



Niagara Health System
Together in Excellence—Leaders in Healthcare

October 2008
Hospital Improvement Plan
Consultation Summary Report

Contents

ACKNOWLEDGEMENTS	2
EXECUTIVE SUMMARY	3
1.0 BACKGROUND AND INTRODUCTION	6
1.1 COMMUNITY ENGAGEMENT PRINCIPLES	7
1.2 SHARED RESPONSIBILITY	8
2.0 NIAGARA HEALTH SYSTEM CONSULTATION PROCESS AND METHODOLOGY	9
2.1 TWO PHASE COMMUNITY ENGAGEMENT PROCESS	9
2.2 CONSULTATION OBJECTIVES	9
2.3 INTERNAL STAKEHOLDERS.....	9
2.4 COMMUNITY STAKEHOLDERS	10
2.5 CONSULTATION METHODOLOGY.....	11
3.0 CONSULTATION RESULTS	13
3.1 NUMBER OF RESPONDENTS	13
3.2 DESCRIPTION OF SURVEY RESPONDENTS	13
3.3 WHAT WE'VE HEARD: OVERVIEW OF COMMON THEMES.....	15
3.4 WHAT WE'VE HEARD: SUPPORTIVE HIP THEMES	15
3.5 WHAT WE'VE HEARD: UNSUPPORTIVE HIP THEMES.....	16
3.6 CONTRARY HIP THEMES	23
3.7 OTHER FEEDBACK	24
3.8 THEMES BY SURVEY QUESTION.....	28
3.8.1 <i>Question One – Hospital Services for the Future</i>	29
3.8.2 <i>Question Two – Centres of Excellence</i>	30
3.8.3 <i>Question Three – Specialized Centres for Surgical Care</i>	32
3.8.4 <i>Question Four – New Roles for Small Hospital Sites</i>	34
3.8.5 <i>Question Five – Key Enablers</i>	35
3.8.6 <i>Question Six – Other Comments</i>	36
4.0 NEXT STEPS	37
5.0 REFERENCES	39
APPENDIX 1: MAY 30, 2008 HNNB LHIN REQUEST FOR HOSPITAL IMPROVEMENT PLAN	40
APPENDIX 2: PHASE 1 CONSULTATION FEEDBACK (EXCERPT FROM THE JULY 15, 2008 SUBMISSION).....	42
APPENDIX 3: INTERNAL COMMUNIQUES	62
APPENDIX 4: LIST OF COMMUNITY STAKEHOLDERS WHO RECEIVED THE HIP SUBMISSION	93
APPENDIX 5: EXTERNAL COMMUNICATION NOTICES & INFORMATION SHEETS.....	94
APPENDIX 6: MANDATE OF THE HNNB LHIN EXTERNAL ADVISOR, DR. JACK KITTS	121
APPENDIX 7: NEW HEALTHCARE COMPLEX: “LOOKING BACK AS WE MOVE AHEAD” ..	122
APPENDIX 8: LIST OF ORGANIZATIONS PROVIDING FORMAL CONSULTATION FEEDBACK	129
APPENDIX 9: LIST OF ACRONYMS	130

Acknowledgements

The Niagara Health System wishes to express its appreciation to the numerous individuals and organizations that took the time to provide feedback on the Hospital Improvement Plan submission and share their extensive views and comments on the future of hospital and healthcare delivery in Niagara.

Together in Excellence - Leaders in Healthcare

Executive Summary

HNHB LHIN Direction for Submission of NHS Hospital Improvement Plan

On May 30, 2008, pursuant to Section 9 of the 2007/08 Hospital Accountability Agreement, the Niagara Health System (NHS) was directed by the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) to develop and submit a Hospital Improvement Plan [HIP] by July 15, 2008 (see Appendix 1).

On July 15, 2008, the NHS Board of Trustees directed NHS Senior Management to *submit* the HIP to the HNHB LHIN. Prior to finalizing the HIP for approval and implementation, the NHS committed to undertake a process to consult various stakeholders. The consultation feedback will be used to inform the HNHB LHIN, its External Advisor and the NHS Board in making a final determination on the HIP vision.

Community Engagement Process – Shared Responsibility

The community engagement process was a *shared responsibility* between the NHS and the HNHB LHIN. The NHS took a lead role in soliciting feedback from the broader community and internal/external stakeholders through a variety of mediums. The HNHB LHIN, through its External Advisor, also solicited feedback from key stakeholders (i.e., face-to face meetings with elected officials, physician leaders) and the community at large (i.e., Town Hall meetings).

Total Responses

A total of 374 web-based survey responses were received in addition to 13 letters/written submissions from local community organizations, 10 letters from individuals and 5 emails. All of the consultation feedback has been consolidated into this Consultation Summary Report which will be published on the NHS website.

Description of Respondents

The majority of survey respondents identified themselves as female, between the ages of 45 and 54 years, and residing in Niagara Falls (22.2%), St. Catharines (20.6%) and Fort Erie (15.4%).

Themes

Due to the breadth of issues raised in the on-line and written submissions, themes were identified to facilitate categorizing the various perspectives shared by the respondents. Therefore, this report does not provide a verbatim list of all comments received but rather is a summary report.

Passion of Niagara Residents

The residents of Niagara are passionate about their hospitals and their healthcare needs. They were eager to share their views on the specific HIP recommendations.

What We Heard: Supportive Themes

There are four overarching **supportive** perspectives that have been identified through the consultation process. These are:

- Support for Centres of Excellence
- Opportunity to Improve Quality of Care
- Status Quo Not Sustainable, Time to Embrace Change, Move Forward
- Support for Community Enablers

*What We Heard:
Unsupportive Themes*

There are 6 overarching **unsupportive** perspectives that were identified through the consultation feedback. These are:

- Opposition to the conversion of the 24/7 Emergency Departments to Prompt Care Centres in Port Colborne and Fort Erie; Opposition to the proposed changes to the role of the Port Colborne and Fort Erie sites
- Consolidation and/or Location of Maternal/Child Services
- Location of the New Healthcare Complex
- Lack of Transportation
- Lack of Trust
- Lack of Consultation

*What We Heard: Contrary
Themes*

There were also very mixed or contrary perspectives on some issues such as recruitment and retention of health professionals as well as the impact of the HIP on Regional Fundraising.

*Partner Organization
Feedback*

An overview of feedback received from partner organizations is also included in the consultation analysis.

*Next Steps – Implementation
Planning, Structure,
Resources*

Subsequent to an approved direction by the HNHB LHIN, the NHS will initiate HIP implementation planning to support the transition over a five year period. This will include identification of a formal structure to oversee the HIP implementation as well as dedicated implementation resources to support the complex change and transition processes required to realize the HIP vision. In addition, the NHS is committed to identifying quality metrics to facilitate public monitoring and evaluation of the HIP implementation process and outcomes.

Need for “Enablers”

The HIP vision is contingent on significant community investments or “enablers”. The NHS will continue to advocate for these investments and major change will not occur until such supports are in place.

*NHS Commitment – Clear
and Transparent
Communication*

To effectively implement the clinical changes that result from the HIP, NHS is committed to clear and transparent communication with all our stakeholders as well as:

- ✓ Providing strong and visible leadership across all levels of the organization;
- ✓ Ensuring participation of a broad cross section of stakeholders in the overall implementation;
- ✓ Building from the best practice in change management;
- ✓ Embracing transparency in the overall implementation; and
- ✓ Encouraging and facilitating community dialogue through a variety of ongoing communication tactics and mechanisms.

Rebuild Trust

From the outset and throughout the implementation period, NHS will undertake significant effort to rebuild internal and external stakeholder trust. NHS recognizes that stakeholder trust and involvement is essential to help facilitate positive environments for the successful implementation of the clinical changes.

Best Practices in Change Management

The implementation of the HIP clinical changes will be guided overall and at the individual clinical program level by best practices in change management. The NHS will be guided by the change management process developed by leading international authority John P. Kotter. The Kotter process outlines the following components:

- ✓ Establishing a sense of urgency,
- ✓ Creating a guiding coalition,
- ✓ Developing a vision and strategy,
- ✓ Communicating the change vision,
- ✓ Empowering broad-based action,
- ✓ Generating short term quality gains,
- ✓ Consolidating the gains and producing more change,
- ✓ Anchoring new approaches in culture.

Implementation and Communication Guiding Principles

NHS' implementation and communication strategies will also be underpinned by a set of guiding principles to ensure quality patient care and to rebuild trust across all stakeholder groups. Specifically these principles are:

- ✓ Commitment to quality care,
- ✓ Commitment to patient safety,
- ✓ Transparency,
- ✓ Inclusiveness, and
- ✓ Understanding.

Common Goal of Better Health and Better Healthcare for People of Niagara

Through this process, the NHS looks forward to working with our communities and our stakeholders to achieve our common goal of better health and better healthcare for the people of Niagara, now and in the future.

1.0 Background and Introduction

HNHB LHIN Direction for Submission of NHS Hospital Improvement Plan

On May 30, 2008, pursuant to Section 9 of the 2007/08 Hospital Accountability Agreement, the Niagara Health System (NHS) was directed by the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) to develop and submit a Hospital Improvement Plan [HIP] by July 15, 2008 (see Appendix 1). In developing the HIP, the NHS was asked to provide a clinical services plan that:

- Ensures the necessary expertise and resources are available to provide accessible, quality healthcare for the citizens of Niagara;
- Identifies current and future hospital based services by site;
- Establishes timeframes and specific targets for each year of the HIP;
- Links the proposed strategies of the HIP and the public interest; and
- Achieves a balanced operating budget by 2011/2012.

“Quality” as the key driver

In developing the HIP submission, the commitment was that first and foremost, *quality* will drive the delivery of patient care in Niagara – both how it is delivered and where it is delivered. At the NHS, we believe quality healthcare means delivering the right care at the right time in the right place and having the best possible outcome. To that end, the Board of Trustees of the NHS adopted a Quality Framework, based on definitions used by the Institute of Medicine and Accreditation Canada. The nine domains of quality are:

- **safe** (keeping people safe - avoiding complications or injuries to patients through the care that is intended to help them and providing a safe working environment for staff);
- **effective** (providing health services to patients that are proven through scientific knowledge as effective);
- **patient-centred** (providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions);
- **timely** (reducing waits for both those who receive and those who give care);
- **efficient** (avoiding waste, including waste of equipment, supplies, ideas, and energy);
- **equitable** (providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socio-economic status);
- **worklife** (supporting wellness in the work environment);
- **population focus** (working with community to anticipate and meet needs); and,
- **continuity of service** (experiencing co-ordinated and seamless services).

It is these domains as well as a board approved decision matrix that guided the development of the recommendations included within the HIP submission.

Development of the HIP Submission

Over a six (6) week period, the Clinical and Administrative leadership of the NHS, supported by Hay Consulting Group, met to develop a HIP that met the goals established by the LHIN in providing a vision for a high quality and sustainable hospital system in Niagara while achieving a balanced budget position.

Commitment to Consultation

On July 15, 2008, the NHS Board of Trustees directed NHS Senior Management to *submit* the HIP to the HNHB LHIN. Prior to finalizing the HIP for approval and implementation, the NHS committed to undertake a process to consult various stakeholders. All of the consultation feedback has been consolidated in this Consultation Summary Report.

The consultation feedback will be used to inform the HNHB LHIN, its External Advisor and the NHS Board in making a final determination on the HIP vision. In addition to receiving this Consultation Summary Report, the HNHB LHIN and its External Advisor will also receive a copy of all of the unedited web-based consultation comments as well as written submissions from individuals and/or community partners.

1.1 Community Engagement Principles

As part of the HIP development process, the NHS articulated principles that have guided the organization in its community engagement and consultation activities. These principles include:

- Inclusive:*** We will engage with the full range of healthcare consumers, providers and communities that have a stake in or are influenced by our plans.
- Appropriate:*** We will use a variety of communication methods responsive to our stakeholders while at the same time being responsive in our use of resources.
- Accessible:*** We will provide clear, accessible and comprehensive information striving to eliminate the barriers of language, culture, literacy and disability.
- Responsive:*** We will be respectful of and responsive to stakeholder input.
- Transparent:*** We will engage with stakeholders openly and will be transparent in our purpose, goals, accountabilities, expectation and constraints on how stakeholder engagement will be used in decision making.
- Timely:*** We will endeavor to share information and involve stakeholders in a timely and responsive manner.
- Accountable:*** We will monitor the effectiveness of our stakeholder engagement strategies and be accountable to our principles and the processes we undertake.

1.2 Shared Responsibility

Community engagement as a shared responsibility

The community engagement process was a *shared responsibility* between the NHS and the HNHB LHIN. The NHS took a lead role in soliciting feedback from the community and internal/external stakeholders through a variety of mediums identified later in the report. The HNHB LHIN, through its External Advisor, also solicited feedback from key stakeholders (i.e., face-to face meetings with elected officials, physician leaders) and the community at large (i.e., Town Hall meetings).

2.0 Niagara Health System Consultation Process and Methodology

2.1 Two Phase Community Engagement Process

The NHS' Community Engagement Plan for the HIP was developed in two phases:

Phase One:

- June 2 to July 15, 2008: education and stakeholder input to inform the development of the HIP; and

Phase Two:

- July 16 to October 6, 2008: educate and seek stakeholder input and response to the recommendations outlined in the HIP.

For reference purposes, Appendix 2 contains the feedback from the Phase One Consultation.

2.2 Consultation Objectives

The objectives of the NHS' Phase Two Consultation Process were:

- to provide context and facilitate education about the changing nature of health care and how those trends influenced the development of the HIP recommendations;
- to gather stakeholder input on the proposed vision/plan; and
- to identify potential mitigating strategies or alternate recommendations.

2.3 Internal Stakeholders

Similar to the Phase One Consultation Process, significant efforts were made to inform the NHS' 6,000+ individual internal stakeholders about the HIP and opportunities to provide feedback. Three Joint Communiqués authored by the Board Chair, CEO and Chief of Staff were published and distributed to internal stakeholders across all sites on July 17, September 5, and September 29, 2008. In addition, the internal staff newsletter (Round Up) included 9 HIP related articles encouraging staff to participate in the survey/feedback process (see Appendix 3).

Internal Stakeholder Meetings

Meetings were also held with the following stakeholders to brief them on the HIP vision and of the opportunity to provide feedback:

- NHS Regional Directors;
- NHS Site Leadership Committees;
- NHS Union Leadership;
- NHS Fiscal Advisory Committee;
- NHS Interprofessional Practice Advisory Council;
- NHS Nursing Professional Practice Advisory Council;
- NHS Standing Committees (Fort Erie, Niagara-on-the-Lake, Port Colborne);
- NHS Auxiliaries;

- NHS Medical Advisory Committee;
- NHS Site Medical Leadership Committees;
- NHS Regional and Local Hospital Foundations.

In addition, staff drop in sessions (“*Coffee with the VP*”) were facilitated in order to provide staff with an opportunity to ask questions or provide feedback on the HIP vision. As well, many of the clinical programs conducted “program planning” meetings to further engage the program teams in discussion on the HIP submission.

Internal HIP intranet

The dedicated internal HIP web-section on Source-net (the organizations intranet) that was developed for the Phase One consultation remained in effect for Phase Two. This included a link to the HIP web-section as well as a dedicated email address that employees, medical staff and volunteers could use to provide feedback on the HIP.

2.4 Community Stakeholders

The full HIP submission was made available to the public and community stakeholders through a number of mechanisms:

Mechanisms to Inform Community Stakeholders

- posted on the NHS HIP micro-site (a dedicated section of the external NHS website used exclusively for the HIP, developed as part of the Phase One Consultation Process). This website also contained the executive summary, Frequently Asked Questions (FAQs), background information and video briefings from several of the program leaders involved with the development of the plan (<http://improvements.niagarahealth.net/>);
- a News Release was issued to approximately 400 community agencies listed with *Information Niagara*, providing community stakeholders with an overview of key aspects of the HIP submission as well as a contact name for further information;
- information notices were distributed to area businesses through Chambers of Commerce around Niagara;
- paper copies of the HIP were distributed to the main library and satellite branches in St. Catharines, Welland, and Niagara Falls;
- paper copies were made available for on-site reference/reading at each of the Site Administration Offices of the six local hospital sites;
- paper copies were distributed to community stakeholders, including the 12 Niagara municipalities, other hospitals in the LHIN, Community Care Access Centre, Community Health Centres and post-secondary educational institutions. The full distribution list is included in Appendix 4.

HIP website

The HIP website was publicly launched on June 26, 2008. Communication related to the website’s existence and opportunity for public feedback on the HIP was accomplished through news media coverage, email distribution to community

contacts, public service notification to all community and social service agencies through Information Niagara, outreach to the memberships of all Chambers of Commerce in Niagara, as well as print advertisements in weekly and daily newspapers across Niagara. A series of advertisements/notices were published in daily and weekly newspapers throughout the region on August 8, August 9, September 27, October 1, October 2, October 4, 2008 inviting members of the public to provide input (see Appendix 5).

Information Sheets

Information sheets providing further clarification on four key aspects of the HIP were posted on the website and were also widely distributed in public waiting rooms across all NHS sites and to key stakeholders (e.g., news media, Standing Committees, Foundations, Auxiliaries, Public Libraries, pharmacies, Chambers of Commerce, etc.). The Information Sheets included an invitation to readers to provide feedback by way of the HIP website (see Appendix 5). The “New Vision for Small Hospitals” information sheet was included as an insert to the Port Colborne distribution of the Welland Tribune on August 27th and the Fort Erie Times on August 30th. A dedicated insert on “The Changing Role of Emergency Departments” was also distributed direct to households for residents of Port Colborne and Fort Erie on August 27th and August 30th, 2008. In total, 46,820 Information Sheets were distributed to households across both communities.

Dedicated Telephone Line

The dedicated telephone line that was established for the HIP was continued in Phase Two. For those residents who did not have access to the Internet, they were able to call and request copies of the printed booklet questionnaire.

Articles, Frequently Asked Questions, OHA Video briefing

Ten additional detailed articles were posted on the HIP website post July 15, 2008. These included four articles under the heading “What Health Experts Say,” three articles on “Vision Details,” and four articles under the heading of “Frequently Asked Questions.” An additional video briefing from Tom Closson, President and CEO of the Ontario Hospital Association was posted on July 29, 2008 (see Appendix 5).

Website “Traffic”

From July 16 to October 6th, more than 4,554 visits were registered on the HIP website with visitors viewing 21,089 pages of the website. The top three most viewed/read sections of the HIP website were the video briefings, the “Your Input” questionnaire, followed by the full HIP submission. The greatest number of website visits, based on internet service provider, were from the communities of Toronto, Thorold, Welland, St. Catharines, and Fort Erie.

2.5 Consultation Methodology

A number of mediums were used to gather feedback on the HIP submission:

Web-based Survey

- Similar to Phase One, a web-based survey was developed to allow the community the opportunity to provide feedback on the HIP submission. The survey was posted on the dedicated section of the external NHS website referenced above. The survey was completely anonymous and the only required field was the input of the respondent’s postal code.

Dedicated Telephone Line

- For those residents who did not have access to the Internet, they were able to call and request a hard copy of the printed booklet questionnaire.

Dedicated Internal Email Address

- There was a dedicated email address that employees, medical staff and volunteers could use to provide feedback on the HIP.

Letters/Formal Submissions

- Individuals and community organizations were invited to make formal submissions directly to the NHS.

Feedback Provided at Face-to-Face Meetings

- Many stakeholders (e.g., physicians, elected officials) also provided feedback during face-to-face meetings with NHS staff.

Media Monitoring

- Local media clippings and Letters to the Editor were monitored.

Town Hall Meetings

- In early to mid October, the HNHB LHIN External Advisor conducted four town hall meetings in the communities of Fort Erie, Niagara Falls, Port Colborne and St. Catharines. Representatives from the NHS Board and Senior Staff attended those town hall meetings and perspectives gleaned from those meetings have been incorporated into this Consultation Summary Report.

The feedback reflected in this report was collected from July 16 to midnight on October 6th, 2008.

3.0 Consultation Results

3.1 Number of Respondents

Respondents

As of October 7, 2008 at 0000 hours:

- 374 on-line questionnaires were completed and submitted;
- 13 letters/written submissions from local community organizations (Appendix 5 provides a list of organizations that provided formal consultation feedback);
- 10 letters from individuals; and
- 5 emails from individuals providing feedback on the HIP.

3.2 Description of Survey Respondents

Of the 374 submitted questionnaires, the majority of respondents identified that they were providing their own responses (96.5%).

Majority respondents between ages of 45-54

The majority of respondents were in the age category of 45-54 years.

TABLE 1: Age of Survey Respondents

Age	Percentage
Under 25	7.5%
25-34	9.1%
35-44	17.1%
45-54	27.5%
55-64	16.3%
65-74	10.4%
75 and Over	2.9%
Prefer not to say	5.9%
Not Applicable	3.2%

Majority respondents were female

The majority of respondents identified themselves as female.

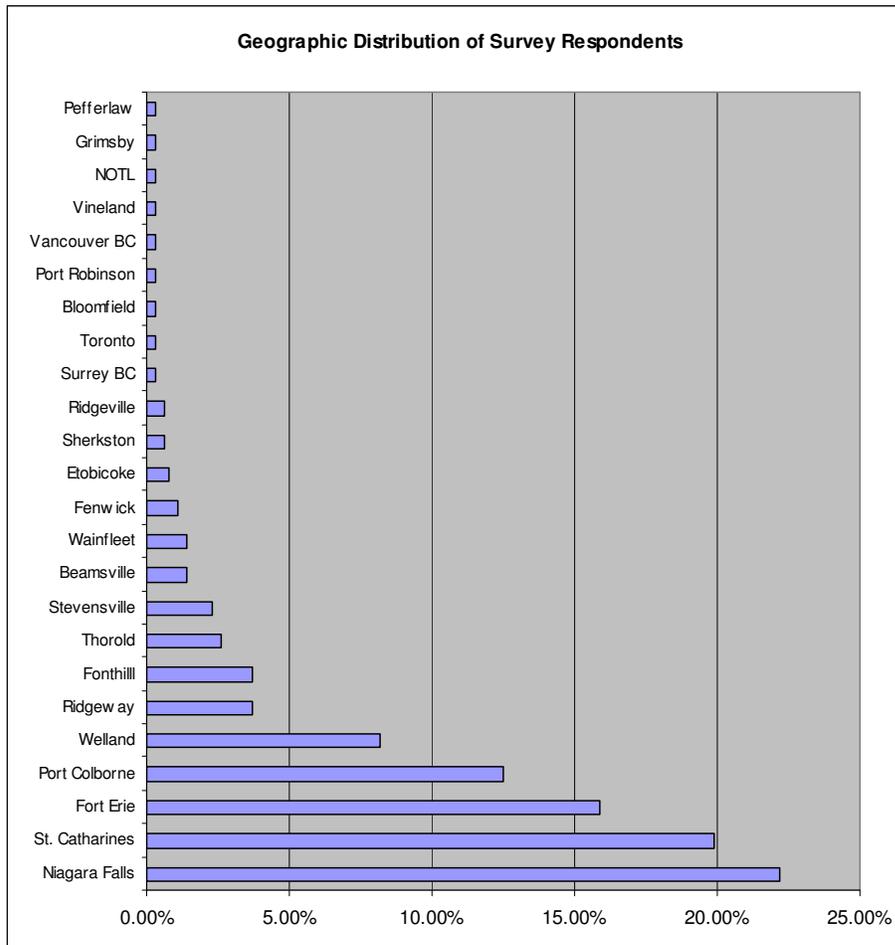
TABLE 2: Gender of Survey Respondents

	Percentage
Male	31.6%
Female	58.3%
Prefer not to say	6.7%
Not Applicable	3.5%

The majority of respondents identified themselves as residing in Niagara Falls (22.2%), St. Catharines (20.6%) and Fort Erie (15.4%).

Geographic Distribution of Respondents

Figure 1: Geographic Distribution of Survey Respondents



3.3 What We've Heard: Overview of Common Themes

Summary Report

Due to the breadth of issues raised in the on-line and written submissions, themes were identified to facilitate categorizing the various perspectives shared by the respondents. *Therefore, this report does not provide a verbatim list of all comments received but rather is a summary report.*

As highlighted in the report *Healthcare for London: Consulting the Capital* (March 2008) and reflected in the feedback received on the HIP, there can be a tendency for responses to come from those more likely to consider themselves affected and more motivated to express their views. Responses also tend to be more biased towards those people who say they will be negatively impacted upon by the implementation of the HIP.

Self-Selected Respondents - Results not a representative sample of all Niagara residents

The consultation feedback process highlighted some important perspectives and concerns that respondents have regarding the HIP. However, it is important to note that the nature of “consultation” is that respondents are self-selecting and therefore not necessarily representative of opinions across Niagara. Therefore, from a qualitative analysis perspective, the findings contained within this report relate solely to those who have chosen to respond; the results can not be construed as a representative sample of ‘all’ Niagara residents but rather is representative of those who chose to respond to the consultation

Both Supportive and Unsupportive Themes

As anticipated, the consultative feedback reflected both supportive and unsupportive comments related to the service delivery vision articulated in the HIP. Although the questions asked did not solicit a yes or no answer of support, the majority of the feedback received was unsupportive or reflected respondents’ concern with the recommendations contained within the HIP submission. However, there was also supportive feedback and very mixed/contrary perspectives on similar issues. The themes are further articulated below.

3.4 What We've Heard: Supportive HIP Themes

There are 4 overarching supportive perspectives that have been identified through the consultation process. These are:

Support for Centres of Excellence

Support for Centres of Excellence

- Many respondents articulated support for the concept of *Centres of Excellence*, indicating that such specialization will improve the quality of patient care in Niagara, facilitate optimal use of infrastructure, equipment and also assist with recruitment and retention of scarce human resources.

“With limited resources, providing all services at all sites is not feasible, practical, sustainable or safe.”
Survey respondent

Improve Quality of Care**Opportunity to Improve Quality of Care**

- Many respondents identified that the HIP process has created a platform or focus on the need to improve the quality care of care in Niagara. Many of the comments relate to the nine domains of quality referred to earlier, centered around safe, timely, efficient, effective and coordinated patient care.

“It is clear that health care in Niagara is in desperate need of improvement and like every other area in the province the answer seems to be in consolidating services.”

Survey respondent

Status Quo Not Sustainable, Time to Embrace Change, Move Forward

- Numerous respondents shared that the status quo is no longer sustainable in Niagara. They identified the need for Niagara to keep pace with changing health care trends, to move forward and to ‘get on with it’ like other communities in the province in order to facilitate investment in leading edge programs and services and to also recruit the best and brightest.

“Status quo is not the answer, increased funding is simply a band-aid solution, and raising taxes is not an option – it’s time to make hard decisions.”

St. Catharines-Thorold Chamber of Commerce

Support for Community Enablers

- There was recognition among numerous respondents that health care is more than hospital care and that significant community investment is required to provide appropriate care as close to home as possible. However, some concerns were raised with respect to how such enablers would be funded and whether they would be funded in a timely manner to support the HIP implementation.

“These are critical underpinnings to the success of the HIP and will require careful delineation as to who will lead the Niagara community in developing the plans for these needed enablers and be accountable for assuring their funding and implementation.”

Region of Niagara

3.5 What We’ve Heard: Unsupportive HIP Themes

There are six overarching unsupportive perspectives that were identified through the consultation feedback. These are:

Opposition to the conversion of the 24/7 Emergency Departments to Prompt Care Centres in Port Colborne and Fort Erie; Opposition to the proposed changes to the role of the Port Colborne and Fort Erie sites

Opposition to Emergency Department Conversion in Port Colborne and Fort Erie, Opposition to proposed role changes at the Port Colborne and Fort Erie Sites

A significant number of respondents voiced strong opposition to the changes proposed for the Port Colborne and Fort Erie sites, most notably raising concerns related to:

- *negative patient outcomes* [i.e., travel times to larger hospital sites will negatively impact patient outcomes];
- *access and isolation* [i.e., lack of regional transportation system, impact of winter weather on highway driving, lack of access to emergency services between 10 pm and 8 am];
- *inequity* [i.e., St. Catharines, Niagara Falls and Welland patients will have more equitable access to ED care];
- *affordability* [i.e., financial impact associated with traveling to other sites];
- *availability of ambulances* [i.e., there will be a need for more ambulances to transport people out of their home community, resulting in increased wait times as well as increased number of ambulance off-load delays];
- *does not take into account growth associated with tourism/border community needs*;
- *convenience* [i.e., convenient to have doctor and hospital in home community];
- *sustainability of small communities* [i.e., potential outflow of residents/businesses out of small communities in the absence of a local full-service community hospital];
- *capacity* [i.e., questions about whether Greater Niagara and Welland EDs can handle additional emergency visits]

Physician Remuneration Impact

In addition, some physicians raised concerns that the conversion to a Prompt Care Centre would negatively impact their income potential, which would influence their decision to stay or leave the community.

NHS COMMENTS

Change in Role of Small Hospital Sites

Since the 1970's, less-invasive surgeries, new drug therapies and high-tech diagnostic services have dramatically changed healthcare delivery and have changed the roles of our hospitals. With the introduction of these new technologies, over time, our smaller sites have devolved as 'fully functioning' hospital sites. Although there is a perception in the smaller communities that their local hospital provides the majority of their in-patient care, today, Fort Erie and Port Colborne residents receive only *one-third* of their inpatient care at their local hospital – the majority of their in-patient care (including surgical care) is provided at Niagara's larger hospitals where more specialized treatments are available.

Majority of Current ED Care will continue to be provided in Prompt Care

The majority of Port Colborne and Fort Erie patients that *currently* utilize the PCG and DMH EDs *will continue* to be treated at the new PCG and DMH Prompt Care Centres [95% of triage levels 3, 4 and 5 – as defined by the Canadian Triage and Acuity Scale as patients who are suffering from minor illnesses and injuries]. Local care for these same types of patients *will also continue* when the Prompt Care Centres transition to Comprehensive Primary Care Centres. And it is important to stress that the transition to Comprehensive Primary Care Centres will only occur when the appropriate structures and supports to facilitate this shift are in place (i.e., the Port Colborne and Fort Erie communities will not be prematurely "abandoned").

Current Practices will continue for more emergent care

For more emergent care needs, as they do today, Port Colborne and Fort Erie residents will continue to access the Greater Niagara and Welland Emergency Departments [“Consulting services are not available in either the PCGH or DMH sites. The lack of specialist consultation, combined with the lack of infrastructure to support the care needs of high acuity patients results in the transfer of those patients needing this care to larger emergency department sites.” (HIP, page 113) “...the incremental burden of approximately 7 to 10 visits per day on the three larger sites, which is not a significant workload issue.” (HIP, page 116)]. The NHS is committed to minimizing wait times at the large site EDs through the introduction of initiatives such as Fast Track areas. This is in keeping with the Province of Ontario’s ED Wait Times Initiative that also includes comprehensive public education on ‘where you go for the right care’.

Minimizing Wait Times***More Appropriate Care for in-patients at the small sites***

The current complement of acute in-patient beds at the small sites are utilized predominately by patients requiring an alternate level of care (ALC). The HIP vision acknowledges the role that the small sites play in the continuum of care and will transition the small sites to Centres of Excellence for Complex Continuing Care – providing dedicated, slow-paced recovery care to support people to return home or to other care settings (in keeping with the HNHB LHIN ALC Steering Committee Right Level of Care Report, July 2008). The introduction of slow-paced recovery will, for the first time, bring a dedicated medical service to the region to support patients recovering from major surgery or illness with a therapeutic environment and treatment that will enable them to recover and return to their homes. Complex Care has become a highly-specialized clinical area involving physical therapy and occupational therapy that supports keeping seniors well longer where they want to be – in their homes.

Pursue Alternate Funding Arrangements for Prompt Care Physicians

The NHS is committed to working with our physician partners to pursue alternate funding (i.e., Emergency Department Alternate Funding Arrangement) for the physicians providing Prompt Care coverage at the Port Colborne and Fort Erie sites to ensure there is no negative impact to their income.

Work to develop transportation solutions

The NHS will work with its partners to develop transportation solutions to ensure that the proposed changes do not place undue burden on local residents who may have to travel outside of their community for care.

Partner with EMS regarding ambulance availability and distribution

The NHS will continue to work with its partner Niagara Regional Emergency Medical Services regarding availability and distribution of ambulances, particularly for the small communities (e.g., destination protocols to ensure patients arrive at the proper destination, mechanisms to improve off-load delays, etc.). This could also include joint public education on appropriate use of ambulance for urgent/life-threatening conditions only, using other forms of transportation for non-urgent conditions.

Generally, support for consolidation but not for the proposed location**Consolidation of Maternal/Child Services**

Generally, there appeared to be support for the consolidation of Maternal/Child services, although some respondents advocated for the status quo. Some advocated for an expanded role for midwives. However, a significant number of respondents that supported consolidation cited concerns with the proposed *location* of the unit, specifically related to:

- *timely access to safe care* for children and concerns that all children/parents would have to travel to the St. Catharines site for all their hospital care;
- *timely access to safe care* for women in labour and concerns associated with time and distance to the new healthcare complex for women in active labour;
- the need for a “*back-up site*” should there be an outbreak or other emergency at the consolidated site.

