<table>
<thead>
<tr>
<th>Competency</th>
<th>✓</th>
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<tr>
<td>Client Focus</td>
<td>✓</td>
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<tr>
<td>Cost-Effectiveness</td>
<td>✓</td>
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<td>Responsiveness</td>
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Your Association Reports
Year over year, one common theme emerges predominantly throughout NSAHO’s annual report—accountability. Yet, the issue of accountability never ceases to be relevant. On the contrary, it is increasingly important and NSAHO recognizes our responsibility to provide a meaningful reporting of our efforts to meet members’ expectations for high quality, cost-effective services. In short, we must continually demonstrate the value our members receive from their membership in NSAHO.

A core function of the Association is representing the interests of our members to government. This fundamental role is also the area where reporting on activities is easy, but attributing the outcomes is most challenging. Successfully influencing public policy or promoting health system improvements is seldom the result of any single event or activity. Rather, accomplishments in this area are achieved over a period of time, often representing the culmination of a variety of methods used by a number of different parties to bring about change.

In keeping with our mission, we utilize collegial and collaborative approaches to produce workable solutions for all parties. NSAHO’s representation activities are driven by the need for system-wide solutions and are based on evidence. Operating within this established framework, NSAHO took action on a number of fronts in representing the views of our members. We were pleased to realize some exciting results, such as the extension of the provincial nursing strategy to adult residential and regional rehabilitation centre members.

This past year saw the establishment of the Continuing Care Council. With substantial growth in our continuing care membership, the Board created a new structure to build stronger linkages with our members and to better position the Association to provide strong representation of their issues. Comprised of representatives of nursing home and home care members, the Council is designed to provide an effective vehicle to inform the NSAHO Board and staff on issues impacting these sectors. Each council member is mandated to seek out opportunities to liaise with other NSAHO continuing care members to ensure the views carried forward to the Council are reflective of the broad nursing home and home care membership.

The Board of Directors also commissioned a membership survey to determine the level of satisfaction with the report card as our primary accountability tool. The findings, while showing overwhelming support of this format of reporting, identified opportunities to improve the way information is presented. In preparing this year’s report, we have endeavored to provide a more data driven analysis of the progress made toward achieving our performance targets. We will continue to pursue more meaningful performance indicators to demonstrate our commitment to providing high-quality, cost-effective programs that are responsive to the evolving needs of our members and of the health sector as a whole.
Reporting on Association Governance and Dues Funded Programs

The NSAHO Board of Directors is pleased to report on our activities for fiscal year 2003/04, as we worked to fulfill our responsibilities as governors of this Association and to advance our advocacy agenda. In carrying out our representation role, the Board is supported by the Research and Policy Development Service. The service conducts research, reviews and analyzes proposed legislation or health policy, tracks emerging trends and issues and develops Association position papers or statements. Similarly, the Communications Service assists the Board in linking with our members and providing timely communication of issues. The major activities of these dues-funded programs, which contribute to achievement of our primary mandate, are presented in this consolidated report.

REPRESENTING THE COLLECTIVE VIEWS OF OUR MEMBERSHIP

Throughout 2003/2004, NSAHO mounted a number of initiatives aimed at representing the issues of our members. In some instances our work carried forward into the next fiscal year. Therefore, in the interest of timely reporting, the snapshot of our activities presented below includes pertinent updates on issues that became available in early 2004/05.

- **Policy/Leadership Forum (Nursing Home/Home Care Sectors).** At all appropriate venues, the Association called for the creation of a forum with senior Department of Health officials to provide a platform for continuing care providers to be heard on policy and operational issues impacting the sector. In spring 2004, we received word that a framework for collaboration with the sector would be explored following completion of a restructuring currently underway within the Continuing Care Branch of the department.

- **Single Entry Access—Delays in Financial Assessments.** NSAHO informed the Department of Health about the funding difficulties our long term care members were experiencing related to delays in having financial assessments completed on individuals seeking placement in nursing homes. Meetings were held with the department to discuss the impact of this policy on nursing home operations and to seek out solutions to address providers’ concerns.

- **Physician Services in Nursing Homes.** NSAHO met with Department of Health representatives in February 2004 to discuss this issue and present the findings of a membership survey which showed that some nursing homes experience ongoing difficulty in acquiring medical care for residents. **Update:** The new physician services contract, announced in April 2004, provided $1.1 million specifically to address compensation for physician services in nursing homes. Additionally, NSAHO staff and member representatives have been appointed to a working group established by the department to look at medical services in long term care facilities.

- **CCA Entry Level to Practice Policy.** NSAHO sponsored a research project to determine the impact of this policy (scheduled to come into effect on December 1, 2004) on the NSAHO continuing care membership. **Update:** The findings of the survey confirmed an undersupply of continuing care assistants provincially, providing the evidence to substantiate providers’ concerns surrounding the feasibility of this policy. In July the Department of Health invited NSAHO to a meeting to discuss the survey results and possible solutions.

- **NSAHO and ARC/RRC Association Formalize Relationship.** NSAHO and the Association of ARC/RRCs developed a letter of understanding, outlining the roles and relationship of both parties in representing the issues and concerns of this sector. Last year, our ARC/RRC members approached NSAHO, requesting the Association take on the role of representing their interests to government. Until that point, the sector conducted its own representation activities.

- **Issues Identification and Strategy Development Document—ARC/RRC Sector.** NSAHO received word that government was moving forward with some of the items contained in the issues identification and strategy development document created on behalf of our ARC/RRC members last year. **Update:** A joint committee with senior representatives of the Community Supports for Adults Program...
(Department of Community Services) was established. The first meeting will be held on April 30, 2004.
- The department announced the allocation of $30,000 per annum to the ARC/RRC sector for orientation and professional development for RNs and LPNs employed in the sector. Additionally, the sector was invited to recommend an equitable funding allocation for these dollars. This recommended formula for the allocation of nursing strategy funds was subsequently adopted by government.
- The composition of the provincial nursing network was broadened to include a representative of the ARC/RRC sector.

- **Provincial Health Funding Strategy Formation.** At the request of our acute care members, the Board corresponded with the Department of Health to reaffirm the need for a strategy to address systemic under-funding of health care and the formation of a funding formula to ensure appropriate and equitable distribution of funds.

- **Meetings with Cabinet Ministers.** Following the announcement of cabinet changes in fall 2003, NSAHO met with a number of new Ministers of Cabinet to introduce the Association and raise the importance of provider participation in addressing pertinent health system issues. Included among the issues raised with the relevant ministerial offices were changes in the funding methodology for continuing care, the need to harmonize programs across government jurisdictions, the importance of timely appointments to the province’s district health authorities, and the financial impact of an aging workforce.

