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QUALITY PLAN 2011-2012

A COMMITMENT TO QUALITY

Board Approved: 2011-04-11

OUR COMMITMENT TO QUALITY

Improving the patient experience is a top priority at the West Nipissing General Hospital. We are setting goals with a renewed focus on safety, access, patient centered care, financial health and efficiencies. We are setting goals to outline to demonstrate what our organization aspires to achieve and to ensure that quality is our core business strategy. We have developed a Quality Plan that we will use to guide our Quality Journey through the use of clinical best practices and an organizational practices. We want patients and families to recommend us to family and friends. As we focus on quality and continuous improvement we welcome your feedback.

Cynthia Desormiers RN BScN MHA
President & CEO

Quality Plan: The West Nipissing General Hospital

Summary

The West Nipissing General Hospital Quality Plan for 2010-2011 follows the definition of *Accreditation Canada,* which is the degree of excellence measures quality, value and effect and responds to the patients' needs and /or their expectations as established by the West Nipissing General Hospital Board of Governors. Quality is ultimately determined by the patient. We must not only ask what we want, but what do our patients want? To answer this question we need to survey our patients to identify aspects of our operations we need to improve, change and/or eliminate. The Quality Plan for the Hospital includes the revision of the satisfaction survey, the distribution of the survey to our in-patients and out-patients, the survey process, the analysis of the results and the implementation of the identified improvements and/or changes, and strategies to align with provincial indicators. This plan is also based on the priorities identified by the Continuous Quality Improvement team, the Patient Care Team, the Board of Governors and Accreditation Canada standards and recommendations.

A heightened communication will be implemented to increase staff awareness and commitment to the plan and foster a culture of quality at the West Nipissing General Hospital.

The following objectives are included in the 2010-2011 Quality Plan

- Revise patient survey
- Educate staff of the organization quality plan
- Improve quality care based on best practices
- Implement changes to patient access and outcome issues identified by the organization's teams and patients
- Improve organizational health
- Improve the organizational financial health by meeting accountability agreement goals
- Expand on innovative ideas and initiate development opportunities

Quality will be measured according to four quadrants of care discussed in the plan: Patient Access and Outcomes, Organizational Health, Financial Health and Innovation and

Development. In order to achieve continuous quality improvement, quality will be built into all WNGH programs and initiatives, so that these four quadrants become integrated into the function and operation of the facility. The plan's effectiveness will be monitored by the Health Care Quality Committee of the Board of Governors, the CEO and by the Quality Council.

Quality Plan

Quality at the West Nipissing General Hospital, as defined by the Board of Governors, is the degree of excellence that measures quality, value and effect and responds to the patients' needs and /or their expectations. The quality framework at the West Nipissing General Hospital (WNGH) includes four quadrants: patient access and outcomes, organizational health, financial health and innovation and development.

These quadrants align with both the quadrants of the Provincial Hospital Report and the quality framework of the Canadian Council on Health Services Accreditation (CCHSA).

The WNGH	**Provincial Hospital Report**	**CCHSA**
Patient Access and Outcomes (quality and safety)	Clinical Utilization	Responsiveness / Client Focus
Organizational Health	Sick Time/Overtime/Staff Satisfaction	Worklife / Workpulse
Financial Health	Accountability Agreement	
Innovation and Development	Health & Wellness	

West Nipissing General Hospital recognizes several principles conducive to promoting high quality care. I**nvestigating processes not people**:

- Quality improvement must be a continuous process which includes defining, measuring, and improving quality
- Quality patient care requires the effort of clinical and non-clinical staff. All employees and physicians are responsible for quality improvement
- Clear management accountabilities for quality improvement are necessary

A culture of quality" is necessary to improve quality. It includes:

- An organizational mission ,vision and values that recognized the importance of quality
- A culture of quality e which reflects a commitment to quality improvement

- Leadership role model committed to quality
- Quality framework for management, staff and committees
- Resources to evaluate the objectives of the quality plan and implementation of measures to improve quality
- Information system for measurement

