

Corporate Report

Report from Economic Development and Customer Service, Customer Service

Date of Report: July 8, 2013

Date of Meeting: July 22, 2013

Report Number: EDCS-204-2013

File: 35.60.12

Subject: Niagara Health System Progress Report – New St. Catharines Site

Recommendation

That Council receive for information purposes the report from the Economic Development and Customer Service Department dated July 22, 2013. FORTHWITH

Background

On April 22, 2013, Council approved a motion from Councillor Burch directing staff to meet with Niagara Health System (NHS) officials and request that NHS officials deliver a progress report to Council on the delivery of service at the new west St. Catharines hospital complex.

Report

In recent years, NHS has made significant investments across its six sites to improve the health of our community. The centerpiece of these investments is the new St. Catharines hospital site of NHS which includes the Walker Family Cancer Centre.

On March 24, 2013 the new five-storey, 970,000 square foot state-of-the-art facility opened offering regional services that include comprehensive cancer care, cardiac catheterization and longer-term mental health services. It is the kidney care hub for dialysis patients, supported by satellite units in Welland and Niagara Falls, and provides a new model of women, and infant health services to patients and families.

Additional services including but not limited to;

- Cardiology Services
- Children's Health
- Critical Care Services
- Diagnostic Imaging
- Emergency and Urgent Care
- Kidney Care Program
- Laboratory
- Medicine
- Mental Health and Addictions
- Ontario Breast Screening Clinic
- Outpatient Clinics
- Pharmacy
- Surgery
- Walker Family Cancer Centre
- Women's and Babies Health

In early June, Economic Development and Customer Service staff met with NHS officials to outline and discuss Council's request. NHS staff has addressed Council's concerns (**APPENDIX 1 – 100 DAY UPDATE**) including;

- challenges faced by the NHS in moving to the new facility,
- the number of beds available now and in future,
- staffing levels,
- wait times,
- benchmarks,
- outcome measurement strategies,
- health care strategies,
- patient complaint procedure at the new hospital
- process of referral when complaints are made to the City or local politicians;
- new hospital parking rates, how the rates were determined
- where the proceeds of parking are directed
- and other relevant information

Conclusion


When the NHS opened the doors of the new state-of-the-art hospital in St. Catharines, it also ushered in an exciting new era of healthcare in Niagara bringing many economic benefits to our community. In addition to providing Council with copies of the NHS annual report, City staff will continue to meet with hospital officials and monitor the progress of the new complex.

Prepared by:

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Manager of Economic Development and Tourism Services

Approved by:


Dave Oakes,
Director, Economic Development and Customer Service





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100 Day Update New St. Catharines Site


ST. CATHARINES CITY COUNCIL
JULY 8, 2013


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NHS Overall Update


- Steady progress since appointment of Supervisor 2 years ago
- Deeply committed to great patient experience and working hard to improve culture and contributing factors
- Improvements in quality metrics including Mortality and Wait Times (more detail to follow in this presentation)
- Supervisor plan would see 5 aging facilities replaced with new Hospital for South Niagara, and 2 Urgent Care centres (South-West and South-East)
- Community-Based Nominating Committee and Supervisor have appointed new Board of skilled community leaders; Board model is skills-based governance, informed by *Ontario Hospital Association Guide to Good Governance*
- Search has commenced for permanent CEO and Chief of Staff
- NHS received full Accreditation this year with commendation

