

MINUTES OF THE REGULAR PUBLIC FORUM MEETING OF THE NHS BOARD OF TRUSTEES HELD ON TUESDAY JANUARY 20TH, 2009 AT 5:30 PM AT THE WELLAND HOSPITAL SITE, AUDITORIUM.

DATE OF MEETING	03-09-08	23-09-08	21-10-08	10-11-08	18-11-08	16-12-08	20-Jan-09							
ARMITAGE, Jean	X	X	R	R	R	X	X							
BALASIUK, Patricia	X	R	X	X	X	X	X							
BUTZ, Stephen	R	R	X	X	X	X	X							
CAUGHILL, Bruce	R	R	X	X	X	X	X							
DIX, Carman	X	X	X	R	R	X	X							
EGGLETON, Helen (Appt. June 17, 2008)	R	X	X	X	X	X	X							
FRAZER, Doug	X	R	X	X	X	R	X							
HUDSON, Steve	X	R	R	X	X	X	X							
LEON, Paul	X	X	X	X	X	X	X							
MATOVIC, Dragan	R	R	X	X	X	X	X							
McCOLLUM, Joe	R	X	X	X	X	X	X							
PILLAR, Steven	X	X	X	X	R	X	X							
PYLYPUK, Anthony	R	X	R	X	X	X	X							
REDDY, Dr. Ken (appt 08-10-08)	--	--	X	X	X	X	X							
SAGANSKI, Moira (conclusion 17-12-09)	X	R	R	X	X	R	--							
SEVENPIFER, Debbie	X	X	X	X	X	X	X							
SHERK, Mark	X	X	X	X	X	X	R							
SHRAGGE, Dr. William	X	R	X	X	X	X	--							
SIMPSON, Alan (Appt. June 17, 2008)	X	X	R	X	X	X	X							
SOUTER, Betty Lou	X	X	X	X	X	X	X							
TURNER, Mary	X	R	X	X	X	X	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
 Sue Matthews, Chief Nursing Executive and VP Patient Services

By Invitation: Frank Demizio, VP Patient Services

CALL TO ORDER

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

OPENING REMARKS

Board Chair Betty Lou Souter welcomed Chief Nursing Executive and Vice President Patient Services to the meeting. Mrs. Matthews joined the NHS in November 2008.

A note of appreciation was received from former Trustee Beatrice Lindsay.

A formal notice of appointment has been issued by Trillium Gift of Life to announce the Order-in-Council appointment of Christine Clark to the Board of Directors of the Network for a term of three (3) years.

Hotel Dieu Shaver Rehabilitation and Health Centre will celebrate 100 years of caring, and will honour Shaver Hospital Foundation Executive Director Bob Bell at an upcoming special event to be held February 28th 2009 at Club Roma. Trustees wishing to attend were invited to contact Julie Upper for ticket information.

PRESENTATION – PUBLIC REPORTING OF PATIENT SAFETY INDICATORS

Vice President Patient Services Frank Demizio explained that NHS has been building capacity to increase and enhance patient safety through a variety of opportunities, including introduction of a Hand Hygiene Pilot in 2007, education modules for front line works, participation in the Regional Infection Control Network, and dedicated Infection Prevention and Control Practitioners.

NHS is currently reporting publicly on four (4) Patient Safety Indicators:

- C-Difficile
- MRSA
- VRE
- Hospital Standardized Mortality Ratio (HSMR)

Additional indicators, aligned with the Safer Healthcare Now agenda, will be added in April 2009 for:

- Ventilator Associated Pneumonia
- Central Line Infections
- Surgical Site Infections (Hips and Knees)
- Hand Hygiene Compliance

Mr. Demizio explained the nature of MRSA and VRE, both of which are infections resistant to specific antibiotic treatments. MRSA can be harmful to immunocompromised and seriously ill patients. The infection is increasing in the community. The cost of treating infection in an acute care facility is on the rise as a result of increased length of stay and readmission rates. VRE can be difficult to treat and requires careful selection of antibiotics.

Hand Hygiene is the recognized as the single most important way to break the chain of transmission. Efforts to constantly remind staff to use alcohol-based handrubs to increase compliance continue. Because VRE can survive on surfaces for long periods of time, placement of alcohol dispensers to promote hand hygiene is important. Patients and visitors are encouraged to perform hand hygiene.

Processes for environmental cleaning require:

- sufficient contact time and appropriate strength for cleaning solutions
- use of damp dusting
- working from clean to dirty areas
- cleaning high frequently touched areas such as door knobs and light switches

Movement of patients between beds requires that all equipment be properly cleaned and disinfected.

