

MINUTES OF THE PUBLIC FORUM MEETING OF THE NHS BOARD OF TRUSTEES HELD ON TUESDAY DECEMBER 16TH AT 5:30 PM AT THE WELLAND SITE, AUDITORIUM.

DATE OF MEETING	03-09-08	23-09-08	21-10-08	10-11-08	18-11-08	16-12-08									
ARMITAGE, Jean	X	X	R	R	R	X									
BALASIUK, Patricia	X	R	X	X	X	X									
BUTZ, Stephen	R	R	X	X	X	X									
CAUGHILL, Bruce	R	R	X	X	X	X									
DIX, Carman	X	X	X	R	R	X									
EGGLETON, Helen (Appt. June 17, 2008)	R	X	X	X	X	X									
FRAZER, Doug	X	R	X	X	X	R									
HUDSON, Steve	X	R	R	X	X	X									
LEON, Paul	X	X	X	X	X	X									
MATOVIC, Dragan	R	R	X	X	X	X									
McCOLLUM, Joe	R	X	X	X	X	X									
PILLAR, Steven	X	X	X	X	R	X									
PYLYPUK, Anthony	R	X	R	X	X	X									
REDDY, Dr. Ken (appt 08-10-08)	--	--	X	X	X	X									
SAGANSKI, Moira	X	R	R	X	X	R									
SEVENPIFER, Debbie	X	X	X	X	X	X									
SHERK, Mark	X	X	X	X	X	X									
SHRAGGE, Dr. William	X	R	X	X	X	X									
SIMPSON, Alan (Appt. June 17, 2008)	X	X	R	X	X	X									
SOUTER, Betty Lou	X	X	X	X	X	X									
TURNER, Mary	X	R	X	X	X	X									
WILLARD, Dr. Peter (appt 11-10-06/resign 16-10-08)	R	X	--	--	--	--									

Staff in attendance:

Bala Kathiresan, Chief Operating Officer
 Angela Zangari, Chief Financial Officer
 Christine Clark, Chief Communications Officer
 Bill Hallett, CEO, NHS Foundation

By invitation:

Frank Demizio, VP Patient Services
 Tracey Davey, Regional Director Quality and Education
 Teresa Struk, Director of Finance and Decision Support
 Dr. Jeff Cranford, Acting Chief of Surgery

CALL TO ORDER

Board Chair Betty Lou Souter called the meeting to order at 5:50 p.m.

DECLARATION OF CONFLICTS OF INTEREST

No conflicts were declared.

HOSPITAL IMPROVEMENT PLAN (HIP)

Board Chair Betty Lou Souter advised the members that at their December 16th 2008 Board meeting, the HNHB LHIN Board has unanimously approved the NHS Hospital Improvement Plan (HIP). The HNHB LHIN also unanimously approved issuing a Direction to Fort Erie pursuant to the *LHSIA (Local Health Systems Integration Act 2006)*. Mrs. Souter complimented CEO Debbie Sevenpifer and

Chief of Staff Dr. Bill Shragge who had responded to questions and requests for clarification from the LHIN Board throughout their meeting.

HNHB LHIN Board Directors had received extensive education on the Improvement Plan and raised meaningful questions during the public meeting. Public reaction from the communities of Port Colborne and Fort Erie is anticipated in light of the LHIN's approval of the HIP. NHS will continue efforts to strengthen partnerships and engage with the communities of Niagara.

Responding to Dr. K. Reddy's request for clarification on LHIN direction to Fort Erie, Mrs. Sevenpifer explained that the Fort Erie changes for Douglas Memorial Site have been ordered, and there is a 30-day period in which the community can petition and provide further community submissions to the HNHB LHIN. At their January 2009 Board meeting, the LHIN will make a final decision in keeping with their integration order requirements. At the present time, the order to Fort Erie was to close the Emergency Department and open as a 24/7 Urgent Care Centre and close all in-patient beds. The balance of the HIP has been approved, and NHS is expected to prepare a proposed Implementation Framework by late January 2009.

PRESENTATION: ACCREDITATION

Vice President Patient Services Frank Demizio and Regional Director Quality and Education Tracey Davey provided an overview of Accreditation Canada's new Qmentum Accreditation process, as well as expectations of Accreditation Canada with respect to governance functioning and the Board of Trustee's involvement in Accreditation. Mr. Demizio is an accredited Surveyor and provided personal insight into process changes for the new Qmentum program.

The Qmentum process was launched in 2008, with 19 pilot sites identified. The process focuses on patient safety and quality, required organization practices and a greater role for the Board of Trustees. Key elements of the process including Continuous Action Plans, on-line Questionnaires, a Quality Performance Roadmap and priority processes will replace the self-assessment binders, rating scales and interview processes.

While Governance Standards used to be combined with the Leadership and Partnership component of Accreditation, there is now a shift in governance practice to emphasize the role and responsibilities of the Board. To assist the organization, eight dimensions of quality adopted by NHS will be utilized for self-assessment, and will also be used to evaluate implementation of the Hospital Improvement Plan (HIP). Tag lines associated with the dimensions of quality have been developed to better describe quality objectives.