- **PIPEDA—Exemption for Health Care Sector.** NSAHO wrote to the Federal Minister of Industry seeking exemption for health care organizations from Part I of PIPEDA. The Association expressed concern that the application of PIPEDA to the health sector would negatively impact the provision of care and curtail the ability to use health information to better plan and manage the health system.

### SUPPORTING AND PROMOTING HEALTH SYSTEM IMPROVEMENTS

- **Emergency Health Services Legislation.** NSAHO provided comment to inform the development of this new act, which seeks to bring clarity to the roles and responsibilities of the various players in Nova Scotia’s emergency health system.

- **Changes to Entry-to-Practice Credentials.** NSAHO made a submission to a working group of the Federal Advisory Committee on Health Delivery and Human Resources regarding changes to entry-to-practice credentials.

- **Canada Health Protection Act.** NSAHO participated in a comprehensive review of federal health protection legislation in 2003/04. This represented the first time the Association was consulted on the development of federal legislation.

- **2004 Federal Budget.** NSAHO appeared before the House of Commons Standing Committee on Finance during its round of pre-budget consultations in fall 2003.
carrying a number of key messages developed in consultation with our members. Included among the Association’s key points was the critical importance of a needs-based federal funding formula for the province of Nova Scotia.

Working independently, and in concert with the Canadian Healthcare Association, NSAHO is offering a respected voice at the national level.

PROVIDING A VOICE AT PROVINCIAL AND NATIONAL TABLES

Members of Association senior staff were appointed to a variety of external groups in 2003/04, ensuring the issues of primary importance to our members are heard at these provincial and national tables:

- The Canadian Standards Association (representative of the Canadian Healthcare Association);
- Community Advisory Committee under the Community Supports for Adults Renewal Initiative;
- Nursing Leadership Development Working Group, Department of Health;
- Steering Committee of the Oral Health for Seniors Project;
- Health Care Human Resources Sector Council Continuing Care Educational Roundtable;
- The national research advisory committee for the project, “Operating Efficiencies in Long Term Care (representative of the Canadian Healthcare Association);
- Labour Relations Board; and

SUPPORTING OUR MEMBERS

- Facilitating Information Sharing. The Continuing Care Forum continues to be a recognized vehicle for information sharing and communication with the sector on significant health system issues. Several timely presentations were organized this year, such as:
  - The Deputy Minister of Health presented to the Forum on the major healthcare issues facing Nova Scotians.
  - The Health Care Human Resources Sector Council presented its study of health human resources in Nova Scotia.
  - The Challenging Behaviours Working Group provided regular updates at Forums, keeping providers informed on the progress of this provincial initiative.
  - The Department of Health provided an overview of the Nova Scotia Health Protection Legislative Renewal Process.
  - Dr. David Rippey, senior medical advisor with the Department of Health, presented to the forum on Phase II of the Health Services Planning Report.
  - The Provincial Osteoporosis Committee presented a plan for implementation around the issue of calcium supplementation and falls prevention in nursing homes.

- Working with Members to Develop Privacy Policies. The Association engaged a privacy consultant to support a working group struck by NSAHO to develop best practice privacy guidelines for the continuing care sector. The goal is to create guidelines from which our members can analyze the appropriateness of their current policies and practices and to make revisions as may be required.

- Providing Secretariat Support. NSAHO continues to provide secretariat and research support to the monthly meetings of the CEOs of the district.
health authorities and the IWK Health Centre. Additionally, the Association assumed a similar role in support of regular meetings of the board chairs of Nova Scotia’s DHAs and the IWK. NSAHO provides meeting facilities and administrative support.

- **Welcoming New members.** NSAHO held two member orientation sessions in 2003/04, as part of a new, formal protocol established to introduce new members to the Association. These sessions aim to familiarize new members with the Association’s history, mandate, and the range of services and programs available as a benefit of membership.

### PROVIDING OVERSIGHT ON FINANCIAL ISSUES

- **Audit Completed.** A summary of the audited financial statements of the Association Funds are appended. Complete copies are posted on our website at www.nsaho.ns.ca

### FULFILLING OUR OBLIGATIONS AS SPONSOR OF THE NSAHO PENSION PLAN

As set out in the Trust Agreement between the Board of Directors and the Pension Plan Trustees, the Board has vested responsibility for administration of the pension plan with the trustees and has retained unto itself four key areas of responsibility. These are the appointment of trustees, approval of changes in contribution rates, approval of changes in the pension plan text and appointment of the auditor.

- **Plan Enhancements Approved.** The Board approved two amendments to the NSAHO Pension Plan Text in 2003/04.
  - The Pension Plan Text was amended to index deferred members’ pensions to January 1, 2004. Deferred members are individuals who have terminated their employment with a contributing member organization and who have opted to leave their pension in the NSAHO Pension Plan until they are eligible for retirement benefits.

### COMMUNICATING WITH OUR MEMBERS

- **Association Publications.** NSAHO published 22 editions of our membership newsletter, AHO News. Additionally, Board Highlights was produced following each Board of Directors meeting.

### LEARNING AND DEVELOPMENT

- **Strategic Decision-Making Support.** The Research and Policy Development Service regularly develops research, briefing and analytical reports, keeping the Board informed of major health system issues and providing strategic, decision-making support.
Message from the Chair, LTD Trustees

Margaret Blakeney

This was an extremely productive and rewarding year for the Long Term Disability Plan Trustees. We focused our energies on implementing strategies to advance our goals and were pleased with the progress we made in bringing these action plans to fruition. It is my distinct pleasure to present my first report as Chair of the Long Term Disability Trustees and to highlight the major initiatives undertaken by the Trustees during 2003/2004.

Excellence in governance—working toward achievement of this goal was at the core of our activities during this past reporting period. As stewards of this important Trust, we must ensure that structures are in place that allow for monitoring and oversight and that we have the knowledge and skills to effectively discharge our duties and obligations.

With this in mind, the Trustees focused our attention on further refining our governance processes. We established a formal meeting policy, which defines procedures and practices that encourage good decision-making, clear accountability and regular review and assessment. We also adopted a Trustee Training and Information Policy. The policy sets out the nature of information and training the Trustees require to effectively execute their responsibilities. Further, the policy requires that Trustees make a commitment to ongoing education, ensuring they keep abreast of trends, changes in legislation and funding, investment, and other developments related to their roles as Trustees.

