actual				
	2011/12 (Y1)	2012/13	2013/14	2014/15 (Y4)	% Change (Y1 - Y4)
Workload Measure:					
Patient Days	8,238	7,699	6,704	7,033	-14.6%
Worked Hours	46,596	39,284	44,302	38,966	-16.4%
Benefit Hours	5,339	4,585	14,447	7,037	31.8%
Total Paid Hours	51,935	43,869	58,749	46,003	-11.4%
Total FTEs	**26.63**	**22.50**	**30.13**	**23.59**	**-11.4%**

Exhibit 65: WAHA Medical Inpatient and Chronic Care (ATT & FA) Actual Productivity Performance

Performance Indicators	Actual Performance				
	2011/12 (Y1)	2012/13	2013/14	2014/15 (Y4)	% Change (Y1 - Y4)
Worked Hours/Patient Day	5.6562	5.1025	6.6083	5.5405	-2.0%

Exhibit 66: Peer Performance Medical Inpatient and Chronic Care

Performance Indicators	Peer Performance Range (2014/15)				
	Minimum	Best Quartile	Median	Worst Quartile	Mean
Worked Hours/Patient Day	3.7623	4.4940	5.1741	6.0601	5.2420

As can be seen, these centres are operating close to the median of peer performance. Given the staffing challenges in these communities, we do not feel that there are any opportunities for additional savings.

It should be noted that there is a chronic care functional centre with patient days reported but no associated staffing. WAHA should ensure that reporting for ATT and FA is accurate and reported separately.

Recommendation:

It is recommended that:

(34) The VP Patient Care and the VP Finance should ensure a process for accurate reporting for ATT and FA.

7.3.3 OR/PARR

OR staff support emergency C Sections

This service is provided at WGH in the following:

- Day surgery unit with 5 stretchers
- 1 OR room
- 1 Scope room
- 1 Recovery Room

There is no central corridor for the OR suite.

It was reported that approximately 60% of the cases are dental cases.

Importantly, the OR staff support emergency Cesarean Sections.

Staff are full time because, as was stated previously, they have to be full time to get housing and as a result it is not possible to recruit qualified staff part-time. The unit needs at least 4 full time staff to ensure enough qualified staff on site as long as the hospital is doing obstetrics. It is recognized that the use of four full-time staff is excessive relative to the volume of surgical activity. As a consequence, the chief nursing officer has developed a model that will see some of these resources devoted to the conduct of the pre anesthetic clinic, thus increasing the efficiency of utilization of nursing hours.

Pursue cost savings from seasonal closings of OR while ensuring the continued availability of C-Section support for the birthing program

Discussion has occurred regarding summer/winter OR closures, particularly around the hunting season. While collective Agreements do allow for such flexibility, no decision has yet been taken. The Authority should pursue this opportunity for cost savings while ensuring the continued availability of C-Section support for the birthing program. This may provide savings of as much as $100,000 per annum.

The workload, staffing and productivity for the OR/PARR is presented in the following tables. Other, more comprehensive comparisons of the staffing and cost characteristics of the centres and the peer hospitals are presented in an appendix to this report.

Exhibit 67: WAHA OR/PARR Actual Performance

	4 Year Actual				
	2011/12 (Y1)	2012/13	2013/14	2014/15 (Y4)	% Change (Y1 - Y4)
Workload Measure:					
Cases	596	538	587	559	-6.2%
Worked Hours	9,251	9,098	8,363	8,298	-10.3%
Benefit Hours	1,875	1,670	2,071	1,611	-14.1%
Total Paid Hours	11,126	10,768	10,434	9,909	-10.9%
Total FTEs	**5.71**	**5.52**	**5.35**	**5.08**	**-10.9%**

Exhibit 68: WAHA OR/PARR Productivity Performance

Performance Indicators	Actual Performance				
	2011/12 (Y1)	2012/13	2013/14	2014/15 (Y4)	% Change (Y1 - Y4)
Worked Hours/Case	15.5218	16.9108	14.2470	14.8444	-4.4%

Exhibit 69: OR/PARR Peer Performance

Performance Indicators	Peer Performance Range (2014/15)				
	Minimum	Best Quartile	Median	Worst Quartile	Mean
Worked Hours/Case	3.6851	5.0656	5.9112	8.1447	6.6274

As can be seen the OR/PARR is operating worse than the worst quartile.

7.3.4 Emergency

Emergency services are provided at 4 sites of WAHA:

- Moose Factory Hospital
- Moosonee Health Centre
- Fort Albany Hospital
- Attawapiskat Hospital

Patients in the coastal communities requiring inpatient care and/or further investigation are generally transferred first to Moose Factory before being transferred to referral centres if necessary.

Significant overtime for transfers and "treat and return" activity

There are significant staffing hours utilized in accompanying patients from the ED to other hospitals. Often staff can be away12-24 hours and on return these staff are either unable to work their next scheduled shift or when working are on overtime hours. There is significant overtime associated with the "treat and return" functions. Together with transfers from the IPD this is a significant cost to WAHA. It was reported that Timmins DI will not accept any patient for any procedure (e.g. CT, ultrasound) without staff accompaniment. WAHA should work with Timmins and the LHIN to develop a more cost effective way of providing monitoring for these types of patients. For example, WAHA could hire casual staff that live in Timmins to meet patients at airport and stay with them during their stay at TDH. TDH and WAHA could work together to determine costs and share the cost of providing staff to monitor such patients.

Recommendation:

It is recommended that:

(35) The VP Patient Services should work together with Timmins and District Hospital and the LHIN to develop a process to reduce overtime costs for treat and return patients.

The workload, staffing and productivity performance of the ED is presented in the following table. Other comparisons of the staffing and cost characteristics and the peer hospitals are presented in an appendix to this report.

Exhibit 70: WAHA ED Actual Performance

	4 Year Actual				
	2011/12 (Y1)	2012/13	2013/14	2014/15 (Y4)	% Change (Y1 - Y4)
Workload Measure:					
Visits + Patient Days*4	9,328	9,885	7,216	20,415	118.9%
Worked Hours	46,826	42,239	41,301	41,986	-10.3%
Benefit Hours	5,692	4,891	10,043	8,717	53.1%
Total Paid Hours	52,518	47,130	51,344	50,703	-3.5%
Total FTEs	**26.93**	**24.17**	**26.33**	**26.00**	**-3.5%**

There was a significant increase in reported visits in 2014/15. This is likely related to improved reporting with implementation of Meditech and the capture of all visits. The number includes visits at ATT and FA as well. What is still not being captured accurately is the CTAS Level score. The hospital is currently using a 3rd party to scan data into the system. There appears to be issues with when ED staff are recording the CTAS level. This should be done at triage.

Improvements should be made in this process to ensure appropriate capture of the CTAS levels for patients treated by WAHA EDs.

Recommendation:

It is recommended that:

(36) The VP Patient Services together with the Director of Information Services should develop and implement a process of capture of CTAS level on patient admission to the ED.

Exhibit 71: WAHA ED Productivity Performance

Performance Indicators	Actual Performance				
	2011/12 (Y1)	2012/13	2013/14	2014/15 (Y4)	% Change (Y1 - Y4)
Worked Hours per Equiv Visit	5.0199	4.2730	5.7235	2.0566	-59.0%

Exhibit 72: ED Peer Performance

Performance Indicators	Peer Performance Range (2014/15)				
	Minimum	Best Quartile	Median	Worst Quartile	Mean
Worked Hours per Equiv Visit	.8229	1.2019	1.2652	1.4532	1.3249

As can be seen, the ED is operating worse than the worst quartile performance of the peer hospitals. The Department is staffed with 2 RNs 24/7. There is also clerical support 8 hours 5 days/week. After 1600 hours one of the RNs carries charge responsibilities for the whole hospital, works with the coastal communities for transfer of patients, and assists the IPD as required. A number of rural Emergency Departments in Canada do significantly reduce staffing at night to reflect reduced visits occurring between midnight and 8am. Savings are realized through reduced ED staffing, while increasing some inpatient staffing to cover the ED when required. Another consideration for WAHA is the opportunity to close the Moosonee HC ED at night during the period when the winter road between Moosonee and Moose Factory is operational; we estimate that this adjustment would save $100,000 annually. As improved ED statistics are now becoming available, management should review visit volumes to determine if these approaches are appropriate for WAHA.

Given the current responsibilities, there are no additional savings opportunities apart from the overtime savings associated with treat and return that are discussed below.

7.3.5 Medical Clinics

The clinics provide the primary care for all the WAHA communities. These are family medicine clinics. The visit counts include visits for all Moose Factory, Moosonee, ATT, and FA. The increase in visits in 2014/15 reflect the implementation of Meditech and the capture of all visits which was not occurring previously; not any significant increase in visit volume.

Exhibit 73: WAHA Medical Clinics (Family Medicine) Actual Performance

	4 Year Actual				
	2011/12 (Y1)	2012/13	2013/14	2014/15 (Y4)	% Change (Y1 - Y4)
Workload Measure:					
Visits	5,201	5,405	9,050	19,268	270.5%
Worked Hours	41,316	42,661	45,310	64,066	55.1%
Benefit Hours	7,965	6,923	12,201	11,499	44.4%
Total Paid Hours	49,281	49,584	57,511	75,565	53.3%
Total FTEs	**25.27**	**25.43**	**29.49**	**38.75**	**53.3%**

Exhibit 74: WAHA Medical Clinics Productivity Performance

Performance Indicators	Actual Performance				
	2011/12 (Y1)	2012/13	2013/14	2014/15 (Y4)	% Change (Y1 - Y4)
Worked Hours/Visit	7.9439	7.8929	5.0066	3.3250	-58.1%

Exhibit 75: Medical Clinics Peer Performance

Performance Indicators	Peer Performance Range (2014/15)				
	Minimum	Best Quartile	Median	Worst Quartile	Mean
Worked Hours/Visit	.2751	.3133	.4782	.8575	.5852

Difficult to be efficient in low volume clinics

As can be seen, the Family Medicine Clinic is performing worse than the worst quartile performance of the peer hospitals. There are significant overtime issues in the clinic and sick time. Providing relatively low volume clinic services makes it difficult to achieve peer efficiency. However, there should be opportunities to better match staffing with patient volumes to improve clinic efficiency. The Authority should consider reducing clinic hours by offering the clinics (and staffing them) for only part of a day.

Recommendation:

It is recommended that:

(37) The VP Patient Services should ensure the development and implementation of a plan to reduce overtime and sick time in the clinics.

7.4 Diagnostic & Therapeutic Services

7.4.1 Diagnostic Imaging

Ultrasound service should be enhanced to reduce the number of patients being sent out of the community for imaging

Diagnostic imaging is a complex and diverse patient care discipline that provides care to patients from a variety of settings - emergency patients, outpatients from the Family Medicine Clinic, and inpatients. WAHA uses PACS for its service and utilizes the services of radiologists in Timmins. The ultrasound machine is old and does not provide good images. This should be replaced and would reduce the number of patients being sent out of the community for imaging. Management has negotiated and signed a capital lease for a new ultrasound machine and expects it to be on site in the near future.

Until April of this year the department was staffed with 2 people from the community who worked Monday to Friday 8-4 and were on call for the remaining 16 hours per day and on weekends. There was so much call back the staff had accumulated as much as 2 months of vacation. The staff were required to use up their bank of time and starting April 2015 the shifts were staggered such that one staff works 0800-1600 and one 1200-2000 hours. Since April overtime has been significantly reduced.

Exhibit 76: WAHA DI Actual Performance

	4 Year Actual				
	2011/12 (Y1)	2012/13	2013/14	2014/15 (Y4)	% Change (Y1 - Y4)
Workload Measure:					
Pt Care Workload Units	12	27,874	38,582	104,117	867,541.7%
Worked Hours	4,965	5,836	5,202	7,597	53.0%
Benefit Hours	544	722	624	584	7.4%
Total Paid Hours	5,509	6,558	5,826	8,181	48.5%
Total FTEs	**2.83**	**3.36**	**2.99**	**4.20**	**48.5%**

Exhibit 77: WAHA DI Productivity Performance

Performance Indicators	Actual Performance				
	2011/12 (Y1)	2012/13	2013/14	2014/15 (Y4)	% Change (Y1 - Y4)
Worked Hours/Pt Workload	413.7500	.2094	.1348	.0730	-100.0%

Exhibit 78: DI Peer Productivity

Performance Indicators	Peer Performance Range (2014/15)				
	Minimum	Best Quartile	Median	Worst Quartile	Mean
Worked Hours/Pt Workload	.0245	.0318	.0361	.0404	.0367

As can be seen, WAHA DI is performing worse than the worst quartile of peers.

The charges to the hospital for inpatient CT exams provide a cost reduction opportunity. While such inter-hospital charges have been the norm in Ontario, and may offer a small incentive for appropriate utilization, they represent an unproductive administrative burden to the system. If it is felt that such charges should continue, the LHIN should ensure that they are at an appropriate level to cover expenses, standardized across the LHIN and not an effort to generate revenue that is ultimately a zero-sum gain for the hospital system.

Recommendation:

It is recommended that:

(38) The CEO and VP Patient Care should work with the LHIN and other LHIN hospitals to ensure the appropriateness of inter-facility charges for DI services, that such charges are restricted to the transferring hospitals' inpatients, and that the magnitude of such charges are standardized across the LHIN.

7.4.2 Laboratory

WAHA Clinical Laboratories on-site services encompass core lab services. Microbiology and Pathology are managed off-site. UHN manages the lab services. The Authority makes use of point of care testing.

Exhibit 79: WAHA Laboratory Services Actual Performance

	4 Year Actual				
	2011/12 (Y1)	2012/13	2013/14	2014/15 (Y4)	% Change (Y1 - Y4)
Workload Measure:					
Pt Care Workload Units	796,085	333,280	357,362	312,773	-60.7%
Worked Hours	14,390	11,647	11,355	13,186	-8.4%
Benefit Hours	1,568	1,422	1,873	1,809	15.4%
Total Paid Hours	15,958	13,069	13,228	14,995	-6.0%
Total FTEs	**8.18**	**6.70**	**6.78**	**7.69**	**-6.0%**

Exhibit 80: WAHA Laboratory Services Productivity Performance

Performance Indicators	Actual Performance				
	2011/12 (Y1)	2012/13	2013/14	2014/15 (Y4)	% Change (Y1 - Y4)
Worked Hours/Pt Workload	.0181	.0349	.0318	.0422	133.2%

Exhibit 81: Laboratory Peer Performance

Performance Indicators	Peer Performance Range (2014/15)				
	Minimum	Best Quartile	Median	Worst Quartile	Mean
Worked Hours/Pt Workload	.0286	.0428	.0461	.0532	.0489

As can be seen, based on current workload measurement and allocation of staff hours, Laboratory services are operating at best quartile. There are no apparent opportunities to reduce the cost of laboratory services. However, other analyses would suggest that there are significant opportunities to reduce overtime hours for laboratory services[51].

[51] See Section 7.2.4.

8.0 Integration Opportunities

Review considered opportunities for both horizontal and vertical integration

Healthcare integration manifests itself in one of two ways:

- Horizontal Integration: Relationships among like organizations (hospitals) in the organization, coordination, management and/or delivery of services. Sharing of services among like organizations has been shown to lead to higher quality services at lower costs as a result of: better technology; more experience for staff; more efficient production processes and economies and qualities of scale. Sharing is best suited to production oriented functions performed without contact with patients.
- Vertical Integration: Clinical and administrative relationships along the 'continuum of care' to improve access, timeliness, quality, efficacy, efficiency and cost of care.

Opportunities related to both of these two types of integration were considered as part of this review. Realization of the benefits of these opportunities will of necessity take some time. Although they may not provide any significant short-term financial relief for the authority; they can contribute to enhanced service to the community and potentially to its longer term fiscal viability and sustainability.

8.1 Potential Horizontal Integration of Hospital Operations

In considering horizontal integration opportunities for WAHA it is important to consider the isolation of the organization's sites

Many hospitals (in Ontario and across Canada) have improved service and reduced costs by either sharing services with other hospitals or outsourcing services to a commercial or non-commercial vendor through to a complete integration/consolidation of two or more organizations. While the primary/initial focus of consolidating/sharing functions is to control/reduce costs, there typically is a range of benefits for those functions that are amenable to consolidation:

- Decrease costs (overhead expenses) / maximize financial resources
- Reinvest savings into direct health care
- Improve/expand quality and/or range of services/program outcomes
- Avoid redundancy and duplication
- Increase efficiencies / efficacy (provide more services with limited resources)
- Minimize risks
- Standardize processes (improve speed, quality and consistency of services; avoid confusing/multiple approval lines).

The services that could be integrated with other organizations have been integrated

In considering horizontal integration opportunities for WAHA it is important to consider the isolation of each and all of the organization's sites. There are no transportation links between WAHA and anybody else. We feel that the services that could be integrated with other organizations have been integrated (e.g., Lab, DI, Systems Support, Group purchasing). Systems have been integrated through the NEON group. Selected lower volume, more complex laboratory services are outsourced to TADH. They have attempted to share financial services with HSN. We do not believe that there are any further opportunities for horizontal integration of individual services with other hospitals or health authorities. Shared management and/or governance would not be appropriate given the relationship of the Authority to the communities and people of Weeneebayko; it needs to be an agency of and for them.

8.2 Potential Vertical Integration of Health Services

There are however significant opportunities for WAHA to further integrate along the continuum of care; both up and down the continuum.

8.2.1 Integration with Secondary and Tertiary Care Providers

Reasonably successful relationships to secure access to a comprehensive set of secondary and tertiary diagnostic and treatment services

The organization has reasonably successful relationships with secondary and tertiary care providers in Kingston, Timmins and Sudbury to secure access to a comprehensive set of diagnostic and treatment services. Although referrals are being accepted, as has been discussed, WAHA and the LHIN could work with the receiving hospitals on improving the timelines of access and reducing the costs to WAHA for accessing these diagnostic and treatment services.

8.2.2 Integration with Community Care Services

WAHA is intended to function as a health authority for the region

WAHA is intended to function as a health authority for the region - it is not only responsible for hospital services. There is a need and an opportunity for further integration across the continuum of community health service delivery – from community based primary prevention through to primary care and treatment. As has been discussed, WAHA could enhance the continuity and comprehensiveness of the primary care services that it is providing in its clinics. As envisioned by WAHIFA, WAHA should also move towards assuming operational responsibility for the federal nursing stations in Kashechewan and Peawanuck. As it assumes responsibilities for the clinics and Kashechewan and Peawanuck, it needs to ensure that these services are fully integrated with and supported by the clinical services at each of the WAHA sites. Operating under a single governance structure will

improve coordination of and access to services within the Weeneebayko region.

Collaboration with public health services in disease prevention and health maintenance

Additionally, as part of its role in providing primary care to its community, WAHA needs to work closely with the public health agencies serving the entire Weeneebayko community. Collaboration will help to focus efforts on disease prevention and health maintenance. In the medium to long term, there will likely be opportunities to move beyond coordination of activity and collaboration to full organizational integration. Organizational integration should achieve benefits related to both the quality and cost of health services to the region.

9.0 Summary of Savings Opportunities

There is an opportunity to reduce operating costs by $5,326,400

The table below provides a summary of the opportunities to improve the operating position of WAHA in both the short and long term from the cost reductions and improvements in clinical and operating efficiency that have been identified in this review. The dollar value of the improvements are based on reductions to the authority's actual financial results of 2014/15. Also included in the table and the potential savings from the authority's position in 2014/15 are the cost reduction strategies identified by the management team's Hospital Improvement Plan prepared for 2015/16 and 2016/17 and confirmed by this review.

Exhibit 82: Summary of Cost Savings/Avoidance Opportunities[52]

Opportunity	Report Section	2015/16 Mgmt HIP	2016/17 Mgmt HIP	Total Mgmt HIP	Hay HIP	Total
Reduce Debt carrying charges	3.3	107,000	0	107,000	400,000	507,000
ALOS at best practice	6.1	0	0	0	60,000	60,000
Support for Physician remuneration	6.4	0	0	0	960,000	960,000
Finance: Repatriation of financial services from HSN	7.2.1	177,000	0	177,000	0	177,000
Human Resources: reductions in variable non-labour expenses	7.2.4	161,000	0	161,000	100,000	261,000
Reduced Overtime	7.2.4; 7.2.7; 7.3.1; 7.3.4; 7.3.5; 7.4.1	350,000	350,000	350,000	0	350,000
Reduced Nursing Agency usage	7.2.4; 7.2.7; 7.3.1; 7.3.4	600,000	600,000	600,000	0	600,000
Reduced sick time	7.2.4, 7.2.7; 7.3.5	0	0	0	330,000	330,000
Systems Support: review of maintenance contracts and costs	7.2.5	40,000	0	40,000	60,000	100,000
Materials Management Healthpro participation	7.2.6	187,000	25,000	212,000	0	212,000
Materials Management relocation of warehouse to MHC	7.2.6	0	0	0	100,000	100,000
Housekeeping	7.2.7	0	0	0	150,000	150,000
Streamlined management model in coastal hospitals	7.2.9	0	0	0	150,000	150,000
Inpatient median quartile performance of 6.0 hours per patient day	7.3.1	0	0	0	600,000	600,000
Operating room summer / winter closures to reflect utilization	7.3.3	0	0	0	100,000	100,000
Night closure of MHC ED during winter road period	7.3.4	0	0	0	100,000	100,000
Other items from Management HIP Plan		202,600	366,800	569,400	0	569,400
Total		**1,824,600**	**1,341,800**	**2,216,400**	**3,110,000**	**5,326,400**
Opportunities remaining for implementation in 2016/17 and 2017/18			**1,341,800**		**3,110,000**	**4,451,800**

[52] It is important to note that the 'savings' attributed to support for physician remuneration is not suggesting that remuneration for the medical staff should be reduced, just that the source of this remuneration should not be the Authority's operating funds.

Management will achieve savings of $874,600 in 2015/16

As can be seen, there are $5,326,400M in savings opportunities from cost reductions and improvements in clinical and operating efficiency that should be realizable by the hospital; it is estimated that $874,600 of these savings will be achieved by the hospital in 2015/16

There are $4,451,800 in savings opportunities that can still be realized by the Authority

Management reports that $1.825M of these opportunities were included in the balanced budget exercise of 2015/16. Despite the planned balanced budget, WAHA reports that it will not be able to achieve its budget and that the forecasted deficit for 2015/16 is $1.972M. The forecasted deficit recognizes that only $874,600 of the planned HIP savings for 2015/16 will be achieved; the $950,000 in savings identified in the budget for reduced overtime and agency use have not and will not be achieved in 2015/16. Including the reductions in overtime and agency use as future opportunities suggests that there remain $4.452M in savings opportunities that can be implemented by WAHA in 2016/17 and 2017/18.

10.0 Hospital Improvement Plan

This section of our report presents our proposed Hospital Improvement Plan that is intended to provide a clear and achievable path to:

- Balance the Authority's operating budget
- Sustain a balanced operating budget into the future
- Achieve a sufficient operating surplus to position the Hospital to meet its debt payment obligations, capital investment requirements and working capital targets
- Retire the Authority's current debt

10.1 Requirements for Cost Reductions

WAHA will need to significantly reduce its operating costs if it is to achieve or even approach fiscal sustainability.

The Authority needs to reduce its operating costs to balance its operating position, support renewal of its equipment and services and, until its working capital position is addressed, provide for servicing of its debt. The hospital incurred operating losses of $2.96 million in 2014/15. Given that MOHLTC funding is not expected to grow for the foreseeable future, or, at best, grow much more slowly than hospital input costs, the Authority will need to significantly reduce its operating costs if it is to achieve or even approach fiscal sustainability.

10.2 Implementing the Hospital Improvement Plan

Senior management & board should determine which improvement initiatives will be implemented

The WAHA Senior Management, MAC and Board should review this report and the recommended changes to clinical services, operations and management. Based on that review, the hospital should determine which of the recommendations will be implemented and the timing for implementation of each.

Some of the savings opportunities can be implemented within 6 months of receipt of this report and should achieve the estimated reduction in the running rate of expenses within 3 months of implementation. Longer-term opportunities may take from 12 to 24 months to implement with reductions in the hospitals running rate achieved within 6 months of implementation.

We have prepared the following implementation schedule with suggested timing.

Exhibit 83: Suggested Implementation Timing of Cost Savings/Avoidance Opportunities[53][54]

Opportunity	Report Section	Mgmt HIP	Hay HIP	Implement in 2016/17	Implement in 2017/18	Total
Reduce Debt carrying charges	3.3	0	400,000	400,000		400,000
ALOS at best practice	6.1	0	60,000	30,000	30,000	60,000
Support for Physician remuneration	6.4	0	960,000	960,000		960,000
Finance: Repatriation of financial services from HSN	7.2.1	0	0			0
Human Resources: reductions in variable non-labour expenses	7.2.4	0	100,000	100,000		100,000
Reduced Overtime	7.2.4; 7.2.7; 7.3.1; 7.3.4; 7.3.5; 7.4.1	350,000	0	200,000	150,000	350,000
Reduced Nursing Agency usage	7.2.4; 7.2.7; 7.3.1; 7.3.4	600,000	0	350,000	250,000	600,000
Reduced sick time	7.2.4, 7.2.7; 7.3.5	0	330,000	180,000	150,000	330,000
Systems Support: review of maintenance contracts and costs	7.2.5	0	60,000	60,000		60,000
Materials Management Healthpro participation	7.2.6	25,000	0	25,000		25,000
Materials Management relocation of warehouse to MHC	7.2.6	0	100,000		100,000	100,000
Housekeeping	7.2.7	0	150,000	75,000	75,000	150,000
Streamlined management model in coastal hospitals	7.2.9	0	150,000	100,000	50,000	150,000
Inpatient median quartile performance of 6.0 hours per patient day	7.3.1	0	600,000	300,000	300,000	600,000
Operating room summer / winter closures to reflect utilization	7.3.3	0	100,000	100,000		100,000
Night closure of MHC ED during winter road period	7.3.4	0	100,000	100,000		100,000
Other items from Management HIP Plan		366,800	0	366,800		366,800
Total		**1,341,800**	**3,110,000**	**3,346,800**	**1,105,000**	**4,451,800**

The Authority is expecting a deficit in 2015/16 of approximately $2M. Assuming[55] inflationary pressures of approximately 2% on hospital operations, and hospital operating funding increases of 1%; net annual operating pressures for WAHA are estimated at $0.75M annually. Taking this into account, and assuming a 6-month delay in realizing the savings from each initiative, full implementation of the identified savings opportunities will result in a modest surplus operating position in 2017/18 and 2018/19.

[53] It should be noted that the cost saving/avoidance are from actual level of spending in 2014/15.

[54] Again, it is important to note that the 'savings' attributed to support for physician remuneration is not suggesting that remuneration for the medical staff should be reduced, just that the source of this remuneration should not be the Authority's operating funds.

