

MINUTES OF THE REGULAR PUBLIC FORUM MEETING OF THE NHS BOARD OF TRUSTEES HELD ON TUESDAY OCTOBER 21ST 2008 AT 5:30 PM AT THE WELLAND SITE, AUDITORIUM.

DATE OF MEETING	03-09-08	23-09-08	21-10-08															
ARMITAGE, Jean	X	X	R															
BALASIUK, Patricia	X	R	X															
BUTZ, Stephen	R	R	X															
CAUGHILL, Bruce	R	R	X															
DIX, Carman	X	X	X															
EGGLETON, Helen (Appt. June 17, 2008)	R	X	X															
FRAZER, Doug	X	R	X															
HUDSON, Steve	X	R	R															
LEON, Paul	X	X	X															
MATOVIC, Dragan	R	R	X															
McCOLLUM, Joe	R	X	X															
PILLAR, Steven	X	X	X															
PYLYPUK, Anthony	R	X	X															
REDDY, Dr. Ken (appt 08-10-08)	--	--	X															
SAGANSKI, Moira	X	R	R															
SEVENPIFER, Debbie	X	X	X															
SHERK, Mark	X	X	X															
SHRAGGE, Dr. William	X	R	X															
SIMPSON, Alan (Appt. June 17, 2008)	X	X	R															
SOUTER, Betty Lou	X	X	X															
TURNER, Mary	X	R	X															
WILLARD, Dr. Peter (appt 11-10-06/resign 16-10-08)	R	X	--															

Staff in Attendance: Bala Kathiresan, Chief Operating Officer
 Angela Zangari, Chief Financial Officer
 Christine Clark, Chief Communications Officer

By Invitation: Gilbert Sharpe, Counsel, Fasken Martineau DuMoulin, LLP

CALL TO ORDER AND REMARKS FROM THE CHAIR

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

Mrs. Souter welcomed NHS clinical leadership representatives, members of the public and media representatives to the public forum session.

Through the period of public consultation on the Hospital Improvement Plan (HIP), the NHS Board of Trustees has heard the concerns of the communities of Niagara. All feedback received by NHS has now been summarized in a Report prepared for submission to the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) and their Advisor Dr. Jack Kitts. The LHIN and the Advisor will consider the consultation summary report in preparing their recommendations to the NHS, along with the feedback received through the LHIN's own consultation process.

Mrs. Souter explained that the Hospital Improvement Plan (HIP) is more about quality patient care than finances. Even with additional provincial funding, the NHS believes Niagara deserves quality patient care and that quality can improve in Niagara. The Hospital Improvement Plan is a platform to enhance quality. The status quo is not acceptable. The NHS Board of Trustees acknowledges that the public is emotional about health care and that there has been considerable public criticism of the Plan. NHS leadership has fulfilled its mandate to prepare and submit the Improvement Plan, and is committed to work transparently to ensure that Niagara's interests are considered and that Niagara has access to the healthcare its residents deserve. Trustee P. Leon commended the NHS Administration, Clinical Leadership and his Board colleagues for their efforts to improve services and quality care for the communities of Niagara.

DECLARATION OF CONFLICTS

No conflicts were declared.

HOSPITAL IMPROVEMENT PLAN (HIP) CONSULTATION FEEDBACK RESPONSE

President and CEO Debbie Sevenpifer presented an overview of the Draft Consultation Summary Report prepared for submission to the LHIN.

Mrs. Sevenpifer extended appreciation to all those who have provided feedback during the consultation phase. It is clear that the communities of Niagara are passionate about healthcare, and how and where their care will be delivered.

At its July 15th 2008 meeting, the Board of Trustees directed NHS Senior management to submit the Hospital Improvement Plan (HIP) to the HNHB LHIN.

Prior to finalizing the Plan for approval and implementation, the NHS committed to undertake a process of consultation with its stakeholders in order to:

- provide context and to educate the communities about the changing nature of healthcare,
- gather input on the proposed vision and improvement plan, and
- to identify alternate recommendations

The content of the Hospital Improvement Plan was rolled out to the public and key community stakeholders through a broad public release of information and opportunities to provide feedback were identified.

Consultation has been a shared responsibility between the NHS and the HNHB LHIN. NHS took a lead role in soliciting feedback from the broader community as well as internal and external stakeholders through a variety of opportunities including face-to-face meetings, advertisements, information sheets and the dedicated HIP website which hosted a confidential web-based questionnaire. The HNHB LHIN, through its External Advisor Dr. Jack Kitts, also solicited feedback from key stakeholders conducting face-to-face meetings with elected officials and physician leaders, and the community at large through Town Hall meetings.

Over the period July 16th through October 6th 2008, NHS received 374 completed feedback surveys, 13 submissions from local community organizations, as well as correspondence from individual community members.

Common themes emerged through stakeholder comments. As expected, there was a tendency for negative comments to come from individuals who consider themselves negatively impacted by changes in service and motivated to respond to the process.

