

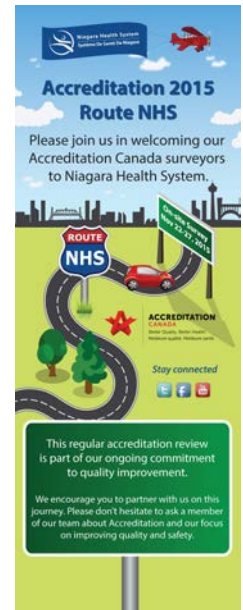


Strategic Initiatives

Discussion with the LHIN and MOH/LTC continue regarding the development for the south site and the subsequent planning for services and care in the community areas in Fort Erie, Welland and Port Colborne.

Discussions with Auxiliaries, Regional and Municipal Leaders, Service Clubs and Interest Groups continue into December. Conversations remain constructive and feedback for improvement offered. Along with members of the team I continue to connect with people across Niagara in multiple venues with a view to engaging support for NHS thereby demonstrating our commitment to listening and taking action.

We are looking forward to welcoming our Surveyors as we participate in the Accreditation Survey beginning November 23rd!



Innovation at NHS

This past week NHS hosted an inaugural Executive Roundtable to highlight innovations that enhance service delivery and partnerships. Featuring NHS Innovations such as our deployment of the Connexall solution to address some aspects of work flow challenges as well as the development of an application that places our policy and procedures for Biomedical Engineering on hand held mobile devices, allowed us to demonstrate important links between innovation and improved safety and quality. Among the guests were William Charnetski, Chief Health Innovation Strategist for Ontario, Dr. Madeline Law of Brock (I-EQUIP), a number of Vice Presidents, Chief Financial Officers and Information Officers from across the province. Our own team provided insights and I want to particularly acknowledge Angela Zangari for the leadership to make this happen and our IT team led by Jocelyn Kohlmaier.

A Focus on our People and our Future People

Two Loyalty Recognition celebrations have taken place honoring 650 NHS staff and 476 physicians who have a remarkable 12,970 years of combined service. One hundred and ten retirees were celebrated. I also had the privilege of giving the address to the graduates at Niagara College at the fall Convocation. Many of the graduates are potential employees so it was a great introduction.



Once again this year NHS attended Remembrance Day celebrations and placed a wreath.



Engaging patients, families about safety

Communication ROP: Client and Family Role in Safety

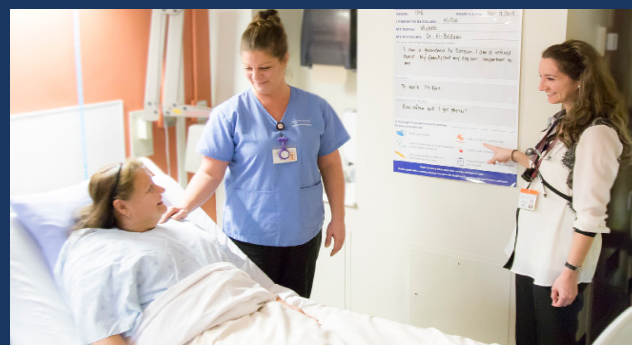
Patients and their families play an important role in patient safety and Client and Family Role in Safety is a Required Organizational Practice (ROP) for Accreditation. Their questions and comments are often a good source of information about potential risks, errors, or safety issues. Patients and families are able to fulfill this role when they are included and actively involved in the process of care.

Whiteboards facilitate this discussion and provide a standardized approach to daily patient communication across all inpatient areas at the Niagara Health System. Patients and families can provide personalized data on the whiteboards that will identify what is important to them and their goals for care. Whiteboards identify who is involved in a patient's care and they describe important actions that healthcare providers take to keep our patients and families safe. These actions help to guide conversations and remind patients and families about key safety factors.

Every conversation with patients/families must begin with:

For your safety, we:

- Wash our hands;
- Share information with all members of the healthcare team;
- We Check ID. Every Patient. Two times. Every time;
- Take action to prevent falls;
- Follow safe medication practices;
- Have education materials available on request.



Registered Nurse Michele Maiden, centre, and Dr. Danya Al-Baldawi, right, use a whiteboard in a patient room at the Greater Niagara General Site to share key safety information.



Quality & Safety

Target: Enhance our ongoing quality and safety focus by successfully achieving full Accreditation status; Achieve exemplary status in 2 areas or more by November 2015.