Another strategic goal established by the Trustees is to strengthen communications with our stakeholders. To inform the development of effective strategies to educate plan members about their long term disability coverage, the Trustees commissioned a survey of member perception and knowledge of the Plan. The results showed that overall, a majority of plan members hold a favourable opinion of the LTD Plan. However, the findings also reveal that we have some work to do to ensure our stakeholders are well informed about their LTD benefits.

A significant charge held by the LTD Trustees is ensuring the Plan’s investment portfolio is wisely and effectively managed. In fulfilling this responsibility, the Trustees are guided by a Statement of Investment Policy and Goals. In keeping with the requirements of this formal policy, the Trustees undertook a qualitative and quantitative evaluation of the plan’s investment manager last year. Based on the findings and seeking to maximize returns on investment, the Trustees implemented changes in the management of the foreign equity portion of the Plan’s portfolio.

I am also pleased to report that the Trustees received positive news about the funded position of the Plan this year. An actuarial prepared valuation of the LTD Plan for the year ending August 31, 2003 showed that we have made progress in reducing the Plan’s unfunded liability. The valuation also confirmed that our strategies are on track for achieving our top priority goal—eliminating the deficit and ensuring the plan meets its future obligations.

In closing, I would like to recognize and thank Patrick Flinn for his significant contribution to the work of the Trustees during his tenure as chair. After seven years of dedicated service on the LTD Trustees, his term expired on December 31, 2003. Many of the positive initiatives undertaken by the Trustees were initiated under Patrick’s leadership.
The LTD Trustees engaged Corporate Research Consultants to benchmark member perceptions and knowledge about the plan. The findings showed a majority of members hold a favourable overall opinion of their current LTD plan.

A common reason for negative perceptions about the plan was word that LTD claim applications do not get approved. In reality, however, NSAHO statistics show that 72% of the LTD applications submitted are approved.

The findings also indicate that plan members want more details about their LTD plan. Accordingly, the Trustees and Association staff have launched a variety of initiatives aimed at improving communications. LTD Trustee Highlights, a newsletter reporting on the issues addressed at Trustee meetings, was introduced. In addition, a plan to educate employees concerning their LTD coverage was developed and implemented.

With this benchmark established, the Trustees will commission a second survey in two years’ time to measure the effectiveness of these strategies in improving member opinions of the LTD Plan.

The Trustees undertook a comparison of the relative value of the LTD plan with nine other large health sector plans, both regionally and nationally. The results show that overall, the NSAHO plan compares favourably with these other plans offered to health care employees. Moreover, when compared to other Atlantic Canadian plans that were reviewed, the NSAHO LTD Plan is most favourable overall. NSAHO’s plan ranked number one in all categories except for “most generous benefit maximum” and “most generous benefit duration.”

In response to these findings, the Trustees moved to amend the LTD Plan Text to increase the maximum benefit payable from $5,000 to $10,000 per month. The amendment came into effect on January 1, 2004, bringing the NSAHO benefit more in line with the number one ranked plan, which offers a benefit maximum of $12,000.

NSAHO tied for second ranking in...
the “most generous duration.” The NSAHO LTD Plan stipulates that coverage ceases on the earliest of age 65 or for claimants disabled after October 1, 1998, benefits cease at age 60 if they have 25 years of pensionable service. The number one ranked plan stipulates that coverage ceases at age 65 with no reference to their specific pensionable service.

**TRUSTEES SEEK QUALITATIVE REVIEW OF EASE**

The LTD Trustees commissioned an independent, in-depth qualitative review of the Early Assistance and Support for Employees Program (EASE) this past fiscal year, seeking to determine the overall impact of this program on the costs of the Long Term Disability Plan. The results were inconclusive. Launched only four years ago, EASE has not been running long enough to generate sufficient data to objectively evaluate the influences of the program on the LTD Plan. Identification of actual trends in claims activities is also difficult. Nonetheless, this qualitative review did bring to light areas for improvement which are critical to the program’s success.

The external consultants recommended that further steps be taken to improve timeliness of referrals to EASE and that the Association work with Employers to assist them in fulfilling their obligations related to Duty to Accommodate. Other recommendations focused on improving the claims management process and ensuring EASE participants, employers and the EASE service provider understand their roles and the expectations of them.

**TRUSTEES MAKE PROGRESS IN REDUCING UNFUNDED LIABILITY**

An actuarial prepared valuation of the Long Term Disability Plan Fund revealed that efforts to reduce the unfunded liability are producing results. The valuation disclosed a funding deficit of $6.2 million as of August 31, 2003, representing a discernible improvement over the previous year. An extrapolation of the Plan’s funded position as of September 30, 2002 had shown a funding deficit of $14,220,000. The Plan’s actuary reports that a variety of factors contributed to the progress made in reducing the deficit, including the growth in the number of members covered by the LTD Plan, increased terminations, and maintaining the member contributions at 2.9%. The Trustees remain committed to reducing the unfunded liability over a period of ten years instead of twenty-five.

**MEDICAL APPEAL STATISTICS**

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<th>Measurement</th>
<th>Jan. 1 – Dec. 31/02</th>
<th>Jan. 1 – Dec. 31/03</th>
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<tr>
<td>Employees who access medical appeal as a % of declined or terminated claims</td>
<td>10.52%</td>
<td>17.28%</td>
</tr>
<tr>
<td>Employees who commence legal action as a % of declined or terminated claims</td>
<td>5.26%</td>
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The Trustees introduced the medical appeal process in 1999 as a mechanism to reduce the high cost of litigation.

**PLAN DESIGN ENHANCEMENTS**

This year the Trustees recommended a number of plan text amendments, which were subsequently approved by the NSAHO Board. Some more substantive changes are highlighted below:

- The monthly contribution remittance deadline was extended to accommodate varying pay cycles among participating member facilities.
- The option to defer LTD premiums was introduced for covered employees who have exhausted their sick leave.
- The timeframe to submit an LTD application was extended from 10 months to 12 months from the date of disability (last day of work).
Two years ago, NSAHO created a Vision which states in part: “We are known for demonstrating excellence and innovation in program delivery; and promoting and facilitating health system improvements.”

To help us realize this Vision, we set forth the five goals cited on the following page of this report. We take those goals seriously and keep them front and center every month of the year. We believe the realization of those goals will create the kind of services and programs that members will value and to which they will commit.

However, demonstrating excellence is one thing. Developing a national reputation for excellence is a much bigger threshold, and this is the objective we set for ourselves when we seek to be known for the quality we provide. It is, therefore, most gratifying that during the past year, two of NSAHO’s programs came in for public recognition for the quality they deliver. Our Clinical Engineering Service achieved recognition throughout Canada when it was the first clinical engineering program in the country to undergo a full peer review program focused on quality and customer service. That in turn led to a complimentary article published in the *Journal of the American Association for the Advancement of Medical Instrumentation* (AAMI).