NHS COMMENTS

Alternate Locations Proposed

The general support for consolidation of Maternal/Child services, based on enhancing quality of care is very encouraging. Suggestions were made to locate the consolidated program at either the Welland or Niagara Falls hospital as opposed to the new healthcare complex in St. Catharines. The decision to locate the consolidated unit at the new healthcare complex was based on a detailed analysis of the relevant data contained within the HIP submission. Specifically in regard to the feedback on the location of the consolidated unit in St. Catharines, it is important to emphasize that the controversy exists on the basis of a “*central location*” at Highways 406 and 20 and the “*approved location*” at First Street and Fourth Avenue, which are approximately 10 minutes away from each other. Further, there was an assessment undertaken of the proposed Highways 406 and 20 siting which is further described in Appendix 7.

Pediatric Clinical Decision Units in Welland and Greater Niagara EDs

The HIP vision for the Maternal/Child Program includes Pediatric Clinical Decision Units (CDUs) at the Greater Niagara and Welland Emergency Departments (EDs). CDUs include short-term pediatric observation beds; therefore, children will continue to be treated at the Greater Niagara and Welland EDs in the Pediatric CDUs and only the small proportion that require a hospital in-patient stay will be admitted to the consolidated unit at the new healthcare complex in St. Catharines. [“Currently only 4% of all pediatric visits to the EDs of the NHS result in a hospital admission.” HIP, page 149].

The HIP vision for the Maternal/Child Program includes capacity for the Greater Niagara and Welland EDs to assist women in active labour.

Health Teaching, Trained Paramedics

The Maternal Child program will continue to provide leadership and health teaching for families over the nine month gestation period. Although there are occasional situations where babies are born spontaneously, trained emergency personnel are available and prepared to respond. Niagara Paramedics are educated and trained in emergency births and have the opportunity to acquire their skills through learning experiences within the NHS Maternal Child Program, working collaboratively with our physicians, midwives and nurses. This partnership will continue as part of the HIP vision.

Location of the New Healthcare Complex

“Super Hospital”

Many of the respondents questioned the location of the new healthcare complex, calling for one regional “super hospital” in the centre of Niagara, specifically at the intersection of highways 406/20. Many called for halting the new healthcare complex project until the site selection is revisited. This was couched in the belief

that the new St. Catharines site is now the *de facto* regional hospital. However, others voiced concern that the HIP process may delay the construction of this much needed new facility. In addition, some respondents had the impression that the site location was linked to the HIP process and was part of the HNHB LHIN's External Advisor's (Dr. Kitts) mandate to be re-visited. Others had the impression that by proceeding with the new healthcare complex in isolation of approval of the HIP, the NHS was preempting or predetermining the outcome of the HIP in a 'devious' or 'secretive' way.

NHS COMMENTS

External Advisor's Mandate

Dr. Kitts' mandate (see Appendix 6) does not include an evaluation of the site selection for the new healthcare complex.

Origin of the new healthcare complex

The origin of the new healthcare complex dates back to the late 1990's to the restructuring directions issued by a former government. After significant public consultation during this process, the legal directions for Niagara were to maintain all hospitals sites but to amalgamate eight of them under the Niagara Health System. Although the NHS was also mandated to consider the distribution of clinical services across the sites as a result of these directions, this has been exceedingly difficult due to the desire of each of the communities that currently has a hospital site to maintain the status quo. As well, as part of these legal directions, the NHS was directed to significantly upgrade the emergency departments at both the Welland and Niagara Falls sites (both now completed) and to significantly renovate the two sites in St.Catharines and build the new Cancer centre and Tertiary mental health beds at the St. Catharines General site. Subsequently, upon the advice of the Niagara District Health Council, the St.Catharines General site was also selected to host the cardiac catheterization centre. It is important to stress that these were legally binding directions that the NHS was obliged to implement. The NHS did not have a mandate or an option to revisit the number of hospital sites in Niagara or to consider a 'Super Hospital' which has been the source of much criticism – the directions to the NHS were clear based on the extensive community consultation that had already been completed to maintain all sites. The vision contained within the HIP demonstrates the continued commitment of the NHS for every site to play a continuing role in contributing to the delivery of healthcare in Niagara and to its local community.

After analyzing the cost of renovating both of the sites in St. Catharines, parts of which are over 100 years old, the NHS determined, with the approval of the Ministry of Health and Long-Term Care, that building a single new healthcare complex on a greenfield (vacant property) was a longer term, more economical solution. The site for the new hospital was announced in 2003 as the preferred site. After investigating a total of 23 sites, and after public consultation and obtaining the necessary rezoning requirements without any appeal, the land was purchased in 2004. The approach used to select the site of the new healthcare complex is further explained in Appendix 7. Since that time, the NHS has planned for the new healthcare complex based on: (a) a replacement facility for the two existing hospital sites in St. Catharines (the St. Catharines General and the Ontario Street sites), and (b) to deliver on the regional services previously identified to be built as part of this new healthcare complex – cancer, cardiac catheterization and tertiary mental health.

It is on this basis that the NHS has worked with Infrastructure Ontario and the Ministry of Health and Long-Term Care to complete the procurement for this new healthcare complex and has now signed contracts with Plenary Health to deliver this project.

NHS Supports a multi-hospital system for Niagara

As identified above, the NHS supports a multi-hospital system for the Niagara Region. Advocates of a regional hospital assume that the current multi-site system could be maintained in addition to a new “super hospital” located centrally in Niagara. This concept can not be supported on several levels. First, the model would leave St. Catharines, with the largest urban population, with no community hospital. Secondly, the HIP vision speaks to pressures associated with health human resources which could not be stretched across existing sites in addition to a central “regional” facility. This model would run contrary to supporting the principles of quality, viability and sustainability in a multi-site system.

Flexible Design of New Healthcare Complex

The design development for the new healthcare complex is at approximately 30% completion. This level of design established the footprint of the new complex and the required clinical adjacencies. As such, the design was developed to be adaptable to accommodate changing healthcare needs for the next 50 years. Specific examples of adaptability are including “soft space” which is administrative or meeting spaces that could be accommodated offsite to accommodate growth in high demand clinical areas, medium term expansion as well as the required 100% redevelopment of the site on the existing land. It is important to recognize that while the design is being developed to be flexible and adaptable, the expansion is also limited by the current footprint of the design.

Need for regional transportation system

Transportation

There is some concern that in the absence of a regional transportation system, patients and families will have difficulty accessing the proposed Centres of Excellence. Further, some respondents voiced concerns that regional tax levies would likely be introduced to support a regional transportation system, resulting in an increased burden for Niagara residents.

“91.8% believe if a regionalization of services takes place, a regional transportation strategy needs to be in place.”

Niagara Falls Chamber of Commerce
(based on results from the Niagara Falls Chamber of Commerce survey)

NHS COMMENTS

Exploring NHS Shuttle Service

The NHS recognizes that transportation is *one of the most critical enablers* to support the HIP vision. The NHS is currently exploring the introduction of a NHS operated Shuttle Service to facilitate transport of patients, families and visitors from NHS site to NHS site.

Work with Regional Government

The NHS will continue to work with regional government to explore opportunities for implementation of a regional transportation system. These discussions were initiated prior to the HIP process.

Lack of Trust***Lack of Communication and
Lack of Transparency***

There is also a sense in some communities that the NHS can not be 'trusted' and that there have been 'secret plans' all along that the leadership has not disclosed – lack of communication and lack of transparency were cited.

***Administrative Salaries,
Competency***

Questions related to competency of NHS Administration and Board to make decisions were raised. Similarly, there were references to what some respondents viewed were inappropriately high administrative salaries.

Elected/Representational Board

There were calls from some for a change in governance structure of the NHS by introducing elected and representational Board membership.

***Balance at Expense of Small
Sites, Consider
Deamalgamation***

There is the belief among some that the NHS is balancing the budget at the expense of small sites and that deamalgamation should be considered.

NHS COMMENTS***Better Communication***

The NHS acknowledges that it needs to do a better job communicating with its stakeholders and communities. To support implementation of the HIP, the NHS will publicly communicate the implementation plan using a variety of methods to promote transparency, inclusion, and understanding. This could include establishment of a Speakers Bureau featuring clinical and administrative leadership, distribution of information bulletins dedicated to HIP implementation, and maintaining the HIP micro-web-site to provide regular updates on the status of HIP implementation.

***Impact of Change and
Misinterpretation as Mistrust***

The delivery of health care is changing on a regular basis. The NHS will need to be flexible to respond to changing healthcare trends. This is inevitable. Although the HIP will provide us a road map based on the challenges known today, tomorrow there may be new technologies or new challenges or new drug therapies that may force us to modify our vision. This constant change may be interpreted as 'mistrust' of the NHS for not maintaining the 'status quo' or keeping true to a particular vision. Clear communication with our communities and stakeholders will be essential in building trust as we move forward. In addition, the NHS is committed to identifying quality metrics to facilitate public monitoring of the impact of the HIP vision, embracing transparency and collaboration as part of its implementation planning approach.

***All Sites Contribute to Savings,
Maintain Amalgamated
Structure, Enhance Integration***

All departments and programs across all sites of the NHS have contributed to operational savings since amalgamation. Operating cost reductions in the HIP have been identified at every one of our sites. The current NHS multi-site structure is in keeping with the Government's Transformation Agenda for enhanced integration and efficiencies within and between organizations.

***NHS is an Efficient
Organization***

The NHS uses various benchmarking tools as part of the annual budget process to examine ways to do things differently and provide quality care to our patients while making the best use of all our resources. The NHS has concentrated efforts to reduce administrative and support areas by benchmarking to peer hospitals. Based

on the MOHLTC indicator report, administrative and support costs have been reduced by 5% since fiscal 2003-2004. The NHS is one of the most efficient hospitals in our peer group.

In November 2007, the NHS moved forward on a plan to commission an independent comprehensive benchmarking process to identify efficiency and productivity improvements. This process was conducted under the guidance of Health Care Management Group (HCM), a leading Canadian specialist in hospital performance, benchmarking and an advisor to the Ministry of Health and Long-Term Care (MOHLTC). The comprehensive research and analysis completed by the HCM Group showed that we are performing better than 85% of our peer hospitals and that year over year since amalgamation we have shown consistent improvement in the use of our financial resources.

Administrative Salaries in keeping with other Hospitals

The NHS' salary administration policy line is at the 50th percentile, calculated based on peer comparators. This is reviewed on an annual basis.

Skill-based Boards

The current best practice hospital governance literature continues to support skill-based Boards, not those that are elected or based on geographic representation (Ontario Hospital Association Guide to Good Governance, 2005).

Lack of Consultation, Lack of Engagement

Lack of Consultation

There was criticism from some stakeholders that the NHS did not engage in sufficient consultation prior to the HIP submission.

NHS COMMENTS

The HIP submission was created in response to a short timeframe defined by the HNHB LHIN. The HIP was developed as a vision by the clinical and administrative leaders, based on external reviews, best practice literature and changing healthcare trends. The time between July 16 and October 6 has been used to hear from stakeholders in order to inform the NHS and HNHB LHIN in making a final decision on the HIP vision.

3.6 Contrary HIP Themes

There were also very mixed perspectives in some areas.

Recruitment and Retention

Some respondents identified the HIP vision as providing opportunities to recruit and retain staff and physicians by providing more opportunities to engage in specialized practices with access to the most current technology – this was echoed by many staff and physicians. The recent inability to retain qualified staff in the Cardiac Monitored beds at the PCG and DMH sites is evidence of the desire of staff to practice within their full scope of practice in a highly specialized environment.

However, some respondents voiced concerns on the impact on staff (i.e., potential job loss) and physicians, specifically the notion that by moving to Centres of Excellence, physicians may opt to leave Niagara rather than being “forced” to move

their office close to the respective Centre of Excellence. The NHS encourages physicians to maintain their office-based community practices while accessing Centres of Excellence that by definition have current technology and highly skilled staff to provide high quality hospital care.

Many respondents indicated that the HIP vision would support a more coordinated, regional approach to fundraising that would be highly successful. Others highlighted that due to their lack of support the HIP vision, they would not support regional fundraising efforts for services not located in their home community.

3.7 Other Feedback

Physician Remuneration

With the move to Centres of Excellence, some physicians have highlighted concerns associated with the impact on their remuneration.

NHS COMMENTS

The NHS is committed to working with our physician partners to identify alternate funding arrangements to ensure there is no negative impact to their income.

Maintain Status Quo at the Niagara-on-the-Lake Site

The physicians in Niagara-on-the-Lake (NOTL) have advocated for maintaining the current complement of acute care beds at the NOTL site to facilitate local family physicians providing acute/sub-acute care to their patients rather than the proposed full site conversion to Complex Continuing Care.

NHS COMMENTS

The NHS is committed to working with the NOTL physicians to identify potential opportunities within the Complex Continuing Care framework for physicians to manage their patients.

Diabetes Centre

The opportunity to relocate the Diabetes Centre to Port Colborne was received with mixed reviews. Specifically, there were concerns identified related to client accessibility as well as reducing opportunities for coordination with other Centres of Excellence. Suggestions were made to maintain the status quo or co-locate the Diabetes Centre with the Centre of Excellence for Ophthalmology in Welland.

NHS COMMENTS

Addictions Services

This type of relationship will be considered as part of the ultimate siting of the Centres of Excellence.

Some respondents advocated for maintaining the current Addictions Services in Port Colborne.

NHS COMMENTS

The NHS continues to support consolidation at one site in order to realize the full potential of the HIP vision for addictions services.

Mental Health

Many respondents were very supportive of the vision for expanded mental health services in Niagara, particularly mobile crisis services and out-patient clinics. However, some concerns were raised with respect to consolidation of all in-patient services at one site, noting potential hardship for families/friends to visit in-patients in the absence of a regional transportation system.

NHS COMMENTS

The literature demonstrates that when sufficient community-based mental health services are in place, the need for psychiatric hospital beds decreases. The HIP vision advocates for additional community-based services and hospital-based clinics to support people in their home communities as much as possible, thereby using in-patient hospital admissions as a last resort. And as stated previously, the NHS is exploring opportunities to introduce an inter-site shuttle service which could facilitate access for families/friends providing visiting and other informal supports.

Enhanced Geriatric Services

Many respondents voiced the need for enhanced geriatric consultation and support services in Niagara.

NHS COMMENTS

The NHS concurs with this position as articulated in the community enablers portion of the HIP submission.

ORGANIZATION-SPECIFIC FEEDBACK

Hotel Dieu Shaver Health and Rehabilitation Centre (HDSHRC) to be the sole provider/Centre of Excellence for “slow paced rehabilitation”

Increased Rehabilitation Beds, Central Intake Role, CCC Slow Paced Rehabilitation Patients Referred to HDSHRC

In its submission, HDSHRC has recommended that there be increased rehabilitation beds at HDSHRC, that they act as the central intake for both complex continuing care (CCC) and/or rehabilitation referrals within Niagara, and that CCC patients identified as benefiting from slow paced rehabilitation through to active

rehabilitation be referred to the HDSHRC as opposed to the vision for the small sites articulated in the HIP.

NHS COMMENTS

The NHS agrees that the HDSHRC has a primary role in the provision of rehabilitation services. However, the NHS has concerns with the narrow definition of CCC so as to call in to question the potential role for the NHS CCC beds other than ALC care. The NHS vision is that CCC beds can be used to provide reactivation services that will complement the rehabilitation care provided at HDSHRC (in keeping with the HNHB LHIN ALC Steering Committee Right Level of Care Report, July 2008). The proposed role of the NHS CCC beds in providing slow stream reactivation is completely compatible with the current role of CCC beds elsewhere in Ontario. Consolidating all patients who require any type of rehabilitation in HDSHRC would take patients who require extended hospital stays from South Niagara away from their communities. The NHS HIP is based on an assumption that Aging at Home and other strategies can reduce the number of ALC patients in Niagara hospitals. As such, the role of the CCC beds in Niagara should not be restricted to ALC services.

Public Health and Social Services Committee, Niagara Region

The Public Health and Social Services Committee of the Region of Niagara identified issues relevant to the public health service that could be impacted by the HIP implementation. Five areas were identified:

Emergency Medical Services (EMS)

- *“With the expanding scope of care paramedics can provide, lengthened transport times to an appropriate ED, given the proposed closures of the Douglas Memorial and Port Colborne EDs, may not have a negative influence but rather may provide opportunities for improved care if the receiving facility has the enhanced capability to provide the required treatment.”*

Notwithstanding, the factors identified that may have an indirect impact on EMS include:

- Increased time on task;
- A possible increase in call volumes;
- Non-urgent patient transportation system;
- Offload delays.

Maternal and Child Health Services

- The proposed one-site program would create efficiencies for Public Health Department service providers as well as enhance communication between providers. However, accessibility was highlighted as a concern for individuals and families given challenges associated with transportation.

Mental Health Services

- There is agreement that enhanced community investment is fundamental to mental health service delivery, including availability of community-based psychiatry.
- Accessibility was highlighted as an area requiring further examination, particularly in relation to family, friends and caregivers visiting and providing support to in-patients at a consolidated unit.

Transportation Issues

- There is agreement that the success of the HIP implementation will depend on a solid transit plan for Niagara Region. It is also anticipated that there will be an impact on the Niagara Specialized Transit service but the actual requirements are difficult to predict.

NHS COMMENTS

The NHS is committed to work in a collaborative manner with the Public Health and Social Services Committee of the Niagara Region on these and other matters related to the impact of the HIP implementation.

Bridges Community Health Centre (CHC)

Bridges Community Health Centre for Fort Erie and Port Colborne identified four themes in response to the HIP:

- *Emergency Services*: it is unreasonable that the communities of Fort Erie, Port Colborne and Wainfleet have a lower level of access to emergency services;
- *Primary Care Investment*: there is agreement that primary care plays a foundational role in healthcare delivery and Bridges CHC looks forward to participating in the planning of a stronger primary care system for the communities it services.
- *Role of Community Health Centres*: the traditional role and capacity of CHCs does not necessarily align with the HIPs vision of an evolving CHC.
- *Partnerships and Integration*: the Bridges CHC welcomes the opportunity to explore potential partnership opportunities with the NHS.

NHS COMMENTS

Comments regarding Emergency Department services are included in Section 3.5 above.

The NHS looks forward to an opportunity to work collectively with the Bridges CHC in relation to its role as a CHC, with a view to enhance access to primary care services for the residents of Fort Erie and Port Colborne.

Port Colborne –Wainfleet Community Response

The Port-Colborne-Wainfleet Community Response included 12 specific recommendations that included:

- Seeking guidance from the provincial government on the future role of small hospitals;
- Finding ways to rebuild trust with the communities of Port Colborne and Wainfleet;
- Undertaking a comprehensive analysis of the impact of the proposed ED closures;
- Delaying implementation of ED changes until comprehensive alternative primary care services have been developed, emergency transportation services have been expanded and ED wait times have been improved;
- Development of a detailed implementation plan and financial analysis of costs of service changes along with a commitment from government to fund new and expanded programs;
- Engagement of the communities in finalizing the HIP and development of an implementation plan.
- Provision of a detailed human resources plan as well as a specific plan for Port Colborne;
- Development of a strategy related to transportation and access issues;
- Development of a broad communication strategy;
- Review of the siting of consolidated programs with fair and equitable access in mind;
- Commitment to work with the Port Colborne-Wainfleet Health Services Committee to plan and develop comprehensive range of primary care services.

NHS COMMENTS

The NHS is encouraged by the work of this Committee, particularly the alignment of the Committee's recommendations with the HIP vision for ambulatory programs/clinics and the shift in bed mix at the PCG site. The submission clearly recognizes the need for change based on improving quality of care for the residents of Port Colborne. In addition, the NHS notes that the Committee is fundamentally proposing establishment of a 24 hour a day/7 day a week Prompt Care staffed by family physicians, nurse practitioners and other allied health professionals.

The NHS looks forward to an opportunity to work collectively with the Port Colborne-Wainfleet Health Services Committee in HIP implementation planning.

3.8 Themes by Survey Question

Highlight Range of Comments

General themes for each of the six survey questions follow in this section of the report. Supporting unedited or verbatim comments have been used for illustrative purposes. It is important to note that these comments are not statistically representative of the views of all consultation respondents; they are used to highlight the range of comments made, not the proportion of respondents holding those views.

Some expressions of satisfaction, some expressions of concern

Many respondents used the survey as a vehicle to express general satisfaction or good experiences they had with the NHS. On the other hand, some respondents shared poor experiences and raised their concerns about service delivery.

3.8.1 Question One – Hospital Services for the Future

The Niagara Health System’s Hospital Improvement Plan clinical services plan speaks to a vision and a future that is based on the health needs of the residents of Niagara. The plan builds on what we know today about the health of our population, about the trends in the health sector and puts forward a vision for hospital-based services that our Board and our clinical leaders believe best meets the needs of the people of Niagara in the future.

NHS developed the HIP at the request of the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) due to not being able to achieve a balanced budget for the year ended March 31 2008. NHS ended the last fiscal year with a \$17.9-million deficit on \$370-million annual operating budget. The Hospital Improvement Plan (HIP) developed by Niagara Health System (NHS) identifies a future role for each hospital site that contributes to overall healthcare of Niagara and at the same time recognizes the healthcare needs of the local community's population that is in keeping with delivering high quality and safe patient care.

Through the HIP, NHS has sought to respond to the key challenges that the hospital system along with many other aspects of society are facing. Among the challenges – an aging population, an aging workforce, decreasing population wellness and increasing experience of chronic disease, increasing patient/consumer expectations, demand for a better quality of work-life by healthcare professionals and staff, and rising healthcare costs.

We understand that not everyone will agree with some, many or even all of the recommendations contained in the HIP or any other recommendations that bring about significant change in the delivery of healthcare.

Having read the HIP summary and/or the full report, do you believe that the vision proposed by NHS in the HIP adequately and appropriately meets the future health needs of the region’s population? Please provide your comments.

Many do not believe the HIP vision appropriately meets the needs of the region’s population

A significant majority of respondents indicated that they do not believe that the vision proposed in the HIP adequately and appropriately meets the future and health needs of the region’s population. Many perceived the vision as a loss of access to vital healthcare services and cited access/transportation concerns.

“Our hospitals are central to our communities.” Survey respondent

“The southern half of the Niagara Region is being abandoned and no longer being provided with adequate health care.” Survey respondent

“The rural and semi rural communities are being sacrificed yet again.” Survey respondent

“It’s not a sound plan, but instead solely driven by a ledger sheet, not the provision of services to many smaller communities that have taken pride in their community hospitals.” Survey respondent

“In all I see this “vision” as one of decline and failure for Niagara.” Survey respondent

“Absolutely not you have not taken the time to realize that transportation is going to be an issue.” Survey respondent

“The Centre of Excellence concept proposed in the HIP may make sense in Ottawa or in an urban setting but makes no sense in the Niagara Region which is so diverse and geographically far flung with no intermunicipal public transit.” Buffalo and Fort Erie Public Bridge Authority

HIP Vision is Opportunity to Move Forward

However, a number of respondents identified that the HIP vision provides an opportunity to move forward.

“...The Region of Niagara has yet to embrace the concept of Greater Niagara and continues to be very parochial in its thinking...We will be hampered by old thinking and fear of change unless we collectively can look out for the greater good of our community of Niagara. We need Centres of Excellence in order to be competitive in the marketplace...” Survey respondent

“I think it is workable if issues like transportation and location are met.” Survey respondent

“It’s also time that the citizens of Niagara realize that each community cannot duplicate resources – we cannot afford this and it makes no sense.” Survey respondent

“The future health needs of the Niagara Region will be well served if the NHS can realize its vision.” Survey respondent

“I commend the NHS for submitting the HIP Plan. The Niagara Region is well behind other communities and the approval of this plan will force many to start thinking ahead into the future not being ten thousand steps behind.” Survey respondent

3.8.2 Question Two – Centres of Excellence

Through the HIP, NHS is recommending reorganizing current services by creating Centres of Excellence to improve care, be more efficient and help Niagara attract needed healthcare professionals. Specifically, to create:

- *providing systemic/chemotherapy and radiotherapy to residents of Niagara, sited at the new healthcare complex.*
- *introducing enhanced diagnostic and treatment capabilities for people with cardiac conditions, sited at the new healthcare complex.*

Walker Family Cancer Centre

Cardiac Catheterization Centre

Stroke Centre**Centre of Excellence for Women's and Children's Health****Centres for Complex Continuing Care****Addictions Centre****Nephrology Centre****Centre of Excellence for Mental Health****Support for concept of Centres of Excellence, but concerns with siting of some Centres**

- *enhancing the continuum of stroke services currently offered by introducing a dedicated, acute stroke rehabilitation unit, sited at the Greater Niagara General.*
- *a dedicated centre focusing on the health care needs of women, offering obstetrical and gynecological services as well as comprehensive specialty care for children from newborns through to their teens, requiring both medical and surgical care, sited at the new healthcare complex.*
- *introducing slow-paced recovery/rehabilitation for people with complex medical needs, supporting people to transition home with support or to an alternate, more appropriate care environment. These will be sited at the Port Colborne and the Douglas Memorial sites.*
- *combining long-term [tertiary] and all acute [short-term] in-patient services, sited at the new healthcare complex, along with an Emergency Psychiatric Team and dedicated out-patient programs at the Greater Niagara, Welland, Port Colborne, and Fort Erie sites.*
- *integrated in-patient/residential and out-patient addictions services in a new, special purpose built location in the community of St. Catharines.*
- *a coordinated hub for care planning and patient education, located at the Port Colborne site.*
- *a coordinated hub of nephrology services at the St. Catharines site, with satellite services at the Welland, Greater Niagara and Fort Erie sites.*
- *Having read the HIP summary and/or the full report, do you believe that the Centres of Excellence as proposed by NHS in the HIP will improve the delivery of healthcare and meet the future health needs of the region's population? Do you agree with all, some or none of the proposed centres of excellence? What do you think are the challenges to creating centres of excellence? Please provide your comments.*

Summary of Responses to QUESTION TWO on Centres of Excellence

Generally, there appeared to be some support for the concept of *Centres of Excellence*; however, many respondents did not support the proposed siting of some of the Centres, particularly Maternal/Child. In addition, there were many respondents who voiced concerns with the location of the new healthcare complex in St. Catharines.

"...all of the "centres of excellence" concepts I believe are a fantastic idea...with the exception of woman's and children's health." Survey respondent

"It's also time that the citizens of Niagara realize that each community cannot duplicate resources..." Survey respondent

"I would rather drive 30 minutes to get great care than have mediocre care in my backyard." Survey respondent

"I believe there are some good ideas, but for the life of me I cannot understand the location of the proposed site." Survey respondent

“I am extremely supportive of the HIP as I believe creating Centres of Excellence is that way of the future given our existing health human resource pressures and quality of care.” Survey respondent

“...we do not have the money in Niagara to continue to fundraise to buy duplicate equipment!” Survey respondent

“Other jurisdictions have successfully consolidated services and improvements in care have been the result.” Survey respondent

“I believe the Centre of Excellence for Women’s and Children’s Health is a long time in coming. I would want my baby or my daughters baby to be born at a hospital site that attracts the best and the brightest of physicians and nurses.” Survey respondent

“I can understand the need to amalgamate services but they have to be safely and timely for all to access.” Survey respondent

“Regional centres need to be in the centre of the region.” Survey respondent

“The location chosen for the new hospital is not in the centre of the Niagara Region so it is not going to service all the people of the Region.” Survey respondent

“To take away the maternity ward and not have our children born in the city where their parents live is wrong.” Survey respondent

“A complete redesign of Mental Health Services needs to be done to meet these challenges and above all it needs to be done so as to create the services that people want and need that we have not been providing nor will we be able to with the current system. The HIP provides a realistic, achievable and best-practice blueprint that would truly serve the needs of the people of Niagara.” Survey respondent

Some do not support Centres of Excellence

There were also some respondents that clearly did not support consolidation and creation of Centres of Excellence.

“A consolidation of services can understandably lead to better quality of care within a single large municipal area. However, ours is not a single large municipal area.” Survey respondent

“The centres of excellence ideas are ok for manufacturing but NOT for community care type resources.” Survey respondent

“The concept of creating single clinical programs such as locating all obstetric and pediatric services in a single location is unfair to our citizens...This plan is not in the best interests of services being located as close to home as possible for patients and their families.” Port-Colborne Wainfleet Health Services Committee

3.8.3 Question Three – Specialized Centres for Surgical Care

Through the HIP, NHS is recommending reorganizing the current way surgical services are provided across its sites to create Specialized Centres for Surgical Care to improve care, be more efficient, help attract needed healthcare

professionals and take advantage of new technologies and techniques. Specifically, NHS is looking to create the following specialized surgical sites:

- **Dental Surgery** – Greater Niagara site.
- **General Surgery and Endoscopy** – Welland, Greater Niagara and St. Catharines sites.
- **Gynaecological Surgery** – St. Catharines site
- **Orthopaedic Surgery** – two specialized centres for orthopaedic surgery at the Greater Niagara and St. Catharines sites.
- **Otolaryngological Surgery [Ear, Nose, Throat]** – delivery of ENT surgery for adults at the Greater Niagara site and for children at the St. Catharines site.
- **Ophthalmological Surgery** – Welland site.
- **Plastic Surgery** – Greater Niagara and St. Catharines sites.
- **Thoracic Surgery** - St. Catharines site
- **Urological Surgery** – Welland site.
- **Vascular Surgery** - St. Catharines site

Having read the HIP summary and/or the full report, do you think the creation of specialized surgical centres as proposed by NHS in the HIP will meet the future health needs of the region's population and improve the delivery of healthcare? Do you agree with all, some or none of the proposed specialized centres for surgical services? What do you think are the challenges to creating centres of excellence? Please provide your comments.

Summary of Responses to QUESTION THREE on Specialized Centres of Surgical Care

Mixed views on Specialized Centres of Surgical Care

Similar to the first two questions, there were mixed views on the Specialized Centres of Surgical Care.

“I do not agree with the creation of specialized surgical centres – there are too many miles between sites.” Survey respondent

“The creation of specialized surgical centres will provide the best possible care for my family and hopefully with the most up to date equipment and resources.” Survey respondent

“I think it’s a good idea to have specialized surgical sites. Anything that will attract more doctors to the area and more specialists in any category is a good thing.” Survey respondent

“I fully support specialized surgical centres. Staff become much more thorough and knowledgeable in an atmosphere of like tasks over periods of time.” Survey respondent.

3.8.4 Question Four – New Roles for Small Hospital Sites

Similar to the manner in which patient care is currently provided at the Niagara-on-the-Lake Hospital site, NHS is recommending that the Port Colborne and Fort Erie sites evolve to vibrant and comprehensive community health centres with a strong focus on primary care and chronic disease prevention and management. The vision for the sites includes key partnerships with community organizations to further enhance the delivery of services to these communities. Specialized in-patient beds and services will be provided at these sites as part of a new vision of enhanced complex continuing care to support patients who require slow-paced recovery and rehabilitation to transition home or to other care settings. In addition, the Port Colborne site will also become the coordinated hub for diabetes care planning and patient education, and the Fort Erie site will be a satellite for dialysis care.

The Niagara-on-the-Lake site will provide a focused role in complex continuing care and continue to facilitate access to enhanced primary care through its Family Health Team.

As part of creating new roles for the smaller hospital sites, it is recommended that the existing Emergency Departments at the Douglas Memorial site in Fort Erie and the Port Colborne Hospital sites evolve over time first to Prompt Care centres then to Primary Care centres with the Emergency Departments in Welland, Niagara Falls and St. Catharines continuing to provide 24 hour, 7 day a week access to services for the acutely ill, including children.

Having read the HIP summary and/or the full report, do you agree or disagree the changes being recommended for the smaller hospital sites. Please share your comments.

Summary of Responses to QUESTION FOUR on New Roles for Small Hospital Sites

Maintain status quo at small sites

Many respondents cited very strong views on maintaining the status quo for the small sites.

“What you are planning to do to the residents of Fort Erie and Port Colborne is completely inexcusable. We depend on having a fully functioning hospital to suit our current and future needs.” Survey respondent

“Taking away our “H” would be like taking away the air that we breath in Ontario’s most southern point.” Survey respondent

“We need more services, not fewer services.” Survey respondent

“Fort Erie should not be thrown into turmoil to balance the books in St. Catharines.” Survey respondent

“What a hardship for an older person to even go to visit their loved one in a hospital outside their own city.” Survey respondent

“If you take away our hospital you will take away a vital part of our community.”
Survey respondent

“The Southern half of the Niagara Region is being abandoned and no longer being provided with adequate health care.” Survey respondent

“It’s not a sound plan, but instead solely driven by a ledger sheet, not the provision of services to many smaller communities that have taken pride in their community hospitals.” Survey respondent

“We should not feel or actually be compromised by plans that require travel costs and/or coping with weather and traffic conditions.” The Fort Erie Progressive Conservative Association of Women

Support for new roles for smaller sites

However, there was also support for developing new roles for the smaller sites.

“The changes being recommended for the smaller sites are well overdue.” Survey respondent

“Having lived in Port Colborne it is ridiculous to expect a full service hospital when you are 15 minutes away from one in Welland. We are more than happy to drive to Hamilton or Toronto for care but don’t realize that as a community there is possibility of getting really good care if we change our current system.” Survey respondent

3.8.5 Question Five – Key Enablers

The Hospital Improvement Plan has identified a number of key "enablers" or components which are essential to the success of the plan.