♦ Communication about quality improvement activities

Reward and recognition systems to promote quality improvement activities

Purpose of the Quality Plan

The purpose of the Quality Plan for 2010-2011 is:

♦ To ensure quality and safety patient care in accessing services that meets patient expectations

♦ To promote quality of work life in the organization

♦ To meet the objectives of the accountability agreement in providing quality care in with innovative strategies- initiatives

♦ To explore evidence best practices in the delivery of services

♦ Delete the following section

♦ To promote an organizational commitment to quality and safety of patient care through the selection of priority patient care and support initiatives

♦ To ensure there is sufficient allocation of appropriate resources for quality improvement processes, by identifying the human, time and fiscal resources required for quality initiatives

♦ To communicate and disseminate the corporate quality objectives to all West Nipissing General Hospital staff

Input to Identify Potential Strategic Objectives

To determine the strategic corporate quality objectives for fiscal year 2010-2011, the Quality Team considered input from a large number of sources, including:

recommendations from the hospital committees, programs reviews the community needs and required organization practices in safe service delivery

- Hospital Accreditation recommendations / Accreditation Teams
- Patient Satisfaction Surveys
- Employee Satisfaction Surveys
- Committees
    - Board of Governors
    - Quality Council
    - Patient Care Committee
    - Infection Prevention and Control Committee
    - Joint Occupational Health and Safety
- Community Needs
- External trends in quality and patient safety, including CCHSA's Patient Safety Goals and Required Practices

Prioritization of Quality Initiatives

The priority of quality improvement initiatives was based on the following criteria:

- Alignment with mission and vision
- Alignment with at least one of the following
    - Addresses issues occurring frequently, or which impact a high volume of patients
    - Addresses high risk safety issues for patients and staff
    - Addresses accreditation or regulatory requirements
- The impact on outcomes/processes

The following corporate quality priorities were identified. Further prioritization processes through Quality Council and Senior Management Team will identify the top two priority objectives by quality quadrants.

Patient Access and Outcomes - Quality and Safety improvement

1. Revise the Patient satisfaction survey
2. Monitor Service volumes against provincial benchmark
   ER visits

Day surgery
ALC occupancy

3. Monitor Readmission rates
4. Monitor Average length of stay
5. Improve Patient safety initiatives
   Medication errors
   Patient falls
   Sentinel events
   Hospital acquired infections and Hand hygiene compliance

Organizational Health

1. Improve Staff and physician satisfaction
2. Review Staff status (FTE, PTE)
3. Improve Safety record
4. Analyze Employee turnover
5. Improve Overtime hours
6. Communicate the Employee Family Assistance Program utilization

Financial Health

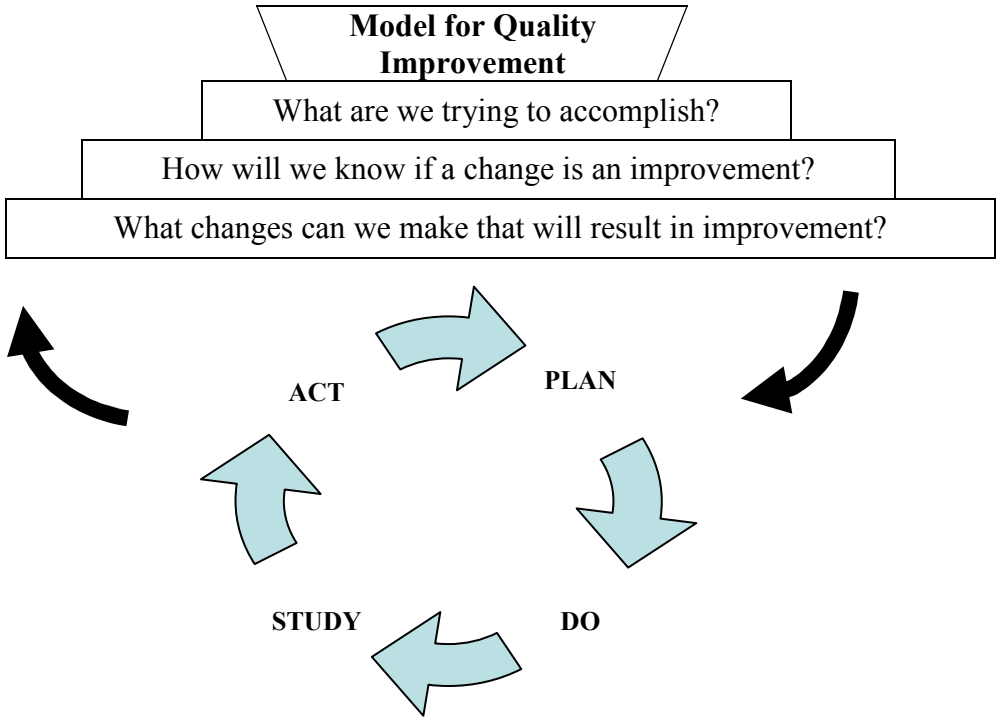
1. Total margin (no meaning)
2. Monitor Actual to expected cost per weighted case
3. Administrative expense as a percentage of total expense
4. Current ratio
5. Attain a Balanced budget
6. Meet Accountability agreements

