

BOARD MANUAL

SUBJECT: Performance Monitoring Policy		NO.: 2-C-50
SECTION: Corporate Performance and Oversight		
APPROVED BY:	Board of Directors	DATE: November 30, 2022

Purpose

The performance measurement and monitoring policy assists the Board in its governance responsibility for oversight and advocating for health care in the community it serves.

Board’s Performance Management Responsibilities

The Board must oversee the performance of its six key areas of responsibility:

1. quality of care and services
2. its ends or impacts in terms of the strategic plan, mission, vision and values
3. financial condition
4. external relationships
5. performance of the CEO and Chief of Staff (oversight of management)
6. the Board’s own effectiveness

Application

This policy applies only to responsibilities 1 to 4, listed above. Oversight of management and the Board’s own effectiveness are described in policies 2-B-5 CEO Role Description, 2-B-6 COS Role Description and in 2-D-40 Evaluation of Board, Committee and Individual Performance.

Definitions

Performance measurement and monitoring is a system that includes:

- established measures and indicators that quantify performance objectives or describe performance standards, referred to as “performance metrics”
- monitoring performance against Board approved performance standards and objectives
- reviewing management’s plans to address variances from performance standards and objectives
- overseeing the implementation of remediation plans

Performance metrics are measures and indicators that provide information for assessing and making judgments about whether processes, outputs or outcomes are adequate and if corrective action is needed. They are based on key deliverables in the performance agreements with the Ministry of Health (MOH), Ontario Health and from the strategic and operational plans, including the quality and patient safety plan, the operating plan and the capital plan. Performance metrics may also be based on industry benchmarks and directives from external stakeholders including MOH and Ontario Health.

Policy

1. The Board will approve and monitor a performance monitoring and measurement system that includes categories of performance metrics that assess:
 - a. programs and services – measures of quality, patient safety, patient satisfaction, service volume and efficiency
 - b. progressive workplace – outcomes of human resource processes, measures of quality and safety of the work environment, organizational development, measurement of staff engagement
 - c. financial sustainability – measures of financial health and risk
 - d. collaborative relationships – measures of the effectiveness of external relationships and collaborations with other health care organizations in Waterloo Wellington
2. The Board's Medical Advisory, Quality and Resources Committees develop a list of indicators that are tracked as part of the performance monitoring and measurement system. The CEO will assign responsibility for the reporting of each indicator. Reports will provide:
 - a. actual performance compared to planned results (targets)
 - b. variances to the above, clearly shown
 - c. commentary from management to explain significant reported variances as well as strategies being implemented to improve performance, where possible, and
 - d. when available, comparisons with previous years.
3. The appropriate committee will review the relevance of indicators at least annually.
4. In addition to the key indicators monitored through the Medical Advisory, Quality and Resources Committees, the Board and each committee can establish further performance monitoring and measurement systems, relevant

to their work.

5. In keeping with the Board's established accountabilities for safe care, best practice, transparent processes and community expectation management, key indicators of the hospital's performance will be available to the public in an understandable format and appropriate frequency.

Process

1. Metrics will be monitored at least quarterly by a Board committee and/or the Board.
2. If concerns or issues are identified, the Board/committee will request corrective action.
3. The minutes of meetings will document the direction for follow-up action and the requirement for reporting back to the Board/committee.
4. Expectations for follow-up action and reporting will be communicated to the appropriate individuals by the CEO.
5. Management will report on follow-up action and the outcome, through the CEO, at a future date determined by the Board/committee.

DEVELOPED: April 29, 2015		REVISED/REVIEWED:
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