Accreditation will take place from November 22-27, 2015. You should be fully prepared for Accreditation by reviewing all Required Organizational Practices (ROPs) and familiarizing yourself with the initiatives below:

We Check ID: Every Patient. Two Times. Every Time.

Checking patient ID is critical for a safe care environment; we must comply with this requirement 100% of the time.

Think Ethics: Ethical situations can occur at any time in healthcare. NHS has a comprehensive set of tools and resources available to assist us in working through ethical challenges which are accessible on SourceNet.

Engaging patients, families in safety: We must ensure that every conversation with patients and their families begins with a discussion around the steps that we take to promote patient safety. The new whiteboards and safety posters will help support these discussions.

Client and family role in safety is a Required Organizational Practice (ROP) for Accreditation. The Accreditation surveyors will speak to patients directly and ask what staff do to promote patient safety. Be sure you are familiar with the Patient Safety Plan, in addition to our ROPs, that outlines how we promote patient safety and reduce risk. There will be some helpful reminders coming out soon to assist with your final preparation.

A message to our patients and families

To keep you safe, we:

- Wash our hands
- Share information with all members of the healthcare team
- We Check ID. Every Patient. Two times. Every time.
- Take action to prevent falls
- Follow safe medication practices
- Have education materials available on request

There are many other steps that we take to keep you safe. Please speak with a member of your care team for details or if you have any questions or concerns.



What you need to do:

- 1) Review the Patient Safety Plan, Patient Safety Culture Survey results & action plan on [SourceNet](#)
- 2) Become familiar with the [new whiteboards](#)
- 3) Read the [ROP Handbook on SourceNet](#)
- 4) Remember **We Check ID. Every Patient. Two Times. Every time.**
- 5) Use the [Think Ethics](#) materials available to you



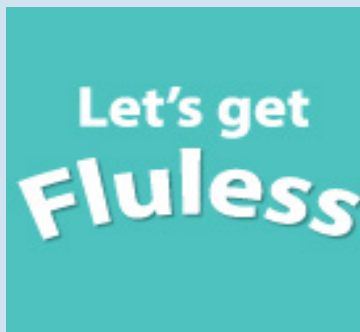
Access & Flow

Target: Improve access and flow for our most vulnerable patients by reducing the 90th percentile of ED length of stay for admitted patients to less than 28 hours by September 2015.

As we approach the winter months, our patients will be more susceptible to illness and injury. We need to ensure that we are able to care for our patients as effectively and efficiently as possible by working together and by protecting ourselves from the flu.

A lot of work has been done over the past year to enhance our planning for long weekends and holidays and ensuring the appropriate processes and resources are in place. This planning has demonstrated success and therefore a similar process will apply to winter planning across the organization. We are working with partners in the community and across the Local Health Integration Network (LHIN) to ensure we can best meet the needs of our patients and support each other.

Protect yourself, your family and your patients by getting the flu shot. At NHS, we are committed to helping you stay healthy and well all season long. Please visit SourceNet for a list of available dates, times and locations of clinics we are running in November.



What you need to do:

- 1) Protect yourself, your family, and your patients by getting the [flu shot](#)
- 2) Discuss ideas about how your unit or department can best prepare for the winter season



Vision & Engagement

Target: Engage our people in developing a plan for the NHS's future, including submission of a capital plan to the Ministry by October 2015.

We are pleased to share with you a Vision Days Progress Report which provides the details on our first round of community engagement and how feedback we received is being used. Many staff, physicians and volunteers have been involved in the Vision Days process which is looking at what we should be doing over the next 10 years to better healthcare delivery across the region.

The progress report presents our findings from the Vision Days engagement sessions that took place in September and October. So far, we have collected information from across all of our sites through 29 Vision Day sessions, online engagement surveys and postcards.

More than 400 recommendations were grouped into main themes. These themes include what people want to see reflected in our vision (aspirations), key considerations to help shape our vision for the future, and the measures of success for achieving our vision. These themes are high level but they capture personal stories and recommendations that will help our Board of Directors to work through the next stage of our Strategic Plan.