The Pension Plan also came in for kudos when it was cited as one of three pension plans in Canada that is delivering excellence through a sound governance structure and organizational policies. The article, authored by Keith Ambachtscheer and commissioned by the C.D. Howe Institute, received considerable attention by the *National Post* and other business publications.

NSAHO services continue to be an attractive reason to join the Association. During the year, thirteen new organizations joined our membership: Villa St. Joseph-du-Lac, GEM Group, Roseway Manor, Glace Bay Physiotherapy, Victoria Park Guest House, Inverary Manor, Seaview Manor, Maple Hill Manor, Foyer Pere Fiset, Windsor Elms, MacGillivray Guest Home, Villa Acadienne, and Harbourside Lodge.

We are pleased to present this report which highlights our contribution to Nova Scotia’s health system. In keeping with the views of our membership, we have attempted to refine the content in order to improve our accountability. As an Association we are committed to demonstrating, measuring and reporting on those dimensions of quality that are important to our members. We will continue to seek relevant and meaningful performance indicators as well as the objective data by which we can measure our performance.
REPORTING ON NSAHO SERVICES

Business Planning Goals

Demonstrate Value and Enhanced Quality to our Members:
We strive to improve quality, to provide more timely and precise information and ensure our goals are clearly aligned with our customers’ needs and objectives.

Ensure NSAHO Remains Provider of Choice:
We enhance our competitiveness by looking at cost, cost containment or cost reduction strategies, enhancing quality of service and improving response times.

Expand our Range and Scope of Services Focused on Membership Needs:
We seek out real opportunities, which exist within current funding arrangements, to develop shared service models that can assist our members in maintaining services while reducing costs.

Build Strength and Depth into our Knowledge Base and Servicing Capacity:
We seek to ensure that staff remain motivated, knowledgeable, current and both excited and dedicated about the work they do.

Improve our Ability to Respond to a Changing Environment:
Our success depends on our ability to foresee, and capitalize on the opportunities, and to counter the risks that may arise.

Annual Service Activity

Reporting Template

Competency:
The organization continually strives to improve services delivered, to demonstrate innovation, and add value for our members.

Cost-Effectiveness:
The organization seeks the most cost-effective solutions for the delivery of programs, endeavoring to achieve an appropriate balance between price and quality.

Client Focus:
The organization continually strives to provide dynamic, progressive and relevant services by encouraging membership participation in defining service needs and by tailoring service delivery to meet the diverse needs of individual members.

Responsiveness:
The organization anticipates and responds to the changing and emerging needs and expectations of members and to changes in the external environment.
Benefits Service

Overview

The Benefits Service provides and supports the administration of long-term disability insurance, group life, extended health and dental benefits to over 20,000 employees of NSAHO member organizations and approximately 2,500 retirees. The service also provides a range of optional benefits, including voluntary accidental death and dismemberment, and Critical Choice Care.

The LTD Plan is governed by a Board of Trustees. Benefits staff also provide administrative and strategic support to this Board, which reports to the NSAHO Board of Directors.

Competency

- Developing performance indicators to measure competency and cost-effectiveness for this service has been a challenge. While anecdotal evidence suggests our programs compare favourably with other large employers, the data required to objectively benchmark benefit levels is not readily accessible. To respond to this challenge, the Benefits Service commissioned an extensive and thorough study of employee benefit programs to enable comparison of our current benefits to other organizations in Atlantic Canada. The report was filed in April 2004. The results will be analyzed over the coming months with the aim of identifying meaningful performance indicators, which will provide the basis of future reporting.

- The service introduced a case management tool for LTD activity, ensuring the momentum of claims continues from the point of claim approval through to resolution. The quarterly protocol keeps all parties—NSAHO, the relevant member facility, and the plan’s claims adjudicator—apprised of the status of claims and assigns action points, thus driving the case to resolution.

Cost-Effectiveness

- Prescription drugs are the largest cost driver of NSAHO’s health plan—69% of total claims paid for the past policy year. The average paid per claimant is $418.27. The emergence of new and expensive drugs entering the market often leads to increased costs to the plan. Aging, too, has a dramatic adverse effect on the rates of a prescription drug program. Claims statistics for the last policy period show the average amount paid for the age group 0–25 was $136.99. This compares to $852.35 for the age group 56–65. Of all participants in the drug plan, 33 per cent are under age 25 and represent only 8% of our claims. Only 10 per cent of our participants fall within the 56-65 age group, but they account for 29% of total paid claims. To help mitigate the financial impact of these trends, the plan has a
managed drug formulary. This helps to reduce and control the cost of the plan while still providing quality care and benefits to all plan members.

Client Focus

• The Benefits Service and the NSAHO Pension Plan co-hosted the 5th Annual Benefits & Pension Plan Administrators’ Education Session in April 2004. The annual workshop provides an opportunity for networking, information-sharing and education around emerging issues and trends in the field of benefits administration.

• The service established a Benefits Steering Committee late in 2003/04, providing a formal structure to identify and address common issues of member facilities participating in the benefits plans.

Responsiveness

• A range of Extended Health, Group Life and Dental plan design changes or enhancements were implemented in 2003/04. The changes were made in response to feedback received from members and their employees during information sessions held at facilities across the province.

• Recognizing that many members have implemented programs to assist their employees who want to quit the use of tobacco products, benefit coverage under the NSAHO Extended Health Plan was expanded to include smoking cessation products.

• In preparation for the introduction of the Personal Information and Protection and Electronic Documents Act (PIPEDA) on January 1, 2004, the Benefits Service conducted an extensive review of its information management practices. A major outcome of this exercise was the introduction of a secure upload feature on the Association’s website. The feature provides for secure electronic transmission of personal information while making the process for sending data easier for participating plan members.

“...the new Unpaid Leave of Absence Form you’ve introduced is a wonderful tool for us to use when speaking with an employee going on unpaid leave. You are making it much easier for us to do our job!!”

(Anne LeBlanc, benefits/payroll manager, Cape Breton District Health Authority)
Clinical Engineering

Overview

Clinical Engineering specializes in the introduction and management of technology used in the delivery of patient care services in health organizations. Our aim is to ensure the technology used is safe, effective and appropriate. Clinical Engineering provides technical services on electromedical devices, hemodialysis systems and radiology equipment; acquisition support services for new devices or systems; technical services on hospital environmental systems, such as medical gas, electrical distribution and nitrous oxide scavenging; an in-depth quality assurance inspection program for diagnostic ultrasound systems; and support services for risk management. Additionally, in 2003/04, the Service developed and piloted an electromechanical support program.