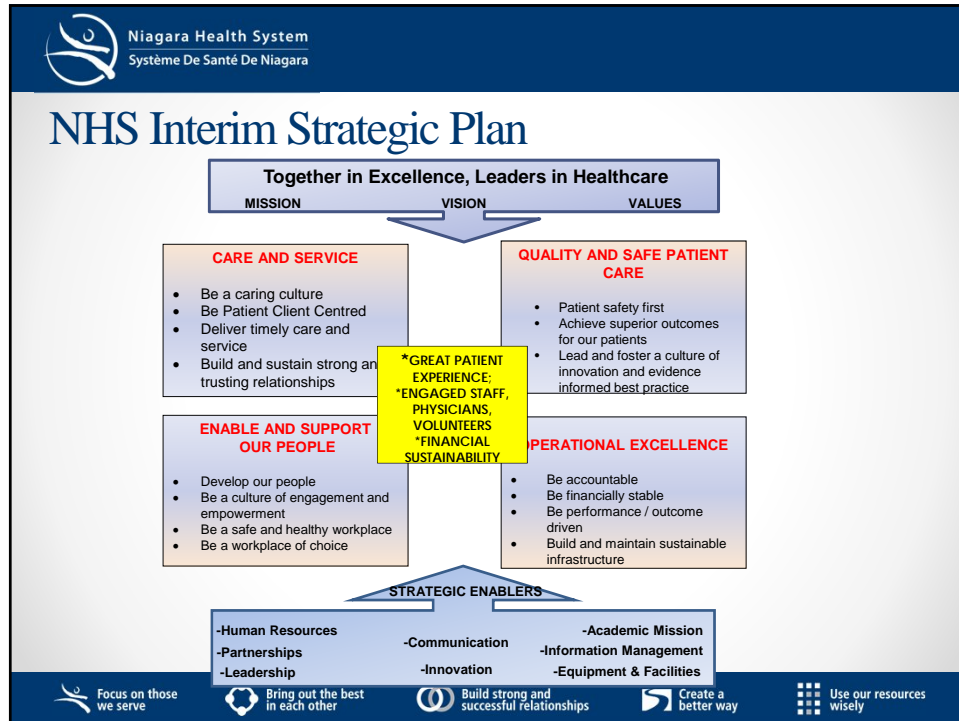
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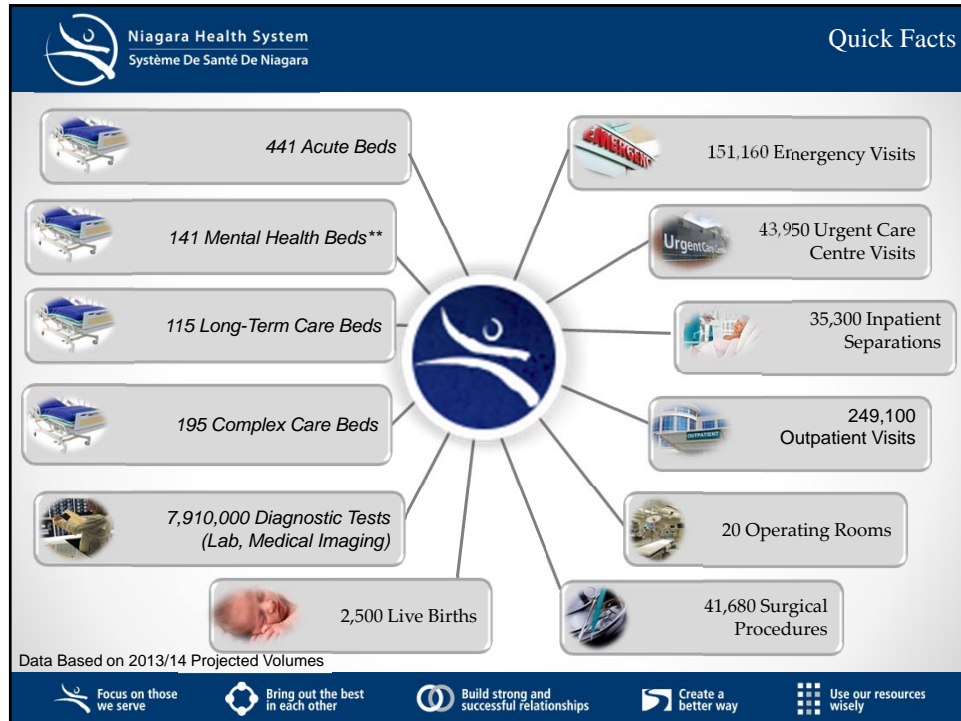


