Interim Report

To the Niagara Community

On Restructuring of the Niagara Health System

Dr. Kevin P.D. Smith
Supervisor
Niagara Health System

May 2012

For Consultation Purposes

INDEX

Executive Summary 3

Recommendations 4-10

Overview 11-13

Observations 14-19

Environment 20-26

Accomplishments to Date 27-29

Future Siting Options 30-36

Governance 37-39

Transitional Plans 40-42

Interim Clinical Service Siting Plan 43-45

Additional Considerations 46-49

Feedback Process 50-51

Executive Summary

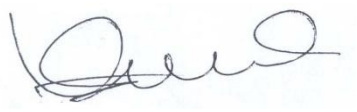
Since my appointment as Supervisor of the Niagara Health System (NHS) on August 31, 2011, I have listened to thousands of people, both from the Niagara community and from the staff and physicians of the NHS. In addition, I have consulted with many experts in the field of multi-site health care delivery and examined data ranging from population density, projected staff/physician turnover rates, financial forecasts and patient care information.

In my deliberations I was guided by what would be best for patients and their families, creating the best quality of work life environment for our dedicated staff, physicians and volunteers while considering our economic reality. In releasing an interim versus final report I am hoping for constructive feedback from all the internal and external stakeholders of the NHS. This is a very exciting opportunity for the Niagara community but we will only succeed in achieving the vision outlined in this report, if we all can reach consensus on what is best for our patients- both now and for future generations.

This report includes a series of important recommendations ranging from the construction of a new state of the art facility, program realignment during the transition process, reconstructing a new Board of Directors to improving the care and caring at the NHS.

Thank you for all your support during the past eight months and I look forward to your feedback and insights.

Sincerely,



Dr. Kevin Smith

Recommendations

It is recommended that:

- *In addition to the St. Catharines site currently under construction, the NHS should:*
  - *Construct a new general acute care hospital in "South Niagara",*
  - *Locate a free standing Urgent Care Centre in "South Niagara",*
  - *Close the existing sites in Port Colborne, Fort Erie, Niagara Falls and Welland.*
  - *Relocate the Nurse Practitioner-led walk in clinic and Family Health Program to a suitable location with much lower operating costs than the existing site in Niagara on the Lake with the closure of that site when Complex Continuing Care can be consolidated to other sites.*

  Page 32

- *During the transition period, ongoing clinical viability and coverage requirements on a "24/7" basis of the two acute care sites in Niagara Falls and Welland will be a high priority. The recommended interim clinical service siting plan immediately follows these recommendations on pages 8-10.* ***Page 42***

- *Mayors of the "Southern Tier" with input from the Regional Chair make a recommendation to the Supervisor on:*
  - *the location of the new hospital in the "South";*
  - *the location of a stand alone "new" Urgent Care Centre;*
  - *population density and access should be the primary consideration in these recommendations.* ***Page 35***

- *A new skills based Board of Directors for the NHS be constituted. A community based Nominating Committee will be formed to recommend appointments to the Board. This model should remain in place for a 3-5 year period for Board renewal. The establishment of two advisory committees (North and South) will follow the establishment of the Board.* ***Page 38***

Recommendations (cont.)

- *The Maternal Child, In-Patient Pediatric Program, In-Patient Mental Health be consolidated at the new St. Catharines Hospital in the interim, with the full Maternal Child, In-Patient Pediatric Program ultimately moving to the "new South site" when it is built.* ***Page 41***

- *Due to noted concerns with respect to access, the potential of a low risk Birthing Centre, a model recently announced by the Government of Ontario, be investigated through the HNHB LHIN.* ***Page 41***

- *In concert with EMS, and Public Health:*
  - *Expand the Advanced Care Paramedic Program across the Region, already a leader in this practice;*
  - *Actively explore innovative models of care in which paramedics offer appropriate services to divert ER presentations, support appropriate use of Home Care, and continue to evolve the Critical Care Transport Service.* ***Page 41***

- *NHS will establish a Patient Advisory Committee to ensure the continued evolution of patient and family centered care.* ***Page 26***

- *With the Region of Niagara, and interested volunteer agencies, establish a limited transportation model for lower income frail seniors and chronic mental health patients and their families.* ***Page 46***

- *Ensure clarity of roles and responsibilities across the NHS.*
  Immediately implement a management structure with on site leads, and, where appropriate physician leads (acute sites) with clearly defined standards and accountability measures. It should never be unclear "who's in charge" and accountable. ***Page 16***

-

Recommendations (cont.)

- *All programs and support services develop consistent standards across all the sites of the NHS based on evidence and accepted best practices. Eliminate variation by site unless rationale clearly indicated and approved.* ***Page 18***

- *As LHIN's have recently been charged with planning for primary care, the MOHLTC request that the Hamilton Niagara Haldimand Brant (HNHB) LHIN to develop a prototype model for primary care planning , which supports the implementation of this report and the restructuring of the NHS.* ***Page 48***

- *The approved recommendations of the NHS Task Force on employee morale and employee satisfaction be a high priority for implementation.* ***Page 15***

- *The NHS Code of Conduct and Standards of Behaviour for physicians, staff and patients/visitors be communicated and consistently enforced.* ***Page 16***

- *The continued development of an Academic Health Centre in conjunction with McMaster University, Brock University, Niagara College, and community partners be a primary goal of the NHS.* ***Page 17***

- *Develop formal education plans for leaders across the organization to ensure leading edge knowledge and personal development as well as to support a comprehensive retention/recruitment strategy for physicians and staff at all levels.* ***Page 25***

- *National searches be undertaken to recruit 1) Chief Executive Officer and 2) Chief of Staff. Search Committees will include representatives of the newly formed Board of the NHS and other important stakeholder representatives.* ***Page 39***

Recommendations (cont.)

- *The immediate priorities of the new NHS Board be:*
  - *Approve a process to develop a strategic plan for NHS, which includes consultation and input from community and provider organizations;*
  - *Form Board Structure;*
  - *Oversee the implementation of a comprehensive performance management system.* ***Page 38***

- *The "OHA Guide to Good Governance" be adopted as the primary resource for Board activities. A governance coach should work with the Board for the first year.* ***Page 39***

- *As requested by many physicians the potential of a stand alone Ophthalmology and Minor Surgery Centre be explored conditional on providing emergency and inpatient coverage at the NHS sites.* ***Page 42***

- *Recommend to Foundations that potential realignment be considered to meet the philanthropic needs of the NHS (i.e. North and South).*

  Page 47

- *Recognize and celebrate the essential role and impact of NHS Volunteers and Auxiliary organizations and develop an effective retention/recruitment plan for volunteers, who are the backbone of the NHS.* ***Page 47***

- *Develop a plan for the disposition of NHS sites designated for closure.*

  Page 49

Interim Clinical Service Siting Plan

The following is a high level overview of the interim clinical service siting plan. As implementation planning evolves for the new 'south' site, there could be further refinement within the context of providing quality, safe, efficient and cost-effective patient care to accommodate the transition in a phased-in approach.

