

MINUTES OF THE PUBLIC FORUM MEETING OF THE NHS BOARD OF TRUSTEES HELD TUESDAY
FEBRUARY 16TH, 2010 AT 5:30 PM THE WELLAND SITE, AUDITORIUM.

DATE OF MEETING	23-June-09	22-Sept-09	20-Oct-09	15-Dec-09	19-Jan-2010	16-Feb-2010											
ARMITAGE, Jean	X	X	X	X	X	X											
ARVINTE, Dr. Andrei (appt. 14-10-09)	--	-	X	R	X	R											
BUTZ, Stephen	X	X	R	R	X	R											
CAUGHILL, Bruce	X	X	X	X	X	X											
COOPER, Trevor	X	X	X	X	R	X											
DIX, Carman	X	X	X	X	X	X											
EGGLETON, Helen (appt. 17-06-08; 23-06-09)	X	X	X	R	X	X											
HENRY, Mike	X	X	X	X	X	R											
HOPE, Dr. S. Joanna (appt. 02-03-09 – Interim Chief of Staff)	X	X	R	X	X	X											
HUDSON, Steve	X	X	X	X	X	X											
MATOVIC, Dragan	R	X	R	R	X	R											
McCOLLUM, Joe	X	X	X	X	X	X											
PALADINO, Flo	X	X	X	X	X	X											
PATRICK, Jennifer	X	X	X	X	X	X											
PILLAR, Steven	R	X	X	X	X	X											
REDDY, Dr. Ken (appt 08-10-08)	X	X	X	X	X	X											
SCHRAM, David	X	X	R	X	X	X											
SEVENPIFIER, Debbie	X	X	X	X	X	X											
SHERK, Mark	X	X	X	X	X	X											
SIMPSON, Alan	X	X	R	X	X	X											
SOUTER, Betty Lou	X	X	X	X	X	R											
TURNER, Mary	R	X	X	R	R	R											
VEDOVA, Dr. Joseph (appt 28-01-09) (conclude 14- 10-09)	X	R	--	--	--	--											

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, Vice President Patient Services
Peter Osgood, Project Coordinator Capital Planning and Development
Chuck Wertheimer, Planner with Integrated Resource Planning (IRP)

CALL TO ORDER

In the absence of Board Chair Betty Lou Souter, Acting Chair Steven Pillar called the meeting to order at 5:45 p.m.

APPROVAL OF THE CONSENT AGENDA

DIX **“THAT, the NHS Board of Trustees approves the Consent Agenda for the**
MCCOLLUM **Public Forum Meeting of Tuesday February 16, 2010 as presented, including**

- **Minutes of the Public Forum Meeting of January 19, 2010**
- **Report of the NHS Foundation**

CARRIED.

CAPITAL

Capital Revitalization Committee Chair Steven Pillar noted that the Committee’s Synoptic Report for the February 9th 2010 meeting was included in the Board’s agenda package. The next Capital meeting will be held at Port Colborne Site on March 9th. An invitation was extended to members of the Board to join the Committee in a tour of the facility prior to the business portion of the meeting.

Presentation: Greater Niagara General Master Plan

Vice President Frank Demizio provided an overview of the Greater Niagara General Site Master Program and Master Plan which will guide the organization over the next 10 – 15 years. The Master Plan incorporates the Hospital Improvement Plan (HIP) service delivery model as well as the MoHTLC requirement for 15 dialysis stations. The Master Program and Master Plan creates an inventory of programs, services, resources and challenges with respect to quality, accessibility and capacity describes the health facility’s present and future role within the community; and identifies infrastructure needs.

The Master Plan translates the master program into a physical plan, analysing site use options for alternate development, and programs that might need to be sited differently, renovated or totally redeveloped. Greater Niagara General site is 52 years old and has many deficiencies. There are undersized operating rooms, in-patient rooms that lack sinks in the washrooms, and lack of proper ventilation in both clinical and non-clinical areas.

The previous master plan was completed in 2002. Seventy-five (75%) percent of the recommendations, including redevelopment of the Emergency Department and development of the Ambulatory Care Centre are complete. To support the changes required to implement the Hospital Improvement Plan (HIP), operating room facilities must be updated to accommodate the transfer of orthopaedics and the development of a Centre of Excellence for Orthopaedics and Plastic Surgery at the site.