They include building more community supports to deliver more primary care or the care of a family physician through community centres and/or family health teams; establishing more supportive housing and long-term care so people can have a place to go when they still need care when they leave the acute care environment and expanded medical and public transportation.

Are there are other "enablers" that you feel are important to ensure the success of the plan?

Summary of Responses to QUESTION FIVE on Key Enablers

Support for the Enablers

Generally there was support for the need for enablers in the community to support moving forward, although there were questions related to the source of funding for these additional services.

“I think the HIP does try to meet the growing needs of the region provided the LHIN makes the required investments in the Community! Without the community support service (primary care health centres and more long term care) the hospital cannot be expected to maintain the current utilization/efficiency let alone make any improvements.” Survey respondent

“Changes should not be contemplated until demonstrated improvements are realized in access to the full range of primary care services.” Bridges Community Health Centre

“Where will the money come from for these “enablers”?” Survey respondent

3.8.6 Question Six – Other Comments

What are your ideas? Tell us what you think will improve the quality of care in Niagara? Please share your thoughts

Summary of Responses to QUESTION SIX on Other Comments

Various Perspectives

“Move the site of the regional hospital into the region so there is easier access for all residents of Niagara.” Survey respondent

“Barriers will be resistance to change at all levels.” Survey respondent

“The big challenge is in the lack of medical and nonmedical transport. Perhaps this plan will put some muscle around resolving these long standing issues...” Survey respondent

“I sincerely hope that the communities can somehow stop fighting for their own hospitals and work together to create something that will benefit us all.” Survey respondent

“The quality of care in Niagara will improve when less money is spent on administrators and administration and more money on doctors and nurses and other support staff.” Survey respondent

“The partisan interests of people opposing the HIP must be totally ignored, enough is enough we must move forward with changes that are rationally planned or we will continue to provide poor service until we consolidate due to collapse of budgets and/or lack of clinical staff.” Survey respondent

“It appears to me to be another cost cutting measure that does not take the best interests of the patient in mind.” Survey respondent

“...the problem is one of a failure to fully fund the NHS and not one of an actual deficit.” Survey respondent

“I feel the HIP will give our region greater appeal to these professionals to come to our region.” Survey respondent

4.0 Next Steps

Next Steps – Implementation Planning, Structure, Resources

Subsequent to an approved direction by the HNHB LHIN, the NHS will initiate HIP implementation planning to support the transition over a five year period. This will include identification of a formal structure to oversee the HIP implementation as well as dedicated implementation resources to support the complex change and transition processes required to realize the HIP vision. In addition, the NHS is committed to identifying quality metrics to facilitate public monitoring and evaluation of the HIP implementation process and outcomes.

Need for “Enablers”

The HIP vision is contingent on significant community investments or “enablers”. The NHS will continue to advocate for these investments and major change will not occur until such supports are in place.

NHS Commitment – Clear and Transparent Communication

To effectively implement the clinical changes that result from the HIP, NHS is committed to clear and transparent communication with all our stakeholders as well as:

- Providing strong and visible leadership across all levels of the organization;
- Ensuring participation of a broad cross section of stakeholders in the overall implementation;
- Building from the best practice in change management;
- Embracing transparency in the overall implementation; and
- Encouraging and facilitating community dialogue through a variety of ongoing communication tactics and mechanisms.

Rebuild Trust

From the outset and throughout the implementation period, NHS will undertake significant effort to rebuild internal and external stakeholder trust. NHS recognizes that stakeholder trust and involvement is essential to help facilitate positive environments for the successful implementation of the clinical changes.

Best Practices in Change Management

The implementation of the HIP clinical changes will be guided overall and at the individual clinical program level by best practices in change management. The NHS will be guided by the change management process developed by leading international authority John P. Kotter. The Kotter process outlines the following components:

- Establishing a sense of urgency,
- Creating a guiding coalition,
- Developing a vision and strategy,
- Communicating the change vision,
- Empowering broad-based action,
- Generating short term quality gains,

***Implementation and
Communication Guiding
Principles***

- Consolidating the gains and producing more change,
- Anchoring new approaches in culture.

NHS' implementation and communication strategies will also be underpinned by a set of guiding principles to ensure quality patient care and to rebuild trust across all stakeholder groups. Specifically these principles are:

- Commitment to quality care,
- Commitment to patient safety,
- Transparency,
- Inclusiveness, and
- Understanding.

***Common Goal of Better
Health and Better Healthcare
for People of Niagara***

Through this process, the NHS looks forward to working with our communities and our stakeholders to achieve our common goal of better health and better healthcare for the people of Niagara, now and in the future.

5.0 References

HNHB LHIN ALC Designation, Measurement & Evaluation Working Group (July 2008). *The Right Level of Care: A Strategy for Standardization & Measurement. Shifting the Practice of Alternate Level of Care (ALC) in hospital acute beds to the Designation of Patients waiting for the Right Level of Care (RLC) in Acute and Non-Acute beds.*

Ipsos MORI (March 2008). *Healthcare for London: Consulting the Capital – Consultation Analysis.* Research Conducted for Healthcare for London.

Kotter, J. P. (1996). *Leading Change.* McGraw-Hill Ryerson Agency

Ontario Hospital Association, Governance Centre of Excellence, (November 2005). *Guide to Good Governance.*

Appendix 1: May 30, 2008 HNHB LHIN Request for Hospital Improvement Plan

**Hamilton Niagara Haldimand Brant
LOCAL HEALTH INTEGRATION NETWORK**
RÉSEAU LOCAL D'INTÉGRATION DES SERVICES DE SANTÉ
de Hamilton Niagara Haldimand Brant

270 Main Street East, Units 1-6
Grimsby ON L3M 1P8
Tel: 905-945-4930
866-363-5446
Fax: 905-945-1992
www.hnhblhin.on.ca

270, rue Main Est, unités 1-6
Grimsby ON L3M 1P8
Tél : 905-945-4930
866-363-5446
Télééc: 905-945-1992
www.hnhblhin.on.ca

May 30, 2008

Ms. Betty-Lou Souter
Chair
Niagara Health System
155 Ontario Street
St. Catharines L2R 5K3

Dear Ms. Souter:

At the May 20, 2008, meeting of the Board of Directors, of the Hamilton Niagara Haldimand Brant Local Health Integration Network (LHIN), a motion was passed that a letter be sent requesting the Niagara Health System to submit a Hospital Improvement Plan (HIP). This is pursuant to Section 9 of the 2007/08 Hospital Accountability Agreement (HAA). The Niagara Health System has not met the performance obligation to achieve a balanced budget for 2007/08. The LHIN is waiving the requirement to submit the HIP within thirty days and extends the date for submission to no later than July 15, 2008.

The HIP should be a clinical services plan that ensures that the necessary expertise and resources are available to provide accessible, quality care for the citizens of Niagara, identifies current and future hospital based services by site, establishes timeframes and specific targets for each year of the HIP and links the proposed strategies of the HIP, the public interest and achieves a balanced operating budget by 2011/12.

.../2



-2-

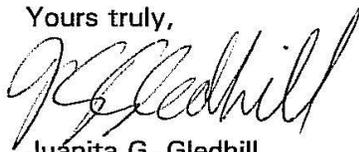
Ms. Betty-Lou Souter

The NHS should include information regarding the community engagement that has informed the creation of the HIP. It is not expected that additional community engagement between receipt of this letter and submission of the HIP to the LHIN be carried out.

The LHIN Board also approved a motion to extend the current HAA to July 31, 2008. At which time, the Board will be in a better position to assess next steps.

The LHIN will continue to work with the NHS to address the deficit and the use of resources required to meet current needs.

Yours truly,



Juanita G. Gledhill
Chair

c: Debbie Sevenpifer, President and CEO, Niagara Health System
Pat Mandy, CEO, Hamilton Niagara Haldimand Brant LHIN



Appendix 2: Phase 1 Consultation Feedback (Excerpt from the July 15, 2008 Submission)

6.0 NHS Community Engagement

6.1 Community Engagement

6.1.1 Background

Community engagement speaks to an open dialogue where all stakeholders share an equal ability to participate and be heard. Community engagement and consultation can facilitate public and stakeholder education and facilitate public and stakeholder participation. NHS embraces community engagement and consultation and is committed to its stakeholders who have an interest in or will be impacted by its actions.

6.1.2 NHS's Approach to Community Engagement

The following principles have guided NHS in its community engagement and consultation activities:

- Inclusive* We will engage with the full range of healthcare consumers, providers and communities that have a stake in or are influenced by our plans;
- Appropriate* We will use a variety of communications methods responsive to our stakeholders while at the same time being responsive in our use of resources;
- Accessible* We will provide clear, accessible and comprehensive information striving to eliminate the barriers of language, culture, literacy and disability;
- Responsive* We will be respectful of and responsive to stakeholder input;
- Transparent* We will engage with stakeholders openly and will be transparent in our purpose, goals, accountabilities, expectations and constraints on how stakeholder engagement will be used in decision making;
- Timely* We will endeavour to share information and involve stakeholders in a timely and responsive manner;
- Accountable* We will monitor the effectiveness of our stakeholder engagement strategies and be accountable to our principles and the processes we undertake.

While the community engagement/consultation field continues to emerge in Canadian healthcare planning and health policy development, best practice guidelines have evolved largely out of the United Kingdom where community engagement processes have been incorporated into health planning and policy development for some time.

Since its amalgamation, NHS has conducted community engagement through a variety of tactics/mechanisms across the engagement spectrum of informing/educating; gathering input; consulting and involving stakeholders. These include hosting community information open houses; development of

a robust and informative website; a responsive media relations service; the conduct of focus groups for specific program or service initiatives; ; and hosting community forums.

The NHS also receives regular feedback through its Patient Satisfaction Surveys and through the Compliments/Complaints process.

6.1.3 Community Engagement and NHS HIP Development

The community engagement plan developed by NHS for the HIP has been influenced by these guidelines which include: be clear as to who is being consulted, about what and for what specific purpose; ensure that the information for the consultation is as simple and concise as possible distribute information as widely as possible using electronic means (but not at the exclusion of others); make sure all responses are carefully and open-mindedly analyzed; and, the results made widely available, with an account of the views expressed and the reasons for decisions finally taken.

To best engage stakeholders in a meaningful way, the community engagement plan for the HIP has been developed into two phases:

- Phase One – June 2 to July 15, 2008 – education and stakeholder input to inform the development of the HIP;
- Phase Two – July 16 to July 31, 2008 – education and stakeholder input and response to the recommendations outlined in the HIP.

6.1.3.1 Phase One HIP Consultation

Tactics to Reach Out to and Engage Internal Stakeholders

Communications to Internal Stakeholders

Significant efforts have been made by NHS to inform its more than 6,000 individual internal stakeholders – namely employees, medical staff and volunteers – of the HIP process. A series of four Joint Communiqués authored by the Board chair, CEO and Chief of Staff were published and distributed to stakeholders across all sites on June 3, 4, 16, and 26, 2008.

Key stakeholder group meetings were held following the June 2, 2008 to HNHB LHIN notification to develop the HIP. Individual briefing meetings were held with: regional directors; hospital site leadership committees; union leadership; standing committees (Fort Erie, Niagara-on-the-Lake, Port Colborne); site medical leadership committees; regional and local hospital foundations.

Dedicated HIP Section on NHS Intranet

A dedicated HIP web- section on Source-net – the organization's intranet was also created to share information and engage internal stakeholders - employees, medical staff and volunteers and a dedicated email address was established to receive feedback to inform the HIP. This dedicated internal website section hosts background information on the HIP process including all joint communiqués and Question and Answer documents.

6.1.3.2 Phase One HIP Consultation

Tactics to Reach Out to and Engage Community Stakeholders

NHS officials held a person to person briefing meeting with local municipal mayors and Region of Niagara Chairman on June 25, 2008 to dialogue on the HIP process and to provide information on community consultation.

NHS launched its formal community consultation for the HIP on June 26, 2008.

Comprehensive HIP Website Launched on June 26

A comprehensive website or micro-site for the HIP was created and launched on June 26, 2008. Information hosted on the micro-site was made available in English and French languages and streamed into five main chapters.

Five main navigation sections were developed:

- Welcome section housing subsections on introduction to the site; case for change; quality of care; financial pressures; factors driving change; how we can change and NHS facts and statistics at a glance;
- About Hospital Improvement Plan section housing subsections on Better Ways of Delivering Care and Questions and Answers
- Background section housing subsections on Niagara's population and health status; national trends and issues in health-care; shortage of health-care professionals; disease prevalence in Niagara; primary healthcare needs in Niagara; hospitalization trends and more;
- Video Briefing section – to be populated with HIP report summaries following public release on July 17, 2008;
- Your Input Questionnaire section, featuring six open ended questions and a demographic profile section.

For ease of access the micro-site was posted as a link on the front page of the health system's main web site www.niagarahealth.on.ca.

Advertisements in Daily and Weekly Newspapers

A series of advertisements were also published in daily and weekly newspapers June 26, 2008 to July 2, 2008 inviting members of the public to provide input. Request for input was also solicited through six area chambers of commerce and their memberships and through social service and community agencies via Information Niagara, a not-for-profit agency that provides email and fax news blasts to a comprehensive region-wide listing of community and social service agencies and contacts.

Dedicated HIP Telephone Line

A dedicated telephone line was established for the HIP, for those residents who did not have access to Internet, to be able to call and request copies of background information and printed booklet questionnaires.

News Releases

To promote the consultation and profile the micro-site NHS issued a news release and undertook a number of news media interviews with extensive news media coverage resulting. From June 2 to July 10, 2008, 15 newspaper articles have been published along with three positive editorials and one letter to the editor. Radio news reported on the June 26, 2008 news release and broadcasted one live five minute interview with repeated excerpts throughout the day on July 4, 2008

794 Website Visitors

As of July 14th at 0000 hours, 794 website visitors had visited the micro-site from 534 unique email addresses, viewing 4,501 pages with 175 visitors completing and submitting the questionnaire online.

What We Have Heard from Internal Stakeholders

Since launching the dedicated HIP email address on June 4, 2008 internal stakeholders - staff, medical staff and volunteers have provided 170 individual suggestions (as of July 14) through the HIP email channel.

Feedback through the HIP email has been themed into four main categories:

- Comments/suggestions regarding patient care – 65
- Comments/suggestions related to efficiency and cost savings - 81
- Comments related to infection prevention- 4
- Comments/suggestions related to equipment and capital- 11
- Miscellaneous comments/suggestions-- 9

Overwhelmingly the feedback received through the internal HIP email channel has been insightful and constructive. Seventeen of the submissions identified changing the role of the small sites of Douglas Memorial, Port Colborne and Niagara-on-the-Lake to support non-acute hospital care.

With respect to cost savings, 12 suggestions spoke to reducing printed copying and increased use of technology. Themed reports of the feedback received through the HIP email have been shared with the senior executive team for review and follow-up actions.

What We Have Heard from Our Community Stakeholders

As of July 14, 2008 at 0000 hrs 175 individuals completed and submitted feedback to the Your Input questionnaire.

- 98.3% identified they were submitting their own response
- 1.7% identified they were submitting on behalf of an organization

Demographics of Respondents

With respect to age respondents identified they were:

- Under the age of 25 (6 of 175 total = 3.4%)
- 25-34 (9 of 175 total = 5.1%)

- 35-44 (22 of 175 total = 12.3%)
- 45-54 (49 of 175 total = 28.0%)
- 55-64 (50 of 175 total = 28.6%)
- 65-74 (25 of 175 total = 14.3%)
- 75 or over (10 of 175 total = 5.70%)
- Prefer not to say (2 of 175 total = 1.14%)
- Not applicable (2 of 175 total = 1.14%)

With respect to gender:

- 32.6% of respondents identified themselves as male
- 64.6% of respondents identified themselves as female
- 1.70% of respondents preferred not to say

94.3% of the respondents said that they had a family doctor.

For the past year respondents identified that they or a member of their family received medical treatment at an Emergency Department:

- One time (63 of 175 total = 36.0%)
- Two times (32 of 175 total = 18.3%)
- Three times (17 of 175 total = 9.7%)
- Four times (6 of 175 total = 3.4%)
- More than Five times (9 of 175 total = 5.1%)
- Not applicable (48 of 175 total = 27.4%)

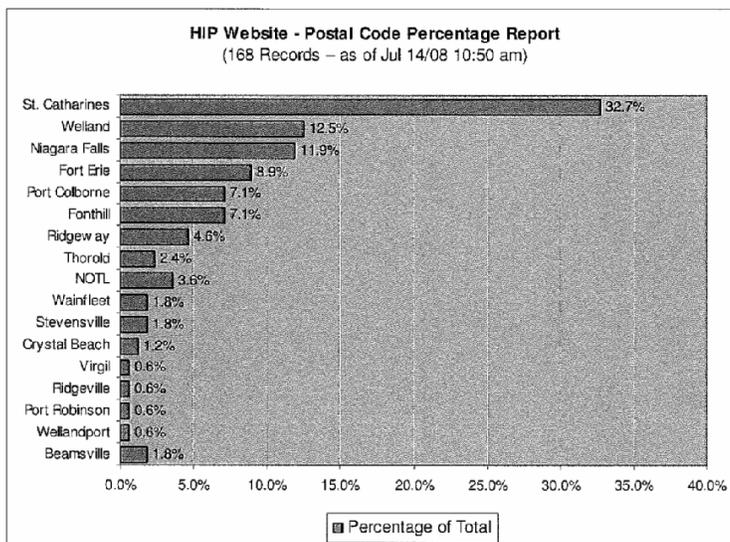
Respondents identified the following when asked about their use or knowledge of prompt care services:

- Yes (70 of 175 total = 48.0%)
- No (57 of 175 total = 32.6%)
- Don't know what this is (41 of 175 total = 23.4%)
- Not applicable (7 of 175 total = 4.0%)

Respondents identified the following when asked about their use or knowledge of Telehealth:

- Yes (88 of 175 total = 50.3%)
- No (78 of 175 total = 44.6%)
- Don't know what Telehealth is (6 of 175 total = 3.4%)
- Not applicable (3 of 175 total = 1.7%)

Exhibit 37: Respondents Identified Residence By Postal Code



QUESTION ONE on Hospital Care

Respondents were asked:

Question One on Hospital Care

The way patient care is provided in hospitals has changed tremendously over the past decade. A number of factors have driven this change, among them:

- Advances in diagnostic technologies (MRI and CT) resulting in quicker diagnoses and less time for patients staying in hospital;
- More effective drug treatments and therapies resulting in less time for patients having to stay in hospital;
- Advancements in surgical procedures resulting in more surgeries being provided on an out-patient basis (such as appendix and gall bladder removals) and fewer surgical patients having to stay overnight in hospital;
- More health-care services being available in community settings outside of hospitals, such as home care services and day-clinics; and
- The increasing use by health care professionals of standardized approaches (evidenced-based treatment) for patient treatment.

While these advances have dramatically improved patient care, recovery and quality of life, they have also transformed the manner in which hospitals function. Through the last ten years, the number of in-patient hospitalizations has dropped and correspondingly, there has been a dramatic decrease in the number of days patients spend in hospital. At the same time there has been a dramatic increase in the number of procedures being performed on a day surgery basis.

Over the next ten to 20 years, we expect further major medical breakthroughs which will further evolve the way hospitals function. The acute care community hospital of the future will be very different from the acute care community hospital of today and yesterday with more technology-based services and equipment required by doctors and nurses to care for patients. Correspondingly we will see less intensive medical services being provided outside of hospitals in community settings.

Yet local hospitals are important cornerstones of their local communities. Many people are proud of and have a genuine loyalty to their local hospital.

And rightly so, as many local residents have supported their local hospitals as volunteers and by raising money to build new wings and to purchase patient care equipment.

The advancements in medical care that have reshaped and will continue to reshape our local hospitals have brought change that is sometimes at odds with loyalties people have to their local hospitals.

Based on the changing role of hospitals in delivering care, what is important to you in the delivery of hospital-based services in Niagara.

Summary of Responses to QUESTION ONE on Hospital Care

1.1 Reduction in Wait Times

Wait times in NHS hospitals was identified as a major issue for the majority of respondents, who noted that it was not uncommon to wait up to five to seven hours in the Emergency Room before being seen by a Doctor.

Several respondents complained of the lack of attention received upon his/her arrival to the Emergency Room.

Many noted that this lack of attentiveness on part of the triage and nursing staff jeopardized the state of their condition and caused them to lose faith in the hospital.

Prompt, professional and thorough triage assessment with appropriate priority assignment in emergency. Adequate physician coverage to see the number of ER patients and a place for ill, vomiting patients to lay down (not in waiting room as was our recent experience)! survey respondent.

Suggestions to fix this problem included:

- Develop a recruitment campaign, with incentives, for additional nursing and doctor staff;
- Initiate a local public awareness campaign focused on alternatives to the Emergency Room, such as clinics, etc., and
- Charge a fee to use the Emergency Room to deter people from visiting with minor medical issues that could be dealt with at a clinic.

1.2 Infection Prevention/Clean and Equipped Facilities

Several respondents raised concern about hospital cleanliness with regards to infection prevention and the risk of contracting illnesses and disease within the hospital.

“That one doesn't come in contact with e.g. VRE, C-dif, ext... one should not have to go to the hospital worrying about coming home with one of the above.... sanitary and cleanliness are important factors in proper care” survey respondent

“Safe Care. Safe in terms of free from infections and safe in terms of knowledgeable staff. Care, meaning that the staff cares about each and every patient and will go the extra mile. Care, meaning the NHS cares about it's employees, listens to their concerns and follows through with looking at solutions” survey respondent

It was suggested that the hospital invest additional funds in its maintenance to ensure the peace-of-mind of hospital visitors and patients and protect against preventable illnesses and disease.

The cleanliness of hospital facilities was a concern that was raised by several respondents. Many indicated that NHS sites were mundane, and used words like “depressing” and “drab” to describe their décor.

“The hospital environment doesn't have to be drab and ugly. I am embarrassed at the interior of both the General and Hotel Dieu Hospitals and cannot imagine how disappointing it is to work in an environment with such little appeal. I feel there should be a user-fee for use of emergency services to reduce the number of non-emergency cases,” survey respondent.

The attitude and helpfulness of hospital personnel was also flagged as a pitfall of the NHS hospital locations. Several respondents commented on hospital staff being overworked, and as a result, not helpful or attentive to their needs. This, felt the respondents, negatively influenced their experience and their overall perception of NHS as a caring, patient-driven system.

"Hospital personnel should be courteous and show a little more compassion for the patients. The patient is already in distress and shouldn't have to deal with rude people," survey respondent.

"What is important is proper patient care. We have lost compassion amongst our physicians and nurses. We act upon numbers only and there is no concern for the patients themselves." survey respondent.

1.3 Mental Health Care

Several survey respondents addressed the need for a stronger Mental Health System within the NHS, for both mental health patients and their families.

It was recommended that hospital staff participate in mental health education seminars to increase compassion and understanding of the illness and common stigmas concerning the illness.

The development of an individual facility focused on care for mental health patients was suggested by several respondents. Due to the nature of the illness, respondents felt that it would best be dealt with in isolation of other treatment facilities.

1.4 Improved Transportation

Transportation was identified as a concern by several respondents. Particularly, Niagara's aging population, many of whom are on fixed incomes, have difficulties, both physically and financially, in accessing the hospital, noted survey respondents.

1.5 Increased Doctor/Nurse Recruitment Tools and Initiatives

Shortages in doctor and nursing staff at NHS sites were a predominant concern of survey respondents.

This shortage, indicated survey respondents, is having a negative affect on the entire functionality of the hospitals and its quality of patient service.

"The problem is not a Niagara Health System problem. Also, until there is an acceptable number of family physicians in the region there will continue to be crowding of the emergency departments. It is crucial that the government direct more funding to the recruitment and retention of physicians in Niagara," survey respondent.

Question Two on Centres of Excellence

Respondents were asked:

Increasingly people are hearing the term "centres of excellence" when it comes to how hospital care can be provided in the future. But what is a "centre of excellence" and why is it important when it comes to the kind of hospital care people in Niagara receive?

While there isn't an exact definition of what a "centre of excellence" is or can be, typically key characteristics include a hospital or medical clinic setting where a pre-booked or pre-scheduled medical procedure or treatment for a specific medical specialty is provided.

Centres of excellence are seen as new ways to improve the quality of care provided to patients for a number of reasons. This is because centres of excellence enable:

- the right number and type of health-care professionals, (including physician specialists, specialized nurses and allied health professionals) required to perform a specialized medical service can be clustered together to work as a specialized team;
- increased patient volume (the numbers of treatments or procedures being done) by centralizing the specialty service in one location so health professionals working at the centre can do enough of a certain procedure to maintain and improve their skill and expertise;
- recruitment and retention of specialized health professionals who are looking for work environments where they have access to the medical team, latest technologies and tools they need to provide high quality patient care and enjoy a quality of work life;
- health-care organizations to manage the ongoing global shortage of doctors, nurses and other health-care professionals while at the same time continue to provide a service to the residents of their communities; and
- Investment in modern equipment and state-of-the-art technology and eliminate the need to duplicate expensive equipment in other hospital facilities that are not deemed as a centre of excellence in the field.

Centres of excellence are being developed across Canada, the United States and United Kingdom to provide patient care for procedures and treatments that are planned or pre-scheduled. One example of a future centre of excellence coming to Niagara is the Walker Family Cancer Centre which will be built at the new health-care complex in west St. Catharines.

Centres of excellence are proven ways to improve the quality of the care provided to patients. NHS is considering creating centres of excellence to provide specialized treatment for certain types of elective and scheduled patient care procedures.

This could mean that into the future local residents will have to travel outside their home communities to receive this kind of scheduled care in another Niagara community.

Looking at this from the viewpoint of patients, what do you think should be considered as we examine opportunities to develop centres of excellence for specialty care?

Summary of Responses to Centres of Excellence

2.1 Support for Centres of Excellence

The majority of respondents to this question supported the concept of Centres of Excellence, indicating that they thought these centres would fulfill a currently void gap in healthcare-related procedures and care.

"We need more Medical Clinics for Primary Care for things like broken bones, headaches, slivers etc. to take the burden away from hospitals and they are far cheaper to run. Presently hospitals are over run by patients," survey respondent.

Particular services, such as joint care, were noted as treatments and procedures that could be addressed in a Centre of Excellence.

Several survey respondents supported the concept of Centres of Excellence, but indicated that the Niagara Region needs "Champions" for the initiative to receive proper government attention and funding.

"My belief is that we need "Champions" for these Centres of Excellence. If we can attract leading specialists, then this will attract people with a keen interest in these specialized areas. I think the larger centres attract these individuals because of their association with a teaching institution i.e. Medical Schools. I think specialists want to work in an environment where they are supported professionally and academically. The area of Geriatric care is extremely lacking. As our population ages, it will affect all areas of care. In Niagara we don't have such a champion that would be able to build capacity and advocate for senior-related issues," survey respondent.

2.2 Centres of Excellence and Access

The locations of the proposed Centres of Excellence received much attention from survey respondents. Many expressed concern that the centres be centrally located so that seniors and those without a means of transportation can access the facilities.

"In my opinion, the most important factor is that the regional hospital be located at a central location in the Niagara Region in order to provide equitable access to care for all the citizens in Niagara on a consistent basis and in a sustainable way, particularly in areas of cardiac care, cancer care and mental health care, where chronic and long-term care requires frequent driving by the patient and family," survey respondent.

"It is hardly a centre of excellence if people cannot get there. There should be centre in every community where access is equal. Also

there should be a ward for stitches, a ward for sprains and breaks... at each hospital and quit wasting people's time. Time is money for everyone and waiting 8-10 hours because there is not enough staff is ludicrous," survey respondent.

"I think you have to consider the fact that the Niagara population is aging and many of the residents are on a fixed income and do not drive. It may be difficult for them to travel to other areas of the Niagara Region for treatment," survey respondent.

"Travelling a short distance to other communities in Niagara is reasonable, if the standard of care is high. The establishment of the proposed cancer centre and cardiac catheterization lab, will go a long way to assist the families of Niagara," survey respondent.

Concern regarding transportation and access was the predominant theme in the responses to this question.

2.3 Non-Support of the Centres of Excellence

Some respondents were not in support of the Centres of Excellence concept. They felt that services should be delivered from hospital sites and that Niagara's medical community does not currently have the capacity or ability to effectively operate and maintain Centres of Excellence.

"Niagara is too large to focus future centres within one locale. Two to three hospitals should have many to all possible services available. It is and will be a daunting task to implement these services, yet necessary as our population continues to age," survey respondent.

"The concept of centres of excellence is not that appropriate to Niagara. By definition, high volumes of service mean that any such centres would have to be concentrated in key centres such as Hamilton or Toronto. It would be much better for the NHS to focus on providing excellence in community-based, preventive medicine and primary care," survey respondent.

Question Three on Primary Care

Respondents were asked:

Prevention of disease is definitely better than a cure.

But one of our biggest societal challenges is keeping people healthy and well. The reality here in Niagara is that many people do not have a family doctor and lack regular and consistent access to primary health care – which is the kind of care people receive in settings such as doctors' offices, or community clinics or health centres.

When people do not receive basic care like tests or check-ups for an early diagnosis and treatment of chronic conditions such as asthma, heart disease or diabetes, their conditions worsen and they often end up getting hospitalized.

Sometimes people will go to the Emergency Department (ED) because it is more convenient than having to make an office appointment. As well many people without family doctors commonly use hospital EDs as their main means for medical treatment.

When people who have non-urgent medical conditions – conditions that are routinely treated in a clinic or doctors office -- go to the ED, they often experience long waits before they are seen by the doctor and receive treatment. These types of patients are deemed as non-urgent patients in the ED and are not seen by the doctor until the more seriously or critically ill patients in the ED are treated.

People who have no other option but to go to an ED for routine care do not receive consistent care. For people with chronic illnesses or a persistent medical issue, this is not ideal when it comes to recovery or improving health.

What's important to you and your family when you need to access primary care (i.e. care available through your doctor's office or healthcare centre)?

What's important to you and your family when you need to access services at a hospital Emergency Department?

What are your thoughts on the types of investments that are required in primary care services in Niagara to keep people healthy well longer?

Summary of Responses to Primary Care Question:

3.1 Appropriate use of Emergency Departments

Several survey respondents indicated that they would like to see more family health clinics, with longer operating hours, in the Niagara region. Respondents expressed concerns over ensuring the appropriate use of emergency departments to reduce wait times with the EDs.

They indicated that if there were more clinics, those individuals who lack a family doctor would have another alternative to the ED when presented with medical issues.

"We desperately need more appropriate, accessible clinics for non-urgent matters that we can redirect people to," survey respondent.

Those survey participants who do have a family doctor expressed relief over the fact as well as concern for those without.

"I do have an excellent family doctor and I feel for those without one. My waiting time for an appointment is minimal which is very important to me. If you offer a state-of-the-art hospital, I feel more doctors would be willing to settle here." survey respondent

3.2 Increase Recruitment Tools/Initiatives and Incentives to Attract Doctors and Nurses and Create more Family Doctors

Several respondents spoke to the matter of recruiting doctors and nursing staff through various campaigns and incentive programs would help to reduce ED waiting times and improve the quality of life of Niagara Region residents.

"There needs to be increased incentives for Family doctors by means of wages, tax exemptions, etc." survey respondent.

Other survey respondents indicated that foreign-trained doctors, with up-to-date credentials, should be hired to fill the current shortages.

"Bringing doctors in from other countries which have comparable education standards and allowing them to practice could assist with the shortage," survey respondent.

"There needs to be ways to encourage young people to want to become doctors, whether it is early in their high school studies or our governments instituting incentives for their interests in the above. Perhaps the high cost of their university studies and the length of these are a deterrent to many young people," survey respondent.

3.3 Engage in Public Health Awareness Campaigns

Awareness and education campaigns focusing on healthy habits and preventative measures to illnesses and disease were recommended by several survey participants.

Particularly, public awareness campaigns focusing on healthy eating and active living were suggested as a measure to educate the public about their day-to-day health in an attempt to eradicate the current volumes of patients in the ED.

"Public education on obesity/smoking/exercise--we need to keep going with these messages, it is getting through to people. I work in social services and people are slowly hearing these messages," survey respondent.

3.4 Increase Accountability of Family Doctors

Several survey respondents complained about the fact that, when they visit their family doctor, they do not feel that they are receiving the attention they deserve and are being treated as a number, as opposed to a patient.

Re-occurring issues that were raised in the survey regarding Family Doctor treatment included feeling of being rushed by their Family Doctor and not receiving adequate attention or time to explain symptoms and illness.

Question Four on Aging Population

Respondents were asked:

Niagara's population is older and rapidly aging. Niagara is home to one of the oldest populations in the country. As people age their need for health-care services dramatically increases. In Niagara a high percentage of elderly people end up in hospital because they become ill.

Although their hospital care and treatment phase may be over and they have recovered, many of our seniors are not capable of returning to their homes to live independently.

These seniors most often remain in hospital residing in a hospital bed for months at a time while they wait to be moved to a more appropriate setting in community, rehabilitation, long term care homes or other settings. At peak times seniors awaiting placement elsewhere in the community occupy nearly 40 per cent of all acute care hospital beds in Niagara.