	New "North" Healthcare Complex	**Greater Niagara**	**Welland**	**Douglas Memorial**	**Port Colborne**	**Niagara-on-the-Lake**
Emergency and Critical Care Services						
Emergency	x	X	x			
Urgent Care				x	x	
Critical Care	X	X	x			
Surgical Services -- NOTE: Age Criteria for out-patient pediatric surgery to be confirmed for services outside of the new 'north' healthcare complex						
General Surgery	In and Out-Patient	In and Out-Patient	In and Out-Patient			
Orthopedics*	In and Out-Patient	In and Out-Patient *NOTE: Discussions regarding potential consolidation of the Total Joint Program prior to the "new south site" will commence immediately to assess feasibility of early consolidation.	In and Out-Patient			
Urology	In and Out-patient + Cystoscopy	Out-patient + Cystoscopy	Out-patient + Cystoscopy			
Gynecology*	In and Out-Patient	Out-patient *NOTE: *Discussion re potential to consolidate out-patient gynecology at one of these two sites to take place	Out-Patient			
Ear Nose Throat	In and Out-Patient	Out-Patient	Out-Patient			
Plastics	X In and Out-Patient	X In and Out-Patient				
Dental	In and Out-Patient	In and Out-Patient				
Ophthalmology			x			
Vascular	X In and Out-Patient					

	New "North" Healthcare Complex	Greater Niagara	Welland	Douglas Memorial	Port Colborne	Niagara-on-the-Lake
Ambulatory Clinics						
Clinics	x	x	x	x	x	
Maternal Child Services						
Obstetrics	x					
Level 2 Neonatal Nursery	x					
Pediatrics	X					
Medicine						
General Internal Medicine	x	x	x			
Regional Geriatric Assessment		x				
Nephrology	In-Patient					
Dialysis - Ambulatory	X	X Satellite in Niagara Falls	X Satellite			
Stroke		X *NOTE: discussions regarding potential stroke program expansion to take place				
Cardiology	x	X	X			
Cardiac Care Unit and Heart Investigation Unit	x					
Respirology	x	x	X			
Oncology/Walker Family Cancer Centre	x					
Diabetes Hub			X			
Mental Health and Addictions						
Mental Health	X In and Out-patient	Out-patient	Out-patient	Out-Patient		
Addictions	Consolidated Site TBD				Residential and Out-Patient	

	New "North" Healthcare Complex	Greater Niagara	Welland	Douglas Memorial	Port Colborne	Niagara-on-the-Lake
Complex Care						
Complex Care		x	x	x	x	x
Assess Restore		X *NOTE: Assess and Restore program may need to relocate to Welland to accommodate potential stroke program expansion at GNG				
Long-Term Care						
LTC			x			

Note:

- All sites will have access to appropriate clinical support services [e.g. diagnostics, lab, pharmacy etc.] as appropriate.

Overview

The purpose of this interim report is to outline, for both internal and external stakeholders, a series of draft recommendations for restructuring the Niagara Health System (NHS).

On August 31, 2011 I was appointed as Supervisor for the NHS by the Government of Ontario. The appointment of a Supervisor for a hospital or system of hospitals is not taken lightly by any government but was felt necessary at the time for a number of reasons- primarily a loss of confidence in the NHS by the Niagara community, including its elected officials at all levels.

In the intervening eight (8) months I have engaged in a widespread consultation process including but not limited to:

- Meeting face to face with community leaders, elected officials and existing/former patients/families cared for by the NHS;
- Establishing a confidential "NHS Supervisor" email address in which I have received, read and responded to over one thousand (1000) email submissions;
- Meetings/updates with important partner organizations of the NHS including but not limited to Emergency Medical Services (EMS), Public Health, our member Foundations, Hotel Dieu Shaver Health and Rehabilitation Centre, the Hamilton Niagara Haldimand Brant Local Health Integration Network (LHIN) and Community Care Access Centre (CCAC)

Overview (cont.)

- Ongoing dialogue and embracing a culture of transparency with our colleagues in the media throughout the Region as a means to communicate with the broader community in a meaningful fashion;
- Many meetings, with both large and small groups of our staff and physicians at all levels – executive team, management, union leadership, front line staff.

In total there have likely been interactions with thousands of individuals from the Niagara community. All those I spoke to or corresponded with have a common goal of providing the best health care delivery system possible for our community.

Without question, this assignment has proven to be more complex and multi-faceted than I initially anticipated. Normally a Supervisor is faced with one or two major goals to accomplish (e.g. financial solvency, or community relations), but in this case the NHS was and still is facing multiple challenges.

Overview (cont.)

Prior to addressing observations and recommendations in this report I feel it appropriate to express the following comments:

- To our patients and families who have received less than optimal care or caring at the NHS please accept my sincere apologies. Many of you have shown remarkable courage in sharing your stories with me and please be assured your suggestions to improve the NHS have been taken seriously;
- To our Staff, Volunteers and Physicians who work diligently on the front line to provide the best possible care – your work to support our Mission, Vision, and Values on a day to day basis is much appreciated;
- To our leadership team at the management, physician and union levels – your support, insight and recognition of opportunities have been very helpful;
- To the former NHS Board of Directors – as volunteer leaders from the community, your contribution in an extremely challenging environment is recognized. While no Board wants to reach the point where an external appointment is necessary, you clearly did the best you could as volunteer governors.

Observations

Based on the feedback from both the NHS "family" and the Niagara community. I have the following observations which influence the various recommendations in the report.

1) "There is No Niagara".

   I have heard this statement made a number of times and when I repeat it there is generally a supporting acknowledgement. Niagara seems more a collection of various communities- large and small- that cooperate where absolutely necessary. On occasion cooperation occurs only when every other option fails.

2) A "North- South" mentality seems to exist.

   One hears consistently of a "North and South" division in Niagara but the basis and "Mason-Dixon Line" does not appear on any map nor is it clearly defined on any logical basis. My conclusion is that for most people in Niagara, at least related to the NHS, St. Catharines represents the "North" and all other communities the "South". For the purpose of this report only I will refer to "North" and "South" in this context.