[55] Assumptions are provided for modelling purposes only; projections will need to be refined when funding and inflation are confirmed.

Exhibit 84: Modeled Year-end Position with HIP Implementation

	2016/17	2017/18	2018/19
Deficit at start of year	-2,000,000	-1,076,600	399,300
Savings realized in year from opportunities	1,673,400	2,225,900	552,500
Net Inflation pressure	-750,000	-750,000	-750,000
Deficit / Surplus at end of year	-1,076,600	399,300	201,800

10.3 Restructuring Cost / Workforce Adjustment Strategy

One time cost of restructuring related to workforce adjustment and capital acquisition.

WAHA Senior Management should determine its workforce adjustment plan related to the accepted recommendations individually and collectively in the context of the relevant collective agreements. It should determine the one-time cost of implementing the plan. Based on the recent experience of other hospitals in Ontario, we estimate that this cost will be approximately 33% to 50% of the operating cost savings estimated for each initiative. We would expect WAHA to be at the low end of this estimate given existing vacancies.

Whether or not the hospital receives funding from the LHIN to support restructuring, it is our strong opinion that the HIP must be implemented. WAHA is in no position to delay; erosion of working capital will continue at a faster pace if no action is taken then it will if the hospital begins to reduce its operating deficit.

10.4 Working Capital

Working capital deficit of $22.5 million

Even though it may achieve modest operating surpluses, WAHA will still have a significant working capital deficit; estimated at $22.25 million at the end of 2015/16. This deficit cannot be retired through the operating surpluses that will be achieved through the savings opportunities identified. Thus, as the HIP is being implemented, the Authority should work to secure additional funding to retire its debt. However, given the size of the working capital deficit, an alternative approach may be for the funding authorities to cover the carrying cost of the debt while retiring the working capital deficit over a number of fiscal years. Servicing the debt is currently costing approximately $600K per year.

Servicing the Authority's debt is costing approximately $600K per year

Debt carrying charges include bank charges, interest on the credit facility, and significantly, vendor charges for late payment of invoices. Accounts payable from operations has been consistently greater than $6M and stood at almost $9M at the end of 2014/15. A necessary cash management strategy for the Authority has been to slow down payments to vendors resulting in high interest and late payment charges. Negotiating payment terms and reduced interest charges with vendors has become a full-time activity within the finance department.

WAHA has come very close to reaching its credit limit of $10 million on several occasions

Some immediate debt relief, is certainly warranted. WAHA has never had a positive cash position since the Authority was established; for the past 4 years bank indebtedness at the end of each fiscal year has been approximately $8M. WAHA has arranged a $10M demand credit facility and has come very close to reaching its credit limit on several occasions.

Health Canada and/or the Ontario MOHLTC must consider some one-time funding to provide the Authority with some debt relief. There are a number of legitimate one-time costs and/or funding shortfalls that might provide justification for one-time funding from either or both levels of government. The following are examples of these one-time funding opportunities:

- Accumulated deficits of specially funded programs represent expenses that WAHA has incurred in the delivery of these programs. The deficit in these programs exists largely as a result of historical administrative challenges in submitting proper documentation for reimbursement.
- Collective Agreement merger and wage harmonization expenses as well as the transition costs have occurred as a result of the merger that established the Authority; the signatories to the WAHIFA had anticipated such costs and agreed that they should be funded following proper submission and identification of such expenses (see section 3.5).
- Uninsured extraordinary events are one-time expenses associated with fire, flood and environmental disaster that have recently beset the Authority.

These are presented in the following table.

Exhibit 85: One-time funding Issues

One-time Funding Issues	Report Section	Amount
Accumulated deficits of special programs	3.1	4,562,432
Collective agreement merger / wage harmonization transition costs	3.3	5,028,114
Other Transition Costs (estimate)	3.5	7,000,000
Uninsured extraordinary events (estimate)	3.6	2,000,000
Total		18,590,546

While the total of these specific one-time funding issues is insufficient to completely eliminate the Authority's working capital deficit, it would provide significant progress towards this objective.

A cash infusion will be required in February 2016 to maintain WAHA's short term solvency

Addressing the working capital deficit in some manner will be necessary to secure the Authority's future. However, no matter the decision on debt relief, a cash infusion will be required in February 2016 to maintain the short term solvency of the organization as the Authority is expected to reach the limit of its borrowing authority at that point.

10.5 Operating Funding

In 2010/11, an annualized base hospital budget of $21.2M was established for WAHA by the NE LHIN; almost double the hospital allocation reported by JBGH in their final full fiscal year of 2009/10 ($11.0M). In keeping with the responsibility of the Provincial government to fund hospital operations, Health Canada funding to WAHA for hospital operations decreased by roughly an equivalent amount (from 17.75M in 2009/2010, to $4M in 2011/2012)[56]. Thus, in 2011/12 WAHA received HC and NE LHIN funding for hospital operations of $25.7 million; this was $3 million less than the combined hospital operating revenues of the hospitals of the predecessor organizations. As of October 1st, 2015, Health Canada has entirely withdrawn its support for hospital operations (see discussion in section 3.4).

Anticipated $3M operating cost reduction from the merger has proven to be overly optimistic

The parties to WAHIFA appropriately anticipated that some savings in hospital operations would be achieved as a result of the merger. We have not been provided with any rationale for the magnitude of the reduction or analysis of the historical deficits in the predecessor organizations. Given the historical financial hospital operating results (see discussion in section 3.1), it would appear that although the organization has opportunities for operational savings, the anticipated $3M reduction in operating costs at the time of the merger was overly optimistic. A reassessment of the base budget to replace some of the operating funding reduced at the time of merger would be appropriate.

[56] Prior to integration, Weeneebayko Health Ahtuskaywin had total revenues of approximately $42.2M including hospital operating revenues of approximately $17.75M; James Bay General Hospital had total recurring revenues of approximately $17M including hospital operating revenues of approximately $11M. Combined therefore the two organizations would have had total revenues of approximately $59.2M including hospital operating revenues of approximately $28.75M. In the first full year of operations (2011/12), WAHA had total revenues of $67.3M including hospital Operating funding of $25.7M made up of $4M from Health Canada and $21.7M from the NELHIN. This was $3 million less than the combined operating costs / revenues of the hospitals of the predecessor organizations.

Terminated Health Canada funding for operations will need to be replaced

More importantly, the hospital operational funding from Health Canada that was stopped on October 1st, 2015 will need to be replaced.

The Authority is also expecting to receive a base funding increase from the LHIN to cover the annual increase in salaries and wages emanating from the wage harmonization settlement; no written confirmation of this was available and this has not been directly factored into the HIP.

Also, the HIP item identified as 'support for Physicians remuneration', does assume that this funding will be made available to the Authority (see discussion in section 6.4).

10.6 Monitoring Implementation of the Hospital Improvement Plan

The LHIN and HC should require WAHA to report on the implementation of the proposed Hospital Improvement Plan. WAHA should present for each initiative the value of the initiative and its success in implementation. WAHA should also be reporting the application of any on-time or on-going funding towards its fiscal pressures and progress towards retiring its working capital deficit and cash flow projections. These reports should be provided to the LHIN and HC quarterly and to the WAHA Board on a monthly basis.

Appendix:

Functional Centre Performance Reports

Sheet Index:

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819153000 Stand Co-Payment - C
819154000 Newborn Nursery Reve
819155000 Differential Revenue
819230000 Ambulance Revenues (
819400000 Provision Other Doub
819450000 Other Undistributed
819850000 Rent Leasing Expense
819900000 Other Undistributed
7110 Total Core Corporate Servi

Performance Forecasts

711100000 General Administration

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
Direct Care Costs excl Equipment/Me	16,716,487	18,908,213	19,357,226	18,389,138	10.0%	19,357,226	0	0.0%	18,389,138	0	0.0%
Worked Hours	35,564	30,450	34,285	20,293	-42.9%	17,173	-17,112	-49.9%	13,358	-6,935	-34.2%
Benefit Hours	5,272	5,569	11,014	4,216	-20.0%	5,517	-5,497	-49.9%	2,775	-1,441	-34.2%
Total Paid Hours	40,836	36,019	45,299	24,509	-40.0%	22,690	-22,609	-49.9%	16,133	-8,376	-34.2%
Total FTEs	**20.94**	**18.47**	**23.23**	**12.57**	**-40.0%**	**11.64**	**-11.59**	**-49.9%**	**8.27**	**-4.30**	**-34.2%**
Worked Hours Salaries	$1,337,103	$1,516,524	$1,299,362	$1,045,129	-21.8%	$650,835	($648,527)	-49.9%	$687,948	($357,181)	-34.2%
Benefit Hour Salaries	$260,738	$328,342	$425,782	$258,877	-0.7%	$213,269	($212,513)	-49.9%	$170,404	($88,473)	-34.2%
Fringe Benefit $	$514,960	$491,848	$532,902	$410,341	-20.3%	$266,924	($265,978)	-49.9%	$270,104	($140,237)	-34.2%
Variable Non-Labour non-drug Costs	$916,339	$1,536,873	$1,615,062	$1,990,134	117.2%	$808,965	($806,097)	-49.9%	$1,309,991	($680,143)	-34.2%
Drug Costs	$51	$1,075	$0	$0	-100.0%	$0	$0	N/A	$0	$0	N/A
Depreciation/Minor Equipment	$26,871	$56,817	$95,515	$18,488	-31.2%	$95,515	$0	0.0%	$18,488	$0	0.0%
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$3,056,062**	**$3,931,479**	**$3,968,623**	**$3,722,969**	**21.8%**	**$2,035,509**	**($1,933,114)**	**-48.7%**	**$2,456,935**	**($1,266,034)**	**-34.0%**
Recoveries	($96,942)	($1,054,673)	($908,697)	($1,458,727)	1,404.7%	($908,697)	$0	0.0%	($1,458,727)	$0	0.0%
Revenues	$0	$0	$0	($6,408)	N/A	$0	$0	N/A	($6,408)	$0	0.0%
Expenses Net of Recoveries	**$2,959,120**	**$2,876,806**	**$3,059,926**	**$2,264,242**	**-23.5%**	**$1,126,812**	**($1,933,114)**	**-63.2%**	**$998,208**	**($1,266,034)**	**-55.9%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Net Cost % of Direct Care excl Eq/Med	17.54%	14.91%	15.31%	12.21%	-30.4%	12.21%	3.17%	4.34%	5.33%	7.61%	6.08%
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr	1.27%	6.63%	5.35%	1.83%	44.7%	1.83%	0.00%	0.77%	1.62%	3.02%	2.75%
OT Hrs as % Total Wkd Hr excl Purch	2.30%	4.44%	3.30%	1.40%	-39.1%	1.40%	0.00%	0.00%	0.43%	1.67%	1.28%
Orient. Hrs % of Total Wkd Hrs (excl Purch.)	0.00%	0.09%	13.03%	0.00%	-100.0%	0.00%	0.00%	0.00%	0.21%	1.25%	0.72%

Comment(s): Insurance costs moved to distinct functional centre. Prior to 2014/15 "Registration Staff" for Fort Albany & Attawapiskat were reported under General Admin (10.66 fewer FTEs in Genernal Admin in 2014/15).

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Net Cost % of Direct Care excl Eq/Med	5.33%	GAH HND LDM LMH TDMH	5.33%	CMH FGM GAH HND KSH KLD LDM LMH TDMH KLOW	20
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr		NLA CMH FGM RVH SMH TDMH		NLA BRSJ CMH DDG FGM RVH SMH TDMH KLOW WDMH SBGHS	2 of 22
OT Hrs as % Total Wkd Hr excl Purch		ASMH AGH GAH LDM RVH AGH WDMH SBGHS		NLA ASMH AGH CMH GAH LDM RVH AGH SMH WDMH SBGHS	8 of 22
Orient. Hrs % of Total Wkd Hrs (excl Purch.)		ASMH AGH DDG FGM HND KSH KLD RVH		NLA ASMH AGH DDG FGM HND KSH KLD LDM RVH TDMH	8 of 22

711100099 Centralized Insurance Costs

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
Direct Care Costs excl Equipment/Me	16,716,487	18,908,213	19,357,226	18,389,138	10.0%	19,357,226	0	0.0%	18,389,138	0	0.0%
Worked Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Benefit Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Total Paid Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Total FTEs	**0.00**	**0.00**	**0.00**	**0.00**	**N/A**	**0.00**	**0.00**	**N/A**	**0.00**	**0.00**	**N/A**
Worked Hours Salaries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Benefit Hour Salaries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Fringe Benefit $	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Variable Non-Labour non-drug Costs	$371,362	$450,900	$565,817	$648,814	74.7%	$235,349	($330,468)	-58.4%	$223,579	($425,235)	-65.5%
Drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Depreciation/Minor Equipment	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$371,362**	**$450,900**	**$565,817**	**$648,814**	**74.7%**	**$235,349**	**($330,468)**	**-58.4%**	**$223,579**	**($425,235)**	**-65.5%**
Recoveries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Revenues	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Expenses Net of Recoveries	**$371,362**	**$450,900**	**$565,817**	**$648,814**	**74.7%**	**$235,349**	**($330,468)**	**-58.4%**	**$223,579**	**($425,235)**	**-65.5%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Net Cost % of Direct Care excl Eq/Med	2.22%	2.38%	2.92%	3.53%	58.8%	3.53%	.66%	.89%	1.22%	1.35%	1.22%
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr											
OT Hrs as % Total Wkd Hr excl Purch											
Orient. Hrs % of Total Wkd Hrs (excl Purch.)											

Comment(s): Insurance costs moved to this distinct functional centre.

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Net Cost % of Direct Care excl Eq/Med	1.22%	NLA AGH BRSJ EGH AGH	1.22%	NLA AGH BRSJ EGH GAH KSH KLD AGH SMH KLOW	20
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr					0 of 0
OT Hrs as % Total Wkd Hr excl Purch					0 of 0
Orient. Hrs % of Total Wkd Hrs (excl Purch.)					0 of 0

Performance Forecasts

711150000 Finance

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
Direct Care Costs excl Equipment/Me	16,716,487	18,908,213	19,357,226	18,389,138	10.0%	19,357,226	0	0.0%	18,389,138	0	0.0%
Worked Hours	16,445	14,265	17,001	15,536	-5.5%	17,001	0	0.0%	15,536	0	0.0%
Benefit Hours	2,605	2,478	3,670	2,613	0.3%	3,670	0	0.0%	2,613	0	0.0%
Total Paid Hours	19,050	16,743	20,671	18,149	-4.7%	20,671	0	0.0%	18,149	0	0.0%
Total FTEs	**9.77**	**8.59**	**10.60**	**9.31**	**-4.7%**	**10.60**	**0.00**	**0.0%**	**9.31**	**0.00**	**0.0%**
Worked Hours Salaries	$571,929	$458,063	$652,236	$619,775	8.4%	$652,236	$0	0.0%	$619,775	$0	0.0%
Benefit Hour Salaries	$109,580	$84,416	$103,327	$67,727	-38.2%	$103,327	$0	0.0%	$67,727	$0	0.0%
Fringe Benefit $	$255,459	$235,700	$193,721	$126,858	-50.3%	$193,721	$0	0.0%	$126,858	$0	0.0%
Variable Non-Labour non-drug Costs	$1,129,740	$713,577	$223,956	$329,694	-70.8%	$223,956	$0	0.0%	$329,694	$0	0.0%
Drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Depreciation/Minor Equipment	$16,777	$18,103	$19,652	$13,965	-16.8%	$19,652	$0	0.0%	$13,965	$0	0.0%
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$2,083,485**	**$1,509,859**	**$1,192,892**	**$1,158,019**	**-44.4%**	**$1,192,892**	**$0**	**0.0%**	**$1,158,019**	**$0**	**0.0%**
Recoveries	($489,645)	($378,035)	($1,186,631)	($953,236)	94.7%	($1,186,631)	$0	0.0%	($953,236)	$0	0.0%
Revenues	$0	$0	($10,668)	($20,475)	91.9%	($10,668)	$0	0.0%	($20,475)	$0	0.0%
Expenses Net of Recoveries	**$1,593,840**	**$1,131,824**	**$6,261**	**$204,783**	**-87.2%**	**$6,261**	**$0**	**0.0%**	**$204,783**	**$0**	**0.0%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Net Cost % of Direct Care excl Eq/Med	9.43%	5.89%	-.07%	1.04%	-89.0%	1.04%	1.66%	2.25%	2.77%	3.31%	2.91%
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr	2.37%	3.42%	5.00%	10.16%	329.4%	10.16%	0.00%	0.60%	1.21%	2.79%	2.39%
OT Hrs as % Total Wkd Hr excl Purch	2.74%	3.22%	2.68%	4.26%	55.2%	4.26%	0.00%	0.34%	0.74%	1.14%	0.83%
Orient. Hrs % of Total Wkd Hrs (excl Purch.)	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	0.00%	0.23%	0.86%	0.49%

Comment(s):

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Net Cost % of Direct Care excl Eq/Med	-.07%	KSH LDM RVH SMH KLOW SBGHS	1.04%	CMH DDG GAH KSH LDM RVH SMH KLOW WDMH SBGHS SL	21
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr		NLA ASMH EGH GAH RVH WDMH		NLA ASMH CMH EGH GAH LMH RVH SMH WDMH SBGHS SL	1 of 21
OT Hrs as % Total Wkd Hr excl Purch		FGM LDM LMH RVH AGH WDMH		DDG EGH FGM LDM LMH RVH AGH TDMH KLOW WDMH SL	2 of 21
Orient. Hrs % of Total Wkd Hrs (excl Purch.)		ASMH DDG FGM HND KSH KLD LMH KLOW		ASMH CMH DDG EGH FGM HND KSH KLD LMH KLOW SL	8 of 21

Performance Forecasts

711200000 Personnel Services

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
FTEs	335	310	406	410	22.4%	406	0	0.0%	410	0	0.0%
Worked Hours	6,753	7,291	7,707	7,689	13.9%	4,876	-2,831	-36.7%	4,966	-2,723	-35.4%
Benefit Hours	1,143	1,402	1,805	1,708	49.4%	1,142	-663	-36.7%	1,103	-605	-35.4%
Total Paid Hours	7,896	8,693	9,512	9,397	19.0%	6,018	-3,494	-36.7%	6,069	-3,328	-35.4%
Total FTEs	**4.05**	**4.46**	**4.88**	**4.82**	**19.0%**	**3.09**	**-1.79**	**-36.7%**	**3.11**	**-1.71**	**-35.4%**
Worked Hours Salaries	$256,808	$323,607	$362,233	$338,573	31.8%	$229,160	($133,073)	-36.7%	$218,680	($119,893)	-35.4%
Benefit Hour Salaries	$77,074	$82,037	$78,304	$75,836	-1.6%	$49,538	($28,766)	-36.7%	$48,981	($26,855)	-35.4%
Fringe Benefit $	$129,173	$139,712	$133,778	$164,175	27.1%	$84,632	($49,146)	-36.7%	$106,038	($58,137)	-35.4%
Variable Non-Labour non-drug Costs	$471,210	$338,582	$475,899	$455,291	-3.4%	$301,069	($174,830)	-36.7%	$294,066	($161,225)	-35.4%
Drug Costs	$0	$0	$23	$408	1,673.9%	$15	($8)	-36.7%	$264	($144)	-35.4%
Depreciation/Minor Equipment	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$934,265**	**$883,938**	**$1,050,237**	**$1,034,283**	**10.7%**	**$664,413**	**($385,824)**	**-36.7%**	**$668,030**	**($366,253)**	**-35.4%**
Recoveries	($39,434)	($12,856)	($4,191)	($1,303)	-96.7%	($4,191)	$0	0.0%	($1,303)	$0	0.0%
Revenues	$0	$0	($1,278)	($1,173)	-8.2%	($1,278)	$0	0.0%	($1,173)	$0	0.0%
Expenses Net of Recoveries	**$894,831**	**$871,082**	**$1,046,046**	**$1,032,980**	**15.4%**	**$660,222**	**($385,824)**	**-36.9%**	**$666,727**	**($366,253)**	**-35.5%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Net Cost exclg Depn/Med per FTE	$2,671.14	$2,809.94	$2,576.47	$2,519.46	-5.7%	$2,519.46	$1,003.38	$1,480.83	$1,626.16	$1,719.38	$1,662.22
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr	7.61%	1.45%	4.04%	1.64%	-78.5%	1.64%	0.00%	0.55%	0.94%	1.29%	1.68%
OT Hrs as % Total Wkd Hr excl Purch	3.73%	1.73%	0.73%	0.35%	-90.6%	0.35%	0.00%	0.00%	0.02%	1.40%	0.85%
Orient. Hrs % of Total Wkd Hrs (excl Purch.)	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	0.00%	0.56%	1.49%	0.84%

Comment(s):

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Net Cost exclg Depn/Med per FTE	$1,626.16	BRSJ LDM AGH SMH TDMH	$1,626.16	ASMH AGH BRSJ EGH KLD LDM AGH SMH TDMH SL	20
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr		NLA GAH LMH AGH SMH SL		NLA DDG GAH HND KLD LDM LMH RVH AGH SMH SL	1 of 22
OT Hrs as % Total Wkd Hr excl Purch		ASMH AGH CMH EGH GAH KSH LDM RVH AGH WDMH SBGHS		ASMH AGH CMH EGH GAH KSH LDM RVH AGH WDMH SBGHS	11 of 22
Orient. Hrs % of Total Wkd Hrs (excl Purch.)		ASMH AGH CMH DDG EGH KLD LDM		ASMH AGH CMH DDG EGH KLD LDM LMH RVH KLOW SBGHS	7 of 22

Performance Forecasts

711250000 Systems Support

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
Direct Care Costs excl Equipment/Me	16,716,487	18,908,213	19,357,226	18,389,138	10.0%	19,357,226	0	0.0%	18,389,138	0	0.0%
Worked Hours	1,960	4,583	6,617	8,550	336.2%	4,128	-2,489	-37.6%	5,587	-2,963	-34.7%
Benefit Hours	268	731	894	671	150.4%	558	-336	-37.6%	438	-233	-34.7%
Total Paid Hours	2,228	5,314	7,511	9,221	313.9%	4,686	-2,825	-37.6%	6,026	-3,195	-34.7%
Total FTEs	**1.14**	**2.73**	**3.85**	**4.73**	**313.9%**	**2.40**	**-1.45**	**-37.6%**	**3.09**	**-1.64**	**-34.7%**
Worked Hours Salaries	$65,796	$137,620	$246,259	$358,713	445.2%	$153,645	($92,614)	-37.6%	$234,414	($124,299)	-34.7%
Benefit Hour Salaries	$25,951	$29,809	$24,900	$30,601	17.9%	$15,536	($9,364)	-37.6%	$19,997	($10,604)	-34.7%
Fringe Benefit $	$40,587	$90,039	$93,415	$71,706	76.7%	$58,283	($35,132)	-37.6%	$46,859	($24,847)	-34.7%
Variable Non-Labour non-drug Costs	$178,369	$212,106	$485,912	$312,028	74.9%	$303,169	($182,743)	-37.6%	$203,906	($108,122)	-34.7%
Drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Depreciation/Minor Equipment	$66,468	$159,204	$83,184	$83,670	25.9%	$83,184	$0	0.0%	$83,670	$0	0.0%
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$377,171**	**$628,778**	**$933,670**	**$856,718**	**127.1%**	**$613,817**	**($319,853)**	**-34.3%**	**$588,846**	**($267,872)**	**-31.3%**
Recoveries	($21,980)	($37,680)	($21,600)	($21,600)	-1.7%	($21,600)	$0	0.0%	($21,600)	$0	0.0%
Revenues	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Expenses Net of Recoveries	**$355,191**	**$591,098**	**$912,070**	**$835,118**	**135.1%**	**$592,217**	**($319,853)**	**-35.1%**	**$567,246**	**($267,872)**	**-32.1%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Net Cost % of Direct Care excl Eq/Med	1.73%	2.28%	4.28%	4.09%	136.6%	4.09%	1.73%	2.17%	2.63%	3.25%	2.83%
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr	2.50%	2.33%	1.15%	3.23%	29.2%	3.23%	0.00%	0.44%	0.90%	1.92%	2.09%
OT Hrs as % Total Wkd Hr excl Purch	0.00%	0.50%	0.31%	0.20%	-60.9%	0.20%	0.00%	0.01%	1.22%	3.45%	1.82%
Orient. Hrs % of Total Wkd Hrs (excl Purch.)	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	0.00%	0.00%	0.38%	1.86%

Comment(s):

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Net Cost % of Direct Care excl Eq/Med	2.63%	NLA ASMH BRSJ KLOW	2.63%	NLA ASMH BRSJ CMH EGH HND AGH KLOW	16
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr		NLA BRSJ KSH SMH TDMH		NLA BRSJ CMH GAH KSH RVH SMH TDMH KLOW	3 of 18
OT Hrs as % Total Wkd Hr excl Purch		NLA GAH KSH AGH WDMH		NLA DDG GAH KSH RVH AGH TDMH WDMH SBGHS	5 of 18
Orient. Hrs % of Total Wkd Hrs (excl Purch.)		NLA CMH DDG GAH HND KSH KLD RVH TDMH KLOW SL		NLA CMH DDG GAH HND KSH KLD RVH TDMH KLOW SL	10 of 18

