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## BPSAA ATTESTATION

### Attestation Form

### Prepared in accordance with section 15 of the Broader Public Sector Accountability Act, 2010 (BPSAA)

TO: The Ottawa Hospital Board of Governors  
FROM: Dr. Jack Kitts  
President & CEO  
The Ottawa Hospital  
DATE: May 29, 2017  
RE: April 1, 2016 – March 31, 2017

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On behalf of The Ottawa Hospital (the Hospital) I attest to:

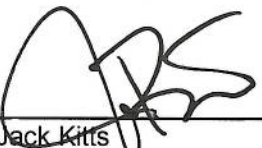
- the completion and accuracy of reports required of the Hospital pursuant to section 6 of the BPSAA on the use of consultants;
- the Hospital's compliance with the prohibition in section 4 of the BPSAA on engaging lobbyist services using public funds;
- the Hospital's compliance with any applicable expense claims directives issued under section 10 of the BPSAA by the Management Board of Cabinet;
- [to be added once ss. 15(1)(c.1) of the Act is proclaimed into force] the Hospital's compliance with any applicable perquisite directives issued under section 11.1 of the BPSAA by the Management Board of Cabinet; and
- the Hospital's compliance with any applicable procurement directives issued under section 12 of the BPSAA by the Management Board of Cabinet,

during the Applicable Period.

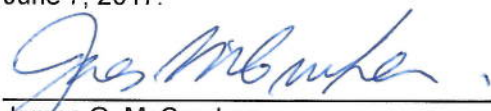
In making this attestation, I have exercised care and diligence that would reasonably be expected of a President & CEO in these circumstances, including making due inquiries of Hospital staff that have knowledge of these matters.

I further certify that any material exceptions to this attestation are documented in the attached **Schedule A**.

Dated at Ottawa, Ontario this May 29, 2017.

  
\_\_\_\_\_  
Dr. Jack Kitts  
President & CEO  
The Ottawa Hospital

I certify that this attestation has been approved by the Board of Governors of The Ottawa Hospital on June 7, 2017.

  
\_\_\_\_\_  
James G. McCracken  
Chair of the Board  
The Ottawa Hospital



### SCHEDULE A to BPSAA Attestation

1. Exceptions to the completion and accuracy of reports required in section 6 of the BPSAA on the use of consultants; **"No known exceptions"**
2. Exceptions to the Hospital's compliance with the prohibition in section 4 of the BPSAA on engaging lobbyist services using public funds; **"No known exceptions"**
3. Exceptions to the Hospital's compliance with the expense claims directive issued under section 10 of the BPSAA by the Management Board of Cabinet; **"No known exceptions"**
4. [to be added once ss. 15(1)(c.1) of the Act is proclaimed into force] Exceptions to the Hospital's compliance with the perquisites directive issued under section 11.1 of the BPSAA by the Management Board of Cabinet; **"No known exceptions"** and
5. Exceptions to the Hospital's compliance with the procurement directive issued under section 12 of the BPSAA by the Management Board of Cabinet;

The Hospital has been guided by the five key principles outlined in the Procurement Directive: delivery of quality patient care and other services, value for money, accountability, transparency and process standardization when making decisions on its operational needs for goods and services. The Hospital has endeavored to comply fully with the requirements of the Procurement Directive and has worked diligently to bring itself into full compliance by enhancing its policies and processes. However, there may be circumstances in which the Hospital has failed to comply with the strict letter of the Procurement Directive and these exceptions are noted below.

As anticipated by BPS Procurement Directive mandatory requirements 7.2.21 (non-competitive procurement) and 7.2.18 (term of agreement modifications), exceptions have occurred in the form of extension of contracts. These exceptions were made as a result of the Hospital's strategic business decisions to align the close of active contracts with that of other related products or services; or for the purposes of entering a group procurement contract in order to achieve optimal value for money.

Exceptions were also made when the time period required to conduct a complex and comprehensive open procurement extended beyond the end of the current contract for an essential product or service due to, for example, the review of alternative solutions, gathering of all necessary clinical input or excessive workload. Given that these services are needed to maintain the effective operations of the Hospital, decisions to extend some contracts were made to ensure continuity of service.

When required, the Hospital single/sole sources to vendors for specific allowable exemptions as described in the Procurement Directive. Some supplier engagements have been strategically single sourced to maintain operational effectiveness, quality of patient care and value for money. It is critical in the healthcare industry that the organization maximizes the value they receive from the use of public funds and that procurement activities result in the delivery of the right product or service at the right time and right place. These non-competitive procurements were supported by senior management and were consistently approved according to the Board approved "approval authority schedule." However, further delineation of the CFO and CEO dollar threshold will be established.

The Hospital and/or our Shared Services Organizations (SSO), HealthPro and Champlain Health Supply Services (CHSS) will continue to execute a sourcing strategy that maximizes available resources to complete procurement requirements in a timely and effective manner. Both our SSO have attested that they are fully compliant with the BPS Procurement Directive for the current fiscal year (See attached documents). The Hospital will also continue to oversee its procurement processes to ensure alignment with Hospital procurement and signing policies as well as the BPS Procurement Directive requirements.