3) Lack of community confidence in the NHS

   The independent report by Dr. Terry Flynn from McMaster University, "The NHS Trust and Reputation Study Report" (November 2011) contained many troubling findings. No healthcare provider can ever achieve total community satisfaction but the degree of lack of trust, confidence and support for the NHS – "your NHS"- was at an extreme level at the time of that report.

Observations (cont.)

4) Poor morale at all levels of the organization

It was obvious through our initial meetings with the staff and physicians that morale was/is a major concern. This of course impacts on the delivery of care, caring and attitude of our colleagues in interactions with our patients. Concerns expressed by our staff included a perception of punishment for speaking out, favoritism in promotions and overall poor communications and recognition of contributions. The overall poor morale at the NHS was confirmed in a recent National Research Corporation (NRC) Picker Employee Survey Report on Employee Satisfaction.

The approved recommendations of the NHS Task Force on employee morale and employee satisfaction be a high priority for implementation.

5) Complex decision making process at the NHS

Initially, on arriving in Niagara, I heard many individuals comment that the NHS was too big and too complex to work and that it needed to be "broken into smaller parts" to work effectively. This is simply not true and there are many larger, more complex health care organizations in place across Canada that work effectively and efficiently. The current decision making process at the NHS is not universally understood nor consistently applied across the various sites in the organization.

Observations (cont.)

6) Lack of Accountability

This observation is related in part to the lack of a clear decision making framework but appears to apply throughout the organization. All staff and physicians from the front line to the executive team need to have clear guidelines and standards of accountability and be held responsible. This doesn't mean moving to a punitive system as mistakes will happen but we need to learn from that experience;

Ensure clarity of roles and responsibilities across the NHS.

Immediately implement a management structure with on site leads, and, where appropriate physician leads (acute sites) with clearly defined standards and accountability measures. It should never be unclear "who's in charge" and accountable.

7) Little Reinforcement of Code of Conduct and Culture of Mutual Respect

Many of the concerns we heard from our staff involved lack of support and reinforcement of a standard code of conduct, consistently applied, at all levels of the organization. All employees and physicians from front line to executives should be required to "follow the same rules" with respect to their interactions with colleagues, and be held accountable, if they don't meet accepted standards of behaviour.

The NHS Code of Conduct and Standards of Behaviour for physicians, staff and patients/visitors be communicated and consistently enforced.

Observations (cont.)

8) Openness to learning from outside organizations

   Until recently, the NHS appears to have taken on a somewhat isolated approach both in terms of learning from other organizations and also demonstrating our successes to others. Continuous learning involves sharing and adopting best practices from other like organizations – provincially, nationally and internationally.

9) Support for development of Academic Health Centre

   The NHS has a unique opportunity to develop a first class academic environment for learners in partnership with McMaster University, Brock University, and Niagara College. Teaching, Research and related scholarly activity have a direct positive impact on the quality of care and are a key factor in developing a successful retention/recruitment process. Quite simply, learners are often influenced by an academic placement when choosing a future place of employment.

The continued development of an Academic Health Centre in conjunction with McMaster University, Brock University, Niagara College, and community partners be a primary goal of the NHS.

Observations (cont.)

10) Lack of Recognition/Celebration of Advances

There has been a tremendous amount of work done over recent years to bring state of the art programs and facilities in Cancer Care, Regional Tertiary Cardiac Program, and expanded Mental Health Programs to all citizens of the Niagara Region. It is not my intent to be critical but in my interactions with some residents of Niagara there seems to be little acknowledgement of these enhanced services, despite the efforts of our staff and media colleagues to inform the community. The Walker Family Cancer Centre will bring much needed services closer to home for over 1200 cancer patients who now are required to leave the community for care. The Regional Tertiary Cardiac Program at the Heart Investigation Unit will result in reduced wait times and improved access to services. The expanded Mental Health Program will provide much needed assistance to those most vulnerable in our community.

11) Lack of Standardization

At a program and service level there is a lack of standardization at the level of best practices. Examples range from a lack of consistent housekeeping standards from site to site, to inconsistent adoption of best practices in clinical care delivery from one department to another. This is both costly and confusing for our staff, physicians and patients.

All programs and support services develop consistent standards across all the sites of the NHS based on evidence and accepted best practices. Eliminate variation by site unless clearly indicated.

Observations (cont.)

12) Location of St. Catharines Site

I certainly heard many concerns expressed on the location of our new NHS site in St. Catharines. While I can relate to the varied opinions expressed we need to move on, recognize that it can't be "moved', and celebrate the tremendous improvements in clinical care for all the citizens of Niagara that will result. In addition the location of the new South site is more important than ever and it should be designed to complement the new facility in St. Catharines.

Environment

For hospitals in the province of Ontario there are a number of factors that influence the delivery of patient centered care and are the new reality.

These include the following:

a) Financial Pressures

With the current economic situation in Ontario, and throughout the developed world for that matter, the prior government practice of matching funding levels to increased costs is not sustainable. The current budget projections for hospitals in Ontario includes a 0% increase for the next three years. As costs will continue to rise at a rate of approximately 3 % per year, this translates into the following forecast deficits for the NHS of approximately 10 % per year if no further action is taken;

Fiscal Year	Forecast Deficit (Cumulative)
2012/13	**13.7 M**
2013/14	**21.7 M**
2014/15	**29.2 M**

As a result of this economic pressure future consolidation of programs and services, increased efficiencies and reduced costs are both essential and unavoidable.

In addition, hospitals are moving to a patient-based funding model with two components:

i) Health Based Allocation Model (HBAM) based on demographics for communities served as well as measurement of complexity of care and type of care; and

Environment (cont.)