Members of the Board of Trustees will be asked to complete two (2) survey instruments. Software will be used to assess survey results to identify priorities and develop a roadmap for improvements. Standards for Sustainable Governance will be utilized to review internal structures and the processes of the governing body itself. The new Standards focus on developing a clear direction, building knowledge through information, being accountable, achieving results, and managing positive relationships with external stakeholders and are built into the on-line Assessment tool. Governance team members will also be interviewed by a member of the CCHSA survey team.

Once Board members have completed the on-line assessment tool, data results will be available to the organization within 72 hours. Teams will review CCHSA-rated "flagged" items, and development of action plans will be required by July 2009 prior to the CCHSA survey. Actions plans for each standard will include key success factors and detailed timelines for completion. The Governance team will implement its action plans and provide evidence to Accreditation Canada prior to the on-site survey. Evidence demonstrated will contribute to calculation of the Accreditation award.

Clinical self-assessment indicators will focus specifically on:

- Data from Medication Reconciliation on Admission

- MRSA or C-Difficile Rates, Surgical Site Infections, Post-op, and Timely Administration of Antibiotics

Governance functioning indicators will assess instruments including the patient safety culture survey and work life pulse survey.

Tracer activities and interviews include front line workers and patients, and a focus group of community partners to assess external partnerships and engagement.

Priority practices will reflect critical areas and systems within the organization that are known to have significant impact on quality and safety of care and services. Indicators are being reviewed by the Quality Committee of the Board. Priority processes are in alignment with *Safer Healthcare Now*. NHS hand hygiene and infection rates are being reported publicly at this time.

Typically a 36-month timeline, the NHS survey process will be undertaken within a compressed timeframe. Surveyors will spend five days with NHS, meeting with teams and conducting informal tours across the organization. To achieve accreditation recognition, NHS must be in compliance with all 32 Required Organizational Practices. Data collected through self-assessment tools will provide the Accreditation report for the on-site tour. A final report will be issued within 6 months of the survey. The goal of the process is to embed quality improvement into everyday life across the NHS.

Mr. Demizio explained that the new survey system allows surveyors to determine whether front-line staff is engaged and aware of quality improvement practices. To date, over 150 organizations of all sizes have already been surveyed under the new system which encourages continuous improvement.

Compared to past experience, there is less work in terms of preparation of narratives and extensive paper documentation for survey. Fees for the voluntary survey process cost the same, however the organization is able complete its pre-survey input on line.

Board members were advised that they would receive an email including instructions for completion of the Governance Self-Assessment Questionnaire by January 12th 2009. The assessment will take approximately 30 minutes to complete, and should be done at one sitting.

It was noted that the outcome of the most recent full survey resulted in multiple recommendations, reports and a focused visit. Mr. Demizio reported that the focused visit surpassed all recommendations, achieving glowing results and award status. The Oncology and Renal Programs received no recommendations from their survey.

It was acknowledged that, as NHS continues to complete its pre-survey accreditation requirements, ongoing stakeholder engagement efforts to create a HIP implementation framework and action plans will move forward. It may be difficult to bridge differences particularly with the community of Fort Erie, as there is likelihood that the Community Standing Committee will seek a judicial review of the HNHB LHIN's directed changes for the NHS Douglas Memorial Site.

On behalf of the Board, Chair Betty Lou Souter extended appreciation and excused Mr. Demizio and Mrs. Davey from the meeting.

Trustees A. Pylypuk and D. Matovic were excused from the meeting due to prior commitments.

RELEASE OF HOSPITAL STANDARDIZED MORTALITY RATES (HSMR) for 2007 - 2008

Director of Finance and Decision Support Teresa Struk explained that HSMR is an indicator developed for Canada and used internationally to track changes in hospital mortality rates over time. HSMR is the ratio between actual and expected deaths in acute care hospitals. Rates are adjusted for (7) factors including age, sex, and diagnosis, length of stay, admission category, co-morbidity and acute care transfers. Results were first published November 2007, with the second public release

by the Canadian Institute of Health Information (CIHI) on December 11th 2008. 2007 results include two HSMR indicators; one for HSMR excluding palliative and one for HSMR all cases. This year, CIHI will only publish HSMR all cases. The definition for palliative has been revised to more accurately capture the patient category, and decrease is a result of the definition change rather than a system improvement to patient care and impacts comparability of results. Charts have been recoded to take into account the definition change. HSMR rates for any region or hospital corporation with 2,500 annual qualifying HSMR cases in the last 4 fiscal years are published as part of the public release. Mrs. Struk noted that last year's NHS rates were affected by the transfer of governance with Hotel Dieu Hospital where there had been specialized palliative oncology and renal units with higher mortality rates. While NHS rates have decreased this year, they are still above the national average. The LHIN has confirmed that NHS rates are impacted by the limited availability of hospice care in the community. The ratio does not calculate limited physician resources, long term care homes, hospice and screening facilities, public health programs and other community resources. Population characteristics including a high prevalence of chronic disease, poor socio-economic factors and end-stage admission of patients for whom there is little opportunity to change outcomes. Two other major multi-site hospitals had rates similar to NHS, and further analysis is being done to determine trending. There are also differences between teaching and community hospitals.