Outside visitors present a challenge to infection control. Visitors require education about precautions and must follow isolation directions. Fact sheets on hand hygiene and routine practices and visitor specific information sheets are provided on inpatient units.

Public reporting by the Ministry of Health and Long Term Care (MoHLTC) has brought together a number of resources, including Public Health Departments and resources from other Hospitals to prevent the spread of C-Difficile. C-Difficile is a problematic bacteria that is very resistant to chemicals and requires special cleaning materials.

Because use of broad-spectrum antibiotics increases risk factors for patients, an antibiotic review is conducted. Alcohol hand rubs have no effect on C-Diff. The single most effective way to prevent the spread of such infectious diseases is to thoroughly wash hands with soap and water.

Precautions include clustering C-Difficile patients and use of dedicated toilet/commode facilities and equipment. Signage is the key to enforcement of contact precautions and standardized signage is recommended. Surfaces that are sources of infection are identified through environmental audit. Staff are discouraged from wearing jewelry and having long nails as both can hinder hand hygiene, tear gloves and result in more contamination.

NHS applies best practice guidelines established by the Provincial Infectious Diseases Advisory Committee (PIDAC). PIDAC constantly updates its documents and guidelines to provide resources for healthcare providers.

Risk factors can be increased through patient transfers if not contained properly. Risks associated with aging hospital facilities where access to sinks in bathrooms is limited can be reduced through installation of alcohol dispensers where possible.

Mr. Demizio provided an update on the C-Difficile outbreak at Greater Niagara Site. The outbreak threshold is six (6) hospital acquired cases within 30 days. NHS works with Public Health and the Regional Infection Control Network to bring the outbreak under control. The Public Health Unit declares when an outbreak is over. Numbers are being reduced, and trending is applied to determine how many cases are occurring to establish a normal limit for specific patient units. Strategies in place are effective, and are making a difference. The Canadian government is now taking the lead to better define guidelines and standards.

President and CEO Debbie Sevenpifer explained that as standards evolve infection control recommendations increase. NHS is in the process of identifying where new hand wash dispensers will be placed to provide easy access for hospital workers. To offset the cost of infection control initiatives, the provincial government is investing seed money into education, staffing and corporate approaches rather than funding individual hospital needs. In general hospital acquired infection can add millions of dollars due to lengthy hospital stays. Private rooms are a strategy to reduce infection and transmission. In the new St. Catharines Healthcare Complex, private accommodation will substantially increase from 35% to 80%.

HOSPITAL IMPROVEMENT PLAN (HIP) IMPLEMENTATION

Correspondence received from LHIN Board Chair Juanita Gledhill and dated December 22nd 2008 was provided to the Board for information.

D. Sevenpifer indicated that the HIP Implementation Framework requested by the HNHB LHIN in their December 16th 2008 correspondence will be submitted on January 21st to align with the timing of the NHS Board's deliberations.

NHS was directed to submit the following for discussion at the January 26 2009 LHIN Board meeting:

1. A framework for the development of the implementation schedules
2. The appointment date and terms of reference for the Advisor
3. Ongoing financial monitoring process, i.e. financial impact of the HIP
4. The identification of early opportunities for implementation.

To support the framework for development of implementation schedules, a series of meetings with internal and external stakeholders were planned to gather input into developing the sequencing of implementation. An external stakeholder workshop was held January 8th and resulted in conclusion that an Advisory Forum would be a vehicle through which NHS can communicate with its partners, and offer community partners an opportunity to provide input on a regular basis. An internal stakeholder workshop will be held January 26th 2009 to invite input from Medical Advisory Committee, Site and sub-specialty Medical Leadership, Health Program Directors, Senior Staff, Union leadership, Medical Staff Association leadership, and Professional Practice Advisory leaders.

The proposed Community Advisory Forum would have no decision making authority and would not be representational. Rather, local community leaders and champions would be invited to participate to receive updates on implementation and have an opportunity to ask questions and share comments and concerns.

The Joint Board Advisory Group established between the NHS Board and the HNH B LHIN Board will continue through HIP implementation.

Mrs. Sevenpifer indicated that immediate follow up with workshop participants will occur to connect with each mayor in order to identify two or three community leaders who will be integral to carrying messages into the communities.

**PYLYPUK "THAT, the NHS Board of Trustees endorses the draft HIP Implementation
DIX Reporting Framework and role of the HIP Community Advisory Forum as a
 communications vehicle."**

CARRIED.