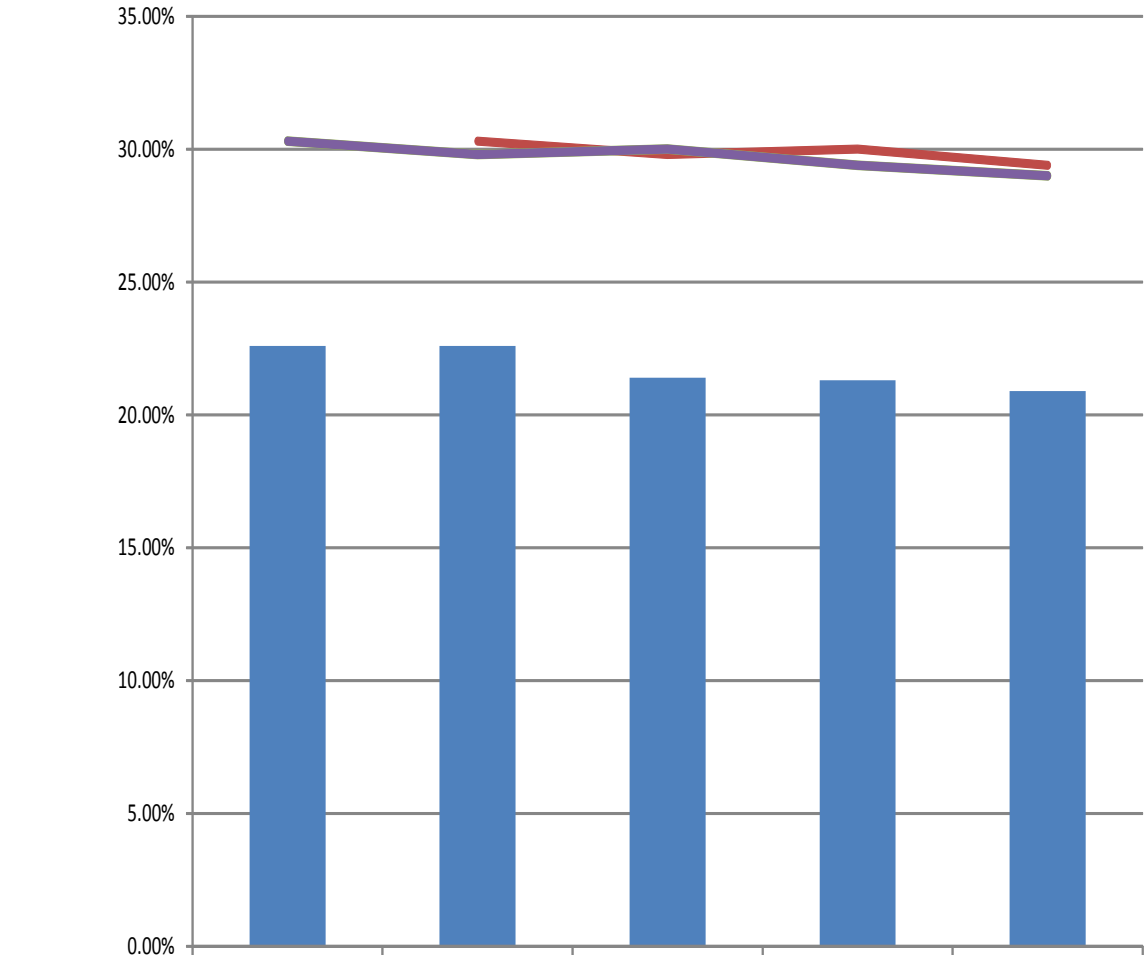
ii) Quality Based Procedures (e.g. Hip/knee replacements, Dialysis, etc). Funding will be based on achieving efficiencies and best practices by procedure. In other words the NHS will be measured against comparable hospitals and hospital systems throughout the Province and reimbursed accordingly.

I would also like to take this opportunity to dispel a rumour related to the administrative costs for the NHS. During the consultation process I have heard comments such as "The NHS is top heavy" or "Get the money out of administration". The data produced through our LHIN and Government of Ontario indicates that this is not the case and in fact the NHS has lower administrative costs than comparable hospital systems.

Facility: 962 - ST CATHARINES Niagara Health System

Indicator: 1 - F/C Operating Expense to Total Operating Expense of Facility/LHIN/Type/Framework

Functional Centre: 711 - Administration



	2006/2007YE	2007/2008YE	2008/2009YE	2009/2010YE	2010/2011YE
NHS	22.60%	22.60%	21.40%	21.30%	20.90%
Province		30.30%	29.80%	30.00%	29.40%
LHIN	30.30%	29.80%	30.00%	29.40%	29.00%
Large Community	30.30%	29.80%	30.00%	29.40%	29.00%

Source Data: Heatlhcare Indicator Tool, Ministry of Health and Long-Term Care

Notes:

NHS (Facility) – Provides data of a selected indicator for the specific facility.

Province – Provides the average or minimum or maximum for all facilities within Ontario.

LHIN – Provides the average or minimum or maximum of facilities within the LHIN of the selected facility.

Large Community (Type) – Provides the average or minimum or maximum of facilities within the type of the selected facility.

Environment (cont.)

Please be assured that effectiveness and efficiency in limiting administrative costs will continue to be an important goal but the evidence is that this has not contributed to the current NHS budget deficit.

b) Retention/Recruitment

The retention and recruitment of staff and physicians must be a high priority in order to deliver high quality patient centered care to the community.

There is intense pressure and frankly competition to attract the best and the brightest to any organization and the NHS is currently at a disadvantage in that regard due to:

i) The reputational damage associated with the requirement for an intervention involving a provincially appointed Supervisor;

ii) No current Board in place and “interim” appointments for the two most senior positions in the organizations - Chief Executive Officer and Chief of Staff;

Environment (cont.)

iii) Lack of a clear strategic plan and vision for health care delivery in the region;

iv) Low morale resulting in lack of encouragement from NHS physicians/staff to recommend the NHS to colleagues;

v) Lack of trust and confidence in the community for the NHS which impacts patient/staff satisfaction;

vi) Fragmented academic programming and lower than optimal number of learners experiencing the NHS.

For the purposes of this report a review of anticipated turnover was undertaken for both staff and physician classifications at the NHS. Turnover projections are compounded by an aging workforce which is not uncommon in Ontario hospitals today. While new state of the art facilities will be a key factor in recruiting strong external candidates to the NHS, improving staff/physician morale, community support, and a strong academic environment for learners are also important considerations.

For staff the projected turnover by year for all staff categories is 5.7 % or approximately two hundred and fifty (250) positions to be filled each year through 2019 based on current staffing levels. This projection is based on the average age of our staff and the average turnover rate experienced at the NHS over the past three year period.

Environment (cont.)

For physicians there is a comprehensive Medical Manpower Plan which includes assumptions based on anticipated retirements, introduction of new programs and historical turnover data.

The current 2012 plan projects that the NHS will need to recruit seventy (70) new hospital based physicians by December 31, 2019. Of this number approximately fifty (50) physicians will need to be recruited over the next three years.

Projected Turnover to 2019

	NHS Staff	NHS Physicians
Current #	4390	300
Average age of Retirement	59	70
Projected Turnover Rate to 2019		
– Resignation	2.7% (120 per year)	1.4% (4 per year)
– Retirement	3% (130 per year)	2.0% (6 per year)
Total	**5.7% (250 per year)**	**3.4% (10 per year)**

Comment

1. Approximately 1,750 staff will need to be replaced over the period 2013-2019
2. Approximately 70 physicians will need to be replaced over the period 2013-2019

On the positive side, it is hard to imagine a more attractive community than Niagara to raise a family. One can choose virtually any type of housing, costs are reasonable, quality education at the post secondary level is available and Niagara is centrally located. Our recruitment goals present both an opportunity and a challenge to the NHS and our community to find the best possible candidates to fill these positions in the organization.