How staff, volunteer and community input is guiding our Vision Days process



How to get involved:

- 1) Review the [Vision Days Progress Report](#) posted on the Vision Days section of our website and on SourceNet



**NIAGARA HEALTH SYSTEM
Board of Directors Meeting (Open Session)**

MINUTES OF MEETING

November 24, 2015; 4:00 p.m.
Welland Hospital – Auditorium

	Sept 22	Oct 27	Nov 24						
Barry Wright, Chair	✓	✓	✓						
Bunny Alexander	✓	✓	✓						
Larry Boggio	✓	✓	✓						
John Bragagnolo	✓	✓	✓						
Satish Chawla (ex-officio)	✓	✓	R						
Suzanne Johnston (ex-officio)	✓	✓	✓						
Marti Jurmain	✓	✓	✓						
Ken Kawall	✓	✓*	✓						
John MacDonald	✓	✓	✓						
Derek McNally (ex-officio)	✓	✓	✓						
Murray Paton	✓	✓	✓						
Cathy Sutherland	✓	✓	R						
Thomas Stewart (ex-officio)	✓	✓	✓						
Robert Tiffin	✓	✓	✓						
Staff in Attendance:									
Linda Boich	✓	✓	✓						
Flo Paladino	✓	✓	✓						
Kevin Smith		✓							
Brady Wood	✓		✓						
Angela Zangari	✓	✓	✓						

*via teleconference/videoconference

Guests:

- Brian Guest - SJHS
- Laura Wheatley – SJHH
- Dr. Carolyn Gosse – SJHH
- Patty Welychka – NHS
- Cindy Thorpe – ONE Foundation
- Peter McKinley – ONE Foundation

1. CALL TO ORDER

Board Chair Barry Wright called the meeting to order at 4:00 p.m., and welcomed guests, staff and fellow Directors.

1.1 Quorum

There was quorum and the Meeting was properly constituted for the transaction of business.

1.2 Approval of the Agenda

MOTION B15-124:

It was MOVED by J. MacDonald and SECONDED by M. Paton that the NHS Board of Directors approves the Open Session Agenda for the November 24, 2015 Meeting, as presented. CARRIED.

1.3 Declaration of Conflicts

There were no conflicts declared.

1.4 Chair's Remarks

Barry Wright expressed his thanks to Board Members for their participation in the Accreditation Kick-Off Meeting and provided a reminder of the Leadership and General Debriefs taking place on November 27th.

A reminder was also provided that the December 22nd Board Meeting will begin at 3pm in order to accommodate a dinner to follow. Both Catherine Mindorff-Facca and Frank Vassallo will be in attendance.

The two loyalty events held during the month of November were very well attended and recognized a total of 650 active staff, 47 physicians and 110 retirees.

Peter McKinley and Cindy Thorpe were welcomed and were in attendance to provide the update from the ONE Foundation.

1.5 Reaffirming our Mission

John MacDonald led the Board through a review of the Mission, Vision and Values with a focus on working together and those we serve. Key words that come to mind for these factors include excellence, timely, healthy, patient focus, partnership and quality.

1.6 Patient Story

Patty Welychka provided the patient story of a patient (who is also physician) that underwent knee replacement surgery which resulted in complications post discharge. As a result of these complications, and following a discussion of the standards of care for this surgery at an international conference, the surgeon adjusted the protocols and the patient's second knee replacement was performed with no complications. Although the outcome of the first surgery was not completely positive, the patient was pleased with the care and compassion received, as well as the fact that he was able to influence a change in practice at an international level.

2. PRESENTATION

2.1 Integrated Coordinated Care Presentation

Laura Wheatley, HNHB Integrated Comprehensive Care (ICC) Project Lead and Dr. Carolyn Gosse, Director Clinical Programs, SJHH provided the Board a presentation related to the ICC project. The project is one of 6 integrated funding models and is the largest of its kind. The intent is to provide mapping of services with the hospital and community partners as it relates to care plans for patients 60 days post discharge. Further coordination can be completed should the patient require services beyond this time period.

3. **APPROVAL OF BOARD MINUTES**

MOTION B15-125:

It was MOVED by B. Alexander and SECONDED by M. Paton that the Minutes of the October 27, 2015 Open Session of the NHS Board of Directors Meeting be approved. CARRIED.