Competency

- Clinical Engineering completed peer review under the Canadian Medical and Biological Engineering Society (CMBES), making it the first service in Canada to undergo a formal and full assessment of its performance against national standards of practice for the management of medical devices used in health care institutions. The survey findings rank this shared program among the best in the country.

“The operations manual for CES is quite impressive and is a model for other services across the country.”

“Support for continuing education of staff within the service, including certification, is impressive.” (CMBES Surveyors)

Cost-Effective

This year, the average contract cost per medical device decreased by 5.83%. Contract costs are based on the value of assets. Many new medical devices added under the electromedical contracts in 2003/04 were lower cost items, such as tympanic thermometers.

“Given the challenges of geography, CES is providing remarkably low cost service to the member hospitals.” (CMBES surveyors)
Client Focus

• The service developed and piloted an electromechanical service support program for South Shore Health. The pilot was successful. An expansion of the program is anticipated for 2004/05.

“There is a strong customer focus that is common to all CES staff. They work well together, and are highly praised by their customers.”
(CMBES Surveyors)

 highlights

• Total number of medical devices under contract – 8,057
• Percentage change in the number of devices supported in 2003/2004 – 5.07%
• Total value of assets under contract – $45.2 M
• Total number of staff – 21
• Processed 570 alerts/recalls/notifications in 2003/04.
• Conducted 20 separate incident investigations in 2003/04 (18 critical, 2 non-critical)

“Thanks for the peer review report. You should all be very proud of your service as it is a great one. A few areas to improve but that’s why it’s important to have someone from outside look at us! It was a pleasure to participate and I congratulate your whole team locally and provincially.”
(Wendy King, RN, Quality Risk Manager South Shore Health)

2003 QUALITY SURVEY RESULTS

<table>
<thead>
<tr>
<th></th>
<th>2003 Provincial Average Response</th>
<th>2000 Provincial Average Response</th>
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<tbody>
<tr>
<td>Equipment Turnaround Time</td>
<td>93.3%</td>
<td>92.3%</td>
</tr>
<tr>
<td>Communicating Service Issues</td>
<td>93.6%</td>
<td>92.8%</td>
</tr>
<tr>
<td>Response Times</td>
<td>94%</td>
<td>90.7%</td>
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Equipment Turnaround Time: The service meets requirements for removing, assessing/repairing and returning to service devices reported as defective in a reasonable time frame.

Communicating Service Issues—The Service meets requirements for communicating reasons for delays in service and extensions to turnaround times (includes providing initial estimates for turnaround time).

Response Times: The service meets requirements for service call response times (includes ability to contact service personnel).
Human Resources Service

Overview

The Human Resources Service includes collective bargaining, grievance and arbitration support; day-to-day support to member facilities on human resources issues and collective agreement management; industry representation; and provision of expert advice and support in related labour relations matters, such as appearances before the Labour Relations Board or other tribunals.

Competency

- The Human Resources Service settled 10 acute care collective agreements with the Nova Scotia Nurses’ Union. The duration of the round of bargaining was approximately three months, achieving the employer-defined objectives of a shorter process and reduced meeting time of employer representatives.
- The Service played an instrumental role in establishing a voluntary interest arbitration model for the renewal of collective agreements at Capital Health for 8,000 employees represented by the NSGEU. The contracts expired on October 31, 2003. This first-time agreement between the union and the employer to resolve all outstanding issues through arbitration removes the threat of a strike or lockout during this round of bargaining.
- The Service developed and introduced a comprehensive and structured orientation program for new employees to expedite their familiarization with labour relations in the health system environment and to maximize service support to members.
- Facilitating continuous growth and improvement in service delivery, Human Resources staff participated in a combined total of 102 hours of continuing education and personal skills development programs.

Client Focus

- The Human Resources Service conducted extensive pre-bargaining consultation with long term care and home care members, facilitating issue identification and development of the framework to guide the upcoming round of collective bargaining. Bargaining began in the spring of 2004 with NSNU and nursing homes.
- The Service led the creation of a Continuing Care Coordinating Committee to ensure regular liaison between providers and government on collective bargaining strategic and policy issues. Parallel to the structure set up in the acute care sector, the committee is comprised of representatives from member bargaining committees, the NSAHO Director of Human Resources, and senior staff from the Department of Health and the Public Service Commission.

Cost-Effectiveness

The annual cost per contract increased only twice since fiscal year 1991/92.

Change in Annual Contract Costs Continuing Care

The average annual percentage increase in Human Resources Service Revenue from continuing care clients is 1.85%. The average annual increase in acute care funding for the service is 1.06%.

Average Annual Percentage Increase in the Cost of Service

The Human Resources Service settled 10 acute care collective agreements with the Nova Scotia Nurses’ Union. The duration of the round of bargaining was approximately three months, achieving the employer-defined objectives of a shorter process and reduced meeting time of employer representatives.

Competency

- The Human Resources Service settled 10 acute care collective agreements with the Nova Scotia Nurses’ Union. The duration of the round of bargaining was approximately three months, achieving the employer-defined objectives of a shorter process and reduced meeting time of employer representatives.
- The Service played an instrumental role in establishing a voluntary interest arbitration model for the renewal of collective agreements at Capital Health for 8,000 employees represented by the NSGEU. The contracts expired on October 31, 2003. This first-time agreement between the union and the employer to resolve all outstanding issues through arbitration removes the threat of a strike or lockout during this round of bargaining.
- The Service developed and introduced a comprehensive and structured orientation program for new employees to expedite their familiarization with labour relations in the health system environment and to maximize service support to members.
- Facilitating continuous growth and improvement in service delivery, Human Resources staff participated in a combined total of 102 hours of continuing education and personal skills development programs.

Client Focus

- The Human Resources Service conducted extensive pre-bargaining consultation with long term care and home care members, facilitating issue identification and development of the framework to guide the upcoming round of collective bargaining. Bargaining began in the spring of 2004 with NSNU and nursing homes.
- The Service led the creation of a Continuing Care Coordinating Committee to ensure regular liaison between providers and government on collective bargaining strategic and policy issues. Parallel to the structure set up in the acute care sector, the committee is comprised of representatives from member bargaining committees, the NSAHO Director of Human Resources, and senior staff from the Department of Health and the Public Service Commission.