Planner Chuck Wertheimer explained that there are a number of drivers for development of the master program and plan:

- The Dialysis strategy calls for an 18 station satellite unit at the GNG site which can’t be accommodated within the current infrastructure. In the longer term, capacity for up to 21 stations may be required. The LHIN has requested a study of how the Dialysis unit will be incorporated into the GNG future site plans and this can only be accomplished by completing the Master Plan.
- Infection prevention and control challenges, due particularly to the size of patient rooms and lack of appropriately sized washrooms and available sinks
- Current best practice is to have approximately 80% private patient rooms and the site is below the 25th percentile
- The aging population requires barrier free access to clinical areas
- The quality of facility finishes and lighting to promote the delivery of quality care
- Though the referral population is not expected to grow significantly over the next 5 to 10 years, the high rate of aging of the population is a factor for consideration
- There will be key shifts in bed numbers as Maternal Child and Mental Health services are relocated to the St. Catharines Hospital in 2012/13.
- A ten (10) bed stroke unit will be added at the Greater Niagara Site as a component of the HIP
- The Geriatric Assessment Program could potentially be grown, depending on how services are organized regionally.

- The HIP looked at population health needs out to 2012/13, and the Master Program is reflective of the HIP.

The period of construction at the Greater Niagara Site will be determined by how quickly the different phases of approval with the Ministry of Health can be completed.

Four main characteristics of functionality were considered in identifying the need for redevelopment:

1. Layout
2. Quantity
3. Location
4. Quality

Through functional evaluation, eight (8) components were assessed as Priority 1, needing to be addressed immediately or in the short term:

- Complex Continuing Care Unit/Trillium
- Central Services (CSR)
- Endoscopy Suite
- Geriatric Assessment Program
- Inpatient Medical Units
- Materials Management
- Pharmacy
- Surgical Suite

Eight (8) further components were assessed as Priority 2.

Key issues were identified through the functional evaluation. If building changes are implemented, infection control issues would be alleviated. Surgical suites are of concern because the flow of clean and soiled supplies could cross, were it not for the diligent efforts of staff. The operating rooms would need to be renovated regardless of the Hospital Improvement Plan. Of note, during the February survey Accreditation Canada praised staff efforts for maintaining the separation between clean and dirty areas, despite infrastructure challenges.

While the Master Plan is still being finalized, focus has been on the Master Plan to ensure the plan will:

- Contribute to operational efficiencies and effectiveness
- Optimize opportunities to improve physical environments for staff and patients
- Standardize to best practices
- Address protocols for managing patients with infectious diseases

Master Plan priorities are consistent with Provincial/LHIN directions, will continue to meet the needs of community clients, accommodate future growth and new technologies and will enable the facility to operate while “under construction”.

NHS continues to work with the LHIN to identify options for placement of dialysis stations in the Niagara Falls community. The stations must be available prior to the completion of the new hospital as the number of stations will be reduced to 30 from the 48 currently available at the Ontario Street Site. There is risk to raising local share for dialysis in the Niagara Falls area. On any one day, there are as many as 15 – 18 clients driving to St. Catharines for dialysis services. The goal of the 5-year dialysis plan is to create a community satellite to repatriate those residents back to Niagara Falls.

Next Steps:

1. Secure NHS Board approval for Master Program for submission to MOHLTC and HNHB LHIN;

2. Prepare Submission for Master Program to MOHLTC and HNHB LHIN;
3. Finalize the Master Plan and secure Board approval for submission to MOHLTC and HNHB LHIN;
4. Prepare Business Case Report for Dialysis Program;
5. Secure NHS Board approval for Business Case for Dialysis for submission to MOHLTC and HNHB LHIN; and
6. Prepare the Functional Program for Dialysis Program.

ARMITAGE HUDSON **“THAT, on the recommendation of the Capital Revitalization Committee, and based on the Greater Niagara General Site Master Program and Master Plan 2009 report prepared by Stantec Architecture Ltd. and Integrated Resources Planning, the NHS Board of Trustees approves submitting the Greater Niagara Site (GNG) Master Program to the MoHLTC and the HNHB LHIN.”**

In discussion to the motion, the Board was advised that it is essential to have Ministry of Health approval at each step in the process to ensure funding for the overall capital project.

In completing its due diligence, the Capital Revitalization Committee did a high level comparison of the cost per square foot for redevelopment versus building new.

MOTION CARRIED.

St. Catharines Healthcare Complex

Trustee J. McCollum advised that there were no significant issues or areas of concern reported to the February 9th meeting of the Joint Building Committee. Thanks to the efforts of the Project Team, the Project continues to be on time, on budget and within scope.

QUALITY

Synoptic Report

The Medicine Program presented their Annual Quality Report. The Committee requested that trending be incorporated into future quality reports.