Performance Forecasts

711350000 Materiel Management

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
Direct Care Costs excl Equipment/Me	16,716,487	18,908,213	19,357,226	18,389,138	10.0%	19,357,226	0	0.0%	18,389,138	0	0.0%
Worked Hours	9,730	8,163	10,384	10,773	10.7%	9,083	-1,301	-12.5%	7,931	-2,842	-26.4%
Benefit Hours	1,581	1,423	1,708	1,299	-17.8%	1,494	-214	-12.5%	956	-343	-26.4%
Total Paid Hours	11,311	9,586	12,092	12,072	6.7%	10,577	-1,515	-12.5%	8,887	-3,185	-26.4%
Total FTEs	**5.80**	**4.92**	**6.20**	**6.19**	**6.7%**	**5.42**	**-0.78**	**-12.5%**	**4.56**	**-1.63**	**-26.4%**
Worked Hours Salaries	$200,517	$173,562	$231,222	$247,049	23.2%	$202,257	($28,965)	-12.5%	$181,874	($65,175)	-26.4%
Benefit Hour Salaries	$40,740	$33,746	$25,684	$27,484	-32.5%	$22,467	($3,217)	-12.5%	$20,233	($7,251)	-26.4%
Fringe Benefit $	$98,634	$93,135	$74,663	$86,300	-12.5%	$65,310	($9,353)	-12.5%	$63,533	($22,767)	-26.4%
Variable Non-Labour non-drug Costs	$372,782	$224,379	$242,205	$304,638	-18.3%	$211,864	($30,341)	-12.5%	$224,270	($80,368)	-26.4%
Drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Depreciation/Minor Equipment	$898,290	$1,150,222	$1,337,749	$1,519,515	69.2%	$1,337,749	$0	0.0%	$1,519,515	$0	0.0%
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$1,610,963**	**$1,675,044**	**$1,911,523**	**$2,184,986**	**35.6%**	**$1,839,647**	**($71,876)**	**-3.8%**	**$2,009,424**	**($175,562)**	**-8.0%**
Recoveries	($58,097)	($70,641)	($62,663)	($72,641)	25.0%	($62,663)	$0	0.0%	($72,641)	$0	0.0%
Revenues	$0	$0	$0	($400)	N/A	$0	$0	N/A	($400)	$0	0.0%
Expenses Net of Recoveries	**$1,552,866**	**$1,604,403**	**$1,848,860**	**$2,112,345**	**36.0%**	**$1,776,984**	**($71,876)**	**-3.9%**	**$1,936,783**	**($175,562)**	**-8.3%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Net Cost % of Direct Care excl Eq/Med	3.92%	2.40%	2.64%	3.22%	-17.7%	3.22%	1.38%	1.82%	2.27%	3.02%	2.52%
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr	2.62%	2.79%	9.11%	2.20%	-16.0%	2.20%	0.00%	0.85%	1.93%	5.26%	3.77%
OT Hrs as % Total Wkd Hr excl Purch	2.84%	2.35%	4.91%	1.89%	-33.5%	1.89%	0.00%	0.36%	0.57%	1.37%	1.08%
Orient. Hrs % of Total Wkd Hrs (excl Purch.)	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	0.00%	0.25%	1.30%	1.14%

Comment(s):

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Net Cost % of Direct Care excl Eq/Med	2.27%	BRSJ CMH GAH LMH RVH AGH	2.27%	ASMH BRSJ CMH EGH GAH KSH LMH RVH AGH KLOW SBGHS	21
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr		NLA CMH GAH HND LDM AGH		NLA AGH BRSJ CMH GAH HND LDM LMH RVH AGH WDMH	1 of 22
OT Hrs as % Total Wkd Hr excl Purch		AGH CMH LMH RVH AGH KLOW		AGH BRSJ CMH GAH HND LMH RVH AGH KLOW WDMH SBGHS	2 of 22
Orient. Hrs % of Total Wkd Hrs (excl Purch.)		ASMH AGH DDG EGH FGM KSH LMH AGH KLOW		ASMH AGH DDG EGH FGM GAH KSH LMH RVH AGH KLOW	9 of 22

Performance Forecasts

711450000 Housekeeping

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
Square Meters	13,364	13,364	13,364	13,364	0.0%	13,364	0	0.0%	13,364	0	0.0%
Worked Hours	36,404	35,118	33,689	36,333	-0.2%	24,179	-9,510	-28.2%	26,141	-10,192	-28.1%
Benefit Hours	4,442	4,863	8,496	4,473	0.7%	6,098	-2,398	-28.2%	3,218	-1,255	-28.1%
Total Paid Hours	40,846	39,981	42,185	40,806	-0.1%	30,276	-11,909	-28.2%	29,360	-11,446	-28.1%
Total FTEs	**20.95**	**20.50**	**21.63**	**20.93**	**-0.1%**	**15.53**	**-6.11**	**-28.2%**	**15.06**	**-5.87**	**-28.1%**
Worked Hours Salaries	$686,248	$728,392	$751,516	$794,258	15.7%	$539,361	($212,155)	-28.2%	$571,466	($222,792)	-28.1%
Benefit Hour Salaries	$109,548	$129,462	$108,169	$84,856	-22.5%	$77,633	($30,536)	-28.2%	$61,054	($23,802)	-28.1%
Fringe Benefit $	$281,563	$310,798	$281,527	$288,563	2.5%	$202,051	($79,476)	-28.2%	$207,620	($80,943)	-28.1%
Variable Non-Labour non-drug Costs	$250,406	$220,506	$210,672	$180,827	-27.8%	$151,199	($59,473)	-28.2%	$130,104	($50,723)	-28.1%
Drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Depreciation/Minor Equipment	$13,219	$2,752	$2,484	$4,945	-62.6%	$2,484	$0	0.0%	$4,945	$0	0.0%
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$1,340,984**	**$1,391,910**	**$1,354,368**	**$1,353,449**	**0.9%**	**$972,728**	**($381,640)**	**-28.2%**	**$975,189**	**($378,260)**	**-27.9%**
Recoveries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Revenues	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Expenses Net of Recoveries	**$1,340,984**	**$1,391,910**	**$1,354,368**	**$1,353,449**	**0.9%**	**$972,728**	**($381,640)**	**-28.2%**	**$975,189**	**($378,260)**	**-27.9%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Net Cost exclg Depn/Med per Square Metre	$99.35	$103.95	$101.16	$100.91	1.6%	$100.91	$41.02	$62.67	$72.60	$82.75	$74.81
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr	3.50%	7.17%	6.93%	3.07%	-12.3%	3.07%	2.26%	5.56%	9.27%	11.57%	9.89%
OT Hrs as % Total Wkd Hr excl Purch	4.22%	2.98%	3.33%	3.97%	-5.9%	3.97%	0.00%	0.19%	0.47%	1.79%	1.02%
Orient. Hrs % of Total Wkd Hrs (excl Purch.)	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	0.11%	0.43%	1.15%	0.83%

Comment(s): Net square metres exclude other votes, areas with recovered costs, and mechanical/electrical/power plant.

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Net Cost exclg Depn/Med per Square Metre	$72.60	CMH EGH SMH TDMH WDMH	$72.60	BRSJ CMH EGH KSH KLD LMH SMH TDMH KLOW WDMH	20
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr		ASMH GAH KSH TDMH KLOW SL		NLA ASMH BRSJ FGM GAH KSH LDM TDMH KLOW SBGHS SL	0 of 21
OT Hrs as % Total Wkd Hr excl Purch		ASMH AGH CMH DDG KLOW SBGHS		ASMH AGH CMH DDG EGH GAH LMH AGH KLOW WDMH SBGHS	1 of 21
Orient. Hrs % of Total Wkd Hrs (excl Purch.)		AGH DDG KSH LMH AGH KLOW		ASMH AGH BRSJ CMH DDG FGM GAH KSH LMH AGH KLOW	3 of 21

Performance Forecasts

711500000 Laundry and Linen

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
Kilograms	157,603	84,453	85,406	86,004	-45.4%	85,406	0	0.0%	86,004	0	0.0%
Worked Hours	10,939	8,300	9,615	10,669	-2.5%	3,381	-6,234	-64.8%	3,868	-6,801	-63.7%
Benefit Hours	2,241	1,529	2,240	2,478	10.6%	788	-1,452	-64.8%	898	-1,580	-63.7%
Total Paid Hours	13,180	9,829	11,855	13,147	-0.3%	4,169	-7,686	-64.8%	4,766	-8,381	-63.7%
Total FTEs	**6.76**	**5.04**	**6.08**	**6.74**	**-0.3%**	**2.14**	**-3.94**	**-64.8%**	**2.44**	**-4.30**	**-63.7%**
Worked Hours Salaries	$187,410	$166,724	$200,758	$205,984	9.9%	$70,595	($130,163)	-64.8%	$74,673	($131,311)	-63.7%
Benefit Hour Salaries	$44,500	$36,052	$36,845	$44,355	-0.3%	$12,956	($23,889)	-64.8%	$16,080	($28,275)	-63.7%
Fringe Benefit $	$109,134	$92,335	$94,026	$100,403	-8.0%	$33,064	($60,962)	-64.8%	$36,398	($64,005)	-63.7%
Variable Non-Labour non-drug Costs	$49,137	$27,754	$30,389	$18,955	-61.4%	$10,686	($19,703)	-64.8%	$6,872	($12,083)	-63.7%
Drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Depreciation/Minor Equipment	$31,413	$19,279	$7,230	$11,156	-64.5%	$7,230	$0	0.0%	$11,156	$0	0.0%
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$421,594**	**$342,144**	**$369,248**	**$380,853**	**-9.7%**	**$134,531**	**($234,717)**	**-63.6%**	**$145,178**	**($235,675)**	**-61.9%**
Recoveries	($13,077)	($8,218)	$0	($5,830)	-55.4%	$0	$0	N/A	($5,830)	$0	0.0%
Revenues	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Expenses Net of Recoveries	**$408,517**	**$333,926**	**$369,248**	**$375,023**	**-8.2%**	**$134,531**	**($234,717)**	**-63.6%**	**$139,348**	**($235,675)**	**-62.8%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Net Cost exclg Depn/Med per Kilogram	$2.39	$3.73	$4.24	$4.23	76.8%	$4.23	$.92	$1.37	$1.49	$1.59	$1.47
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr	6.67%	9.15%	6.39%	6.46%	-3.1%	6.46%	0.69%	1.47%	3.04%	5.17%	7.43%
OT Hrs as % Total Wkd Hr excl Purch	1.15%	0.82%	0.20%	0.65%	-43.9%	0.65%	0.00%	0.05%	0.17%	0.28%	0.21%
Orient. Hrs % of Total Wkd Hrs (excl Purch.)	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	0.02%	0.60%	1.27%	0.85%

Comment(s): Laundry costs have been centralized to this functional centre. See also the global analysis of laundry/linen costs.

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Net Cost exclg Depn/Med per Kilogram	$1.49	BRSJ FGM WDMH	$1.49	NLA ASMH BRSJ FGM WDMH SBGHS	12
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr		BRSJ HND LMH SBGHS		BRSJ FGM HND KLD LMH AGH SBGHS	0 of 14
OT Hrs as % Total Wkd Hr excl Purch		AGH LMH AGH KLOW		AGH EGH KLD LMH AGH KLOW SBGHS	3 of 14
Orient. Hrs % of Total Wkd Hrs (excl Purch.)		AGH DDG LMH AGH		AGH DDG FGM LMH AGH KLOW SL	4 of 14

Performance Forecasts

711550000 Plant Operations & Maintenance

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
Square Meters	15,531	15,531	15,531	15,531	0.0%	15,531	0	0.0%	15,531	0	0.0%
Worked Hours	36,092	31,439	34,709	36,482	1.1%	15,742	-18,967	-54.6%	15,255	-21,227	-58.2%
Benefit Hours	6,517	6,901	7,527	9,398	44.2%	3,414	-4,113	-54.6%	3,930	-5,468	-58.2%
Total Paid Hours	42,609	38,340	42,236	45,880	7.7%	19,155	-23,081	-54.6%	19,185	-26,695	-58.2%
Total FTEs	**21.85**	**19.66**	**21.66**	**23.53**	**7.7%**	**9.82**	**-11.84**	**-54.6%**	**9.84**	**-13.69**	**-58.2%**
Worked Hours Salaries	$973,410	$903,016	$1,120,171	$1,095,731	12.6%	$508,029	($612,142)	-54.6%	$458,183	($637,548)	-58.2%
Benefit Hour Salaries	$222,466	$205,503	$192,602	$245,791	10.5%	$87,350	($105,252)	-54.6%	$102,778	($143,013)	-58.2%
Fringe Benefit $	$455,061	$480,311	$519,744	$460,658	1.2%	$235,719	($284,025)	-54.6%	$192,625	($268,033)	-58.2%
Variable Non-Labour non-drug Costs	$361,995	$278,749	$442,560	$595,168	64.4%	$200,713	($241,847)	-54.6%	$248,871	($346,297)	-58.2%
Drug Costs	$0	$0	$0	$1,164	N/A	$0	$0	N/A	$487	($677)	-58.2%
Depreciation/Minor Equipment	$409,816	$338,572	$484,140	$274,958	-32.9%	$484,140	$0	0.0%	$274,958	$0	0.0%
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$2,422,748**	**$2,206,151**	**$2,759,217**	**$2,673,470**	**10.3%**	**$1,515,952**	**($1,243,265)**	**-45.1%**	**$1,277,903**	**($1,395,567)**	**-52.2%**
Recoveries	($153,998)	($174,593)	($204,560)	($175,693)	14.1%	($204,560)	$0	0.0%	($175,693)	$0	0.0%
Revenues	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Expenses Net of Recoveries	**$2,268,750**	**$2,031,558**	**$2,554,657**	**$2,497,777**	**10.1%**	**$1,311,392**	**($1,243,265)**	**-48.7%**	**$1,102,210**	**($1,395,567)**	**-55.9%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Net Cost exclg Depn/Med per Square Metre	$119.69	$109.01	$133.32	$143.12	19.6%	$143.12	$29.86	$42.92	$53.26	$63.81	$53.61
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr	4.82%	6.51%	6.10%	9.18%	90.2%	9.18%	0.14%	1.48%	2.61%	6.05%	4.48%
OT Hrs as % Total Wkd Hr excl Purch	5.45%	4.21%	6.58%	8.79%	61.3%	8.79%	0.00%	1.42%	2.77%	4.34%	3.16%
Orient. Hrs % of Total Wkd Hrs (excl Purch.)	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	0.00%	0.08%	0.40%	0.49%

Comment(s): Net square metres exclude other votes, areas with recovered costs, and mechanical/electrical/power plant. Includes Plant Security.

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Net Cost exclg Depn/Med per Square Metre	$53.26	NLA AGH CMH KSH WDMH	$53.26	NLA AGH CMH EGH FGM HND KSH KLD LMH WDMH	20
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr		NLA CMH AGH SMH TDMH KLOW		NLA ASMH BRSJ CMH DDG RVH AGH SMH TDMH KLOW SL	0 of 22
OT Hrs as % Total Wkd Hr excl Purch		NLA AGH CMH HND AGH SBGHS		NLA AGH CMH DDG HND LDM RVH AGH SMH WDMH SBGHS	1 of 22
Orient. Hrs % of Total Wkd Hrs (excl Purch.)		ASMH AGH CMH DDG EGH FGM KSH KLD LDM AGH		ASMH AGH CMH DDG EGH FGM HND KSH KLD LDM AGH	10 of 22

Performance Forecasts

711559000 Utilities

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
Square Meters	15,531	15,531	15,531	15,531	0.0%	15,531	0	0.0%	15,531	0	0.0%
Worked Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Benefit Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Total Paid Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Total FTEs	**0.00**	**0.00**	**0.00**	**0.00**	**N/A**	**0.00**	**0.00**	**N/A**	**0.00**	**0.00**	**N/A**
Worked Hours Salaries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Benefit Hour Salaries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Fringe Benefit $	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Variable Non-Labour non-drug Costs	$1,100,775	$1,863,280	$2,095,938	$2,167,523	96.9%	$809,212	($1,286,726)	-61.4%	$809,212	($1,358,311)	-62.7%
Drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Depreciation/Minor Equipment	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$1,100,775**	**$1,863,280**	**$2,095,938**	**$2,167,523**	**96.9%**	**$809,212**	**($1,286,726)**	**-61.4%**	**$809,212**	**($1,358,311)**	**-62.7%**
Recoveries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Revenues	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Expenses Net of Recoveries	**$1,100,775**	**$1,863,280**	**$2,095,938**	**$2,167,523**	**96.9%**	**$809,212**	**($1,286,726)**	**-61.4%**	**$809,212**	**($1,358,311)**	**-62.7%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Net Cost exclg Depn/Med per Square Metre	$70.88	$119.97	$134.95	$139.56	96.9%	$139.56	$28.76	$42.45	$52.10	$55.96	$50.75
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr											
OT Hrs as % Total Wkd Hr excl Purch											
Orient. Hrs % of Total Wkd Hrs (excl Purch.)											

Comment(s): Net square metres exclude other votes, areas with recovered costs, and mechanical/electrical/power plant.

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Net Cost exclg Depn/Med per Square Metre	$52.10	EGH FGM LDM SMH KLOW	$52.10	EGH FGM GAH HND LDM LMH SMH TDMH KLOW	18
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr					0 of 0
OT Hrs as % Total Wkd Hr excl Purch					0 of 0
Orient. Hrs % of Total Wkd Hrs (excl Purch.)					0 of 0

71180 Registration/Communications

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
Direct Care Costs excl Equipment/Me	16,716,487	18,908,213	19,357,226	18,389,138	10.0%	19,357,226	0	0.0%	18,389,138	0	0.0%
Worked Hours	18,821	20,883	20,574	40,497	115.2%	17,462	-3,112	-15.1%	19,450	-21,047	-52.0%
Benefit Hours	2,613	2,866	8,513	8,339	219.1%	7,225	-1,288	-15.1%	4,005	-4,334	-52.0%
Total Paid Hours	21,434	23,749	29,087	48,836	127.8%	24,688	-4,399	-15.1%	23,455	-25,381	-52.0%
Total FTEs	**10.99**	**12.18**	**14.92**	**25.04**	**127.8%**	**12.66**	**-2.26**	**-15.1%**	**12.03**	**-13.02**	**-52.0%**
Worked Hours Salaries	$358,945	$480,031	$481,194	$846,241	135.8%	$408,418	($72,776)	-15.1%	$406,430	($439,811)	-52.0%
Benefit Hour Salaries	$55,817	$73,578	$91,762	$157,338	181.9%	$77,884	($13,878)	-15.1%	$75,566	($81,772)	-52.0%
Fringe Benefit $	$185,281	$240,841	$226,205	$413,041	122.9%	$191,994	($34,211)	-15.1%	$198,374	($214,667)	-52.0%
Variable Non-Labour non-drug Costs	$15,049	$15,532	$20,694	$36,776	144.4%	$17,564	($3,130)	-15.1%	$17,663	($19,113)	-52.0%
Drug Costs	$0	$0	$0	$124	N/A	$0	$0	N/A	$60	($64)	-52.0%
Depreciation/Minor Equipment	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$615,092**	**$809,982**	**$819,855**	**$1,453,520**	**136.3%**	**$695,859**	**($123,996)**	**-15.1%**	**$698,092**	**($755,428)**	**-52.0%**
Recoveries	$0	$0	$0	($37,034)	N/A	$0	$0	N/A	($37,034)	$0	0.0%
Revenues	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Expenses Net of Recoveries	**$615,092**	**$809,982**	**$819,855**	**$1,416,486**	**130.3%**	**$695,859**	**($123,996)**	**-15.1%**	**$661,058**	**($755,428)**	**-53.3%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Net Cost % of Direct Care excl Eq/Med	3.68%	4.28%	4.24%	7.70%	109.3%	7.70%	1.95%	2.76%	3.59%	4.21%	3.68%
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr	3.91%	4.86%	12.28%	8.75%	124.0%	8.75%	0.95%	1.71%	3.22%	8.96%	6.04%
OT Hrs as % Total Wkd Hr excl Purch	3.86%	5.13%	6.64%	4.08%	5.9%	4.08%	0.00%	0.26%	0.68%	1.31%	1.01%
Orient. Hrs % of Total Wkd Hrs (excl Purch.)	3.86%	5.13%	6.64%	4.08%	5.9%	4.08%	0.00%	0.26%	0.68%	1.31%	1.01%

Comment(s): Prior to 2014/15 "Registration Staff" for Fort Albany & Attawapiskat were reported under General Admin (10.12 FTE increase in Registration in 2014/15).

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Net Cost % of Direct Care excl Eq/Med	3.59%	BRSJ FGM KSH LDM RVH	3.59%	AGH BRSJ EGH FGM KSH KLD LDM LMH RVH SL	19
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr		CMH EGH FGM KLD SL		CMH EGH FGM GAH KLD AGH SMH TDMH SL	0 of 17
OT Hrs as % Total Wkd Hr excl Purch		ASMH AGH BRSJ LMH SBGHS		ASMH AGH BRSJ CMH DDG EGH GAH LMH KLOW SBGHS	2 of 20
Orient. Hrs % of Total Wkd Hrs (excl Purch.)		ASMH AGH BRSJ LMH SBGHS		ASMH AGH BRSJ CMH DDG EGH GAH LMH KLOW SBGHS	2 of 20

711800000 Registration (Admitting)

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
Inpatient Registrations + OP@0.10	1,945	3,391	3,702	4,899	151.9%	3,702	0	0.0%	4,899	0	0.0%
Worked Hours	18,821	20,883	20,574	40,497	115.2%	6,192	-14,382	-69.9%	8,193	-32,304	-79.8%
Benefit Hours	2,613	2,866	8,513	8,339	219.1%	2,562	-5,951	-69.9%	1,687	-6,652	-79.8%
Total Paid Hours	21,434	23,749	29,087	48,836	127.8%	8,753	-20,334	-69.9%	9,881	-38,955	-79.8%
Total FTEs	**10.99**	**12.18**	**14.92**	**25.04**	**127.8%**	**4.49**	**-10.43**	**-69.9%**	**5.07**	**-19.98**	**-79.8%**
Worked Hours Salaries	$358,945	$480,031	$481,194	$846,241	135.8%	$144,810	($336,384)	-69.9%	$171,214	($675,027)	-79.8%
Benefit Hour Salaries	$55,817	$73,578	$91,762	$157,338	181.9%	$27,615	($64,147)	-69.9%	$31,833	($125,505)	-79.8%
Fringe Benefit $	$185,281	$240,841	$226,205	$413,041	122.9%	$68,074	($158,131)	-69.9%	$83,568	($329,473)	-79.8%
Variable Non-Labour non-drug Costs	$15,049	$15,532	$20,694	$36,776	144.4%	$12,801	($7,893)	-38.1%	$16,939	($19,837)	-53.9%
Drug Costs	$0	$0	$0	$124	N/A	$0	$0	N/A	$124	$0	0.0%
Depreciation/Minor Equipment	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$615,092**	**$809,982**	**$819,855**	**$1,453,520**	**136.3%**	**$253,299**	**($566,556)**	**-69.1%**	**$303,678**	**($1,149,842)**	**-79.1%**
Recoveries	$0	$0	$0	($37,034)	N/A	$0	$0	N/A	($37,034)	$0	0.0%
Revenues	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Expenses Net of Recoveries	**$615,092**	**$809,982**	**$819,855**	**$1,416,486**	**130.3%**	**$253,299**	**($566,556)**	**-69.1%**	**$266,644**	**($1,149,842)**	**-81.2%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Worked Hours/Workload	9.6766	6.1584	5.5575	8.2664	-14.6%	8.2664	1.0796	1.3456	1.6725	2.6815	2.0807
Var NL non-drug$/Workload	$7.74	$4.58	$5.59	$7.51	-3.0%	$7.51	$1.33	$2.03	$3.46	$4.01	$3.32
Drug$/Workload	$0.00	$0.00	$0.00	$0.03		$0.03	$0.03	$0.03	$0.03	$0.03	$0.03
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr	3.91%	4.86%	12.28%	8.75%	124.0%	8.75%	0.95%	1.71%	3.22%	8.96%	6.04%
OT Hrs as % Total Wkd Hr excl Purch	3.86%	5.13%	6.64%	4.08%	5.9%	4.08%	0.00%	0.26%	0.68%	1.31%	1.01%
Orient. Hrs % of Total Wkd Hrs (excl Purch.)	0.00%	0.00%	18.30%	0.00%	-100.0%	0.00%	0.00%	0.07%	0.98%	2.35%	1.63%

Comment(s): Prior to 2014/15 "Registration Staff" for Fort Albany & Attawapiskat were reported under General Admin (10.12 more FTEs in Registration in 2014/15).