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Our People

Employees	Volunteers	Students	Physicians
<ul style="list-style-type: none"> 4500+ Staff – 90% staff unionized <ul style="list-style-type: none"> 3 Bargaining Agents: <ul style="list-style-type: none"> ONA OPSEU SEIU [Service, Clerical] 67% of hospital budget is attributed to wages/benefits 	<ul style="list-style-type: none"> 1100+ Volunteers 6 Auxiliaries 7 Foundations 	<ul style="list-style-type: none"> 103 Medical Learners 1500 Students [includes nursing, allied health and non-clinical] 	<ul style="list-style-type: none"> 620+ Physicians Physicians <u>not</u> employees Most paid “Fee For Service” through OHIP Some receive Leadership Stipends Only small # are salaried Credentialed to the NHS, with specific privileges to provide care Medical Staff Association

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Recent Successes

Partnerships & New Regional Services	Sites and Services	Quality and Safety
 <ul style="list-style-type: none"> Oncology – partnership with Hamilton Health Sciences [HHS] Heart Investigation Unit – partnership with HHS Opening of specialized mental health services i-EQUIP Program with Brock, McMaster, NHS University Health Network – Antimicrobial Stewardship 	 <ul style="list-style-type: none"> Consolidation of Women's and Babies Program Consolidation of Pediatrics Program Consolidation of in-patient Mental Health Services Opening of new site Approval of new site funding prior to opening Kidney Care Dialysis Satellite in Niagara Falls Approval for capital renovations at DMH 	 <ul style="list-style-type: none"> Accreditation Award Ontario Lab Accreditation Award i-EQUIP Improvement in Hospital Standardized Mortality Ratio Approval to proceed to PCI

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Quality Improvements (QIP)

- NHS is deeply committed to improving quality at all our sites, and to providing transparent information about our corporate performance
- We regularly post quality updates on our website under quality and performance
- There the public can find extensive data regarding performance, along with extensive Q&As about the data provided
- We also regularly participate in public data sharing through groups like Canadian Institute for Health Information (CIHI)


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Accountability and Public Reporting


- Embracing the tenets of the Excellent Care for All Act and the Broader Public Sector Accountability Act, hospitals continue to enhance quality, transparency and accountability in a variety of ways:
 - Publicly reporting on hospital website:
 - Patient Safety indicators
 - Accountability Agreements:
 - Hospital Services Accountability Agreement (HSAA)
 - Multi-Sector Service Accountability Agreement (MSAA)
 - Long-Term Care Home Service Accountability Agreement (L-SAA)
 - Executive contracts and expenses
 - Financial Statements and Performance, Annual Reports and Reviews
- Reporting quality measures on a consumer-oriented website, myhospitalcare.ca and cihi.ca (CIHI Canadian Hospital Reporting Project- CHRP)
- Public reporting of wait times through Ontario's Wait Times Strategy (Surgical, MRI, CT and ED)
- Participation in public sector salary disclosure


- C. Difficile Associated Disease
- Central Line Infection Indicator
- Hand Hygiene
- Hospital Reporting Project
- Hospital Standardized Mortality Ratio (HSMR)
- Methicillin Resistant Staphylococcus Aureus (MRSA)
- Patient Satisfaction
- Surgical Safety Checklist
- Surgical Site Infection Prevention
- Vancomycin Resistant Enterococcus (VRE)
- Ventilator Associated Pneumonia
- Emergency Department Wait Times


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CIHI Canadian Hospital Reporting Project

- Public release of a total of 21 Clinical & 6 Financial indicators on cihi.ca

Clinical Indicators:

- Mortality Rates
- Readmission Rates
- In-hospital Fractures in Elderly
- Nurse Sensitive Outcomes
- Obstetrical Trauma
- Caesarean Section Rates
- Vaginal Birth After Caesarean Section Rates
- Coronary Angiography after Acute Myocardial Infraction
- Hip Fracture Surgery Performed within 48 hours

Financial Indicators:

- Administrative Service Expense
- Cost per Weighted Case
- Worked Hours per Weighted Case


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Patient Satisfaction Performance

- We are approaching our goal for improved patient experience, though we are not currently meeting our stated goal
- There are currently staff training and accountability initiatives underway to ensure we improve this performance