Three slides from the Emergency Department (ED) Pay for Performance presentation were provided to the Board to demonstrate that overall, NHS rates are slightly lower than last year with the exception of St. Catharines General and Welland. Emergency Departments are challenged by patients with higher acuity, negatively impacting ED wait times. Senior Management is currently focusing on the development of an overall scorecard for Emergency Services. This report will be brought forward to the Board in April as part of the Corporate Goals and Objectives, and will be included on monthly meeting agendas for the Quality Committee.

A copy of the Whole System Measures report was pre-circulated for the information of the Board.

In reference to the wait times for hips/knees, NHS results are significantly higher than the provincial average and the LHIN average. There are various factors that could contribute to longer wait times and further investigation and action is required. The Quality Committee agreed that these long wait times not only impact patient care quality and safety, but also place NHS wait list funding at risk.

DIX PALADINO **THAT, on the recommendation of the Quality Committee, the NHS Board of Trustees requests that the Surgical Program bring forward an action plan to address the current wait times for hips/knees.**

In discussion to the recommendation, it was agreed that the request to the Surgical Program for an action plan also include **Cancer Surgery wait times.**

Director of Finance and Decision Support Teresa Struk will pull data on Cancer Surgery wait times for the information of the Quality Committee. NHS performance on surgical cancer cases is close to or better than the provincial average, while waits for hip and knee surgery are higher than LHIN rates. Priority dollars allocated to LHIN for hips and knees are put at risk by NHS performance.

MOTION CARRIED, AS AMENDED.

Accreditation Survey Outcome

On behalf of Board Chair Betty Lou Souter, congratulations were extended to Trustees, staff and physicians who attended the Accreditation Survey Interview and were instrumental in the success achieved. Qmentum is a new process in which the Surveyors spend more time with staff and physicians. NHS was compliant on over 95% of the survey criteria. A detailed report will be released in the next few months. Opportunities for improvement will be shared with the Quality Committee and through the Board of Trustees for monitoring and implementation.

Results of the survey have been shared broadly through a CEO Communiqué, and the survey outcome will be featured in the next edition of “*Niagara Health Now*”.

Hospital Improvement Plan – Implementation Update

Minutes of the HIP Implementation Steering Committee Meeting of February 3rd 2010 were circulated to the Board for information. The Hospital Improvement Plan (HIP) Steering Committee deals with recommendations received through the organization as the HIP is implemented. A number of early opportunities for implementation were identified, one of which was the potential early consolidation of the Maternal/Child Program. Following the completion of a feasibility study and after extensive discussion with physicians and staff, and the Program is in agreement that barring unforeseen circumstances, the current three-site model continues to be maintained until the St. Catharines Healthcare Complex is completed. The unanimous recommendation of the HIP Implementation Steering Committee reflects their flexibility to analyze needs and make adjustments to HIP implementation as necessary.

**PATRICK
SHERK**

“THAT, on the recommendation of the Hospital Improvement Plan (HIP) Implementation Steering Committee, barring any unforeseen circumstances, the status quo, understood to be three (3) active units providing obstetrical, gynecologic and paediatric services, will continue to operate and that all efforts will continue to be focused on addressing the challenges identified during previous processes and this current initiative, in reaching the ultimate goal of a single Women’s and Children’s Centre of Excellence to be sited at the new St. Catharines Healthcare Centre.

Furthermore, it was very clear during this current process that ALL members (Obstetricians, family physicians, pediatricians, anesthesia, midwives and nurses) repeatedly voiced their support for the single site unit and felt that it needed to be the goal to work towards.

All possible efforts will continue to ensure the maintenance and improvement of the quality of service provided in the current sites.”

MOTION CARRIED, UNANIMOUS

RESOURCES AND AUDIT

The focus of the February 9th 2010 meeting was on Human Resources. The Report of the Vice President Human Resources will come forward to the Board on a quarterly basis. NHS vacancy rates show a continuing trend to decrease. In keeping with the NHS Corporate Priorities for 2009/10, implementation of a Performance Development process for all staff has achieved a compliance rate of 66%. The goal was to complete 50% of all staff performance evaluations by Accreditation.

The Committee discussed the re-tendering for benefit plans undertaken as part of a provincial (OHA) consortium, which has resulted in a reduction in premiums for Long Term Disability (LTD), Group Life and Accidental Disability and Dismemberment (A.D.&D.) of \$500,000 annually effective February 1st 2010.