Innovation and Development

1. Increase Fundraising
2. Introduce Health & Wellness Program
3. Partner with Nipissing ALC program
4. Encourage Preceptorship, Research and Mentorship

Implementation of the Plan

Each member of the senior administration team will work with his/her departments to have a defined action plan for each strategic objective. This action plan will include the supporting actions and interventions; and implementation and evaluation plan, with associated timelines. The model for improvement used to effectively analyze and implement changes is using the Deming Cycle the "Plan, Do, Study, Act" (PDSA) Model.



Steps in the **PDSA** Cycle

Step 1: **Plan**
Plan the test including data collection

- State the objective of the test
- Make predictions about what will happen and why
- Develop a plan to test the change
    - (Who? What? When? Where? What data needs to be collected?)

Step 2: **Do**
Try out the test on a small scale

- Carry out the test
- Document problems and unexpected observations
- Begin analysis of the data

Step 3: **Study**
Set aside time to analyze data and study results

- Complete that analysis of the data
- Compare the data to your predications
- Summarize and reflect on what was learned
- Development of corrective actions

Step 4: **Act**
Refine the change, based on what was learned from the test

- Determine what modifications should be made
- Prepare a plan for the next test

The communication and dissemination of the Quality Plan to all staff is a necessity. Presentations will be made by the Quality Team to departmental staff meetings, so that frontline clinical and non-clinical staff becomes aware of the information contained in the corporate Quality Plan for 2010-2011. Throughout this fiscal year, further education will continue to create a better understanding of quality, and a new educational program will be offered to staff to provide a review of quality measurement tools.

Monitoring Effectiveness and Evaluation of the Quality Plan

The CEO executes and monitors the effectiveness of the Quality Plan on behalf of the Board of Governors. The CEO reports to the Quality Committee of the Board on a quarterly basis. These reports include performance measures where appropriate and, in the absence of data, expert opinion is provided. The information provided in these reports will enable the Board to assess the *progress* being made in implementing the action plan and the *results* (intended and unintended) being achieved for each objective.

The CEO delegates accountability for each strategic objective to a senior manager. The senior manager is responsible for the actions necessary to achieve the objective. For each strategic objective, there will be an Annual Summative Report. This summative report will form part of an annual evaluation of the Quality Plan. This will ensure that the goals, objectives and planned outcomes are met. A commitment to quality evaluation also asserts

the importance of developing clear plans, inclusive partnerships, and feedback systems that allows for learning and continuous improvement.

