

MINUTES OF THE REGULAR PUBLIC FORUM MEETING OF THE NHS BOARD OF TRUSTEES HELD TUESDAY APRIL 20TH, 2010 AT 5:30 PM AT THE ST. CATHARINES GENERAL SITE, MOORE 1 BOARDROOM.

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

CALL TO ORDER

Board Chair Betty Lou Souter called the In Camera meeting to order at 5:40 p.m.

REMARKS FROM THE CHAIR

Mrs. Souter advised that she and Chief Operating Officer Bala Kathiresan participate on the Region's Transportation Improvement Plan Committee. The Regional Inter-municipal Transportation Proposal is posted on the Region's website at <http://www.regional.niagara.on.ca/>. Trustees and staff are encouraged to review the material posted and to provide feedback. The proposal was developed in consultation with a number of stakeholders including Niagara Health System.

Correspondence was received from the HNH B LHIN CEO Pat Mandy expressing appreciation for NHS' contributions to improved ALC performance within the LHIN. Mrs. Mandy noted the cooperation and collaboration of NHS staff. Improvements to reduced wait times in ED as well as patient flow were also cited.

On behalf of the Board, Mrs. Souter expressed sincere appreciation to NHS who had worked hard to achieve improvements and success.

The Acute Stroke Unit (ASU) at Greater Niagara Site will officially open on May 3rd, 2010 at 10 am. Trustees were asked to RSVP by April 30th if they wish to attend the event.

NHS Foundation CEO Bill Hallett reported that a \$1 million gift had been secured in the past week, and the Campaign total is now close to \$30 million.

APPROVAL OF THE CONSENT AGENDA

DIX SIMPSON “**THAT, the Consent Agenda for the April 20th, 2010 Public Forum Meeting of the the NHS Board of Trustees be approved as presented, including:**

- **Minutes of the March 23rd, 2010 Public Forum Meeting**
- **Report of the NHS Foundation”**

CARRIED.

ACUTE STROKE UNIT – Greater Niagara Site

Health Program Director Su Bolibruck and Coordinator of Stroke Care Leanne Hammond provided an overview of the new 10-bed Acute Stroke Unit at the Greater Niagara Site. The Unit will be officially opened May 3rd, 2010 at 10 am. A special event including Unit tours is planned for the afternoon to mark the occasion.

L. Hammond explained that stroke is a significant case mix group (CMG) for the Niagara Health System.

In 2002, the Niagara Stroke Prevention Clinic was opened under the medical direction of Dr. Donald Chew. In 2003, Greater Niagara Site was designated as one of the Provincial District Stroke Centres, and received Provincial Funding for Stroke Prevention. In 2005 Greater Niagara General Site became the Thrombolysis Centre for Stroke in Niagara.

The Acute Stroke Unit (ASU) is a specialized, geographically-located hospital unit with a dedicated stroke team and stroke resources (e.g. care pathway, educational materials, monitored beds) in keeping with the guidelines of the Registry of the Canadian Stroke Network.

The Thrombolysis Program at the Niagara District Stroke Centre has been supported by cross-continuum collaboration and is a Provincial leader in service provision:

- Niagara EMS is a key partner
- Paramedics complete the Paramedic Prompt Card for Stroke and bypass patients who meet the criteria to the nearest Thrombolysis Centre
- Once at GNG, the Stroke Team evaluate the patient via CT scan and Neurological examination
- If the patient meets the criteria, tPA is administered as quickly as possible “Time is Brain”
 - ECASS III trial indicates that tPA can now be given up to 4.5 hours from symptom onset
- The GNG “door to needle time” has decreased from 72 minutes in 2006/2007, to 54 minutes in 2009/2010 (Provincial Benchmark - 60 min)

Niagara Health System (NHS) data shows that for 2008/2009, there were more than 750 strokes and transient ischemic attacks treated, accounting for more than 4,000 alternate level of care (ALC), with an

average acute length of stay at 12.9 days. On any given day, there are 8 – 10 beds across the NHS occupied by stroke patients who are appropriate for the Acute Stroke Unit.

A Regional Acute Stroke Unit (ASU) at the GNG Site of the NHS was identified as one of the quick wins in the Hospital Improvement Plan (HIP) 2009. Expected length of stay for the ASU is 8 days. As the unit moves forward, admission criteria may be revised. Access to ASU beds is available to NHS care partners, and an algorithm is used to determine the most appropriate patients to be admitted to the unit where specially trained nurses and a multidisciplinary care team provide specialized stroke care.

Length of stay for ASU patients is a two-week maximum, ideally 7-8 days with expedited transfer to Hotel Dieu Shaver for Rehabilitation or discharge home with support services as required. Specialized care is also expected to result in fewer readmissions.