Chart review process is regularly monitored through the Quality Risk Patient Safety Committee (QRPS) Committee. HSMR education is being conducted with the Medical Advisory Committee, Regional Directors and Site Leadership. An HSMR review team has been established to analyze HSMR results and identify quality improvement opportunities. HSMR is not intended to compare hospitals, and is just one indicator of hospital performance. Publication of rates is more around increasing transparency.

A five-step Board approved Patient Safety Plan has been developed, including processes for the reporting of adverse events and an inventory of existing and new patient safety projects. A number of initiatives to increase patient safety and decrease mortality rates are being implemented, including standardized protocols, introduction of the Hospitalist model at the 3 large NHS sites, Intensivist led ICU program and closed ICU at St. Catharines General Site, and protocols for prevention of Ventilator Associated Pneumonia.

Acting Chief of Surgery, Dr. Jeff Cranford explained that there are reservations about HSMR as an indicator of hospital quality, and the data should not be used for comparison of hospitals. The formula does not consider the whole health care system faced by patients, including limitations to community resources, specific community demographics and funding challenges. Dr. Cranford emphasized that NHS does provide safe patient care, and is constantly assessing and analyzing. HSMR is just one element of NHS review. There has been improvement to the NHS HSMR rates over last year. Ongoing review of clinical data and patient experience is important to HSMR. Through careful ongoing review, unexpected deaths and flagged charts are reviewed under the protection of QCIPA Legislation that provides a confidential environment for open dialogue among clinical practitioners. Dr. Cranford noted that while reduction in HSMR is good, it is the continuous process and hard work undertaken to monitor and improve care that is most positive.

Through discussion, it was noted that there are elements of the Hospital Improvement Plan (HIP) that will provide "quick wins" for improved safety and quality of care. When stakeholders are brought together to launch the HIP implementation schedule, the nine (9) domains of quality will be used to identify priorities for implementation. Establishing guiding principles for the implementation schedule will be a first step in stakeholder engagement for HIP. The general public must understand that HSMR is more an indicator of the healthcare system than individual hospitals.

At the conclusion of their presentation, the Board's appreciation was extended and Mrs. Struk and Dr. Cranford were excused.

REPORT OF THE CHIEF FINANCIAL OFFICER (CFO)

Chief Financial Officer Angela Zangari presented the report for the seven months ending October 31st 2008. The Niagara Health System ended the month with a \$12.2 million deficit versus a budgeted deficit of \$11.7 million, resulting in a negative variance of \$576,721. Recovery plan strategies have been identified, and NHS is forecasting ending the year as planned with a deficit of \$17.8 million. \$250,000 in additional funding for wait time strategies was received, along with an additional \$177,000 in funding for the Ontario Buys supply chain initiative. Alternate Level of Care (ALC) rates have increased slightly from an average of 156 for 2007/08 to 159 at year to date in September 2008. Mrs. Zangari reported that the HNHB LHIN has expressed a level of comfort with NHS finances.

HUMAN RESOURCES REPORT

Chief Operating Officer Bala Kathiresan reported that there has been a decrease in the vacancy rate which has seen an improvement of 19% over the same period last year. At October 31st 2008, there were 243 vacancies compared to 301 vacancies for the comparable 2007 period. New graduate guarantees for Registered Nurses and Registered Practical Nurses have contributed to success in filling RN and RPN vacancies. Mr. Kathiresan explained that the HNHB LHIN has received additional information highlighting NHS successes in recruitment, and is supportive of the Hospital Improvement Plan which will help to address anticipated health human resource shortages and recruitment challenges in the future. NHS is below the provincial average for sick time, but overtime is higher as a result of existing vacancies.

REPORT OF THE NHS FOUNDATION

NHS Foundation CEO Bill Hallett reported that, to date, the *It's our time Campaign* has raised \$24.5 million, with an additional \$275,000 in new gifts and additional donations expected before year end. Local media has contributed through significant gifts of free advertising for the campaign, with the first free ad running in early December. A new major gifts team has been recruited and is averaging four proposals a week, with some expected to result in substantial gifts between \$25,000 and \$250,000.

OTHER BUSINESS

Though not within the Board's usual protocol, Chair Souter invited a speaker from the public gallery to the floor who had asked to share comments on NHS attendance at the HNHB LHIN Board of Directors public meeting held earlier in the day. Mr. John Bullivant expressed appreciation to NHS CEO, Chief of Staff and Board Chair who had faced aggressive questioning and provided extensive clarification and education in the public forum. NHS representatives had shared details of historical structural debt inherited at amalgamation, providing LHIN directors with a greater appreciation of resource challenges impacting NHS' ability to achieve a balanced budget.

ADJOURNMENT

There being no further business, the public forum meeting of the NHS Board of Trustees was adjourned at 7:10 p.m.

Chair, Betty Lou Souter

Recording Secretary, J. Upper