Following on the Board's endorsement, correspondence will be sent to stakeholder workshop participants to ask whether they wish to participate on the Forum or are willing to propose names for participation.

The terms of reference for the role of the Advisor will be developed jointly with the LHIN, with the Advisor reporting directly to NHS. Further discussion concerning the terms of reference will occur at the upcoming Joint Advisory meeting to be held on Friday January 23rd 2009.

With respect to ongoing financial monitoring processes, NHS deficit and cash position will continue to be monitored on a regular basis. Savings associated with HIP implementation will be monitored by the existing Resource Planning Committee (RPC), the Board's Resources and Audit Committee, as well as the Joint NHS and LHIN Board Advisory Committee.

Opportunities for early implementation will be identified through dialogue with internal stakeholders and clinicians within the next three (3) months. Program and physician representatives have been asked to come back in a month's time with identified opportunities for early implementation. Guiding principles and opportunities will be further developed at an upcoming Program Retreat scheduled for January 26th, 2009 for presentation to the Board at their February 17th meeting.

Input from external stakeholders on sequencing of early opportunities will be communicated "bottom up" through clinical programs because of their understanding of the operating details, and will then flow up to the Board of Trustees. Following each Board meeting, the Community Advisory Forum will meet to create a cycle of meetings to inform implementation.

Participants in the January 26th workshop/retreat will receive a structured agenda, the framework for implementation, guiding principles to be used by all programs, as well as identified non-negotiables and strict timelines. Stakeholder input will help to inform sequencing for implementation of improvements. The first mandate for programs is to identify what the early opportunities are and to inform scheduling. Each program will then meet to identify early opportunities based on the guiding principles, and then report back to the Steering Committee which will look at inter-dependencies to develop a full schedule for implementation.

CAPITAL PROJECT UPDATES

On behalf of the Capital Revitalization Committee, Steve Hudson presented a recommendation for award of design revisions at the Port Colborne Site. The previously approved Architects will refocus their work to complete the redesign required to reflect modifications outlined in the Hospital Improvement Plan.

HUDSON BUTZ "THAT, on the recommendation of the Capital Revitalization Committee the NHS Board of Trustees approves McCallum Sather Architects to continue to be retained to make the revisions required to reflect the modifications outlined in the Hospital Improvement Plan for the Port Colborne Site, and to complete the re-submission to the Ministry of Health and Long Term Care."

CARRIED.

HUDSON MATOVIC "THAT, on the recommendation of the Capital Revitalization Committee the NHS Board of Trustees approves the award of the Request for Proposals (RFP) for the Greater Niagara General Site Master Planning Services to Stantec Architecture LTD, Architects."

S. Hudson explained that with redevelopment of the Greater Niagara Site as part of the Hospital Improvement Plan (HIP) creates opportunity to look at changes inside the hospital to meet requirements going forward. Redevelopment of the Niagara Falls operating rooms will kick start the site redevelopment.

CARRIED.

REPORT OF THE CHIEF FINANCIAL OFFICER (CFO)

CFO Angela Zangari presented the report for the eight (8) months ending November 2008. NHS reported a deficit from operations of \$12.9 million versus a budgeted deficit of \$12.4 million for the period, and is holding to the variance of \$500,000 which has stabilized and decreased slightly over the last month by about \$75,000. Recovery plan strategies to address the negative variance have been identified, and NHS will reforecast to meet the \$17.8 million deficit originally budgeted. Sick time continues to be over budget compared to last year's results. A number of focused strategies have resulted in a decrease in overtime in the month of November, though overtime is still over budget.

The working capital deficit has increased from \$116 million, and is now at \$129 million year to date. The increase is related directly to the operating deficit. The LHIN continues to monitor NHS cash flow on monthly basis. Alternate Level of Care (ALC) days have increased to 165 to the end of November, and those impacts create additional pressures in Emergency Departments.

REPORT OF THE VICE PRESIDENT HUMAN RESOURCES

Chief Operating Officer Bala Kathiresan reported that a positive trend in vacancy rates continues. NHS has seen a drop in nursing vacancies and reports a 9% improvement over the same period last year. The overall 2008 vacancy rate was reduced in November to 213 from 271 in September, resulting in an overall average of 4.67% for NHS compared to the provincial average at 6.10% for the period ending November 2008.

REPORT OF THE NHS FOUNDATION

The report was pre-circulated for the information of the Board.

ADJOURNMENT

There being no further business, the Public Forum meeting was adjourned at 6:55 p.m.

Chair, Betty Lou Souter

Recording Secretary, J. Upper