To evaluate the success of the ASU, regular review will include:

- LOS
- Morbidity and Mortality
- Readmission rates
- ASU occupancy rate
- Number of stroke patients unable to access the service
- Number of ALC days
- Client and family Satisfaction
- Discharge disposition

Board members were encouraged to promote Greater Niagara Site's Stroke Unit and Stroke Prevention Clinic as a "Centre of Excellence", and to attend the Unit opening. Most importantly, Trustees were encouraged to know the signs and symptoms of stroke.

Su Bolibruck explained that improved patient outcomes are expected through use of specially trained staff and physicians, and cohorting patients. The Unit is not comprised of new beds, but rather had been identified through reallocation of Unit D at Greater Niagara Site. The overall number of beds remains the same.

In the coming months, educational online programs will be offered for Unit D staff and for staff at the Hotel Dieu Shaver Rehabilitation Centre. The 8-module certificate course will be accessible both within NHS and from home for participants. All ASU nurses will be Canadian neurological skills certified.

The Stroke Prevention Clinic team works with the community to increase awareness of stroke. The treatment window to minimize risk through use of Thrombolysis was 3 hours; however the new window is 4-1/2 hours. Paramedics are equipped with assessment prompt cards to determine which patients should be transported directly to the Greater Niagara site where clot-busting drugs can be administered. For patients presenting at other NHS sites, processes are in place and triage nurses follow protocols to call through to the Greater Niagara Emergency Department, ensuring that patients can be thrombolized within recommended timeframes.

While the stroke program had existed for some time, the dedicated Stroke Prevention Clinic and Acute Stroke Unit are an example of the Hospital Improvement Plan (HIP) goal to ensure that patients receive the most appropriate care and treatment at the centre of excellence, bypassing other NHS sites. The Cardiac Catheterization Lab will offer specialized care in the same way the GNG designated stroke centre does.

On behalf of the Board, Mrs. Souter recognized the expertise and commitment of Leanne Hammond and Su Bolibruck, and the dedicated team of professionals who have successfully brought together the Acute Stroke Unit (ASU) through use of available resources.

QUALITY

Hips and Knees Wait Times

As a result of concerns raised by the Board and the Quality Committee in relation to surgical wait times particularly with respect to Hips and Knees, an Independent Orthopaedic Review was launched through engagement of Dr. Chris Carruthers. A copy of Orthopaedic Review report and Action Plan was pre-circulated to the Board with their agenda package. Following the review, an Action Plan to address the surgical wait times was presented to the Quality Committee for review and discussion, including actions taken to date and a further action plan identified for 2010/11. The Action Plan received the support of the Quality Committee. At the Committee's recommendation, the Board of Trustees was asked to consider the Action Plan and recommend its submission to the HNHB LHIN.

Data review to determine accuracy and further analysis last month demonstrates that wait times are overstated, and that the correct data may not be being entered into the system. Corrections have resulted in lower rates; however the wait times remain above provincial targets. Prolonged wait times are a risk to NHS and without significant improvements, existing and future wait time strategy funding is at risk. Use of a standardized wait time definition will help to ensure that physicians and surgeons are using consistent procedures.

The Board received a recommendation from the Quality Committee,

THAT, the Quality Committee accepts the Orthopaedic Action Plan as presented, and recommends to the Board that management proceed to submit to the LHIN by April 14th, 2010 deadline, the results of the orthopaedic review undertaken by Dr. Chris Carruthers on March 8 – 10, 2001, along with the Orthopaedic Action Plan for 2010/11.

THAT, management forward a letter to the HNHB LHIN to advise of the Board's commitment to ensuring that the NHS surgical wait times continue to remain a priority, and that the Action Plan for 2010/11 will be monitored closely to ensure that opportunities are being achieved.

AND THAT, a letter be sent on behalf of the Quality Committee to the surgical/periop program to commend them on their efforts regarding the orthopaedic review and the development of the action plan.

PATRICK ARMITAGE **“THAT, the NHS Board of Trustees endorses the recommendations of the Quality Committee.”**

CARRIED.

Mrs. Sevenpifer advised the Board that the information noted will be submitted to the LHIN to demonstrate progress achieved to date.

Mrs. Souter asked that a letter be sent to congratulate the staff and physicians on their efforts to date, and reinforcing the importance of achieving wait time targets.

The Quality Committee will receive a follow-up report on progress achieved against the Action Plan, and will monitor achievements on a quarterly basis.