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Worked Hours/Workload	1.6725	EGH SMH KLOW SL	1.6725	CMH EGH FGM KSH SMH TDMH KLOW SL	16
Var NL non-drug$/Workload	$3.46	BRSJ LMH KLOW SBGHS	$3.46	BRSJ CMH KLD LMH SMH KLOW SBGHS SL	15
Drug$/Workload	$.00		$.03		0
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr		CMH EGH FGM KLD SL		CMH EGH FGM GAH KLD AGH SMH TDMH SL	0 of 17
OT Hrs as % Total Wkd Hr excl Purch		ASMH AGH BRSJ LMH SBGHS		ASMH AGH BRSJ CMH DDG EGH GAH LMH KLOW SBGHS	2 of 20
Orient. Hrs % of Total Wkd Hrs (excl Purch.)		AGH DDG KLD LMH RVH		AGH BRSJ CMH DDG GAH KLD LMH RVH TDMH SBGHS	5 of 20

Performance Forecasts

711820000 Case Coordination

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
Inpatient Acute A&C Admissions	973	955	809	719	-26.1%	809	0	0.0%	719	0	0.0%
Worked Hours	0	0	0	3,817	N/A	0	0	N/A	468	-3,349	-87.8%
Benefit Hours	0	0	0	467	N/A	81	81	N/A	57	-410	-87.8%
Total Paid Hours	0	0	0	4,284	N/A	81	81	N/A	525	-3,759	-87.8%
Total FTEs	**0.00**	**0.00**	**0.00**	**2.20**	**N/A**	**0.04**	**0.04**	**N/A**	**0.27**	**-1.93**	**-87.8%**
Worked Hours Salaries	$0	$0	$0	$151,099	N/A	$0	$0	N/A	$18,507	($132,592)	-87.8%
Benefit Hour Salaries	$0	$0	$0	$12,426	N/A	$0	$0	N/A	$1,522	($10,904)	-87.8%
Fringe Benefit $	$0	$0	$0	$36,189	N/A	$0	$0	N/A	$4,432	($31,757)	-87.8%
Variable Non-Labour non-drug Costs	$0	$0	$0	$38,006	N/A	$0	$0	N/A	$113	($37,893)	-99.7%
Drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Depreciation/Minor Equipment	$0	$0	$0	$21,110	N/A	$0	$0	N/A	$21,110	$0	0.0%
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$0**	**$0**	**$0**	**$258,830**	**N/A**	**$0**	**$0**	**N/A**	**$45,685**	**($213,145)**	**-82.3%**
Recoveries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Revenues	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Expenses Net of Recoveries	**$0**	**$0**	**$0**	**$258,830**	**N/A**	**$0**	**$0**	**N/A**	**$45,685**	**($213,145)**	**-82.3%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Worked Hours/Admission	.0000	.0000	.0000	5.3088		5.3088	.4950	.5199	.6502	.6715	.6644
Var NL non-drug$/Admission	$.00	$.00	$.00	$52.86		$52.86	$.13	$.14	$.16	$.17	$.16
Drug$/Admission	$0.00	$0.00	$0.00	$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr				0.00%		0.00%	0.88%	1.43%	1.63%	2.89%	4.42%
OT Hrs as % Total Wkd Hr excl Purch				2.41%		2.41%	0.22%	0.27%	0.64%	0.99%	2.66%
Orient. Hrs % of Total Wkd Hrs (excl Purch.)				0.00%		0.00%	0.00%	0.00%	0.00%	0.14%	0.88%

Comment(s):

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Worked Hours/Admission	.0000	ASMH SBGHS	.6502	ASMH KLD SBGHS	5
Var NL non-drug$/Admission	$.00	ASMH	$.16	ASMH	2
Drug$/Admission	$.00		$.00		0
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr		ASMH CMH		ASMH CMH KLOW	0 of 5
OT Hrs as % Total Wkd Hr excl Purch		ASMH WDMH		ASMH CMH WDMH	0 of 5
Orient. Hrs % of Total Wkd Hrs (excl Purch.)		ASMH KLOW SBGHS		ASMH KLOW SBGHS	3 of 5

Performance Forecasts

711900000 Health Records

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
Direct Care Costs excl Equipment/Me	16,716,487	18,908,213	19,357,226	18,389,138	10.0%	19,357,226	0	0.0%	18,389,138	0	0.0%
Worked Hours	13,771	8,424	8,208	8,335	-39.5%	8,208	0	0.0%	8,335	0	0.0%
Benefit Hours	2,409	1,680	1,775	1,825	-24.2%	1,775	0	0.0%	1,825	0	0.0%
Total Paid Hours	16,180	10,104	9,983	10,160	-37.2%	9,983	0	0.0%	10,160	0	0.0%
Total FTEs	**8.30**	**5.18**	**5.12**	**5.21**	**-37.2%**	**5.12**	**0.00**	**0.0%**	**5.21**	**0.00**	**0.0%**
Worked Hours Salaries	$343,766	$267,280	$252,587	$282,432	-17.8%	$252,587	$0	0.0%	$282,432	$0	0.0%
Benefit Hour Salaries	$76,754	$25,572	$45,132	$47,545	-38.1%	$45,132	$0	0.0%	$47,545	$0	0.0%
Fringe Benefit $	$205,298	$119,682	$94,977	$139,684	-32.0%	$94,977	$0	0.0%	$139,684	$0	0.0%
Variable Non-Labour non-drug Costs	$33,364	$21,263	$16,134	$9,489	-71.6%	$16,134	$0	0.0%	$9,489	$0	0.0%
Drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Depreciation/Minor Equipment	$154,129	$124,772	$111,959	$111,548	-27.6%	$111,959	$0	0.0%	$111,548	$0	0.0%
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$813,311**	**$558,569**	**$520,789**	**$590,698**	**-27.4%**	**$520,789**	**$0**	**0.0%**	**$590,698**	**$0**	**0.0%**
Recoveries	($87,301)	($18,603)	($115,685)	($7,725)	-91.2%	($115,685)	$0	0.0%	($7,725)	$0	0.0%
Revenues	$0	($81,000)	($63,000)	($27,600)	-65.9%	($63,000)	$0	0.0%	($27,600)	$0	0.0%
Expenses Net of Recoveries	**$726,010**	**$539,966**	**$405,104**	**$582,973**	**-19.7%**	**$405,104**	**$0**	**0.0%**	**$582,973**	**$0**	**0.0%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Net Cost % of Direct Care excl Eq/Med	3.42%	2.20%	1.51%	2.56%	-25.1%	2.56%	2.28%	2.98%	3.47%	3.72%	3.47%
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr	5.47%	6.68%	3.79%	5.21%	-4.8%	5.21%	0.50%	1.38%	2.72%	4.94%	4.11%
OT Hrs as % Total Wkd Hr excl Purch	0.61%	4.77%	3.56%	2.52%	316.2%	2.52%	0.00%	0.00%	0.21%	0.60%	0.46%
Orient. Hrs % of Total Wkd Hrs (excl Purch.)	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	0.00%	0.49%	0.78%	0.52%

Comment(s):

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Net Cost % of Direct Care excl Eq/Med	1.51%	NLA CMH KSH LDM SMH KLOW	2.56%	NLA AGH BRSJ CMH FGM HND KSH LDM SMH KLOW SBGHS	21
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr		NLA ASMH FGM RVH SMH TDMH		NLA ASMH BRSJ CMH FGM KLD LMH RVH AGH SMH TDMH	0 of 22
OT Hrs as % Total Wkd Hr excl Purch		AGH CMH EGH GAH RVH WDMH SBGHS		NLA ASMH AGH CMH EGH GAH RVH AGH WDMH SBGHS SL	7 of 22
Orient. Hrs % of Total Wkd Hrs (excl Purch.)		AGH BRSJ DDG EGH HND KLD LMH		AGH BRSJ DDG EGH FGM HND KLD LDM LMH TDMH KLOW	7 of 22

Performance Forecasts

711950000 Patient + Non-Patient Food Svces

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
Patient Days	15,444	13,869	12,703	15,389	-0.4%	12,703	0	0.0%	15,389	0	0.0%
Worked Hours	32,539	29,239	27,667	30,199	-7.2%	16,665	-11,002	-39.8%	20,174	-10,025	-33.2%
Benefit Hours	4,640	5,530	7,262	5,434	17.1%	4,374	-2,888	-39.8%	3,630	-1,804	-33.2%
Total Paid Hours	37,179	34,769	34,929	35,633	-4.2%	21,039	-13,890	-39.8%	23,804	-11,829	-33.2%
Total FTEs	**19.07**	**17.83**	**17.91**	**18.27**	**-4.2%**	**10.79**	**-7.12**	**-39.8%**	**12.21**	**-6.07**	**-33.2%**
Worked Hours Salaries	$597,527	$589,497	$612,888	$661,706	10.7%	$369,160	($243,728)	-39.8%	$442,042	($219,664)	-33.2%
Benefit Hour Salaries	$125,161	$128,622	$116,202	$102,069	-18.4%	$69,992	($46,210)	-39.8%	$68,186	($33,883)	-33.2%
Fringe Benefit $	$297,682	$314,809	$287,248	$278,447	-6.5%	$173,018	($114,230)	-39.8%	$186,012	($92,435)	-33.2%
Variable Non-Labour non-drug Costs	$411,276	$407,160	$418,037	$386,576	-6.0%	$251,795	($166,242)	-39.8%	$258,246	($128,330)	-33.2%
Drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Depreciation/Minor Equipment	$10,461	$1,150	$632	$2,222	-78.8%	$632	$0	0.0%	$2,222	$0	0.0%
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$1,442,107**	**$1,441,238**	**$1,435,007**	**$1,431,020**	**-0.8%**	**$864,596**	**($570,411)**	**-39.7%**	**$956,708**	**($474,312)**	**-33.1%**
Recoveries	($210,363)	($196,617)	($203,402)	($154,250)	-26.7%	($203,402)	$0	0.0%	($154,250)	$0	0.0%
Revenues	($9,479)	($8,929)	($5,485)	$0	-100.0%	($5,485)	$0	0.0%	$0	$0	N/A
Expenses Net of Recoveries	**$1,231,744**	**$1,244,621**	**$1,231,605**	**$1,276,770**	**3.7%**	**$661,194**	**($570,411)**	**-46.3%**	**$802,458**	**($474,312)**	**-37.1%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Net Cost exclg Depn/Patient Day	$79.08	$89.66	$96.90	$82.82	4.7%	$82.82	$34.97	$47.13	$52.00	$60.03	$52.28
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr	3.97%	8.89%	7.59%	5.67%	43.0%	5.67%	1.05%	2.17%	3.74%	12.73%	7.00%
OT Hrs as % Total Wkd Hr excl Purch	0.56%	0.85%	0.81%	1.13%	103.6%	1.13%	0.00%	0.35%	0.54%	0.94%	1.14%
Orient. Hrs % of Total Wkd Hrs (excl Purch.)	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	0.13%	0.51%	1.23%	0.82%

Comment(s):

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Net Cost exclg Depn/Patient Day	$52.00	NLA BRSJ CMH EGH FGM HND	$52.00	NLA ASMH BRSJ CMH EGH FGM HND LDM LMH SBGHS SL	22
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr		NLA FGM HND AGH SMH SL		NLA ASMH AGH BRSJ FGM GAH HND LMH AGH SMH SL	0 of 21
OT Hrs as % Total Wkd Hr excl Purch		ASMH AGH EGH LMH AGH SBGHS		ASMH AGH BRSJ EGH FGM GAH KLD LMH AGH KLOW SBGHS	1 of 21
Orient. Hrs % of Total Wkd Hrs (excl Purch.)		ASMH AGH DDG FGM KSH AGH		ASMH AGH CMH DDG EGH FGM GAH KSH LMH AGH SMH	4 of 21

712051000 Nursing Administration

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
Nursing $ excl Equip/Med Staff	13,129,891	15,281,206	16,119,691	15,358,597	17.0%	16,119,691	0	0.0%	15,358,597	0	0.0%
Worked Hours	8,072	3,965	8,552	14,934	85.0%	5,334	-3,218	-37.6%	7,958	-6,976	-46.7%
Benefit Hours	2,177	1,347	2,046	2,799	28.6%	1,276	-770	-37.6%	1,492	-1,307	-46.7%
Total Paid Hours	10,249	5,312	10,598	17,733	73.0%	6,610	-3,988	-37.6%	9,450	-8,283	-46.7%
Total FTEs	**5.26**	**2.72**	**5.43**	**9.09**	**73.0%**	**3.39**	**-2.05**	**-37.6%**	**4.85**	**-4.25**	**-46.7%**
Worked Hours Salaries	$461,041	$272,237	$707,410	$968,859	110.1%	$441,199	($266,211)	-37.6%	$516,284	($452,575)	-46.7%
Benefit Hour Salaries	$158,432	$108,656	$155,419	$126,800	-20.0%	$96,932	($58,487)	-37.6%	$67,569	($59,231)	-46.7%
Fringe Benefit $	$164,560	$115,693	$161,758	$193,978	17.9%	$100,886	($60,872)	-37.6%	$103,367	($90,611)	-46.7%
Variable Non-Labour non-drug Costs	$180,937	$214,156	$213,699	$89,320	-50.6%	$133,280	($80,419)	-37.6%	$47,597	($41,723)	-46.7%
Drug Costs	$0	$0	$87	$2,006	2,205.7%	$54	($33)	-37.6%	$1,069	($937)	-46.7%
Depreciation/Minor Equipment	$11,472	$25,688	$11,956	$2,637	-77.0%	$11,956	$0	0.0%	$2,637	$0	0.0%
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$976,442**	**$736,430**	**$1,250,329**	**$1,383,600**	**41.7%**	**$784,307**	**($466,022)**	**-37.3%**	**$738,522**	**($645,078)**	**-46.6%**
Recoveries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Revenues	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Expenses Net of Recoveries	**$976,442**	**$736,430**	**$1,250,329**	**$1,383,600**	**41.7%**	**$784,307**	**($466,022)**	**-37.3%**	**$738,522**	**($645,078)**	**-46.6%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Net Cost % of Nursing excl Eq/Med	7.35%	4.65%	7.68%	8.99%	22.3%	8.99%	3.24%	3.42%	4.79%	6.79%	5.47%
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr	7.96%	11.45%	7.26%	5.42%	-31.8%	5.42%	0.00%	0.55%	1.96%	4.76%	2.66%
OT Hrs as % Total Wkd Hr excl Purch	3.52%	4.37%	8.28%	8.34%	137.3%	8.34%	0.00%	0.00%	0.50%	2.14%	1.23%
Orient. Hrs % of Total Wkd Hrs (excl Purch.)	0.60%	0.00%	0.00%	0.00%	-100.0%	0.00%	0.00%	0.00%	1.03%	1.68%	1.41%

Comment(s):

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Net Cost % of Nursing excl Eq/Med	4.79%	NLA HND LDM SMH	4.79%	NLA AGH GAH HND LDM LMH AGH SMH	15
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr		NLA ASMH LDM LMH SMH		NLA ASMH GAH HND KSH LDM LMH SMH SL	2 of 18
OT Hrs as % Total Wkd Hr excl Purch		NLA ASMH AGH GAH AGH SL		NLA ASMH AGH GAH HND LMH AGH SMH SL	5 of 18
Orient. Hrs % of Total Wkd Hrs (excl Purch.)		NLA ASMH AGH GAH KSH KLD LMH		NLA ASMH AGH FGM GAH KSH KLD LMH RVH	7 of 18

712 Medical IP + Chronic Care IP Services

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
Patient Days	8,238	7,699	6,704	7,033	-14.6%	6,704	0	0.0%	7,033	0	0.0%
Worked Hours	46,596	39,284	44,302	38,966	-16.4%	34,687	-9,615	-21.7%	36,389	-2,577	-6.6%
Benefit Hours	5,339	4,585	14,447	7,037	31.8%	11,312	-3,135	-21.7%	6,572	-465	-6.6%
Total Paid Hours	51,935	43,869	58,749	46,003	-11.4%	45,998	-12,751	-21.7%	42,961	-3,042	-6.6%
Total FTEs	**26.63**	**22.50**	**30.13**	**23.59**	**-11.4%**	**23.59**	**-6.54**	**-21.7%**	**22.03**	**-1.56**	**-6.6%**
Worked Hours Salaries	$1,287,443	$1,485,588	$1,402,487	$900,743	-30.0%	$1,098,099	($304,388)	-21.7%	$841,177	($59,566)	-6.6%
Benefit Hour Salaries	$200,909	$222,802	$197,551	$125,337	-37.6%	$154,676	($42,875)	-21.7%	$117,049	($8,288)	-6.6%
Fringe Benefit $	$528,696	$552,080	$454,995	$320,820	-39.3%	$356,245	($98,750)	-21.7%	$299,604	($21,216)	-6.6%
Variable Non-Labour non-drug Costs	$36,288	$20,104	$26,985	$46,180	27.3%	$26,985	$0	0.0%	$46,180	$0	0.0%
Drug Costs	$40,815	$0	$9,050	$55,351	35.6%	$9,050	$0	0.0%	$55,351	$0	0.0%
Depreciation/Minor Equipment	$0	$13,933	$1,969	$301	-97.8%	$1,969	$0	0.0%	$301	$0	0.0%
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$2,094,151**	**$2,294,507**	**$2,093,037**	**$1,448,732**	**-30.8%**	**$1,647,024**	**($446,013)**	**-21.3%**	**$1,359,662**	**($89,070)**	**-6.1%**
Recoveries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Revenues	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Expenses Net of Recoveries	**$2,094,151**	**$2,294,507**	**$2,093,037**	**$1,448,732**	**-30.8%**	**$1,647,024**	**($446,013)**	**-21.3%**	**$1,359,662**	**($89,070)**	**-6.1%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Worked Hours/Patient Day	5.6562	5.1025	6.6083	5.5405	-2.0%	5.5405	3.7623	4.4940	5.1741	6.0601	5.2420
Var NL non-drug$/Patient Day	$4.40	$2.61	$4.03	$6.57	49.1%	$6.57	$9.00	$10.87	$16.05	$23.56	$17.47
Drug$/Patient Day	$4.95	$0.00	$1.35	$7.87	58.8%	$7.87	$5.59	$11.12	$13.58	$15.52	$13.28
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr	1.35%	8.18%	8.02%	7.25%	439.0%	7.25%	1.87%	4.30%	6.49%	11.13%	8.15%
OT Hrs as % Total Wkd Hr excl Purch	4.93%	6.82%	12.29%	9.32%	89.0%	9.32%	0.00%	1.77%	2.65%	3.62%	2.70%
Orient. Hrs % of Total Wkd Hrs (excl Purch.)	0.04%	0.27%	7.51%	0.00%	-100.0%	0.00%	0.00%	1.11%	1.33%	1.83%	1.39%

Comment(s): 2014/15 WAHA: 80% CCC patient days. Peer range is for peers that reported both CCC and acute IP Days. BQ peers: 31% - 65% CCC pt days; Med peers: 15% - 65% CCC pt days.

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Worked Hours/Patient Day	5.1741	AGH BRSJ HND KSH	5.1741	AGH BRSJ EGH HND KSH TDMH SL	13
Var NL non-drug$/Patient Day	$4.03	AGH KSH TDMH	$6.57	AGH EGH HND KSH TDMH SL	11
Drug$/Patient Day	$1.35	BRSJ HND KSH RVH	$7.87	AGH BRSJ HND KSH RVH AGH WDMH	13
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr		EGH KSH TDMH WDMH		BRSJ EGH KSH LMH AGH TDMH WDMH	0 of 14
OT Hrs as % Total Wkd Hr excl Purch		AGH AGH KLOW WDMH		AGH EGH FGM LMH AGH KLOW WDMH	1 of 14
Orient. Hrs % of Total Wkd Hrs (excl Purch.)		AGH KSH LMH AGH		AGH FGM KSH LDM LMH AGH KLOW	1 of 14

712100000 Medical Inpatient Services

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
Patient Days	2,035	1,708	2,934	1,376	-32.4%	2,934	0	0.0%	1,376	0	0.0%
Worked Hours	23,818	16,821	24,863	38,966	63.6%	16,470	-8,393	-33.8%	7,724	-31,242	-80.2%
Benefit Hours	2,732	1,996	7,190	7,037	157.6%	4,763	-2,427	-33.8%	1,395	-5,642	-80.2%
Total Paid Hours	26,550	18,817	32,053	46,003	73.3%	21,233	-10,820	-33.8%	9,119	-36,884	-80.2%
Total FTEs	**13.62**	**9.65**	**16.44**	**23.59**	**73.3%**	**10.89**	**-5.55**	**-33.8%**	**4.68**	**-18.91**	**-80.2%**
Worked Hours Salaries	$419,636	$752,046	$810,316	$900,743	114.6%	$536,777	($273,539)	-33.8%	$178,553	($722,190)	-80.2%
Benefit Hour Salaries	$66,977	$115,318	$121,285	$125,337	87.1%	$80,343	($40,942)	-33.8%	$24,845	($100,492)	-80.2%
Fringe Benefit $	$163,059	$254,620	$245,590	$320,820	96.8%	$162,686	($82,904)	-33.8%	$63,596	($257,224)	-80.2%
Variable Non-Labour non-drug Costs	$9,334	$9,570	$2,014	$4,250	-54.5%	$2,014	$0	0.0%	$4,250	$0	0.0%
Drug Costs	$40,815	$0	$7,245	$108	-99.7%	$7,245	$0	0.0%	$108	$0	0.0%
Depreciation/Minor Equipment	$0	$9,033	$1,205	$301	-96.7%	$1,205	$0	0.0%	$301	$0	0.0%
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$699,821**	**$1,140,587**	**$1,187,655**	**$1,351,559**	**93.1%**	**$790,270**	**($397,385)**	**-33.5%**	**$271,653**	**($1,079,906)**	**-79.9%**
Recoveries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Revenues	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Expenses Net of Recoveries	**$699,821**	**$1,140,587**	**$1,187,655**	**$1,351,559**	**93.1%**	**$790,270**	**($397,385)**	**-33.5%**	**$271,653**	**($1,079,906)**	**-79.9%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Worked Hours/Patient Day	11.7042	9.8484	8.4741	28.3183	142.0%	28.3183	4.1965	5.5136	5.6135	5.7204	5.5275
Var NL non-drug$/Patient Day	$4.59	$5.60	$.69	$3.09	-32.7%	$3.09	$7.08	$9.08	$16.02	$24.18	$16.80
Drug$/Patient Day	$20.06	$0.00	$2.47	$0.08	-99.6%	$0.08	$13.60	$15.54	$18.13	$19.44	$17.83
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr	1.19%	7.45%	7.70%	7.25%	509.6%	7.25%	2.27%	4.74%	6.55%	8.74%	6.85%
OT Hrs as % Total Wkd Hr excl Purch	6.72%	7.55%	10.87%	9.32%	38.8%	9.32%	0.99%	2.00%	2.18%	4.33%	2.88%
Orient. Hrs % of Total Wkd Hrs (excl Purch.)	0.05%	0.30%	4.29%	0.00%	-100.0%	0.00%	1.09%	1.22%	1.35%	1.83%	1.97%

Comment(s): High hours per Pt. Day in 2014/15 compared to previous years. 2014/15 includes CCC hours, salaries, etc. but not CCC patient days.

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Worked Hours/Patient Day	5.6135	BRSJ SMH	5.6135	BRSJ EGH SMH	5
Var NL non-drug$/Patient Day	$.69	BRSJ KLOW	$3.09	BRSJ EGH KLOW	5
Drug$/Patient Day	$2.47	SMH KLOW	$.08	BRSJ SMH KLOW	5
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr		EGH FGM		BRSJ EGH FGM	0 of 5
OT Hrs as % Total Wkd Hr excl Purch		EGH KLOW		EGH FGM KLOW	0 of 5
Orient. Hrs % of Total Wkd Hrs (excl Purch.)		FGM KLOW		EGH FGM KLOW	0 of 5

Performance Forecasts

712952000 Chronic Care

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
Patient Days	6,203	5,991	3,770	5,657	-8.8%	3,770	0	0.0%	5,657	0	0.0%
Worked Hours	22,778	22,463	19,439	0	-100.0%	18,207	-1,232	-6.3%	0	0	N/A
Benefit Hours	2,607	2,589	7,257	0	-100.0%	6,797	-460	-6.3%	4,026	4,026	N/A
Total Paid Hours	25,385	25,052	26,696	0	-100.0%	25,004	-1,692	-6.3%	4,026	4,026	N/A
Total FTEs	**13.02**	**12.85**	**13.69**	**0.00**	**-100.0%**	**12.82**	**-0.87**	**-6.3%**	**2.06**	**2.06**	**N/A**
Worked Hours Salaries	$867,807	$733,542	$592,171	$0	-100.0%	$554,632	($37,539)	-6.3%	$0	$0	N/A
Benefit Hour Salaries	$133,932	$107,484	$76,266	$0	-100.0%	$71,431	($4,835)	-6.3%	$0	$0	N/A
Fringe Benefit $	$365,637	$297,460	$209,405	$0	-100.0%	$196,130	($13,275)	-6.3%	$0	$0	N/A
Variable Non-Labour non-drug Costs	$26,954	$10,534	$24,971	$41,930	55.6%	$24,971	$0	0.0%	$41,930	$0	0.0%
Drug Costs	$0	$0	$1,805	$55,243	2,960.6%	$1,805	$0	0.0%	$55,243	$0	0.0%
Depreciation/Minor Equipment	$0	$4,900	$764	$0	-100.0%	$764	$0	0.0%	$0	$0	N/A
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$1,394,330**	**$1,153,920**	**$905,382**	**$97,173**	**-93.0%**	**$849,733**	**($55,649)**	**-6.1%**	**$97,173**	**$0**	**0.0%**
Recoveries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Revenues	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Expenses Net of Recoveries	**$1,394,330**	**$1,153,920**	**$905,382**	**$97,173**	**-93.0%**	**$849,733**	**($55,649)**	**-6.1%**	**$97,173**	**$0**	**0.0%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Worked Hours/Patient Day	3.6721	3.7495	5.1562	.0000	-100.0%	.0000	2.6271	3.7107	4.8294	5.7708	4.9486
Var NL non-drug$/Patient Day	$4.35	$1.76	$6.62	$7.41	70.6%	$7.41	$5.17	$7.81	$13.82	$18.39	$14.55
Drug$/Patient Day	$0.00	$0.00	$0.48	$9.77	1939.6%	$9.77	$0.31	$3.36	$5.93	$7.61	$7.97
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr	1.54%	8.78%	8.48%				1.87%	4.22%	6.76%	12.80%	9.27%
OT Hrs as % Total Wkd Hr excl Purch	3.07%	6.30%	14.10%				0.00%	1.53%	2.12%	3.21%	2.40%
Orient. Hrs % of Total Wkd Hrs (excl Purch.)	0.02%	0.25%	11.62%				0.00%	0.70%	1.32%	1.84%	1.52%

Comment(s): 5,657 CCC patient days reported for 2014/15. Hours or salary costs, etc. reported under Medical IP for 2014/15.

