

COMPLETED
**RECENTLY
UPDATED**
**EVALUATED
BUT NOT
SUPPORTED**
**IN PROGRESS OR
NOT YET STARTED**

#	Recommendation	Priority Level High, Medium, Low, Evaluated but Not Supported	Person Responsible	Target Implementation Date	Extra Notes or Rationale if Not Implemented	Actual Implementation Date
Section 2.8	1 The CFO should ensure that sufficient operating credit facilities are in place, and approved by the Board and LHIN as required, to manage the anticipated negative working capital in 2017/18.	High	C. O'Flaherty	6/1/2018 Completed	Line of credit of \$1.5M available with ability to expand it with bank as needed.	1-Jun-18
	2 The CEO and CFO should develop a maintenance and capital renewal plan sufficient to ensure that the hospital equipment and facilities meet the needs of the population served by LWDH.	High	CEO and C. O'Flaherty	March 31, 2019	A space planning project is being arranged, and will commence in the New Year. Reviewed and Revised the Capital Planning Process.	
Section 3.1	3 The Medical Staff Association should immediately elect officers to both provide leadership to the MSA and represent the Physicians on the Board of LWDH.	High	MSA	Completed	President and Vice President of Medical Staff have been re-elected.	15-Feb-18
	4 The Board of Directors should implement a new governance model aligned with leading practice as outlined in the OHA Guide to Good Governance, 3rd Edition and relevant legislation in the Ontario hospital sector that includes the following three components: - Board and individual director accountabilities, roles, and responsibilities; - Board structures; - Board processes.	High	Board of Directors	Complete new model implementation by December 2018	The hospital Board has implemented a new leading practice governance model. New Standing Committees and Ad-Hoc Committees were approved in November. Committee Chair and membership appointments will be made in December. A Board Charter was approved in September and establishes the governance framework and philosophy. OHA Guide to Good Governance was referenced for all governance changes.	
	5 That the Board of Directors consider amending Article 4.01(a) to increase the number of elected Directors from 9 to 12 to facilitate the annual rotation of Directors as required by the PHA, succession planning within the Board, and a more balanced distribution of Standing Committee assignments among the elected Directors.	High	Board of Directors	March 31, 2019	The Board will consider this once the new governance model is defined and discussion has occurred in conjunction with the All Nations Health System and Hospital community engagement efforts.	
	6 That the Board of Directors reduce the number of Standing Committees to align with its defined responsibilities, establish revised Terms of Reference and canvass all Directors for expression of interest in assuming Committee leadership and membership positions.	High	Board of Directors	January 1, 2019	Terms of Reference for Board Standing Committees were approved at December's Board Meeting. Standing committee membership and Chair positions were approved at January's Board Meeting.	10-Jan-19
	7 That the Board of Directors operationalize its current by-law provision 8.03(g) to recruit non-Director members to selected Board Standing Committees to acquire additional skills and expertise as may be required and to serve as a potential pool for recruitment of future Directors.	High	Board of Directors	January 1, 2019	Agreed that this will be considered as part of the new model implementation and establishment of membership on standing committees.	

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Secti	8	That the Board of Directors amend Section 6.01(b) to limit the position of the CEO to Secretary of the Board. In the event that the Board wishes to have a Treasurer, this should be an elected member of the Board. Alternatively, if the Board does not wish to have a Treasurer, the administrative and operational functions to support the Boards responsibility for financial oversight should be assigned to the Chief Financial Officer.	High	Board of Directors	Dec. 2018	Recommendation is fully supported by leadership. C. O'Flaherty, VP Corporate Services and CFO, is the Interim Treasurer until the Board recruits a Director in 2019 with strong financial literacy.	12-Dec-18
	9	That as a priority pending the completion of new Board policies, the Board of Directors establish clear and transparent processes for: - Succession planning of existing Directors to assume leadership positions within the Board including Board Officers and Committee Chairs; - Annual evaluation of the performance of the Board as a whole and individual Directors and Board Officers.	Medium	Board of Directors	June 1, 2019	Agreed that Board officer succession will be articulated in new governance model and policies; committee chairs and Board officers need to be factored into Board succession planning	
	10	That pending the completion of new Board policies, the Board of Directors establishes clear and transparent processes for comprehensive annual evaluation of the performance of the CEO.	High	Board of Directors	March 31, 2019	Agreed. CEO will work with the Board to propose options in Q1 2019. CEO will be evaluated under this new process in Dec 2019.	