Cost-Effectiveness

The average annual percentage increase in Human Resources Service Revenue from continuing care clients is 1.85%. The average annual increase in acute care funding for the service is 1.06%.

Change in Annual Contract Costs Continuing Care

The annual cost per contract increased only twice since fiscal year 1991/92.
Collective Bargaining
• Settled all collective bargaining tables within the approved funding and operational mandates.
• Concluded collective agreements for 17 CUPE nursing homes.
• Concluded collective agreements for 10 NSNU acute care members.
• Concluded collective agreements for 4 ARC/RRC members.
• Commenced collective bargaining for NSGEU health care and service bargaining units at CDHA.
• Human Resources supports a total of 127 collective agreements on behalf of acute care and continuing care members combined.
• Assumed responsibility for 6 new collective agreements in 2003/04.

Arbitration Services
• Processed 160 new arbitration files and successfully resolved 88; 11 with arbitration hearings.

Day-to-Day Servicing
• Facilitated 10 regular meetings of the acute and continuing care senior human resource manager group.

Responsiveness
• The Human Resources Service continued to participate in the National Health Cross-Jurisdictional Data Base Initiative, and, subsequently, assumed responsibility for the ongoing maintenance and participation on behalf of the province. This initiative aims to facilitate Canada-wide collective agreement based information sharing and data collection to support development of employer positions in bargaining. The extensive database will also support the ongoing reporting of inter-provincial comparisons regarding wage and working condition matters.
• The Association developed and implemented a communications plan to support CUPE nursing home members in the face of a potential province-wide labour disruption in spring 2003. The NSAHO Human Resources and Communications Services worked collaboratively to provide members with daily progress updates, and to offer support in the management of media relations. Similar assistance was subsequently provided to ARC/RRC members with CUPE collective agreements. This service partnership continues, making the provision of communications and media relations support to members an integrated component of the collective bargaining program.

“arise my sincere appreciation to Human Resources staff for their exceptional professionalism… and their outstanding efforts during the contract negotiations and for the dedicated support our organization received throughout the entire period of the provincial and local bargaining processes.
I also wish to express to the Association our admiration for the high quality of human resource staff that the Association has been able to attract and for their high level of commitment and dedication to working in the best interest of the member organizations.”
(Leonard Tedds, Administrator, Northhills Nursing Home)
Job Evaluation/Compensation Service

Overview

NSAHO offers a comprehensive Compensation/Job Evaluation program to its membership. The Service utilizes the Hay System of job evaluation for all supervisory/management positions within the District Health Authorities, the IWK Health Centre and nursing homes, homes for the aged, home care and home support agencies whose business plans are approved by the Department of Health. The program also has expertise in applying the Wy Factor (formerly the Aiken Plan) to unionized positions within the healthcare sector. Staff also provide senior professional advice on all aspects of compensation management, including salary policy development and specialized salary administration.

Competency

• The Job Evaluation Service led the development of wage tables to support a new classification system implemented at Capital Health for healthcare, support and clerical bargaining units. This was an extremely complex endeavour, requiring specialized compensation skills and practice. The solution had to be within parameters of finite cost and acceptable distribution.
• The continuing care compensation review project got underway in 2003/04. Last year the Department of Health contracted the service to provide a review of management and non-bargaining positions in nursing homes and home care/home support agencies. A total of 74 organizations agreed to participate, representing approximately 550 positions.
• The program provided leadership to the provincial, acute care wage parity initiative. The collective agreements settled last round with CUPE and CAW contained a provision ensuring that there would be parity maintenance of the classifications between the non-CDHA, acute care employees. Utilizing the knowledge and expertise acquired through the CDHA classification review project, the Job Evaluation team applied the results for CUPE, CAW and non-CDHA bargaining units.

Cost Effectiveness

• The shared service models provides for economies of scale with inherent cost effectiveness. This includes shared licensing fees and ownership of the systems used—the Hay System and the WyFactor Plan; shared compensation data and consistency in application. Further, clients have access to specialists with in-depth knowledge of compensation and the workings of the health care sector. This negates the necessity of individual organizations establishing and funding in-house expertise.
• Continued expansion of the number and variety of participants seeking NSAHO Job Evaluation and Compensation services further enhances cost effectiveness by apportioning the benefits and costs across a larger customer base.
Client Focus

- As part of the Continuing Care Compensation Review Project, Job Evaluation staff held 20 information sessions across the province. These regional meetings provided an opportunity to educate participating employers about the review methodology, explain the process, define roles, and address specific questions. Further, the service issued regular communiqués, keeping participating organizations well informed of progress on this project.

- This year, the Job Evaluation Service assumed a proactive role in the area of compensation policy development for management and non-management positions within the health care sector. The service developed a formalized approach to undertaking this process that provides for sufficient research, analysis, and costing within a structured timetable. The goal is to assist decision-makers in the important task of determining appropriate adjustments in the area of management compensation. Management Compensation Options for 2004, was utilized last fiscal year and will be refined, based on lessons learned, for the coming years.

Responsiveness

- Job Evaluation implemented a proactive approach to service delivery in 2003/04, to address issues of responsiveness raised by clients in the previous reporting period. A three-week standard turnaround time for maintenance of the program was established. The service met or exceeded this benchmark for 82 per cent of all evaluations completed.

![TURNAROUND TIME BASED ON STANDARD OF 3 WEEKS](image)

Although our responsiveness has improved dramatically, our goal in the coming year will be to respond to all Job Evaluation requests within the established standard.

Highlights

- Continuing Care Compensation Review Project initiated
- Approximately 550 positions to be evaluated by October 2004
- Over 100 positions were evaluated in the acute care sector throughout the year
- Developed wage tables for 3 bargaining units at Capital Health, representing 5200 employees
- Wage Parity process which covers 3 separate unions and 6200 employees

...we are working towards

With the expected continued increase in service requirements, the program is continually considering service delivery models to ensure long-term sustainability of services which maintain the integrity of program application, support the individual needs of clients and provide a good return on investment. The service will be working with clients over the coming year to reconfirm performance expectations and identify areas for improvement or modification. The ultimate goal is to ensure that future program directions continue to meet client needs.
Learning and Development

Overview

The Learning and Development Service works with NSAHO members to support and augment their in-house and district educational programming. The Service operates on a fee-for-service, cost-recovery basis, with the aim of providing programs and services to our members that are high in calibre and competitively priced. The main program offerings in 2003/04 included governance education, system-wide conferences, and workshops. The Service also administers the provincial Continuing Care Assistant (CCA) Program and the Alzheimer Disease and Other Dementias Care Course (ADODCC).