Performance Based Compensation

The purpose of performance-based compensation is related to Excellent Care for All Act (2010) which drives accountability for the delivery of quality improvement plans. Performance-based-compensation can help organizations to achieve both short and long-term goals. By linking achievement of goals to compensation, the West Nipissing General Hospital can increase the motivation to achieve these goals. Performance-based compensation will enable the WNGH to:

- Drive performance and improve quality
- Establish clear performance expectations
- Create clarity about expected outcomes
- Ensure consistency in the application of performance incentives
- Drive transparency in the performance incentive process
- Drive accountability with respect to the delivery of the Quality Improvement Plan
- Enable team work and a shared purpose

The performance-based component as part of our Quality Improvement Plan will begin April 1, 2011 and include the following pay-for performance indicators:

President & CEO

1. Sentinel events
2. Hand Hygiene program
3. Safety record
4. Patient satisfaction

Chief Nursing Officer

1. Medication reconciliation program.
2. ER wait times.
3. Re-admission rates.

Chief Financial Officer

1. Procurement guidelines
2. MIS coding
3. Total Margin

Chief of Staff

1. Average length of stay
2. Patient Satisfaction
3. ER wait times

A detailed report of the pay-for performance indicators is included in the Quality Plan. In addition to the pay-for performance indicators we have developed strategic objective that are in line with the feedback from our community engagement sessions, to ensure we address top priorities as a community hospital.

For each of our executives, 2 % of compensation is linked to achievement of targets laid out in the Quality Improvement Plan.
CEO (President / Chief Executive Officer)
The Performance Allocation Plan below is used to determine the magnitude of the performance allocation.

Strategic Objective	Supporting Tactics	Performance Measures	Target	Timeline	Pay-for-Performance
Quality Dimension - SAFETY					
Sentinel events	- Sentinel Events – Policy #100.82 - Whistle Blower – Policy #100.102 - Unusual Circumstances - LTC	- Reported to MAC - Reported to Board of Governors - Reported to Patient Care Committee - Report to Quality Council	- Plan of action established and implemented for each incident - Maintain or decrease number of occurrences	2011-2012 and ongoing	CEO Priority #1
Hand Hygiene	- Implement Hand Hygiene program Hospital Wide - Results publicly shared on WNGH web site and Ministry web site	- Baseline audit performed - Hand Hygiene training - Installation of alcohol based dispensers at Point of Care - Hand Hygiene compliance analysis through post-training audits - Aseptic Technique poster board	- Reporting as per Ministry guidelines on Hand Hygiene - Audit of areas with no reporting criteria - Maintain and/or improve compliance rates	Re-audit as per Ministry Guidelines and as deemed necessary	CEO Priority #1
Safety record	- Workplace Partnership Program with WSIB - Workwell Audit - 2011 - Incident Reporting – Policy #742.26	- Comply and maintain Workwell Audit Process - Reported to JOHS Committee and Board of Governors	- Compare with provincial average - Implement Workwell Audit recommendations	2011-2012 ongoing	CEO Priority #1
Quality Dimension – EFFECTIVENESS					
Quality Dimension - ACCESS					
Quality Dimension – PATIENT CENTERED					
Patient Satisfaction	- Survey on quality and expectations from services and personnel (Nov 1 to Oct 31) - Tabulation of data in November and present to the Board in December - Management visits to patients on a regular basis - Develop Patient Declaration of Values - Monthly articles in local newspaper by CEO - Community meetings in different location with COE and/or Board Chair - Complaints shared with Board of Governors and Patient Care Committee	- Survey analysis - Process and policy on surveying of patients (Registration, ER, Discharge, Outpatient services) - Confidential drop boxes - Involve patients/clients in developing patient declaration of values - Patient complaints	- Identify patient issues, needs and concerns as a means of making improvements - Identify patient declaration of values - Increase in patient satisfaction with plan of action from patient satisfaction surveys results	- Survey distributed to patients - Data from Jan to March 2012 - Ongoing	CEO Priority #1

For each of our executives, 2 % of compensation is linked to achievement of targets laid out in the Quality Improvement Plan.
CNO (Chief Nursing Officer)
The Performance Allocation Plan below is used to determine the magnitude of the performance allocation.