	11	That pending the completion of new Board policies, the Board of Directors establishes clear and transparent processes for comprehensive annual evaluation of the performance of the Chief of Staff.	High	Board of Directors	June 30, 2019	Agreed. CEO will work with COS, Board, and Guiding Coalition to propose options in Q2 2019.	
	12	The Board of Directors initiate the development of a new strategic plan to best position LWDH within the LHIN and sub-LHIN region.	High	Board of Directors	Q3 2019 planning Dec 2019 approval	Agreed. Strategy for generating new strategic plan will be discussed with the Board in Q1 2019. As noted in recommendation #13 and #22, as well as intent to improve engagement with staff, engagement must inform drafting of plan and will impact timing.	
3.2	13	The CEO and COS should develop and implement a formal ongoing multifaceted physician engagement strategy, the goal of which is to ensure LWDH physicians come to recognize that the Administration genuinely seeks a partnership with them, a partnership that will allow them to have a voice in policy and strategy development and implementation, and meaningful input into decisions with clinical implications.	High	CEO and Dr. J.K. MacDonald	October 31, 2018	President and CEO now attending Medical Staff and Medical Advisory Committee Meetings and participating in physician recruitment and service planning/service issue discussions.	Oct-18
	14	The CEO and Board of Directors should ensure that a commitment to full physician engagement is consistently expressed in internal and external communications.	High	CEO and Board	October 31, 2018	Commitment has been made to physician engagement. The vote of non-confidence has been rescinded as per letter dated July 19, 2018.	19-Jul-18
	15	The CEO and COS should identify and enlist the support of a temporary "guiding coalition" of credible physicians in Kenora with whom LWDH can work during the transition period. The CEO and COS should work with this Guiding Coalition, to put a process in place to create an effective Medical Organization Structure and implement a strategy to improve the culture and relations between Administration and the Medical Staff.	High	CEO and Dr. J.K. MacDonald	September 30, 2018	Guiding Coalition formed and will have their start-up launch meeting on December 10, 2018.	24-Oct-18

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Section	16	The COS and Board of Directors should ensure that Chiefs / department heads are in place in the areas of Emergency, GP Extender / Internal Medicine and Surgery (at a minimum) to advise the MAC with respect to the quality of care (as required by the Public Hospitals Act).	High	Dr. J.K. MacDonald	December 31, 2018		
	17	The COS and MAC should establish a clear and transparent processes for comprehensive annual evaluation of the performance of the Medical Chiefs.	Medium	Dr. J.K. MacDonald and MAC	December 31, 2019		
	18	The CEO and COS should evaluate the LWDH approach to Clinical Quality to ensure that it fully aligns with Corporate Quality and is effectively reported to the Board as required under the PHA.	Medium	CEO and Dr. J.K. MacDonald	March 31, 2019		
	19	The CEO and COS, in partnership with the MoHLTC and the OMA (as required) should review / re-visit each AFP, ensuring that each is constructed in a fashion that fully supports LWDH and its responsibilities to its patient population.	High	CEO and Dr. J.K. MacDonald	March 31, 2019		
	20	The COS should report annually (at a minimum) to the Board on each AFP / APP and specifically on the status of the hospital obligations contained in each.	High	Dr. J.K. MacDonald	Annually TBD		
Section 3.3	21	The CEO and Board of Directors COS should develop and implement a formal communication strategy with its health partners and the community about the operational review and its outcomes.	High	CEO, BOD, COS	Ongoing	The operational plan is being progressively implemented. Milestone achievements and planning targets are displayed in the public area of the hospital. Local discussions are proceeding at the staff level on recommendations pertaining to their areas. The Hospital will be organizing a public town hall on the operational plan on either January 30th or 31st 2019.	