The Learning and Development Service was introduced in April 2003, representing the integration of services offered under the former Education and Transition Service Programs. This newly configured service will continue to evolve to meet members’ emerging needs and future priorities.

Competency

- Learning and Development expanded its customer base for board development sessions to include community health boards (CHBs). CHBs requested support from NSAHO at the recommendation of other health system boards that had accessed the service in the past.
- The Leadership and Management Development Programs researched and developed this year will be recognized for credit by the Canadian College of Health Service Executives.
- The Continuing Care Assistant Program Advisory Committee and the Alzheimer Disease and Other Dementias Care Course Advisory Committee were asked to rate their satisfaction with program administration on a scale of 1-5, 5 being the highest.

Client Focus

- Learning and Development draws upon the input of conference committees to provide guidance and direction on conference content, length and timing. Additionally, conference evaluations are utilized to focus future programs on member feedback/input.
- Working with the NSAHO Communications Service, the Service supported the ADODCC Advisory Committee with the development and implementation of a communications strategy to announce the transfer of responsibility for program administration to the Association.
- The Service developed comprehensive board orientation manuals and reference materials to support orientation programs for new board members conducted in the districts. The service undertook this initiative in response to requests for assistance by a number of DHA boards.
- NSAHO coordinated the DHA/IWK Provincial Board Orientation held on February 13 and 14, which aimed to support the new health system governors in understanding their roles. The orientation was held in response to requests from district board chairs and CEOs.
Responsiveness

• The Service researched and developed two new programs for launch in early 2004—Developing Transformational Leadership Capacity and the Management Development Program. These programs will be recognized for credit by the CCHSE.

News

• NSAHO sponsored and/or managed five conferences in fiscal year 2003/04, representing a total of 951 participants.

• The Service launched the premier NSAHO Provincial Continuing Care Conference in March 2004.

• Learning and Development assumed responsibility for administration of the Alzheimer Disease and other Dementias Care Course in fall 2004.

• The Service researched and developed two new programs for launch in early 2004—Developing Transformational Leadership Capacity and the Management Development Program. These programs will be recognized for credit by the CCHSE.

Cost Effectiveness

• NSAHO strives to ensure the finest quality of education sessions, while keeping the costs to a minimum. All members, regardless of location, can access workshops for the same flat rate. In 2003/04, NSAHO workshops were delivered on members’ preferred site for a fee of $350/half-day or $500/full day. This includes the cost of materials (except Personality Dimensions Participant Packages) and other direct expenses such as travel. This flat rate also includes the cost of program customization to meet the distinct needs of members. This compares to an average of $1233.33/day plus travel for external facilitators (using sample of three independent, private-sector consultants). Further, this fee does not include the cost of program customization as the Association’s does.

• NSAHO governance sessions are delivered at an all inclusive rate of $350/half day or $500/full day. This compares to an average fee of $1500/day plus travel and the cost of materials charged by external consultants (using sample of three independent, private-sector facilitators).

NSAHO strives to ensure the finest conferences, while keeping the costs to a minimum.
Organizational Health, Safety and Wellness

Overview

Fiscal year 2003/04 has represented a year of development for the Organizational Health, Safety and Wellness Program. In response to a growing demand to support member organizations create safer and healthier workplaces, the Association is exploring means of establishing a program that capitalizes on expertise in both the Organizational Health and Occupational Health and Safety arenas. Building on programs that already exist within the health system, the goal is to create a progressive service that will be a resource to our members.

Activities in 2003/04 focused on consultation, gathering information, and research and analysis. An extensive review of literature and best practices in organizational health was undertaken. NSAHO conducted a preliminary survey of member organizations’ occupational health and safety needs and identified numerous gaps. In October 2003, an occupational health and safety consultant and program coordinator were contracted to further examine the needs and recommend the most appropriate approach to supporting member organizations fulfill their legal, financial and moral obligations pertaining to occupational health and safety.

This year’s report highlights our efforts to forge a new path in health and safety, while continuing to support membership committees and deliver existing programs in the areas of attendance and harassment education.

Competency

- NSAHO delivered a session on health and safety in healthcare at the Nova Scotia Safety Council Conference held March 26, 2004. Additionally, the Association managed a pre-conference event facilitated by SHREC Services. The event feedback was very positive and it was exciting to see healthcare on the health and safety conference agenda.
- NSAHO was selected to conduct the synthesis of work in the Atlantic Provinces for the document, “Trends in Workplace Injury, Illness, and Policy in Health Care Across Canada.” The initiative was funded by the Office of Nursing, Health Canada.

Client Focus

- The Attendance Committee is in place for organizations who have implemented the NSAHO Attendance Program to share information regarding the operational aspects of the program. The group provides an opportunity for members to learn about current issues related to the program. Working with the committee to continually improve the NSAHO program, Association staff collected aggregate data for comparison purposes and to identify trends. Additionally, staff reviewed attendance programs in other organizations, including the Nova Scotia Hospital and the Halifax Regional Municipality.

Responsiveness

- NSAHO commissioned a study which aimed to research hazards in health care and reviewed the real and potential losses associated with worker injury and illness. This will allow the Association to provide direction on control strategy development and occupational health and safety program implementation.
- Throughout the past fiscal year, the Association provided extensive support to the Organizational Health Committee. This committee is comprised of representatives from each district health authority, the IWK Health Centre, the continuing care membership, NSAHO’s Organizational Development portfolio, the NSAHO Long Term Disability Program, and the provider of the Employee Assistance Program offered to health care workers. The mandate of the committee is to support organizational health programs and initiatives in health care facilities across the province.
- NSAHO assisted the Organizational Health Committee to carry out its “critical path” initiative. The goal of this exercise is to develop a standardized and consistent approach to processes that support organizational health. Further, the environmental scan, which was designed to obtain baseline data on the health of the workplace by district health authority or facility, was completed. NSAHO sought the services of an external expert in the field of wellness to analyze and interpret the scan data. Concurrently, a situational analysis,
which included a historical perspective of the health system and literature review, was conducted. Together, these documents will provide the evidence of the health of the health care workforce and demonstrate the importance of organizational health, safety and wellness initiatives and programs.

Sheila Rankin, director of human resources at Annapolis Valley Health and chair of the Organizational Health Committee, presented at the delegates of the NSAHO Continuing Care Conference 2004. The session was entitled, “Achieving Organizational Health and Employee Wellness.”

...and we are working towards

The establishment of an effective funding strategy for the Organizational Health, Safety and Wellness Program is a challenge. Research and development of new programs is labour intensive and costly. Further, while members indicate a strong interest in programs that foster organizational health, it is evident a fee-for-service delivery model will not be successful. We will continue in our efforts to develop an effective and sustainable funding strategy as we prepare to launch this new membership service.

