

MINUTES OF THE REGULAR PUBLIC FORUM MEETING OF THE NHS BOARD OF TRUSTEES HELD ON TUESDAY DECEMBER 15TH 2009 AT 5:30 PM AT THE WELLAND SITE, AUDITORIUM.

DATE OF MEETING	23-June-09	22-Sept-09	20-Oct-09	15-Dec-09														
ARMITAGE, Jean	X	X	X	X														
ARVINTE, Dr. Andrei (appt. 14-10-09)	--	--	X	R														
BUTZ, Stephen	X	X	R	R														
CAUGHILL, Bruce	X	X	X	X														
COOPER, Trevor	X	X	X	X														
DIX, Carman	X	X	X	X														
EGGLETON, Helen (appt. 17-06-08; 23-06-09)	X	X	X	R														
HENRY, Mike	X	X	X	X														
HOPE, Dr. S. Joanna (appt. 02-03-09 – Interim Chief of Staff)	X	X	R	X														
HUDSON, Steve	X	X	X	X														
MATOVIC, Dragan	R	X	R	R														
McCOLLUM, Joe	X	X	X	X														
PALADINO, Flo	X	X	X	X														
PATRICK, Jennifer	X	X	X	X														
PILLAR, Steven	R	X	X	X														
REDDY, Dr. Ken (appt 08-10-08)	X	X	X	X														
SCHRAM, David	X	X	R	X														
SEVENPIFER, Debbie	X	X	X	X														
SHERK, Mark	X	X	X	X														
SIMPSON, Alan	X	X	R	X														
SOUTER, Betty Lou	X	X	X	X														
TURNER, Mary	R	X	X	R														
VEDOVA, Dr. Joseph (appt 28-01-09) (conclude 14-10-09)	X	R	--	--														

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

PRESENTATION: Winner of the 2009 Holiday Card Contest

On behalf of the Board, Holiday Card Contest winner Viktoria Cubelic was presented with gifts and special recognition for her card design. Viktoria is the daughter of NHS Regional Director Pharmacy Susan Cubelic. The annual contest is open to children of staff, physicians and volunteers of the NHS and the winning entry becomes artwork for the corporation's Holiday card.

REMARKS BY THE CHAIR

Mrs. Souter welcomed Anne Corbett of Borden Ladner and Gervais LLP, in attendance to speak to public forum agenda item 6.2 pertaining to the proposed Medical Staff Bylaw.

On December 3rd, NHS representatives attended The Canadian Council National Awards for Public-Private Partnerships along with representatives from Infrastructure Ontario, and Plenary Health Niagara. The CPP awards were established in 1998 to honour governments and/or public institutions and their private sector partners who have demonstrated excellence and innovation in

the establishment of public-private partnerships. The awards are presented annually to showcase Canadian excellence and innovation in project financing, service delivery, infrastructure investment and/or generation of economic benefit, which result in enhanced quality of public services and facilities. The NHS Project won the Award of Merit in Project Financing, and was the only major Ontario project recognized.

Dr. Ken Reddy, President of the Medical Staff Association, was congratulated on receiving the OMA District 4 Golden Horseshoe Doctor of the Year for outstanding service to the community. The award was presented on November 10th at the OMA District 4 Annual General Meeting.

Appreciation was extended to Trustee Steve Hudson, Vice President Academics for Niagara College and to the College Culinary Centre for hosting the Annual Board Recognition Event held December 7th 2009.

DECLARATION OF CONFLICTS OF INTEREST

No conflicts were declared.

APPROVAL OF THE CONSENT AGENDA

DIX **“THAT, the Consent Agenda for the December 15th 2009 Public Forum**
ARMITAGE **Meeting of the NHS Board of Trustees be approved as presented,**
including:

Minutes - October 20th, 2009 Public Forum Meeting of the Board
Report – NHS Foundation”

CARRIED.

QUALITY COMMITTEE

Committee Chair Mark Sherk advised the Board that a more formal report on HIP Implementation and the conversion of the Port Colborne and Fort Erie Emergency Departments to Urgent Care Centres (UCCs) will be provided in January 2010. Volumes for both sites continue to trend at volumes similar to pre-conversion rates. Building upon the agreement reached with Niagara ambulance services, NHS continues to work with EMS to seek opportunities to transport non-urgent patients to an Urgent Care Centre for treatment.

Synoptic Report

The Quality Committee received the annual Pharmacy Program Report presented by Regional Director of Pharmacy Susan Cubelic. Health Program Director for Emergency Services Pat Morka presented on Emergency Department Pay for Results being implemented at the St. Catharines ED in an effort to increase capacity at the site. The Committee also received detailed information concerning the NHS Emergency Department Process Improvement Plan (EDPIP).