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Worked Hours/Patient Day	4.8294	AGH BRSJ EGH	.0000	AGH BRSJ EGH FGM HND KSH	12
Var NL non-drug$/Patient Day	$6.62	AGH EGH KSH	$7.41	AGH EGH HND KSH TDMH WDMH	11
Drug$/Patient Day	$.48	BRSJ EGH KSH	$9.77	AGH BRSJ EGH FGM KSH TDMH	12
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr		BRSJ KSH WDMH		BRSJ KSH LMH AGH TDMH WDMH	0 of 12
OT Hrs as % Total Wkd Hr excl Purch		AGH BRSJ EGH		AGH BRSJ EGH FGM AGH WDMH	1 of 12
Orient. Hrs % of Total Wkd Hrs (excl Purch.)		AGH KSH LMH		AGH BRSJ KSH LDM LMH AGH	1 of 12

Performance Forecasts

712300000 Combined Medical/Surgical

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
Patient Days	7,489	6,415	6,162	8,490	13.4%	6,162	0	0.0%	8,490	0	0.0%
Worked Hours	66,644	66,612	65,706	66,728	0.1%	36,962	-28,744	-43.7%	50,927	-15,801	-23.7%
Benefit Hours	5,852	8,868	16,959	9,797	67.4%	9,540	-7,419	-43.7%	7,477	-2,320	-23.7%
Total Paid Hours	72,496	75,480	82,665	76,525	5.6%	46,502	-36,163	-43.7%	58,404	-18,121	-23.7%
Total FTEs	**37.18**	**38.71**	**42.39**	**39.24**	**5.6%**	**23.85**	**-18.54**	**-43.7%**	**29.95**	**-9.29**	**-23.7%**
Worked Hours Salaries	$2,188,409	$2,205,021	$2,469,936	$2,373,817	8.5%	$1,389,439	($1,080,497)	-43.7%	$1,811,690	($562,127)	-23.7%
Benefit Hour Salaries	$393,843	$507,648	$341,166	$309,962	-21.3%	$191,920	($149,246)	-43.7%	$236,562	($73,400)	-23.7%
Fringe Benefit $	$731,215	$744,651	$808,365	$784,576	7.3%	$454,738	($353,627)	-43.7%	$598,786	($185,790)	-23.7%
Variable Non-Labour non-drug Costs	$274,117	$279,685	$282,539	$255,786	-6.7%	$153,464	($129,075)	-45.7%	$211,442	($44,344)	-17.3%
Drug Costs	$157,983	$149,356	$154,697	$141,528	-10.4%	$154,697	$0	0.0%	$141,528	$0	0.0%
Depreciation/Minor Equipment	$8,963	$13,689	$5,673	$3,153	-64.8%	$5,673	$0	0.0%	$3,153	$0	0.0%
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$3,754,530**	**$3,900,050**	**$4,062,376**	**$3,868,822**	**3.0%**	**$2,349,930**	**($1,712,446)**	**-42.2%**	**$3,003,161**	**($865,661)**	**-22.4%**
Recoveries	$0	$0	($6,393)	($2,443)	-61.8%	($6,393)	$0	0.0%	($2,443)	$0	0.0%
Revenues	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Expenses Net of Recoveries	**$3,754,530**	**$3,900,050**	**$4,055,983**	**$3,866,379**	**3.0%**	**$2,343,537**	**($1,712,446)**	**-42.2%**	**$3,000,718**	**($865,661)**	**-22.4%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Worked Hours/Patient Day	8.8989	10.3838	10.6631	7.8596	-11.7%	7.8596	3.7872	5.0587	5.9984	6.6002	5.8642
Var NL non-drug$/Patient Day	$36.60	$43.60	$45.85	$30.13	-17.7%	$30.13	$13.83	$18.86	$24.90	$33.13	$25.87
Drug$/Patient Day	$21.10	$23.28	$25.10	$16.67	-21.0%	$16.67	$10.72	$14.61	$18.71	$19.93	$18.22
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr	5.10%	6.07%	3.74%	3.71%	-27.2%	3.71%	2.78%	4.07%	6.80%	8.01%	6.76%
OT Hrs as % Total Wkd Hr excl Purch	11.31%	10.85%	21.35%	15.62%	38.2%	15.62%	0.00%	2.26%	3.44%	5.57%	4.37%
Orient. Hrs % of Total Wkd Hrs (excl Purch.)	0.42%	1.21%	0.98%	0.00%	-100.0%	0.00%	0.00%	1.25%	2.21%	2.68%	1.94%

Comment(s):

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Worked Hours/Patient Day	5.9984	NLA CMH HND KSH TDMH	5.9984	NLA ASMH CMH HND KSH KLD LDM TDMH WDMH SL	19
Var NL non-drug$/Patient Day	$24.90	AGH DDG HND KLOW SL	$24.90	NLA AGH DDG HND KLD RVH KLOW SBGHS SL	18
Drug$/Patient Day	$25.10	NLA CMH HND KSH AGH	$16.67	NLA CMH DDG GAH HND KSH LDM RVH AGH WDMH	20
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr		NLA FGM HND LMH WDMH		NLA CMH DDG FGM GAH HND LMH SMH WDMH SBGHS	0 of 20
OT Hrs as % Total Wkd Hr excl Purch		ASMH AGH GAH KLOW WDMH		ASMH AGH CMH DDG GAH LMH SMH KLOW WDMH SBGHS	1 of 20
Orient. Hrs % of Total Wkd Hrs (excl Purch.)		AGH DDG FGM KLD LMH		NLA ASMH AGH DDG FGM GAH KSH KLD LMH RVH	2 of 20

Performance Forecasts

712620000 Combined OR/PARR

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
Cases	596	538	587	559	-6.2%	587	0	0.0%	559	0	0.0%
Worked Hours	9,251	9,098	8,363	8,298	-10.3%	3,470	-4,893	-58.5%	3,304	-4,994	-60.2%
Benefit Hours	1,875	1,670	2,071	1,611	-14.1%	859	-1,212	-58.5%	642	-969	-60.2%
Total Paid Hours	11,126	10,768	10,434	9,909	-10.9%	4,329	-6,105	-58.5%	3,946	-5,963	-60.2%
Total FTEs	**5.71**	**5.52**	**5.35**	**5.08**	**-10.9%**	**2.22**	**-3.13**	**-58.5%**	**2.02**	**-3.06**	**-60.2%**
Worked Hours Salaries	$402,979	$378,443	$413,283	$367,018	-8.9%	$171,474	($241,809)	-58.5%	$146,151	($220,867)	-60.2%
Benefit Hour Salaries	$72,226	$89,309	$82,131	$51,340	-28.9%	$34,077	($48,054)	-58.5%	$20,444	($30,896)	-60.2%
Fringe Benefit $	$143,662	$156,489	$137,089	$137,185	-4.5%	$56,879	($80,210)	-58.5%	$54,629	($82,556)	-60.2%
Variable Non-Labour non-drug Costs	$172,217	$166,666	$148,432	$96,421	-44.0%	$113,677	($34,755)	-23.4%	$96,421	$0	0.0%
Drug Costs	$43,892	$38,279	$29,570	$22,778	-48.1%	$29,570	$0	0.0%	$22,778	$0	0.0%
Depreciation/Minor Equipment	$19,160	$6,828	$73,234	$5,474	-71.4%	$73,234	$0	0.0%	$5,474	$0	0.0%
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$854,136**	**$836,014**	**$883,739**	**$680,216**	**-20.4%**	**$478,911**	**($404,828)**	**-45.8%**	**$345,896**	**($334,320)**	**-49.1%**
Recoveries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Revenues	$0	$0	$0	($4,680)	N/A	$0	$0	N/A	($4,680)	$0	0.0%
Expenses Net of Recoveries	**$854,136**	**$836,014**	**$883,739**	**$680,216**	**-20.4%**	**$478,911**	**($404,828)**	**-45.8%**	**$345,896**	**($334,320)**	**-49.1%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Worked Hours/Case	15.5218	16.9108	14.2470	14.8444	-4.4%	14.8444	3.6851	5.0656	5.9112	8.1447	6.6274
Var NL non-drug$/Case	$288.95	$309.79	$252.87	$172.49	-40.3%	$172.49	$106.87	$155.80	$193.66	$221.41	$192.88
Drug$/Case	$73.64	$71.15	$50.37	$40.75	-44.7%	$40.75	$0.23	$21.63	$24.45	$31.89	$25.33
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr	8.46%	4.38%	13.20%	4.35%	-48.5%	4.35%	0.00%	2.31%	2.96%	4.64%	3.69%
OT Hrs as % Total Wkd Hr excl Purch	7.06%	5.45%	3.54%	7.46%	5.7%	7.46%	0.00%	1.96%	4.56%	8.60%	5.38%
Orient. Hrs % of Total Wkd Hrs (excl Purch.)	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	0.27%	1.72%	3.48%	2.22%

Comment(s): Peer data is a roll up of OR, PARR, Endo, Day Surgery

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Worked Hours/Case	5.9112	CMH FGM KLD RVH WDMH	5.9112	NLA CMH FGM KSH KLD LDM RVH TDMH WDMH SBGHS	19
Var NL non-drug$/Case	$193.66	KSH KLD LMH TDMH	$172.49	NLA KSH KLD LMH RVH TDMH KLOW WDMH	16
Drug$/Case	$50.37	BRSJ CMH KSH LMH RVH AGH	$40.75	NLA BRSJ CMH FGM KSH LDM LMH RVH AGH TDMH SBGHS	21
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr		FGM GAH KSH AGH SBGHS SL		AGH FGM GAH HND KSH KLD AGH SMH WDMH SBGHS SL	2 of 21
OT Hrs as % Total Wkd Hr excl Purch		AGH CMH LDM LMH RVH AGH		AGH CMH GAH HND KLD LDM LMH RVH AGH SMH SBGHS	2 of 21
Orient. Hrs % of Total Wkd Hrs (excl Purch.)		AGH BRSJ DDG KLD LMH AGH		AGH BRSJ DDG GAH KLD LDM LMH AGH KLOW WDMH SL	4 of 21

712699200 Joint Replacement Prostheses Costs

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
N/A	N/A	N/A	N/A	N/A	N/A	N/A	#VALUE!	N/A	N/A	#VALUE!	N/A
Worked Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Benefit Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Total Paid Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Total FTEs	**0.00**	**0.00**	**0.00**	**0.00**	**N/A**	**0.00**	**0.00**	**N/A**	**0.00**	**0.00**	**N/A**
Worked Hours Salaries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Benefit Hour Salaries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Fringe Benefit $	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Variable Non-Labour non-drug Costs	$0	$0	$0	$10,741	N/A	$0	$0	N/A	$10,741	$0	0.0%
Drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Depreciation/Minor Equipment	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$0**	**$0**	**$0**	**$10,741**	**N/A**	**$0**	**$0**	**N/A**	**$10,741**	**$0**	**0.0%**
Recoveries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Revenues	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Expenses Net of Recoveries	**$0**	**$0**	**$0**	**$10,741**	**N/A**	**$0**	**$0**	**N/A**	**$10,741**	**$0**	**0.0%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr											
OT Hrs as % Total Wkd Hr excl Purch											
Orient. Hrs % of Total Wkd Hrs (excl Purch.)											

Comment(s):

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr					0 of 0
OT Hrs as % Total Wkd Hr excl Purch					0 of 0
Orient. Hrs % of Total Wkd Hrs (excl Purch.)					0 of 0

Performance Forecasts

713052000 Ambulatory Care - Telemedicine

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
N/A	N/A	N/A	N/A	N/A	N/A	N/A	#VALUE!	N/A	N/A	#VALUE!	N/A
Worked Hours	1,908	1,754	2,413	6,009	214.9%	2,413	0	0.0%	6,009	0	0.0%
Benefit Hours	390	457	683	1,668	327.7%	683	0	0.0%	1,668	0	0.0%
Total Paid Hours	2,298	2,211	3,096	7,677	234.1%	3,096	0	0.0%	7,677	0	0.0%
Total FTEs	**1.18**	**1.13**	**1.59**	**3.94**	**234.1%**	**1.59**	**0.00**	**0.0%**	**3.94**	**0.00**	**0.0%**
Worked Hours Salaries	$84,139	$77,939	$143,167	$260,465	209.6%	$143,167	$0	0.0%	$260,465	$0	0.0%
Benefit Hour Salaries	$15,380	$23,801	$32,067	$67,173	336.8%	$32,067	$0	0.0%	$67,173	$0	0.0%
Fringe Benefit $	$47,925	$47,057	$58,849	$89,924	87.6%	$58,849	$0	0.0%	$89,924	$0	0.0%
Variable Non-Labour non-drug Costs	$8,360	$4,119	$17,591	$8,053	-3.7%	$17,591	$0	0.0%	$8,053	$0	0.0%
Drug Costs	$0	$0	$171	$508	197.1%	$171	$0	0.0%	$508	$0	0.0%
Depreciation/Minor Equipment	$2,041	$10,004	$13,253	$4,254	108.4%	$13,253	$0	0.0%	$4,254	$0	0.0%
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$157,845**	**$162,920**	**$265,098**	**$430,377**	**172.7%**	**$265,098**	**$0**	**0.0%**	**$430,377**	**$0**	**0.0%**
Recoveries	$0	($5,842)	($7,103)	($113)	-98.1%	($7,103)	$0	0.0%	($113)	$0	0.0%
Revenues	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Expenses Net of Recoveries	**$157,845**	**$157,078**	**$257,995**	**$430,264**	**172.6%**	**$257,995**	**$0**	**0.0%**	**$430,264**	**$0**	**0.0%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr	6.29%	3.88%	14.33%	19.76%	214.2%	19.76%	16.94%	19.00%	21.06%	23.12%	21.06%
OT Hrs as % Total Wkd Hr excl Purch	6.45%	3.53%	1.78%	5.23%	-18.9%	5.23%	0.00%	0.43%	0.86%	1.29%	0.86%
Orient. Hrs % of Total Wkd Hrs (excl Purch.)	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	0.19%	0.38%	0.58%	0.38%

Comment(s):

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr		KLOW		KLOW	0 of 2
OT Hrs as % Total Wkd Hr excl Purch		SL		SL	0 of 2
Orient. Hrs % of Total Wkd Hrs (excl Purch.)		SL		SL	0 of 2

Performance Forecasts

713102000 General Emergency

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
Visits + Patient Days*4	9,328	9,885	7,216	20,415	118.9%	7,216	0	0.0%	20,415	0	0.0%
Worked Hours	46,826	42,239	41,301	41,986	-10.3%	9,129	-32,172	-77.9%	25,828	-16,158	-38.5%
Benefit Hours	5,692	4,891	10,043	8,717	53.1%	2,220	-7,823	-77.9%	5,362	-3,355	-38.5%
Total Paid Hours	52,518	47,130	51,344	50,703	-3.5%	11,349	-39,995	-77.9%	31,190	-19,513	-38.5%
Total FTEs	**26.93**	**24.17**	**26.33**	**26.00**	**-3.5%**	**5.82**	**-20.51**	**-77.9%**	**16.00**	**-10.01**	**-38.5%**
Worked Hours Salaries	$1,985,414	$2,263,283	$2,397,264	$2,163,575	9.0%	$529,901	($1,867,363)	-77.9%	$1,330,944	($832,631)	-38.5%
Benefit Hour Salaries	$354,133	$350,194	$307,498	$332,131	-6.2%	$67,971	($239,527)	-77.9%	$204,314	($127,817)	-38.5%
Fringe Benefit $	$609,044	$587,181	$569,148	$531,748	-12.7%	$125,807	($443,341)	-77.9%	$327,110	($204,638)	-38.5%
Variable Non-Labour non-drug Costs	$383,556	$478,263	$389,858	$328,682	-14.3%	$57,274	($332,584)	-85.3%	$162,036	($166,646)	-50.7%
Drug Costs	$172,824	$150,248	$92,136	$95,936	-44.5%	$92,136	$0	0.0%	$95,936	$0	0.0%
Depreciation/Minor Equipment	$16,663	$13,838	$34,645	$9,741	-41.5%	$34,645	$0	0.0%	$9,741	$0	0.0%
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$3,521,634**	**$3,843,007**	**$3,790,549**	**$3,461,813**	**-1.7%**	**$907,734**	**($2,882,815)**	**-76.1%**	**$2,130,080**	**($1,331,733)**	**-38.5%**
Recoveries	$0	$0	($70)	($95)	35.7%	($70)	$0	0.0%	($95)	$0	0.0%
Revenues	$0	$0	($7,846)	($92,817)	1,083.0%	($7,846)	$0	0.0%	($92,817)	$0	0.0%
Expenses Net of Recoveries	**$3,521,634**	**$3,843,007**	**$3,790,479**	**$3,461,718**	**-1.7%**	**$907,664**	**($2,882,815)**	**-76.1%**	**$2,129,985**	**($1,331,733)**	**-38.5%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Worked Hours per Equiv Visit	5.0199	4.2730	5.7235	2.0566	-59.0%	2.0566	.8229	1.2019	1.2652	1.4532	1.3249
Var NL non-drug$ per Equiv Visit	$41.12	$48.38	$54.03	$16.10	-60.8%	$16.10	$4.39	$6.71	$7.94	$9.40	$8.13
Drug$ per Equiv Visit	$18.53	$15.20	$12.77	$4.70	-74.6%	$4.70	$1.91	$3.25	$3.71	$4.77	$3.87
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr	3.72%	4.68%	7.76%	7.35%	97.6%	7.35%	1.52%	3.21%	5.51%	7.56%	5.35%
OT Hrs as % Total Wkd Hr excl Purch	9.72%	8.48%	10.22%	14.40%	48.2%	14.40%	0.00%	2.89%	3.90%	5.00%	4.79%
Orient. Hrs % of Total Wkd Hrs (excl Purch.)	0.03%	0.14%	1.45%	0.00%	-100.0%	0.00%	0.00%	1.03%	2.22%	2.71%	1.93%

Comment(s):

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Worked Hours per Equiv Visit	1.2652	AGH KLD RVH TDMH WDMH SBGHS	1.2652	NLA ASMH AGH EGH FGM KLD LMH RVH TDMH WDMH SBGHS	21
Var NL non-drug$ per Equiv Visit	$7.94	AGH FGM HND KLD RVH SBGHS	$7.94	ASMH AGH FGM HND KLD LMH RVH AGH TDMH KLOW SBGHS	22
Drug$ per Equiv Visit	$12.77	AGH CMH LMH RVH AGH SBGHS	$4.70	NLA ASMH AGH CMH FGM KSH LDM LMH RVH AGH SBGHS	22
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr		AGH CMH EGH LMH TDMH KLOW		AGH BRSJ CMH EGH HND LMH AGH SMH TDMH KLOW SBGHS	0 of 22
OT Hrs as % Total Wkd Hr excl Purch		ASMH AGH EGH GAH KLOW WDMH		ASMH AGH CMH DDG EGH GAH LDM RVH KLOW WDMH SBGHS	1 of 22
Orient. Hrs % of Total Wkd Hrs (excl Purch.)		AGH DDG HND KLD LMH AGH		ASMH AGH CMH DDG HND KSH KLD LMH AGH TDMH SL	2 of 22

Performance Forecasts

713401500 Diabetes Day/Night

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
Visits	0	3	2	1	-66.7%	2	0	0.0%	1	0	0.0%
Worked Hours	0	2,389	6,433	5,680	137.8%	6,433	0	0.0%	5,680	0	0.0%
Benefit Hours	0	602	2,127	1,782	196.0%	2,127	0	0.0%	1,782	0	0.0%
Total Paid Hours	0	2,991	8,560	7,462	149.5%	8,560	0	0.0%	7,462	0	0.0%
Total FTEs	**0.00**	**1.53**	**4.39**	**3.83**	**149.5%**	**4.39**	**0.00**	**0.0%**	**3.83**	**0.00**	**0.0%**
Worked Hours Salaries	$0	$54,225	$288,926	$293,009	440.4%	$288,926	$0	0.0%	$293,009	$0	0.0%
Benefit Hour Salaries	$0	$34,900	$95,507	$73,947	111.9%	$95,507	$0	0.0%	$73,947	$0	0.0%
Fringe Benefit $	$0	$34,887	$129,943	$126,011	261.2%	$129,943	$0	0.0%	$126,011	$0	0.0%
Variable Non-Labour non-drug Costs	$0	$74,938	$41,132	$81,650	9.0%	$44	($41,088)	-99.9%	$22	($81,628)	-100.0%
Drug Costs	$0	$0	$0	$19	N/A	$0	$0	N/A	$19	$0	0.0%
Depreciation/Minor Equipment	$0	$1,138	$8,574	$9,742	756.1%	$8,574	$0	0.0%	$9,742	$0	0.0%
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$0**	**$200,088**	**$564,082**	**$584,378**	**192.1%**	**$522,994**	**($41,088)**	**-7.3%**	**$502,750**	**($81,628)**	**-14.0%**
Recoveries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Revenues	$0	($105)	$0	$0	-100.0%	$0	$0	N/A	$0	$0	N/A
Expenses Net of Recoveries	**$0**	**$200,088**	**$564,082**	**$584,378**	**192.1%**	**$522,994**	**($41,088)**	**-7.3%**	**$502,750**	**($81,628)**	**-14.0%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Worked Hours/Visit	.0000	796.3333	3,216.5000	5,680.0000	613.3%	5,680.0000	.9811	1.1739	2.2879	3.2096	2.5223
Var NL non-drug$/Visit	$.00	$24,979.33	$20,566.00	$81,650.00	226.9%	$81,650.00	$9.10	$13.62	$21.97	$24.54	$19.26
Drug$/Visit	$0.00	$0.00	$0.00	$19.00		$19.00	$0.56	$0.56	$0.56	$0.56	$0.56
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr		7.62%	14.88%	5.11%		5.11%	0.00%	0.31%	0.76%	1.45%	1.21%
OT Hrs as % Total Wkd Hr excl Purch		1.47%	2.16%	3.15%		3.15%	0.00%	0.52%	0.96%	2.59%	1.36%
Orient. Hrs % of Total Wkd Hrs (excl Purch.)		0.00%	0.00%	0.00%		0.00%	0.00%	0.00%	0.35%	0.71%	0.56%

Comment(s): Unable to benchmark. Undercounting of visits?

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Worked Hours/Visit	3,216.5000	FGM GAH LMH	5,680.0000	BRSJ FGM GAH LMH TDMH	10
Var NL non-drug$/Visit	$21.97	WDMH SL	$21.97	TDMH WDMH SL	5
Drug$/Visit	$.00	SL	$19.00	SL	1
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr		KSH WDMH		CMH FGM KSH WDMH	2 of 8
OT Hrs as % Total Wkd Hr excl Purch		CMH GAH WDMH		BRSJ CMH FGM GAH WDMH	2 of 10
Orient. Hrs % of Total Wkd Hrs (excl Purch.)		FGM KSH KLD WDMH		FGM GAH KSH KLD WDMH	4 of 10

Performance Forecasts

713501000 Medical Clinics

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
Visits	5,201	5,405	9,050	19,268	270.5%	9,050	0	0.0%	19,268	0	0.0%
Worked Hours	41,316	42,661	45,310	64,066	55.1%	4,328	-40,982	-90.4%	9,215	-54,851	-85.6%
Benefit Hours	7,965	6,923	12,201	11,499	44.4%	1,165	-11,036	-90.4%	1,654	-9,845	-85.6%
Total Paid Hours	49,281	49,584	57,511	75,565	53.3%	5,493	-52,018	-90.4%	10,869	-64,696	-85.6%
Total FTEs	**25.27**	**25.43**	**29.49**	**38.75**	**53.3%**	**2.82**	**-26.68**	**-90.4%**	**5.57**	**-33.18**	**-85.6%**
Worked Hours Salaries	$1,376,183	$2,063,395	$2,835,402	$3,514,787	155.4%	$270,839	($2,564,563)	-90.4%	$505,534	($3,009,253)	-85.6%
Benefit Hour Salaries	$389,957	$391,111	$418,337	$390,987	0.3%	$39,960	($378,377)	-90.4%	$56,236	($334,751)	-85.6%
Fringe Benefit $	$602,609	$754,116	$805,025	$813,936	35.1%	$76,896	($728,129)	-90.4%	$117,069	($696,867)	-85.6%
Variable Non-Labour non-drug Costs	$598,284	$1,037,233	$817,119	$612,079	2.3%	$24,481	($792,638)	-97.0%	$52,121	($559,958)	-91.5%
Drug Costs	$13,766	$15,335	$7,194	$29,482	114.2%	$7,194	$0	0.0%	$29,482	$0	0.0%
Depreciation/Minor Equipment	$20,177	$57,798	$22,173	$16,475	-18.3%	$22,173	$0	0.0%	$16,475	$0	0.0%
Medical Staff Costs	$6,576,488	$5,712,395	$5,638,948	$6,142,293	-6.6%	$5,638,948	$0	0.0%	$6,142,293	$0	0.0%
Total Gross Expenses	**$9,577,464**	**$10,031,383**	**$10,544,198**	**$11,520,039**	**20.3%**	**$6,080,491**	**($4,463,707)**	**-42.3%**	**$6,919,210**	**($4,600,829)**	**-39.9%**
Recoveries	($31,388)	($27,476)	($26,611)	($26,427)	-15.8%	($26,611)	$0	0.0%	($26,427)	$0	0.0%
Revenues	($5,968,018)	($5,469,687)	($5,226,453)	($5,232,694)	-12.3%	($5,226,453)	$0	0.0%	($5,232,694)	$0	0.0%
Expenses Net of Recoveries	**$9,546,076**	**$10,003,907**	**$10,517,587**	**$11,493,612**	**20.4%**	**$6,053,880**	**($4,463,707)**	**-42.4%**	**$6,892,783**	**($4,600,829)**	**-40.0%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Worked Hours/Visit	7.9439	7.8929	5.0066	3.3250	-58.1%	3.3250	.2751	.3133	.4782	.8575	.5852
Var NL non-drug$/Visit	$115.03	$191.90	$90.29	$31.77	-72.4%	$31.77	$1.39	$1.92	$2.71	$4.47	$3.33
Drug$/Visit	$2.65	$2.84	$0.79	$1.53	-42.2%	$1.53	$0.01	$0.18	$0.34	$0.89	$0.92
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr	2.99%	6.24%	6.95%	5.59%	86.9%	5.59%	0.00%	0.08%	1.26%	5.49%	3.84%
OT Hrs as % Total Wkd Hr excl Purch	7.34%	4.46%	6.80%	10.10%	37.7%	10.10%	0.00%	0.00%	0.50%	1.39%	1.22%
Orient. Hrs % of Total Wkd Hrs (excl Purch.)	0.02%	0.16%	0.38%	0.00%	-100.0%	0.00%	0.00%	0.32%	1.48%	2.27%	1.61%

Comment(s):

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Worked Hours/Visit	.4782	GAH LMH RVH TDMH	.4782	NLA GAH LMH RVH AGH TDMH KLOW	14
Var NL non-drug$/Visit	$2.71	KSH KLD LMH WDMH	$2.71	BRSJ KSH KLD LMH RVH WDMH SBGHS	14
Drug$/Visit	$.79	ASMH GAH HND LDM	$1.53	ASMH GAH HND LDM RVH AGH WDMH SBGHS	16
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr		NLA CMH HND AGH SBGHS		NLA ASMH CMH GAH HND LDM RVH AGH SBGHS	5 of 18
OT Hrs as % Total Wkd Hr excl Purch		ASMH CMH EGH AGH WDMH SBGHS		ASMH CMH DDG EGH GAH LDM AGH SMH WDMH SBGHS	6 of 20
Orient. Hrs % of Total Wkd Hrs (excl Purch.)		CMH DDG GAH LMH AGH		NLA CMH DDG GAH KSH LMH RVH AGH TDMH SBGHS	5 of 20

Performance Forecasts

713507690 Psych Crisis Specialty

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
Visits	0	434	0	0	-100.0%	0	0	N/A	0	0	N/A
Worked Hours	0	205	0	0	-100.0%	0	0	N/A	0	0	N/A
Benefit Hours	0	41	0	0	-100.0%	0	0	N/A	0	0	N/A
Total Paid Hours	0	246	0	0	-100.0%	0	0	N/A	0	0	N/A
Total FTEs	**0.00**	**0.13**	**0.00**	**0.00**	**-100.0%**	**0.00**	**0.00**	**N/A**	**0.00**	**0.00**	**N/A**
Worked Hours Salaries	$0	$10,975	$0	$0	-100.0%	$0	$0	N/A	$0	$0	N/A
Benefit Hour Salaries	$0	$2,147	$0	$0	-100.0%	$0	$0	N/A	$0	$0	N/A
Fringe Benefit $	$0	$3,762	$0	$0	-100.0%	$0	$0	N/A	$0	$0	N/A
Variable Non-Labour non-drug Costs	$815	$6,368	$0	$0	-100.0%	$0	$0	N/A	$0	$0	N/A
Drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Depreciation/Minor Equipment	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$815**	**$23,252**	**$0**	**$0**	**-100.0%**	**$0**	**$0**	**N/A**	**$0**	**$0**	**N/A**
Recoveries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Revenues	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Expenses Net of Recoveries	**$815**	**$23,252**	**$0**	**$0**	**-100.0%**	**$0**	**$0**	**N/A**	**$0**	**$0**	**N/A**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Worked Hours/Visit	.0000	.4724	.0000	.0000	-100.0%	.0000	.0000	.0000	.0000	.0000	.0000
Var NL non-drug$/Visit	$.00	$14.67	$.00	$.00	-100.0%	$.00	$.00	$.00	$.00	$.00	$.00
Drug$/Visit	$0.00	$0.00	$0.00	$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr		0.00%									
OT Hrs as % Total Wkd Hr excl Purch		1.95%									
Orient. Hrs % of Total Wkd Hrs (excl Purch.)		0.00%									

Comment(s):

