Eastern Health - source: Terry Gulliver CIHRT Exhibit P-1880

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#### Annual Report 2002 04 01 - 2003 03 31

#### Laboratory Program

1)	Director	Mr. Terry Gulliver	
2)	Executive Manager	Dr. B. Williams	
3)	Clinical Chief	Dr. D. Cook	
4)	Divisional Managers	Annette Hill Marg Noftle Lynn Wade Winston Brown Patsy Francis Barry Dyer Ernie Stapleton	Biochemistry Haematology Client Services Microbiology Cytology Pathology Immunology/Genetics

#### Purpose 5)

To provide a comprehensive high quality, timely laboratory service for the Health Care Corporation of St. John's and/or the province utilizing available technology and human resources with current fiscal capacity.

Goals:

- To be benchmarked in the top quartile within Canada. •
- To provide a comprehensive service for the Health Care Corporation ٠ of St. John's and/or the province and to develop new service to eliminate out of province testing
- To make available the latest technology ensuring the Laboratory Program is one of the leaders in Canada
- Ensure the Laboratory Program has the proper number of qualified • staff. the correct skill mix of staff and to utilize our human resources in an efficient manner

#### 6) 2002 – 2003 Highlights

- 1. The program is ranked in the top quartile for productivity as per the HAY guidelines. The program's workload increased by 6% and worked hours decreased.
- 2. New tests were added for osteoporosis markers and expanded testing for breast cancer screening.
- 3. Many advances were made involving lab technology:
  - I. Power Processor was installed to automate pre-analytic testing. Only 10 labs in Canada have this level of automation

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- II. A Tandem Mass Spectrometer and 2 DNA Sequencers were installed for our Genetics service
- III. A fully Automated Blood Bank System was installed for Transfusion Medicine service
- IV. Benchtop automated Flow Cytometry system installed for our Immunology service
- 4. Two additional Genetics Technologists were added to the Genetics Lab. Negotiated a separate agreement with NAPE to implement corporate wide recall of staff thereby improving the utilization of human resources.

## 7) Significant Awards, Accomplishments, Presentations, and Publications

• Bill Hayward, Tech III, Haematology, was awarded the CSMLS David Ball Memorial Award in May, 2002

#### 8) Major Challenges

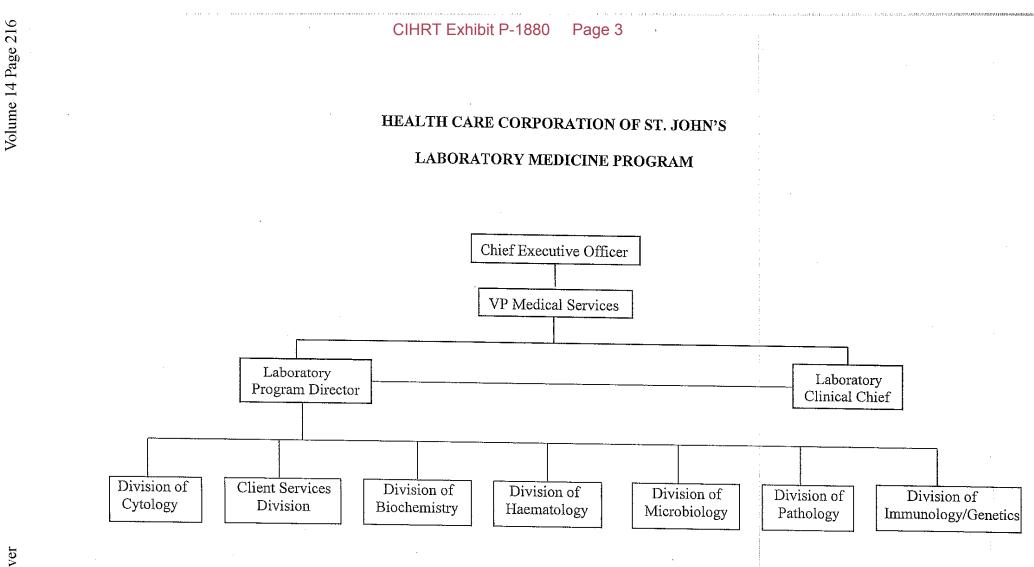
- Delays in renovations by Facilities Management which impact on the Laboratory's strategic objectives
- Provide services within existing resources and meet service expectations and demands for additional services
- Keeping abreast with new technology/equipment and implementing and training staff when new technology is obtained
- Over-crowding/delays in our Out Patient Specimen Collection areas
- Continued implementation of HAY recommendations

### 9) Strategic Directions 03-04

• Lab Planning Day, March 24, 2003, to put 3-year plan in place

#### Major Objectives

- Improve In Patient and Out Patient Specimen Collection Service
  - Proposal to open new adult walk-in collection center
  - Offer 24 hour collection by Laboratory staff for The General Hospital
- Provide province with new testing
  - Purchase equipment to perform trace metal testing
  - Expand DNA testing
  - Expand Breast Screening Testing
  - Purchase equipment to perform identification of uncommon bacteria strains