Common **supportive** themes heard through the consultation include:

- Support for centres of excellence
- Opportunity to improve quality of care

- Status quo not sustainable
- Support for community enablers

Mrs. Sevenpifer explained that significant community investment is required to provide care as close to home as possible. It is imperative that NHS has sufficient funding to implement the LHIN's recommendations to the Hospital Improvement Plan.

Common **unsupportive** themes include:

- Opposition to the conversion of the 24/7 Emergency Departments to Prompt Care Centres in the communities of Port Colborne and Fort Erie
- Opposition to the proposed changes to the roles of the Sites in Port Colborne and Fort Erie
- Consolidation and/or location of Maternal/Child Services
- Location of the St. Catharines Healthcare Complex
- Lack of transportation across Niagara
- Lack of trust
- Lack of consultation

With respect to proposed conversion of 24/7 Emergency Departments to Prompt Care, there is currently no model for a physician EDAFA (Emergency Department Alternate Funding Agreement).

There is a perception in the small communities that they currently have a fully functioning hospital today. Improved communication must focus on the services currently available to the communities today. For the most part, both complex continuing care (CCC) and acute care beds are occupied by alternate level of care (ALC) patients who could be better placed in a more appropriate setting. The Hospital Improvement Plan (HIP) creates a vision for community enablers to support services in the community, and formalizes the role the small sites are currently playing in their communities. With conversion of the Fort Erie and Port Colborne Emergency Departments, 95% of the current activity presenting to the site will still go there. It is estimated that only about 1,000 emergencies each year would be redirected from those communities. Clarifying misconceptions about future plans for the Sites may provide comfort for the communities. NHS partners with EMS to establish destination protocols for ambulances are in place, ensuring that appropriate patients are transported to the appropriate hospital Site. NHS is committed to advocating for physicians who may be impacted by the HIP vision.

With respect to proposed changes to the Maternal/Child Program, there is general support for the vision which will ensure timely access to safe care for women and children. Community fears and concerns around Paediatric care were heard through public consultation on the HIP. Parents will still be able to take their child to the closest emergency department. Only about 4% of children who present to an Emergency Department require admission. In these cases, a child would be seen in a clinical decision unit located at each of the three 24/7 Emergency Departments until a decision to admit is made and only then could the child be transferred to the Centre of Excellence for Paediatric Care.

Maternity patients will still be able to present to a local Emergency Department should an urgent need arise. Paramedics are specially trained to manage such emergencies, and NHS will continue to work closely with EMS concerning patient transfer protocols.

The Hospital Improvement Plan (HIP) is not the first restructuring initiative in Niagara. The HSRC Directions issued in 1999 required NHS to maintain a viable role for all NHS Sites, with significant renovations at Welland, St. Catharines and Niagara Falls. Redevelopment at the Welland and Greater Niagara Sites has been completed, while reconstruction of St. Catharines facilities is better suited to a new build than renovation of old buildings. NHS continues to support a multi-site concept, balancing quality care with care that is close to home.

Revisiting site selection for the St. Catharines Health Complex does not fall within the mandate of the HNHB LHIN's advisor. The mandate is posted to the LHIN's website for public access.

There has been some misunderstanding that the size of the St. Catharines Health Complex will change with the implementation of HIP recommendations. The new complex is based on a solid footprint and, in keeping with responsible planning principles the building must provide flexibility over the next fifty (50) years for service and technological changes and advances. Soft space is inherent in the design, currently planned for classrooms and offices but easily converted for future expansion of clinical services particularly in areas where growth is expected, such as Emergency Department and Ambulatory Care.

Lack of a regional transportation system that could create difficulties for Niagara residents accessing Centres of Excellence has been a common concern raised through the consultation period. NHS agrees that transportation is a critical enabler, and will play a role in exploring the possibility of options such as an inter-site shuttle system.

Lack of trust of NHS has been a key theme in feedback to the HIP. NHS acknowledges it can do a better job of communicating with stakeholders and the communities of Niagara. NHS is committed to communicating its implementation plan through an inclusive process, working with its stakeholders. Change is a constant in health care, and NHS commits to working closely with its communities to rebuild trust.

NHS efficiencies have been validated and NHS continues to achieve efficiencies at the 50th percentile in comparison with its peers.

With respect to its governance, NHS Board of Trustees follows the recommended model of a skills-based, rather than representational hospital board.

Any public call for de-amalgamation of the NHS sites is contrary to the provincial transformation agenda which promotes enhanced integration.

Mrs. Sevenpifer acknowledged that very tight timeframe in which the HIP was developed, noting that the concerns of the communities of Niagara have been heard. NHS will strive to work closely with its stakeholders to develop a robust implementation plan. It is expected it will take five years to implement the final recommendations and there will be opportunity for stakeholder involvement in the development of the implementation plan.