4. **MATTERS FOR DECISION/DISCUSSION**

4.1 **Report of the Quality Committee**

Bunny Alexander, Committee Chair, provided highlights from the Committee's November 11th meeting, as outlined in the Committee Report to the Board, as follows:

- The Committee received part A of the Medicine Program report. The program will be implementing discharge phone calls which will allow for real time data collection related to patient experience.
- The Quality Improvement Plan third quarter results were reviewed by the Committee for both the NHS and Extended Care Unit (ECU). The ECU will be focusing on improving the hand hygiene results within the facility.

4.2 **Report of the Resource and Audit Committee**

Ken Kawall, Committee Vice Chair, provided highlights from the Committee's November 10th meeting, as outlined in the Committee Report to the Board, as follows:

4.2.1 Annual Deloitte 2015/16 Audit Engagement Plan and Fees

The Resource and Audit Committee accepted the 2015/16 audit fee, including special audit fees, but excluding administration fees and HST which is the same fee as the previous 2014/15 audit year.

MOTION B15-126:

It was MOVED by K. Kawall and SECONDED by R. Tiffin that on the recommendation of the Resource and Audit Committee, the NHS Board of Directors approve the 2015/16 External Audit Service Plan and associated fees. CARRIED.

4.2.2 Welland Permanent Dialysis Project Engagement

The Welland Permanent Dialysis Project is completed and all capital projects must be reconciled with the MoHTLC after project completion. The Resource and Audit Committee accepted the reconciliation audit fee for the Welland Permanent Dialysis Project.

MOTION B15-127:

It was MOVED by K. Kawall and SECONDED by M. Jurmain that on the recommendation of the Resource and Audit Committee, the NHS Board of Directors approve the External Audit Reconciliation and Fees for the Welland Permanent Dialysis Project. CARRIED.

- The Enterprise Risk Management Framework was received by the Committee. The Board Standing Committees will monitor those sections assigned to them.
- Implementation of the ICT Strategic Plan initiatives remains on track. It is important to note that a significant resource allocation is being made to clinical areas.

- Angela Zangari provided the Committee with a financial update of the second quarter results. The NHS remains in a surplus position and will continue to pay down debt. Significant effort is being placed on reducing overtime and sick time, with a focus on departments with the highest rates.

4.3 Report of the Governance Committee

Murray Paton, Governance Committee Chair, provided highlights from the November 13th meeting, as outlined in the Committee Report to the Board, as follows:

4.3.1 Policy: Role of the Vice Chair

The policy will require further revisions and will be brought forward for approval at the December meeting.

4.3.2 Policy: Board Evaluation

The Committee is recommending that in order to reduce confusion, all evaluation processes be launched concurrently in April 2016 with anonymized results provided to the Board through the Governance Committee. It is also suggested that the Committee Self Evaluations be revised to be performed annually.

MOTION B15-128:

It was MOVED by M. Paton and SECONDED by J. Bragagnolo that, on the recommendation of the Governance Committee, the NHS Board of Directors approve Appendix A Board Evaluation Process Overview of the Board Evaluation Policy as amended. CARRIED.

4.3.3 Policy: NHS Board of Directors Exit Interview

The Committee reviewed the draft of the policy and is recommending the interviews be conducted by the Executive Vice President of People and Organizational Development. In order to capture the most recent departures, it is being recommended that the policy be implemented retroactively to January 2015.

MOTION B15-129:

It was MOVED by M. Paton and SECONDED by J. MacDonald that, on the recommendation of the Governance Committee, the Board of Directors approves the NHS Board of Directors Exit Interview Policy effective January 2015. CARRIED.

4.3.4 Chief of Paediatrics Appointment

On the recommendation of the Medical Advisory Committee, the Governance Committee considered the appointment of Dr. Madan Roy as Chief, Department of Paediatrics. In order to remain consistent with the term limits of 5 years, it is recommended that the appointment be renewable in 2019.

MOTION B15-130:

It was MOVED by M. Paton and SECONDED by M. Jurmain that, on the recommendation of the Medical Advisory Committee and Governance Committee and having considered the information provided in accordance with the processes set out in the Niagara Health System By-Law Number 2, Professional Staff By-Law and the Public Hospitals Act, the Board of Directors approves the appointment of Dr. Madan Roy as Chief, Department of Paediatrics effective immediately and renewable in May 2019. CARRIED.

4.3.5 Independent Director Appointment

In follow up to the discussion at the October Governance meeting, one appointment to a Board Committee remained outstanding.