Develop formal education plans for leaders across the organization to ensure leading edge knowledge and personal development as well as to support a comprehensive retention/recruitment strategy for physicians and staff at all levels.

Environment (cont.)

c) Patient/Family Expectations

Ultimately, the NHS will and should be judged by how we meet patient and family expectations of patient centered care delivery. With that comes a responsibility for enhanced communications, follow up to concerns expressed and a commitment to both quality care and caring.

There is no question that any intervention with a hospital places undeniable stress on a patient and their family. Often it can be a life changing experience. That being said, there is also an expectation of civility and respect from the patient/family to our staff. In other words, those we serve also are expected to adhere to a code of conduct.

NHS will establish a Patient Advisory Committee to ensure the continued evolution of patient and family centered care.

Accomplishments to Date:

Since my work started in September 2011, most of the focus has been on "listening" and learning from those individuals and groups that I have met or who have taken the time to forward their concerns and insights to me. Again I very much appreciate your constructive feedback.

While much attention has been focused on the new model of delivery for the future there have been a number of new initiatives introduced during this consultation period. My appreciation to the leadership team and all the staff and physicians at the NHS for their support in this regard.

a) Culture of Transparency

   Health care organizations have a responsibility and obligation to be transparent with the community. Too often in the past important information was "held back" and the relationship with the local media understandably became strained. For the most part I have found the media to be fair and balanced. I have strived to be available for comment and clarification and in return our media partners have served a vital role in communicating with the community at large on new developments. This relationship must continue to be fostered to rebuild trust in the NHS.

Accomplishments to Date (cont.)

b) Process of Handling Patient Complaints/Concerns

The prior system of responding to complaints/concerns from our patients/families was a major source of frustration in our community. A few months ago the process was completely overhauled and concerns are now addressed in a timely fashion with one to one contact. We follow up on concerns expressed so that we can learn from those experiences.

c) Ad Hoc Committee on Decision Making

An ad hoc committee was formed in February 2012 to review the decision making process for other multi-site health care systems at the corporate/program/site levels as well as their accountability framework.

A draft report was released to our Management, Physician and Union leadership team and based on that feedback a clearer model of decision making and accountability will be introduced in the months ahead. There is strong consensus that the model should be:

- patient centred;
- clear;
- communicated effectively;
- have a clear accountability framework.

d) Encouraging Education for Staff

Incentives have been put in place to encourage our staff to seek further education and enhance their skills. We are gratified that many members of the NHS family have taken advantage of this opportunity.

Accomplishments to Date (cont.)

e) Structured Interviews

One on one structured interviews and questionnaires were completed during March with management, physician leadership, and our union Presidents to gain their insights on a wide range of topics including;

- Likes/dislikes with the current NHS model;
- Ways to improve quality of care and quality of work life;
- "If I was Supervisor I would focus on….."

A report in the findings of their review will be available in the coming weeks.

f) Employee Satisfaction

An Ad Hoc committee has been formed to address key findings of the NRC Picker Employee Survey Report on Employee Satisfaction. This multidisciplinary team will study the results, develop and prioritize a series of recommendations to improve the quality of work life at the NHS.

g) Partnership with Unions on Workplace Safety

Our NHS Unions-Ontario Nurses' Association (ONA),Service Employees International Union (SEIU) and Ontario Public Sector Employees Union (OPSEU) – have established a unique partnership with the NHS and external safety experts to develop an innovative approach to improving workplace safety through accident prevention and return to work improvements.

Future Siting Options

Much of the attention over the past several months has been directed to future siting of hospital based services outside of St. Catharines or as many refer to it "the South". Many meetings have been held, suggestions made, concerns expressed and considered and options studied.

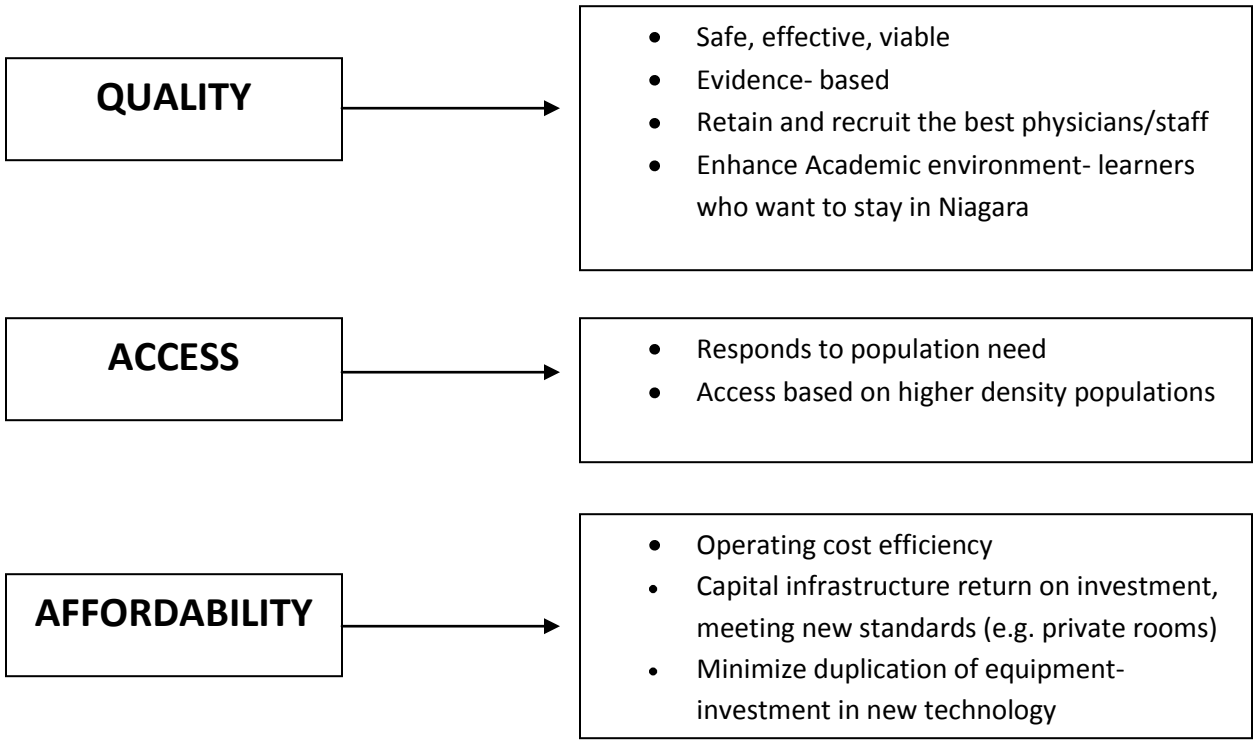
Following review and extensive consultation the following three options were developed, and evaluated, namely:

OPTIONS CONSIDERED		
1)	Two Sites and One UCC	• New SOUTH Niagara Hospital • NORTH St. Catharines Healthcare Complex • One "new" stand alone Urgent Care Centre (UCC) • Closure of all other sites
2)	Two acute, One Ambulatory, Two Complex Care Sites	• Redevelop GNGH • NORTH St. Catharines Healthcare Complex • Ambulatory Centre in Welland with UCC • CC in PCG and DMH
3)	Status Quo	• 3 acute sites: GNGH, SCGH, Welland • 3 CC sites: NOTL, DMH, PCG • 3 ER's • 2 UCC's

Future Siting Options (cont.)

Each option was evaluated based on analysis and feedback on the following criteria;

Evaluation Criteria



The recommended option for siting is “Option 1”.

Future Siting Options (cont.)

The recommended configuration of programs and services for the recommended option is outlined below;

New South Tier Hospital:	**North St. Catharines Healthcare Complex:**
• Emergency and Level 3 Critical Care • Regional Stroke Centre • Regional Geriatrics Program • Total Joint Replacement Centre • General Internal Medicine and Surgical Services, including General Surgery, Cancer Surgery, Orthopedics and Ambulatory Clinics (e.g. endo/cyst, oncology, outpatient mental health, etc) • Complex Care including specialized Regional Services (i.e. Behavioural Health, Bariatric and Vented)	• Emergency and Level 3 Critical Care • Cancer Centre • Heart Investigation Unit • In-patient Mental Health • Chronic Kidney Disease Program • Maternal Child/In-Patient Pediatrics * • General Internal Medicine and Surgical Services, including General Surgery, Cancer Surgery, Orthopedics and Ambulatory Clinics
PLUS NEW UCC situated based on location chosen for South Hospital site	
Consider business case proposal- free standing Eye and Minor Surgery Centre	
* Move to new South site when built	

- *In addition to the St. Catharines site currently under construction, the NHS should:*
  - *Construct a new general acute care hospital in "South Niagara",*
  - *Locate a free standing Urgent Care Centre in "South Niagara",*
  - *Close the existing sites in Port Colborne, Fort Erie, Niagara Falls and Welland;*
  - *Relocate the Nurse-Practitioner-led walk in clinic and Family Health Program to a suitable location with much lower operating costs than the existing site in Niagara-on-the-Lake with the closure of that site when complex continuing care can be consolidated to other sites.*

An alternative to the initial program alignment is to move the consolidated Maternal Child/In-Patient Pediatrics service to the "South site"once it a built. The rationale for this recommendation is that it will be more central to the majority of the population and, furthermore, the expected growth of the "new" cancer and cardiac programs will likely impact on the capacity of the "North" site to expand these essential services.

Future Siting Options (cont.)

Rationale for Recommendation

The rationale for recommending "Option 1" is as follows;

i) Quality

- By consolidating the critical mass of clinical activity in 2 sites, providers will develop and maintain valuable skills based on exposure to higher volume activities.
- All evidence points to consolidation of expertise as a key determinant of quality health care.
- Physicians and staff coverage will be simplified based on fewer sites to cover and response time including off hours coverage will be enhanced.
- By concentrating clinical care in two sites learners will be more attracted to the NHS as a preferred option.
- The retention/recruitment issue cannot be overemphasized and the projected turnover of physicians and staff by discipline to 2019 is outlined previously in this report.

Future Siting Options (cont.)

ii) Access

- While some would prefer a full service hospital in every community we now know that is not feasible in today's environment for the following reasons;
    - Lack of critical mass to provide expertise in procedures and clinical practice;
    - Major increase in costs to duplicate equipment and infrastructure (buildings);
    - Inability to recruit expertise with low volume workload;
    - Costs to maintain coverage when clinical volumes do not support physician income. (Please note the NHS currently spends approximately $2.2 million to provide on call coverage when the volume of patients does not provide expected physician income). These funds should be used to provide direct patient care not to supplement volumes.

I will rely on our Regional Chair and Mayors in the Southern Tier to recommend the most appropriate siting of a new facility and stand alone Urgent Care Centre to address access considerations. I ask that siting recommendations be based on current population density information, and future projections of population growth to ensure the most appropriate location for the most people in our community.

Future Siting Options (cont.)

Mayors of the "Southern Tier" with input from the Regional Chair make a recommendation to the Supervisor on:

- *the location of the new hospital in the "South";*
- *the location of a stand alone "new" Urgent Care Centre;*
- *population density and access be the primary consideration in these recommendations.*

iii) Affordability

- Previously in this document the financial pressures on the NHS with the status quo alignment of programs and services was noted. Simply put business as usual is not even remotely an option. As part of this review, external experts were engaged to review and confirm capital and operating costs for the options under consideration. At a high level an outline comparing the options is noted below.

Future Siting Options (cont.)

Capital Costs (Total Project Cost)

(on new versus renovated facilities to today's standards)

Option 1	$878,800,800
Option 2	$1,164,921,200
Option 3	$883,250,900

Operating Saving (from Current Configuration)

Option 1	$9,500,000
Option 2	$2,750,000
Option 3	$2,000,000

While projections into the future are by nature speculative, it can be expected that consolidation of services in the Southern tier will be very cost effective from both a capital and operating perspective. While health care costs will certainly continue to rise the relative savings are undeniable.

Governance

A number of models for governing the NHS were considered ranging from “divorce”-forming separate autonomous Boards for each site, to reviewing the pre-existing model based on good governance practices.

To support an integrated system of health care delivery in Niagara a single governing Board is essential. To do otherwise would perpetuate friction and destructive competition between communities. Patient centred quality health care would suffer as all current and future sites of the NHS are interdependent and serve the entire Niagara community in a complementary manner.

My plan is to form a community based Nominating Committee to select the NHS Board based on necessary skills and abilities together with a consciousness for broad based community representation. As any new start up Board will have staggered terms for Board members to ensure orderly turn over, the Nominating Committee will remain in place for a 3-5 year period. This will also deal with a perception that former Boards were a “closed shop” and only friends/colleagues were chosen to replace departing Board members. Members of the Nominating Committee will be widely respected in their community and not be eligible to be a member of the Board itself.