Cancer Surgery Wait Times

A report on Cancer Surgery Wait Times was provided at the request of the Quality Committee, and pre-circulated for the Board's information. NHS is achieving wait times in the 90th percentile, better than provincial targets. One exception is noted for gastrointestinal surgery which is above the LHIN and provincial rate. Prostate cancer surgery wait times have improved significantly in last reporting period, and are now within target range. Cancer Care Ontario (CCO) recently raised the standard for the percentage of cancer patients who are treated within the priority target to 80%. Ongoing internal review of quality and integrity of wait time data will continue. There must be assurance that data is correct

because wait times are so specifically defined. An additional General Surgeon in Welland is expected to support improved performance. Mrs. Sevenpifer noted that it is important for NHS to know the criteria for the definition to ensure that wait time requirements are met, and that funding is available for patient care.

Responding to a concern expressed by Dr. K. Reddy, Mrs. Sevenpifer explained that a review of patient charts does not demonstrate that surgeries are being cancelled and rescheduled due to bed pressures impacting cancer patients. Analysis of all surgical cancellations by reason note that only a very small percentage are due to bed pressures or H1N1 impact, and most are due to patient preference. Director of Finance and Decision Support Teresa Struk has followed with Dr. Reddy to provide reassurance and more detailed information in this regard.

On April 19th, NHS recognized the 25th Anniversary of Cancer Care in Niagara. The efforts of Dr. Brian Findlay, CCO, clinical staff and care partners were recognized.

M. Henry noted that the Quality Committee also reviewed indicators for transitional care and rehabilitation. Of note, patient satisfaction for complex continuing care and overall quality of care and services was high, at a score of 86.5%, and above the provincial average.

RESOURCES AND AUDIT

The Resources and Audit Committee met April 6th, 2010 and received a report on the Human Resources Strategic Plan. Vice President Human Resources Terry McMahon presented an overview of the Plan and objectives for the Board's information.

Context for the Strategic Plan is built upon current practices and activities in the healthcare sector in general, how those factors impact the NHS, creating themes that will guide Human Resources activities over the next four (4) years.

Seven (7) key goals have been identified to guide our human resource strategies and activities over the next 4 years, many of which have emerged through the Pulse Survey, staff surveys and consultation with stakeholders including unions and frontline staff. There is strong consensus that improving relationships is an important focus, and that how NHS staff, physicians and volunteers treat each other has impact on patient care.

Seven (7) key goals have been identified to guide our human resource strategies and activities over the next 4 years.

- Goal #1: Review the meaning and impact of the NHS core values of Compassion, Professionalism, Respect (CPR) with the goal of improving our relationships with each other - how we relate to, support, communicate and care for each other - how to make respect and decency very real in our everyday dealings.
- Goal # 2: Implement a multi-year recruitment planning process that includes specific recruitment strategies to ensure the right mix and number of staff, physicians and volunteers.
- Goal # 3: Identify and support the timely and targeted competency development of all staff, including mechanisms to share and transfer knowledge.
- Goal # 4: Build our capacity to nurture and support the development of leadership skills and capabilities throughout the organization.
- Goal # 5: Reconnect with and engage our staff and physicians to improve the quality of working life and resulting retention where staff and physicians are motivated to stay at NHS; and others seek to become part of the NHS.
- Goal # 6: To further develop a culture of organizational and employee safety and wellness that directly contributes to and supports safe and effective patient care.
- Goal # 7: To improve HR effectiveness in supporting the organization to maximize the efficiency and effectiveness of our staffing and resources

T. McMahon explained that each of the 7 goals is broken down into key objectives for reporting to the Board. There are 21 objectives in total and while the plan is aggressive, it is achievable. Monitoring measures to ensure that goals are achieved have been identified. While regular reports will be presented

to the Strategic Executive Committee, on a twice a year basis, a review will be presented to the Resources and Audit Committee, and a report to the Board to review performance measures will be presented on an annual basis.

Performance benchmarks and other measures for success will help to evaluate progress achieved over the four year Plan. The Ontario Hospital Association (OHA) provides extensive support in the area of health human resources.

There are resource implications for implementation of the strategic plan, and will be brought forward separately for approval to the Resource and Audit Committee. A corporate policy for training and development is needed to ensure best use of resources. To focus more on occupational health and safety, application will be made for available funding.

Through discussion, the importance of organizational alignment was highlighted. Mrs. Sevenpifer advised that a senior team retreat will be held April 24th to explore opportunities to enhance organizational alignment. The Mission, Vision and Values of the organization will also be revisited in the Fall.

With respect to the ONA Censure, positive working relationships between NHS and the bargaining unit have been established.

To avoid overwhelming the Board with numerous indicators to monitor, T. McMahon will provide regular reports through the CEO on progress and deliverables. The Board will receive updates to ensure that progress to achieve the 7 established goals continues. Rather than reporting metrics and data, critical outcomes will be presented for the information of the Board.