Strategic Objective	Supporting Tactics	Performance Measures	Target	Timeline	Pay-for-Performance
Quality Dimension - SAFETY					
Medication Reconciliation	- Medication improvement tool - Establish medication reconciliation program throughout hospital – NCU, LTC, CCCU	- Chart Audit for medication reconciliation at time of admission	- >= 50 % patients in year 1	Before March 31, 2012	CNO Priority #1
Quality Dimension – EFFECTIVENESS					
Quality Dimension - ACCESS					
Emergency Room Wait Times	- Review wait times regularly - Share wait times with ER staff, physicians and management - Post on MOHLTC website	- Currently o High Acuity – 7.4 hrs o Low Acuity – 3.6 hrs -	- Provincial Averages o High Acuity – 8 o Low Acuity – 4 - Maintain or improve current and provincial average	Before March 31, 2012	CNO Priority #1
Quality Dimension – PATIENT CENTERED					
Re-admission rates	- Process to improve flow of patients - Early identification of patients at risk - Educate staff and physicians - Work with community partners - Improve signage through out hospital	- Decrease re-admission rates over the next five years	- Data collection on Case Mixed Groups (CMG) - Identify 3-5 most common CMG - Identify most common causes with plan of action to decrease re-admission rate	Before March 31, 2012	CNO Priority #1

For each of our executives, 2 % of compensation is linked to achievement of targets laid out in the Quality Improvement Plan.
CFO (Chief Financial Officer)
The Performance Allocation Plan below is used to determine the magnitude of the performance allocation.

Strategic Objective	Supporting Tactics	Performance Measures	Target	Timeline	Pay-for-Performance
Quality Dimension - SAFETY					
Procurement	- Developing guidelines and appropriate policies and procedures for procurement - Adhere to Broader Public Sector Accountability Act - Implement Broader Public Sector Chair guidelines -	- Adherence to policies and procedures for purchasing - Adherence to provincial standards - Post expenses on public website	- Procurement policies and procedures - Accountability Framework	Prior to March 31, 2012	CFO Priority #1
Quality Dimension – EFFECTIVENESS					
MIS Coding	- Increased compliance with MIS coding - Reinstruction of staff and management - Education and reinstruction	- Audit of records - Accurate coding - Accurate reporting - Comparability for development of bench making	- reliable data to make effective changes - validating data in year 2	Prior to March 31, 2012	CFO Priority #1
Total Margin	- Accountability compliance - Develop and monitor internal controls - Develop and enforce signing authority - Spot checks - Develop financial reporting - Educate management team on reports and departmental budgets	- Audit of records - Accuracy of records - Required reporting - Increase accountability to management team reporting	- Maintain balanced position	Prior to March 31, 2012	CFO Priority #2
Quality Dimension – ACCESS					
	-				
Quality Dimension – PATIENT CENTERED					
	-				

For each of our executives, 2 % of compensation is linked to achievement of targets laid out in the Quality Improvement Plan.

COS (Chief of Staff – Medical)

The Performance Allocation Plan below is used to determine the magnitude of the performance allocation.

Strategic Objective	Supporting Tactics	Performance Measures	Target	Timeline	Pay-for-Performance
Quality Dimension - SAFETY					
Quality Dimension – EFFECTIVENESS					
Average length of stay	- Discharge Planning policies - Discharge flow maps –i.e. next appointment, tests, follow-up - Review and adopt OMA check lists for discharging patients	- Discharge process at admission - Identifying prolonged stay and reasons – indicate primary diagnosis / complication	- Alignment with provincial standards - Appropriate chart coding for ministry reporting	ongoing	COS Priority #1
Quality Dimension - ACCESS					
	-				
Quality Dimension – PATIENT CENTERED					
Patient Satisfaction	- Survey on quality and expectations from services and personnel (Nov 1 to Oct 31) - Tabulation of data in November and present to the Board in December - Management visits to patients on a regular basis - Develop Patient Declaration of Values - Monthly articles in local newspaper by CEO - Community meetings in different location with CEO and/or Board Chair -	- Survey analysis - Process and policy on surveying of patients (Registration, ER, Discharge, Outpatient services) - Confidential drop boxes - Involve patients/clients in developing patient declaration of values - Patient complaints	- Identify patient issues, needs and concerns as a means of making improvements - Identify patient declaration of values - Increase in patient satisfaction	- Survey distributed to patients - Data from Jan to March 2012	COS Priority #1
ER Wait Times	- Review wait times	- Currently o High Acuity – 7.4 hrs o Low Acuity – 3.6 hrs	- Provincial Averages o High Acuity – 8 o Low Acuity – 4 - Maintain or better current and provincial average		COS Priority #1

