

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

DATE OF MEETING	23-June-09	22-Sept-09	20-Oct-09															
ARMITAGE, Jean	X	X	X															
ARVINTE, Dr. Andrei (appt. 14-10-09)	--	-	X															
BUTZ, Stephen	X	X	R															
CAUGHILL, Bruce	X	X	X															
COOPER, Trevor	X	X	X															
DIX, Carman	X	X	X															
EGGLETON, Helen (appt. 17-06-08; 23-06-09)	X	X	X															
HENRY, Mike	X	X	X															
HOPE, Dr. S. Joanna (appt. 02-03-09 – Interim Chief of Staff)	X	X	R															
HUDSON, Steve	X	X	X															
MATOVIC, Dragan	R	X	R															
McCOLLUM, Joe	X	X	X															
PALADINO, Flo	X	X	X															
PATRICK, Jennifer	X	X	X															
PILLAR, Steven	R	X	X															
REDDY, Dr. Ken (appt 08-10-08)	X	X	X															
SCHRAM, David	X	X	R															
SEVENPIFER, Debbie	X	X	X															
SHERK, Mark	X	X	X															
SIMPSON, Alan	X	X	R															
SOUTER, Betty Lou	X	X	X															
TURNER, Mary	R	X	X															
VEDOVA, Dr. Joseph (appt 28-01-09) (conclude 14-10-09)	X	R	--															

STAFF IN ATTENDANCE: Bala Kathiresan, Chief Operating Officer
 Angela Zangari, Chief Financial Officer
 Christine Clark, Chief Communications Officer

CALL TO ORDER

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

OPENING REMARKS

Medical Staff Association (MSA) President Dr. Ken Reddy introduced Dr. Andrei Arvinte who was elected MSA Vice President on October 14th 2009. By virtue of his office, Dr. Arvinte will now join the NHS Board of Trustees. The Board extended appreciation to outgoing MSA Vice President Dr. Joseph Vedova. Dr. Reddy was re-elected MSA President for a further one-year term.

Trustees interested in attending the 2009 OHA Health Achieve Conference to be held November 16, 17 and 18 were asked to advise J. Upper.

Mrs. Sevenpifer and Mrs. Souter have been invited to present to the Quinte Health Care Board Orientation on November 13th, 2009.

APPROVAL OF THE CONSENT AGENDA

DIX **“THAT, the Consent Agenda for the October 20th 2009 Public Forum**
HENRY **Meeting of the NHS Board of Trustees be approved as presented, including**
the Minutes of the September 22nd 2009 Public Forum Meeting and the
Report of the NHS Auxiliaries.”

CARRIED.

Appreciation was extended to Trustee Helen Eggleton for preparing the Auxiliaries Report to the Board.

NHS representatives attended the Niagara Falls Council Meeting on October 19th 2009. Mrs. Souter expressed appreciation for the strong representation by Board Trustees, senior staff, nurses and physicians. The Board commended the extraordinary efforts of CEO Debbie Sevenpifer, Dr. Isser Dubinsky of the Hay Health Care Group, and Regional Chief of Emergency Services Dr. John McAuley who attended on behalf of Interim Chief of Staff Dr. Joanna Hope.

The combined NHS Board of Trustees and NHS Foundation Directors Annual Recognition Event will be held at Niagara College Culinary Center (Glendale Campus) on Monday December 7th 2009. The event will again recognize those Trustees and Directors who have concluded their service this past year.

Board Chair Betty Lou Souter has been named Volunteer Businesswoman of the Year, and will be honoured at the 2009 St. Catharines and Thorold Chamber of Commerce Awards Dinner on Thursday November 5th 2009. Trustees wishing to attend the event are asked to indicate their interest to J. Upper.

QUALITY

Synoptic Report

The Quality Committee met on October 8th 2009. Chair Mark Sherk reported that Committee members reviewed an H1N1 presentation by Dr. Valerie Jaeger of Niagara Public Health which was provided to the Medical Advisory Committee. NHS is ready with its H1N1 action plan if an outbreak occurs, and continues to refine pandemic plans.

NHS is tracking between 77 and 81 percent compliance with the Hand Hygiene program, against the provincial average of 69 percent.

Policies are in place to assist staff in a pandemic, including mask fit testing and vaccination through Occupational Health. In a pandemic situation, redeployment of staff can occur. While staff cannot be mandated to have the H1N1 vaccination, there may be implications for those who refuse the vaccination and become ill with H1N1.

Hospital Improvement Plan (HIP) Implementation Update:

Update on Conversion to Urgent Care Centre (UCC) in Port Colborne and Fort Erie

D. Sevenpifer reported that conversion of Douglas Memorial site Emergency Department to Urgent Care Centre (UCC) has shown volumes consistent with pre-conversion data with the exception of October 17 and 18 which saw more than 100 patients or twice the normal volumes attend the UCC. NHS continues to work closely with Niagara Emergency Medical Services (NEMS) regarding ambulance services to the UCCs in Port Colborne and Fort Erie. The conversions have become a model for the province.

Four Community Education Open Houses are planned in Port Colborne and Fort Erie over the next month. Trustees interested in attending the community open houses are asked to contact J. Upper.

Conversion of Beds at Niagara on the Lake Site

The conversion of acute beds to CCC in the NOTL site is scheduled to take place on November 1st, 2009. Currently the NOTL site has 22 beds. Thirteen (13) of these beds are currently designated as CCC with 9 beds scheduled for re-designation on November 1st. Following in-depth analysis and based on ongoing discussions with NOTL Site physicians and our Community Standing Committee, the program leadership is recommending altering the HIP to maintain two 24 – 48 hour acute/observation beds at the NOTL Site based on the review of data and physician remuneration issues. Site physicians have recently requested that there be four acute/observation beds available on a 72 hour period. The actual bed complement will be confirmed with the physicians on October 23rd. The Board will be advised of the outcome of the discussions.