Many believe that more resources should be spent on enabling seniors to stay healthy and live in their homes longer with more supportive services in home care. This provides seniors with the kind of care they need and at the same time could free-up acute care beds in hospitals increasing the availability of hospital beds for the very ill who require immediate hospitalization but are held in the Emergency Departments until an acute care bed becomes available. It could also reduce the reliance on in-patient hospital beds which are more costly to operate than care provided through other supportive services such as home care, or supportive housing.

Others believe that although not perfect, it is acceptable for seniors to stay in the hospital for months at a time while waiting for supportive housing or placement in a long-term care facility and that it is acceptable to hold patients requiring hospitalization in the ED.

What do you think? What role do you think hospitals should have in providing care for seniors? Do you think seniors would prefer to stay in a home-like setting with appropriate support or care as opposed to staying in hospital?

Summary of Responses to Question on Aging Population:

4.1 Support for Aging at Home Strategies

Providing comprehensive at home supports and accessible in-home care for seniors was recommended by the majority of survey participants as a means to maintain seniors' independence while continuing to meet their health-care

needs. Few respondents disagreed with the notion of supporting seniors to age healthy at home.

“There needs to be adequate funding for staged housing to keep people independent, involved, and invested in the community as long as possible,” survey respondent.

“Most seniors would prefer the visiting nurse concept. Seniors much prefer their own home. We must hire more nurses and there are many qualified nurses not getting a license. They can do house calls, a concept long forgotten,” survey respondent.

“I believe seniors would like to stay independent in their own homes for as long as possible, in most cases. This however, should NOT become an excuse to not provide necessary health care. Again, there needs to be public transportation at an affordable price for families to visit once seniors are moved from their homes to a long term care facility,” survey respondent.

4.1 Increase Resources for Long-Term Care

Survey participants indicated that there is a drastic need for additional Long-Term Care facilities in the Niagara Region to accommodate its aging population.

Hospitals, noted numerous survey respondents, should not act as an alternative to Long-Term Senior Care Centres, as it contributes to the backlog in hospital wait times and bed space available.

This also does not provide seniors with the care and environment they would otherwise experience in a more appropriate setting.

“I think that more resources are needed regarding Long-Term homes for the elderly. Perhaps the government needs to consider the amount of aging population and ensure that there are facilities built to support the aging population so the waiting times for these facilities are decreased.”

“I do not feel that the elderly should be staying in the hospital for months. Not only is this uncomfortable for the senior who is required to stay, I would think that this is not the healthy way of living considering hospitals would have higher air borne germs,” survey respondent.

4.2 Public Awareness Campaigns for Seniors

Increasing public awareness about the options available to seniors for long-term care was identified as a measure to consider.

By educating seniors and their care-givers as to their available options of long-term care, seniors can prepare in advance of an emergency or critical situation as to what option they prefer. In doing so, seniors can organize their long-term care in advance to an emergency.

"We need more info for the public on the processes required to plan for seniors' care. They need to know what services are available or not available, how long it takes to access services, monies involved, who is Power of Attorney or substitute decision maker, etc. The public needs to know this before a crisis is reached in a senior's life and a hospital seems the only option," survey respondent.

Question Five on Change

Respondents were asked:

The status quo in hospital care is no longer an option for the NHS if we are going to live up to our commitment to provide quality healthcare in an affordable manner into the future.

We believe these are the main reasons why change is needed across the Niagara Health System:

- to improve Niagarans health
- to meet Niagarans expectations
- to recognize differences in health status needs and resources across the region
- to recognize that hospitals are not always the best places to receive health-care
- to provide specialized care
- to effectively utilize our health-care providers and professionals buildings and equipment
- to make the best use of taxpayers' money

In the submission we make to the Local Health Integration Network (LHIN) on July 15, we will outline recommendations for change based on the following:

- it ensures the provision of quality of care that is effective, efficient, equitable, safe, humane, and timely;
- is compliant with NHS, Ministry of Health and Long-term Care, and LHIN policy
- makes the most of our health professional resource pool
- recognizes changing community needs based on age and demographics of each community served by the NHS

- supports our ability to advance health-care [e.g., introduction of new technology]
- makes appropriate use of our physical buildings and facilities
- Do you agree or disagree with our reasons for change? Please provide comments.

Summary of Responses on Change

5.1 Support for Reasons for Change

The majority of respondents support the reasoning identified for change. More than 30 per cent of respondents explicitly stated their agreement while less than 4 per cent stated they disagreed with the reasons for change.

"I do agree with the reasons. We need to reduce wait time for care. I feel the best use of our taxes is to increase investment in human resources - more doctors, nurses and other staff to provide more timely care. If specialized centres are to be effective, there needs to be accountability and assurances that this will provide the care we need and not result in patients waiting longer and ending up going elsewhere for care that should have been received in the region,"
survey respondent

5.2 Need for More Doctors and Support Staff

Several respondents re-iterated the need for additional doctor and nursing staff if conditions and service at NHS facilities are to change.

Various recruiting measures were again suggested as means in which NHS could attract these necessary staff.

5.2 Need for Specific Changes, Not Just Rhetoric

An *Action Plan* that outlines specific measures NHS plans to take to improve its facilities was requested by numerous survey participants.

The sentiment that there was much talk about change, but little action, was repeated throughout the survey and particularly in this last section.

Respondents noted that they wanted to have a say in the specific proponents of recommended improvements, as opposed to being continuously inundated with rhetoric.

"I agree, mostly, with your reasons for change, but I don't think you are actually doing anything about it. Niagara's population has been changing for years with many more seniors coming here to make their homes in our agreeable climate. It is not only the health-care that has closed their eyes to this obvious situation, but our city and

regional councillors have been so involved with tourism that their eyes have looked inward for years,” survey respondent.

“I agree with your reasons for change.... but honestly, without the money to back it up, there can be no significant changes... change needs to start at the top... cutting out unnecessarily highly paid fluff management. Put that money directly into frontline staff, and you will notice huge differences very quickly,” survey respondent.

Question Six – Any other comments

Respondents were asked if they had any other thoughts or suggestions they wished to share:

Response to this question was broad from sharing of individual experiences that have taken place in hospital to re-assertion of responses made in the prior questions. Here is a sampling of the comments shared:

“I feel frustrated that this survey will only be read by those who have their own interest at heart. As in the past, the suggestions of the general public will not make a difference,” survey respondent

“Each major department or institution should strive for ISO 9000 certification. Quality serves people and saves money!” survey respondent

“As a strategy for the future the elementary and high school curricula should be reviewed and modified as required to include courses on self-responsibility for personal health with knowledge of the current health system, how it is accessed, how it is paid for and what can be done to get and stay healthy for life. Involve the students in the healthcare system! It usually takes a generation for these kind of attitudinal changes to take place.” survey respondent

“Make the best use of resources that are available at each site. Recruit and keep health care professionals in the sites.” survey respondent

“Education on keeping healthy is the best way to prevent a lot of problems!” survey respondent

“I am glad to have not had to go to the hospital much in my lifetime, but I am glad it is public and available. I am lucky to be healthy, and the system should take that approach first. Prevention first, treatment second. Keep up the good work.” survey respondent

Phase Two Consultation July 16 to July 31, 2008*Plans for Further
Consultation after HIP
Submission*

Upon submission of the HIP to the HNHB LHIN on July 15, NHS will commence a comprehensive roll-out of information meetings, documents and website to share and inform its stakeholders of the recommendations contained within the submission.

NHS will demonstrate transparency and accountability in this rollout and will to every extent possible, endeavour to disclose and share information about the HIP process, recommendations, decisions and related issues in a timely and responsible manner taking into account the individual needs of various stakeholders.

Significant outreach efforts will be made through July 16, 17 and 18th to inform, engage with and respond to both internal and external stakeholders. These efforts will continue through the course of the following two weeks as priority for the NHS leadership team. A series of follow-up meetings will be held for key stakeholder groups following release of the plan to provide opportunity the stakeholders to review the document.

NHS will publicly share its HIP submission through posting on website and making printed copies available for reading through its sites.

A second set of consultation questions will be posted from July 17 to July 31st on the micro-site for public input. These questions will ask for comment on the recommendations that have been contained in the HIP submission. The input to these questions will be provided to the NHS Board of Trustees, as well as to the HNHB LHIN and its Advisor.

Appendix 3: Internal Communiques



NIAGARA HEALTH SYSTEM
 SYSTÈME DE SANTÉ DE NIAGARA
 TOGETHER IN EXCELLENCE - LEADERS IN HEALTHCARE

JOINT COMMUNIQUE

Thursday, July 17, 2008

TO: All Staff, Medical Staff and Volunteers

FROM: Betty Lou Souter, Chair, Board of Trustees,
 Debbie Sevenpifer, President & CEO
 Dr. Bill Shragge, Chief of Staff

This communiqué is to provide you with an overview of the Hospital Improvement Plan (HIP) that we submitted to the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) as directed on July 15th and to outline next steps in this process as well as details on how to access the full HIP online and in printed copy.

The HIP presents us with an important opportunity to lead and manage change proactively and represents an excellent starting point for the next phase of development for the Niagara Health System (NHS). We believe this Plan, which was developed by the clinical program leadership team (with input from other physicians, staff, volunteers along with members of the general public who provided their comments through the first phase of consultation) will help us all deliver better, sustainable hospital care to the residents of Niagara over the long-term.

We would like to thank all those who provided input into the planning process and to let you know that there will be more opportunity for you to provide feedback to the Plan in the coming weeks.

DEVELOPING THE HIP: The HIP has been developed as a framework for the NHS to enhance quality of hospital care across the region over the long-term while at the same time balancing financial pressures, the growing needs of our aging population and the challenges we contend with on a daily basis, among them the ongoing and growing shortage of health professionals.

On May 30, 2008, NHS was directed by the LHIN to prepare a HIP and submit the Plan by July 15, 2008. This direction was in response to the inability of the NHS to balance its budget for the year ended March 31, 2008. The NHS ended the last fiscal year with a \$17.9 million deficit on a \$370 million budget. The NHS was directed by the LHIN to provide a clinical services plan that:

- Ensures the necessary expertise and resources are available to provide accessible, quality healthcare for the citizens of Niagara;
- Identifies current and future hospital based services by site;
- Establishes timeframes and specific targets for each year of the HIP;
- Links the proposed strategies of the HIP and the public interest; and

1

- Achieves a balanced operating budget by 2011/12.

The NHS's vision statement, its core values along with optimism, creativity, innovation, collaboration, integration and achievement of the highest standards in the delivery of healthcare in Niagara guided the development of the HIP. As a result, the Hospital Improvement Plan submitted to the LHIN on July 15, 2008:

- Delivers a wider range of hospital services here in the Niagara region;
- Ensures that fewer people have to leave the region to obtain hospital services;
- Brings more people back to the region for hospital treatment closer to their families;
- Focuses on working with community partners and the LHIN to provide more comprehensive care; and,
- Achieves a budget surplus of \$1.5 million by 2012/2013.

The HIP speaks to a vision and a future that is based on the health needs of the residents of Niagara and demonstrates the passion and commitment of our clinical leaders to transform hospital-based care in Niagara.

The HIP also responds to the key challenges that the NHS is facing: an aging population; decreasing population wellness and increasing prevalence of chronic disease such as diabetes, asthma and stroke; increasing patient/consumer expectations; a need to enhance patient and staff safety; an aging health-care workforce; demands for a better quality of work-life from health professionals; a shortage of and growing competition for health-care professionals; rising health-care costs; and poor integration of care particularly related to health-care information sharing.

At 311 pages, the HIP was developed as a patient-focused, five year Plan built on the following foundation:

- Quality in patient care comes first;
- Evidence and best practice;
- Building on our strengths as a system to ensure a long-term sustainable future;
- Identifying needed community investments to support the hospital system - healthcare is more than hospitals;
- The changing health-care needs of Niagarans and the NHS's responsibility to better respond to those needs;
- Our talented people and specialized health professionals, whose availability is critical in preparing for the future;
- Developing a better environment for healthcare delivery, quality of work-life, teaching and learning to improve the work experience for our health professionals and to attract the next generation of health-care providers; and
- Ensuring a financially sustainable hospital system.

The Plan takes what we know today about the health of our population and the trends in the health sector, and it makes conscious decisions about the organization of hospital services to best meet the needs of our population in the future.

Among the **key principles** used to formulate the HIP:

> Every NHS site has a role that contributes to overall healthcare of Niagara and at the same time recognizes the health-care needs of the local community's population that are in keeping with delivering high quality and safe patient care;

> A number of "enablers" are essential to realizing the recommendations for change. These include a significantly improved medical and non-medical transportation system throughout Niagara and more services in the community to deliver non-acute care services like supportive housing, long-term and primary care; and

> This plan supports a significant move from a provider focus to a patient focus and speaks to a system that can adapt to patients' needs across the broader health-care system. The HIP identifies significant changes to the way NHS delivers patient care services into the future which demonstrate improvement of quality of patient care, sustainability, and recognized as best practices in the field.

The manner in which healthcare is provided in hospitals has significantly changed in past decades due to advances in technology, drug therapies, and other developments. The pace of change shows no sign of slowing, and many positive opportunities can be realized for hospital care in Niagara as a result.

THE VISION, THE PLAN: We welcome all to read through this comprehensive and informative document. The full HIP as presented to the HNHB LHIN is available for reading online on the NHS intranet Source-net. Just follow the clicks from the Source-net front page box.

The Plan is also posted on the internet at www.niagarahealth.on.ca. You can access it online from the NHS web-site front page by clicking on the **Your Input** link which takes you directly to the NHS HIP web microsite. The vision outlined in the HIP covers all clinical programs and services. For individuals who do not have access to the internet or do not use the internet, a copy will be made available for reading at each site administration office.

A summary of the vision as outlined in the HIP Executive Summary is attached at the end of this communiqué.

CONSULTATION AND COMMUNITY ENGAGEMENT: The Plan also incorporates input received through the HIP email from NHS staff, physicians and volunteers. A summary of the 170 suggestions and comments provided by staff, medical staff and volunteers received to July 15, 2008 was included in the HIP. As well input received from members of the public through an online community consultation and written submissions was also incorporated into the Plan.

Building on the input received to July 15, 2008, the next phase of the consultation will include inviting community feedback on the HIP vision. Staff, physicians, volunteers and the public are encouraged to provide feedback online to a new, updated set of consultation questions at www.niagarahealth.on.ca. As well, you can continue to share your written comments through the HOSPITALIMPROVEMENTPLAN@niagarahealth.on.ca.

Transparency and accountability are core principles integral to the HIP development and recognizing this, the full HIP along with video presentations explaining the plan will be available on the website.

CHANGE: We recognize that there are a lot of differing views and divergent interests in the Niagara community and we understand not everyone will agree with everything identified in the HIP. As health-care providers we along with the people of our entire community have a vested interest in healthcare. As a health-care organization, we recognize our duty to continuing to work with all of our stakeholders to reach the shared goal of better healthcare for all Niagarans.

TIMELINE: While some changes can happen sooner than others we are looking at a five year planning period. To be clear, it is our hope to avoid any impact to jobs within the NHS given the current vacancy rate, attrition and the magnitude of the retirements that we will experience in upcoming years.

Again we stress that change will not happen immediately. The first step towards change is feedback from our LHIN. We look forward to the feedback from the LHIN and its Advisor as they complete the review of our HIP and we work together to finalize and approve the best Plan for improving quality and access for Niagara residents and to provide sustainable healthcare for the future.

We believe the changes we are proposing will make things better than they are today and will help contend with our challenges.

We appreciate that a tremendous amount of information has been outlined in this communiqué and that the HIP contains an immense amount of detail. We recognize that people need time to read, review and reflect.

In closing we encourage you to read the full HIP and to share your comments and questions. Thank you for your support and please feel free to share your comments through the internal email at HOSPITALIMPROVEMENTPLAN@niagarahealth.on.ca.

Sincerely,

Betty Lou Souter
Chair
Board of Trustees

Debbie Sevenpifer
President & CEO

Dr. Bill Shragge
Chief of Staff

Excerpt from the Hospital Improvement Plan Executive Summary;

To view the full report please go the Hospital Improvement Plan website at www.niagarahealth.on.ca and click on the Your Input link located in the green box at the top of the page.

Excerpt from pages 6 to 10 of the Hospital Improvement Plan

The Vision, the Plan

One of our key commitments is that every site of the NHS has a role that contributes to the overall healthcare of Niagara and at the same time recognizes the healthcare needs of the local community's population that is in keeping with delivering high quality and safe patient care.

- ✓ **Creating Centres of Excellence** to improve care, be more efficient, and to help Niagara attract needed healthcare professionals. Ninety per cent of the population of the entire region will be less than 30 minutes from the hospital care they require.
 - *Walker Family Cancer Centre* - providing systemic/chemotherapy and radiotherapy to residents of Niagara, sited at the new healthcare complex.
 - *Cardiac Catheterization Centre* – Enhanced diagnostic and new treatment capabilities including a new cardiac catheterization unit that will significantly reduce the need for Niagara residents to travel to Hamilton for this service
 - *Stroke Centre* – enhancing the continuum of stroke services currently offered by introducing a new, 10-bed dedicated, acute stroke rehabilitation unit, sited at the Greater Niagara General.
 - *Centre of Excellence for Women's and Children's Health* – a dedicated centre focusing on the health care needs of women, offering obstetrical and gynecological services; dedicated operating rooms; comprehensive specialty care for children from newborn to age 18 requiring both medical and surgical care, sited at the new healthcare complex.
 - *Centres for Continuing Complex Care with slow paced recovery* – introducing slow-paced recovery/rehabilitation for people with complex medical needs, supporting people to transition home with support or to an alternate, more appropriate care environment. These services will be sited at the Port Colborne and the Douglas Memorial sites.
 - *Centre of Excellence for Mental Health Centre* – combining long-term (tertiary) and short-term (acute) services including four pediatric beds, sited at the new healthcare complex; an Emergency Psychiatric Team and dedicated out-patient programs at the Greater Niagara, Welland, Port Colborne, and Fort Erie sites.
 - *Addictions Centre* – an integrated in-patient/residential and out-patient addictions services in a new, special purpose built location in the community of St. Catharines.
 - *Diabetes Centre* – a coordinated hub for care planning and patient education, located at the Port Colborne site.
 - *Nephrology Centre* – a coordinated hub of nephrology services at the St. Catharines site, with satellite services at the Welland, Greater Niagara and Fort Erie sites.
- ✓ **Specialized Centres for Surgical Care** – Exciting new technologies and techniques bring the promise of advanced care for patients requiring surgery in Niagara, and new levels of excellence at the following specialized sites:
 - **Dental Surgery** – Greater Niagara site.
 - **General Surgery and Endoscopy** – Welland, Greater Niagara and St. Catharines sites.
 - **Gynaecological Surgery** – St. Catharines site

- **Orthopaedic Surgery** – two specialized centres for orthopaedic surgery at the Greater Niagara and St. Catharines sites.
- **Otolaryngological Surgery [Ear, Nose, Throat]** – delivery of ENT surgery for adults at the Greater Niagara site and for children at the St. Catharines site.
- **Ophthalmological Surgery** – Welland site.
- **Plastic Surgery** – Greater Niagara and St. Catharines sites.
- **Thoracic Surgery** - St. Catharines site
- **Urological Surgery** – Welland site.
- **Vascular Surgery** - St. Catharines site
- ✓ **Emergency Services** –
 - Emergency Departments in Welland, Niagara Falls and St. Catharines will continue to provide 24 hour, 7 day a week access to services for the acutely ill, including children.
 - Community Health Centres with outpatient clinics will be established at the Douglas Memorial and Port Colborne sites by 2013, replacing the existing 24 hour, 7 day a week emergency departments. Increased access to primary care and chronic disease management in Port Colborne and Fort Erie will dramatically reduce reliance on Emergency departments and inpatient admissions in these communities. Prompt care offering 14-hour emergency services will be implemented at Douglas Memorial and Port Colborne sites during the transition.
- ✓ **Role of Small Sites** - In keeping with the recommendation of the Ontario Joint Policy and Planning Committee, the Douglas Memorial, Port Colborne and Niagara-on-the-Lake sites will transform: “To change how they view themselves and how others see them – moving from places where people go when they get sick to places that provide services to their communities. They will need to be catalysts to develop local access points for health, not just health care, by providing support to community-based health care and social service providers, community agencies, volunteer associations and human service organizations in their catchment area.”
 - The Port Colborne and Fort Erie sites will evolve to vibrant and comprehensive community health centres with a strong focus on primary care and chronic disease prevention and management. The vision for the sites includes key partnerships with community organizations to further enhance the delivery of services to these communities. The in-patient capacity of these sites will be part of a new vision of enhanced complex continuing care to support patients who require slow-paced recovery and rehabilitation to transition home or to other care settings. In addition, the Port Colborne site will also become the coordinated hub for diabetes care planning and patient education, and the Fort Erie site will be a satellite for dialysis care.
 - The Niagara-on-the-Lake site will provide a focused role in complex continuing care and continue to facilitate access to enhanced primary care through its Family Health Team.

Financial Implications

The overall projected change in NHS operating costs from 2007/08 to 2012/13 is an increase of \$41.7 million, or 11.5%. However, while the operating cost is projected to increase, this does not mean that the proposed clinical services model would increase the NHS deficit. The following is the breakdown of the projected change in costs:

- \$8.1 million increase operating cost attributable to increased NHS service volumes to respond to the anticipated increase in demand from the aging of the Niagara population.
- \$65.5 million increase for new services to be provided by NHS, such as inpatient rehabilitation beds, new services included in the planning for the new St. Catharines hospital, tertiary inpatient mental health beds, and new satellite dialysis services. **All of these new services will only be introduced if LHIN and MOHLTC approval and funding is received.**
- \$31.9 million of savings through achievement of efficiencies and enhancement of health system capacity outside the hospital system. These savings targets include:
 - \$12.6 million from operational efficiency savings for acute care, day surgery, and complex continuing care, from application of the savings targets identified through the recent Health Care Management (HCM) efficiency review (i.e. application of lower cost per Expected Weighted Case (EWC) target to projected equivalent weighted cases) and achievement of “best quartile” targets for use of ambulatory surgery and acute care length of stay. The achievement of this ‘best quartile’ performance will be very dependent on the proposed concentration of services and the establishment of ‘centres of excellence’ at each NHS site.
 - \$10.6 million from reduced Emergency Department visit volumes from enhanced primary care, chronic disease prevention and management, and conversion of the Fort Erie and Port Colborne emergency departments to community based primary care centres
 - \$3.4 million from reduction in acute mental health beds (with reinvestment of potential savings to support tertiary mental health services and an emergency psychiatric team). A parallel increase in outpatient mental health costs of \$3.0 million is included to cover the costs of the emergency psychiatric team and the increased ambulatory clinic visits.
 - \$9.7 million from reduction in NHS Alternate Level of Care (ALC) days from 24% of acute care inpatient days (06/07) to 11% by 2012/13, through increased community service investment, Aging at Home strategies, new Long Term Care beds, and expanded home care services

The HIP would generate an operating surplus of \$1.5 million for fiscal year 2012/13. The 2012/13 fiscal year has been used as the end point for the HIP since the new St. Catharines hospital will be fully operational for that year.

- end -



Hospital Improvement Plan – Info online

Thursday's release of the Hospital Improvement Plan has generated significant media coverage and much discussion among the NHS family and the public. Be sure to go to the HIP section on *source-net* (link off homepage) or to the NHS website (link off homepage), for more information on the five-year plan that provides a framework to enhance quality of hospital care across the region. Video briefings by physician and clinical leads are now live, as is the executive summary of the HIP and the full document. Also posted are the communiqué and the news release, issued Thursday afternoon. Here are the links => <https://sps01.niagarahealth.on.ca/C6/C17/HIP/default.aspx> or www.niagarahealth.on.ca.

Communication Board Pilot Project

As part of a patient satisfaction improvement initiative in the Emergency Department at WHS, a patient Communication Board pilot project has been launched. This project is aimed to improve communication between the patient/family and health care team members, as well as to address patients/families emotional needs. For this pilot, communication boards have been mounted at each patient space and on a daily basis, are used to inform patients/families of the name of the doctor and nurse who will be caring for them.

Providing this information is expected to improve the patient's experience in the emergency setting, help alleviate fears and anxieties and advance the practice of patient/client centred care. Patients/families are informed about the use of the board on admission and already, nurses in the ED report that an improvement in the patients' and families' ability to identify them as the correct team member has been experienced. Evaluation of the project will take place by comparing the pre- and post-patient satisfaction scores in the dimension of emotional support, with an expected increase of seven per cent by this December.

Niagara Medical Campus – Students arrive this fall

Dr. Karl Stobbe (*pictured*) plans to become a familiar face in the corridors of SCG, as he prepares for the influx of the first-ever medical students late this fall. Final details are now being put in place for the arrival of 15 first-year medical students from McMaster University's Michael G. DeGroote School of Medicine.

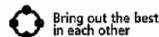


Since late 2005, Dr. Stobbe, a family physician who has given up his practice in Beamsville, is the full-time Regional Assistant Dean for the Niagara Regional Campus, overseeing this exciting addition of classroom study and clinical teaching with the opening of the satellite medical campus.

Students will spend their first few months of classes at McMaster's main campus in Hamilton, and will move to Niagara this December, which will be their home for the next three or more years of study. Initially, the students will be at SCG, in the McSloy main floor wing formerly occupied by HR. Planning is underway to expand their space to GNG and WHS in the next few years, if resources and space are available.

Altogether, 200 physicians have stepped up to offer their services to teach the students, and by the end of the first year, Dr. Stobbe expects about 100 physicians will be utilized, with all 200 being called upon when several years of students are at our hospitals.

"I really see all of the hospital staff as being hugely valuable to molding our students into tomorrow's doctors," Dr. Stobbe says. "Students nowadays need and want to learn to practice in a collaborative way, and as providers we don't need to be locked into old patterns of behaviour. RNs have more clinical knowledge than medical students, and I'm encouraging all





our health-care professionals to contribute to the education of our students, whether they are Respiratory Technologists, RNs or Dietitians. I believe all staff have a role in creating good doctors."

Learn more about this exciting addition by going to the NHS website and reading the lead story on the homepage. Here's the link => www.niagarahealth.on.ca.

Patient Safety Connection

Patient Safety Alert ... Have You Done Your Part?

Get involved by filling in the online Patient Safety Culture Survey through Accreditation Canada's website and open until July 31. The survey is completely anonymous, takes just a few minutes, and will provide us with baseline information on our current environment and culture when it comes to our attitudes towards patient safety.

Great Prizes - Final draw is July 31 for a \$300 gift certificate of person's choice and additional prizes may be offered based upon response rates. New prizes have been added – two bike tune-up gift certificates from Bikefit, value \$70 each.

To fill out the survey, at work go to *source-net* → Look What's Happening box. At home, go to <https://www3 accreditation-canada.ca/instruments>. Then, use the following passwords: Organization Code = NIAHE, Password = EB774D49.

If you have any technical questions regarding completion of the survey please contact by phone or email **Tracey Davey**, ext 52310 or **Marilyn Kalmats**, ext 45549. For questions regarding the survey itself or the NHS Patient Safety Plan, please contact **Tracy Fattore**, ext 44669.

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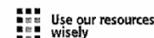
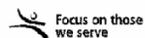
An Ideal Summer Barbeque

All that was missing was a margarita on the patio at Welland Hospital Site Wednesday, when about 500 staff, physicians and volunteers came out for a 100th Anniversary BBQ. The rain held off during the lunchtime event and special guest Welland Mayor Damian Goulbourne dropped by to present a plaque from the city and say a few words, acknowledging the important role the hospital has played in the community since 1908.

The highlight of the BBQ was the excellent entertainment provided by the Patrick Nunes Steel Drum Band (*pictured in background*). These young people played for two hours and were an absolute delight. Congratulations to the planning committee for a job well done. Check out the pictures from the BBQ, by going to *source-net* and clicking on the NHS Spotlight blue box, or here's a quick link => <https://sps01.niagarahealth.on.ca/C5/C1/WHS%20100thBBQ/default.aspx>.



Next on the agenda to mark 100 years of hospital care in Welland is a **Community Open House**, slated for **Sunday, Sept. 21**. Tours and displays are being organized to showcase the hospital. Stay tuned for more information.





Golf Anyone?

> Pink Ladies Classic Golf Tournament – Aug. 6

Join the GNGH Auxiliary's 10th Annual Pink Ladies Classic golf tournament, taking place at Rolling Meadows Golf & Country Club on Wed., Aug. 6. Registration is at 7:30 a.m. with shotgun start at 8:30 a.m. Your \$115 fee includes 18 holes of golf with cart, prime rib and shrimp dinner, and prizes for beat the pro, longest drive, closest to the pin and more. Get a hole in one and win a 2009 Chevy Cobalt, generously sponsored by M. Butler Insurance Brokers Ltd. Thanks also to sponsors Sunstrum's Florist and Tim Hortons. There are only 144 spots so register early by contacting Yvonne Garnham at 905-358-7377. Registration forms available at GNG Gift Shop and Foundation office.

> GNG Surgical Services 8th Annual Golf Tournament – Sept. 3

Join the surgical services staff from GNG for this fun golf tournament being held Wed., Sept. 3 at Beechwood Golf & Country Club. Registration starts at Noon with shotgun start at 1 p.m. Registration is just \$100 for round of golf, cart, hot dog/hamburger and drink at registration, prime rib dinner and lots of prizes. This year's money is being donated to the Urology surgical dept. Anyone interested in participating can contact Wendy Swinton or Lil Haskin at extension 53244.



Singing Saints Donation

Staff of the Speech Pathology department along with the GNGH Foundation staff presented the St. Catharines Singing Saints with a plaque commemorating their continued support of the Speech Pathology department at GNGH. To date over \$10,000 has been generously donated.

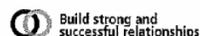
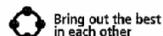
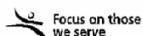
Singing Saints Adam White, Eric Albrecht and Bob Pope (centre in photo), along with GNGH Foundation Executive Director Michael Somerville and Speech Pathology Staff are shown displaying items purchased for in-patient and out-patient programs.

Thanks Singing Saints!!!



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Hospital Improvement Plan – Get all the facts

In follow-up to the submission of our Hospital Improvement Plan July 15, as directed by the LHIN, we would like to encourage hospital staff, physicians and volunteers to be as informed as possible about the plan and to provide us with your feedback. More than any other group, the feedback we get from frontline staff, physicians and volunteers is important to us. Our interest is to understand not only what concerns you but also what encourages you, your dislikes and your likes.

We know that change is never easy, we also know that the status quo is not sustainable and that change has to happen. We need your feedback on the model for change we've proposed. Not everyone will be supportive, we understand that. What is important is that everyone fully understands the rationale, the case for change and the proposed vision, and can speak from a position of knowledge.

We hope you will be able to talk about the vision in an informed way in your communities and with your neighbours and encourage them to get informed as well. Our Hospital Improvement Plan internal email hospitalimprovementplan@niagarahealth.on.ca is still live to for you to provide feedback and *source-net* has a copy of the plan along with easy-to-get-briefed video presentations by the team leaders who developed the plan. These too are all available on the NHS website at www.niagarahealth.on.ca that we encourage you to share with friends and neighbours.

Over the course of the next number of weeks, we will share with you new information as it relates to the Hospital Improvement Plan as it develops.

Regards, Betty Lou Souter, Board Chair; Debbie Sevenpifer, President & CEO, Dr. Bill Shragge, Chief of Staff

Patient Safety Connection

Patient Safety Survey – Deadline is July 31

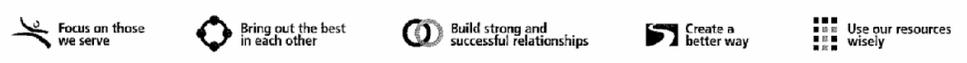
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Great Prizes – There is a bonus draw July 25 and then daily draws next week, leading up to the final draw July 31 for a \$300 gift certificate. Prizes include car wash coupons, gift basket, bottles of wine, Starbucks coffee, Bikefit sports water bottles.

To fill out the survey, at work go to *source-net* → Look What's Happening box. At home, go to <https://www3 accreditation-canada.ca/instruments>. Then, use the following passwords: Organization Code = NIAHE, Password = EB774D49.

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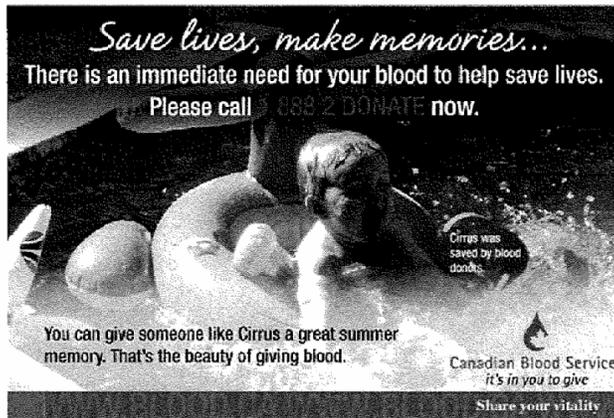
Blood - It's In You to Give

Canadian Blood Services has an urgent need for blood donations - Please call 1 888 2 DONATE (1-888-236-6283) today!