Governance (cont.)

A new skills based Board for the NHS be constituted. A community based Nominating Committee will be formed to recommend appointments to the Board. This model should remain in place for a 3-5 year period for Board renewal. The establishment of two advisory committees (North and South) will follow the establishment of the Board.

Immediate priorities for the newly formed Board will be to:

- Approve a process to develop a strategic plan for NHS, which includes consultation and input from community and provider organizations;
- Form Board Structure
- Oversee the implementation of a comprehensive performance management system.

In addition to the NHS governing Board of Directors, two Community Advisory Committees will be formed to advise the Board on local issues and form an important linkage to the community.

The immediate priorities of the new NHS Board be:

- *Approve a process to develop a strategic plan for NHS, which includes consultation and input from community and provider organizations;*
- *Form Board Structure;*
- *Oversee the implementation of a comprehensive performance management system.*

During the same general time period that we are recruiting members of the Board, we will begin a national search process for a permanent Chief Executive Officer and Chief of Staff. Members of the Board and other key stakeholders will be represented on the Committee which will be chaired by and report to me as Supervisor.

Governance (cont.)

National searches be undertaken to recruit 1) Chief Executive Officer and 2) Chief of Staff. Search Committees will include representatives of the newly formed Board of the NHS and other important stakeholder representatives.

The Board will be recruited and formed in the early fall of 2012 and will serve in an advisory capacity to the Supervisor for an initial three month period. This will allow for a comprehensive orientation process and governance policy development.

The Board will follow a policy governance model and be based on the Ontario Hospital Association (OHA) Guide to Good Governance which is widely accepted as best practice in the health care industry.

The "OHA Guide to Good Governance" be adopted as the primary resource for Board activities. A governance coach should work with the Board for the first year.

Transitional Plans

If the proposal to build a new facility in the Southern tier is approved by the Government of Ontario, the time frame from approval to occupancy will be approximately six (6) years. This will allow for the various critical stages of the planning cycle as well as tendering of contracts, selection of site, etc. With a "greenfield" site construction can occur much more quickly than extensive renovation of an existing site. In a renovation project, construction must be staged to allow for the continued operation of the hospital.

The clinical programs and services that have been planned for the St. Catharines site will proceed as scheduled. This will include of course new programs, equipment and facilities in your Region for oncology, cardiac and mental health. Please be assured this will represent one of the largest advances in health services for your community in many years.

In my discussions over the last several months the most contentious program consolidation is related to Maternal/Child and In-Patient Pediatrics to the new St. Catharines site. I have consulted with many professionals both inside Niagara and throughout Ontario and there is universal support for consolidation to achieve the safest and highest level of quality care possible.

This plan will allow for on site Pediatricians at all times to support Obstetrics as well as better focused care for our children. The main concern relates to travel time. Protocols have been developed with our existing Emergency Departments/Urgent Care Centres for immediate support if a mother or child arrives unannounced for care at any of our sites. Our EMS Partners will have clear instructions on where to take all patients requiring emergency care when an individual calls "911". EMS will also treat any emergency patient transfers for obstetric and pediatric patients as a high priority call.

Transitional Plans (cont.)

In concert with EMS, and Public Health:

- *Expand the Advanced Care Paramedic Program across the Region, already a leader in this practice;*
- *Actively explore innovative models of care in which paramedics offer appropriate services to divert ER presentations, support appropriate use of home care, and continue to evolve the Critical Care Transport service.*

I am also prepared to recommend to the Ministry of Health and Long Term Care /LHIN that Maternal Child/In-Patient Pediatrics be relocated to the new facility in the South when it is built. The rationale for this recommendation is two fold, namely:

1) The new South hospital will be more centrally located to serve the most patients requiring these services and
2) With the introduction of new regional programs in Oncology and Cardiac care in the St. Catharine's site, program expansion is anticipated with the result being that there is increased pressure on space utilization.

The Maternal Child, In-Patient Pediatric Program, In-Patient Mental Health be consolidated at the new St. Catharines Hospital in the interim, with the full Maternal Child, In-Patient Pediatric Program ultimately moving to the "new South site" when it is built.

We will also review the Ministry plans to introduce low risk "Birthing Centres" in the province. At this time there is not enough detail in the proposal to determine applicability to our region but strong consideration will be given as government plans develop.

Due to noted concerns with respect to access, the potential of a low risk Birthing Centre, a model recently announced by the Government of Ontario, be investigated through the HNHB LHIN.

Transitional Plans (cont.)

Other proposals that have been forwarded to me such as a stand alone Ophthalmology Centre are being considered but with any proposal it must enhance or at a minimum maintain safe quality care.

As requested by many physicians the potential of a stand alone Ophthalmology and Minor Surgery Centre be explored conditional on providing emergency and inpatient coverage at the NHS sites.

With a six year period from approval to occupancy we must commit to maintaining the existing buildings/sites at an acceptable level in the short term. This will involve careful planning and sound judgment but the NHS has that experience with the pending move to the new St. Catharine's site occurring after years of planning.

We must begin immediately with plans and program alignment to ensure critical "24/7" services are maintained at the Niagara Falls and Welland sites during the transition period to when the new South site is operational. While the Port Colborne, Fort Erie and Niagara on the Lake sites are also important in providing services to their respective communities, these sites are not as directly impacted by the opening of the St. Catharines site.

As part of the overall review of options related to siting it is critical that the move to the new St. Catharines site be accomplished in an orderly and effective manner. A re-examination of the NHS Hospital Improvement Plan (HIP) took place along with other internal/external reviews. Following extensive additional review and consultation the following transitional clinical services plan is recommended.

During the transition period, ongoing clinical viability and coverage requirements on a "24/7" basis of the two acute care sites in Niagara Falls and Welland be a high priority. The recommended interim clinical service siting plan immediately follows on pages 43-45.

Interim Clinical Service Siting Plan

The following is a high level overview of the interim clinical service siting plan. As implementation planning evolves for the new 'south' site, there could be further refinement within the context of providing quality, safe, efficient and cost-effective patient care to accommodate the transition in a phased-in approach.

