

MINUTES OF THE REGULAR PUBLIC FORUM MEETING OF THE NHS BOARD OF TRUSTEES HELD TUESDAY MARCH 23<sup>RD</sup> 2010 AT 5:30 PM AT 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	23-Mar-2010								
ARMITAGE, Jean	X	X	X	X	X	X	X								
ARVINTE, Dr. Andrei (appt. 14-10-09)	--	--	X	R	X	R	R								
BUTZ, Stephen	X	X	R	R	X	R	X								
CAUGHILL, Bruce	X	X	X	X	X	X	R								
COOPER, Trevor	X	X	X	X	R	X	X								
DIX, Carman	X	X	X	X	X	X	X								
EGGLETON, Helen (appt. 17-06-08; 23-06-09)	X	X	X	R	X	X	X								
HENRY, Mike	X	X	X	X	X	R	X								
HOPE, Dr. S. Joanna (appt. 02-03-09 – Interim Chief of Staff)	X	X	R	X	X	X	X								
HUDSON, Steve	X	X	X	X	X	X	X								
MATOVIC, Dragan	R	X	R	R	X	R	R								
McCOLLUM, Joe	X	X	X	X	X	X	R								
PALADINO, Flo	X	X	X	X	X	X	X								
PATRICK, Jennifer	X	X	X	X	X	X	R								
PILLAR, Steven	R	X	X	X	X	X	X								
REDDY, Dr. Ken (appt 08-10-08)	X	X	X	X	X	X	X								
SCHRAM, David	X	X	R	X	X	X	X								
SEVENPIFER, Debbie	X	X	X	X	X	X	X								
SHERK, Mark	X	X	X	X	X	X	X								
SIMPSON, Alan	X	X	R	X	X	X	X								
SOUTER, Betty Lou	X	X	X	X	X	R	X								
TURNER, Mary	R	X	X	R	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

BY INVITATION: Terry McMahon, NHS Vice President Human Resources  
Rita Strickland, NHS Manager Employee Health and Abilities

**CALL TO ORDER**

With quorum achieved, Board Chair Betty Lou Souter called the meeting to order at 5:45 p.m.

**DECLARATION OF CONFLICTS OF INTEREST**

There were no conflicts declared.

### **APPROVAL OF THE CONSENT AGENDA**

**DIX**                    **“THAT, the Consent Agenda for the Public Forum Meeting of the NHS**  
**ARMITAGE**       **Board of Trustees be approved as presented, including the Minutes of the**  
                          **February 16<sup>th</sup> 2010 Public Forum Meeting.”**

**CARRIED.**

### **QUALITY**

#### **Synoptic Report of the Quality Committee**

The Synoptic Report was pre-circulated to the Board with their agenda package. Committee Chair Mark Sherk provided brief highlights of the March 8<sup>th</sup> 2010 meeting.

The Committee received program quality reports from the Laboratory Medicine Program, the Diagnostic Imaging Department. Committee discussion focused on program successes and challenges. Common to both programs is the increase in volumes being experienced, and the budgetary pressures that result. For the Diagnostic Imaging Department, the organization’s inability to replace aging equipment at all sites to maintain the same standard of care remains an ongoing issue being addressed by the Resource and Audit Committee.

Health Program Director Su Bolibruck and Manager Cathy Lanteigne presented to the Committee on the Diabetes Education Centre, and its new “hub” location at the Welland site. The relocation is one component of the HIP to establish a centre of excellence for diabetes care and education. Quality indicators are being regularly monitored, and future planning for the centre continues.

The Committee reviewed and discussed draft utilization reports for the 3 large sites as well as an overall draft NHS monthly scorecard highlighting Emergency Department (ED) performance improvement indicators. The Committee recommended that, due to the extent of information and detail outlined in the reports, only the NHS corporate utilization report would be required for the Board’s review. It was also suggested that the report include recommendations to summarize the data in each of the indicators and address questions for the Board to consider; such as:

- *Is it possible to achieve the level of performance that is being requested by the MOHLTC/LHIN?*
- *If the level of performance being requested is achievable, how does the organization get there, and what investment is required?*
- *If the organization cannot achieve expected performance, what are the risks to the organization?*

The Quality Committee’s role with respect to reviewing matters pertaining to ED performance will be further discussed with Management.

The Committee received an update to the action plan developed to address recommendations arising through a review and audit by the Public Health Agency Infection Control Resource Team in 2009. Excellent progress with respect to the actions identified has been achieved, with all either being completed or on-going and therefore in progress. At their request, the report will be submitted to the Ontario Agency of Public Health Promotion and Protection.

Board Chair Betty Lou Souter attends meetings of the Quality Committee, and noted the commendable work being done, supported by strong and fulsome program reports to continuously monitor quality of care. Quality remains a primary NHS objective. On behalf of the Board, Mrs. Souter asked that Chief Operating Officer Bala Kathiresan express appreciation to staff that support the work of the Committee, ensuring that the Board has the information required for decision-making.

### **RESOURCES AND AUDIT**

The Synoptic Report of the March 2<sup>nd</sup> 2010 meeting was pre-circulated for the information of the Board.