Summer is a particularly challenging time of year to collect blood, since donors change their routines, take vacations, travel and are distracted with outdoor activities. But the need for blood does not take a vacation. As cancer treatments continue, and more people on the roads and waterways result in more accidents, having enough blood is vital to saving lives. Based on forecasts over the next four weeks, CBS expects patients in hospitals across Canada to need 63,000 units of blood - unfortunately that's more than they expect to collect.

There are clinics happening across Niagara this month and **St. Catharines** has a regular clinic location at 395 Ontario Street. Use the toll-free number to book your appointment or go to:

- **Niagara Falls**, Monday, July 28, 1 - 8 p.m., Optimist Club, 4751 Dorchester Road
- **Welland**, Wednesday, July 30, 11:30 a.m. - 6:30 p.m., Ukrainian cultural Centre, 40 McCabe Ave

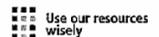
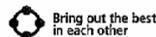


Congratulations To ...

Susan Dolan, Infection Prevention & Control Practitioner for DMH, NOTL, OSS and PCG, who has passed her Certification Examination from the Certification Board of Infection Control and Epidemiology. Sue will be able to use the designation of CIC as soon as she receives her Certificate from the CBIC. Congratulations Sue, well done!

Round Up is published every Friday and we welcome your story submissions, which can be forwarded by email to madkin@niagarahealth.on.ca. The deadline is each Monday. For more information, contact Marjory Adkin-Wilson, Communications Co-ordinator, St. Catharines General Site at ext. 43879. The editor reserves the right to edit stories for content, clarity and length.

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Hospital Improvement Plan – New info posted electronically

To provide the facts around some of the key proposals in the HIP, a series of Information Sheets is being developed, along with Frequently-Asked Questions. These items provide some excellent background detail and rationale, allowing people to learn more about our vision, without having to read through the full submission. The Frequently-Asked Questions will help staff answer some of the questions you may be asked by patients or visitors. They are posted on the NHS website HIP section under Vision and are also posted via *source.net*. Click on the HIP box on the home page, or here's a quick link => <https://sps01.niagarahealth.on.ca/C6/C17/HIP/default.aspx>. Also new on the NHS website is a video from Ontario Hospital Association President and CEO Tom Closson, who outlines the current challenges and future opportunities for Ontario's hospital providers. Take a few moments to view his comments, under Video Briefing.

A Centre of Excellence for Women's and Children's Health (from Info Sheet)

Submitted by Obstetricians and Gynecologists from across Niagara

Creating a Centre of Excellence for Women's and Children's Health at the future health-care complex in St. Catharines is one of the elements of our overall vision to improve patient care across Niagara. The proposed Centre would expand the focus to women's care across all ages and would provide surgical and inpatient care to infants, children and youth up to age 18. A 24-bed paediatric unit would include three beds for continuous monitoring of a critically-ill child. For the first time in Niagara, four beds will be assigned for children and youth with mental health issues. Outpatient services will include day surgery, medical day care and outpatient clinics.

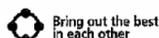


Having this critical patient mass in one location will allow us to offer excellent physician training programs for tomorrow's obstetricians, gynecologists and pediatricians. This opportunity is vital to recruit future specialists, particularly when the average age of our specialists now is 57. Currently, our Maternal Child Program offers full obstetrical care to women of child-bearing age and inpatient/outpatient care to children from birth to age 18 at our three large sites. ...

Read more of this story by going to *source.net*/HIP or here's a quick link => https://sps01.niagarahealth.on.ca/C6/C17/HIP/Documents/wch_info.pdf

A Fond Farewell – 50 years of service

July 31 marked the end of an era at GNG, as staff gathered for a retirement tea to say farewell to **Marion Barnes**, who has provided an amazing 50 years of service to this site! Marion started working at GNGH back in 1958 at the tender age of 16, shortly after the newly-built hospital opened. After a brief part-time period, Marion became full-time and hasn't looked back. She has worked in a range of areas including the Kitchen, Laundry and has spent the last several years as a Hospitality Services Aide on the Rainbow Family Mat/Child Unit. Marion has taken the changes that have occurred over the last 50 years in stride. When she started in the kitchen in 1958, female employees there had to wear ankle-length skirts! She also remembers when Candu the killer whale was brought from Marineland to the GNGH loading dock to be x-rayed in the 1960's – he'd swallowed a ball!





"She's always been so good with the patients and so helpful to them," says GNG Hospitality Services Manager Val Franco. "Marion works really well with the nursing staff and is a great part of their team. She's been so dependable. Marion will definitely be missed."

On hand at Thursday afternoon's Retirement Tea were many of Marion's colleagues, family and friends, as well as Hospitality leaders and COO Bala Kathiresan. From the community, MPP Kim Craitor and Niagara Falls Mayor Ted Salci both presented recognition plaques. Marion's retirement gift from the NHS was a lovely wall clock.

In the photo are, from left; Interim Health Program Director Monica Koepke; Marion Barnes, Hospitality Services Manager Val Franco and in the back Hospitality Services Reg. Director Nick Jancsar.

Congratulations Marion on your amazing years of service and best of luck in your retirement!

Patient Safety Connection

Patient Safety Survey – Deadline Extended to Aug. 14
Get involved by filling in the online Patient Safety Culture Survey through Accreditation Canada's website and now extended until Aug. 14. The survey is completely anonymous, takes just a few minutes, and will provide us with baseline information on our current environment and culture when it comes to our attitudes towards patient safety.

Great Prizes – The final draw is a \$300 gift certificate. Other prizes include car wash coupons, gift basket, bottles of wine, Starbucks coffee, Bikefit sports water bottles.

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Patient Misidentification
Patient misidentification has been highlighted as a serious issue in literature. Obviously, there is no one magic solution. Systems such as using colour-coded wristbands as an alert have thought of and tried in many facilities. However, consistency in the colours used to communicate information is an obvious and significant potential for confusion. An article in the July 5, 2008 Wisconsin Daily Tribune reported that "hospitals across Wisconsin are acting to develop a uniform system of colour-coded armbands to prevent potentially harmful errors ...14 states have adopted standardized colour-coding alerts..."

Colour-coded wristbands may be an option for NHS and other organizations. Nonetheless, the bottom line is that there is a need for an additional procedure / process for all staff to be able to replace patient identification bands when discovered missing in a timely manner. The prevalence of organizations using the inter-professional care model definitely calls for a more effective process. We need to agree upon what is best practice.

Welcome to our July New Hires

- **Alcott, Valerie**, SCG, Health Care Aide, ER
- **Allen, Kathleen**, WHS, RN, Medical
- **Anderson, Sandra**, PCG, Addiction Worker, New Port Centre
- **Antonio, Judy**, SCG, Development Co-ord, SCGH Foundation
- **Arts, Angela**, GNG, CSR Attendant, CSR
- **Baranowski, Judith**, SCG, MRI Tech, MRI
- **Bates, Brian**, OSS, Program Worker, Men's Detox
- **Brandum, Patricia**, PCG, RN, Med/Surg
- **Brown, Esther V.** (New Grad RPN), PCG, Health Care Aide, Medical
- **Chacko, Liji**, GNG, Pharmacist, Pharmacy
- **Cheng, Kevin** (Student), GNG, Occ. Therapist, OT
- **Cousineau-Facuher, Carol**, PCG, RPN, ECC
- **Disher, Eric**, SCG, Health Care Aide, ER
- **Duarte, Angela** (Student), SCG, RN, Medical
- **Ellis, Holly**, PCG, Addiction Worker, New Port Centre
- **Fast, Cara**, WHS, Health Care Aide, ECU
- **French, Cathy**, SCG, Ward Clerk, ER
- **Geroux, Rebecca** (New Grad RPN), WHS, Health Care Aide, Surgical Inp.
- **Hall, Wendy**, SCG, RN, ER
- **Hiebert, Isaac**, SCG, Lab Assistant, Lab



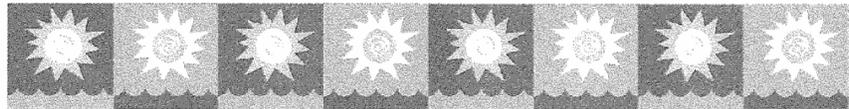


- **Horiatellis, Anthony**, SCG, Health Care Aide, ER
- **Hotte, Mandy**, WHS, Health Care Aide, ECU
- **James Cloughley**, PCG, Addiction Worker, New Port Centre
- **Janzen, Lindsey** (New Grad RPN), SCG, Health Care Aide, Medical
- **Jelin, Bedrana** (New Grad RPN), SCG, Health Care Aide, Medical
- **Kiers, Megan** (Externship), DMH, Health Care Assistant, Med/Surg/CCC
- **Klukach, Wayne** (Retiree), PCG, Registered Tech, Lab
- **Ko, Cindy**, OSS, Patient Safety Specialist, Risk Management
- **Larochelle, Sally** (Retiree), PCG, RN, ER
- **Lowe, Michael** (Student), SCG, Occ. Therapist, OT
- **Lukawsky, Darius**, SCG, RN, ICU
- **Ly, Kinney**, WHS, RN, CCC
- **Maraldo, Elsa** (Retiree), GNG, HR Assistant, Comp/Benefits
- **Moote, Spencer**, WHS, Clerk Receptionist, DI
- **Muma, Dawn** (New Grad RN), GNG, RN, Surgical
- **Porter, Chantal**, SCG, CSR Attendant, CSR
- **Rezk, Mona**, OSS, Renal Tech, Hemo
- **Sadeghi Hosseinih, Gholam**, GNG, RN, Medical
- **Sarmiento-Palacios, Linda** (Student), SCG, RPN, Surgical Inp.
- **Savoia, Matthew**, PCG, Addiction Worker, New Port Centre
- **Sawatzky, Damaris**, GNG/NOTL, Dietary Helper, Food Services
- **Segovia, Cynthrose** (New Grad RPN), GNG, Health Care Aide, CCC
- **SeRNIak, Sebastian** (New Grad RPN), SCG, Health Care Aide, Medical
- **Servos, Sally**, GNG, RN, PARR
- **St.Pierre, Angie**, WHS, Health Care Aide, ECU Interim LTC
- **Su, Guangxiao** (New Grad RPN), SCG, RPN, Surgical Inp.
- **Tejada, Maria**, SCG, RPN, Medical
- **Turpin, Renee**, WHS, Health Care Aide, ECU
- **Unruh, Diane**, OSS, Registration Clerk, Patient Reg.
- **Younblut, Ilona**, GNG, Clinical Mgr., Mental Health

Experience Buffalo Bills Football

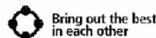
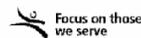
NFL season is fast approaching and the Buffalo Bills are once again offering discounted season tickets to NHS employees. Save an average of \$15 per game when you buy season tickets for all eight home games. Prices range from \$240 to \$560. To order call 716-312-8914. Don't forget to mention promo code SPNS when ordering. Email your questions to josh.beechler@bills.nfl.net. Come experience the excitement at Ralph Wilson Stadium!

Happy Civic Holiday!



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New Health-Care Complex – The winning bidder is ...

After an extensive evaluation process, Plenary Health has been selected as the preferred proponent to enter into negotiations for the new St. Catharines health-care complex at First Street & Fourth Avenue.

Plenary's concept (*shown*) makes efficient use of the land, with potential for on-site future development. The concept boasts good clinical functionality combined with a compact, vertical design, which minimizes inside travel distances and provides good wayfinding. The initial design also includes 80% private patient rooms, in line with new standards for infection control.



Over the next few months, active negotiation will take place between NHS, Infrastructure Ontario and Plenary Health, bringing us to a contract with a locked-in financing rate. The final cost of the project will be shared when all of the contracts are final, expected early this fall. Plenary will be eager to get on site as soon as the final contracts are signed. In preparation, a ceremonial groundbreaking event is in the planning stages to take place this fall!

The user groups will also be re-engaged in order to review the plans against their clinical standards mapped out in the documents originally provided to the bidders. A kick-off meeting to re-familiarize these users with the process is being planned sometime after Labour Day. Stay tuned for more details and be sure to take part in the community information sessions we will be planning, and more importantly, take part in celebrating the groundbreaking later this year!

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Once you've completed the survey, submit your name for a prize by leaving a message at ext. 32117 noting your name (with proper spelling), department/site and contact information OR by sending an email with the same information to: patientsafety@niagarahealth.on.ca.

Hospital Improvement Plan – Changing Emergency Services at DMH & PCG

The proposal to transition the 24-hour Emergency Departments at DMH and PCG to 14-hour Prompt/Urgent Care Centres has sparked intense debate in these communities and in daily and weekly newspapers. Read on for some details around the rationale in the proposal that we are sharing with the public so that they may come to an informed opinion.





Many residents of Fort Erie and Port Colborne have no alternative but to use their local hospital Emergency Department for primary or non-emergent care. The reasons for this are as follows:

- Prescription refills or a doctor's note for work are needed
- Follow-up outpatient programs are minimal or non-existent
- There is an ongoing shortage of family physicians, primary care centres and community walk-in clinics

This means that patients must return to the Emergency Department time and time again, even though they're not experiencing an emergency.

For many years and continuing through today, the most seriously-ill emergency patients presenting at small hospitals are transferred to the larger hospitals for the diagnostic, specialist and critical care they need. Often, patients go directly by ambulance from home or accident scene to a larger centre, frequently the case with serious traffic accidents. In the case of a suspected stroke, ambulance paramedics rush patients to Greater Niagara General Site, where a specialty stroke team is on call.

The night shift has the fewest visits to Emergency Departments in both communities.

- From 10 p.m. to 8 a.m., Fort Erie and Port Colborne Emergency Departments treat on average, less than one patient per hour.
- The majority of the patients seen at night are less-urgent patients who could safely wait until morning.
- True emergency cases average less than one patient per 10-hour shift each night. Most often, these extremely-ill patients are transferred to larger hospitals in and beyond Niagara.

Read the full story by going to source-net/HIP or here's a quick link =>
https://sps01.niagarahealth.on.ca/C6/C17/HIP/Documents/ed_info.pdf.

Interprofessional Practice – Help select the winning logo

Submitted by Dan Belford, Interprofessional Practice Leader

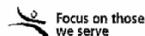
The NHS, in partnership with Hotel Dieu Shaver Rehab and Brock University, received funding earlier this year from HealthForceOntario to develop a model of interprofessional care. The Assistant Deputy Minister of Health, Dr. Joshua Tepper, envisions interprofessional care becoming part of the curriculum in all post-secondary institutions in Ontario and being practiced by health-care providers throughout the province. To support this initiative, HealthForceOntario was created by the Health Human Resources Strategy Division, the Ministry of Health and Long-Term Care and the Ministry of Training, Colleges and Universities. Chief of Staff Dr. Bill Shragge is a member of the provincial HealthForceOntario Interprofessional Care Steering Committee.

The NHS has been conducting an environmental scan to determine barriers and enablers around the development of better interprofessional care throughout our organization. There have been a number of focus groups and an Interprofessional Steering Advisory Committee formed with leadership from the Senior NHS Administrative Team, Administrative leaders, Physician leaders and Union leaders from ONA, OPSEU, and SEIU. We have created an intranet site via *source-net* where frontline staff are able to access a step-by-step guideline and complete a blueprint for submission as we develop our strategic plan for interprofessional care. This site also acts as a resource for interprofessional practice.

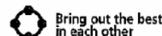
A graphic designer has submitted a number of logos for staff to consider as a graphic depiction for our site and as a symbol of interprofessional care within the NHS. We encourage every staff member and physician to visit our site and vote for the logo of your choice. Go to the online survey via *source-net*. Click on the Interprofessionals link under Resources For ... yellow box or here's a quick link =>
<https://sps01.niagarahealth.on.ca/C18/C0/Interprofessionals/default.aspx>.

Round Up is published every Friday and we welcome your story submissions, which can be forwarded by email to madkin@niagarahealth.on.ca. The deadline is each Monday. For more information, contact Marjory Adkin-Wilson, Communications Co-ordinator, at ext. 43879. The editor reserves the right to edit stories for content, clarity and length.

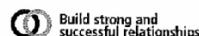
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Focus on those we serve



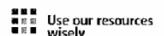
Bring out the best in each other



Build strong and successful relationships



Create a better way



Use our resources wisely



Patient Safety Connection

Survey Ends with 33% Staff Completion

Risk Management would like to thank everyone who participated in the Patient Safety Survey. We finished the survey with a 33% staff completion rate Thursday. Congratulations to all the winners over the past few months! A big congratulations to Betty Johnson from Diagnostic Imaging at PCG who won the final draw of a \$300 gift certificate of her choice.

The NHS is an organization that supports both quality and safety, and focuses on enhancing the lives of patients and communities we serve. The landscapes of improving safety are rapidly changing. Thank you for doing your part to keep patient safety your priority! Please stay tune for our updates and upcoming events and contests!!

Hospital Improvement Plan – A Vision for our smaller sites

The following is an excerpt from information posted on *source.net* and the HIP section of our website, focusing on our vision to change the delivery of hospital care in Fort Erie and Port Colborne.

Changing Needs in Hospitals

The advances in medicine in the last few decades have meant an incredible shift in the way hospitals deliver care. New treatments in three key areas are responsible for dramatically improved care, recovery and quality of life for patients. They are; less-invasive surgeries, new drug therapies and high-tech diagnostic services.

New methods have also significantly changed the manner in which all hospitals function, particularly smaller, rural hospitals like Douglas Memorial Hospital Site, Port Colborne General Site and Niagara-on-the-Lake Hospital Site.

Today, Fort Erie and Port Colborne residents receive only one-third of their inpatient hospitalizations at their local hospital – the majority of their care is provided at Niagara’s larger hospitals where more specialized treatments and intensive services are available. Many of these patients are hospitalized for chronic diseases.

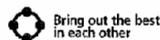
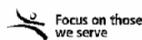
More Primary Care

Public health successes mean our life expectancy is now longer and Niagarans are living longer, more and more with chronic conditions. Chronic diseases are diseases of long duration and generally slow progression, such as:

- heart disease
- cancer
- diabetes
- stroke
- chronic respiratory diseases
- chronic kidney disease

This places new, long-term demands on health care systems. Fort Erie and Port Colborne residents have higher-than-average hospital admissions for chronic health conditions. Evidence shows that if we can improve the availability of primary care and other community-based health-care services in Fort Erie and Port Colborne, we can do more to keep people with chronic disease living in these communities healthier and longer.

Read the full story by going to *source.net/HIP* or here's a quick link => https://sps01.niagarahealth.on.ca/C6/C17/HIP/Documents/vsh_intro.pdf.





NHS Cafeterias Support Local Buying

Throughout the summer, as produce comes into season, our local supplier ensures we get Ontario produce. To celebrate local buying, we are featuring a special menu in the Cafeterias on **Thurs., Aug. 21**. Come on down for a delicious healthy meal prepared by our staff using local fruits and vegetables!! Purchase a special for your chance to WIN a Fresh Fruit Basket (donated by Lococo's Produce).



- *Summer Chicken Salad* - Grilled chicken compliments this summer salad with sliced peaches and blueberries, served with a light poppyseed dressing & whole wheat roll.
- *Beef Fajita* - Seasoned beef mixed with local green, red and yellow peppers, onion and lettuce wrapped in a flour tortilla, served with a fresh crisp salad of local ingredients.

Support our farmers' markets by visiting <http://farmersmarketsontario.com/markets.cfm> to find a farmers' market near you.

Did you know the NHS is a sponsor of Buy Local Niagara, a project team of Leadership Niagara which is working to raise awareness to support local producers and businesses? The NHS Nutrition and Food Services is working with the group to support their campaign. More information on the campaign can be found at <http://www.buylocalniagara.ca>.

Your Chance to See a Superstar – Sept. 3



The St. Catharines General Hospital Foundation is excited to present international rock star **Bryan Adams** for an unplugged acoustic concert Wed., Sept. 3 at Bethany Community Church, 1388 Third St., St. Catharines. He will be sharing his latest album, performing solo in an intimate environment with only 1,000 seats starting at 8 p.m. Come early for a special reception between 6 – 7:30 p.m. to meet this special guest. VIP seating is available with reception included for \$250 per person. Open reserved seating for the 8 p.m. performance only is \$150 per person. Order online at www.scghfoundation.com. Four ticket limit.

Adams last appeared in St. Catharines in February 1998, when he performed a benefit concert with super-model Linda Evangelista in support of Niagara's first Ontario Breast Screening Program Centre. In recognition of the tremendous support from Linda and Bryan the centre at SCG was named **The Evangelista/Adams Centre for Breast Screening**. Funds from the upcoming concert will be directed toward a new digital mammography unit, costing about \$800,000.

End Your Summer With a Splash – Sept. 13/14

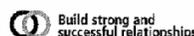
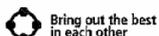
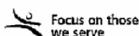
The NHS staff members who have brought you jet boat rides, golf games, softball and paintball events for staff and their families are now organizing a getaway adventure at Wilderness Tours on the Ottawa River. Organizers **Gary Gevaert** from IT and **Aaron Farbychuk** from Support Services already have 15 staff signed up for a great weekend of whitewater rafting for Sat., Sept. 13 and Sun., Sept. 14. For the discounted price of \$201, you will get meals, camping and facility use.



Transport to Ottawa is being arranged, so contact by email or phone either Aaron at 905-988-7502 or Gary at 905-641-3109 if you plan to attend or for more information. To register, call 1-888-RAFT-NOW or go to www.wildernesstours.com, click on Reservations/Make Payment then enter the following info: Organizers E-mail: aaron.farbychuk@niagarahealth.on.ca, Reservation #49357.

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Hospital Improvement Plan – Managing misinformation in our communities

The increasing amount of misinterpretation of the proposals in our Hospital Improvement Plan throughout Niagara is a growing concern to us all. To try to allay fears and send out clear facts about the HIP proposals, a Question and Answer sheet is being distributed in Port Colborne via the In Port News next Wednesday, with a similar document being inserted in the Ft. Erie Times Aug. 30. This Q/A document contains answers to common questions about proposed changes to Emergency services in the lakeshore communities (similar to what's currently posted on the HIP website under Vision => <http://improvements.niagarahealth.net/results/faq/>). It talks about the Prompt/Urgent Care Centre transition and the eventual Comprehensive Primary Care Centres being proposed, which is a new model in Ontario. Here's a sampling of what's in the Q/A:

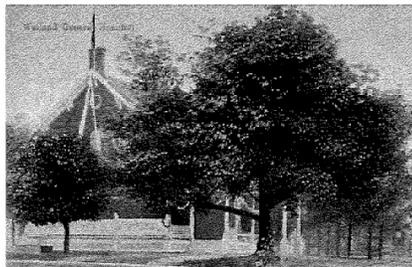
Q: What would happen at night if people have a sudden serious illness (after the 14-hour Prompt Care Centre that's proposed opens)?

A: Day or night, residents who are in an emergency situation should call 911. Every Niagara EMS ambulance has an advanced-care paramedic on board who is trained to stabilize patients and transport them to the most appropriate Emergency Department, based on symptoms. For example, ambulances today take patients with a possible stroke from anywhere in Niagara to Greater Niagara General Site Emergency Department, because the district stroke program has an on-call specialized team at that site. Paramedics are using many of the same treatment protocols in the ambulance that our emergency department staff uses, so residents can be assured that ambulance pre-hospital care focuses on patient safety at all times.

In addition to the lakeshore communities, there is considerable fear-mongering and misinformation elsewhere in Niagara. A new letter to the editor from our CEO Debbie Sevenpiper and Chief of Staff Dr. Bill Shragge, covering a wide range of HIP topics, is currently being finalized and we're hoping newspapers will consent to run this letter in the near future. Stay tuned! You can view all the clippings on source.net/News/Newspaper_Clipplings or here's a quick link => <https://sps01.niagarahealth.on.ca/C14/C10/Clippings/default.aspx>

A Step Back in Time – Welland's 100th Anniversary Open House Sept. 21

Mark your calendars for a Community Open House at WHS, happening Sunday, Sept. 21 from 2 to 5 p.m. as we mark 100 years of hospital care in Welland. The Planning Committee is working with departments to have displays and tours and we're hoping to engage some of our emergency partners, such as Niagara EMS, Niagara Regional Police and local Fire Departments to bring some vintage emergency vehicles onto our property. We're also working with the Welland Tribune on a special supplement containing a number of stories and photos on the history and current hospital programs. Stay tuned for more details closer to the date.

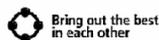


This postcard shows the first cottage hospital on Muir Street, donated by Dr. Cowper in 1906.

Our History - The Beginning ...

During the early months of 1906, Welland's industrial commissioner B. J. McCormick, medical health officer Dr. J. H. Howell, Dr. H. D. Cowper, officials of the Plymouth Cordage Company (a major employer at the time) and members of the

Imperial Order of the Daughters of the Empire, joined together to provide the Welland community with their very first hospital. "I think





it very desirable that we should have a hospital," said Dr. Howell at the first meeting in Mr. McCormick's offices in February 1906. "The town at present may be rather small, but if we grow, and we expect that we will, we shall need it."

The medical health officer was supported by his colleague Dr. Cowper, who in March of the same year donated his Muir Street home to be converted and used as the city's first hospital. The cottage hospital consisted of two wards, four private rooms, an operating room, a sterilizing room, and a physicians' consulting room.

As the population of Welland continued to grow, it became evident that the modest Muir Street facility would soon be too small. Provincial inspector of hospitals R.W. Bruce-Smith acknowledged the evolving trend and strongly advised against the continued use of the Muir Street residence as a hospital. "I suppose if the people of Welland have set their minds on having a hospital and using the building it would have to do; but at the same time I think such a proposition should be met with the greatest caution," he was quoted at the time.

Mr. Bruce-Smith suggested that the Muir Street building was getting rather too old and would be much more difficult to properly equip in the future. As a result, he challenged the community to buy a large piece of land and build an entirely new building from the ground up.

Next week ... the building of the new hospital on Riverside Drive.

 **Deli Meats in Cafeterias and Patient Trays are Safe**

This news broke Wednesday that there is an outbreak of Listeriosis in Ontario and a Canada-wide recall ordered of Maple Leaf SureSlice deli meat products. This is something our Food Services was aware of last week, when Aramark Canada Ltd. directed all its partners to remove SureSlice deli meats from use, as these products were under investigation. Listeriosis is a rare but potentially serious food-borne illness that can severely affect the elderly, pregnant women and individuals with weakened immune systems. It is caused by the bacterium *Listeria monocytogenes*.

The full line of deli products has not been offered on patient meals, in any of the cafeterias or caterings since the afternoon of Wednesday Aug 13. All Patients received a notice reassuring them that no SureSlice products are being used on Thursday. Well done Food Services staff and Aramark for being extra cautious on our behalf!

 **Our Local Olympians – ICT staff on the podium**

ICT was invited to participate in the first annual Hotel Dieu Shaver Rehab Olympics. The events included:

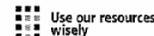
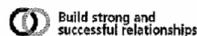
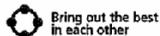
1. Relay Urine bottle fill - Team members take turns to fill a urine bottle with a specimen container (not real urine)
2. Don On Don Off relay - Teams were required to put on an isolation gown, gloves and mask, run and transfer items to the next team member
3. Bed pan disc throw
4. Obstacle course
5. Archery - Shoot for distance using a child's archery set with suction cup arrows
6. Javelin throw - More like a pen toss



ICT was able to come away with the silver medal. *IT Crushers* team members (pictured) were Peter Bokma, Gary Gevaert, John Skarja, Shanna Little and Matt Walter. Participants and spectators were then treated to a barbeque lunch. Fun was had by all. Special thanks to Hotel Dieu Shaver Rehab for hosting the event.

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A Step Back in Time – Building a new hospital in Welland - 1908

The second installment in our series celebrating 100 years of hospital care in Welland

After about one year in operation, it became evident that the cottage hospital on the corner of Muir and Young Streets (see Aug. 22 *Round Up*) could no longer serve the needs of the growing community, so in 1907, a group of community leaders came together. This provisional hospital board's first task was to select the new hospital's location. Welland's community on the east side of the old canal battled the community on the west side of the canal (*this has a familiar ring to it!*) and after much debate and deliberation over cost and location, a gift of land from H.A. Rose and the R. Morewood estate was accepted on the south bank of the Welland River on Riverside Drive.

Also in 1907 the Sir Isaac Brock Chapter of the IODE (Imperial Order of Daughters of the Empire) formed the Welland Hospital Ladies Auxiliary to raise funds for the new hospital. The same year, the medical doctors organized the Welland County Medical Society. By April 6, 1908, the Board received its Letters Patent officially creating the Board of the Welland County General Hospital, hence 1908 being the year marking the official start of the hospital.



Welland County General Hospital, soon after opening in 1909

At a total cost of \$24,103, the new 30-bed facility began accepting patients in January 1909 and was officially opened by Col. J. M. Gibson, Lieutenant Governor of Ontario on March 1, 1909. It was completely funded by the community.

The three-storey structure (plus basement) was 40' x 80', with kitchen, laundry, dispensary, cold storage, dining rooms, boilers and coal room located in the basement. On the first and second floors were public wards, private and semi-private rooms, operating room and verandas for the patients. The third floor provided living quarters for staff. During the first six

months of 1909, a total of 60 patients registered at the new hospital and 51 operations were performed. The daily rates for patients in those early days were 70 cents for a ward room, \$1 for a semi-private room, \$2 for a private room and the total cost of operating the hospital annually was about \$4,000.

Each hospital staff member was responsible for a wide range of duties. For example, the director of nursing was also the hospital administrator; the switchboard operator was a bookkeeper. The pharmacy barely existed and there was no real ambulance services until the early 1930s - "nothing but a bed stuck over an old Ford", according to a graduate of the Welland Nurses Training School, which operated from about 1912 until 1935. Until then patients were transported from Fonthill, Port Colborne and Dain City by a trolley car equipped with extra-wide doors.

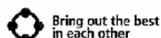
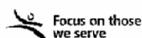


Hospital on Riverside Drive, circa 1930's

Several building extensions were added through the 1920s, '30s and '40s, and by World War II, there were 120 beds serving Welland, Crowland, Wainfleet, Pelham, and Thorold townships, a population totalling about 55,000.

Disaster strikes...

In 1943, construction workers were building the south mill at Atlas Steel to increase steel production for the war effort when a ceiling collapsed, trapping men under tons of cement and girders. The workers were rushed





to the hospital by car and in the back of trucks. Beds were brought down from the attic and the basement was transformed into a ward to accommodate the injured men. The hospital staff, already overworked because so many had gone overseas, needed the help of anyone in the community with first aid training. By the early 1950s, it became obvious that even with all the expansions that had taken place over the years, Welland had outgrown the 138-bed facility. *Next week ... the vision for today's hospital on Third Street.*

 **HIP – Dr. Jack Kitts presents to LHIN board**

Be sure to go to the LHIN website to see the presentation external advisor Dr. Jack Kitts made to the LHIN board Tuesday about the review of the NHS Hospital Improvement Plan. Here's the link => http://www.hnhblhin.on.ca/Page.aspx?id=2332&ekmensel=e2f22c9a_72_294_btnlink or go to www.hnhblhin.on.ca and click on Niagara Health System Hospital Improvement Plan on the left navigation bar.

 **Patient Safety Connection - Disclosing Adverse Events – New Legislation**

We have received a preliminary analysis from the Patient Safety Culture Survey. We are currently completing our analysis and are developing a plan to share them across the NHS. We are also working on strategies to overcome some of the gaps identified and will keep you posted. Thus far, one area to highlight is with regards to the disclosure of adverse events. The survey results suggested most respondents to the survey disagreed that a formal process for disclosure of major events to patients/families is followed and this process includes support mechanisms for patients, family, and care/service providers. Results also indicated the majority disagreed that discussion around major events focuses mainly on system-related issues, rather than focusing on the individual(s) most responsible for the event. Furthermore, respondents disagreed that the patient and family are invited to be directly involved in the entire process of understanding: what happened following a major event and generating solutions for reducing re-occurrence of similar event.

policy. Please check with your specific professional regulatory body to reinforce your understanding of duty to disclose.

Please take time to go on *source-net* to review the NHS Disclosure of Adverse Events Policy and Procedure which applies to all health professionals and staff at all sites of the NHS. The policy provides overall guidance to staff and health care professionals communicating information to patients or their substitute decision maker regarding significant adverse events. In addition, the policy concisely provides the NHS definitions of adverse event, disclosure, harm, sentinel event, and near miss. Moreover, it indicates the rationales for communication, who should be communicated, and when. It is of paramount importance that we are familiar with and adhere to this policy. Risk Management is currently strategizing and continuing to work on how we can improve our culture of reporting and communication with respect to disclosure of adverse event.

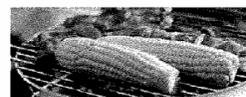
Risk Management would like to take this opportunity to remind all staff that disclosure of adverse events is a legal and mandatory requirement under the Public Hospitals Act Regulation 965 as of July 1 2008. Professional governing bodies such as the College of Physicians & Surgeons of Ontario, College of Nurses of Ontario and the Ontario College of Pharmacist all have a common special duty disclosure

For your information please also visit the Canadian Patient Safety Institute (CPSI) for The Canadian Disclosure Guidelines. <http://www.patientsafetyinstitute.ca/index.html> The NHS continues to emphasize that reporting and communicating is not punitive. The CPSI strongly concurred that disclosures in communications are not in any way imply blame for or fault of the healthcare provider.