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Balanced Scorecard	GOALS							
Laboratory Program								
	To provide quality care service to clients of Laboratory Program.	To use resources efficiently and effectively.	To provide a positive work environment to staff					
P E CUSTOMER S P E	<ul> <li>* Quick turn around times for reports</li> <li>* # Complaints</li> <li>* # Compliments</li> <li>* # Occurrences</li> </ul>	<ul> <li>* # Workload Units</li> <li>* % In Patients</li> <li>* % Out Patients</li> </ul>	<ul> <li>* User Satisfaction Survey</li> <li>* Support research studies</li> <li>* Partner with colleges</li> <li>* High school co-op program</li> </ul>					
C T INTERNAL I BUSINESS V E S	<ul> <li>* Properly trained staff</li> <li>* Current technology</li> <li>* Adequate staffing levels</li> <li>* Sufficient resources</li> </ul>	<ul> <li>* Workload statistics</li> <li>* Upgrade and/or acquire latest equipment</li> <li>* Centralized testing where possible</li> <li>* Reallocate resources within Program</li> <li>* Top quartile productivity ranking</li> </ul>	<ul> <li>* Provide Safe Work Environment</li> <li>* WCC claims</li> <li>* Fire Safety Training</li> <li>* WHMIS training</li> <li>* TDG training</li> <li>* TDG training</li> <li>* Performance evaluation</li> <li>* Grievances/Labour relations</li> <li>* Staff relief costs</li> <li>* Orientation costs</li> <li>* Education costs</li> <li>* Monitor attendance</li> <li>* Support professional development</li> <li>* Teleconferences</li> <li>* Continuing education programs</li> <li>* Attendance at conferences</li> <li>* Frontline leadership</li> <li>* Partner with Michener Institute as a training site for Genetics students</li> </ul>					
FINANCIAL	* Adequate Budget * Revenue generated	* Monitor monthly variances * Productivity statistics * Cost per workload unit * Proper staffing levels						
INNOVATION & LEARNING	<ul> <li>Clinical practice guidelines</li> <li>Staff credentials</li> <li>Staff recruitment/retention</li> <li>External Proficiency Testing</li> <li>New testing</li> </ul>	<ul> <li>* Standardization of services</li> <li>* Consolidation where possible</li> <li>* Upgrade LIS</li> <li>* New Medinet links</li> <li>* Acquire latest technology</li> </ul>						

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Customer Internal Business									
(how the consumer views us)	00/01	01/02	02/03		(can we continue to	00/01	01/02	02/03	
					improve)		01104	04/05	
◆ Complaints	3	24	15		◆ Total Workload Units	21,099,960	21,526,411	23,005,116	
◆ Compliments	2	5	20		◆ Total Pt Care Units	NA	20,307,552	21,465,972	
<ul> <li>User Satisfaction Survey</li> </ul>	No	No	No		♦ % Workload In Patients	21	20,507,552	21,70,5,972	
$\blacklozenge$ College of the North	20	10	10		◆ % Workload Out Pts	63	63	41	
Atlantic Students					◆ Total Tests Performed	6,172,535	6,308,460	6,615,061	
$\bullet$ Genetics Students	4	4	2		◆ Total Pt Blood Tests	269,310	278,727	293,571	
◆ Occurrences	57	71	44		♦ Total Grievances Filed	65	15	293,371	
1					◆ % Staff Evaluations	22	10	10	
				2 IS	◆ Worksafe Audits	2	2	10	
					• External Inspections	0	2	1	
Innovation & Learning					Financial				
(where we must excel)	00/01	01/02	02/03		(how we look to the board	00/01	01/02	02/03	
				100	and public)				
<ul> <li>External Proficiency Survey</li> </ul>	4	4	5		◆ Total Budget	15,909,066	18,574,950	18,609,488	
◆ % Proficiency Survey	99	99	99		◆ Actual Budget	16,228,178	18,633,446	18,817,112	
Passed					◆ % Variance	+2	+0.3	+1.1	
◆ # Tests in Proficiency	804	804	812		◆ % of Budget Salary	73	74	73	
Survey					◆ % of Budget Supplies	27	26	27	
◆ New Procedures	Yes	Yes	Yes	13. 19	◆ Total Revenue	514,580	551,943	610,678	
◆ % Staff Credentials	100	100	100		◆ Avg. Cost/Unit	0.77	0.87	0.82	
(technical)					◆ FTE	250.3	240.7	241.65	
◆ Management/Leadership	14	3	4		◆ Total Paid Hours	475,209	492,557	482 373	
Training					◆ Total Worked Hours	NA	397,056	391 830	
◆ Technical staff enrolled in	32	50	10		◆ % Worked to Paid Hours	80.3	81	81.5	
development					◆ Worked Hours/Patient	NA	0.0196	0.0183	
◆ Education Hours	NA	1,395.5	2,277		Care Workload Unit				
			9.4/FTE		◆ SL Hours/FTE	82.83	78.12	81.54	
	<u> </u>	l			◆ WCC Hours/FTE	20.91	11.17	10.07	

NA - indicates data not available

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