### **2010/2011 HSSA Agreement**

The Hospital Service Accountability Agreement (H-SAA) for 2010/11 will be an amending agreement to the 2008/10 H-SAA. This one year extension will be based on revenue and volumes for 2009/10 including the recent \$14 million base funding adjustment. The \$14 million in base funding is not a net new impact to the bottom line. NHS awaits further provincial budget details.

Committee Chair Steve Hudson explained that the Committee's direction to staff was to develop a Financial Forecast that will meet four specified criteria:

- Balance by 2012/13 with a diminishing annual operating deficit of less than 1% until that time
- Incorporate an annual contingency amount for bed pressures and other unanticipated expenses
- Execute a gradual reduction in cash advances after eliminating the operating line first
- Identify the impact on H-SSA Indicators if the NHS delays the bed closures and identify what the NHS will not be able to fund if the NHS does not delay the bed closures

The plan will allow for some flexibility for NHS to improve its financial resources year over year if performance achieved is better than plan. The plan presented for the Board's consideration includes the indicators the LHIN has identified, measurable metrics, and brings NHS to 1% of a balanced budget by 2012/13 as required under the Hospital Improvement Plan (HIP) and the H-SAA. Performance indicators established will also be monitored by the Quality Committee and other areas. Committee members participated in a teleconference on March 22<sup>nd</sup> at which time the plan was reviewed and supported. Discussion regarding future potential impacts of the plan and any HIP implementation changes will need to be brought forward for Board deliberation at a future date. Implementation of the financial plan will be aggressively managed.

Through discussion, it was noted that any surplus achieved will be directed to debt repayment in 2013. NHS must also continue to fund equipment renewal.

Board members expressed appreciation for the diligent efforts of the HNHB LHIN Board and Staff and NHS Board Chair and Senior Staff that resulted in the \$14 million base funding adjustment for 2009/10.

In response to a question regarding reduction of wait times for joint surgeries, Mrs. Sevenpifer explained that detailed report cards on performance against wait time strategy targets are regularly discussed by the Quality Committee. At their February meeting, the Committee asked that the Surgery Program bring forward an Action Plan to reduce wait times for hips, knees and cancer surgeries to LHIN and provincial rates. A report on specific actions to be undertaken to deal with Orthopaedic wait times will be presented to the Quality Committee. Mrs. Sevenpifer emphasized the importance of physician support in achieving wait list targets. A number of factors including how wait times are recorded and differences in physician practice may account for current wait times for hips and knees.

### **Report of the Chief Financial Officer (CFO)**

Chief Financial Officer Angela Zangari presented the report for the month ending January 2010. The forecast was revised to include the \$14 million base funding adjustment for 2009/2010 bringing the deficit to \$3.3 million at the close of the fiscal year. It was noted that the NHS Audited Financial Statements are posted to the external website, along with the Board's public forum agendas and meeting Minutes.

### **Accessibility for Ontarians with Disabilities Act (AODA) Compliance**

The Accessibility for Ontarians with Disabilities Act (AODA) was initially implemented in 2001 and requires submission of annual plans to identify, remove and prevent accessibility barriers. The Legislation was further amended in 2005 to include compliance with five specific standards - customer service; transportation; information and communications; built environment; and employment. The Customer Service Standard is the first standard to come into effect on January 1, 2010. A compliance report is required for submission to the Ministry of Community and Social Services by March 31, 2010.

The NHS 2009/10 NHS Annual Accessibility Plan was presented for the Board's consideration and approval. The Plan summarizes the requirements of the legislation (consisting of five standards) and

NHS activities toward improving accessibility in the organization. Once approved by the Board, the Plan will be posted on the NHS website for public access.

**HUDSON PILLAR**      **“THAT, on the recommendation of the Resources and Audit Committee, the NHS Board of Trustees approves the 2009/2010 Annual Accessibility Plan for the Niagara Health System.”**

In discussion to the motion, Mrs. Sevenpifer confirmed that NHS will minimize structural changes at the St. Catharines sites while still complying with the legislation. With the new St. Catharines hospital to be completed by 2013, NHS will focus any major structural changes at its permanent sites.

**CARRIED.**

The Compliance Report for the Customer Service Standard lists the specific standards, activities completed and in compliance; and gaps identified with target dates for completion. An updated progress report with detailed budget requirements to support compliance will be presented to Resource and Audit Committee in June, and for approval at the Board's June 2010 meeting.

The Board received the information and education brochure (“Customer Service Standard – Removing Barriers Together”) which provides an overview of the Customer Service Standard as well as an overview of the key training components to be delivered to affected NHS staff. The brochure will be made available to all staff, physicians, volunteers and anyone providing customer service on behalf of NHS.

Vice President Human Resources Terry McMahon explained that the new legislation is more training and service focused.

NHS Manager of Employee Health and Abilities Rita Strickland explained that under the new *Ontarians with Disabilities Act*, the report on the first standard concerning service training is due March 31<sup>st</sup>, 2010. NHS must ensure it is aligned with the legislative requirements. The customer service brochure provides an overview of the *AODA* legislation; identifies policies, procedures, training and feedback processes; outlines activities underway to meet legislated guidelines; and, provide additional resources.