 **Is Your Child Over 21 and in College or University?**

If you have a dependent over age 21 who will be enrolled full-time in an accredited educational institution, please be sure to bring in your proof of registration to Human Resources by no later than Aug. 31 **in order to ensure your child remains eligible for extended benefits coverage.** Proof will be accepted in the form of a copy of the Paid Registration or Student I.D. card. Benefits will then be continued for the remainder of the school year. Please note maximum age under this plan for all students is 25. If you have any questions please contact Manulife at 1-800-268-3763 or your site Human Resources Department.

Happy Labour Day!



 Focus on those we serve

 Bring out the best in each other

 Build strong and successful relationships

 Create a better way

 Use our resources wisely



NIAGARA HEALTH SYSTEM
 SYSTÈME DE SANTÉ DE NIAGARA
 TOGETHER IN EXCELLENCE - LEADERS IN HEALTHCARE

TO: All Staff, Physicians and Volunteers

FROM: Betty-Lou Souter, Chair, Board of Trustees
 Debbie Sevenpifer, President and CEO
 Dr. Bill Shragge, Chief of Staff

DATE: Friday, September 5, 2008

RE: **NHS Hospital Improvement Plan Public Consultation Website**

The Niagara Health System's Hospital Improvement Plan (HIP) public consultation website will be open until Monday, October 6, 2008 to receive feedback from anyone who wishes to provide their comments.

First and foremost, we need to state that our hospital board and management encourage and welcome all comments – be they critical or supportive of the plan.

The public consultation website is a secure, confidential and protected site. Feedback provided to the site can only be accessed by the website administrator who is responsible for protecting the integrity of the site and providing summary reports.

People who provide feedback to the site are **NOT** asked to provide their names, addresses or their affiliation with the hospital. The only required piece of information that people are asked to share is their postal code. All other questions are optional.

Once the consultation closes on October 6, 2008 all of the feedback received through the website in its entirety along with all consultation feedback received in printed paper format will be provided to LHIN appointed expert advisor Dr. Jack Kitts and his team.

We want to encourage everyone throughout NHS to learn more about the Hospital Improvement Plan and provide your input.

The input section on our public website www.niagarahealth.on.ca enables all stakeholders – including members of the general public to provide their input into the development of the Hospital Improvement Plan. Staff, medical staff and volunteers are all welcome to provide their feedback to the HIP and can access the consultation questionnaire through Source-net by going through the HIP links listed on the front page.

For those of you who haven't had the opportunity yet to visit the community consultation section of the NHS website, we encourage you to do so. The site includes extensive information on the status of Niagara residents' health, health-care trends in Canada and beyond, a Question-and Answer section on the HIP, and a questionnaire to help solicit input from the public.

Through the first phase of the consultation prior to the completion of the HIP we received more than 100 individual suggestions through our internal email box from staff. The submissions are insightful and thoughtful demonstrating without a doubt your commitment and desire to provide input to the HIP to improve quality and efficiency in the services delivered by the Niagara Health System (NHS).

From the outset of this process we have acknowledged that we need to hear all of the feedback. We have also acknowledged that there will be competing and divergent opinions regarding the HIP. Through the past several weeks we have been working very hard to explain Vision that we have submitted to the LHIN to improve the delivery of hospital care to the residents of Niagara, clarify facts and address misinformation on the various issues.

We continue to encourage you to share your feedback and please be assured that your comments are appreciated and confidential.

Sincerely,

Betty-Lou Souter
Chair, Board of Trustees

Debbie Sevenpifer
President & CEO

Dr. Bill Shragge
Chief of Staff



A Step Back in Time – Building the hospital at King and Third Streets

The third installment in our series celebrating 100 years of hospital care in Welland

In 1953, exactly 10 years after the Atlas Steels disaster occurred, Dr. G.S.M. Wilson placed a report before the Medical and Surgical Advisory Committee, indicating that conditions at the 130-bed hospital on Riverside Drive were too small and inadequate to serve the growing Welland community. Discussion among hospital staff, physicians, board members and community leaders culminated in the Board's decision to erect an entirely new hospital.

For months, discussion ranged over the site, price and plans of the new proposed site, until the current property was finally accepted. The 14-acre site, owned by the former Plymouth Cordage Company between King Street and Plymouth Road, was chosen because it was readily available, at the reasonable cost of \$90,000 (plus a donation of \$20,000 towards the new hospital) and easily accessible. More importantly, the site was located on the east side of the canal in the heart of the industrial area between Welland and Crowland - central to the majority of people who would use it.



The land occupied by former major employer Plymouth Cordage Company was the chosen location for the new hospital. The photo shows preparations for the groundbreaking ceremony in July 1958, coincidentally the same month GNGH opened at its current site in Niagara Falls.

The sod was turned on July 24, 1958, and less than two years later, on April 23, 1960, the new Welland County General Hospital officially opened for business. The Presidents of the three hospital Auxiliaries had the honour of cutting the ribbon to open the hospital.

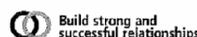
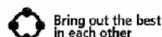
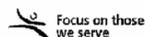
The 'bigger and better' Welland County General Hospital had 259 beds, 51 bassinets, and new added features, such as modern operating rooms, emergency receiving and treatment facilities, radiology and pathology departments, pharmacy, kitchen, cafeteria, laundry and administrative offices. The new hospital soon became the hub of a medical complex as the large property became home to a number of outbuildings. The Welland and District Health Unit (now Niagara Region Public Health Department) built its \$114,000 centre near the King Street entrance. A modern Nurse's Residence was opened in 1962, now the MacLean Building, where hospital staff and physician offices are located. In the late 1990s Rapelje Lodge, a long-term-care home, was built using a corner of the property the hospital generously donated to the region. Two medical arts buildings are located adjacent to the hospital and a Niagara EMS Ambulance station is located nearby on King Street.



Welland County General Hospital has had many additions since it opened in 1960. This photo shows the original core section soon after opening, which hasn't changed much from the outside.

The original hospital on Riverside Drive was renovated and re-opened to provide accommodation for 82 chronic or convalescent patients and was re-named the Riverside Annex. It operated until 1978, when the Woolcott Wing opened at the hospital.

Since the mid-1960s, many expansions have occurred at Welland





Hospital Site, the latest earlier this year when the new Dialysis Centre opened. Because the hospital location back in the 1950s provided so much room, the needed expansions and complementary health buildings have been possible.

Welland Hospital Site Community Open House Sept. 21

Learn more about the hospital's history and bring your family to see the high-tech environment of today at our upcoming Centennial Open House on **Sunday, Sept. 21** from 2 to 5 p.m. at Welland Hospital Site.

Hospital Improvement Plan – Still time to give your feedback

As per Friday morning's Communiqué on the Hospital Improvement Plan, the dedicated website will invite feedback from staff and the public until Oct. 6. At that time, ALL feedback, both in electronic and print form, will be submitted to Dr. Jack Kitts, the expert advisor appointed by our LHIN to review the HIP. If you haven't yet had the opportunity to provide your comments and suggestions on the vision or to review the many initiatives outlined in the HIP, please take a few moments to do so. All submissions are anonymous – all we are asking is that a postal code be provided. Go to www.niagarahealth.on.ca and click on the green box or here's a quick link => <http://improvements.niagarahealth.net/>

Patient Safety Connection

Last week we reminded everyone to review the NHS Disclosure of Adverse Event Policy. We reinforce that this policy is in keeping with the NHS Vision, Mission and Values, the Patient Bill of Rights and Responsibilities and the philosophy of Patient Centred Care and is designed to ensure that patients or their substitute decision maker are properly informed about the patient's care. We established that the NHS continues to strongly support a safe reporting system which is not punitive.

With regards to focusing on the issue(s) and not the person(s), Nursing Economic (November – December 2002/vol.20/No.6) has a succinct article titled *A Lesson in Patient Safety from 'A Beautiful Mind'* which discusses that optimal solutions must examine both the

system and the people side of the equation. The article suggests that, "... the important question to ask is, How can I do what is right both for the system and the people involved? An optimal solution lies in considering both. This is not going to be easy, but we must try. To continue to split the two entities, and to consider one more important than the other, will not help nursing, other medical professions, and the patients they serve." Please contact Cindy Ko, Patient Safety Specialist for an e-copy of this article. We are currently working with Library Services to compile a comprehensive library on patient safety-related literature for easy access on *source-net*.

Thank you for continuing to make patient safety your priority at NHS.

Figuring Out Your HOOPP Statement

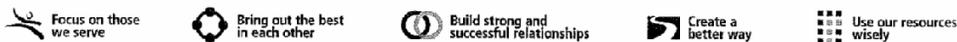
A HOOPP Representative will be visiting our sites on the dates listed below. Plan to attend a session to learn what benefits are payable if you; terminate employment, retire, become disabled, die. Bring your annual Statement with you. The one-hour sessions will allow time for your questions.

- DMH - Sept. 16, 9 – 11 a.m., *Public Health Room*
- GNG - Sept. 17, 9 – 11 a.m., *Boardroom*
- NOTL - Sept. 17, 1 – 3 p.m., *Wool Room*
- OSS - Sept. 9, 9 – 11 a.m., *Boardroom*
- PCG - Sept. 19, 9 – 11 a.m., *Boardroom*
- SCG - Sept. 9, 1 – 3 p.m., *Leonard Classroom*
- WHS - Sept. 11, 1 – 3 p.m., *Auditorium*



Round Up is published every Friday and we welcome your story submissions, which can be forwarded by email to madkin@niagarahealth.on.ca. The deadline is each Monday. For more information, contact Marjory Adkin-Wilson, Communications Co-ordinator, at ext. 43879. The editor reserves the right to edit stories for content, clarity and length.

Round Up is available in large print format upon request. Call Marjory at ext. 43879.





Public Reporting of C. difficile Rates

A great deal of public attention has been focused on Clostridium difficile and its presence in Ontario hospitals over the past number of months. On Sept. 26, hospitals will be required by the Ministry of Health and Long-Term Care to report publicly on their C. difficile rates, as well as a variety of other patient safety indicators in the months ahead. The public release of this information may bring increased media attention and scrutiny of hospital infection control practices by the public.

The Ontario Hospital Association is working closely with hospitals to communicate the issue and has created a number of helpful documents to assist the public in better understanding the reporting of rates. On the NHS website, a series of Questions and Answers has been posted, adding to information that was already available. Also, we have posted a new chart, replacing an existing graph showing C. difficile rates at NHS hospitals over the last two years. As per Ministry direction, the new chart shows each NHS inpatient site and its individual C. diff rates, starting with August/08. Each month, a new chart will be posted.

"Public reporting of our infection rates is important because it will allow us to work with a standardized approach across the province," says VP Frank Demizio. "On a daily basis, the NHS conducts surveillance and tracks C. difficile at all our sites. We have been reviewing and implementing the recommended reporting guidelines from the MOHLTC and we continue to be compliant with the Provincial Infection Disease Advisory Committee guidelines in preventing and managing C. difficile in health-care facilities."

When it comes to preventing the spread of C. difficile in our hospitals, "everyone plays a part, including our patients and families", Frank says. "As a reminder, one of the most important contributions that we can all make in preventing the transmission of infection is to wash our hands before and after contact with our patients/visitors."

To see the newly-posted information, go to the NHS website and click on Infection Prevention & Control in the Patients & Visitors blue box on the bottom left. Then, click on the C. difficile link in the second paragraph, or here's the link => http://www.niagarahealth.on.ca/quality_safety/safety/infection_control/cdiff.html.

Patient Safety Connection – Our PEER Champions

Next week is Patient Safety Week. Risk Management would like to take this opportunity to thank everyone for making patient safety your number one priority at NHS. We would also like to thank all our Patient Safety Peers Champions who have assisted us in promoting patient safety and disseminating information. They are:

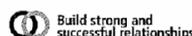
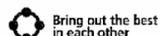
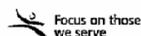
- Data Centre:** Shirley Osborne
- DMH:** Anna Brewster, Cathy Brule, Janis McCooey
- GNG:** Brenda Allan, Christiane Comer, Michele Howard, Jane Morland, Barbara Nimmo, Lorena Perna
- NOTL:** Rosemarie Wright
- OSS:** Susan Berkiw, Rhianon Burkholder, Briar Campbell, Tracey Crowe

PCG: Pati Lee, Marcie Mills, Margaret Thompson Nancy Wilcox

SCG: Kim Bissonnette, Sandra Burns, Teresa Calisina, Cheryl Nunn, Barbara Primavera, Karen Usick, Victoria White

WHS: Teresa Duguay, Sue Elsie, Ashley Gasparri, Debbie Jacques, Faye Leppert, Lindse Ramautarsingh, Mary Stranges.

In addition, Risk Management would like to thank Library Services. They have created a database of full text PDF's concerning organizational approaches to Patient Safety at <https://sps01.niagarahealth.on.ca/C11/C9/Patient%20Safety%20Articles/default.aspx>. For further information, please contact Geoffrey Brown, NHS Library Technician.





Hospital Improvement Plan – Update on key dates

Public Engagement sessions organized by expert advisor Dr. Jack Kitts have been scheduled over the next few weeks to receive community feedback to the Hospital Improvement Plan. These sessions are **Thurs., Oct. 2** from 7 – 9 p.m., Fort Erie, Leisureplex; **Fri., Oct. 3** from 5:30 – 7:30 p.m., St. Catharines, Sir Winston Churchill Secondary School; **Fri., Oct. 3** from 8 – 10 p.m., Niagara Falls, Kingston College, Epworth Circle; and **Wed., Oct. 15** from 7 – 9 p.m., Port Colborne, Lakeshore Catholic High School.

The 'Your Input' survey questions through our website will be available to staff and the public to provide comment until **Mon., Oct. 6**. Here's the link => <http://improvements.niagarahealth.net/your-input/>. On **Tues., Oct. 28**, Dr. Kitts is scheduled to present the results of his review and his team's recommendations to the LHIN board for its consideration.

100th Anniversary Open House – Something for everyone

Hundreds of people came out to the Centennial Open House at Welland Site last Sunday. The afternoon started with a special guest in attendance – Matilda Barilla (pictured), who is in her 100th year of life and is a former hospital volunteer. Remarks by local and NHS dignitaries in the cafeteria were followed by the Auxiliary serving cake and punch. Great displays in the Auditorium and Boardroom showcased both the old and the new, as did tours of DI, Lab, Dialysis and ECU.



Congratulations to the planning committee for putting together a great afternoon. Members are: Marjory Adkin-Wilson, Betty Boutilier, Paul Brouillette, Lou Ann Grimwood-Rochat, Barb Hall-Jarvis, Liz Iwanczuk, Marcia Ladouceur, Julie Lawson, Arlene Lessard, Crystal Mooney, Lori Pottle, Nancy Speck, Wendy Robb, Donna Rothwell, Heather Scott-Ventresca, Karen Usick and Patty Welychka.

Also, special thanks to the hospital staff and auxiliaries who volunteered their time on Sunday to make the day a success and to our sponsors who contributed goods and services - Brock University Nursing Students, Shirley Cooper, Four Seasons Bakery, Tiffany Howes, Janssen-Ortho Inc., Clown Lamponi Terry Dowd, Dollie Milos, Welland Public Library, Welland Tribune & Advertisers, Ian Wilson Photographics and Zehrs Food Plus.

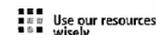
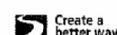
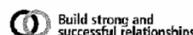
In the photos – top right – Interim VP Donna Rothwell gives cake to special guest Matilda Barilla. Lower left – Staffers Maria Elliott (left), Joanne Della Ventura and Sue Elsie look over archive financial ledgers.

Congratulations To ...

NHS Food Services for this week's *Turning Up the Heat* campaign, geared to focus attention on how well this program focuses on the three 'Rs'. A change evident to those of us who are regular cafeteria customers is this week's welcome switchover to biodegradable containers/dishes and utensils. Because Niagara Recycling will not take our styrofoam containers due to food waste on them, we have to treat these disposable items as trash and send them to the landfill, where styrofoam does not decompose. By using new biodegradable containers and utensils in the cafeteria, we know that our products will break down over time, thereby reducing our ultimate waste contribution to the landfill. That's well worth the additional 15 cents for a container!



Congratulations to **Marilyn Kalmats**, Quality/Education; **Tracey Davey**, Regional Director, Quality/Education and **Lloyd Pihulak**, Regional Director, Pharmacy on the wonderful news that they have been selected to present at the Leading Practices Electronic Display at the upcoming OHA Health Achieve Inspiring Ideas & Innovation/2008 being held in Toronto in November. The presentation, entitled *Patient/Medication Safety – from Vision to Reality*, gives an overview of plans to standardize the medication documentation and administration process across our seven sites, as well as the long-term





plan to build an automated medication process including computerized documentation and medication dispensing at the unit level.

 **Educate Yourself for Healthy Eating**

This year, Healthy Workplace Month is focusing on a range of areas for improving our lifestyles. Of course, diet plays an enormous role in our health and wellbeing, and there has been much in the media this year about prebiotics and probiotics. What do these terms mean? How can they make a difference to our health? Learn more from Dietitian Lina Vasco through her article posted on the Quality of WorkLife section of *source.net*. Here's the link => <https://sps01.niagarahealth.on.ca/C9/C11/Nutrition/default.aspx>



 **Brock University offers 'Healthy You' – Niagara experts are on call**

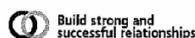
Brock University is set to offer another series of informative and informal seminars to help you manage or become more familiar with health-related issues such as: Prostate Cancer (featuring Dr. Ian Brown), Diabetes (featuring Dr. Brenda Rempel), Osteoporosis and Memory: A Users Guide. Meet some of Niagara's wellness experts, gain a practical knowledge of the health-care system and learn about resources that are available to you and your family. Seminars run one a month beginning in October at Rodman Hall, downtown St. Catharines. Register online at www.brocku.ca/conted.

 **NHS News Clippings Online**

Did you know newspaper stories and letters to the editor are posted on *source.net* daily? The pdf files are easy to scroll through and are filed by date. To review the clippings, go to *source.net/News* and click on NHS Newspaper Clippings on the right, or here's a quick link => <https://sps01.niagarahealth.on.ca/C14/C10/Clippings/default.aspx>. Happy reading!

Round Up is published every Friday and we welcome your story submissions, which can be forwarded by email to madkin@niagarahealth.on.ca. The deadline is each Monday. For more information, contact Marjory Adkin-Wilson, Communications Co-ordinator, at ext. 43879. The editor reserves the right to edit stories for content, clarity and length.

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NIAGARA HEALTH SYSTEM
 SYSTÈME DE SANTÉ DE NIAGARA
 TOGETHER IN EXCELLENCE - LEADERS IN HEALTHCARE

Memo

Date: September 29, 2008

To: All Staff, Physicians and Volunteers

From: Betty Lou Souter, Chair, Board of Trustees
 Debbie Sevenpifer, President & CEO
 Dr. Bill Shragge, Chief of Staff

Re: **Final Week to provide your input to NHS Hospital Improvement Plan – Public Consultation Website open until Monday, October 6th at midnight**

The Niagara Health System's (NHS) Hospital Improvement Plan (HIP) public consultation website remains open to receive feedback from anyone who wishes to provide their comments until next week when it closes on Monday, October 6, 2008 at midnight.

We continue to encourage and welcome community feedback to the HIP, either with concern or support for the plan. Advertisements have been published in local newspapers throughout Niagara to remind members of the public of the approaching deadline.

We continue to encourage our staff, volunteers and members of medical staff to provide their comments through the HIP website. Staff, medical staff and volunteers can access the consultation questionnaire directly through our intranet by going to **Source-net** and following the **HIP links listed on the front page**. Alternatively, if you wish to access the web site from home or elsewhere, you can do so by going to www.niagarahealth.on.ca and clicking on the **Your Input box at the top right hand side of the front page**. You can also access the HIP website directly at <http://improvements.niagarahealth.on.ca>

We would like to remind everyone that the public consultation website is a secure, confidential and protected site. Feedback provided to the site can only be accessed by the website administrator who is responsible for protecting the integrity of the site and providing summary reports. People who provide feedback to the site are **NOT** asked to provide their names, addresses or their affiliation with the hospital. The only required piece of information that people are asked to share is their postal code. All other questions are optional.

Once the consultation closes on October 6, 2008, all of the feedback received through the website in its entirety along with all feedback received in printed paper format will be provided to the LHIN-appointed expert advisor, Dr. Jack Kitts and his team. We will also be preparing a summary of the feedback received for posting on our website.

In closing, we will continue to keep you informed of the HIP process as it unfolds, and continue to encourage you to share your feedback.

Sincerely,

Betty-Lou Souter
 Chair, Board of Trustees

Debbie Sevenpifer
 President & CEO

Dr. Bill Shragge
 Chief of Staff

Appendix 4: List of Community Stakeholders who Received the HIP Submission

- NOTL Standing Committee
- Port Colborne Standing Committee
- Fort Erie Standing Committee
- NOTL Foundation
- Port Colborne Foundation
- Fort Erie Foundation
- NHS Foundation
- Hamilton Health Sciences
- St. Joseph's Healthcare
- Hotel Dieu Shaver Hospital
- West Lincoln Memorial Hospital
- HNHB Community Care Access Centre
- Community Health Centre Niagara
- Regional Municipality of Niagara
- Niagara Regional Police Services
- City of St. Catharines
- City of Welland
- Township of Wainfleet
- Town of Pelham
- City of Thorold
- Town of Grimsby
- Town of West Lincoln
- Town of Lincoln
- Opportunities Niagara
- Tabor Manor
- YMCA of Niagara
- Regional Public Health
- Brock University
- Bridges Community Health Centre
- Town of Fort Erie
- City of Niagara Falls
- Town of NOTL
- Town of Port Colborne
- Hospice Niagara

Appendix 5: External Communication Notices & Information Sheets



NIAGARA HEALTH SYSTEM
SYSTÈME DE SANTÉ DE NIAGARA
 TOGETHER IN EXCELLENCE - LEADERS IN HEALTHCARE

NEWS RELEASE

Date of Release: Thursday, July 17, 2008

Achieving excellence, sustainability key drivers in Hospital Improvement Plan

NIAGARA, ON: A Hospital Improvement Plan (HIP) that provides a framework to enhance quality of hospital care across the region, balancing financial pressures, the needs of Niagara's aging population and the challenges of the ongoing shortage of doctors, nurses and other health professionals, was released today by the Niagara Health System (NHS).

The NHS was directed by the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) to develop the HIP after it was unable to balance its budget for the year ended March 31, 2008. The NHS ended the last fiscal year with a \$17.9 million deficit on a \$370 million budget. A budget deficit is projected for the current fiscal year.

"It is clear that the current situation cannot be sustained and not just because of the financial deficit. The status quo is no longer sustainable nor is it optimal. We have and into the future will continue to have very real challenges with being able to attract and retain the right number and right kind of healthcare professionals – doctors, nurses, and allied health providers – to operate the current model with the level of care that patients demand and professionals want to provide. The HIP addresses all those issues while improving care in Niagara," Mrs. Betty-Lou Souter, Chair of the NHS Board of Trustees said.

On May 30, 2008, the NHS was directed by the HNHB LHIN to prepare a HIP by July 15, 2008 that:

- Ensures the necessary expertise and resources are available to provide accessible, quality healthcare for the citizens of Niagara;
- Identifies current and future hospital based services by site;
- Establishes timeframes and specific targets for each year of the HIP;
- Links the proposed strategies of the HIP and the public interest; and
- Achieves a balanced operating budget by 2011/12.

The 311 page HIP is a patient-focused, five year Plan that:

- Puts quality in patient care first;
- Builds on the strengths of the NHS to ensure the necessary expertise and resources are available to provide accessible, timely and equitable healthcare for the citizens of Niagara;
- Responds to the changing healthcare needs of people in the Niagara region;
- Is based on best practices;
- Is financially viable and makes the best use of our doctors, nurses and healthcare providers;
- Will improve the quality of work life, teaching, and learning for our doctors, nurses and healthcare providers;

.../2

Page Two Achieving excellence, sustainability key drivers in Hospital Improvement Plan

- Will help attract the next generation of doctors, nurses and healthcare providers to the region; and,
- Achieves a budget surplus of \$1.5 million in 2012/13.

"The HIP speaks to a vision and a future that are proactive, thoughtful and demonstrative of the passion and commitment of our clinical leaders to transform hospital-based care in Niagara," said NHS Chief of Staff Dr. Bill Shragge. "The HIP takes what we know today about the health of our population and the trends in the health sector, and it makes conscious decisions based on best practices about the organization of hospital services to best meet the needs of our population in the future."

The HIP incorporated feedback from NHS staff, physicians, volunteers and members of the public, all of whom were asked through a consultation process to provide input on better ways to deliver quality care to the Niagara community and make better use of resources.

"This is a significant milestone since the formation of NHS in March 2000," says NHS President and CEO Debbie Sevenpifer. "The HIP provides a vision which is the next step in the evolution of hospital care and the broader health system in Niagara. Many of the changes identified in the HIP are consistent with the health-care transformation taking place across the health sector in Ontario and Canada."

The HIP responds to well-documented challenges facing the NHS, the community of Niagara and the country at large: an aging population, an aging workforce, decreasing population wellness and more chronic disease, a need to enhance patient and staff safety, increasing patient/consumer expectations, demands for a better quality of work-life, rising health-care costs, and poor integration of care particularly related to health-care information sharing.

"Healthcare usage increases with age. The HIP focuses on dealing with the future needs of our aging population," Dr. Shragge said. "Another significant challenge we face is that one in three Niagarans has diabetes, asthma, heart disease or other chronic conditions. The HIP responds to this increasing prevalence of chronic disease in Niagara."

Among the key principles used to formulate the HIP:

- Every NHS site has a role that contributes to the overall healthcare of Niagara and at the same time recognizes the health-care needs of the local community's population that are in keeping with delivering high quality and safe patient care;
- A number of "enablers" are essential to realizing the vision for change. These include a significantly improved medical and non-medical transportation system throughout Niagara and more services in the community to deliver non-acute care services like supportive housing and primary care.

The HIP supports moving from a provider focus to a patient focus and speaks to a system that can adapt to patients' needs across the broader health-care system. The HIP identifies significant changes to the way NHS delivers patient care services into the future.

The vision outlined in the HIP includes:

- The creation of Centres of Excellence to provide new and/or enhanced specialty care in the areas of Oncology; Cardiac Catheterization; Stroke; Women's and Children's Health; Mental Health; Addictions; Diabetes; Nephrology; Surgical Care (Dental, General Surgery and Endoscopy, Gynecology, Orthopedics; Otolaryngology, Ophthalmology, Plastics, Thoracic, Urology, Vascular).

Page Three Achieving excellence, sustainability key drivers in Hospital Improvement Plan

- o A refocus of Emergency Department services at the Port Colborne and Douglas Memorial sites to Prompt Care Centres and then over time to an enhanced Primary Care service as an integral part of a Community Health Centre;
- o The introduction of slow-paced recovery/rehabilitation for patients with complex medical needs; supporting people to transition home with support or to an alternate, more appropriate care environment. These centres of excellence would be located at the Port Colborne and Douglas Memorial sites; and
- o An increased focus on chronic disease prevention and management.

The manner in which healthcare is provided in hospital has significantly changed in past decades due to advances in technology, drug therapies, and other developments. The pace of change shows no sign of slowing, and many positive opportunities can be realized for hospital care in Niagara through change, according to Dr. Shragge.

"We recognize that not everyone will agree with the vision in the HIP or any others that bring about significant change," Mrs. Souter said. "Our entire community has a vested interest in healthcare, and we are committed to continuing to work with our staff, physicians, volunteers and with the public, to reach our common goal of better healthcare for all Niagarans."

Building on the input already received by the NHS during the development of the HIP, the next phase of the process will include consultation with doctors, staff, volunteers and members of the general public on the HIP. The public is encouraged to provide feedback beginning the afternoon of July 17 through a NHS website at www.niagarahealth.on.ca — through the Your Input section designed specifically for community consultation. An electronic copy of the HIP and video presentations are also available on the website. In addition, the HIP will be available in printed form for viewing at any NHS Site Administration Office.

The NHS submitted the HIP to the HNHB LHIN on July 15, 2008.

"We look forward to the feedback from the LHIN and its Advisor as they complete the review of our submission and we work together to finalize and approve the best Plan for improving quality and access for Niagara residents and to provide sustainable healthcare for the future," Mrs. Souter said.

For more information, please contact: Caroline Bourque Wiley, Consultant, Public Affairs, with the Niagara Health System, at 905-378-4647, ext. 43113; e-mail cwiley@niagarahealth.on.ca



Be Informed

The Niagara Health System was directed to submit a Hospital Improvement Plan to our Local Health Integration Network on July 15, 2008.

The Plan makes a number of recommendations to provide quality and safe health care to Niagarans and make the best use of our resources.

We invite you to learn more about the many recommendations in the Hospital Improvement Plan, at www.niagarahealth.on.ca. Click on the green Hospital Improvement Plan box.

Let the facts form your opinion and have your say in the 'Your Input' survey section on our website. Or, call 905-378-4647 ext. 43107.

Quick Facts

- In about five years, it is proposed that Comprehensive Primary Care Centres would open at Ft. Erie and Pt. Colborne hospitals, providing a full range of primary care and outpatient clinics.
- Health care professionals, including doctors, nurses, therapists, social workers, etc. would be located together to provide comprehensive care.
- Inpatient beds at both sites would focus on Complex Continuing Care and slow-paced recovery needs.

Hospital Improvement Plan

The case for ...

A New Vision for Small Hospitals

Submitted by Dr. William Shragge, NHS Chief of Staff; Dr. Claudius Che, Douglas Memorial Hospital Site Chief; Dr. George Rungi, Port Colborne General Site Chief and Dr. John Nolan, Niagara-on-the-Lake Hospital Site Chief

The mid-July submission of the Niagara Health System's (NHS) Hospital Improvement Plan (HIP) to our Local Health Integration Network (LHIN) has sparked much interest and debate throughout Niagara. We welcome this opportunity to discuss how hospital care has changed and is continuing to change, especially at our smaller hospital sites.

Across the nation, small hospitals at one time provided 'one-stop shopping' for patients. But in recent decades, patient care provided in small hospitals has changed dramatically with a number of key factors driving change, among them:

- Advances in diagnostic technology (MRI and CT) available in larger hospitals which provide quicker patient diagnoses and less time for patients to spend in hospital;
- Increasing specialization and centralization of patient care and treatment;
- More effective drug treatments and therapies resulting in less time for patients having to stay in hospital;
- More health-care



services being available in community settings outside of hospitals, such as home care services and day clinics;

- The increasing use by health-care professionals of standardized treatments (evidenced-based treatment) for patients.

Changing Needs in Hospitals

These medical advances have dramatically improved care, recovery and quality of life for patients. New methods have also significantly changed the manner in which all hospitals function, particularly in smaller, rural hospitals like Douglas Memorial in Fort Erie, Port Colborne General and Niagara-on-the-Lake Hospital sites.

Today, Fort Erie and Port Colborne residents receive only one-third of their in-patient hospitalizations at their local hospital – the majority of their care is provided outside of their home communities at larger hospitals in Niagara and beyond

where more specialized treatments and intensive services are available.

People living in Fort Erie and Port Colborne have the highest rates of acute-care hospitalization and the highest rates of admission for chronic diseases such as asthma, diabetes and hypertension of all Niagara residents. This means that people in Fort Erie and Port Colborne living with chronic disease are very ill and require the services of a highly specialized, more intensively resourced hospital more frequently than others in Niagara.

More Primary Care

Chronic diseases are diseases of long duration and generally slow progression. Chronic diseases, such as heart disease, stroke, cancer, chronic respiratory diseases and diabetes, are by far the leading cause of mortality in the world, representing 60% of all deaths. Of the 35 million people who died from chronic disease in 2005, half were under 70 and half were women.

Public health successes mean our life expectancy is now longer, and Niagarans are living longer, more and more with one or

over ...

Hospital Improvement Plan

A New Vision for Small Hospitals *cont'd* ...

more chronic conditions. This places new, long-term demands on health care systems. People with diabetes, for example, generate health care costs that are two to three times those without the condition.

Improving the quality of life for people living with chronic disease is dependent upon the person getting care and medical assistance long before they reach a debilitating state and there is no other option but hospitalization. Health population evidence demonstrates that if we can improve the availability of primary care and other community-based health-care services in Fort Erie and Port Colborne, we can do more to keep people with chronic disease living in these communities healthier and longer.

The Vision

With this in mind, what is the vision for our small community hospital sites? The NHS vision is one of meeting the needs of Niagara residents in the right place, at the right time, by the right team of professionals. And central to that vision is the recognition that healthcare is much *more* than hospital care, particularly in the case of treating chronic conditions which can continue for decades.

An effective means of improving outcomes for people living with chronic illness is to provide them primary care through family physicians and a team of health professionals

that includes nurses, social workers, occupational and physiotherapists, dietitians and other providers. The NHS vision supports providing more primary care for people with chronic disease to where it is most appropriately delivered, in the community, by these primary health care providers.

Port Colborne General Site is identified in our vision to become the co-ordinated hub for *diabetes care* planning and patient education, and Douglas Memorial Hospital Site will be a satellite for *dialysis care* to the lakeshore communities.