Strategic Objectives - Quality Plan for 2011-2012

Strategic Objective	Supporting Tactics	Performance Measures	Target	Timeline	Senior Manager
Goal: 1.0 Patient Access and Outcomes					
Service Volume ER visits	- Review triage levels - Develop Clinical Pathways for frequent visit reasons - Promote Health Care Connect - Encourage patients to see their own family physician at the office or CHC	- Monitor the patient volume as per triage level 4 and triage level 5	Decrease ER visits by 10% as defined by the NELHIN	April 2011	CNO
Day surgery	- Review Day Surgery Process	- Wait lists - Exceeding provincial average – especially colonoscopies	Wait list met identified provincial targets	- quarterly	CNO
ALC occupancy	- Monitor ALC list daily - Identify ALOS for diagnosis in comparison with provincial average - Work with partners to repatriate and decrease ALC pressures - CEO is Chair/Lead for District ALC Partnership	- Identify ALC pts at admission / Discharge - Direct ALC to appropriate care	- ALOS to be in line with provincial averages ALC target of 17% for District of Nipissing	12 months 3-5 years	CNO
Patient safety Medication errors	- Review medication improvement tool / policy & procedure - Continue to implement medication reconciliation	- Analyze trends - Identify action plan with errors	Medication reconciliation for patients at WNGH	Jan 2011	CNO
Patient falls	- Establish tool for risk assessment for falls - Establish commercial tools - Establish exercise program for the elderly - Client Safety Plan	- Audit proper program usage	85 % compliance	April 2010	CNO
Hospital acquired infections	- Result publicly shared on hospital web site and Ministry web site	-	- Reporting as per Ministry guidelines Hospital acquired infections	Re-audit as per Ministry Guidelines	CEO
Goal: 2.0 Organizational Health					
Staff Satisfaction	- Staff Survey with Pay Stub every 2 years - Regular Performance Appraisal - Hiring of Recruitment / Retention Officer with FedNor grant - Implementation Health & Wellness programs - -	- Return of Survey - Audit report - Health & Wellness Program	In progress and will be every 2 years as per ECFAA	Fall 2010 Ongoing	CEO

Strategic Objective	Supporting Tactics	Performance Measures	Target	Timeline	Senior Manager

Physician satisfaction	- Survey annually
	- Recruitment & Retention Officer
	- Recruitment & Retention Committee
	- Community Health Center
	- Family Health Team approval in collaboration with the WNGH
	- NOSM Partnership
		- Annual
		- Share of:
		  - Pt complaint
		  - Sentinel Events
		- - Orphan patients
			Increase medical staff compliment. I new MD starting in January 2011 and 2 new MD's in 2012
			- Decrease number of orphan patients in West Nipissing
				Fall 2010
				Ongoing
					CEO / COS

Staff status (FTE, PTE)	- Increase FTE = Increase satisfaction = decrease turnover = increase retention - Sick time analysis - Staff integration -Review exit interview data	- Turnover - Retention - Reduced sick time - Successful departmental integration with NCU & LTC as well as with NCU & ER - Expand scope of practice with RPN's Proper skill mix with use of PSW and RPN's in patient care units	- Increase retention - Decrease turnover - Increase job satisfaction	Fall 2010 and ongoing	CEO
Employee turnover	- Rational for leaving - Rational for termination	- Review hiring process with management and HR representative at all interviews - -Reference check for all new hires - CPIC for all new hires - Review orientation policy / process - Exit interviews	Increase retention - Decrease turnover	2009	CEO
Overtime hours	- FT / PT ratio - Sick Time - Workload measurement GRASP tool utilized - Integration of staff - Cross training of staff in NCU/ER, in DI and CCC & LTC unit	Decrease sick time from previous year Decrease OT from previous year	Decrease OT costs	2009	CEO
Employee Family Assistance Program Utilization Employee Well Being	- Determine utilization - Support employees - Increase presence to staff - Regular education session for staff - Safety plans for employees as needed	Annual review of data for areas of improvement to assist in reducing work related issues	- Keep employees safe at work - Fit to work	2009 & ongoing	CEO