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Worked Hours/Visit	.0000		.0000		0
Var NL non-drug$/Visit	$.00		$.00		0
Drug$/Visit	$.00		$.00		0
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr					0 of 0
OT Hrs as % Total Wkd Hr excl Purch					0 of 0
Orient. Hrs % of Total Wkd Hrs (excl Purch.)					0 of 0

Performance Forecasts

714109900 Clinical Laboratory - Comb Fcns

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
Pt Care Workload Units	796,085	333,280	357,362	312,773	-60.7%	357,362	0	0.0%	312,773	0	0.0%
Worked Hours	14,390	11,647	11,355	13,186	-8.4%	11,355	0	0.0%	13,186	0	0.0%
Benefit Hours	1,568	1,422	1,873	1,809	15.4%	1,873	0	0.0%	1,809	0	0.0%
Total Paid Hours	15,958	13,069	13,228	14,995	-6.0%	13,228	0	0.0%	14,995	0	0.0%
Total FTEs	**8.18**	**6.70**	**6.78**	**7.69**	**-6.0%**	**6.78**	**0.00**	**0.0%**	**7.69**	**0.00**	**0.0%**
Worked Hours Salaries	$617,934	$597,293	$611,372	$560,895	-9.2%	$611,372	$0	0.0%	$560,895	$0	0.0%
Benefit Hour Salaries	$80,873	$79,435	$71,734	$65,866	-18.6%	$71,734	$0	0.0%	$65,866	$0	0.0%
Fringe Benefit $	$236,231	$196,756	$169,418	$178,781	-24.3%	$169,418	$0	0.0%	$178,781	$0	0.0%
Variable Non-Labour non-drug Costs	$1,389,737	$1,031,618	$808,544	$835,037	-39.9%	$555,606	($252,938)	-31.3%	$486,281	($348,756)	-41.8%
Drug Costs	$0	$0	$141	$0	-100.0%	$141	$0	0.0%	$0	$0	N/A
Depreciation/Minor Equipment	$96,145	$98,333	$66,528	$38,921	-59.5%	$66,528	$0	0.0%	$38,921	$0	0.0%
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$2,420,920**	**$2,003,435**	**$1,727,737**	**$1,679,500**	**-30.6%**	**$1,474,799**	**($252,938)**	**-14.6%**	**$1,330,744**	**($348,756)**	**-20.8%**
Recoveries	($410)	($2,182)	($362)	($39,827)	9,613.9%	($362)	$0	0.0%	($39,827)	$0	0.0%
Revenues	$0	$0	($33,569)	($80,382)	139.5%	($33,569)	$0	0.0%	($80,382)	$0	0.0%
Expenses Net of Recoveries	**$2,420,510**	**$2,001,253**	**$1,727,375**	**$1,639,673**	**-32.3%**	**$1,474,437**	**($252,938)**	**-14.6%**	**$1,290,917**	**($348,756)**	**-21.3%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Worked Hours/Pt Workload	.0181	.0349	.0318	.0422	133.2%	.0422	.0286	.0428	.0461	.0532	.0489
Var NL non-drug$/Pt Workload	$1.75	$3.10	$2.26	$2.67	52.9%	$2.67	$1.02	$1.24	$1.55	$2.48	$1.90
Drug$/Pt Workload	$0.00	$0.00	$0.00	$0.00	-100.0%	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr	0.88%	0.83%	1.20%	2.05%	132.9%	2.05%	0.82%	1.31%	3.20%	5.53%	3.72%
OT Hrs as % Total Wkd Hr excl Purch	22.54%	11.19%	10.99%	32.61%	44.7%	32.61%	0.38%	1.23%	4.19%	9.76%	5.78%
Orient. Hrs % of Total Wkd Hrs (excl Purch.)	0.00%	0.01%	0.72%	0.00%	-100.0%	0.00%	0.00%	0.30%	1.02%	2.85%	1.88%

Comment(s):

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Worked Hours/Pt Workload	.0318	ASMH EGH FGM GAH	.0422	ASMH EGH FGM GAH KLD SMH SBGHS SL	16
Var NL non-drug$/Pt Workload	$1.55	CMH FGM LDM SBGHS SL	$1.55	ASMH CMH FGM GAH KLD LDM KLOW SBGHS SL	17
Drug$/Pt Workload	$.00	BRSJ DDG KSH	$.00	NLA BRSJ DDG KSH SBGHS	9
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr		NLA EGH LDM SMH SL		NLA DDG EGH KSH LDM LMH SMH SBGHS SL	0 of 18
OT Hrs as % Total Wkd Hr excl Purch		NLA ASMH FGM KLOW SBGHS		NLA ASMH CMH FGM KLD LDM SMH KLOW SBGHS	0 of 18
Orient. Hrs % of Total Wkd Hrs (excl Purch.)		NLA DDG FGM HND LMH		NLA DDG EGH FGM HND KSH KLD LMH SL	1 of 18

Performance Forecasts

714159900 Diagnostic Imaging - Comb Fcns

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
Pt Care Workload Units	12	27,874	38,582	104,117	867,541.7%	38,582	0	0.0%	104,117	0	0.0%
Worked Hours	4,965	5,836	5,202	7,597	53.0%	1,393	-3,809	-73.2%	3,760	-3,837	-50.5%
Benefit Hours	544	722	624	584	7.4%	167	-457	-73.2%	289	-295	-50.5%
Total Paid Hours	5,509	6,558	5,826	8,181	48.5%	1,560	-4,266	-73.2%	4,049	-4,132	-50.5%
Total FTEs	**2.83**	**3.36**	**2.99**	**4.20**	**48.5%**	**0.80**	**-2.19**	**-73.2%**	**2.08**	**-2.12**	**-50.5%**
Worked Hours Salaries	$236,801	$335,762	$325,625	$268,460	13.4%	$87,211	($238,414)	-73.2%	$132,861	($135,599)	-50.5%
Benefit Hour Salaries	$54,612	$26,788	$22,599	$20,834	-61.9%	$6,053	($16,546)	-73.2%	$10,311	($10,523)	-50.5%
Fringe Benefit $	$93,620	$109,634	$66,605	$64,805	-30.8%	$17,839	($48,766)	-73.2%	$32,072	($32,733)	-50.5%
Variable Non-Labour non-drug Costs	$118,013	$328,765	$161,860	$240,819	104.1%	$9,036	($152,824)	-94.4%	$24,385	($216,434)	-89.9%
Drug Costs	$0	$0	$0	$80	N/A	$0	$0	N/A	$80	$0	0.0%
Depreciation/Minor Equipment	$163,428	$158,952	$177,920	$119,252	-27.0%	$177,920	$0	0.0%	$119,252	$0	0.0%
Medical Staff Costs	$20,000	$0	$0	$0	-100.0%	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$686,474**	**$959,901**	**$754,609**	**$714,250**	**4.0%**	**$298,058**	**($456,551)**	**-60.5%**	**$318,961**	**($395,289)**	**-55.3%**
Recoveries	($9,151)	($12,564)	($1,908)	($4,388)	-52.0%	($1,908)	$0	0.0%	($4,388)	$0	0.0%
Revenues	($89,985)	($88,447)	($143,550)	($139,971)	55.5%	($143,550)	$0	0.0%	($139,971)	$0	0.0%
Expenses Net of Recoveries	**$677,323**	**$947,337**	**$752,701**	**$709,862**	**4.8%**	**$296,150**	**($456,551)**	**-60.7%**	**$314,573**	**($395,289)**	**-55.7%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Worked Hours/Pt Workload	413.7500	.2094	.1348	.0730	-100.0%	.0730	.0245	.0318	.0361	.0404	.0367
Var NL non-drug$/Pt Workload	$9,834.42	$11.79	$4.20	$2.31	-100.0%	$2.31	$.11	$.16	$.23	$.31	$.24
Drug$/Pt Workload	$0.00	$0.00	$0.00	$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr	0.32%	2.69%	0.00%	1.65%	422.8%	1.65%	0.40%	1.58%	3.47%	5.66%	4.27%
OT Hrs as % Total Wkd Hr excl Purch	15.83%	9.44%	16.97%	55.46%	250.3%	55.46%	0.00%	1.72%	3.73%	10.46%	6.67%
Orient. Hrs % of Total Wkd Hrs (excl Purch.)	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	0.20%	0.61%	1.47%	1.18%

Comment(s):

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Worked Hours/Pt Workload	.0361	ASMH AGH GAH TDMH WDMH SBGHS	.0361	NLA ASMH AGH DDG FGM GAH RVH AGH TDMH WDMH SBGHS	21
Var NL non-drug$/Pt Workload	$.23	BRSJ FGM RVH KLOW WDMH	$.23	NLA ASMH BRSJ FGM LDM RVH KLOW WDMH SL	17
Drug$/Pt Workload	$.00	NLA BRSJ GAH HND KSH	$.00	NLA ASMH BRSJ FGM GAH HND KSH SBGHS SL	18
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr		AGH DDG EGH KSH AGH TDMH		AGH DDG EGH FGM GAH KSH KLD RVH AGH SMH TDMH	0 of 22
OT Hrs as % Total Wkd Hr excl Purch		NLA ASMH AGH LMH RVH WDMH		NLA ASMH AGH EGH LDM LMH RVH AGH SMH WDMH SBGHS	1 of 22
Orient. Hrs % of Total Wkd Hrs (excl Purch.)		ASMH AGH DDG KSH LMH SL		ASMH AGH DDG FGM HND KSH KLD LMH RVH AGH SL	3 of 22

Performance Forecasts

714400000 Pharmacy

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
Weighted Patient Days	10,792	9,376	9,876	11,146	3.3%	9,876	0	0.0%	11,146	0	0.0%
Worked Hours	5,478	5,901	5,928	5,134	-6.3%	5,405	-523	-8.8%	5,134	0	0.0%
Benefit Hours	994	990	1,179	1,078	8.5%	1,075	-104	-8.8%	1,078	0	0.0%
Total Paid Hours	6,472	6,891	7,107	6,212	-4.0%	6,479	-628	-8.8%	6,212	0	0.0%
Total FTEs	**3.32**	**3.53**	**3.64**	**3.19**	**-4.0%**	**3.32**	**-0.32**	**-8.8%**	**3.19**	**0.00**	**0.0%**
Worked Hours Salaries	$175,197	$189,348	$205,034	$134,997	-22.9%	$186,930	($18,104)	-8.8%	$134,997	$0	0.0%
Benefit Hour Salaries	$41,426	$48,269	$29,905	$25,318	-38.9%	$27,264	($2,641)	-8.8%	$25,318	$0	0.0%
Fringe Benefit $	$93,747	$87,164	$75,581	$58,544	-37.6%	$68,907	($6,674)	-8.8%	$58,544	$0	0.0%
Variable Non-Labour non-drug Costs	$232,329	$271,649	$238,920	$232,349	0.0%	$20,566	($218,354)	-91.4%	$23,211	($209,138)	-90.0%
Drug Costs	$17,894	$10,284	$73,497	$30,188	68.7%	$73,497	$0	0.0%	$30,188	$0	0.0%
Depreciation/Minor Equipment	$25,920	$9,748	$2,511	$2,053	-92.1%	$2,511	$0	0.0%	$2,053	$0	0.0%
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$586,513**	**$616,462**	**$625,448**	**$483,449**	**-17.6%**	**$379,676**	**($245,772)**	**-39.3%**	**$274,311**	**($209,138)**	**-43.3%**
Recoveries	($107,884)	($155,816)	($117,601)	($78,921)	-26.8%	($117,601)	$0	0.0%	($78,921)	$0	0.0%
Revenues	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Expenses Net of Recoveries	**$478,629**	**$460,646**	**$507,847**	**$404,528**	**-15.5%**	**$262,075**	**($245,772)**	**-48.4%**	**$195,390**	**($209,138)**	**-51.7%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Worked Hours/Wtd Pt Day	.5076	.6294	.6002	.4606	-9.3%	.4606	.3267	.4351	.5472	.6700	.5509
Var NL non-drug$/Wtd Pt Day	$21.53	$28.97	$24.19	$20.85	-3.2%	$20.85	$1.04	$1.50	$2.08	$2.43	$1.97
Drug$/Wtd Pt Day	$1.66	$1.10	$7.44	$2.71	63.3%	$2.71	-$0.94	$0.00	$0.40	$3.79	$1.81
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr	5.24%	3.98%	2.59%	4.64%	-11.5%	4.64%	0.20%	0.57%	1.31%	2.92%	8.84%
OT Hrs as % Total Wkd Hr excl Purch	6.34%	2.46%	4.01%	4.46%	-29.6%	4.46%	0.00%	0.11%	0.71%	1.69%	1.16%
Orient. Hrs % of Total Wkd Hrs (excl Purch.)	0.00%	0.02%	2.70%	0.00%	-100.0%	0.00%	0.00%	0.00%	0.39%	1.18%	0.91%

Comment(s): Patient Care Workload Units not collected. Used alternative measure of Weighted Patient Days (Acute Days plus 25% of CCC days)

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Worked Hours/Wtd Pt Day	.5472	BRSJ EGH HND KSH RVH AGH	.4606	AGH BRSJ EGH HND KSH RVH AGH SMH TDMH KLOW SBGHS	22
Var NL non-drug$/Wtd Pt Day	$2.08	HND KSH KLOW SBGHS	$2.08	CMH DDG HND KSH LDM KLOW WDMH SBGHS	16
Drug$/Wtd Pt Day	$7.44	GAH KLD	$2.71	ASMH CMH EGH GAH KLD SMH SL	22
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr		NLA GAH HND SMH TDMH WDMH		NLA DDG GAH HND KLD LDM SMH TDMH KLOW WDMH SBGHS	0 of 21
OT Hrs as % Total Wkd Hr excl Purch		NLA ASMH AGH BRSJ RVH WDMH		NLA ASMH AGH BRSJ CMH EGH LMH RVH WDMH SBGHS SL	4 of 22
Orient. Hrs % of Total Wkd Hrs (excl Purch.)		NLA AGH BRSJ DDG EGH FGM KSH KLD		NLA AGH BRSJ DDG EGH FGM HND KSH KLD LMH KLOW	8 of 22

Performance Forecasts

714440000 Combined Therapeutics

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
Attendances: Face-to-Face and Telep	101,000	6	93,490	79,415	-21.4%	93,490	0	0.0%	79,415	0	0.0%
Worked Hours	3,209	5,013	4,848	4,593	43.1%	2,461	-2,387	-49.2%	2,090	-2,503	-54.5%
Benefit Hours	400	657	898	1,073	168.3%	456	-442	-49.2%	488	-585	-54.5%
Total Paid Hours	3,609	5,670	5,746	5,666	57.0%	2,917	-2,829	-49.2%	2,579	-3,087	-54.5%
Total FTEs	**1.85**	**2.91**	**2.95**	**2.91**	**57.0%**	**1.50**	**-1.45**	**-49.2%**	**1.32**	**-1.58**	**-54.5%**
Worked Hours Salaries	$121,596	$188,638	$226,845	$189,969	56.2%	$115,149	($111,696)	-49.2%	$86,460	($103,509)	-54.5%
Benefit Hour Salaries	$31,273	$45,202	$45,196	$43,617	39.5%	$22,942	($22,254)	-49.2%	$19,851	($23,766)	-54.5%
Fringe Benefit $	$59,320	$96,968	$113,848	$108,355	82.7%	$57,790	($56,058)	-49.2%	$49,315	($59,040)	-54.5%
Variable Non-Labour non-drug Costs	$9,241	$28,282	$28,049	$12,498	35.2%	$28,049	$0	0.0%	$12,498	$0	0.0%
Drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Depreciation/Minor Equipment	$301	$5,789	$3,063	$0	-100.0%	$3,063	$0	0.0%	$0	$0	N/A
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$221,731**	**$364,879**	**$417,001**	**$354,439**	**59.9%**	**$226,993**	**($190,008)**	**-45.6%**	**$168,125**	**($186,314)**	**-52.6%**
Recoveries	($3,759)	($3,045)	($1,835)	$0	-100.0%	($1,835)	$0	0.0%	$0	$0	N/A
Revenues	$0	$0	($144)	($2,241)	1,456.3%	($144)	$0	0.0%	($2,241)	$0	0.0%
Expenses Net of Recoveries	**$217,972**	**$361,834**	**$415,166**	**$354,439**	**62.6%**	**$225,158**	**($190,008)**	**-45.8%**	**$168,125**	**($186,314)**	**-52.6%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Worked Hours/Attendance	.0318	835.5000	.0519	.0578	82.0%	.0578	.0197	.0237	.0263	.0301	.0277
Var NL non-drug$/Attendance	$.09	$4,713.67	$.30	$.16	72.0%	$.16	$.02	$.03	$.03	$.04	$.03
Drug$/Attendance	$0.00	$0.00	$0.00	$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr	1.28%	1.63%	3.80%	7.71%	500.6%	7.71%	0.20%	0.84%	1.49%	3.59%	3.45%
OT Hrs as % Total Wkd Hr excl Purch	1.34%	0.50%	1.88%	2.87%	114.1%	2.87%	0.00%	0.00%	0.03%	0.33%	0.64%
Orient. Hrs % of Total Wkd Hrs (excl Purch.)	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	0.13%	0.42%	0.92%	0.58%

Comment(s): Peer data is a roll up of all therapies (PT, OT, SLP, RT)

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Worked Hours/Attendance	.0263	ASMH CMH KSH TDMH SBGHS	.0263	NLA ASMH AGH CMH GAH KSH LDM LMH TDMH SBGHS	20
Var NL non-drug$/Attendance	$.30	NLA AGH DDG WDMH	$.16	NLA AGH CMH DDG AGH SMH WDMH	14
Drug$/Attendance	$.00	KLOW	$.00	KLOW	1
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr		FGM GAH RVH TDMH WDMH		CMH FGM GAH KSH KLD LMH RVH TDMH WDMH SBGHS	0 of 20
OT Hrs as % Total Wkd Hr excl Purch		NLA ASMH AGH BRSJ GAH KSH KLD LMH RVH SBGHS		NLA ASMH AGH BRSJ EGH GAH KSH KLD LMH RVH SBGHS	10 of 22
Orient. Hrs % of Total Wkd Hrs (excl Purch.)		AGH DDG FGM HND KSH KLD		AGH BRSJ DDG FGM HND KSH KLD LMH AGH TDMH SBGHS	4 of 22

Performance Forecasts

714450000 Clinical Nutrition

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
Attendances: Face-to-Face and Telep	300	279	112	749	149.7%	112	0	0.0%	749	0	0.0%
Worked Hours	1,244	1,552	540	1,143	-8.1%	151	-389	-72.1%	1,009	-134	-11.7%
Benefit Hours	73	314	148	205	180.8%	41	-107	-72.1%	181	-24	-11.7%
Total Paid Hours	1,317	1,866	688	1,348	2.4%	192	-496	-72.1%	1,190	-158	-11.7%
Total FTEs	**0.68**	**0.96**	**0.35**	**0.69**	**2.4%**	**0.10**	**-0.25**	**-72.1%**	**0.61**	**-0.08**	**-11.7%**
Worked Hours Salaries	$22,195	$52,762	$22,097	$35,177	58.5%	$6,176	($15,921)	-72.1%	$31,061	($4,116)	-11.7%
Benefit Hour Salaries	$5,216	$15,630	$3,645	$7,020	34.6%	$1,019	($2,626)	-72.1%	$6,199	($821)	-11.7%
Fringe Benefit $	$9,402	$24,504	$7,474	$17,041	81.2%	$2,089	($5,385)	-72.1%	$15,047	($1,994)	-11.7%
Variable Non-Labour non-drug Costs	$5,863	$2,962	$244	$2,151	-63.3%	$244	$0	0.0%	$2,151	$0	0.0%
Drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Depreciation/Minor Equipment	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$42,676**	**$95,858**	**$33,460**	**$61,389**	**43.8%**	**$9,527**	**($23,933)**	**-71.5%**	**$54,458**	**($6,931)**	**-11.3%**
Recoveries	($41,920)	($58,720)	($39,575)	($57,000)	36.0%	($39,575)	$0	0.0%	($57,000)	$0	0.0%
Revenues	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Expenses Net of Recoveries	**$756**	**$37,138**	**($6,115)**	**$4,389**	**480.6%**	**($30,048)**	**($23,933)**	**391.4%**	**($2,542)**	**($6,931)**	**-157.9%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Worked Hours/Attendance	4.1467	5.5627	4.8214	1.5260	-63.2%	1.5260	.7402	1.1219	1.3475	1.6849	1.4962
Var NL non-drug$/Attendance	$19.54	$10.62	$2.18	$2.87	-85.3%	$2.87	$.87	$1.04	$3.75	$7.55	$4.71
Drug$/Attendance	$0.00	$0.00	$0.00	$0.00		$0.00	$0.23	$0.23	$0.23	$0.23	$0.23
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr	1.20%	5.73%	7.41%	0.52%	-56.4%	0.52%	0.00%	0.51%	1.47%	2.48%	1.93%
OT Hrs as % Total Wkd Hr excl Purch	4.18%	2.32%	0.00%	1.31%	-68.6%	1.31%	0.00%	0.00%	0.00%	1.34%	1.15%
Orient. Hrs % of Total Wkd Hrs (excl Purch.)	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	0.00%	0.00%	0.37%	1.00%

Comment(s):

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Worked Hours/Attendance	1.3475	BRSJ LDM SL	1.3475	BRSJ KSH LDM KLOW SL	10
Var NL non-drug$/Attendance	$2.18	NLA BRSJ EGH	$2.87	NLA BRSJ CMH EGH KSH	9
Drug$/Attendance	$.00	KLOW	$.00	KLOW	1
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr		NLA FGM KSH		NLA CMH FGM HND KSH KLD	1 of 12
OT Hrs as % Total Wkd Hr excl Purch		NLA GAH KLD AGH SMH KLOW WDMH SBGHS SL		NLA GAH KLD AGH SMH KLOW WDMH SBGHS SL	8 of 15
Orient. Hrs % of Total Wkd Hrs (excl Purch.)		NLA GAH HND KSH KLD AGH KLOW WDMH SBGHS SL		NLA GAH HND KSH KLD AGH KLOW WDMH SBGHS SL	9 of 15

Performance Forecasts

714700000 Social Work

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
Attendances: Face-to-Face and Telep	500	1	1	4	-99.2%	1	0	0.0%	4	0	0.0%
Worked Hours	1,229	1,495	1,392	1,421	15.6%	1,392	0	0.0%	1,421	0	0.0%
Benefit Hours	273	352	378	381	39.6%	378	0	0.0%	381	0	0.0%
Total Paid Hours	1,502	1,847	1,770	1,802	20.0%	1,770	0	0.0%	1,802	0	0.0%
Total FTEs	**0.77**	**0.95**	**0.91**	**0.92**	**20.0%**	**0.91**	**0.00**	**0.0%**	**0.92**	**0.00**	**0.0%**
Worked Hours Salaries	$36,371	$46,022	$51,232	$42,827	17.8%	$51,232	$0	0.0%	$42,827	$0	0.0%
Benefit Hour Salaries	$35,022	$11,925	$10,971	$11,177	-68.1%	$10,971	$0	0.0%	$11,177	$0	0.0%
Fringe Benefit $	$25,807	$32,547	$28,371	$22,759	-11.8%	$28,371	$0	0.0%	$22,759	$0	0.0%
Variable Non-Labour non-drug Costs	$0	$1,127	$9	$1,113	-1.2%	$9	$0	0.0%	$1,113	$0	0.0%
Drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Depreciation/Minor Equipment	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$97,200**	**$91,621**	**$90,583**	**$77,876**	**-19.9%**	**$90,583**	**$0**	**0.0%**	**$77,876**	**$0**	**0.0%**
Recoveries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Revenues	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Expenses Net of Recoveries	**$97,200**	**$91,621**	**$90,583**	**$77,876**	**-19.9%**	**$90,583**	**$0**	**0.0%**	**$77,876**	**$0**	**0.0%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Worked Hours/Attendance	2.4580	1,495.0000	1,392.0000	355.2500	14352.8%	355.2500	.7369	.9223	1.4726	1.5236	1.4078
Var NL non-drug$/Attendance	$.00	$1,127.00	$9.00	$278.25	-75.3%	$278.25	$.20	$.20	$.21	$.54	$.43
Drug$/Attendance	$0.00	$0.00	$0.00	$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr	3.34%	5.02%	1.08%	6.97%	108.8%	6.97%	0.00%	0.96%	2.53%	4.26%	2.69%
OT Hrs as % Total Wkd Hr excl Purch	0.16%	0.13%	0.00%	0.35%	116.2%	0.35%	0.00%	0.00%	0.00%	0.00%	0.12%
Orient. Hrs % of Total Wkd Hrs (excl Purch.)	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	0.00%	0.00%	0.09%	0.18%

Comment(s): Unable to benchmark. Undercounting of attendances?