**HUDSON “THAT, the NHS Board of Trustees approves the HR Strategic Plan for
SIMPSON 2010 – 2014, and the Human Resources Goals and Objectives for 2010-2011.”**

CARRIED.

Capital Plan 2010/11

S. Hudson reported that programs and sites have submitted their prioritized capital equipment requests for 2010/11 totaling \$21.9 million. On an annual basis, NHS receives approximately \$5 million in donations from site foundations and auxiliaries towards capital equipment purchases. The budget currently includes a contingency for capital equipment purchases of \$3 million from operations, leaving a shortfall of \$13.9 million yet to be covered. Resources and Audit Committee will receive and consider the ICT Strategic Plan and impact of the 7-year strategy at their June meeting which has not been included in the 2010/11 capital plan at this time.

Signing Policies

In discussion to the motion it was clarified that most of the changes are needed to reflect actual changes in titles of senior corporate offices as a result of changes in the organizational structure.

**HUDSON “THAT, on the recommendation of the Resources and Audit Committee, the NHS
SIMPSON Board of Trustees approves the revisions to Signing Authorities Policy (090-010-
005) including Appendix A (090-010-005A), as presented.”**

CARRIED.

The policies and procedures of the Board were reviewed by Deloitte during their special engagement audit. Revisions to the Signing Policy are intended to add clarity. The Board of Trustees approves the contract for the External Auditor and, once approved, the audit is signed by the Chief Executive Officer (CEO) and the Chief Financial Officer (CFO).

REPORT OF THE CHIEF FINANCIAL OFFICER (CFO)

CFO Angela Zangari reported that there has been no significant change in NHS financial position from the previous month. NHS is on target to achieving a deficit forecast of \$3.4 million for the end of March

2010. The Audited Financial Statements are being prepared for review, and will be presented to the May 11th meeting of the Resources and Audit Committee. The Statements will come before the Board on May 18th, 2010 for consideration and approval.

Mrs. Zangari noted that highlights from the Provincial budget indicate that hospitals can expect 1.5% increase for 2010/11. That across the board percentage does not necessarily mean that individual hospitals will receive 1.5%. The budget had assumed a 2% increase for this year. Few details are available at this time, and further information will be provided to the Board as it is available.

GOVERNANCE

Recruitment

Governance Committee Chair Flo Paladino reported that the Committee has been receiving and reviewing applicants to the Board. More than 34 applications were received, and the list has been narrowed to 6 candidates being considered for interview. The Committee will meet again May 12th to further review the potential candidates and will recommend 2 applicants for interview.

Retreat

Planning for the Board Retreat is ongoing, the date for which has not yet been confirmed.

Board Size

At March 2010 Board meeting, consideration was given to reducing the size of the Board from seventeen (17) elected trustees to twelve (12). Further discussion was deferred. At their April meeting, the Governance Committee considered feedback received from the Board.

It is proposed that the number of elected trustees be reduced, with an assessment at the conclusion of the 2010/11 governance year to determine if the size of the Board meets the needs of the Corporation.

PALADINO PATRICK **“THAT, on the recommendation of the Governance Committee, the NHS Board of Trustees approves reducing the size of the Board to fourteen (14) elected members, with a review next year to determine if the size of the Board meets the needs of the Corporation.”**

In discussion to the motion, it was noted that each year the Board reviews trustee skills and experience against the Board's objectives to identify where gaps may exist. Recruitment efforts are then focused in those areas, through advertisements in local newspapers, and the NHS external website. All applicants are rated by the Governance Committee against established criteria, interviews are conducted and recommendations are brought before the Board for consideration. The OHA prototype bylaw which is based on best practice in governance recommends the optimal Board size in a hospital setting as 12 elected members, plus ex-officios.

CARRIED.

CAPITAL

Capital Revitalization Committee Chair Steven Pillar reported that the Committee held their April 13th 2010 meeting at the Port Colborne Site. An excellent facility tour was provided, offering the Committee an opportunity to see first hand the areas for renovation proposed for the site. The Committee also received an update on the new St. Catharines health complex. The Committee's May meeting will be held at the First Street construction site of the new complex. The May 18th meeting of the Board of Trustees will also be scheduled at the St. Catharines health complex construction site in the PCL Meeting Rooms, and a Board tour will be conducted prior to the meeting.

The project remains on time, on scope and on budget. Trustee Joe McCollum, a member of the Joint Building Committee (JBC), presented an Executive Summary of the Project Status Report to the Committee noting that from Commercial Close to 50% and 100% Design Completion, there has been an overall scope increase of only 0.2%. Site webcams are in operation and can be viewed through the NHS website. Due to the complexity and magnitude of the work required, planning has already commenced on