	Priority	QIP Goal	NHS YTD Result	YTD Reporting Period
Acute Inpatient NCR Picker Survey: "Would you recommend this hospital to your friends and family?"	1	87.00%	84.7%	Oct-Dec 2012
	Priority	QIP Goal	NHS YTD Result	YTD Reporting Period
Emergency Department NCR Picker Survey: "Would you recommend this hospital to your friends and family?"	1	77.00%	75.6%	Oct-Dec 2012

Data Source: NRC Picker

Meets QIP
Progress from QIP "Current"
At or worse than QIP "Current"



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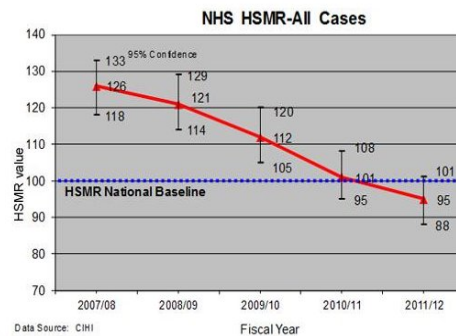
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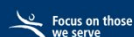
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Hospital Standardized Mortality

- We have steadily improved our mortality year-over-year since 2007



	Priority	QIP Target	YTD Results	YTD Reporting Period
Hospital Standardized Mortality Ratio (HSMR)	1	83	84	Apr-Dec 2012



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Readmission Rates

- We have also greatly reduced the rate of readmission, meaning more people are being treated effectively on their first visit

Selected Case Mix Groups	Readmission To OWN Hospital	
	2011/12	2012/13
Cardiovascular	11.9%	10.3%
Congestive Heart Failure	18.8%	15.5%
COPD	15.6%	16.1%
Cerebrovascular Accident	7.7%	5.8%
Diabetes mellitus	14.1%	13.6%
Gastrointestinal	13.0%	13.4%
Pneumonia	9.9%	9.9%
NHS Total	13.1%	12.7%

	Priority	QIP Target	YTD Results	YTD Reporting Period
Readmission within 30 days for selected CMG's to ANY Hospital	2	14.83%	n/a	
Proxy - Readmission within 30 days for selected CMG's to OWN Hospital	2	14.8%	12.40%	Jul/12 - Mar/13



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Wait Times Successes

- NHS recently acknowledged for better than average wait times in most areas
- Room for improvement re: CT Scans and Emergency Access
- FYI Ontario ED Wait Time goals are 4 hours for less severe, 8 hours for severe

NHS wait times better than Ontario average

GRANT LAFLECHE
Standard Staff

For those needing medical scans and surgeries, waiting lists are a bane. But according to provincial data, the Niagara Health System is doing as well, or better, than most hospital systems when it comes to getting patients what they need on time.

According to Ministry of Health and Long Term Care information, publicly available on its website, the NHS exceeds provincially set wait time targets for common medical procedures from knee replacements to hernia operations.

NHS patients waiting for CT scans and MRIs are waiting longer than Queen's Park wants, but are getting their scans sooner than elsewhere in Ontario.

"The provincial targets are absolutely modest," NHS interim CEO Sue Mathews said. "This is about quality of care, but it is also useful to have a goal. It is helpful to be able to have a



“It is helpful to be able to have a measure to look at other hospitals who may be doing better than you and take a look and see what they are doing that you are not.”

Sue Mathews

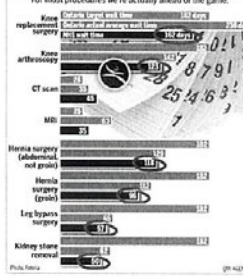
sets wait time guidelines to try to ensure patients do not wait too long for surgeries or scans.

For most medical procedures, the NHS wait times are shorter than the provincial average. Mathews said the way the NHS changed how it handles cases has improved wait times.

measure to look at other hospitals who may be doing better than you and take a look and see what they are doing that you are not." The provincial government

Beating the targets

How does the NHS stack up against Ontario's average wait times? For most procedures we're actually ahead of the game.