	22	The Board of Directors should include health partners and the community in the recommended development of a strategic plan for LWDH to ensure that issues of inclusiveness, transparency and trust and collaboration / integration are addressed.	High	BOD	Q3 2019 engagement and consultation phase		
Section 4.4	23	The VP Mental Health and Addictions should work with the LHIN and agree to report the psychiatric bed capacity that is actually available at the hospital.	High	B. Siciliano/C. O'Flaherty	6/30/2018 Completed	Psychiatric bed capacity confirmed as 17 beds.	15-Jul-18
	24	The VP Mental Health and Addictions should work with the LHIN to review the available mental health bed configuration to ensure that both appropriate capacity and facilities are available to meet the needs of the population served by LWDH.	Medium	B. Siciliano	6/1/2020 In Process	Regional Schedule 1, St. Joseph's Care Group, and the NWLHIN meet every two (2) months. This recommendation is a recurring agenda item.	
Section 5.1	25	The VP Corporate Services & Chief Financial Officer should work with the LHIN and agree to report the bed capacity that is actually available at the hospital.	High	C. O'Flaherty	6/30/2018 Completed	Review of bed map completed. Small adjustment to psychiatric bed capacity will ensure all beds are reported accurately.	30-Jun-18

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Section 5.4	26	The CEO should request, and the North West LHIN should support, the formal re-designation of 10 LWDH acute beds to Chronic beds. This should be done in conjunction with recommendation 43 (section 6.3) to review the entire bed map at LWDH to identify a bed configuration that will best meet the needs of patients.	Evaluated but Not Supported			Due to physical space and unit configurations, there is no capacity to adjust staffing levels and will not result in any savings. The bed map will be reviewed to determine whether the current service distribution is still appropriate from a quality, safety and fiscal perspective.	
	27	The North West LHIN, to support the implementation of its Rehabilitation and Complex Continuing Care Capacity plan, should ensure that Kenora residents have as equitable access to inpatient rehabilitation beds as residents of Thunder Bay.	Medium	D. Makowsky	June 1, 2019		
Section 6.2	28	LWDH should reduce legal fees by \$100,000.	Medium	Senior Management	March 31, 2020	The hospital was on track to reduce legal fees until the hospital received notice that a delay claim was being levied by the general contractor for the surgical suite redevelopment project. The hospital has incurred legal fees for mediation discussions and will likely be proceeding to arbitration on the matter.	
	29	The VP, Corporate Services and Finance should undertake a strategic review of Transcription Services, as well as considering a regional approach to transcription services.	Low	C. O'Flaherty	March 31, 2020		
	30	The VP Corporate Services should either recruit a Manager of Plant Operations and Maintenance or establish a shared management service with another hospital for these services.	High	C. O'Flaherty	March 31, 2019	Hiring of Manager of Plant Operations and Maintenance has been approved by Senior Management. Recruitment is ongoing.	
	31	The VP Corporate Services should realign the reporting of the Biomedical Engineering Department to Plant Operations and Maintenance.	High	C. O'Flaherty	April 1, 2019	The management of the Biomedical Engineering Department will remain under the Information Technology Department. A review of other hospitals was conducted and it was determined that the management varies. It was determined that it is best aligned with IT Dept. due to the nature of the equipment being serviced as well as the ability to remain patient focused.	
	32	The Manager of Finance and Manager of Housekeeping should ensure that all costs are being recovered for externally provided laundry services.	High	C. O'Flaherty	March 31, 2019		
	33	The CEO should initiate a plan to provide appropriate on-site security services.	High	CEO	Q2 2019	The hospital will be collaborating with TBRHSC regarding the opportunity the piggy-back on their security contract for expanding services to LWDH	
	34	The VP Corporate Services and Manager of Food Services should undertake a review of food services and develop a plan to reduce costs and/or increase revenues by \$173,000 and achieve the peer median performance level of \$51.23 per patient day.	High	C. O'Flaherty	9/30/2018 Completed	Cost savings for the department are significant due to process changes for nourishment supplies to the wards, a revised schedule for staff along with revised duty routines, the redeployment of 1.0 FTE dietary aide as of September 24/18, the discontinuation of meals to the clients of Pinecrest's Meals on Wheels program, as well as a change to a one-week menu for hospital patients. The cafeteria has implemented new menu offerings as well as new payment options, both of which have resulted in increases in revenue. The vending selections have also been enhanced, which has resulted in increased revenue. Further system improvements are being investigated for opportunities for cost savings and revenue enhancement.	30-Jun-18

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35	The VP Patient Care and the Manager should ensure a process to transition the Hospital Attendant Role to a PSW role.	Medium	D. Makowsky/Managers	March 31, 2020		
36	The VP Patient Care and the Manager for the 3E should develop and implement a plan to achieve median productivity performance of 6.1 worked hours/patient day.	Medium	D. Makowsky	March 31, 2020	Need to secure stable staffing; current orientation costs are high during staff recruitment.	