M. Sherk explained that each monthly meeting, the Quality Committee selects one major item for drill down to determine how the system has performed. At the December meeting, the Committee selected H1N1 as the major item for in depth discussion. A copy of the summary report was circulated for the Board's information. Committee members discussed what the organization learned from the H1N1 experience, what was done well, what NHS could do differently in its next experience, and identified lessons to enhance governance in the future.

- Chief Medical Officer of Health Robin Williams has praised the NHS response to H1N1, and community and health system feedback to NHS efforts has been positive. Former Associate Medical Officer of Health Dr. Doug Sider also voiced support for NHS efforts.
- Dr. K. Reddy noted that lessons learned include broadening the involvement of community-based physicians and Family Health Teams in immunization efforts.

- Greater public education is needed to differentiate between the role of Public Health and the hospital system. Overall, the role of NHS was perceived as positive and Flu Assessment Clinics were well-utilized.
- D. Sevenpifer explained that NHS assumed a leadership role with Niagara Public Health, working closely to share data and limit disruption to the healthcare system. Response to H1N1 was considered a priority for NHS. Non-essential services were suspended in keeping with the Pandemic Plan. Surgical cancellations along with cancellation of some clinics including mental health and diabetes provided opportunity to release staff for redeployment where required to meet staffing needs during high volumes of sick calls.
- Costs associated with the H1N1 outbreak and pandemic response will be separated and tracked should additional funding become available to hospitals. Because it did not have available dollars to stockpile supplies, NHS was able to access the MoHLTC stockpiles at no cost to the organization.
- Flu clinics are still being held through Regional Public Health to offer vaccination for Influenza A, B and H1N1. While a further outbreak is not expected, Interim Chief of Staff encouraged immunization.
- Surgeons and physicians impacted by OR closures during the H1N1 pandemic are seeking opportunity to recoup time lost. While it may not be possible to keep OR suites running during the Holiday period, NHS is also cautious about losing wait time strategy funding for priority procedures. D. Sevenpifer will share comments regarding physician concerns over lost OR time with VP Patient Services Anne Atkinson.

On behalf of the Board, Chair Betty Lou Souter extended appreciation to NHS staff and physicians for their efforts during the H1N1 experience.

MEDICAL STAFF BYLAW REVIEW

Interim Chief of Staff Dr. Joanna Hope presented the draft proposed Medical Staff Bylaws, Rules and Regulations, and the Professional Credentialing Application document. A status update and review of changes to the Medical Staff Bylaw was provided for the information of the Board. The Bylaw outlines the contract under which physicians, midwives and extended class registered nurses are credentialed and re-credentialed by the NHS Board of Trustees. Dr. Hope invited Board members to provide their comments for in preparation for the final meeting of the Bylaws Sub-Committee on January 5th 2010. The period for comment by the Medical Staff has been extended by a further 10 days.

Anne Corbett of Borden Ladner Gervais LLP explained the (Medical) Professional Staff Bylaw is not like the Administrative Bylaw which governs Board processes, and much of the content is required by the *Public Hospitals Act (PHA)*. The five main areas of the Professional Staff Bylaw are:

- Appointment and Reappointment;
- Monitoring, including mid-term actions and revocation;
- Categories of Staff;
- Leadership, including job descriptions and specific duties; and
- In keeping with the requirements of the *PHA*, identifies the Medical Staff Association (MSA), its meeting, officer and quorum requirements.

Principles beyond the *Public Hospitals Act* guiding development of the revised Bylaw include best practice as well as outcomes of the recent Dupont – Daniel Inquest concerning patient and staff safety. The Bylaw is balanced to protect physician independence and scope of practice while

providing a rigorous process to ensure qualified professional staff, supervision, and accountability to meet the Board's fiduciary responsibilities for quality of care.

To renew the outdated Bylaw, revisions include the addition of Extended Class Nurses and a single term to describe all Professional Staff credentialed by the Board. All Professional Staff will be credentialed under one form and a single process. There will be no site specific privileging, and the site structure will be replaced by a Department and Division structure.

The process for application includes a detailed application document which can be adapted from time to time to allow flexibility for the document to reflect best practice. The process includes an impact analysis for all new applicants to determine if there is a need for the resource and whether the hospital can accommodate and provide resources to support the practice of the professional staff applicant.

Also incorporated is a process for robust annual review and enhanced review of Professional Staff that can be triggered by specific concerns or incidents. The process provides the ability to immediately react to an urgent situation, and includes provisions for investigation and hearing.

Categories of Staff will now be Active, Associate, Courtesy, Locum Tenens and Honourary. The categories of Courtesy with Specified Privileges and Consulting will be replaced with "Courtesy Staff", providing flexibility to use the category as may be deemed appropriate from time to time. Associate Staff has been extended for up to two years to allow a greater opportunity for review of performance (was previously 18 months), and Associate staff must now be reviewed at six month intervals in keeping with recommendations of the Daniels-Dupont Inquest.