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NHS Budget

- NHS is facing significant budget challenges in coming years due to the economic downturn and austerity measures
- When we receive 0% increase, as we will this year, our costs still increase by up to 4%
- Our aim with budget containment is to minimize job loss

$$\frac{\text{Total Margin}}{\text{Total Revenue}} = \frac{(13,240,000) \text{ deficit}}{454,780,000 \text{ revenue}} = -2.9\%$$



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New St. Catharines Site

- One of best hospitals in Canada in terms of infrastructure
- Delivered on-time and on-budget
- One million square feet
- 325 beds currently; potential to grow to 400 + additional expansion
- Fully functional community hospital
- New regional programs
 - Mental Health | - Cardiac | - Cancer Care | - Maternal Child
- 80% private rooms, other improvements in infection control
- Integrated bedside terminals allow patients to use phone, internet, tv, skype
- Affiliations with McMaster, Brock, Niagara College, Hamilton hospitals
- Resulted in a great deal of new recruitment in the lead-up to the move



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Overall New Site Status Report

Successes	Challenges	Opportunities
Committed to great patient experience	Parking issues (<i>resolved</i>)	Improving staff morale
Remarkable building	ED Wait Times	Integration with community providers
Improved NHS reputation over 2 years	Provincial financial position; NHS budget	Health Links
New regional programs	Historic reputation issues	Interventional cardiology
Infection control advances	Increase in superbugs globally	Community mental health
Motivated staff		Physician recruitment
Orientation to new site complete		New leadership

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Overview of the Move Day (March 24)

The move went remarkably well, with no critical incidents to report

- Preceded by public and partner open houses where 20,000+ toured site
- Over 220 patients moved in one day, working with hospital relocation experts and partners at Niagara Regional EMS
- Substantial activity of the move took 6 hours

- At 7:41 a.m. the last baby (a girl) was born at the St. Catharines General Site
- At 11:45 a.m. the first baby (a boy) was born at the new St. Catharines Site. His family is from Fort Erie.

- No complaints received move day, either from public or patients
- Training for staff prior to the move took more than 3 months

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Staffing Ratios

Per the city's request we can confirm that staffing ratios at the new St. Catharines Site are consistent with other staffing ratios for comparable hospitals (size and acuity) across the country.

At our new site, the inpatient med/surg units were budgeted with the following nursing ratios:

- 1 nurse : 5 patients from 7:00-19:00 (1 nurse for 5 beds)
- 1 nurse : 8 patients from 19:00-07:00
- 1 extra nurse Mon-Fri from 14:00-22:00 on most units
- Ratios were staffed with the 60/40 RN vs. RPN split



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Complaints Process and Statistics

Patient Relations Exists to...

- ...respond to patient concerns, investigate, advocate
- ...resolve complaints to the mutual satisfaction of patient & NHS
- ...support learning from error in Quality improvement culture
- ...track compliments and celebrate successes

NHS Patient Relations Approach

- Humanistic (v. legalistic): empathetic, willing to apologize, "therapeutic"
- Goals: to solve complaints to mutual satisfaction; shortest turnaround possible
- Complaints managed centrally by specialists; coordinate review by clinical and medical leaders; organize response



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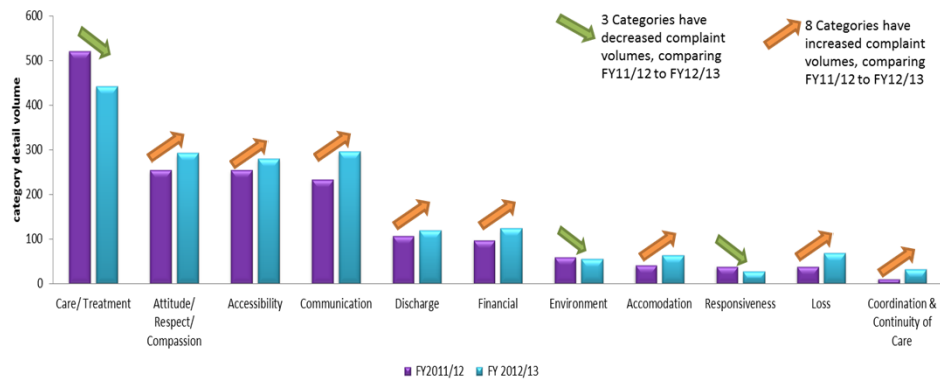
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Patient Relations TOP Complaint Categories by Volume Across the NHS