Evolving to Comprehensive Primary Care Centres

The NHS vision recommends evolving our small sites to Comprehensive Primary Care Centres to better respond to our patients' needs and provide the kind of care that the evidence identifies is needed in Fort Erie and Port Colborne. These Comprehensive Primary Care Centres would be vibrant and robust, focusing on disease prevention, health promotion and chronic disease management. More specialists will be onsite to provide consultation at new outpatient clinics in both communities to minimize travel requirements.

We already have a model that embraces this vision at Niagara-on-the-Lake Hospital Site. Today, Niagara-on-the-Lake's hospital is a busy, active site with a Walk-in Clinic and a

Family Health Team dedicated to meeting the primary care needs of the local residents, as well as inpatient beds.

Prompt/Urgent Care Centres

To transition Douglas Memorial Hospital Site and Port Colborne General Site to full service Comprehensive Primary Care Centres will not happen overnight and we won't be able to do it alone. The five-year vision includes first transitioning the current Emergency Dep'ts to 14-hour Prompt/ Urgent Care Centres, which will provide care to the over 95% of less-urgent patients now using these two Emergency Dep'ts. Lab, Pharmacy and Diagnostic services will continue to be provided at both sites. The 3 to 5% of serious cases will be transferred by ambulance to larger centres, and discussions are underway to ensure appropriate EMS support is in place for both communities to minimize delays.

Why do patients use Emergency Dep'ts for non-emergency needs? Many go to emergency for primary or non-emergent care owing to a shortage of family physicians and walk-in clinics. What we're planning for the future is that, eventually, the Comprehensive Primary Care Centres will offer comprehensive primary care and extended hours of service to exactly this patient population.

Inpatient Services

The vision in our HIP outlined a significant focus on primary care

and chronic disease management for our three small hospital sites – clearly responding to the health needs of our residents. In addition, the inpatient beds at these sites will transition to Centres of Excellence for Complex Continuing Care (CCC) – providing dedicated, slow-paced recovery care to support people to return home or to other care settings.

The introduction of slow-paced recovery will, for the first time, bring a dedicated medical service to the region to support patients recovering from major surgery or illness with a therapeutic environment and treatment that will enable them to recover and return to their homes.

CCC has become a highly-specialized clinical area involving physical therapy and occupational therapy that supports keeping seniors well longer where they want to be – in their homes.

The Road Ahead

Of course, these changes can't happen quickly. And, we can't do it alone – our health-care partners need to be active participants in the planning and implementation of the Comprehensive Primary Care Centres. Only when the right supports and resources are in place can this transition occur. Our plans are ambitious, but we feel that this is the healthcare Niagara deserves and needs to ensure that hospital care and healthcare is sustainable, and there for our children and grandchildren.



Be Informed

The Niagara Health System was directed to submit a Hospital Improvement Plan to our Local Health Integration Network on July 15, 2008.

The Plan makes a number of recommendations to provide quality and safe health care to Niagarans and make the best use of our resources.

We invite you to learn more about the many recommendations in the Hospital Improvement Plan, at www.niagarahealth.on.ca. Click on the green Hospital Improvement Plan box.

Let the facts form your opinion and have your say in the 'Your Input' survey section on our website. Or, call 905-378-4647 ext. 43107.

Quick Facts

- There is a steady decline in Niagara's birth rate, which will continue into the future.
- Most paediatric patients are not admitted to hospital. Most are treated as outpatients, due to new treatments.
- A single Centre of Excellence for Women's & Children's Health would be located at the new health-care complex in St. Catharines.
- 90% of Niagara residents are within

Niagara Health System Info Sheet

Summer 2008

Hospital Improvement Plan

The case for ...

Women's & Children's Health

Submitted by the following Obstetricians and Gynecologists from across Niagara ...
Doctors Wojciech Bedkowski, Anthony Chan, Naheed Chaudhry, Gurnam Cheema, Andrzej Dobosiewicz, Robert Nowicki, Marquis Okon, Rathnakar Shetty, Jerzy Sternadel, Johan Viljoen, Muthulakshmi Yegappan

Creating a Centre of Excellence for Women's and Children's Health at the future health-care complex in St. Catharines is one of the elements of our overall vision to improve patient care across Niagara into the future.

The proposed Centre would shift our current focus on women of childbearing age to women's care across all ages – from those who need obstetrical care, to health services for menopausal and post-menopausal women.

This Centre of Excellence also would provide care to infants, children and youth up to age 18 who require paediatric care. Our vision for women's care includes breast screening, bone densitometry, gynecology and other female-specific care, targeting the majority of our female population, which is approaching or over age 50. The facts and rationale around this exciting change are outlined below.

Currently, our Maternal Child Program offers a range of services at Greater Niagara General Site, St. Catharines General Site and Welland Hospital Site to support obstetrical patients from prenatal care, through labour/delivery and post-partum care. As well as providing care to moms, our hospitals offer



inpatient and outpatient care to children from birth to age 17. Both obstetric and paediatric patients with complex conditions are transferred to larger tertiary-care hospitals in Hamilton and Toronto for highly-specialized care.

Combining Services

The number of births in NHS hospitals has decreased in the last six years by 346, from 3,313 live births in 2002 to 2,967 live births in our last fiscal year (April/07 to March/08). This slow but steady declining birth rate will continue, as the Niagara population ages. Population projections show that by 2011 the child/youth population will decline by 6.7% and the number of women of child-bearing age (16 to 44) will decline by 2.1%.

Extensive research studies show that the lower the number of deliveries in an obstetrical unit, the higher the risk for both mother and baby. A 10-year research study in Germany and Norway concludes that the chance of neonatal death increases if the number of low-risk deliveries is below 2,000

per year in a single delivery unit [*Heller, G. et al; Moster, D. et al*].

In Niagara, the number of hospital births in fiscal 2007-08 was as follows: Greater Niagara General Site – 968; St. Catharines General Site – 1,285; and Welland Hospital Site – 716. Individually, each of these sites delivers less than the optimal threshold of 2,000 births in a single location. The combined total for all three sites was 2,967 births, well over the threshold shown to reduce risk of mortality for newborns.

Not only do international studies show the benefits of creating a centre of excellence to bring together all appropriate patients for critical mass, studies and reviews close to home recommend the same. The NHS Maternal Child Program underwent an external review by well-known clinical experts in December 2004 [*Livingstone, Ejiwunmi, Hickey*].

The following are key recommendations from this review:

- Planning in consultation with the Ministry of Health and Long Term Care should begin to identify a mechanism and appropriate site for a single centre of excellence for women's and infant's health on one site to

over ...

Hospital Improvement Plan

Quick Facts

- a 30-minute drive of the new hospital location in St. Catharines.
- Emergency Departments and Prompt Care Centres throughout the NHS will continue to provide emergency care for mothers, babies, children and youth.

“Childbirth is a very sensitive and emotional experience. Creating a centre of excellence where we can concentrate all of our resources is an opportunity we can’t afford to miss. Already we are having to contend with staffing, equipment and patient safety issues in providing maternity services at three sites.

“In five years we will not have enough doctors and nurses to staff three units. By bringing the units together we will not only be staffed at appropriate levels, we will also be able to provide more specialized services than we are providing today.”

Dr. Johan Viljoen,
NHS Regional Chief of
Obstetrics &
Gynecology

Women’s & Children’s Health *cont’d ...*

serve the entire NHS.

- Consideration should be given to the inclusion of gynecology in the Maternal Child Program, converting this to a Women’s and Children’s Health Program.
- Consolidate all Level II (Special Care) Nurseries at one regional site with the recruitment of a Paediatrician with additional training and expertise in neonatology to ensure delivery of appropriate levels of care at that site.

Concentrating all care and support resources in one location will enhance the level of care for women and children. Another very real benefit is the new opportunity having a critical patient mass will bring to train tomorrow’s obstetricians, gynecologists and pediatricians. Having medical students and residents train in Niagara through the McMaster University Medical School is vital to recruit future specialists, particularly when the average age of our specialists now is 57.

Staff Shortages

Our health-care providers – physicians, midwives, RNs and RPNs specializing in labour and delivery, post-partum, special care nursery and paediatrics – are in short supply. Ensuring adequate nursing and physician coverage for each shift is becoming difficult, as our staff nears retirement age and recruitment becomes more challenging provincially,

nationally and internationally. The Canadian Nursing Association reports that last year, there were 9,447 nursing graduates in Canada, compared to the need for 12,000 graduates each year. Therefore, from a staffing perspective, centralizing the Maternal/Child program is really the only possible way we can continue to provide quality and safe patient care.

Travel Time

Of course, quick access to care is essential for labouring mothers and mapping methodology shows that travel time for 90% of Niagara residents to the new health-care complex in St. Catharines will be 30 minutes or less – shorter than travel times to hospitals for many patients in the greater Toronto area and elsewhere in Ontario.

Paediatric Care

Currently, only four per cent of all children coming to our Emergency Departments become hospital inpatients. Paediatricians treat the majority of the children they see in their office.

The new centre for children under 18 will feature a 24-bed paediatric unit, including three beds for continuous monitoring of a critically-ill child, such as a severe respiratory condition. As well, for the first time in Niagara, four beds will be assigned for children and youth requiring hospitalization for mental health issues. A wide range of outpatient services, including day surgery and medical day

care, will be provided and clinics for chronic disease management, such as asthma and diabetes, will also be offered.

Emergency Care

It is important to note that emergency care for mothers, babies, children and youth will continue to be provided within all of the NHS’s designated Emergency Departments and Prompt Care Centres. Currently, 98 per cent of paediatric patients coming to our Emergency Dep’ts are treated and released the same day.

We also want to enhance the services we offer, something not possible with our current three-site program. Providing a post-partum depression clinic has long been required, but the resources are simply not here right now to do that. Having a single Centre of Excellence will enable us to provide follow-up care for osteoporosis and breast cancer, reducing the need for women to travel outside Niagara for care.

Our vision is ambitious, but we feel that this is the health care Niagara deserves and needs. Over the next five years, we will be working with our partners to accomplish a better-care model. We welcome the public’s feedback on the vision for change we’ve proposed. We invite you to learn more about the many recommendations in the Hospital Improvement Plan, by going to www.niagarahealth.on.ca. Let the facts form your opinion and have your say in the ‘Your Input’ survey section on our website.



Niagara Health System Info Sheet

Summer 2008

Hospital Improvement Plan Some Answers About ... Changing Emergency Services in Port Colborne

Be Informed

The Niagara Health System was directed to submit a Hospital Improvement Plan to our Local Health Integration Network on July 15, 2008.

The Plan makes a number of recommendations to provide quality and safe health care to Niagarans and make the best use of our resources.

We invite you to learn more about the many recommendations in the Hospital Improvement Plan, at www.niagarahealth.on.ca. Click on the green Hospital Improvement Plan box.

Let the facts form your opinion and have your say in the 'Your Input' survey section on our website.

Quick Facts

- From April/07 to March/08 there were 22,860 visits to Port Colborne General Site Emergency Department.
- About 95% of those patients could have received treatment in a Prompt/Urgent Care Centre (open 14 hours a day, seven days per week).

The Hospital Improvement Plan has raised a lot of questions and concerns in the community. To address misinformation, here are some answers about the proposed changes to Emergency services in Port Colborne - please read on to learn the facts.

Q: A lot of people are saying that the Emergency Department is going to close – what is the NHS proposing?

A: We are proposing that the 24-hour Emergency Departments would become 14-hour Prompt/Urgent Care Centres, open 8 a.m. to 10 p.m. 7 days a week, year round. This same model is currently used at the NHS Ontario Street Site in St. Catharines.

Our Emergency Dept doctors and nurses in Port Colborne would continue to provide excellent care for patients in the proposed Prompt/Urgent Care Centre, located in the same area of the hospital.

Please note that with the proposed future change, almost all (95%) of the adults and children that currently go to the Emergency Departments at Port Colborne and Fort Erie would continue to go to those two hospitals for treatment at a 14-hour Prompt/Urgent Care Centre.

Currently, on the night shift, less than one patient per hour (8-10 patients) visits these Emergency Departments. Over 95% of these visits are less acute.

Q: What is the difference between a 24-hour, 7 day a



week Emergency Department and a 14-hour, 7-day a week Prompt/Urgent Care Centre?

A: A 24-hour, 7 day a week Emergency Department receives ambulances, treats all levels of emergency cases and can admit patients to hospital beds. The expected standard of care in providing 24/7 emergency service is having fast access to high-tech diagnostics, surgical backup and on-call specialists.

A 14-hour Prompt/Urgent Care Centre does not accept ambulances and does not admit patients to hospital. These centres are, however, equipped with many medical services and provide outpatient treatment for such medical conditions as lacerations, asthma, fractures and dislocations.

Prompt/Urgent Care Centres are typically open for 14 hours a day, 7 days a week, from 8 a.m. to 10 p.m. and closed overnight.

Q: What would happen at night if people have a sudden serious illness?

A: Day or night, residents who are in an emergency situation should call 911.

Every Niagara EMS ambulance has an advanced-care paramedic on board who is trained to stabilize patients and transport them to the most appropriate Emergency Department, based on symptoms.

For example, ambulances today take patients with a possible stroke from anywhere in Niagara to Greater Niagara General Site Emergency Department, because the district stroke program has an on-call specialized team at that site.

Paramedics are using many of the same treatment protocols in the ambulance that our emergency department staff uses, so residents can be assured that ambulance pre-hospital care focuses on patient safety at all times.

Q: Will Welland's Emergency Department be able to handle the extra patients?

A: The majority of people would receive their treatment in the Prompt/Urgent Care Centre in Port Colborne.

For serious cases requiring care at a larger centre, we would not change any Emergency services until we've done full planning to

over ...

Hospital Improvement Plan

Quick Facts

- Health care professionals, including doctors, nurses, therapists, social workers, etc. would be located together to provide comprehensive care.
- Port Colborne would be a hub for outpatient diabetes education and support.
- Inpatient beds at both sites would focus on Complex Continuing Care needs, including slow-paced recovery and rehabilitation.

“Emergency medicine is about providing patients with the right care at the right hospital by the right specialists.

This is the kind of care I would want for my family and myself.”

Dr. John McAuley,
NHS Regional Chief,
Emergency Medicine

Changing Emergency Services in Port Colborne *cont'd ...*

make sure the staff and resources are available.

Q: Why are you recommending Prompt/Urgent Care for Port Colborne and Fort Erie?

A: We want to get patients to the right place for the right care. The fact is that over 95% of all the patients coming to the Port Colborne and Fort Erie Emergency Departments are not true emergency cases. All of these patients would continue to be treated at the proposed 14-hour Prompt/Urgent Care Centres in these communities.

Many of the serious patient cases who now arrive at these two smaller emergency departments by ambulance are transferred to a major hospital centre.

Under the proposed model, ambulances would take all emergency cases directly to the larger centres in Niagara and beyond, saving valuable time.

Q: Will everyone have to go to St. Catharines for hospital care?

A: No – absolutely not. There is a great deal of misinformation in the community. The new health-care complex is NOT a regional hospital, requiring everyone in Niagara to go there for all hospital care.

The Welland and Port Colborne hospitals will continue to provide the bulk of the Emergency Department, inpatient, dialysis and diagnostic care for residents closer to these hospitals. We are by no means putting everything

into a new regional hospital that is more than 30 minutes away.

The new health-care complex in St. Catharines is primarily a community hospital to serve the residents of St. Catharines, Thorold and Niagara-on-the-Lake.

It replaces the two existing community hospital sites in St. Catharines. The complex will also provide new regional services - cancer care, cardiac catheterization and specialized (tertiary) mental health care. None of these services are currently provided in Niagara, meaning Niagara residents have to travel to Hamilton, Toronto or beyond.

Only for some specialty care will residents need to travel to Welland, Niagara Falls or St. Catharines.

Q: Will the Port Colborne Emergency Department renovations still happen?

A: Yes - the renovations will still occur that are planned for the current Emergency Department. The plans we've developed will expand the treatment space and improve patient flow and since this is where the majority of residents would continue to come in the proposed Prompt/Urgent Care Centre would be, these renovations are required for the future.

Q: What is a Comprehensive Primary Care Centre and what kind of care will it provide?

A: A Comprehensive Primary Care Centre is a new concept in Ontario. It is basically a model of care

where primary and outpatient services are offered in one location by a wide range of health-care professionals – physicians, nurses, therapists, social workers, dietitians, etc.

What we're proposing is a Comprehensive Primary Care Centre at Douglas Memorial Hospital Site and at Port Colborne General Site in 4 or 5 years.

These centres would provide care to walk-in patients who have less-urgent illnesses, much as a walk-in clinic or prompt/urgent care centre does.

The centres would also offer a range of outpatient clinics dealing with chronic conditions such as asthma, diabetes, etc. Specialist consultant physicians come in for half-day or full-day clinics to provide consulting services at these outpatient clinics.

Q: What is the difference between the transitional plan of a 14-hour Prompt/Urgent Care Centre and the 5-year vision of Comprehensive Primary Care Centres at Port Colborne and Fort Erie?

A: The main difference is that the longer-term plan will provide more care to patients.

The Comprehensive Primary Care Centre will offer the same care as the Prompt/Urgent Care Centre to the vast majority of patients who now use the Emergency Department.

It will also offer a range of outpatient clinics and services by a group of health-care professionals.



Hospital Improvement Plan

Some Answers About ...

Changing Emergency Services in Fort Erie

Be Informed

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Let the facts form your opinion and have your say in the 'Your Input' survey section on our website.

Quick Facts

- From April/07 to March/08 there were 19,450 visits to Douglas Memorial Hospital Site Emergency Department.
- About 95% of those patients could have received treatment in a Prompt/Urgent Care Centre (open 14 hours a day, 7 days a week).

The Hospital Improvement Plan has raised a lot of questions and concerns in the community. To address misinformation, here are some answers about the proposed changes to Emergency services in Fort Erie - please read on to learn the facts.

Q: A lot of people are saying that the Emergency Department is going to close - what is the NHS proposing?

A: We are proposing that the 24-hour Emergency Department would become a 14-hour Prompt/Urgent Care Centre, open 8 a.m. to 10 p.m. 7 days a week, year round. This same model is currently used at the NHS Ontario Street Site in St. Catharines and works well.

Our Emergency Department doctors and nurses in Fort Erie would continue to provide excellent care for patients in the proposed Prompt/Urgent Care Centre, located in the same area of the hospital.

Please note that with the proposed future change, almost all (95%) of the adults and children that currently go to the Emergency Departments at Fort Erie and Port Colborne would continue to go to those two hospitals for treatment at a 14-hour Prompt/Urgent Care Centre.

Currently, on the night shift, less than one patient per hour (8-10 patients) visits these Emergency Departments. Over 95% of these visits are non-critical.

In 4 or 5 years, we propose that Comprehensive Primary Care Centres open in both Fort Erie and Port Colborne, which will eventually replace Prompt Care, to offer similar hours of operation for walk-in service and a number of outpatient clinics. A team of family and other physicians, along with health-care professionals, would staff the new Centres. (see other side for details).

Q: What is the difference between a 24-hour, 7 day a



week Emergency Department and a 14-hour, 7-day a week Prompt/Urgent Care Centre?

A: A 24-hour, 7 day a week Emergency Department receives ambulances, treats all levels of emergency cases and can admit patients to hospital beds. The expected standard of care in providing 24/7 emergency service is having fast access to high-tech diagnostics, surgical backup and on-call specialists.

A 14-hour Prompt/Urgent Care Centre does not accept ambulances and does not admit patients to hospital. These centres are, however, equipped with many medical services and provide outpatient treatment for such medical conditions as lacerations, asthma, fractures and dislocations.

Prompt/Urgent Care Centres are typically open for 14 hours a day, 7 days a week, from 8 a.m. to 10 p.m. and closed overnight. All Prompt/Urgent Care Centres in Ontario are set up to handle "the unexpected" - the person who walks in and collapses suddenly or is having a heart attack.

Q: What would happen at night if people have a sudden serious illness?

A: Day or night, residents who are in an emergency situation should call 911. Every Niagara

EMS ambulance has an advanced-care paramedic on board who is trained to stabilize patients and transport them to the most appropriate Emergency Department, based on symptoms.

For example, ambulances today take patients with a possible stroke from anywhere in Niagara to Greater Niagara General Site Emergency Department, because the district stroke program has an on-call specialized team at that site.

Paramedics are using many of the same treatment protocols in the ambulance that our Emergency Department staff uses, so residents can be assured that ambulance pre-hospital care focuses on patient safety at all times.

In the ambulance, paramedics receive direction from Niagara's Base Hospital physicians for such sudden illnesses as asthma attacks in children and heart attacks.

Q: Will Niagara Falls' Emergency Department be able to handle the extra patients?

A: The majority of people would receive their treatment in the Prompt/Urgent Care Centre at Douglas Memorial Hospital Site. Most serious cases are transported to a larger centre now, and we can manage additional patient volumes in either Niagara Falls or Welland currently and in the future.

Q: What happens in a snow storm if the QEW is closed - how will ambulances get to the Niagara Falls or Welland from Fort Erie?

A: In the rare event that weather or any other incident was to cause the closure of the

over ...

Hospital Improvement Plan

Quick Facts

- In 4 or 5 years, the Prompt/Urgent Care Centres at Fort Erie and Port Colborne hospitals would transition to Comprehensive Primary Care Centres, providing a full range of walk-in services, primary care and outpatient clinics.
- Health care professionals, including doctors, nurses, therapists, social workers, etc. would be located together to provide comprehensive care.
- Douglas Memorial Hospital Site would be a satellite for dialysis care, providing outpatient dialysis treatment and support to the lakeshore communities.
- Inpatient beds at both sites would focus on Complex Continuing Care needs, including slow-paced recovery and rehabilitation.

“Emergency medicine is about providing patients with the right care at the right hospital by the right specialists.

This is the kind of care I would want for my family and myself.”

Dr. John McAuley,
NHS Regional Chief,
Emergency Medicine

Changing Emergency Services in Fort Erie cont'd ...

QEW to the public, ambulances would still be permitted to travel on the highway. Options to assist with travel to Niagara Falls or Welland may involve taking alternate routes and/or requesting snowplows to help clear the way.

For instance, during the October 2006 snowstorm, ambulances continued to travel despite the QEW being closed. Niagara EMS would also immediately add additional resources and commit them to the areas affected by the incident.

Q: Why are you recommending Prompt/Urgent Care for Fort Erie and Port Colborne?

A: We want to get patients to the right place for the right care. The fact is that over 95% of all the patients coming to the Fort Erie and Port Colborne Emergency Departments are not true emergency cases. All of these patients would continue to be treated at the proposed 14-hour Prompt/Urgent Care Centres in these communities.

Many of the serious patient cases who now arrive at these two smaller emergency departments by ambulance are transferred to a major hospital centre.

Under the proposed model, ambulances would take all emergency cases directly to the larger centres in Niagara and beyond, saving valuable time.

Q: What is a Comprehensive Primary Care Centre and what kind of care will it provide?

A: A Comprehensive Primary Care Centre is a new concept in Ontario, with similar hours of operation to Prompt Care Centres. It is basically a model of care where primary and outpatient services are offered in one location by a wide range of health-care professionals – physicians, nurses, therapists, social workers, dietitians, etc.

What we're proposing is a Comprehensive Primary Care Centre at Douglas Memorial Hospital Site and at Port

Colborne General Site in 4 or 5 years.

These centres would provide care to walk-in patients who have less-urgent illnesses, much as a walk-in clinic or prompt/urgent care centre does.

The centres would also offer a range of outpatient clinics dealing with chronic conditions such as asthma, diabetes, etc. Specialist consultant physicians come in for half-day or full-day clinics to provide consulting services at these outpatient clinics.

Q: What is the difference between the transitional plan of a 14-hour Prompt/Urgent Care Centre and the 5-year vision of Comprehensive Primary Care Centres at Fort Erie and Port Colborne?

A: The main difference is that the longer-term plan will provide more care to patients, and offer that care during similar hours of operation.

The Comprehensive Primary Care Centre will offer the same care as the Prompt/Urgent Care Centre to the vast majority of patients who now use the Emergency Department.

It will also offer a range of outpatient clinics and services by a group of health-care professionals.

Q: Will the Fort Erie Emergency Department renovations still happen?

A: Yes – we're happy to report that renovations to the Douglas Memorial Emergency Department are progressing and should be complete by early Fall. The renovations we've carried out with the financial support of the Douglas Memorial Hospital Foundation are creating a separate triage area, more private patient registration space and better workflow space for doctors/nurses. No matter what the future plans hold, these renovations will serve our patients well.

Q: Will everyone have to go to St. Catharines for hospital care? Why is the new hospital complex being located in

west St. Catharines - that's too far away?

A: No, everyone will not have to go to St. Catharines for all their hospital care. Only for some specialty care will residents travel to Welland, Niagara Falls or St. Catharines.

There is a great deal of misinformation in the community about the new health-care complex in St. Catharines. It is NOT going to be a regional hospital, and will not require everyone in Niagara to go there for all hospital care.

The Niagara Falls and Fort Erie hospitals will continue to provide the bulk of the Emergency Department, inpatient, dialysis and diagnostic care for residents closer to these hospitals. We are by no means putting everything into a new regional hospital that is more than 30 minutes away.

The new health-care complex in St. Catharines is primarily a local community hospital to serve the residents of St. Catharines, Thorold and Niagara-on-the-Lake. That's why it is located in west St. Catharines, near Highway 406 and the QEW.

The complex will provide new regional services - cancer care, cardiac catheterization and specialized (tertiary) mental health care. None of these services are currently provided in Niagara, meaning Niagara residents have to travel to Hamilton, Toronto or beyond.

Next week, more questions will be answered, so check your Sept. 6 Fort Erie Times for an insert.

For more information, please visit www.niagarahhealth.on.ca / Hospital Improvement Plan. Various topics are covered in the Frequently-Asked Questions section.



NIAGARA HEALTH SYSTEM
SYSTÈME DE SANTÉ DE NIAGARA

Some Details About ...

The Hospital Improvement Plan

- We are proposing that the 24-hour Emergency Department becomes a 14-hour **Prompt/Urgent Care Centre**. This would be open from 8 a.m. to 10 p.m., 7 days a week.
- Over 95% of patients now coming to the Emergency Department would still come to the Prompt/Urgent Care Centre.

The reality is that on the night shift, less than one patient per shift is a true emergency case. These cases

would be taken by ambulance to the Emergency Department in Welland or Niagara Falls.

- In time, a **Comprehensive Primary Care Centre** with a walk-in clinic and after-hour care will be in place. This new concept in care brings together physicians, nurse practitioners, social workers, community care access providers, physiotherapists etc. This team delivers outpatient care for both walk-in patients and booked

appointments to outpatient clinics for patients with chronic diseases.

- These chronic disease outpatient clinics will manage disease such as asthma, diabetes and hypertension. Specialist physicians will come in for half-day or full-day clinics to provide consulting services at these outpatient clinics.
- Our health-care teams in Fort Erie and Port Colborne do a wonderful job providing care and we will continue to provide that care.

Make your own judgements and provide us with your feedback. Look at the Plan, watch the video briefings and tell us what you like and tell us what concerns you. We need to hear from you.

Visit www.niagarahealth.on.ca or <http://improvements.niagarahealth.net>



NIAGARA HEALTH SYSTEM
SYSTÈME DE SANTÉ DE NIAGARA
TOGETHER IN EXCELLENCE - LEADERS IN HEALTHCARE

**Public Input on Niagara Health System
Hospital Improvement Plan
Accepted to October 6, 2008 at Midnight**

The Niagara Health System (NHS) wants to hear from the public on the changes proposed under its Hospital Improvement Plan.

Full details of the NHS Hospital Improvement Plan are available at
<http://improvements.niagarahealth.net/>

You can also access the website by going to www.niagarahealth.on.ca and click on the **YOUR INPUT** link located on the top right corner of the home page. Comments provided through the website consultation section will be accepted until midnight, Monday, October 6th, at which time the website will be closed. Niagara residents who wish to submit written feedback may call 905-378-4647, extension 43107, to request a printed version of the website information and questionnaire. All responses are confidential. We appreciate your feedback.

www.niagarahealth.on.ca

Frequently Asked Questions - Emergency Care in Fort Erie

Changing our services

A lot of people are saying that the Emergency Department is going to close – what is the NHS proposing?

We are proposing that the 24-hour Emergency Department would become a 14-hour Prompt / Urgent Care Centre, open 8 a.m. to 10 p.m. 7 days a week, year round. This same model is currently used at the NHS Ontario Street Site in St. Catharines and works well.

Our Emergency Department doctors and nurses in Fort Erie would continue to provide excellent care for patients in the proposed Prompt/Urgent Care Centre, located in the same area of the hospital.

Please note that with the proposed future change, almost all (95%) of the adults and children that currently go to the Emergency Departments at Fort Erie and Port Colborne would continue to go to those two hospitals for treatment at a 14-hour Prompt/Urgent Care Centre.

Currently, on the night shift, less than one patient per hour (8-10 patients) visits these Emergency Departments. Over 95% of these visits are non-critical.

In 4 or 5 years, we propose that Comprehensive Primary Care Centres open in both Fort Erie and Port Colborne, which will eventually replace Prompt Care, to offer similar hours of operation for walk-in service and a number of outpatient clinics. A team of family and other physicians, along with health-care professionals, would staff the new Centres (see questions below for more details on this).

What is the difference between a 24-hour, 7 day a week Emergency Department and a 14-hour, 7-day a week Prompt/Urgent Care Centre?

A 24-hour, 7 day a week Emergency Department receives ambulances, treats all levels of emergency cases and can admit patients to hospital beds. The expected standard of care in providing 24/7 emergency service is having fast access to high-tech diagnostics, surgical backup and on-call specialists.

A 14-hour Prompt/Urgent Care Centre does not accept ambulances and does not admit patients to hospital. These centres are, however, equipped with many medical services and provide outpatient treatment for such medical conditions as lacerations, asthma, fractures and dislocations.

Prompt/Urgent Care Centres are typically open for 14 hours a day, 7 days a week, from 8 a.m. to 10 p.m. and closed overnight. All Prompt/Urgent Care Centres in Ontario are set up to handle 'the unexpected' - the person who walks in and collapses suddenly or is having a heart attack.

What would happen at night if people have a sudden serious illness?

Day or night, residents who are in an emergency situation should call 911. Every Niagara EMS ambulance has an advanced-care paramedic on board who is trained to stabilize patients and transport them to the most appropriate Emergency Department, based on symptoms.

For example, ambulances today take patients with a possible stroke from anywhere in Niagara to Greater Niagara General Site Emergency Department, because the district stroke program has an on-call specialized team at that site.

Paramedics are using many of the same treatment protocols in the ambulance that our Emergency Department staff uses, so residents can be assured that ambulance pre-hospital care focuses on patient safety at all times.

In the ambulance, paramedics receive direction from Niagara's Base Hospital physicians for such sudden illnesses as asthma attacks in children and heart attacks.

Will Niagara Falls' Emergency Department be able to handle the extra patients?

The majority of people would receive their treatment in the Prompt/Urgent Care Centre at Douglas Memorial Hospital Site. Most serious cases are transported to a larger centre now, and we can manage additional patient volumes in either Niagara Falls or Welland currently and in the future.

What happens in a snow storm if the QEW is closed - how will ambulances get to the Niagara Falls or Welland from Fort Erie?

In the rare event that weather or any other incident was to cause the closure of the QEW to the public, ambulances would still be permitted to travel on the highway. Options to assist with travel to Niagara Falls or Welland may involve taking alternate routes and/or requesting snowplows to help clear the way.

For instance, during the October 2006 snowstorm, ambulances continued to travel despite the QEW being closed. Niagara EMS would also immediately add additional resources and commit them to the areas affected by the incident.

Why are you recommending Prompt/Urgent Care for Fort Erie and Port Colborne?

We want to get patients to the right place for the right care. The fact is that over 95% of all the patients coming to the Fort Erie and Port Colborne Emergency Departments are not true emergency cases. All of these patients would continue to be treated at the proposed 14-hour Prompt/Urgent Care Centres in these communities.

Many of the serious patient cases who now arrive at these two smaller emergency departments by ambulance are transferred to a major hospital centre.

Under the proposed model, ambulances would take all emergency cases directly to the larger centres in Niagara and beyond, saving valuable time.

What is a Comprehensive Primary Care Centre and what kind of care will it provide?

A Comprehensive Primary Care Centre is a new concept in Ontario, with similar hours of operation to Prompt Care Centres. It is basically a model of care where primary and outpatient services are offered in one location by a wide range of health-care professionals – physicians, nurses, therapists, social workers, dietitians, etc.

What we're proposing is a Comprehensive Primary Care Centre at Douglas Memorial Hospital Site and at Port Colborne General Site in 4 or 5 years.

These centres would provide care to walk-in patients who have less-urgent illnesses, much as a walk-in clinic or prompt/urgent care centre does.

The centres would also offer a range of outpatient clinics dealing with chronic conditions such as asthma, diabetes, etc. Specialist consultant physicians come in for half-day or full-day clinics to provide consulting services at these outpatient clinics.

What is the difference between the transitional plan of a 14-hour Prompt/Urgent Care Centre and the 5-year vision of Comprehensive Primary Care Centres at Fort Erie and Port Colborne?

The main difference is that the longer-term plan will provide more care to patients, and offer that care during similar hours of operation.

The Comprehensive Primary Care Centre will offer the same care as the Prompt/Urgent Care Centre to the vast majority of patients who now use the Emergency Department.

