

MINUTES OF THE MEETING OF REGULAR PUBLIC FORUM MEETING OF THE NHS BOARD OF TRUSTEES HELD SEPTEMBER 23RD, 2008 AT 5:30 PM AT THE ONTARIO STREET SITE, 6TH FLOOR BOARDROOM.

DATE OF MEETING	03-09-08	23-09-08																		
ARMITAGE, Jean	X	X																		
BALASIUK, Patricia	X	R																		
BUTZ, Stephen	R	R																		
CAUGHILL, Bruce	R	R																		
DIX, Carman	X	X																		
EGGLETON, Helen (Appt. June 17, 2008)	R	X																		
FRAZER, Doug	X	R																		
HUDSON, Steve	X	R																		
LEON, Paul	X	X																		
MATOVIC, Dragan	R	R																		
McCOLLUM, Joe	R	X																		
PILLAR, Steven	X	X																		
PYLYPUK, Anthony	R	X																		
SAGANSKI, Moira	X	R																		
SEVENPIFER, Debbie	X	X																		
SHERK, Mark	X	X																		
SHRAGGE, Dr. William	X	R																		
SIMPSON, Alan (Appt. June 17, 2008)	X	X																		
SOUTER, Betty Lou	X	X																		
TURNER, Mary	X	R																		
WILLARD, Dr. Peter (appt 11-10-06)	R	X																		

STAFF IN ATTENDANCE: Bala Kathiresan, Chief Operating Officer
 Angela Zangari, Chief Financial Officer
 Christine Clark, Chief Communications Officer
 Bill Hallett, President and CEO, NHS Foundation

BY INVITATION: Anne Atkinson, Vice President, Patient Services
 Pat Morka, Health Program Director, Emergency Services
 Teresa Struk, Director, Finance and Decision Support

CALL TO ORDER AND REMARKS FROM THE CHAIR

Board Chair Betty Lou Souter called the public forum meeting to order at 5:45 pm.

DECLARATION OF CONFLICTS

No conflicts with the public forum agenda were declared.

PRESENTATION – PAY FOR RESULTS, EMERGENCY SERVICES

On behalf of the Board, Mrs. Souter welcomed guests Anne Atkinson, Pat Morka and Teresa Struk. Chair of the St. Catharines Site Implementation Leadership Committee (SILC) and a key partner in developing the initiatives for “pay for results, Dr Paul Faulkner, was unable to attend the meeting.

Mrs. Atkinson explained that the provincial initiative is intended to provide a one-time performance improvement funding incentive for the 2008 - 2009 fiscal year as part of the Wait Time Strategy. The province recognizes there is need to reduce Emergency Department length of wait times, and to improve patient satisfaction. To develop a strategy, NHS has met with the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN), and representatives of Hamilton's St. Joseph's Hospital which will also receive funding to improve performance.

Of the 38 provincial hospitals identified, local funding is targeted to the St. Catharines General Site, based on the provincial determinants and eligibility criteria. Hospitals with 30,000 or more ER visits have been chosen for the funding pilot and to ensure that hospitals with the lowest performance are selected, eligibility within that group is based on three (3) established criteria:

1. Largest number of patients waiting beyond 24 hours.
 - ✓ will address those hospitals with the most extreme waiting times.
2. Highest volume of patients outside of the recommended CTAS (Canadian Triage and Acuity Scale) length of stay targets.
 - ✓ will make the most significant impact province-wide, capturing hospitals on the basis of performance and volume.
3. Highest percentage of patients waiting longer than the recommended CTAS targets.

Ontario hospitals with poor length of stay performance were evaluated against three (3) indicators:

- ✓ Number of patients beyond length of stay benchmarks
- ✓ Percentage of patients beyond length of stay benchmarks
- ✓ Number of patients waiting beyond 24 hours

The St. Catharines General Site was ranked seventh among the 25 poorest performers. The Niagara Falls and Welland sites scored 33rd and 34th respectively; however the funding eligibility was restricted to the top 25 hospitals.