37	The VP Patient Care and the VP Corporate Services Manager should ensure that nurse manager hours are reported or divided between all the units/departments that the manager covers.	High	D. Makowsky/C. O'Flaherty	6/30/2018 Completed	New cost distributions developed and applied	30-Jun-18
38	The VP Patient Care and the Manager for 2E should temporarily continue a staffing rotation that includes the hours of RPN that were added in 2017.	High	D. Makowsky/S. Grafham	6/1/2018 Completed		1-Jun-18
39	The VP Patient Care and the Manager for Birthing Services should explore and implement a process for cross training with surgical services rather than the medical service.	Medium	D. Makowsky/B. Winstanley/S. Grafham	March 31, 2019	Current staffing shortage in both areas. Future plan will be developed.	
40	The VP Patient Care and the Manager for Birthing Services should implement as soon as possible an agreement and process with a high volume obstetrical service to provide delivery experience for new staff as part of a retention strategy.	High	D. Makowsky/S. Grafham	June 30, 2018	Agreement with Trillium-Credit Valley Hospital in Mississauga, a high volume centre to facilitate clinical placements for our staff.	Jun-18
41	The VP Patient Care and the Manager for Birthing Services should conduct an evaluation of the amalgamation of obstetrics and Medicine to determine what possibilities exist to ensure that improvements in the service can be made and determine what can be done to reduce risks that are apparent in the current situation.	High	D. Makowsky/S. Grafham	Ongoing	Assessment of risk vs. assessment of the amalgamation of the unit. Door has been installed that separates OBS from the medical unit.	
42	The CEO and VP Patient Care should develop a process to improve communication and collaboration across care areas.	High	CEO/D. Makowsky	October 31, 2018		
43	The CEO and VP Patient Care should develop a process to review the entire bed map at LWDH to identify a bed configuration that will best meet the needs of patients. This should be informed by the utilization data presented in chapters 4 and 5 and in conjunction with recommendations 26 and 27, Section 5.4.	Medium	CEO/D. Makowsky	January 31, 2019	Will be proceeding with a full discussion on service, expansion, and limitations.	
44	The VP Mental Health and Addictions and the Manager Mental Health Services should evaluate the role of Hospital Attendant and RPN to determine the best role for patient care on this unit.	Medium	B. Siciliano	6/30/2019 In Process		
45	The VP Mental Health and Addictions and the Manager Mental Health Services should evaluate the ratio of full-time to part-time staff to assist in recruitment.	Medium	B. Siciliano	6/30/2019 In Process		

Section 6.3

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46	The CEO and the VP Mental Health and Addictions should work with the LHIN to review the accessibility to and potential need for Child and Adolescent psychiatric capacity and the potential ability for LWDH to meet such demands.	High	CEO/B. Siciliano	6/30/2019 In Process	Regional Schedule 1, St. Joseph's Care Group, and the NWLHIN meet every two (2) months. This recommendation is a recurring agenda item.		
47	The CEO and the VP Mental Health and Addictions should investigate with the LHIN the requirements for both youth and adult crisis response capacity.	High	B. Siciliano/LHIN	In Process	Discussions with NWLHIN have been initiated.		
48	The Manager for the ED should develop and implement a plan to achieve median productivity performance of 1.2421 worked hrs/equivalent visit.	Medium	C. Tycholiz	March 31, 2019	Minimally staffed at night; may get efficiencies during the day. Manager will continue to monitor time of day volumes to see where the greatest volume is. This will help decide if schedule change or shifting of hours would be required. Productivity performance is being monitored. In progress.		
49	The CEO and VP Nursing should work with the NW LHIN to secure permanent funding for the General Ambulatory Clinic.	High	CEO/D. Makowsky	March 1, 2019	Temporary funding received for 2018/19 through the NWLHIN's Short-Term Transitional Care Initiative. Will work with the NWLHIN to endeavor to obtain permanent funding.		