Highlights

- A survey of member organizations was conducted, demonstrating the need for occupational health and safety supports.
- NSAHO formalized key contacts with the Department of Environment and Labour and WCB. Each of these strategic partners dedicated a resource person from their organization to act as a resource to NSAHO in assessing the needs of a health system, health and safety program.
- The service hosted and supported six meetings of the Organizational Health Committee and four meetings of the Attendance Committee.
- One member accessed the Attendance Program for the first time in 2003/04.
- One member accessed the Harassment Education Program for the first time in 2003/04.
Summary of Financial Results

Following are excerpts from our audited financial statements. An audit has been conducted for all funds. In each case the auditor’s report is unqualified. Full auditing statements are available on the NSAHO Website: www.nsaho.ns.ca

NSAHO ASSOCIATION FUND
Statement of Financial Position
March 31, 2004 with comparative figures for 2003

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assets</td>
<td>4,037,887</td>
<td>3,835,490</td>
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<tr>
<td>Liabilities</td>
<td>1,557,201</td>
<td>1,559,068</td>
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<tr>
<td>Net Assets</td>
<td>2,480,686</td>
<td>2,276,422</td>
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NSAHO LONG-TERM DISABILITY PLAN
Statement of Net Assets Available for Benefits

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<th>2002</th>
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<tbody>
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<td>Assets</td>
<td>65,514,469</td>
<td>61,913,321</td>
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<tr>
<td>Liabilities</td>
<td>325,423</td>
<td>205,110</td>
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<td>Net Assets available for Benefits</td>
<td>65,189,046</td>
<td>61,708,211</td>
<td>53,220,463</td>
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Funding Policy: In accordance with the Plan, members are required to contribute a certain percentage of insured salary, with employers matching the contributions of the members. The most recent actuarial valuation for funding purposes was prepared by William M. Mercer Limited as of August 31, 2003.

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Net assets available for benefits</td>
<td>58,033,000</td>
<td>53,222,000</td>
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<tr>
<td>Liabilities:</td>
<td></td>
<td></td>
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<tr>
<td>Disabled life reserve and reserve for incurred but not reported claims</td>
<td>64,291,000</td>
<td>67,039,000</td>
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<tr>
<td>Funding Deficit</td>
<td>6,258,000</td>
<td>13,819,000</td>
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</table>

Note 1: The funding deficit at December 31, 2002 was calculated based on an extrapolation of an actuarial valuation prepared by William M. Mercer Limited as of September 30, 2002.

Note 2: The fund moved from a December 31, year end to a March 31, year end. Results reported are therefore for twelve months ended December 31, 2003 and 2002 and three months ended March 31, 2004.
NSAHO GROUP INSURANCE FUND
Statement of Net Assets Available for Benefits
As at March 31, 2004 with comparative figures for December 31, 2003 and December 31, 2002

<table>
<thead>
<tr>
<th></th>
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<th>2003</th>
<th>2002</th>
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</thead>
<tbody>
<tr>
<td>Assets</td>
<td>7,204,937</td>
<td>6,590,990</td>
<td>5,822,776</td>
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<tr>
<td>Liabilities</td>
<td>86,231</td>
<td>44,417</td>
<td>66,508</td>
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<tr>
<td>Net Assets available for Benefits</td>
<td>7,118,706</td>
<td>6,546,573</td>
<td>5,756,268</td>
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</table>

Funding Policy: The most recent actuarial valuation for funding purposes was prepared by William M. Mercer Limited as of December 31, 2001. This valuation disclosed an approximate funding deficit of $705,000, determined as follows:

- Net assets available for benefits: 6,005,000
- Liabilities:
  - Waiver of premium benefit: 2,901,000
  - Obligation for retiree benefits: 3,809,000
- Funding Deficit: 705,000

Note 2: The fund moved from a December 31, year end to a March 31, year end. Results reported are therefore for twelve months ended December 31, 2003 and 2002 and three months ended March 31, 2004.

HEALTH AND OTHER BENEFITS FUND
Statement of Net Assets Available for Benefits, March 31, 2004

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<td>Liabilities</td>
<td>1,936,114</td>
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<td>Net Assets Available for Benefits</td>
<td>2,427,159</td>
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NSAHO PENSION PLAN
Statement of Net Assets Available for Benefits and Accrued Pension Benefits and (Deficiency) Surplus
As at December 31, 2003, with comparative figures for 2002.

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2002</th>
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</thead>
<tbody>
<tr>
<td>Assets</td>
<td>$1,545,185</td>
<td>$1,275,635</td>
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<tr>
<td>Liabilities</td>
<td>1,454,268</td>
<td>1,311,852</td>
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<tr>
<td>(Deficiency) Surplus</td>
<td>$90,917</td>
<td>$(36,217)</td>
</tr>
</tbody>
</table>
Senior Leadership Team

Robert A. Cook  
President/Chief Executive Officer

Helen Patriquin  
Vice President

Carolyn MacDonald  
Director, Benefits

Majorie Sullivan  
Director, Administration/CIO

Phil Veinotte  
Director, Human Resources

Carla Anglehart  
Director, Organizational Development

Mary Baldwin  
Communications Officer

Sandi Thompson  
Executive Assistant

Clinical Engineering Leadership Group

Glenn Dove  
Regional Manager, Cape Breton

Al Illsley  
Regional Manager, Northern Region

Leanne Gayton  
Financial Analyst

Jeremy Dann  
Western Region Manager / Projects Coordinator
Our Mission

The Nova Scotia Association of Health Organizations is a non-profit, non-government, member-driven association of health agencies. We exist to:

- provide and, where appropriate, coordinate services that are beneficial to our members; and
- represent the collective views of our members through collegial and collaborative approaches.

We seek out and develop partnerships with others as we fulfill this mission.

Our Vision

NSAHO is an influential leader and valued resource to the health system of Nova Scotia.

We are known for:

- demonstrating excellence and innovation in program delivery
- promoting and facilitating health system improvements

Our Values

We commit to uphold the following values as we pursue our mission and vision:

RESPECT - We demonstrate fairness, consistency and compassion in our interactions with others.

INTEGRITY - We conduct ourselves at all times in a professional and ethical manner. Honesty, openness and transparency are the hallmarks of the way we conduct our business.

LEADERSHIP - We encourage innovation and promote excellence through continuous learning and increased knowledge and development.

TRUST - We are reliable, dependable and accountable for our actions.