Strategic Objective	Supporting Tactics	Performance Measures	Target	Timeline	Senior Manager

Communication	- Monthly Executive Walk-about
	- Monthly meetings
	  - CEO General staff meeting
	  - Departmental staff meeting
	  - Coordinators meeting
	- CEO monthly newsletter to staff, Board of Governors, Local newspaper
	- Open door policy to reach Senior Administration
	  - In person
	  - By telephone
	  - E-mail
	  - Full communication through e-mail to all staff
	  -
		- Resolution of issues
		- Improved communication and sharing of information at all levels
			- Increase job satisfaction
			- Team approach to problem resolution
				Ongoing	CEO
					
					CNO
					
					CFO

Goal: 3.0 Financial Health					
Appropriate resource utilization	Regular financial reporting, reviews, and strategy development as required	Total Margin	Not less than $0	Ongoing	CFO
Actual to expected cost per weighted case	HBAM Funding Model Determine if data is available to calculate this measure.	TBD	Increased understanding of the new HBAM funding model and how the methodology will be applied.	Ongoing	CFO
Administrative expenses as a percentage of total expenses	Educate coordinators/management and staff on MIS coding and audit compliance.	MIS Compliance	Increased MIS awareness and alignment of expenditures to better enable future benchmarking and target setting.	Ongoing	CFO
Maintain ability to meet short-term financial obligations	Monitor financial commitments to realign balance	Current ratio	0.5:1	Ongoing	CFO
Balanced operating budget	- Base budget exercise - Capital budget - Review MIS cost centers	- Dashboard Indicators - Expenditure accountability - Finance Policies		Summer 2010	CFO
Reporting Compliance	- Develop schedule for monitoring reports as they come due - Review internal resources to maximize efficiencies in meeting requirements	External reports submitted on or before the due date	100% compliance	Ongoing	CFO

Strategic Objective	Supporting Tactics	Performance Measures	Target	Timeline	Senior Manager
Goal: 4.0 Innovation and Development					
Fundraising	- WNGH Foundation Board revised - Foundation events - ATM installed - New events - Revised web site - Increase profile in the community - Increased donations in memoriam, court diversion and thru foundation events	- increase donations - increase revenue	$1,000,000	July 2010 & ongoing	CEO
Health & Wellness program	- Survey - Coping skills workshops - EFAP - Health & Wellness activities	- analyzing data - work stress / family issues - Attendance / participation - Increase staff moral	- Decreased sick time - Decreased turn over	May 2010	CEO
Nipissing ALC partnership program	- CEO is Chair/Lead for this initiative - Partner with College /University - Partnership with NOSM - CCAC	- Decrease ALC patients in Hospitals – district wide -	decrease the percentage of hospitalized ALC patients in the district to 17 % / NELHIN target.	1 to 3 years	CEO
Preceptorship	- Nipissing University - College Boreal - Canadore College - Northern Ontario School of Medicine - University of Ottawa - Cambrian College - Co-op Students from Franco-Cité and Northern Secondary Schools - Canadian Career College	- Increase student placement at WNGH - % of those students hired at WNGH or staying in the district	- Increase awareness of Health Care profession - Increase recruitment of local students	Ongoing	CNO
Research	- Effect Study – Cardiac Marker - Chart Research - Best Practices - CIHI *1 - NIHI *2	- Discharge protocols - Decrease readmission rates - Decrease length of stay - Decrease mortality - Increase life expectancy	- compare with provincial average	Ongoing	CEO

*1 - CIHI – Canadian Institute for Health Information
*2 - NIHI – National Institute for Health Information