50	The VP Patient Services should develop a process to eliminate the presence of the nursing supervisor on days.	Low	D. Makowsky	3/31/2020 Completed	Looked at saving on manager salary instead. Management position was eliminated as of July 12, 2018. Patient management work re-distributed to Day Shift Supervisor.	12-Jul-18	
51	The VP Patient Service and VP Corporate Services should ensure that hours for Unit Producing Personnel (UPP) recorded in Nursing Administration, are instead recorded where the associated staff are working.	High	D. Makowsky/C. O'Flaherty	6/30/2018 Completed	Looking at redistribution of wages of NRT to nursing functional centres.	30-Jun-18	
Section 6.4	52	The Laboratory Manager should undertake a review of workload collection practices and ensure that workload is collected accurately and comprehensively.	Medium	L. Hoppe	3/31/2019 Completed	Lori reviewed the lab recommendation and indicated that it was a limitation of Meditech that created the comment by the auditors. Verification of workload management system was undertaken and confirmed that system is current with standards.	30-Jun-18
	53	The Diagnostic Imaging Manager should undertake a review of workload collection practices and ensure that workload is collected accurately and comprehensively.	Medium	A. Schussler	3/31/2019 Completed	A. Schussler reviewed the workload fro DI and it was discovered that transport and Isolation units were not counted . A report will now be generated and submitted to Finance.	30-Jun-18
	54	The Diagnostic Imaging Manager should develop and implement a plan to achieve median productivity performance of 0.0360 worked hours per Patient Care Workload Unit.	Medium	A. Schussler	March 31, 2019	ED calls in ultrasound. Cross-training opportunities?	
	55	The Diagnostic Imaging Manager should investigate an integrated PACS with the other NW Ontario hospitals.	Medium	A. Schussler	March 31, 2020	Integrated PACS is being investigated with a final report pending. Is on the Capital List for 2019/2020.	
Section 7.1	56	The CEO and VP Patient Services should immediately establish a Perioperative Executive Committee (PEC) with representation from surgery, nursing, and anesthesiology and a mandate to manage perioperative resources, enforce policies, resolve conflicts, and act as the executives of the surgery program.	High	Donna/CEO(incoming)/Surgical Services Committee or PEC	December 31, 2018	Committed to meet initially every two (2) weeks	10-Jan-19
	57	The VP Patient Services should relocate the office of the Manager, Surgical Services and MDRD to be proximal to the OR, and ensure the manager has significant visibility and interaction with the perioperative staff.	High	Donna/Blair	Renovation completion or sooner if possible	Surgical Services Manager's office permanently relocated to 2nd floor near the OR.	12-Jul-18

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Section 7.2	58	The VP Patient Services should require that the role of Manager, Surgical Services and MDRD implements: - Weekly staff meetings / in-services; - Daily Huddles; and - Daily rounds.	High	Blair w/ feedback from front-line staff	completed	Daily huddles q a.m. Informal staff meetings every 3rd Thursday, in-services all other Thursdays. Blair checks in with the charge nurse daily at 1400.	24-Apr-18
	59	The VP Patient Services and Manager, Surgical Services and MDRD, should redefine the OR Team Leader role to be that of a Control Desk Coordinator, and develop daily functions and expectations for this role to ensure consistency and reliability to ensure proper and efficient flow of patients throughout the perioperative process, and troubleshoot when issues arise.	High	Donna/Blair/Debbie. Proposed changes to the Team Lead job description would need to be developed with union support and agreement.	March 31, 2019	Draft revisions complete. Awaiting review with team lead and union.	
	60	The VP Patient Services and Manager, Surgical Services and MDRD, should eliminate the co-manager role.	High	Donna	completed	Completed. Position has been eliminated.	24-Apr-18
	61	The VP Patient Services and the Manager, Surgical Services and MDRD should target median performance of peer hospitals to achieve 5.8 worked hours per case.	High	Donna/Blair/Surgical Services Committee or PEC	March 31, 2019	Performance is determined by total number of cases divided by worked hours.	