- ✓ Funding is conditional on achieving a hard target for Emergency Department (ED) length of stay that does not exceed 24 hours for more than two percent (2%) of the ED volumes.
- ✓ There must be a five percent (5%) absolute improvement in CTAS (Canadian Triage and Acuity Scale) targets, comparing the same timeframes this year against those of the previous year.
- ✓ Action must be taken to reduce the frequency and duration of ambulance offload delays
- ✓ The Quality Committee must regularly receive reports and monitor progress on ED quality of care
- ✓ If conditions are not met and the Ministry deems that good faith efforts to improve Emergency Department performance, the Ministry will recover the funding
- ✓ There is a short six (6) month timeframe in which to achieve targets
- ✓ If the initial funding initiative is successful, the program could recur next year and potentially expand to the other 38 hospitals identified.

NHS will receive \$1.205 million in funding and Niagara's Community Care Access Centre (CCAC) will receive \$49,864 for enhanced Emergency Department coverage for a total investment of \$1.255 for Niagara.

Health Program Director Pat Morka explained that for the period October 2007 to March 2008, 6% of patients experienced a length of stay in ED longer than 24 hours, which for the comparative period this year must be reduced to 2%.

Patients with the highest acuity should stay less than 8 hours in the Emergency Department. A 5% improvement would see 70% of patients meet that benchmark.

Improvements to CTAS levels 3, 4 and 5 will be continually monitored and reported to the Quality Committee. The Ministry of Health (MoHLTC) will require a clear description of actions to be taken and other required Ministry-established funding outcomes. Regular patient satisfaction surveys will be implemented to measure and report on patient satisfaction with ED experience.

To determine where best use of funds would bring greatest improvement to ED wait times, stakeholder meetings with staff, physicians, community providers, EMS, and CCAC were conducted.

Mrs. Morka highlighted some of the Internal Emergency Department improvements underway. Communication improvements totaling approximately \$125,000 will include a wireless phone system within the ED; modifications to the patient tracker system to provide alerts when patient stays approach benchmark times; and a mandatory education session for ED staff.

To improve process and quality, rapid assessments will be conducted to address lengthy wait times and frustrations for those presenting as CTAS 3, 4 and 5. Response times for staff and physicians will be monitored to ensure process improvement.

Emergency Department staff, physicians and educators have worked together to develop Medical Directives (*delegated acts*), which outline certain steps that can be taken by nursing staff to diagnose and initiate diagnostics which helps to expedite the patient's experience. There have been improvements to shift assignments. Equipment needs, such as a portable ultrasound unit for the Emergency Department, are being discussed with Radiology.

Emergency Department staff members have been holding weekly information sessions to examine patient flow and barriers to ambulance offloads which can reduce throughput and create backlogs. The inclusive experience has resulted in greater willingness to work together to create improvements, and successful initiatives will result in improvements to work flow across NHS emergency units. Portering and housekeeping practices are being reviewed to seek improvements that will impact wait times for patients and reduce transfer delays.

CCAC coverage in the St. Catharines ED will be enhanced to add 4 additional hours of coverage. External partnerships have included staff of Community Mental Health and Addictions. Through a workshop and discussion, a resource book for patient referrals to community provider agencies has been created. Collaboration with EMS will help to develop mutually beneficial strategies to reduce offload delays.

A web-based discussion board has been initiated. With ongoing contributions, problems can be identified and real-time solutions proposed to resolve issues.

In order to increase patient flow, it is recognized that Alternate Level of Care (ALC) issues must be addressed. Mrs. Atkinson explained that lengthy meetings with the HNHB LHIN are being held to ensure that issues beyond the control of the NHS can be evaluated and considered throughout the "pay-for-results" initiative.