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Worked Hours/Attendance	1,392.0000	NLA SMH	355.2500	NLA GAH SMH	5
Var NL non-drug$/Attendance	$9.00	GAH	$278.25	NLA GAH	3
Drug$/Attendance	$.00		$.00		0
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr		GAH		NLA GAH	1 of 4
OT Hrs as % Total Wkd Hr excl Purch		NLA BRSJ EGH GAH SMH		NLA BRSJ EGH GAH SMH	5 of 6
Orient. Hrs % of Total Wkd Hrs (excl Purch.)		NLA EGH GAH KLOW		NLA EGH GAH KLOW	4 of 6

Performance Forecasts

718400000 In-Service Education

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
Direct Care Costs excl Equipment/Me	16,716,487	18,908,213	19,357,226	18,389,138	10.0%	19,357,226	0	0.0%	18,389,138	0	0.0%
Worked Hours	4,439	1,691	1,707	1,234	-72.2%	930	-777	-45.5%	696	-538	-43.6%
Benefit Hours	962	255	352	705	-26.7%	192	-160	-45.5%	398	-307	-43.6%
Total Paid Hours	5,401	1,946	2,059	1,939	-64.1%	1,121	-938	-45.5%	1,094	-845	-43.6%
Total FTEs	**2.77**	**1.00**	**1.06**	**0.99**	**-64.1%**	**0.58**	**-0.48**	**-45.5%**	**0.56**	**-0.43**	**-43.6%**
Worked Hours Salaries	$221,506	$88,049	$108,121	$74,448	-66.4%	$58,886	($49,235)	-45.5%	$42,015	($32,433)	-43.6%
Benefit Hour Salaries	$62,475	$23,730	$22,618	$35,762	-42.8%	$12,318	($10,300)	-45.5%	$20,182	($15,580)	-43.6%
Fringe Benefit $	$79,480	$34,397	$33,710	$28,841	-63.7%	$18,359	($15,351)	-45.5%	$16,276	($12,565)	-43.6%
Variable Non-Labour non-drug Costs	$73,607	$79,825	$88,673	$114,467	55.5%	$48,294	($40,379)	-45.5%	$64,600	($49,867)	-43.6%
Drug Costs	$0	$0	-$791	$0	-100.0%	($431)	$360	-45.5%	$0	$0	N/A
Depreciation/Minor Equipment	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$437,068**	**$226,001**	**$252,331**	**$253,518**	**-42.0%**	**$137,426**	**($114,905)**	**-45.5%**	**$143,073**	**($110,445)**	**-43.6%**
Recoveries	($9,743)	($10,898)	($4,460)	($16,757)	72.0%	($4,460)	$0	0.0%	($16,757)	$0	0.0%
Revenues	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Expenses Net of Recoveries	**$427,325**	**$215,103**	**$247,871**	**$236,761**	**-44.6%**	**$132,966**	**($114,905)**	**-46.4%**	**$126,316**	**($110,445)**	**-46.6%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Net Cost % of Direct Care excl Eq/Med	2.56%	1.14%	1.28%	1.29%	-49.6%	1.29%	.37%	.57%	.69%	1.00%	.77%
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr	0.00%	0.89%	2.46%	32.66%	3581.6%	32.66%	0.00%	0.00%	1.10%	1.94%	1.87%
OT Hrs as % Total Wkd Hr excl Purch	2.28%	4.97%	4.22%	3.32%	46.0%	3.32%	0.00%	0.00%	0.77%	3.86%	2.26%
Orient. Hrs % of Total Wkd Hrs (excl Purch.)	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	0.00%	0.46%	2.18%	3.88%

Comment(s):

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Net Cost % of Direct Care excl Eq/Med	.69%	ASMH KLD TDMH SBGHS	.69%	ASMH EGH GAH KLD TDMH KLOW SBGHS	13
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr		ASMH BRSJ CMH FGM KSH		ASMH BRSJ CMH FGM KSH KLOW SBGHS	5 of 13
OT Hrs as % Total Wkd Hr excl Purch		ASMH CMH KSH AGH TDMH WDMH SBGHS		ASMH CMH KSH AGH TDMH WDMH SBGHS	7 of 14
Orient. Hrs % of Total Wkd Hrs (excl Purch.)		ASMH BRSJ DDG KSH KLD SL		ASMH BRSJ DDG KSH KLD AGH SL	5 of 14

Performance Forecasts

719203900 Other Sales of Services

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
N/A	N/A	N/A	N/A	N/A	N/A	N/A	#VALUE!	N/A	N/A	#VALUE!	N/A
Worked Hours	0	0	4,610	4,757	3.2%	4,610	0	0.0%	4,757	0	0.0%
Benefit Hours	0	0	1,513	1,036	-31.5%	1,513	0	0.0%	1,036	0	0.0%
Total Paid Hours	0	0	6,123	5,793	-5.4%	6,123	0	0.0%	5,793	0	0.0%
Total FTEs	**0.00**	**0.00**	**3.14**	**2.97**	**-5.4%**	**3.14**	**0.00**	**0.0%**	**2.97**	**0.00**	**0.0%**
Worked Hours Salaries	$0	$0	$241,453	$203,011	-15.9%	$241,453	$0	0.0%	$203,011	$0	0.0%
Benefit Hour Salaries	$0	$0	$77,012	$29,024	-62.3%	$77,012	$0	0.0%	$29,024	$0	0.0%
Fringe Benefit $	$0	$0	$112,632	$145,911	29.5%	$112,632	$0	0.0%	$145,911	$0	0.0%
Variable Non-Labour non-drug Costs	$0	$0	$83,288	$22,216	-73.3%	$83,288	$0	0.0%	$22,216	$0	0.0%
Drug Costs	$0	$0	$13,032	$18,637	43.0%	$13,032	$0	0.0%	$18,637	$0	0.0%
Depreciation/Minor Equipment	$0	$0	$847	$316	-62.7%	$847	$0	0.0%	$316	$0	0.0%
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$0**	**$0**	**$528,264**	**$419,115**	**-20.7%**	**$528,264**	**$0**	**0.0%**	**$419,115**	**$0**	**0.0%**
Recoveries	$0	$0	($490,493)	($420,017)	-14.4%	($490,493)	$0	0.0%	($420,017)	$0	0.0%
Revenues	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Expenses Net of Recoveries	**$0**	**$0**	**$37,771**	**($902)**	**-102.4%**	**$37,771**	**$0**	**0.0%**	**($902)**	**$0**	**0.0%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr			14.03%	6.43%		6.43%	0.00%	0.00%	0.30%	0.70%	0.70%
OT Hrs as % Total Wkd Hr excl Purch			8.94%	16.69%		16.69%	0.00%	0.00%	0.24%	1.92%	11.41%
Orient. Hrs % of Total Wkd Hrs (excl Purch.)			0.00%	0.00%		0.00%	0.00%	0.00%	0.00%	0.02%	0.07%

Comment(s):

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr		BRSJ KSH TDMH		BRSJ KSH TDMH SL	3 of 8
OT Hrs as % Total Wkd Hr excl Purch		HND KSH AGH		EGH HND KSH AGH SL	3 of 9
Orient. Hrs % of Total Wkd Hrs (excl Purch.)		DDG HND KSH KLD AGH TDMH		DDG HND KSH KLD AGH TDMH	6 of 9

Performance Forecasts

719208100 Building Rentals

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
N/A	N/A	N/A	N/A	N/A	N/A	N/A	#VALUE!	N/A	N/A	#VALUE!	N/A
Worked Hours	1,385	1,104	0	0	-100.0%	0	0	N/A	0	0	N/A
Benefit Hours	73	303	0	0	-100.0%	0	0	N/A	0	0	N/A
Total Paid Hours	1,458	1,407	0	0	-100.0%	0	0	N/A	0	0	N/A
Total FTEs	**0.75**	**0.72**	**0.00**	**0.00**	**-100.0%**	**0.00**	**0.00**	**N/A**	**0.00**	**0.00**	**N/A**
Worked Hours Salaries	$11,176	$28,538	$0	$0	-100.0%	$0	$0	N/A	$0	$0	N/A
Benefit Hour Salaries	$6,667	$11,476	$0	$0	-100.0%	$0	$0	N/A	$0	$0	N/A
Fringe Benefit $	$14,776	$22,840	$0	$0	-100.0%	$0	$0	N/A	$0	$0	N/A
Variable Non-Labour non-drug Costs	$73,740	$29,626	$76,988	$5,042	-93.2%	$76,988	$0	0.0%	$5,042	$0	0.0%
Drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Depreciation/Minor Equipment	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$106,359**	**$92,480**	**$76,988**	**$5,042**	**-95.3%**	**$76,988**	**$0**	**0.0%**	**$5,042**	**$0**	**0.0%**
Recoveries	($127,008)	($227,633)	($99,405)	($105,027)	-17.3%	($99,405)	$0	0.0%	($105,027)	$0	0.0%
Revenues	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Expenses Net of Recoveries	**($20,649)**	**($135,153)**	**($22,417)**	**($99,985)**	**384.2%**	**($22,417)**	**$0**	**0.0%**	**($99,985)**	**$0**	**0.0%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr	1.73%	7.79%					0.00%	0.00%	0.46%	0.89%	4.03%
OT Hrs as % Total Wkd Hr excl Purch	1.44%	1.09%					0.00%	0.43%	0.83%	1.40%	1.21%
Orient. Hrs % of Total Wkd Hrs (excl Purch.)	0.00%	0.00%					0.00%	0.11%	0.54%	0.97%	0.76%

Comment(s):

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr		TDMH WDMH		TDMH KLOW WDMH	2 of 5
OT Hrs as % Total Wkd Hr excl Purch		EGH TDMH		NLA EGH TDMH	1 of 6
Orient. Hrs % of Total Wkd Hrs (excl Purch.)		TDMH WDMH		TDMH KLOW WDMH	2 of 6

Performance Forecasts

719208300 Residence

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
N/A	N/A	N/A	N/A	N/A	N/A	N/A	#VALUE!	N/A	N/A	#VALUE!	N/A
Worked Hours	550	262	548	444	-19.3%	548	0	0.0%	444	0	0.0%
Benefit Hours	102	176	63	81	-20.6%	63	0	0.0%	81	0	0.0%
Total Paid Hours	652	438	611	525	-19.5%	611	0	0.0%	525	0	0.0%
Total FTEs	**0.33**	**0.22**	**0.31**	**0.27**	**-19.5%**	**0.31**	**0.00**	**0.0%**	**0.27**	**0.00**	**0.0%**
Worked Hours Salaries	$25,362	$6,259	$14,319	$8,746	-65.5%	$14,319	$0	0.0%	$8,746	$0	0.0%
Benefit Hour Salaries	$1,675	$2,534	$1,271	$1,395	-16.7%	$1,271	$0	0.0%	$1,395	$0	0.0%
Fringe Benefit $	$4,137	$2,901	$5,788	$3,880	-6.2%	$5,788	$0	0.0%	$3,880	$0	0.0%
Variable Non-Labour non-drug Costs	$843,066	$997,046	$1,184,205	$1,506,810	78.7%	$1,184,205	$0	0.0%	$1,506,810	$0	0.0%
Drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Depreciation/Minor Equipment	$156,909	$224,866	$150,266	$44,391	-71.7%	$150,266	$0	0.0%	$44,391	$0	0.0%
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$1,031,149**	**$1,233,606**	**$1,355,849**	**$1,565,222**	**51.8%**	**$1,355,849**	**$0**	**0.0%**	**$1,565,222**	**$0**	**0.0%**
Recoveries	($690,677)	($741,339)	($672,710)	($677,767)	-1.9%	($672,710)	$0	0.0%	($677,767)	$0	0.0%
Revenues	$0	$0	($37,277)	($35,734)	-4.1%	($37,277)	$0	0.0%	($35,734)	$0	0.0%
Expenses Net of Recoveries	**$340,472**	**$492,267**	**$683,139**	**$887,455**	**160.7%**	**$683,139**	**$0**	**0.0%**	**$887,455**	**$0**	**0.0%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr	3.60%	48.25%	0.00%	5.18%	44.0%	5.18%	5.18%	5.18%	5.18%	5.18%	5.18%
OT Hrs as % Total Wkd Hr excl Purch	2.00%	4.20%	6.02%	6.31%	215.3%	6.31%	6.31%	6.31%	6.31%	6.31%	6.31%
Orient. Hrs % of Total Wkd Hrs (excl Purch.)	0.00%	0.00%	0.00%	0.00%		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Comment(s):

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr					0 of 0
OT Hrs as % Total Wkd Hr excl Purch					0 of 0
Orient. Hrs % of Total Wkd Hrs (excl Purch.)					0 of 0

Performance Forecasts

719400000 Fundraising

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
N/A	N/A	N/A	N/A	N/A	N/A	N/A	#VALUE!	N/A	N/A	#VALUE!	N/A
Worked Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Benefit Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Total Paid Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Total FTEs	**0.00**	**0.00**	**0.00**	**0.00**	**N/A**	**0.00**	**0.00**	**N/A**	**0.00**	**0.00**	**N/A**
Worked Hours Salaries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Benefit Hour Salaries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Fringe Benefit $	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Variable Non-Labour non-drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Depreciation/Minor Equipment	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$0**	**$0**	**$0**	**$0**	**N/A**	**$0**	**$0**	**N/A**	**$0**	**$0**	**N/A**
Recoveries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Revenues	$0	$0	($520)	($10,407)	1,901.3%	($520)	$0	0.0%	($10,407)	$0	0.0%
Expenses Net of Recoveries	**$0**	**$0**	**$0**	**$0**	**N/A**	**$0**	**$0**	**N/A**	**$0**	**$0**	**N/A**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr											
OT Hrs as % Total Wkd Hr excl Purch											
Orient. Hrs % of Total Wkd Hrs (excl Purch.)											

Comment(s):

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr					0 of 0
OT Hrs as % Total Wkd Hr excl Purch					0 of 0
Orient. Hrs % of Total Wkd Hrs (excl Purch.)					0 of 0

Performance Forecasts

720000000 MISCELLANEOUS 72*

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
N/A	N/A	N/A	N/A	N/A	N/A	N/A	#VALUE!	N/A	N/A	#VALUE!	N/A
Worked Hours	0	1,123	780	0	-100.0%	780	0	0.0%	0	0	N/A
Benefit Hours	0	30	25	0	-100.0%	25	0	0.0%	0	0	N/A
Total Paid Hours	0	1,153	805	0	-100.0%	805	0	0.0%	0	0	N/A
Total FTEs	**0.00**	**0.59**	**0.41**	**0.00**	**-100.0%**	**0.41**	**0.00**	**0.0%**	**0.00**	**0.00**	**N/A**
Worked Hours Salaries	$0	$27,583	$25,372	$1,068	-96.1%	$25,372	$0	0.0%	$1,068	$0	0.0%
Benefit Hour Salaries	$0	$614	$672	$0	-100.0%	$672	$0	0.0%	$0	$0	N/A
Fringe Benefit $	$0	$2,546	$1,375	$0	-100.0%	$1,375	$0	0.0%	$0	$0	N/A
Variable Non-Labour non-drug Costs	$0	$71,674	$26,079	$38,353	-46.5%	$26,079	$0	0.0%	$38,353	$0	0.0%
Drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Depreciation/Minor Equipment	$0	$0	$580	$0	-100.0%	$580	$0	0.0%	$0	$0	N/A
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$0**	**$102,417**	**$54,078**	**$39,421**	**-61.5%**	**$54,078**	**$0**	**0.0%**	**$39,421**	**$0**	**0.0%**
Recoveries	$0	($4,231)	$0	$0	-100.0%	$0	$0	N/A	$0	$0	N/A
Revenues	$0	$0	$0	($25,000)	N/A	$0	$0	N/A	($25,000)	$0	0.0%
Expenses Net of Recoveries	**$0**	**$98,186**	**$54,078**	**$39,421**	**-59.9%**	**$54,078**	**$0**	**0.0%**	**$39,421**	**$0**	**0.0%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr		0.00%	0.00%				0.21%	1.66%	2.88%	5.97%	4.01%
OT Hrs as % Total Wkd Hr excl Purch		21.02%	0.00%				0.00%	0.52%	0.94%	2.14%	1.51%
Orient. Hrs % of Total Wkd Hrs (excl Purch.)		0.00%	0.00%				0.00%	0.00%	0.35%	1.84%	0.98%

Comment(s):

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr		ASMH FGM LMH TDMH		NLA ASMH FGM GAH LMH RVH TDMH SL	0 of 16
OT Hrs as % Total Wkd Hr excl Purch		NLA AGH KSH KLD LMH		NLA AGH DDG EGH GAH KSH KLD LMH TDMH	4 of 17
Orient. Hrs % of Total Wkd Hrs (excl Purch.)		NLA AGH DDG FGM HND KSH KLD LMH		NLA AGH DDG FGM HND KSH KLD LMH RVH	8 of 17

Performance Forecasts

721854000 Other Vote - Ambulance

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
N/A	N/A	N/A	N/A	N/A	N/A	N/A	#VALUE!	N/A	N/A	#VALUE!	N/A
Worked Hours	75,889	65,774	82,131	82,908	9.2%	82,131	0	0.0%	82,908	0	0.0%
Benefit Hours	9,839	10,652	26,377	17,748	80.4%	26,377	0	0.0%	17,748	0	0.0%
Total Paid Hours	85,728	76,426	108,508	100,656	17.4%	108,508	0	0.0%	100,656	0	0.0%
Total FTEs	**43.96**	**39.19**	**55.65**	**51.62**	**17.4%**	**55.65**	**0.00**	**0.0%**	**51.62**	**0.00**	**0.0%**
Worked Hours Salaries	$2,954,103	$3,408,437	$3,660,049	$4,689,321	58.7%	$3,660,049	$0	0.0%	$4,689,321	$0	0.0%
Benefit Hour Salaries	$616,918	$723,948	$709,518	$615,054	-0.3%	$709,518	$0	0.0%	$615,054	$0	0.0%
Fringe Benefit $	$1,354,201	$1,464,222	$1,548,154	$1,644,389	21.4%	$1,548,154	$0	0.0%	$1,644,389	$0	0.0%
Variable Non-Labour non-drug Costs	$934,486	$1,041,307	$1,540,995	$1,219,439	30.5%	$1,540,995	$0	0.0%	$1,219,439	$0	0.0%
Drug Costs	$6,167	$9,526	$10,500	$14,585	136.5%	$10,500	$0	0.0%	$14,585	$0	0.0%
Depreciation/Minor Equipment	$232,438	$210,820	$85,297	$90,340	-61.1%	$85,297	$0	0.0%	$90,340	$0	0.0%
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$6,098,313**	**$6,858,260**	**$7,554,513**	**$8,273,128**	**35.7%**	**$7,554,513**	**$0**	**0.0%**	**$8,273,128**	**$0**	**0.0%**
Recoveries	$0	($346)	$0	$0	-100.0%	$0	$0	N/A	$0	$0	N/A
Revenues	($6,239,345)	($6,860,653)	($7,313,745)	($8,273,129)	32.6%	($7,313,745)	$0	0.0%	($8,273,129)	$0	0.0%
Expenses Net of Recoveries	**$6,098,313**	**$6,857,914**	**$7,554,513**	**$8,273,128**	**35.7%**	**$7,554,513**	**$0**	**0.0%**	**$8,273,128**	**$0**	**0.0%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr	3.78%	4.27%	23.10%	6.42%	69.7%	6.42%	0.00%	4.32%	5.95%	6.15%	4.52%
OT Hrs as % Total Wkd Hr excl Purch	12.40%	9.42%	18.94%	13.91%	12.2%	13.91%	2.38%	8.62%	14.18%	18.07%	12.51%
Orient. Hrs % of Total Wkd Hrs (excl Purch.)	0.61%	2.28%	1.10%	0.00%	-100.0%	0.00%	0.00%	0.00%	0.00%	0.01%	0.01%

Comment(s):

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr		TDMH		TDMH KLOW	1 of 4
OT Hrs as % Total Wkd Hr excl Purch		KLOW		KSH KLOW	0 of 4
Orient. Hrs % of Total Wkd Hrs (excl Purch.)		HND KSH TDMH		HND KSH TDMH	3 of 4

Performance Forecasts

723409600 Geriatric D/N - Fund 2

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
Visits	1	1	1	108	10,700.0%	1	0	0.0%	108	0	0.0%
Worked Hours	314	406	2,794	563	79.3%	1	-2,793	-100.0%	61	-502	-89.1%
Benefit Hours	6	34	516	35	483.3%	0	-516	-100.0%	4	-31	-89.1%
Total Paid Hours	320	440	3,310	598	86.9%	1	-3,309	-100.0%	65	-533	-89.1%
Total FTEs	**0.16**	**0.23**	**1.70**	**0.31**	**86.9%**	**0.00**	**-1.70**	**-100.0%**	**0.03**	**-0.27**	**-89.1%**
Worked Hours Salaries	$21,330	$19,258	$158,614	$18,189	-14.7%	$32	($158,582)	-100.0%	$1,983	($16,206)	-89.1%
Benefit Hour Salaries	$2,047	$1,707	$10,639	$778	-62.0%	$2	($10,637)	-100.0%	$85	($693)	-89.1%
Fringe Benefit $	$6,687	$5,448	$40,448	$3,485	-47.9%	$8	($40,440)	-100.0%	$380	($3,105)	-89.1%
Variable Non-Labour non-drug Costs	$0	$3,441	$71,333	$21,387	521.5%	$71,333	$0	0.0%	$21,387	$0	0.0%
Drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Depreciation/Minor Equipment	$16,860	$35,562	$14,841	$0	-100.0%	$14,841	$0	0.0%	$0	$0	N/A
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$46,924**	**$65,416**	**$295,875**	**$43,839**	**-6.6%**	**$86,217**	**($209,658)**	**-70.9%**	**$23,835**	**($20,004)**	**-45.6%**
Recoveries	($16,860)	$0	$0	$0	-100.0%	$0	$0	N/A	$0	$0	N/A
Revenues	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Expenses Net of Recoveries	**$30,064**	**$65,416**	**$295,875**	**$43,839**	**45.8%**	**$86,217**	**($209,658)**	**-70.9%**	**$23,835**	**($20,004)**	**-45.6%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Worked Hours/Visit	314.0000	406.0000	2,794.0000	5.2130	-98.3%	5.2130	.5683	.5683	.5683	.5683	.5683
Var NL non-drug$/Visit	$.00	$3,441.00	$71,333.00	$198.03	-94.2%	$198.03	$1.31	$1.31	$1.31	$1.31	$1.31
Drug$/Visit	$0.00	$0.00	$0.00	$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr		0.00%	2.53%	0.00%		0.00%	1.61%	1.61%	1.61%	1.61%	1.61%
OT Hrs as % Total Wkd Hr excl Purch	0.00%	0.00%	3.29%	17.58%	434.0%	17.58%	0.00%	0.00%	0.00%	0.00%	0.00%
Orient. Hrs % of Total Wkd Hrs (excl Purch.)	0.00%	1.97%	0.54%	0.00%	-100.0%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Comment(s):

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Worked Hours/Visit	.5683	AGH	.5683	AGH	1
Var NL non-drug$/Visit	$71,333.00	AGH	$198.03	AGH	1
Drug$/Visit	$.00		$.00		0
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr		AGH		AGH	0 of 1
OT Hrs as % Total Wkd Hr excl Purch		AGH		AGH	1 of 1
Orient. Hrs % of Total Wkd Hrs (excl Purch.)		AGH		AGH	1 of 1

Performance Forecasts

723501000 Other Vote - Medical Clinics

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
N/A	N/A	N/A	N/A	N/A	N/A	N/A	#VALUE!	N/A	N/A	#VALUE!	N/A
Worked Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Benefit Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Total Paid Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Total FTEs	**0.00**	**0.00**	**0.00**	**0.00**	**N/A**	**0.00**	**0.00**	**N/A**	**0.00**	**0.00**	**N/A**
Worked Hours Salaries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Benefit Hour Salaries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Fringe Benefit $	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Variable Non-Labour non-drug Costs	$0	$79,015	$63,237	$52,723	-33.3%	$63,237	$0	0.0%	$52,723	$0	0.0%
Drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Depreciation/Minor Equipment	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Medical Staff Costs	$0	$62,100	$0	$0	-100.0%	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$0**	**$141,115**	**$63,237**	**$52,723**	**-62.6%**	**$63,237**	**$0**	**0.0%**	**$52,723**	**$0**	**0.0%**
Recoveries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Revenues	$0	($141,115)	($63,237)	($52,723)	-62.6%	($63,237)	$0	0.0%	($52,723)	$0	0.0%
Expenses Net of Recoveries	**$0**	**$141,115**	**$63,237**	**$52,723**	**-62.6%**	**$63,237**	**$0**	**0.0%**	**$52,723**	**$0**	**0.0%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr											
OT Hrs as % Total Wkd Hr excl Purch											
Orient. Hrs % of Total Wkd Hrs (excl Purch.)											