MOTION B15-131:

It was MOVED by M. Paton and SECONDED by J. MacDonald that, on the recommendation of the Governance Committee, the Board of Directors approves the appointment of Marti Jurmain to the Ad Hoc Strategic Planning Committee for the 2015/16 year (Abstention: M. Jurmain). CARRIED.

4.3.6 Guideline for Director Appointments

As discussed at the October Board of Directors meeting, the Governance Committee reviewed a guideline document outlining requirements for Independent Director appointments. A summary table will be shared individually with Directors to assist in the consideration of additional appointments.

MOTION B15-132:

It was MOVED by M. Paton and SECONDED by B. Alexander that, on the recommendation of the Governance Committee, the Board of Directors approves the Guideline for Director Appointments. CARRIED.

4.3.7 Standing Committee's Terms of Reference and Workplans

In keeping with the Board Workplan, the Governance Committee undertook a review of all Standing Committee Terms of Reference and Workplans. One minor change was requested to the Governance workplan which will be incorporated into the final draft.

MOTION B15-133:

It was MOVED by M. Paton and SECONDED by J. Bragagnolo that, on the recommendation of the Governance Committee, the Board of Directors approves the Terms of Reference and 2015/16 Workplans for the Governance Committee as amended and the Resource and Audit Committee and Quality Committee as presented. CARRIED.

4.3.8 Board Workplan

The Governance Committee also reviewed the 2015/16 Board of Directors Workplan.

MOTION B15-134:

It was MOVED by M. Paton and SECONDED by B. Alexander that, on the recommendation of the Governance Committee, the Board of Directors approves the 2015/16 Board of Directors Workplan. CARRIED.

- The Committee undertook a discussion related to the use of consent agendas. It is being recommended that rather than adopting this practice, tips for Committee Chairs be prepared to assist with reporting to the Board. This recommendation will be re-evaluated in the New Year.
- As discussed at the October Board meeting, the Governance Committee reviewed the mechanism for monitoring Board resolutions. The template will be reviewed yearly by the Governance Committee in May, however the frequency may be revisited if necessary.
- Continuing with the commitment to review existing Board policies monthly, the November review focused on the Code of Conduct Policy. Directors were reminded of the key elements of this policy.

4.4 Report of the Medical Advisory Committee

Dr. Tom Stewart provided highlights from the Chief of Staff/EVP Medical and Medical Advisory Committee November 4th meeting, as outlined in the Committee Report to the Board, as follows:

- The search process for the Chief of Diagnostic Imaging is nearing completion.
- The search for a Deputy Chief of Staff will be undertaken in the coming months.

5. REPORTS

5.1 Report of the ONE Foundation

Peter McKinley and newly appointed First Vice-Chair Cindy Thorpe attended the Board meeting to provide an update on Foundation activities, as follows:

- The Holiday Celebration of Lights campaign has been launched by reaching out to more than 15,000 donors and placing ads in local newspapers.
- The purchase of vital sign monitors across the system is being discussed.
- The gala in support of the purchase of surgical equipment items for the perioperative program is scheduled for March 5th at the Sheraton on the Falls.
- Recruitment of Foundation Board members is ongoing. Any interested candidates are encouraged to apply on the website.

5.2 Report of the President

Suzanne Johnston highlighted the following items from her November report to the Board:

- The November "Pulse" newsletter was shared with the Board.
- The submission for the south site is tracking on time. Each of the communities in the southern tier are represented on a Steering Committee discussing the planning for care and services.
- The NHS hosted an Executive Round Table which highlighted some of the best practice work underway in the organization.
- The Accreditation survey is underway this week. The results of the report received from Accreditation Canada will be shared with the Board when it is available.

6. OTHER BUSINESS

6.1 Comments from NHS Participants in the St. Joseph's Board Meeting

Marti Jurmain and Robert Tiffin provided an update related to their attendance at the meeting in October. Overall, it was a positive experience and the learning opportunity was appreciated.

7. MOTION TO MOVE TO CLOSED SESSION

MOTION B15-135:

It was MOVED by B. Alexander and SECONDED by M. Paton that the NHS Board of Directors meeting of November 24, 2015 be adjourned and move to Closed Session.

8. ADJOURNMENT

The Open Session adjourned at 5:45p.m.

Barry Wright, Chair

Recording Secretary: D. Dube