Through discussion, it was clarified that CTAS 1 and 2 are those very ill or critically ill patients who may require resuscitation, present with significant chest pain and breathing problems. CTAS 1 and 2 patients go directly to a treatment room on ED arrival. CTAS 3 patients are urgent conditions that could potentially progress to a more serious problem requiring emergency care

such as acute abdominal pain. Level 4 identifies less urgent types of conditions such as sprained ankle or sutures and Level 5 non-urgent conditions like sore throat and those that might be chronic conditions for which treatment can be delayed or sought in a prompt care setting. The NHS Hospital Improvement Plan (HIP) premise is that a high proportion of patients presenting to EDs, particularly at the small sites in Port Colborne and Fort Erie, could be treated outside the hospital setting. The HIP suggests that over \$10 million in savings could be achieved for Emergency Services, with conversion of emergency rooms in Port Colborne and Fort Erie to prompt care centres coupled with expected LHIN investment to enhance walk-in clinics, Family Health Teams and Community Health Centres. Within St. Catharines, ongoing community education and initiatives including radio and television, print media and broad promotion have been conducted to assist the community in understanding conditions that can be addressed through urgent care centres versus emergency departments. Stand-alone walk-in clinics have capability to resuscitate, if required. The perception of quicker ED service in the communities of Port and Fort may be because the sites are not seeing the high acuity of patients presenting at the 3 large Emergency Departments. Data in the HIP assumes that the same practice patterns and choices that people make in seeking emergency treatment will continue, i.e. a high percentage of Welland residents will travel to Port Colborne for the right care. At least 57% of St. Catharines ED visits fall into the CTAS 3, 4 and 5 categories.

Hospitals are often judged in the community based on the length of Emergency Department wait times. Mrs. Morka explained that during their waiting room stay, patients are observed through a camera monitor that allows staff to determine if a patient's condition may be deteriorating. Due to significant staffing pressures, it is not feasible to have a nurse provide regular wait-time updates to patients in the waiting room. Customer service initiatives must be considered to improve patient satisfaction and reduce frustration with their ED experience. Initiatives such as electronic tracking systems for public viewing, use of color coded triage cards, and periodic staff contact with patients during their wait period can improve public perception of ED wait times. Video monitors can be used to provide continuous educational programming and information to patients and visitors during the post-triage wait period.

Quality Committee Chair Paul Leon noted that regularly monthly reporting on the "Pay for Results" Initiative will be received by the Quality Committee. The Quality Committee will then provide a performance monitoring report to the Board of Trustees.

Participants in the MoHTLC initiative share their experiences as an opportunity to improve performance. It is the role of the LHIN to bring forward best practice initiatives to enhance quality care.

With additional CCAC coverage and extra physician coverage, the St. Catharines ED is committed to achieving a high degree of success in terms of patient throughput with the beds available. However, ALC challenges continue and CCAC must maintain their commitment to assist with admission avoidance and strategies to improve community supports.

Improvements to patient satisfaction across Niagara can be realized through LHIN investment in Family Health Teams and Community Health Centres that can create non-acute care settings in conjunction with the acute care provided by Niagara hospitals.

In addition to the portable ultrasound unit for ED, capital items including six stretchers and four recliner chairs have also been requested to enhance care and capacity.

It is recognized that hospitals bear a legal risk in redirecting patients who present to the Emergency Department, to an independent walk-in clinic setting. Rather, through community education around the types of symptoms and situations in which Emergency Department care should be sought, residents would be encouraged to seek the right care, in the right place at the right time.

On behalf of the members, Board Chair Betty Lou Souter recognized the efforts of staff, and extended the Board's continued support.

PUBLIC FORUM REPORTS

The reports of the Chief Financial Officer, Human Resources Report and Report of the Niagara Health System Foundation were received.

CALENDAR OF EVENTS

The calendar of special events for the period October 1st through November 30th 2008 was provided for the information of the Board. Mrs. Souter congratulated staff on the successful community event held September 21st 2008 to mark the 100th anniversary of the Welland Hospital.

ADJOURNMENT

There being no further business, the public forum meeting was adjourned at 6:40 p.m.

Chair, Betty Lou Souter

Recording Secretary, J. Upper