Costs to implement changes will depend on target audiences and communication plans. Further details will be presented to the Resources and Audit Committee at the end of May. The private sector must comply with *AODA* legislation by 2011. With the first of five standards in place, the balance of initiatives to ensure compliance will roll out over the coming months.

Mr. McMahon noted that the Ontario Hospital Association (OHA) has been active in developing guidelines and providing assistance to hospitals. There is an online training module for staff available at no cost. NHS will make use of all available resources in order to maintain costs.

**HUDSON BUTZ**      **“THAT, the NHS Board of Trustees acknowledges receipt of the Annual *Ontarians with Disabilities Act (AODA)* Compliance Report.”**

**CARRIED.**

### **Broader Public Sector Supply Chain - Code of Ethics**

In March 2008, Ontario's Treasury Board of Cabinet directed that a Supply Chain Guideline be prepared and, as of April 1, 2009, be incorporated into the funding agreements of all Broader Public Sector (BPS) organizations receiving more than \$10 million per fiscal year from the Ministries of Health and Long-Term Care, Education and Training, Colleges and Universities.

The first stage of the Supply Chain Guideline includes two essential principles:

- A Code of Ethics sets out basic principles of conduct for BPS organizations, their suppliers, advisors and other stakeholders. The purpose of the Supply Chain Code of Ethics is to define acceptable behaviors and standards that should be common for everyone involved.
- A Procurement Policies and Procedures (PPP) standard including 25 mandatory elements, sets out standardized rules for competitive procurement and contracting.

The mandatory requirements of the Supply Chain Guidelines will become part of the Hospital Service Accountability Agreement (H-SAA) framework.

A draft Code of Ethics was received and discussed at the March Resources and Audit Committee Meeting. The organization must know that the Policy related to the Code of Ethics is of significant interest to the Board both from a cost and ethical perspective.

The following suggestions were raised through discussion:

- In terms of reporting infractions, the policy statement should include reference to who should be contacted should a breach of policy occur.
- The policy statement must be clear for those physicians who routinely accept speaking engagements for such events as Continuing Medical Education (CME). It may be necessary for physicians to refrain from accepting speaking engagements involving a company bidding for NHS business until the procurement process has concluded. The process would also require that the physician formally declares a conflict of interest. Under Section 4.0 - "Related Documents", the policy does require that all participants sign off on conflict of interest and declare any prior associations.
- **Item d)** be revised to include "**with vendors or potential vendors that may create the appearance of conflict**" after the statement "*avoid soliciting or accepting payment for services such as speaking engagements or site visits*"

**HUDSON  
SIMPSON**

**"THAT, on the recommendation of the Resources and Audit Committee, the NHS Board of Trustees approves the Policy for "Code of Ethics – Supply Chain", with the modifications identified."**

**CARRIED.**

### **Public Sector Salary Disclosure (PSSD) – "Sunshine Legislation"**

Mrs. Zangari reported that all materials required to meet the March 31<sup>st</sup> compliance deadline for Salary Disclosure legislation had been submitted to the Ministry of Finance. A briefing note was pre-circulated for the information of the Board.

### **GOVERNANCE**

Committee Chair Flo Paladino advised that at the February meeting, the Board held preliminary in camera discussions related to the size of the Board. Taking into consideration feedback received at that time, Mrs. Paladino recommended that further debate be deferred in order that the matter can be more thoroughly discussed at the next Governance Committee meeting scheduled for April 14<sup>th</sup>.

Skills based recruitment of new trustees will be focused on skills in the area of Finance, Clinical Quality, Major Construction, Legal, Governance and Communication to match the strategic priorities of the NHS in the coming years. Advertisements have been created to reflect the focus for recruitment. The deadline for application to both the Board and the Community Standing Committees is April 9<sup>th</sup>, 2010.

### **CAPITAL**

The Capital Revitalization Committee of the Board did not meet in March 2010. Mrs. Sevenpifer brought forward the Executive Summary of the Project Monthly Status Report which is regularly presented to the Joint Building Committee. The St. Catharines Healthcare Complex project continues to track on budget,

on time and on scope with all indicators “green”. The May meeting of the NHS Board of Trustees will be held at the PCL offices at the new St. Catharines hospital site, and further details will be forthcoming.

**OTHER BUSINESS**

Members of the Board were encouraged to attend the Open House to recognize 25 years of Cancer Care in Niagara to be held April 19<sup>th</sup> from 2 to 4 pm at St. Catharines General Site, Oncology Unit.

Mrs. Souter attended the Annual Awards of Excellence event for NHS Staff held March 9<sup>th</sup>, 2010. Donna Rothwell, Chief Professional Practice Officer and Health Program Director for Welland Site, was the recipient of this year’s President’s award.

**NEXT MEETING**

The next meeting of the NHS Board of Trustees will be held Tuesday April 20<sup>th</sup>, 2010 at the St. Catharines General Hospital Site Boardroom at 5:30 pm.

**ADJOURNMENT**

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

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Chair, Betty Lou Souter

*Recording Secretary, J. Upper*