Public concerns over lack of engagement are acknowledged. It is hoped that having had three months to receive feedback from Niagara residents, concerns have been captured appropriately. Through consultation, some mixed or contrary themes have emerged, and will be worked out through the implementation phase.

The Hotel Dieu Shaver Rehabilitation Centre is currently the sole provider of slow paced complex continuing care and rehabilitation services. Current thinking in CCC is that slow paced recovery/reactivation is included in the continuum of CCC. To prevent a misconception of competition between service providers, further definition of slow paced rehab through the LHIN and Hotel Dieu will be required.

NHS is committed to collaborative planning with its community partners to implement the HIP recommendations. There must be an alignment of vision for enhanced primary care that will support the role of the small sites in ambulatory care delivery.

Community enablers for mental health will ensure that patients are managed as close to home as possible through out-patient clinics and crisis services, and are hospitalized only when needed.

Of note, a consultation submission received from the City of Port Colborne has called for a 24 hour Emergency Department with observation beds while the NHS plan would see conversion to a Prompt Care Centre. There is some alignment on vision between the reports, and collaborative efforts will be required to implement recommendations.

The consultation summary report will be submitted to the HNHB LHIN and their advisor, Dr. Jack Kitts to inform final decision on their recommendations and a vision for implementation. Once the HNHB LHIN provides its approved direction to NHS, NHS will begin planning for HIP implementation over a five year period.

Next steps will include:

- identification of a formal structure – participation from broad cross section of stakeholders;
- dedicated implementation resources – people and process - best practice in change management;
- quality metrics to facilitate public monitoring and evaluation of implementation process and outcomes;
- advocate for enablers;
- rebuild internal/external trust;
- commitment to clear and transparent communication with all our stakeholders.

Guiding principles for implementation of the Hospital Improvement Plan (HIP) are:

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

Mrs. Sevenpifer emphasized that the NHS recognizes that stakeholder trust and involvement is essential to creating a positive environment for successful implementation of the clinical changes.

Through discussion, Board members expressed their compassion for stakeholders, and acknowledged that the community must be assured that NHS Trustees have exercised their obligations to the Corporation, the LHIN and the Ministry of Health and Long Term Care to provide quality care in keeping with provincial and national best practice, while exercising their responsibility for stewardship of assets.

Enablers such as transportation will be critical to the successful implementation of the Plan. NHS must partner with providers to better understand true transportation needs and to develop opportunities to meet the needs of the Niagara community as they relate to access to care.

Improving access to primary care and chronic disease management will help to ease pressures on Emergency Departments.

To alleviate alternate level of care (ALC) pressures, there is an identified need for increased supportive housing, greater community home support and a potential for increased long term care beds for patient placement where appropriate.

Niagara residents can play a key role in speaking with one voice for Niagara in advocating for enablers to system improvements. The status quo is not sustainable, and significant progress can only be achieved through community understanding and support.

The Consultation Feedback Summary Report captures the concerns of residents worried about impact of the HIP, and is reflective of what has been heard in the communities of Niagara.

**LEON
MCCOLLUM**

“THAT, the NHS Board of Trustees endorses the HOSPITAL IMPROVEMENT PLAN CONSULTATION SUMMARY REPORT, for submission to the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) and the LHIN’s External Advisor.”

MOTION CARRIED, UNANIMOUS

REPORTS RECEIVED

Chief Financial Officer Angela Zangari presented the report for the period ending August 31st 2008. NHS has ended its fifth month of the 2008/09 fiscal year with a deficit from operations of \$9.5 million, versus a budgeted deficit of \$8.9 million. The negative variance has now stabilized and total recovery savings of \$2.6 million have been identified to respond to the increased deficit. The forecast to year end is as planned at \$17.8 million. Alternate Level of Care (ALC) and “Admit-no-beds” continue to challenge NHS. On average, NHS has the highest ALC rates in the province and on any given day there are over 200 ALC patients occupying complex continuing care (CCC) and acute care beds across all Sites. NHS continues to advocate for more appropriate placement of ALC and CCC patients in a community setting.

Chief Operating Officer Bala Kathiresan presented the Human Resources Report for the period ending August 31st, 2008. Vacancy rates continue to drop, and are at an overall rate 5.6%. Significant improvement in vacancy rates for all but two categories has been achieved. Vacancy target rates are better than established, with an improvement rate of 16%. Working with the Board’s Resources and Audit Committee, the Human Resources Report now includes components such as grievance rate and benchmarking rate to create a more comprehensive report. Mr. Kathiresan recognized the efforts of recently appointed Vice President Human Resources, Mr. Terry McMahon.

On behalf of the Board, Mrs. Souter welcomed Vice President Human Resources Mr. Terry McMahon.

ADJOURNMENT

There being no further business, the public forum meeting was adjourned at 6:45 pm.

Chair, Betty Lou Souter

Recording Secretary, J. Upper