	New "North" Healthcare Complex	**Greater Niagara**	**Welland**	**Douglas Memorial**	**Port Colborne**	**Niagara-on-the-Lake**
Emergency and Critical Care Services						
Emergency	x	X	x			
Urgent Care				x	x	
Critical Care	X	X	x			
Surgical Services -- NOTE: Age Criteria for out-patient pediatric surgery to be confirmed for services outside of the new 'north' healthcare complex						
General Surgery	In and Out-Patient	In and Out-Patient	In and Out-Patient			
Orthopedics*	In and Out-Patient	In and Out-Patient *NOTE: Discussions regarding potential consolidation of the Total Joint Program prior to the "new south site" will commence immediately to assess feasibility of early consolidation.	In and Out-Patient			
Urology	In and Out-patient + Cystoscopy	Out-patient + Cystoscopy	Out-patient + Cystoscopy			
Gynecology*	In and Out-Patient	Out-patient *NOTE: *Discussion re potential to consolidate out-patient gynecology at one of these two sites to take place	Out-Patient			
Ear Nose Throat	In and Out-Patient	Out-Patient	Out-Patient			
Plastics	X In and Out-Patient	X In and Out-Patient				
Dental	In and Out-Patient	In and Out-Patient				
Ophthalmology			x			
Vascular	X In and Out-Patient					

	New "North" Healthcare Complex	Greater Niagara	Welland	Douglas Memorial	Port Colborne	Niagara-on-the-Lake
Ambulatory Clinics						
Clinics	x	x	x	x	x	
Maternal Child Services						
Obstetrics	x					
Level 2 Neonatal Nursery	x					
Pediatrics	X					
Medicine						
General Internal Medicine	x	x	x			
Regional Geriatric Assessment		x				
Nephrology	In-Patient					
Dialysis - Ambulatory	X	X Satellite in Niagara Falls	X Satellite			
Stroke		X *NOTE: discussions regarding potential stroke program expansion to take place				
Cardiology	x	X	X			
Cardiac Care Unit and Heart Investigation Unit	x					
Respirology	x	x	X			
Oncology/Walker Family Cancer Centre	x					
Diabetes Hub			X			
Mental Health and Addictions						
Mental Health	X In and Out-patient	Out-patient	Out-patient	Out-Patient		
Addictions	Consolidated Site TBD				Residential and Out-Patient	

	New "North" Healthcare Complex	Greater Niagara	Welland	Douglas Memorial	Port Colborne	Niagara-on-the-Lake
Complex Care		x	x	x	x	x
Assess Restore		X *NOTE: Assess and Restore program may need to relocate to Welland to accommodate potential stroke program expansion at GNG				
Long-Term Care						
LTC			x			

Note:

- All sites will have access to appropriate clinical support services [e.g. diagnostics, lab, pharmacy etc.] as appropriate.

Additional Considerations

There are many important additional considerations which must be addressed in a timely fashion once the recommendations of the Supervisor are approved.

These considerations include but are by no means limited to the following:

a) Transportation

Transportation within Niagara has been one of the most consistent concerns expressed during the consultation process. The concerns include non-urgent transportation to outpatient appointments in adjacent communities, visiting relatives who are inpatients and transportation in the event of an emergency.

Meetings have been held with senior representatives of the EMS on the various models on an ongoing basis. The Region has invested significantly in coverage of paramedics including the investment of the Region in training for Advanced Care Paramedics. While payment for non-urgent transportation is not an approved hospital expense I am prepared to review this important matter with both the Niagara Region and our LHIN. One suggestion would be a system of reimbursing those in need with taxi vouchers but a funding source would need to be identified.

We will also review existing successful services such as the Fort Erie Accessible Specialized Transit (FAST) program.

With the Region of Niagara, and interested volunteer agencies, establish a limited transportation model for lower income frail seniors and chronic mental health patients and their families.

Additional Considerations (cont.)

b) Review the Structure and Role of the Foundations that Support the NHS

Our Foundations work tirelessly to raise funds to support the programs and services of the NHS. Foundations are separately incorporated entities and not included in the mandate of the Supervisor. If asked, I would be happy to provide advice to our Foundations but I have every confidence that our community leaders in our Foundations will adjust to the new reality for the NHS in an appropriate fashion.

Recommend to Foundations that potential realignment be considered to meet the philanthropic needs of the NHS (i.e. North and South).

c) Maintain and Enhance the Role of Volunteers at the NHS

Volunteers provide an essential service to our patients, families and staff. For the most part individual volunteers are aligned to a specific site. We must do everything possible to maintain a positive volunteer experience and express our appreciation for their many contributions.

Recognize and celebrate the essential role and impact of NHS Volunteers and Auxiliary organizations and develop an effective retention/recruitment plan for volunteers, who are the backbone of the NHS.

Additional Considerations (cont.)

d) Primary Care Reform

A number of the Region's Mayors have expressed interest in primary care reform models through Family Health Teams and associated services. I believe this an exciting opportunity and encourage our LHIN to establish a task force with the goal of developing a pilot for a regional primary care consortia. This would represent an excellent opportunity to collaborate on an academic model for learners with McMaster University.

As LHIN's have recently been charged with planning for primary care, the MOHLTC request the Hamilton Niagara Haldimand Brant (HNHB) LHIN to develop a prototype model for primary care planning , which supports the implementation of this report and the restructuring of the NHS.

e) Adjust to New Health Care Models

Innovations in health care delivery are continually being introduced and we must remain both flexible and leaders in innovation.

Additional Considerations (cont.)

f) Sale of Sites

The NHS owns all sites with the exception of the Niagara on the Lake site which is owned by the Federal Government.

The Ontario Street Site and St. Catharines General Site have already been sold. If the recommendations in this report are approved an important priority of our NHS Board will be to meet with local elected officials to find the best use of the property. Criteria will include both revenue from sale of property and potential utility to meet other community needs. In this analysis it will be important to note that hospitals are very expensive buildings to both construct and maintain.

Develop a plan for the disposition of NHS sites designated for closure.

Feedback Process

In order to proceed in a timely manner with the recommendations outlined in this report, my plan is to submit a formal report to the Minister no later than June 30, 2012.

Feedback on this report from community leaders is welcomed and should be received no later than June 15, 2012.

Methods to provide your comments and suggestions are as follows:

- In writing to :

  NHS Supervisor
  c/o St. Joseph's Healthcare Hamilton
  Room M146
  50 Charlton Ave. E.
  Hamilton, ON L8N 4A6

- By email to :

  nhssupervisor@gmail.com

We have also completed a request for proposal (RFP) and are engaging a professional polling firm to gauge the reaction to the recommendations from the community at large. While I recognize that this is an expense it allows us to consider a representative sample of opinion from the communities across the Niagara region.

Feedback Process (cont.)

This report will be available in full on the NHS website at www.niagarahealth.on.ca .

As Supervisor I will make myself available to our media colleagues for comment.

Thank you for taking the time to read this material and I look forward to finalizing this report and moving ahead with the exciting vision for your Niagara Health System.