As a condition of applying for privileges, Professional Staff agree to adhere to the Rules and Regulations.

The most significant changes to the Bylaw are reflected in provisions for Medical Leadership. Professional Staff leadership will include positions for:

- Chief of Staff;
- Vice President Medical, a new Administrative position;
- Chiefs of Departments; and
- Options for Deputy Chiefs and Heads of Divisions.

The position for Vice President Medical is an administrative position that works closely with the Chief of Staff but reports to the CEO. Duties of the Heads of Divisions and Chiefs of Departments have been reviewed and updated.

The Medical Advisory Committee (MAC) is required under the *Public Hospitals Act (PHA)*. The Medical Staff Association (MSA) is the vehicle through which meetings of the Professional Staff take place, and the election of the President and Vice President of the Medical Staff occurs.

The deadline for physician input into the Draft Professional Staff Bylaw has been extended to encourage any further feedback important to the approval process. The NHS Board of Trustees will receive the recommendation for approval of the Professional Staff Bylaw, Rules and Regulations at their January 2010 meeting.

In discussion, Dr. Ken Reddy expressed appreciation for the extension to the period for physician input, and brought forward a request to have the Bylaw presented to the Medical Staff Association (MSA) prior to presenting a recommendation for approval to the Board of Trustees.

In considering the request, Board Chair Betty Lou Souter suggested that, rather than delaying the process for approval, a meeting of the MSA with a single agenda item be called in advance of the regularly scheduled January 27th 2010 MSA meeting date and prior to the Board of Trustees'

Meeting in order to meet requirements to re-credential all Professional Staff by March 31st 2010. Mrs. Souter emphasized the importance of re-credentialing all Professional Staff under the new Bylaw as expeditiously as possible. It is important for the Board to receive and consider comments from the Medical Staff, and the Board must be satisfied that there has been sufficient time for the Medical Staff to provide their comments and input for the Board's consideration. It was suggested that the Draft Bylaw be presented to the MSA Executive for their endorsement; however, due process does not require a vote of the MSA prior to Board approval. The matter was referred to the Bylaw Sub-Committee for further consideration, and the Board will be made aware of any major controversial issues pertaining to the Draft Professional Staff Bylaw.

Board members were asked to provide any further comments on the Draft Bylaw to the Chief of Staff's office prior to the January 5th 2010 meeting of the Bylaw Sub-committee.

The recommendations of the Bylaw Sub-committee of the Medical Advisory Committee will be presented to the Board on January 19th 2010.

GOVERNANCE COMMITTEE

Synoptic Report

The Governance Committee met on Wednesday November 25th 2009.

The Committee discussed the Board Workplan and Governance Workplan for 2009 – 2010. Results of the annual Board and Board Member Self-assessment Survey conducted in June of 2009 highlight the importance for the Board to identify the priorities of governors, unique from those of staff. The overall functioning of the Board can be enhanced through changes such as restructuring meetings, revising briefing note to clearly state the Board's role and decision required, engaging more members, and building more learning opportunities into Board discussions. An audit of Board agenda materials may help to determine if the Board is receiving the appropriate information. Opportunities to better organize the schedule and material for meetings of the Board requires further Trustee discussion. The Board must also revisit and validate the NHS Mission, Vision and Values. More generative discussion at meetings will be encouraged, along with continuing education on the role of the Board. To better acquaint Trustees with Niagara Health System sites, meetings of the Board will be rotated across NHS Sites.

Accreditation Canada Survey

The Accreditation Canada Survey has been rescheduled to occur January 31st to February 4th 2010. The Surveyors will meet with the Board of Trustees on Monday February 1st from 8:30 am to 9:45 am. Vice President Patient Care Frank Demizio will develop a question and answer tool to assist the Board to prepare for a mock survey interview at their January 19th 2010 Meeting.

Governance Retreat

Plans for a winter Board Retreat are being developed. Initial February dates may need to be pushed out due to conflicting events. It was suggested that the Retreat focus on governance, including:

- How the Board will function differently;
- How the Niagara Health System will rebuild Trust and improve relationships with individuals and communities within Niagara;
- Build on the current work of the Communications and Relationships Committee of the Board to provide a baseline to gauge the trust levels of key community leaders in the NHS;
- How the organization wants to brand itself; and
- Problem-solving through use of a health-related Case Study.

RESOURCES AND AUDIT COMMITTEE

Capital Purchases Policy Revisions

SIMPSON **“THAT, on the recommendation of the Resources and Audit
PILLAR** **Committee, the NHS Board of Trustees approves the revisions to
Policy 09-010-002, Capital Purchases, as presented.”**

CARRIED.