Chief Nursing Executive Sue Matthews explained that statistics for the Niagara on the Lake site indicate that two (2) acute care beds are consistently used even though most patients are currently complex continuing care (CCC) or alternate level of care (ALC). Currently physicians are reviewing data as negotiation to retain acute care beds for the site continues. With established admission criteria similar to that for the Fort Erie and Port Colborne site, it is expected that physicians should be able to manage admissions for particular patients from the community with two acute care beds, and help to avoid emergency visits for those patients.

Staff advised that the recommendation is the right business decision and the right patient decision because NOTL residents who would be admitted for a day or two will be admitted by their known physician. The acute beds can be accommodated within the current staffing configuration and will not increase costs. The move also demonstrates that the HIP can be adjusted in ways that do not severely impact hospital operations and will meet the needs of the community. It is not anticipated that the HNHB LHIN will have concern with the recommendation.

Board members expressed concern that two acute beds would be allocated to NOTL site without similar supports available at the three acute care sites in St. Catharines, Niagara Falls and Welland. D. Sevenpifer clarified that though 24/48 hour observation had been considered within the CCC environment, beds must remain acute to properly reflect the care required and provided to the patient, and to ensure that physicians are appropriately remunerated. Patients admitted to the two beds would need some degree of intervention. If the patient became progressively more acute, services at a larger site would be required. The proposal would increase the total number of acute beds and decrease by two the number of complex continuing care beds for NHS.

Caution was expressed that by allocating two acute beds to the NOTL site, NHS may be fracturing its limited resources across more sites, rather than implementing what has been done in other small communities. Mrs. Sevenpifer clarified that the two beds at Niagara on the Lake would be observation beds. Trustee Mike Henry noted that in approving the Hospital Improvement Plan, the Niagara on the Lake Standing Committee had agreed to the HIP on the condition that the need for the acute beds at the site would be addressed.

Adding the two acute beds at NOTL would result in the loss of 2 complex continuing care beds in the system, however the impact would not be as great for Emergency Departments and admit-no-beds. Without the two acute observation beds, NOTL patients would be required to travel to St. Catharines impacting acute resources at that site.

**SHERK
TURNER** **“THAT, the Board of Trustees authorizes Administration to negotiate an acute bed configuration for the Niagara-on-the-Lake (NOTL) site without impacting the financial savings as outlined in the Hospital Improvement Plan and without impacting alternate level of care targets as established by the LHIN.”**

CARRIED, with two abstentions.

RESOURCES AND AUDIT

Synoptic Report

Chair Steve Hudson reported that the Committee reviewed the draft workplan for Financial Recovery Communications for 2009/2010.

Hospital Accountability Planning Submission (HAPS)

Funding targets for 2010/12 HAPS have not yet been released. Though it was expected that planning targets would be released mid October given the current economic condition and change in Ministry leadership, 2010/12 funding may not be known until the next provincial budget. The HNHB LHIN has informed NHS that the November 30, 2009 HAPS submission will be postponed and that contingency planning with the MoHLTC is underway. HNHB LHIN Chief Financial Officers are working together to coordinate estimates on what the common planning assumption should be, and to develop a plan in the absence of any provincial guidelines.

The MoHLTC has asked NHS to work with three funding scenarios (0%, 1%, and 2%) and options have been developed to reflect that impact. The HIP Financial Outlook was revised to reflect the three funding scenarios (0%, 1%, and 2%) as well as for other known financial pressures. All three options represent a shortfall because NHS costs are expected to rise at a rate of 3 to 4 per cent, largely due to negotiated increases in labour contracts along with ongoing increases in the cost of supplies.

NHS remains committed to maintaining the deficit projected in the HIP 5 year financial outlook. The budget assumes funding of \$5 million for annual interest carrying costs on short term debt and one-time restructuring costs which has not yet been received.

Resource and Audit Committee Chair Steve Hudson explained that staff had been asked to identify budget impact if the assumed funding for carrying costs and one-time funding for restructuring is not forthcoming. The result would be a \$17 million rather than an \$11 million deficit. To offset the additional shortfall, further reductions would be required to achieve in year savings in order to close the gap by the end of the fiscal year,

HUDSON **“THAT, the NHS Board of Trustees directs staff to implement whatever savings**
PILLAR **they can within the balance of the fiscal year, to offset the \$5 million gap which**
 the HNHB LHIN has indicated will not be funded.”

CARRIED.

The Board asked that a letter be sent to the HNHB LHIN to flag that the variance still exists and that further in-year savings will be required.

Report of the Chief Financial Officer

The CFO Report for the month ending August 31st 2009 was received.

Human Resources Report

Chief Operating Officer Bala Kathiresan reported that Human Resources continues to see positive results in vacancy reduction.

MEDICAL STAFF BYLAW REVIEW SUB-COMMITTEE - UPDATE

Committee Co-chair Bruce Caughill reported that the Committee is awaiting information on credentialing from the LHIN. The Committee has reached agreement on a Draft Bylaw, a significant component of which will include the credentialing information to be provided by the HNHB LHIN. Once the draft is complete, the document must be circulated to all NHS physicians for their comment for a period of 21 days, following which the recommendation would likely come to the Board of Trustees for approval in December 2009.

ADJOURNMENT

There being no further business, the Public Forum Meeting of the Board was concluded at 6:30 p.m.

Chair, Betty Lou Souter

Recording Secretary, J. Upper