The Occupational Health and Safety Report 2009 identified that pilot projects with the Ontario Nurses Association (ONA) are underway to improve Workers Safety Insurance Board (WSIB) reporting and occupational health and safety. The Resources and Audit Committee was advised that Human Resource is developing a program to revisit health and safety issues, and has requested additional metrics to monitor and remain current. Future goals include a multi-year Occupational Health and Safety Plan, improving the NHS safety culture and development of a safety scorecard.

A Human Resources Strategic Plan will be available for April 2010.

The NHS has been addressing compliance with the Accessibility for Ontarians with Disabilities Act (AODA) since its initial implementation in 2001. The amended legislation (2005) requires compliance according to new standards and was developed to contain more detail regarding expectations. Customer Service Standard (Regulation 429/07) - This is the first standard to become effective January 1, 2010. A compliance report is required for submission to the Ministry of Community and Social Services by March 31, 2010 that will include NHS activities and processes that are in compliance as well as our plans for future initiatives. A compliance report will be submitted for the Resources and Audit meeting scheduled for March 2010.

Report of the Chief Financial Officer (CFO)

Chief Financial Officer Angela Zangari reported that NHS is still awaiting response from the HNH B LHIN on financial resourcing to ensure effective implementation of the HIP and enable NHS to address longstanding financial issues existing since amalgamation.

Mrs. Zangari clarified that the increase in sick time is mainly due to the influenza outbreak. Overtime hours were below budget at December 31st, 2009.

In the January 25th address to the Provincial Standing Committee on Finance during their pre-budget consultation, Mrs. Zangari stressed the efficiency of NHS as a hospital system, and focused on the need to know the funding assumption in order to move forward with 2010 planning. A 2% increase in hospital operating funding in 2010-11 is felt to be reasonable, and will help to minimize negative impact on patient services.

A copy of the presentation remarks will be included as reading and reference for the Board in their March 2010 Agenda package.

GOVERNANCE

Committee Chair Flo Paladino reported that a draft workplan for implementation of the Professional Staff Bylaws was presented for discussion at the Committee's February 10th, 2010 meeting.

The Committee deferred discussion concerning the draft Whistleblower Policy and ongoing recruitment for Board member vacancies to the March meeting.

Discussion focused on recruitment for the permanent Chief of Staff and Vice President Medical, and composition of the proposed Selection Committees. The relevant Bylaw references and recommended composition of the Medical Leadership Selection Committees was pre-circulated with the Board's agenda material. The composition of each of the Selection Committees was reviewed and endorsed by the Governance Committee, and is in keeping with the Professional Staff Bylaw No.2.

MCCOLLUM HUDSON **“THAT, the NHS Board of Trustees approves the Medical Leadership Selection Committees for Chief of Staff and Vice President Medical, as presented.”**

Consideration may be given to using an external search firm for recruitment of the Permanent Chief of Staff and possibly an internal search for the Vice President Medical. Costing for both searches will be requested before any decision is reached.

MOTION CARRIED.

Interim Chief of Staff Dr. Joanna Hope explained that draft Professional Staff application package is for the 2009/10 year. The HNHB LHIN Chiefs met on February 13th and a further iteration of the package will be used for 2010/11. Dr. Reddy asked that the amount of detailed information requested in the application package be reviewed.

The package represents the standard application and credentialing document required for every LHIN hospital. Recognizing that this is not the final version, the Credentials Committee of the NHS MAC has been using the application package and recommends its approval to the Board. The next iteration which has been collaboratively developed by LHIN 4 medical chiefs will be presented to the Credentials Committee and the MAC. The comprehensive document provides due diligence and safety for health professionals credentials by the Board. NHS Counsel Anne Corbett has indicated that the credentialing document is a balance between the rights of the Professional Staff and risk to the hospital.

MCCOLLUM **THAT, on the recommendation of the Credentials Committee and the**
ARMITAGE **Medical Advisory Committee, the NHS Board of Trustees approves the**
 Credentialing Document as presented, to be used for the 2009/2010
 credentialing year.

MOTION CARRIED.

The Medical Staff Workplan was approved by the Medical Advisory Committee at their February 11th 2010 meeting, and was circulated to the table for the information of the Board.

COMMUNICATION AND RELATIONSHIPS

There was no report from the Committee.

NEXT MEETING

The next meeting of the NHS Board of Trustees will take place on Tuesday March 23rd 2010, location to be confirmed.

ADJOURNMENT

There being no further business, the Public Forum Meeting of the NHS Board of Trustees was concluded at 7:15 p.m.

Chair, Steven Pillar

Recording Secretary, J. Upper