	62	The VP Patient Services and the Manager, Surgical Services and MDRD should consider booking endoscopy and dental cases on specific days, and change the staffing compliment to match the industry requirement.	High	Donna/Blair/Surgical Services Committee or PEC	Potential Endoscopy and Dental slate (booking on specific days) Sept 2018; Research of staffing industry requirements October 2018	Have returned to double slates.	
	63	The VP Patient Services and the Manager, Surgical Services and MDRD should formally change the RPN position performing booking and pre-surgical testing from 0.6 FTEs to 1.0 FTEs.	High	Donna/Blair/Human Resources/Union	Decisions re: posting as soon as possible	Created and filled a 0.4 PT to make coverage a total of 1.0FTE	24-Sep-18
Section 7.3	64	The VP Patient Services should consider the development of a perioperative educator role to support all areas in the perioperative environment including OR, pre-op, PACU, and MDRD.	High	Donna/Blair in collaboration with staff and clinical educator.	Tabled; Revisit in October.		
	65	The VP Patient Services and Manager, Surgical Services and MDRD, should develop a competency-based orientation program for all perioperative areas.	High	Sonia completed; Donna/Blair to review	March 31, 2019	Peri-op 101 is an accredited online course that is completed in 6 months. All learning can be applied if you are in the scrub role with your mentor. Staff have a checklist of surgical procedures that they mark as they complete. Orientation checklists are in place for Surgical Services roles.	
	66	The VP Patient Services and Manager, Surgical Services and MDRD, should review standards of practice in all areas and develop qualification standards for staff to perform competently in those areas (i.e. ACLS for all nurse who rotate through PACU).	High	Donna/Blair in collaboration with staff, union and clinical educator.	ACLS - March 31, 2019 (fiscal year end); Standards of Practice review is ongoing.	Surgical Services Committee strongly supports having OR nurses ACLS trained.	
	67	The VP Patient Services should charge the Perioperative Executive Committee with the development of policies defining the scheduling process, schedule administration, and block schedule management and utilization.	High	Donna/Blair/Surgical Services Committee or PEC/Pre-Op Clinic	PEC in place December 31st , 2018; Research other facilities booking practices Sept 2019.		

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Section 7.4	68	The Manager, Surgical Services and MDRD, should develop an urgent emergent policy and case classification system.	High	Donna/Blair/Surgical Services Committee or PEC	October 1, 2018		10-Jan-19
	69	The Manager, Surgical Services and MDRD, and the OR Team Lead should establish a daily huddle to review the next day's surgery slate, and to review the schedules of cases five days out.	High	Blair/Debbie in collaboration with staff	September 1, 2018	Established daily huddles	13-Nov-18
					September 1, 2019	Still working on review of cases up to five (5) days out. Will need to have booking policies in places	
	70	The Manager, Surgical Services and MDRD, should charge the OR Team Lead role with primary responsibility for managing efficiency and patient flow throughout the OR, with the visible support of the Manager.	High	Blair/Debbie/OR staff/Surgical Services Committee	March 31, 2019	We need to measure improved efficiency with any changes we implement.	
	71	The VP Patient Services and Manager, Surgical Services and MDRD, should develop an online patient questionnaire to provide patients with the opportunity to pre-fill out required information prior to the telephone screening, thus creating a verification process versus an information collection process.	Medium	Donna/Blair/Anesthesia/Surgeons	January 1, 2019	We have to research feasibility for our community.	
Section 7.5	72	The Manager, Surgical Services and MDRD, should implement use of the ORM preference card module, and utilize that module to plan resources, pick cases, intraoperatively record items used/develop a bill of materials, and perform case costing.	Low	Blair/Donna	April 1, 2019	Requested demo from Meditech. Noted that TBRHSC is the only regional hospital to use this module. There is a cost to implement the module, we would have to apply for funding.	
	73	The Manager, Surgical Services and MDRD, should proceed with the plan to implement an exchange cart system for OR theatre supply replenishment.	High	Blair	October 1, 2018	Case carts now being picked up by MDRD to improve efficiency.	2-Jan-19
	74	The Manager, Surgical Services and MDRD, should ensure that stores items amalgamated during construction should remain in one location, to minimize inventory and decrease restocking of multiple locations.	High	Blair	ongoing	Manager to establish sub-committee that will review all disposable items purchased for the renovation.	