It will also offer a range of outpatient clinics and services by a group of health-care professionals.

Will the Fort Erie Emergency Department renovations still happen?

Yes – we're happy to report that renovations to the Douglas Memorial Emergency Department are progressing and should be complete by early Fall. The renovations we've carried out with the financial support of the Douglas Memorial Hospital Foundation are creating a separate triage area, more private patient registration space and better workflow space for doctors/nurses. No matter what the future plans hold, these renovations will serve our patients well.

Will everyone have to go to St. Catharines for hospital care? Why is the new hospital complex being located in west St. Catharines - that's too far away?

No, everyone will not have to go to St. Catharines for all their hospital care. Only for some specialty care will residents travel to Welland, Niagara Falls or St. Catharines.

There is a great deal of misinformation in the community about the new health-care complex in St. Catharines. It is NOT going to be a regional hospital, and will not require everyone in Niagara to go there for all hospital care.

The Niagara Falls and Fort Erie hospitals will continue to provide the bulk of the Emergency Department, inpatient, dialysis and diagnostic care for residents closer to these hospitals. We are by no means putting everything into a new regional hospital that is more than 30 minutes away.

The new health-care complex in St. Catharines is primarily a local community hospital to serve the residents of St. Catharines, Thorold and Niagara-on-the-Lake. That's why it is located in west St. Catharines, near Highway 406 and the QEW. The complex will provide new regional services - cancer care, cardiac catheterization and specialized (tertiary) mental health care. None of these services are currently provided in Niagara, meaning Niagara residents have to travel to Hamilton, Toronto or beyond.

For more information contact the Hospital Improvement Plan information line at (905) 378-4647 Ext: 43107.

Frequently Asked Questions - The Hospital Improvement Plan

Who was involved in the development of the Hospital Improvement Plan?

The clinical leadership of the NHS was involved in developing this plan. These are the physician and administrative leads of the programs, including clinical directors and departmental chiefs.

How realistic is this Plan? Is it achievable?

The plan is both realistic and achievable. Our leaders came together to create a plan that will achieve a balanced budget in four years while improving healthcare. It meets the tests of being both financially viable and improving hospital care for every resident of Niagara. It will be achievable with the necessary enablers in place as identified in the plan to ensure the successful implementation of the plan such as transportation and investments in non-acute care services such as primary care, home care, supportive housing and rehabilitation.

Doesn't this plan raise more questions than provide answers?

In any plan of this scope, there will be some questions that require more discussion during the implementation phase, but our direction is clear. In this plan, we have a road map that will get us from where we are today to a position where we can improve the quality of hospital care for every resident of Niagara, attract new doctors and nurses to the region and ensure that we can provide sustainable hospital care for our children and grandchildren.

Is it realistic that all the conditions in the Plan will be met?

We have identified what we call 'enablers' that will help us implement the plan. These are part and parcel of our vision to improve the quality of healthcare for everyone in Niagara.

Some of these enablers require outside co-operation and approval, such as a regional transportation network, more non-acute care services such as primary care, supportive housing and home care and complimentary health care professionals. But with a clear plan and clearly-defined benefits, we believe the support and approvals will be forthcoming.

When will this Plan be implemented?

Under the timetable we have discussed with the Hamilton Niagara Haldimand Brant Local Health Integration Network (LHIN), we understand that advisor Dr. Jack Kitts will complete his review this fall. Between now and then, he will be looking at:

- The extent to which residents' timely and equitable access to appropriate hospital-based programs and services is assured now and in the future,
- Evidence of best practice,
- The feasibility of implementation, including financial viability and available human resources,
- Our readiness to manage and implement the plan, and
- Alignment with the LHIN's strategy for delivering healthcare.

If our Vision is approved later this year, we will begin the task of planning an implementation strategy immediately. It's important to point out that these changes are going to take place over the next several years, and that no changes will occur until the right supports and resources are in place. There is a lot of work to do during the implementation phase. Some changes will be able to be made sooner than others. We will work with the community and keep them informed.

What if the LHIN doesn't approve your Plan – what happens then?

The LHIN, upon the advice of the Advisor, can accept the plan or make modifications to the plan. The NHS will wait for the LHIN's decision before developing any implementation plans.

Why wasn't this Plan developed sooner?

The NHS was created in 2000, just eight years ago. We have made major progress since then in restructuring and integrating our hospitals. There have been planning initiatives underway in our clinical programs, which are reflected in the Hospital Improvement Plan. As well, in 2005, the NHS went through yet another major change with the exchange of governance and programs operated by Hotel Dieu Hospital and the transfer of the Shaver/Rehab sites to Hotel Dieu. With this transfer, the NHS assumed the primary role for the delivery of all acute care hospital services in Niagara, with the exception of Grimsby. With this transfer came the opportunity to start looking at how acute care services could be delivered across our sites to make better use of scarce health resources. Further, in the last three years we have had a number of external reviews and recommendations arising from our Accreditation surveys that have pointed to the need to reorganize clinical services differently across our sites. When the LHIN directed us to put together a submission in six weeks, we were able to achieve this comprehensive Plan mainly because of the work and discussions that have taken place in the months and years leading up to today.

How is this Plan better for patients in NHS hospitals?

Evidence and best practices in other areas show that patient outcomes actually improve when services are combined and Centres of Excellence are created. By treating more patients, doctors and nurses can focus and

hone their skills. More specialists can be attracted and the technology will be there to support the most up-to-date procedures.

How will this Plan change patient care services?

Patient care will be improved on a number of levels. There are several major visions to help Niagarans in a number of ways, such as:

- Manage chronic disease like diabetes or asthma while living at home,
- Offer more services for the elderly,
- Provide better services for people with addictions and mental health issues,
- Enhance our stroke program by having dedicated inpatient beds,
- Improve our surgical services by creating Centres of Excellence for various specialties such as Urology, Ophthalmology, Orthopaedics, etc.

The list goes on and is identified in detail in the Plan. The bottom line is that these visions will bring major improvements to patient care in Niagara. Our goal is to provide the right care at the right time in the right place. This plan will do that.

How can Centres of Excellence be implemented throughout Niagara without a transportation system when so many seniors don't drive?

Transportation is a key issue and is one of the enablers required to implement the visions. We will need to work collaboratively with multiple partners, including the Region of Niagara and Municipal Councils to develop a strategy for residents who have transportation issues. There is a growing desire in Niagara to develop a transportation network, both for medical and non-medical needs.

Is the Hospital Improvement Plan only about saving money?

No. The Plan is about providing the health care Niagara needs and deserves in a way that is sustainable. There aren't enough patients in some of our smaller sites to keep doctors and nurses busy, yet, we have to have these doctors and nurses at each of our sites to provide 24-hour emergency care. By consolidating services, we can eliminate this duplication and care for more people with fewer doctors and nurses.

With this plan we will work with other healthcare providers and the LHIN to deal with the shortage of primary care as well as supportive housing and long term care.

You were asked to bring your deficit down through this plan – but it looks like your costs are going up. Is this the case?

Although the Plan shows an increase in overall costs over five years of just over \$41 million, \$65 million of this is a direct result of new services required in Niagara, including the new Walker Family Cancer Centre, tertiary mental health beds, cardiac catheterization, stroke rehabilitation beds and satellite dialysis stations. These new services will require new funding and will not further contribute the deficit. As outlined in the report, we project an operating surplus of \$1.5 million by 2012/13, while providing additional hospital services in the Niagara region.

Why won't you reconsider building the new health-care complex planned in St. Catharines on available land at the intersection of Highways 406 and 20 to be more accessible for all Niagarans?

A very detailed selection process was undertaken to select the parcel of land to build the new health-care complex. Over 20 parcels of land were assessed, including land at Highways 406 and 20. The location at First Street and Fourth Avenue in west St. Catharines met all of the criteria including: size of property, transit access, proximity to roads such as Highway 406, QEW, St. Paul St and 4th/Welland Ave, compliance with official plan, ease of site services, proximity to Hamilton and central location in Niagara. The major advantage to this 40-acre property is that it accommodates future growth and capability for a complete rejuvenation of the complex in 50 to 70 years, as required.

The new health-care complex being built in St. Catharines is primarily a new community acute care hospital to replace the two aging hospital buildings in St. Catharines on Queenston Street and Ontario Street. The new acute care community hospital will primarily serve the residents of St. Catharines, Thorold and Niagara-on-the-Lake, in the same way our five other hospitals service their local and surrounding communities.

We cannot build the new regional services – the cancer centre, cardiac catheterization and specialty mental health beds – as stand-alone regional services in the middle of Niagara. All of these services need to be located with a acute care community hospital. We were directed by the province to co-locate these regional services with the planned St. Catharines community hospital, due mainly to St. Catharines' closeness to Hamilton's tertiary (specialty) care, as well as to other complimentary services already provided at that hospital.

What is all this talk about one 'super hospital' for Niagara – why isn't this being done?

There are different views of what a super hospital means. A super hospital to some means building one new, mega hospital in the middle of Niagara and closing the rest of the hospitals in Niagara. To others, it means building a new, additional hospital in the middle of Niagara and leaving the remainder of hospitals in Niagara as is.

The Niagara Health System supports neither option. One hospital for Niagara does not balance the need for specialization and concentration of services versus the need for emergency, surgery, and dialysis care closer to home. One hospital in Niagara does not allow for back-up services in case of emergencies such as a fire in the hospital or an infectious outbreak such as SARS. There is not enough evidence or sufficient population growth to suggest that the construction of a new additional hospital in Niagara is feasible or practical.

For more information contact the Hospital Improvement Plan information line at (905) 378-4647 Ext: 43107.

Frequently Asked Questions - Emergency Care in Port Colborne

Changing our services

A lot of people are saying that the Emergency Department is going to close – what is the NHS proposing?

We are proposing that the 24-hour Emergency Departments would become 14-hour Prompt / Urgent Care Centres, open 8 a.m. to 10 p.m. 7 days a week, year round. This same model is currently used at the NHS Ontario Street Site in St. Catharines and works well.

Our Emergency Department doctors and nurses in Port Colborne would continue to provide excellent care for patients in the proposed Prompt/Urgent Care Centre, located in the same area of the Port hospital. Please note that with the proposed future change, almost all (95%) of the adults and children that currently go to the Emergency Departments at Port Colborne and Fort Erie would continue to go to those two hospitals for treatment at a 14-hour Prompt/Urgent Care Centre.

Currently, on the night shift, less than one patient per hour (8-10 patients) visits these Emergency Departments. Over 95% of these visits are less acute.

What is the difference between a 24-hour, 7 day a week Emergency Department and a 14-hour, 7-day a week Prompt/Urgent Care Centre?

A 24-hour, 7 day a week Emergency Department receives ambulances, treats all levels of emergency cases and can admit patients to hospital beds. The expected standard of care in providing 24/7 emergency service is having fast access to high-tech diagnostics, surgical backup and on-call specialists.

A 14-hour Prompt/Urgent Care Centre does not accept ambulances and does not admit patients to hospital. These centres are, however, equipped with many medical services and provide outpatient treatment for such medical conditions as lacerations, asthma, fractures and dislocations.

Prompt/Urgent Care Centres are typically open for 14 hours a day, 7 days a week, from 8 a.m. to 10 p.m. and closed overnight. All Prompt/Urgent Care Centres in Ontario are set up to handle 'the unexpected' - the person who walks in and collapses suddenly or is having a heart attack.

What would happen at night if people have a sudden serious illness?

Day or night, residents who are in an emergency situation should call 911. Every Niagara EMS ambulance has an advanced-care paramedic on board who is trained to stabilize patients and transport them to the most appropriate Emergency Department, based on symptoms.

For example, ambulances today take patients with a possible stroke from anywhere in Niagara to Greater Niagara General Site Emergency

Department, because the district stroke program has an on-call specialized team at that site.

Paramedics are using many of the same treatment protocols in the ambulance that our emergency department staff uses, so residents can be assured that ambulance pre-hospital care focuses on patient safety at all times.

Will Welland's Emergency Department be able to handle the extra patients?

The majority of people would receive their treatment in the Prompt/Urgent Care Centre in Port Colborne.

For serious cases requiring care at a larger centre, we would not change any Emergency services until we've done full planning to make sure the staff and resources are available.

Why are you recommending Prompt/Urgent Care for Port Colborne and Fort Erie?

We want to get patients to the right place for the right care. The fact is that over 95% of all the patients coming to the Port Colborne and Fort Erie Emergency Departments are not true emergency cases. All of these patients would continue to be treated at the proposed 14-hour Prompt/Urgent Care Centres in these communities.

Many of the serious patient cases who now arrive at these two smaller emergency departments by ambulance are transferred to a major hospital centre.

Under the proposed model, ambulances would take all emergency cases directly to the larger centres in Niagara and beyond, saving valuable time.

Will everyone have to go to St. Catharines for hospital care?

No – absolutely not. There is a great deal of misinformation in the community. The new health-care complex is NOT a regional hospital, requiring everyone in Niagara to go there for all hospital care.

The Welland and Port Colborne hospitals will continue to provide the bulk of the Emergency Department, inpatient, dialysis and diagnostic care for residents closer to these hospitals. We are by no means putting everything into a new regional hospital that is more than 30 minutes away.

The new health-care complex in St. Catharines is primarily a community hospital to serve the residents of St. Catharines, Thorold and Niagara-on-the-Lake.

It replaces the two existing community hospital sites in St. Catharines. The complex will also provide new regional services - cancer care, cardiac catheterization and specialized (tertiary) mental health care. None of these services are currently provided in Niagara, meaning Niagara residents have to travel to Hamilton, Toronto or beyond.

Only for some specialty care will residents need to travel to Welland, Niagara Falls or St. Catharines.

Will the Port Colborne Emergency Department renovations still happen?

Yes - the renovations will still occur that are planned for the current Emergency Department. The plans we've developed will expand the treatment space and improve patient flow and since this is where the majority of residents would continue to come in the proposed Prompt/Urgent Care Centre would be, these renovations are required for the future.

What is a Comprehensive Primary Care Centre and what kind of care will it provide?

A Comprehensive Primary Care Centre is a new concept in Ontario. It is basically a model of care where primary and outpatient services are offered in one location by a wide range of health-care professionals – physicians, nurses, therapists, social workers, dietitians, etc.

What we're proposing is a Comprehensive Primary Care Centre at Douglas Memorial Hospital Site and at Port Colborne General Site in 4 or 5 years.

These centres would provide care to walk-in patients who have less-urgent illnesses, much as a walk-in clinic or prompt/urgent care centre does.

The centres would also offer a range of outpatient clinics dealing with chronic conditions such as asthma, diabetes, etc. Specialist consultant physicians come in for half-day or full-day clinics to provide consulting services at these outpatient clinics.

What is the difference between the transitional plan of a 14-hour Prompt/Urgent Care Centre and the 5-year vision of Comprehensive Primary Care Centres at Port Colborne and Fort Erie?

The main difference is that the longer-term plan will provide more care to patients.

The Comprehensive Primary Care Centre will offer the same care as the Prompt/Urgent Care Centre to the vast majority of patients who now use the Emergency Department.

It will also offer a range of outpatient clinics and services by a group of health-care professionals.

For more information contact the Hospital Improvement Plan information line at (905) 378-4647 Ext: 43107.

Frequently Asked Questions - Women's & Children's Health

I live about a half hour drive from St. Catharines. When that is the only hospital offering obstetrics, what should I do if my labour has begun and it looks like I'm going to suddenly deliver my baby?

For the very small percentage of women who are suddenly close to delivering their baby soon after labour begins, the safest course is always to call 911, no matter how far away you are from the new health-care complex in west St. Catharines. The ambulance is a far safer place to be in an emergency situation than a personal vehicle. Advanced-care paramedics are trained in deliveries and can receive direction from Niagara's base hospital physicians immediately.

What if my child gets sick? Do I have to go to the new St. Catharines hospital?

No. All NHS Emergency Departments and 14-hour Prompt Care Centres will continue to offer assessment and treatment services for infants, children and teenagers. Currently, 96% of paediatric patients coming to our Emergency Departments are treated and released the same day. In the 4% of emergency patients considered to be serious cases such as emergency surgery, these patients may be transferred by ambulance to the Women's & Children's Health Centre at the new health-care complex in St. Catharines.

Isn't it unreasonable to ask mothers in labour to travel all the way to St. Catharines?

The vast majority of women have hours of labour before they deliver their babies, therefore ample time to get to the hospital. Our mapping studies show that travel time for 90% of Niagara residents to the new health-care complex in St. Catharines will be 30 minutes or less – shorter than travel times to hospitals for many patients in the greater Toronto area and elsewhere in Ontario. For the few cases where an emergency delivery may be necessary, the safest course is to call 911 and travel to hospital by ambulance.

What is a Centre of Excellence for Women' & Children's Health?

A Centre of Excellence for Women's and Children's Health, being recommended for the new health-care complex in St. Catharines when it opens in four or five years, is one of the elements of our overall vision to improve patient care across Niagara into the future. This Centre for Women's & Children's Health will change from our current focus on women of childbearing age to women's care across all ages – from those who need obstetrical care, to health services for menopausal and post-menopausal women. This Centre of Excellence also would provide care to infants,

children and youth up to age 18 who require paediatric care. Our vision for women's care includes breast screening, bone densitometry, gynecology and other female-specific care, targeting the majority of our female population, which is approaching or over age 50.

Why can't we continue to offer the services we currently have?

There are a number of reasons why our current three departments in Niagara Falls, St. Catharines and Welland aren't sustainable. Firstly, the number of births in Niagara is declining as our population ages. This means fewer births at each of our hospitals each year. It has dropped by 346 births in the last six years to just under 3,000 live births per year, and we expect that trend to continue.

International research studies show that there should be more than 2,000 births in a single obstetrics department to ensure that risks to mother and baby are kept to a minimum. By combining all three delivery programs, we'll continue to have more than 2,000 births in one Centre of Excellence. Our staff will be able to use the full scope of their skills.

Another concern is the increasing shortage of both physicians and nurses to staff our three programs 24 hours per day. There is a national shortage of nurses and as our nurses near retirement age, we expect to have more problems adequately staffing our current units.

Why can't we have birthing centres, rather than full-service maternity units in all three cities? They don't need to be as high-tech.

One of the main issues in continuing to have three obstetrics departments is the difficulty in staffing the units. Whether we provide birthing centres or full-services obstetrical programs, we still need RNs and RPNs staffing the departments with mid-wives, and physician specialists providing back-up. The average age of our specialists is now 57, and we simply won't have enough staff to sustain three separate units in the future.

Once the Centre of Excellence is created, will our children still have to be transferred to Hamilton or Toronto?

Yes, the Centre of Excellence in St. Catharines will certainly offer comprehensive care, but sub-specialty or tertiary care will still be best provided in teaching centres such as those in Hamilton and Toronto. However, we do plan to offer some enhanced services so we can bring back premature babies to our special care nursery sooner than they can return to Niagara now. We're also planning to have three paediatric beds to provide continuous monitoring of critically-ill children, such as those with severe respiratory condition. As well, for the first time in Niagara, four beds will be assigned for children and youth requiring hospitalization for mental health issues.

For more information contact the Hospital Improvement Plan information line at (905) 378-4647 Ext: 43107.

Appendix 6: Mandate of the HNHB LHIN External Advisor, Dr. Jack Kitts

Hamilton Niagara Haldimand Brant LHIN

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Niagara Health System Hospital Improvement Plan - Review Process

Background

The Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHB LHIN) requested that the Niagara Health System (NHS) produce a Hospital Improvement Plan by July 15, 2008.

Dr. Jack Kitts has been appointed by the LHIN Board as its expert advisor to review the plan and provide recommendations to the Board of Directors on the plan. Dr. Kitts, a leader in the health care community, is currently President and CEO of The Ottawa Hospital.

Review Process

The goal of the review process is to confirm the elements of the plan and to assure the LHIN: that quality care will be achieved, that the financial plan is realistic, and that there will be sufficient medical staff capacity to support the plan.

The review process will have two main components:

1. Evaluation of the improvement plan – this will include validating the assumptions and principles in three main categories:
 - I. Operations - The clinical framework will focus on quality of care in the following areas:
 - Access
 - Efficiency
 - Effectiveness
 - Safety
 - Satisfaction for patients and staff
 - II. Finance will focus on the following areas:
 - Capital
 - Operations
 - Fundraising
 - III. Medical Staff
2. Community Engagement– Following the review process, a series of conversations with health care stakeholders and community members will be held in September and October to seek feedback. The stakeholders will be internal and external to the review process.

Summary

Dr. Kitts will provide the LHIN Board of Directors with his recommendations at the October 28, 2008 LHIN Board meeting.



Appendix 7: New Healthcare Complex: “Looking Back as we Move Ahead”



Looking Back as We Move Ahead

After five years of planning, the Niagara Health System (NHS) is preparing to break ground on the new health-care complex in west St. Catharines this fall. “It takes a tremendous amount of planning, consultation and the commitment and approval of many to bring a complex project such as this to reality,” says NHS Chief Planning and Development Officer Gloria Kain.

“We’ve been working for most of this decade on identifying the best location to build a replacement hospital for the aging St. Catharines General and Ontario Street Sites in order to provide inpatient and outpatient acute-care services for St. Catharines, Thorold and Niagara-on-the-Lake.”

“We are fortunate to be building this brand new, state-of-the-art facility on a Greenfield site as it also provides us with the opportunity incorporate brand new regional services into the building that have never before been available in Niagara; such as radiation therapy for cancer patients, specialty mental health and cardiac care.”

To appreciate the programs and services we will be receiving when the building officially opens to patients in 2012, it’s worthwhile to look back at where we’ve been.

“We’ve been waiting a long time for this opportunity, going back to 1999 when the Health Services Restructuring Commission (HSRC) determined the need for change and investment in Niagara,” Gloria recalls. The HSRC directions called for major construction of the emergency departments at the Welland and Niagara Falls sites which has now been completed. The HSRC directions also called for major renovations to the two community hospitals in St. Catharines due to age and to accommodate the new regional services of cancer, cardiac catheterization and tertiary mental health.

“As a starting point, we looked at redeveloping the two existing hospitals in St. Catharines (St. Catharines General Site and the former Hotel Dieu Hospital). We quickly found however that renovating two old buildings would cost more than building one

purpose built community hospital. This led to an investigation of building a single hospital for St. Catharines on one of the existing sites (Queenston and Ontario Streets). However, because the two hospitals were on small parcels of land with aging buildings, the Ministry of Health and Long-Term Care (MOHLTC) gave us the opportunity to explore new locations for a new facility," Gloria explains.

In the early days of planning for this new facility, the NHS Board of Trustees established a principle of development that recognized the hospitals in Niagara Falls, St. Catharines and Welland would remain the foundation of community hospital services for the region, supported by the smaller sites in Fort Erie, Niagara-on-the-Lake and Port Colborne.

Based on the geography of the region, it was strongly maintained by the Board of Trustees that the concept of a single hospital for all of Niagara resulting in the closure of all existing community hospitals was not in the best interests of the public, nor would the MOHLTC likely support or fund such a notion. This position was consistent with the HSRC directions that had recently reviewed the delivery of hospital services in Niagara and had endorsed a role for all hospitals in Niagara.

To start the process of looking at properties suitable to build the new health-care complex, the NHS participated in active discussion with community stakeholders in reviewing appropriate parcels of land based on the following criteria:

- **Location** – The site must have proximity to highways and be within the St. Catharines/Thorold/Niagara-on-the-Lake municipal boundaries, since those residents will be the primary users of the replacement community hospital. There must be potential for additional highway exit ramps, if needed.
- **Size** – The site must have sufficient acreage to build and provide parking, and also to be able to expand and eventually replace the hospital on the same property in 50 or more years (Ministry of Health and Long Term Care guidelines).
- **Zoning and Official Plan Amendments** – Requirement that there need only be minimal changes to build a large institutional structure.
- **Servicing** – The location must be easily accessible to services such as hydro, municipal water and sewer systems, natural gaslines, etc.
- **Access/Transit** – Site must be accessible by passenger and emergency vehicles, as well as public transit.
- **Constraints and Synergies** – An examination of the benefits and restrictions to building on the property needed to be examined.

Greenfield and Brownfield Sites

Because a purpose-built hospital was the only solution, a range of properties were thoroughly examined. Greenfield sites are land devoid of previous major development, such as large buildings or industrial activity. Brownfield sites usually refer to former industrial land, which may contain buildings and former industrial activities.

In any construction, greenfield sites are preferred due to the ease of preparing the site for footings, water and sewer lines, etc. Brownfield sites usually require extensive environmental rehabilitation to the soil, which can be extremely costly.

“We carefully examined what was available within St. Catharines, Niagara-on-the-Lake and Thorold, since that is the primary catchment area for the new community hospital,” Gloria says.

BLS Planning and Associates developed, in their first report, a full assessment of one dozen available greenfield and brownfield sites. Based on community consultation and feedback, another dozen greenfield and brownfield sites were reviewed, including a very careful look to place the facility at the Highway 406 and 20 intersection, Brock University or the Glendale Industrial Area (near the QEW and Garden City Skyway).

“The 23 properties were recommended to us by municipal staff from all three affected municipalities, as well as private sector recommendations,” adds Gloria.

Click [HERE](#) [link to New Health Care Complex section of website] to see the assessment and locations of all the properties that were reviewed.

“The land near Brock University ranked well in our review, however, after conducting community consultation, Brock University had already determined uses for the property to manage the growth they were experiencing and anticipating,” Gloria explains. In addition the land posed problems in terms of accessibility and lack of available infrastructure. “In short, the land did not rank as well and was not available for purchase.”

“We also gave considerable attention to the properties near the intersection of Highway 406 and 20,” Gloria says. “The only criteria that this location met were access to highway routes and size of the parcel. Of great concern was the lack of services available and complete lack of proximity to any urban population. Only three per cent of the catchment population to be served by the community hospital lives within 5 km of this location.”

Ultimately, the choice was clear – the greenfield space at First Street and Fourth Avenue within the urban boundary of St. Catharines met all but the zoning criteria and was the best solution.

This location provides:

- ✓ 40 acres
- ✓ Accommodates full program and future growth
- ✓ Ample space for surface parking
- ✓ Accessible by Hwy 406, QEW, St. Paul Street, Fourth Avenue and Welland Avenue
- ✓ Good proximity to population core of St. Catharines, Thorold and NOTL
- ✓ Well-serviced
- ✓ City Bus Depot (Transport Base) across the street
- ✓ Clean soils and flat surface

The consultation involved in this process did not end with the site selection.

"During and after our review process, we conducted over 20 public proceedings to allow for the City of St. Catharines and Niagara Region Official Plan amendment and bylaw amendments for the greenfield site chosen," Gloria recalls. "The NHS openly discussed the selection process and answered all public concerns regarding the siting of the new hospital. Part of the official plan amendment and bylaw process includes the right of appeal by any individual. The site was never appealed."

By October 2003, it was all systems go and the location of the new health-care complex at First Street and Fourth Avenue on the former Hunt property was officially announced. The minor amendments were granted without appeal in June 2004, allowing the property to be rezoned from Major Industrial to Major Institutional.

Following that, in September 2005, the Ministry of Public Infrastructure and Renewal announced the project as the first Design Build Finance Maintain project under the Province of Ontario's Alternate Financing and Procurement (AFP) model.

"Soon to come will be the exciting process of seeing all this hard work come to fruition," Gloria says with a smile. "With our partners Plenary Health and Infrastructure Ontario, we are building a state-of-the-art facility to better serve our community for today and for the future."

Once a final contract is reached, the NHS will work closely with Plenary Health to finalize design and ensure the necessary permits and approvals are in place to commence construction. Site preparation and groundbreaking will take place this fall, with full construction starting shortly after. Substantial construction completion, when the building is ready to be operationalized, is targeted for 2012.

As more project milestones are reached, the NHS will continue to offer public sessions and presentations to ensure accurate information is provided and public questions can be addressed.

- end -

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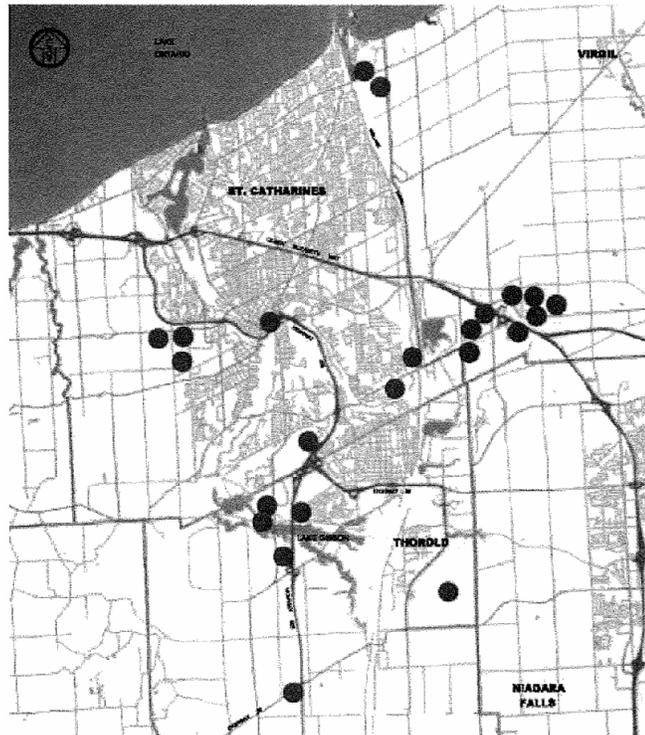
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Site Selection Process

New health-care complex site selection process

After a determination that the St. Catharines General and former Hotel Dieu (current Ontario Street Site) properties were not candidate sites to build the new health-care complex, the NHS participated in active discussion with community stakeholders in reviewing 23 appropriate parcels of land.

To assist in completing this review, the NHS contracted BLS Planning Associates to conduct a full assessment of greenfield and brownfield sites in St. Catharines, Thorold and Niagara-on-the-Lake. Their findings are captured in the three investigations detailed below.



Investigation 1: Cities of St. Catharines and Thorold

The first order investigation centred on nine sites in St. Catharines and three sites in Thorold. These 12 alternative site locations were identified by the Staff of the City of St. Catharines and the City of Thorold, as well as by private sector offerings.

Click [here](#) to view the first investigation report focused on these 12 properties.

Investigation 2: Town of Niagara-on-the-Lake

A second order investigation centred on eight sites at the western edge of the Town of Niagara-on-the-Lake. This general area of site investigation was a result of the Town of Niagara-on-the-Lake requesting review, as well as special interest groups from the City of Niagara Falls.

Click [here](#) to view the second investigation report focused on these eight properties.

Investigation 3: City of Thorold

A third order investigation was undertaken of three additional sites located in the City of Thorold that were identified by the City of Thorold Council.

Click [here](#) to view the third investigation report focused on these three properties.

These investigations were based on the following criteria:

Location – The site must have proximity to highways and be within the St. Catharines/Thorold/Niagara-on-the-Lake municipal boundaries, since those residents will be the primary users of the replacement community hospital. There must be potential for additional highway exit ramps, if needed.

Size – The site must have sufficient acreage to build and provide parking, and also to be able to expand and eventually replace the hospital on the same property in 50 or more years (Ministry of Health and Long Term Care guidelines).

Zoning and Official Plan Amendments – Requirement that there need only be minimal changes to build a large institutional structure.

Servicing – The location must be easily accessible to services such as hydro, municipal water and sewer systems, natural gaslines, etc.

Access/Transit – Site must be accessible by passenger and emergency vehicles, as well as public transit.

Constraints and Synergies – An examination of the benefits and restrictions to building on the property needed to be examined.

For more information on the background of selecting a Greenfield site for the new health-care complex, click [HERE](#).

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Appendix 8: List of Organizations Providing Formal Consultation Feedback

- Niagara Diabetes Centre
- St. Catharines/Thorold Chamber of Commerce
- Drummond Hill Presbyterian Church
- Meals on Wheels Niagara Falls/NOTL
- Meals on Wheels Thorold/St. Catharines
- Hannah House Maternity Home
- Eurocopter Canada Limited
- Buffalo and Fort Erie Public Bridge Authority
- Bridges Community Health Care
- Niagara Falls Chamber of Commerce
- Hotel Dieu Shaver Health and Rehabilitation Centre
- Fort Erie Progressive Conservative Association of Women
- Niagara Region
- Port Colborne – Wainfleet Community Response

There were also 10 responses from individuals received by mail and 5 responses by individuals received via e-mail

Appendix 9: List of Acronyms

Consultation Report Acronyms	
ALC	Alternate Level of Care
CCC	Complex Continuing Care
CDU	Clinical Decision Units
CEO	Chief Executive Officer
CHC	Community Health Centres
DMH	Douglas Memorial Hospital
ED	Emergency Department
EMS	Emergency Medical Services
FAQ	Frequently Asked Questions
HCM	Health Care Management
HDSHRC	Hotel Dieu Shaver Health and Rehabilitation Centre
HIP	Hospital Improvement Plan
HNHB LHIN	Hamilton Niagara Haldimand Brant Local Health Integration Network
MOHLTC	Ministry of Health and Long Term Care
NHS	Niagara Health System
NOTL	Niagara-on-the-Lake
OSS	Ontario Street Site
PCG	Port Colborne General
RLC	Right Level of Care
SCG	St. Catharines General