Comment(s):

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr					0 of 0
OT Hrs as % Total Wkd Hr excl Purch					0 of 0
Orient. Hrs % of Total Wkd Hrs (excl Purch.)					0 of 0

Performance Forecasts

725097812 O/V Case Mgmt - Problem Gambling

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
Visits	0	0	295	549	86.1%	295	0	0.0%	549	0	0.0%
Worked Hours	0	0	340	237	-30.3%	127	-213	-62.5%	237	0	0.0%
Benefit Hours	0	0	182	118	-35.2%	68	-114	-62.5%	118	0	0.0%
Total Paid Hours	0	0	522	355	-32.0%	196	-326	-62.5%	355	0	0.0%
Total FTEs	**0.00**	**0.00**	**0.27**	**0.18**	**-32.0%**	**0.10**	**-0.17**	**-62.5%**	**0.18**	**0.00**	**0.0%**
Worked Hours Salaries	$0	$0	$9,206	$57,976	529.8%	$3,448	($5,758)	-62.5%	$57,976	$0	0.0%
Benefit Hour Salaries	$0	$0	$4,362	$13,808	216.6%	$1,634	($2,728)	-62.5%	$13,808	$0	0.0%
Fringe Benefit $	$0	$0	$2,916	$8,247	182.8%	$1,092	($1,824)	-62.5%	$8,247	$0	0.0%
Variable Non-Labour non-drug Costs	$0	$0	$0	$4,599	N/A	$0	$0	N/A	$4,599	$0	0.0%
Drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Depreciation/Minor Equipment	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$0**	**$0**	**$16,484**	**$84,630**	**413.4%**	**$6,174**	**($10,310)**	**-62.5%**	**$84,630**	**$0**	**0.0%**
Recoveries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Revenues	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Expenses Net of Recoveries	**$0**	**$0**	**$16,484**	**$84,630**	**413.4%**	**$6,174**	**($10,310)**	**-62.5%**	**$84,630**	**$0**	**0.0%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Worked Hours/Visit	.0000	.0000	1.1525	.4317	-62.5%	.4317	.4317	.4317	.4317	.4317	.4317
Var NL non-drug$/Visit	$.00	$.00	$.00	$8.38		$8.38	$8.38	$8.38	$8.38	$8.38	$8.38
Drug$/Visit	$0.00	$0.00	$0.00	$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr			11.76%	30.80%		30.80%	30.80%	30.80%	30.80%	30.80%	30.80%
OT Hrs as % Total Wkd Hr excl Purch			0.00%	4.22%		4.22%	4.22%	4.22%	4.22%	4.22%	4.22%
Orient. Hrs % of Total Wkd Hrs (excl Purch.)			0.00%	0.00%		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Comment(s):

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Worked Hours/Visit	.4317		.4317		0
Var NL non-drug$/Visit	$.00		$8.38		0
Drug$/Visit	$.00		$.00		0
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr					0 of 0
OT Hrs as % Total Wkd Hr excl Purch					0 of 0
Orient. Hrs % of Total Wkd Hrs (excl Purch.)					0 of 0

Performance Forecasts

725107699 O/V Com MH - Other

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
Visits	0	4,500	7,856	6,334	40.8%	7,856	0	0.0%	6,334	0	0.0%
Worked Hours	18,179	12,709	15,525	15,109	-16.9%	14,506	-1,019	-6.6%	11,695	-3,414	-22.6%
Benefit Hours	4,106	3,354	4,707	5,739	39.8%	4,398	-309	-6.6%	4,442	-1,297	-22.6%
Total Paid Hours	22,285	16,063	20,232	20,848	-6.4%	18,903	-1,329	-6.6%	16,138	-4,710	-22.6%
Total FTEs	**11.43**	**8.24**	**10.38**	**10.69**	**-6.4%**	**9.69**	**-0.68**	**-6.6%**	**8.28**	**-2.42**	**-22.6%**
Worked Hours Salaries	$598,900	$475,721	$489,256	$614,717	2.6%	$457,128	($32,128)	-6.6%	$475,827	($138,890)	-22.6%
Benefit Hour Salaries	$135,213	$129,330	$121,916	$170,265	25.9%	$113,910	($8,006)	-6.6%	$131,795	($38,470)	-22.6%
Fringe Benefit $	$252,084	$210,295	$198,032	$233,172	-7.5%	$185,028	($13,004)	-6.6%	$180,489	($52,683)	-22.6%
Variable Non-Labour non-drug Costs	$256,679	$173,514	$105,878	$183,664	-28.4%	$44,820	($61,058)	-57.7%	$36,137	($147,527)	-80.3%
Drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Depreciation/Minor Equipment	$25,980	$805	$4,941	$1,843	-92.9%	$4,941	$0	0.0%	$1,843	$0	0.0%
Medical Staff Costs	$0	$14,734	$0	$0	-100.0%	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$1,268,856**	**$1,004,399**	**$920,023**	**$1,203,661**	**-5.1%**	**$805,827**	**($114,196)**	**-12.4%**	**$826,091**	**($377,570)**	**-31.4%**
Recoveries	($1,827)	($2,743)	($731)	($5,393)	195.2%	($731)	$0	0.0%	($5,393)	$0	0.0%
Revenues	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Expenses Net of Recoveries	**$1,267,029**	**$1,001,656**	**$919,292**	**$1,198,268**	**-5.4%**	**$805,096**	**($114,196)**	**-12.4%**	**$820,698**	**($377,570)**	**-31.5%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Worked Hours/Visit	.0000	2.8242	1.9762	2.3854	-15.5%	2.3854	1.7025	1.8421	1.8464	2.7252	2.1895
Var NL non-drug$/Visit	$.00	$38.56	$13.48	$29.00	-24.8%	$29.00	$3.04	$4.61	$5.71	$11.61	$8.63
Drug$/Visit	$0.00	$0.00	$0.00	$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr	1.45%	6.88%	7.10%	18.65%	1183.7%	18.65%	1.42%	1.73%	2.01%	2.24%	2.67%
OT Hrs as % Total Wkd Hr excl Purch	0.04%	0.16%	0.12%	0.66%	1602.3%	0.66%	0.00%	0.12%	0.32%	0.52%	0.53%
Orient. Hrs % of Total Wkd Hrs (excl Purch.)	0.92%	2.12%	1.24%	0.00%	-100.0%	0.00%	0.00%	1.32%	1.56%	2.07%	1.69%

Comment(s):

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Worked Hours/Visit	1.8464	ASMH KLOW	1.8464	ASMH DDG KLOW	5
Var NL non-drug$/Visit	$5.71	ASMH DDG	$5.71	ASMH DDG KLOW	5
Drug$/Visit	$.00		$.00		0
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr		DDG SL		DDG GAH SL	0 of 6
OT Hrs as % Total Wkd Hr excl Purch		ASMH GAH		ASMH DDG GAH	1 of 6
Orient. Hrs % of Total Wkd Hrs (excl Purch.)		DDG SL		DDG KLOW SL	1 of 6

Performance Forecasts

739203900 Fund 3 Mktd Svce - Other

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
N/A	N/A	N/A	N/A	N/A	N/A	N/A	#VALUE!	N/A	N/A	#VALUE!	N/A
Worked Hours	0	0	55,328	56,898	2.8%	55,328	0	0.0%	56,898	0	0.0%
Benefit Hours	0	0	10,552	10,033	-4.9%	10,552	0	0.0%	10,033	0	0.0%
Total Paid Hours	0	0	65,880	66,931	1.6%	65,880	0	0.0%	66,931	0	0.0%
Total FTEs	**0.00**	**0.00**	**33.78**	**34.32**	**1.6%**	**33.78**	**0.00**	**0.0%**	**34.32**	**0.00**	**0.0%**
Worked Hours Salaries	$0	$0	$1,805,743	$1,846,289	2.2%	$1,805,743	$0	0.0%	$1,846,289	$0	0.0%
Benefit Hour Salaries	$0	$0	$268,165	$266,090	-0.8%	$268,165	$0	0.0%	$266,090	$0	0.0%
Fringe Benefit $	$0	$0	$535,025	$526,287	-1.6%	$535,025	$0	0.0%	$526,287	$0	0.0%
Variable Non-Labour non-drug Costs	$0	$0	$8,938,225	$9,738,008	8.9%	$8,938,225	$0	0.0%	$9,738,008	$0	0.0%
Drug Costs	$0	$0	$91,225	$63,191	-30.7%	$91,225	$0	0.0%	$63,191	$0	0.0%
Depreciation/Minor Equipment	$0	$0	$164,583	$114,410	-30.5%	$164,583	$0	0.0%	$114,410	$0	0.0%
Medical Staff Costs	$0	$0	$502,604	$610,814	21.5%	$502,604	$0	0.0%	$610,814	$0	0.0%
Total Gross Expenses	**$0**	**$0**	**$12,305,570**	**$13,165,089**	**7.0%**	**$12,305,570**	**$0**	**0.0%**	**$13,165,089**	**$0**	**0.0%**
Recoveries	$0	$0	($13,461,805)	($13,613,255)	1.1%	($13,461,805)	$0	0.0%	($13,613,255)	$0	0.0%
Revenues	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Expenses Net of Recoveries	**$0**	**$0**	**($1,156,235)**	**($448,166)**	**-61.2%**	**($1,156,235)**	**$0**	**0.0%**	**($448,166)**	**$0**	**0.0%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr			8.08%	5.61%		5.61%	5.61%	5.61%	5.61%	5.61%	5.61%
OT Hrs as % Total Wkd Hr excl Purch			2.48%	2.12%		2.12%	2.12%	2.12%	2.12%	2.12%	2.12%
Orient. Hrs % of Total Wkd Hrs (excl Purch.)			0.00%	0.00%		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Comment(s):

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr					0 of 0
OT Hrs as % Total Wkd Hr excl Purch					0 of 0
Orient. Hrs % of Total Wkd Hrs (excl Purch.)					0 of 0

Performance Forecasts

819110000 Operating Grants from Ministry

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
N/A	N/A	N/A	N/A	N/A	N/A	N/A	#VALUE!	N/A	N/A	#VALUE!	N/A
Worked Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Benefit Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Total Paid Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Total FTEs	**0.00**	**0.00**	**0.00**	**0.00**	**N/A**	**0.00**	**0.00**	**N/A**	**0.00**	**0.00**	**N/A**
Worked Hours Salaries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Benefit Hour Salaries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Fringe Benefit $	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Variable Non-Labour non-drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Depreciation/Minor Equipment	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$0**	**$0**	**$0**	**$0**	**N/A**	**$0**	**$0**	**N/A**	**$0**	**$0**	**N/A**
Recoveries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Revenues	($34,791,449)	($34,146,103)	($35,419,322)	($35,297,698)	1.5%	($35,419,322)	$0	0.0%	($35,297,698)	$0	0.0%
Expenses Net of Recoveries	**$0**	**$0**	**$0**	**$0**	**N/A**	**$0**	**$0**	**N/A**	**$0**	**$0**	**N/A**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr											
OT Hrs as % Total Wkd Hr excl Purch											
Orient. Hrs % of Total Wkd Hrs (excl Purch.)											

Comment(s):

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr					0 of 0
OT Hrs as % Total Wkd Hr excl Purch					0 of 0
Orient. Hrs % of Total Wkd Hrs (excl Purch.)					0 of 0

Performance Forecasts

819151000 Standard Ward - Acute Care

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
N/A	N/A	N/A	N/A	N/A	N/A	N/A	#VALUE!	N/A	N/A	#VALUE!	N/A
Worked Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Benefit Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Total Paid Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Total FTEs	**0.00**	**0.00**	**0.00**	**0.00**	**N/A**	**0.00**	**0.00**	**N/A**	**0.00**	**0.00**	**N/A**
Worked Hours Salaries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Benefit Hour Salaries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Fringe Benefit $	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Variable Non-Labour non-drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Depreciation/Minor Equipment	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$0**	**$0**	**$0**	**$0**	**N/A**	**$0**	**$0**	**N/A**	**$0**	**$0**	**N/A**
Recoveries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Revenues	$0	$0	$0	($9,954)	N/A	$0	$0	N/A	($9,954)	$0	0.0%
Expenses Net of Recoveries	**$0**	**$0**	**$0**	**$0**	**N/A**	**$0**	**$0**	**N/A**	**$0**	**$0**	**N/A**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr											
OT Hrs as % Total Wkd Hr excl Purch											
Orient. Hrs % of Total Wkd Hrs (excl Purch.)											

Comment(s):

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr					0 of 0
OT Hrs as % Total Wkd Hr excl Purch					0 of 0
Orient. Hrs % of Total Wkd Hrs (excl Purch.)					0 of 0

Performance Forecasts

819152000 Standard Ward - Chronic

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
N/A	N/A	N/A	N/A	N/A	N/A	N/A	#VALUE!	N/A	N/A	#VALUE!	N/A
Worked Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Benefit Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Total Paid Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Total FTEs	**0.00**	**0.00**	**0.00**	**0.00**	**N/A**	**0.00**	**0.00**	**N/A**	**0.00**	**0.00**	**N/A**
Worked Hours Salaries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Benefit Hour Salaries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Fringe Benefit $	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Variable Non-Labour non-drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Depreciation/Minor Equipment	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$0**	**$0**	**$0**	**$0**	**N/A**	**$0**	**$0**	**N/A**	**$0**	**$0**	**N/A**
Recoveries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Revenues	$0	$0	$0	($12,798)	N/A	$0	$0	N/A	($12,798)	$0	0.0%
Expenses Net of Recoveries	**$0**	**$0**	**$0**	**$0**	**N/A**	**$0**	**$0**	**N/A**	**$0**	**$0**	**N/A**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr											
OT Hrs as % Total Wkd Hr excl Purch											
Orient. Hrs % of Total Wkd Hrs (excl Purch.)											

Comment(s):

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr					0 of 0
OT Hrs as % Total Wkd Hr excl Purch					0 of 0
Orient. Hrs % of Total Wkd Hrs (excl Purch.)					0 of 0

Performance Forecasts

819153000 Stand Co-Payment - Chronic

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
N/A	N/A	N/A	N/A	N/A	N/A	N/A	#VALUE!	N/A	N/A	#VALUE!	N/A
Worked Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Benefit Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Total Paid Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Total FTEs	**0.00**	**0.00**	**0.00**	**0.00**	**N/A**	**0.00**	**0.00**	**N/A**	**0.00**	**0.00**	**N/A**
Worked Hours Salaries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Benefit Hour Salaries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Fringe Benefit $	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Variable Non-Labour non-drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Depreciation/Minor Equipment	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$0**	**$0**	**$0**	**$0**	**N/A**	**$0**	**$0**	**N/A**	**$0**	**$0**	**N/A**
Recoveries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Revenues	($144,007)	($191,964)	($87,596)	($173,426)	20.4%	($87,596)	$0	0.0%	($173,426)	$0	0.0%
Expenses Net of Recoveries	**$0**	**$0**	**$0**	**$0**	**N/A**	**$0**	**$0**	**N/A**	**$0**	**$0**	**N/A**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr											
OT Hrs as % Total Wkd Hr excl Purch											
Orient. Hrs % of Total Wkd Hrs (excl Purch.)											

Comment(s):

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr					0 of 0
OT Hrs as % Total Wkd Hr excl Purch					0 of 0
Orient. Hrs % of Total Wkd Hrs (excl Purch.)					0 of 0

819154000 Newborn Nursery Revenue

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
N/A	N/A	N/A	N/A	N/A	N/A	N/A	#VALUE!	N/A	N/A	#VALUE!	N/A
Worked Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Benefit Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Total Paid Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Total FTEs	**0.00**	**0.00**	**0.00**	**0.00**	**N/A**	**0.00**	**0.00**	**N/A**	**0.00**	**0.00**	**N/A**
Worked Hours Salaries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Benefit Hour Salaries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Fringe Benefit $	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Variable Non-Labour non-drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Depreciation/Minor Equipment	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$0**	**$0**	**$0**	**$0**	**N/A**	**$0**	**$0**	**N/A**	**$0**	**$0**	**N/A**
Recoveries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Revenues	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Expenses Net of Recoveries	**$0**	**$0**	**$0**	**$0**	**N/A**	**$0**	**$0**	**N/A**	**$0**	**$0**	**N/A**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr											
OT Hrs as % Total Wkd Hr excl Purch											
Orient. Hrs % of Total Wkd Hrs (excl Purch.)											

Comment(s):

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr					0 of 0
OT Hrs as % Total Wkd Hr excl Purch					0 of 0
Orient. Hrs % of Total Wkd Hrs (excl Purch.)					0 of 0

Performance Forecasts

819155000 Differential Revenue

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
N/A	N/A	N/A	N/A	N/A	N/A	N/A	#VALUE!	N/A	N/A	#VALUE!	N/A
Worked Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Benefit Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Total Paid Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Total FTEs	**0.00**	**0.00**	**0.00**	**0.00**	**N/A**	**0.00**	**0.00**	**N/A**	**0.00**	**0.00**	**N/A**
Worked Hours Salaries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Benefit Hour Salaries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Fringe Benefit $	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Variable Non-Labour non-drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Depreciation/Minor Equipment	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$0**	**$0**	**$0**	**$0**	**N/A**	**$0**	**$0**	**N/A**	**$0**	**$0**	**N/A**
Recoveries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Revenues	$0	$0	$0	($11,840)	N/A	$0	$0	N/A	($11,840)	$0	0.0%
Expenses Net of Recoveries	**$0**	**$0**	**$0**	**$0**	**N/A**	**$0**	**$0**	**N/A**	**$0**	**$0**	**N/A**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr											
OT Hrs as % Total Wkd Hr excl Purch											
Orient. Hrs % of Total Wkd Hrs (excl Purch.)											

Comment(s):

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr					0 of 0
OT Hrs as % Total Wkd Hr excl Purch					0 of 0
Orient. Hrs % of Total Wkd Hrs (excl Purch.)					0 of 0

819230000 Ambulance Revenues (Receiving Hospital)

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
N/A	N/A	N/A	N/A	N/A	N/A	N/A	#VALUE!	N/A	N/A	#VALUE!	N/A
Worked Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Benefit Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Total Paid Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Total FTEs	**0.00**	**0.00**	**0.00**	**0.00**	**N/A**	**0.00**	**0.00**	**N/A**	**0.00**	**0.00**	**N/A**
Worked Hours Salaries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Benefit Hour Salaries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Fringe Benefit $	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Variable Non-Labour non-drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Depreciation/Minor Equipment	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$0**	**$0**	**$0**	**$0**	**N/A**	**$0**	**$0**	**N/A**	**$0**	**$0**	**N/A**
Recoveries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Revenues	($119,828)	($79,063)	($116,398)	($104,044)	-13.2%	($116,398)	$0	0.0%	($104,044)	$0	0.0%
Expenses Net of Recoveries	**$0**	**$0**	**$0**	**$0**	**N/A**	**$0**	**$0**	**N/A**	**$0**	**$0**	**N/A**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr											
OT Hrs as % Total Wkd Hr excl Purch											
Orient. Hrs % of Total Wkd Hrs (excl Purch.)											

Comment(s):

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr					0 of 0
OT Hrs as % Total Wkd Hr excl Purch					0 of 0
Orient. Hrs % of Total Wkd Hrs (excl Purch.)					0 of 0

Performance Forecasts

819400000 Provision Other Doubtful Accts

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
N/A	N/A	N/A	N/A	N/A	N/A	N/A	#VALUE!	N/A	N/A	#VALUE!	N/A
Worked Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Benefit Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Total Paid Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Total FTEs	**0.00**	**0.00**	**0.00**	**0.00**	**N/A**	**0.00**	**0.00**	**N/A**	**0.00**	**0.00**	**N/A**
Worked Hours Salaries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Benefit Hour Salaries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Fringe Benefit $	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Variable Non-Labour non-drug Costs	$31,259	$123,784	$347,351	$1,138	-96.4%	$347,351	$0	0.0%	$1,138	$0	0.0%
Drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Depreciation/Minor Equipment	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$31,259**	**$123,784**	**$347,351**	**$1,138**	**-96.4%**	**$347,351**	**$0**	**0.0%**	**$1,138**	**$0**	**0.0%**
Recoveries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Revenues	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Expenses Net of Recoveries	**$31,259**	**$123,784**	**$347,351**	**$1,138**	**-96.4%**	**$347,351**	**$0**	**0.0%**	**$1,138**	**$0**	**0.0%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr											
OT Hrs as % Total Wkd Hr excl Purch											
Orient. Hrs % of Total Wkd Hrs (excl Purch.)											

Comment(s):

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr					0 of 0
OT Hrs as % Total Wkd Hr excl Purch					0 of 0
Orient. Hrs % of Total Wkd Hrs (excl Purch.)					0 of 0

819450000 Other Undistributed Revenues - Operating

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
N/A	N/A	N/A	N/A	N/A	N/A	N/A	#VALUE!	N/A	N/A	#VALUE!	N/A
Worked Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Benefit Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Total Paid Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Total FTEs	**0.00**	**0.00**	**0.00**	**0.00**	**N/A**	**0.00**	**0.00**	**N/A**	**0.00**	**0.00**	**N/A**
Worked Hours Salaries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Benefit Hour Salaries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Fringe Benefit $	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Variable Non-Labour non-drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Depreciation/Minor Equipment	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$0**	**$0**	**$0**	**$0**	**N/A**	**$0**	**$0**	**N/A**	**$0**	**$0**	**N/A**
Recoveries	($15,583)	($7,746)	($3,600)	($3,600)	-76.9%	($3,600)	$0	0.0%	($3,600)	$0	0.0%
Revenues	$0	($351)	($2)	($371,394)	105,710.3%	($2)	$0	0.0%	($371,394)	$0	0.0%
Expenses Net of Recoveries	**($15,583)**	**($7,746)**	**($3,600)**	**($3,600)**	**-76.9%**	**($3,600)**	**$0**	**0.0%**	**($3,600)**	**$0**	**0.0%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr											
OT Hrs as % Total Wkd Hr excl Purch											
Orient. Hrs % of Total Wkd Hrs (excl Purch.)											

Comment(s):

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr					0 of 0
OT Hrs as % Total Wkd Hr excl Purch					0 of 0
Orient. Hrs % of Total Wkd Hrs (excl Purch.)					0 of 0

819850000 Rent/Leasing Expenses

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure: N/A	N/A	N/A	N/A	N/A	N/A	N/A	#VALUE!	N/A	N/A	#VALUE!	N/A
Worked Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Benefit Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Total Paid Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Total FTEs	**0.00**	**0.00**	**0.00**	**0.00**	**N/A**	**0.00**	**0.00**	**N/A**	**0.00**	**0.00**	**N/A**
Worked Hours Salaries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Benefit Hour Salaries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Fringe Benefit $	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Variable Non-Labour non-drug Costs	$0	$11,651	$763,394	$726,303	6,133.8%	$763,394	$0	0.0%	$726,303	$0	0.0%
Drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Depreciation/Minor Equipment	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$0**	**$11,651**	**$763,394**	**$726,303**	**6,133.8%**	**$763,394**	**$0**	**0.0%**	**$726,303**	**$0**	**0.0%**
Recoveries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Revenues	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Expenses Net of Recoveries	**$0**	**$11,651**	**$763,394**	**$726,303**	**6,133.8%**	**$763,394**	**$0**	**0.0%**	**$726,303**	**$0**	**0.0%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr											
OT Hrs as % Total Wkd Hr excl Purch											
Orient. Hrs % of Total Wkd Hrs (excl Purch.)											

Comment(s):

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr					0 of 0
OT Hrs as % Total Wkd Hr excl Purch					0 of 0
Orient. Hrs % of Total Wkd Hrs (excl Purch.)					0 of 0

819900000 Other Undistributed Expenses - Operating

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
N/A	N/A	N/A	N/A	N/A	N/A	N/A	#VALUE!	N/A	N/A	#VALUE!	N/A
Worked Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Benefit Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Total Paid Hours	0	0	0	0	N/A	0	0	N/A	0	0	N/A
Total FTEs	**0.00**	**0.00**	**0.00**	**0.00**	**N/A**	**0.00**	**0.00**	**N/A**	**0.00**	**0.00**	**N/A**
Worked Hours Salaries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Benefit Hour Salaries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Fringe Benefit $	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Variable Non-Labour non-drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Drug Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Depreciation/Minor Equipment	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$0**	**$0**	**$0**	**$0**	**N/A**	**$0**	**$0**	**N/A**	**$0**	**$0**	**N/A**
Recoveries	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Revenues	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Expenses Net of Recoveries	**$0**	**$0**	**$0**	**$0**	**N/A**	**$0**	**$0**	**N/A**	**$0**	**$0**	**N/A**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr											
OT Hrs as % Total Wkd Hr excl Purch							0.00%	0.00%	0.00%	0.00%	0.00%
Orient. Hrs % of Total Wkd Hrs (excl Purch.)							0.00%	0.00%	0.00%	0.00%	0.00%

Comment(s):

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr					0 of 0
OT Hrs as % Total Wkd Hr excl Purch		NLA		NLA	1 of 1
Orient. Hrs % of Total Wkd Hrs (excl Purch.)		NLA		NLA	1 of 1

Performance Forecasts

7110 Total Core Corporate Services

Weeneebayko Area Health Authority

	4 Year Actual					2013/14 at Screening Target			2014/15 at Screening Target		
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2013/14 Target	Change from 2013/14	% Change	2014/15 Target	Change from 2014/15	% Change
Workload Measure:											
Direct Care Costs excl Equipment/Me	16,716,487	18,908,213	19,357,226	18,389,138	10.0%	19,357,226	0	0.0%	18,389,138	0	0.0%
Worked Hours	66,834	55,971	67,545	58,452	-12.5%	45,453	-22,092	-32.7%	41,103	-17,349	-29.7%
Benefit Hours	11,197	10,796	18,535	11,336	1.2%	12,473	-6,062	-32.7%	7,971	-3,365	-29.7%
Total Paid Hours	78,031	66,767	86,080	69,788	-10.6%	57,926	-28,154	-32.7%	49,074	-20,714	-29.7%
Total FTEs	**40.02**	**34.24**	**44.14**	**35.79**	**-10.6%**	**29.71**	**-14.44**	**-32.7%**	**25.17**	**-10.62**	**-29.7%**
Worked Hours Salaries	$2,626,881	$2,570,431	$3,021,241	$2,972,336	13.2%	$2,033,085	($988,156)	-32.7%	$2,090,113	($882,223)	-29.7%
Benefit Hour Salaries	$605,824	$603,451	$762,832	$529,240	-12.6%	$513,333	($249,499)	-32.7%	$372,156	($157,084)	-29.7%
Fringe Benefit $	$1,064,152	$982,953	$1,022,159	$895,352	-15.9%	$687,842	($334,317)	-32.7%	$629,602	($265,750)	-29.7%
Variable Non-Labour non-drug Costs	$2,698,226	$2,803,188	$2,528,616	$2,864,439	6.2%	$1,701,582	($827,034)	-32.7%	$2,014,241	($850,198)	-29.7%
Drug Costs	$51	$1,075	$110	$2,414	4,633.3%	$74	($36)	-32.7%	$1,697	($717)	-29.7%
Depreciation/Minor Equipment	$55,120	$100,608	$127,123	$35,090	-36.3%	$127,123	$0	0.0%	$35,090	$0	0.0%
Medical Staff Costs	$0	$0	$0	$0	N/A	$0	$0	N/A	$0	$0	N/A
Total Gross Expenses	**$7,050,254**	**$7,061,706**	**$7,462,081**	**$7,298,871**	**3.5%**	**$5,063,039**	**($2,399,042)**	**-32.1%**	**$5,142,900**	**($2,155,971)**	**-29.5%**
Recoveries	($626,021)	($1,445,564)	($2,099,519)	($2,413,266)	285.5%	($2,099,519)	$0	0.0%	($2,413,266)	$0	0.0%
Revenues	$0	$0	($11,946)	($28,056)	134.9%	($11,946)	$0	0.0%	($28,056)	$0	0.0%
Expenses Net of Recoveries	**$6,424,233**	**$5,616,142**	**$5,362,562**	**$4,885,605**	**-24.0%**	**$2,963,520**	**($2,399,042)**	**-44.7%**	**$2,729,634**	**($2,155,971)**	**-44.1%**

Performance Indicators	Actual Performance					Potential Target Performance Indicators (2014/15 Peers)					
	2011/12 (Y1)	2012/13	2013/14	2014/15	% Change (Y1 - Y4)	2014/15	Minimum	Best Quartile	Median	Worst Quartile	Mean
Net Cost % of Direct Care excl Eq/Med	38.10%	29.17%	27.05%	26.38%	-30.8%	26.38%	9.07%	12.98%	14.65%	16.53%	14.69%
Other Indicators											
Sick Time Hr as a % of FT Wkd Hr	2.98%	5.46%	5.32%	4.35%	45.8%	4.35%	0.19%	1.25%	1.71%	2.83%	2.67%
OT Hrs as % Total Wkd Hr excl Purch	2.69%	3.78%	3.37%	3.46%	28.5%	3.46%	0.00%	0.46%	0.90%	1.47%	1.16%
Orient. Hrs % of Total Wkd Hrs (excl Purch.)	2.69%	3.78%	3.37%	3.46%	28.5%	3.46%	0.00%	0.46%	0.90%	1.47%	1.16%

Comment(s): Includes: General Admin, Finance, Personnel, Nursing Admin

General Comment(s): Laundry, insurance, utilities costs & prosthetic/orthotic/device costs are centralized. 2013/14 and 2014/15 performance compared with 2014/15 peers.

Calculated potential targets selected for this report, for screening purposes.

Performance Indicators	2013/14 Targets	Peers @ or better than Best Quartile	2014/15 Targets	Peers @ or better than Median	Number of Peers
Net Cost % of Direct Care excl Eq/Med	14.65%	GAH KSH LDM SMH KLOW SBGHS	14.65%	NLA ASMH BRSJ DDG GAH HND KSH LDM SMH KLOW SBGHS	22
Other Indicators					**No. w/ Zero**
Sick Time Hr as a % of FT Wkd Hr		NLA EGH GAH HND SMH SBGHS		NLA ASMH BRSJ CMH EGH GAH HND LDM LMH SMH SBGHS	0 of 22
OT Hrs as % Total Wkd Hr excl Purch		ASMH AGH GAH LDM AGH SMH		NLA ASMH AGH CMH DDG GAH LDM AGH SMH WDMH SL	2 of 22
Orient. Hrs % of Total Wkd Hrs (excl Purch.)		ASMH AGH GAH LDM AGH SMH		NLA ASMH AGH CMH DDG GAH LDM AGH SMH WDMH SL	2 of 22