Management Planning and Risk Report (MPRR) for 2010/2011

Chief Financial Officer Angela Zangari explained that Ontario hospitals have been asked by their LHINs to identify the impact of base funding increases of 0%, 1% and 2%. Every 1% decrease in funding represents an additional funding shortfall of \$3 million for the Niagara Health System. Final planning targets are not anticipated until spring 2010. The NHS will need to determine which funding scenario to proceed with in order to prepare its 2010/11 budget. Other hospitals in the HNHB LHIN are planning for a 2% increase.

The HIP assumed a 3% annual base funding increase for 2010 to 2013. The impact to the NHS of a 1% change in funding is equal to \$3 million annually. Based on a 2% increase in base funding, \$3 million in additional savings are required.

The HIP forecast also assumed \$4 million in funding for two significant expense items for:

- Annual interest carrying costs on short term debt of \$2.0 million and;
- One-time restructuring costs to implement the HIP which are estimated to be \$2.0 million in 2010/11 and 2011/12 and \$1 million in 2012/13.

The LHIN has indicated that funding for one-time and interest carrying costs will not be forthcoming. Based on the adjustments identified, a total of \$7 million in additional annual savings needs to be identified to maintain the financial plan contained in the HIP. NHS has identified savings of \$5 million beyond those previously in the HIP however those savings would not be achievable until 2012 or 2013. Further savings would require additional cuts to service.

In the absence of a confirmed final planning target for 2010-11, the Board was asked to consider whether it is comfortable with proceeding with a 2% funding assumption and the necessary cost reduction strategies to support that assumption.

Resource and Audit Committee Chair Steve Hudson explained that without further significant changes to the Hospital Improvement Plan (HIP), NHS would have difficulty getting back to a \$3.5 million shortfall by 2012/13 as identified in the HIP. Though a 2% annual funding increase would be at the high end of the range the Ministry is asking hospitals to look at, it is relatively conservative from a service delivery perspective. Collective agreement settlements also have significant impact on NHS' financial position.

Discussions with the Ministry of Health and Long Term Care concerning the NHS vulnerable financial position are continuing.

SIMPSON **“THAT, the NHS Board of Trustees supports proceeding with a 2% funding
PATRICK** **assumption and the necessary cost reduction strategies to support that
planning assumption.”**

CARRIED.

Human Resources Report

Chief Operating Officer Bala Kathiresan reported that for the 2009 calendar year, there has been an increase in number and frequency of lost time injuries for the period January to July 2009. Further information will be received in the coming months.

Vacancy rates and grievances rates are tracking positively. The Report is being revised to better reflect aging of grievance rates along with those resolved. The efforts of Vice President Human Resources Terry McMahon and Human Resources staff have been recognized by the LHIN and were commended by the Board.

HNHB LHIN Clinical Services Plan

At their November 24th 2009 meeting, the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) approved the Clinical Services Plan. The Plan is posted to LHIN website and Trustees were encouraged to review its content. The Clinical Services Plan provides a long-range overview of what the LHIN health system will look like to meet the current and future needs of residents, and will help to identify where health care dollars will be spent within the LHIN to ensure a sustainable health care system. Chair Juanita Gledhill and CEO Pat Mandy will attend a meeting of the Board to present the Clinical Services Plan in either January or February 2010.

CAPITAL REVITALIZATION COMMITTEE

Committee Chair Steven Pillar presented the Synoptic Report for the Capital Revitalization Meeting held December 8th 2009.

Master Plan and Master Program for Greater Niagara General Site

A high level overview of the Master Plan and Master Program for the Greater Niagara General Site was presented, along with a summary overview of all NHS capital projects, including those recently completed, in progress, those for which project submissions have been made to the MoHLTC, and submissions being developed with respect to Hospital Improvement Plan projects.

St. Catharines Healthcare Complex

- The Committee received the Executive Summary Report of the Joint Building Committee (JBC). All indicators are tracking “green”, with the exception of the schedule milestone indicator for the 100% Design Submission and no concerns with progress were noted.
- A significant milestone event occurred November 30th with the cement pour of the suspended slab for the Walker Family Cancer Center (WFCC).
- Through the coordinated efforts of Cancer Care Ontario (CCO), PCL and Plenary Health Niagara, the licence to move forward with construction of the radiation bunkers has been awarded.
- Capital Revitalization Committee Meetings will be regularly scheduled at the PCL Site offices at First Street to allow for regular progress updates and site tours. Invitation will also be extended to offer Board Trustees the opportunity to regularly tour the construction site.
- A time-elapsd image slideshow was presented to demonstrate for the Board of Trustees the dramatic progression at the construction site to date. Webcams installed at the project site are providing still images, and Plenary is working to continuously improve refresh times for images.

ADJOURNMENT

There being no further business, the Public Forum Meeting of the NHS Board of Trustees was adjourned at 7:30 p.m.

Chair, Betty Lou Souter

Recording Secretary, J. Upper