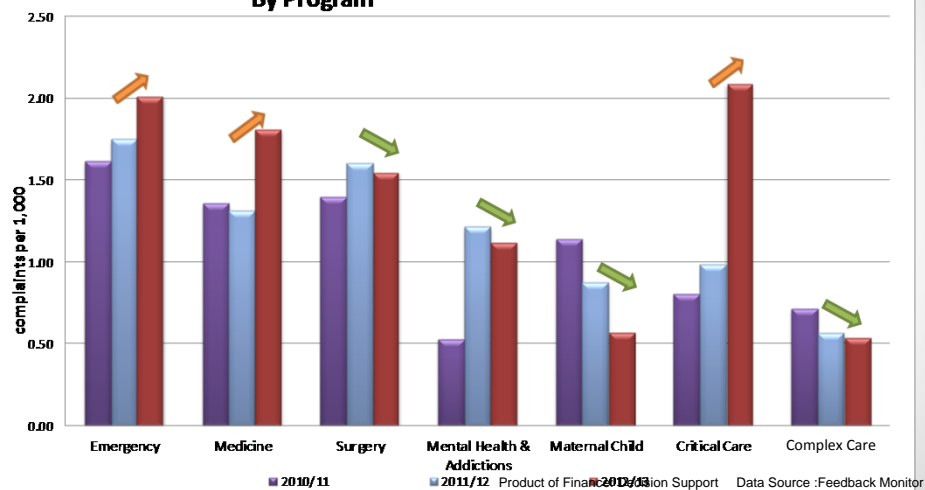
Volume of Top 10 Complaint Category across the NHS

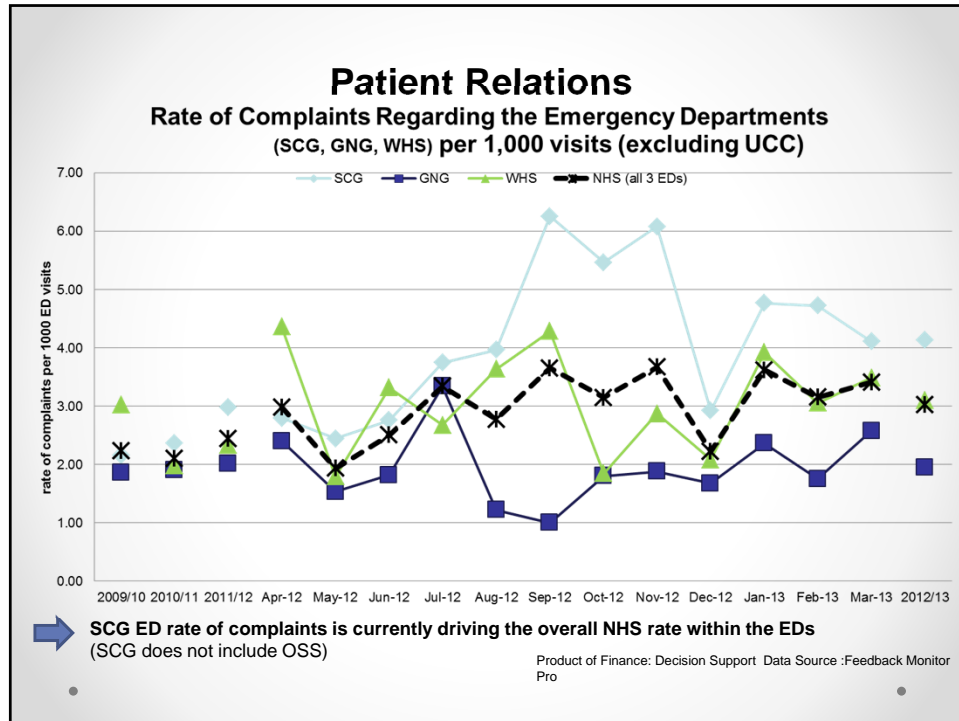


Product of Finance: Decision Support
Data Source: Feedback Monitor Pro

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Comparative Rate of Complaints
Per 1,000 Patient Days/Visits
By Program





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Turn Around Time (TAT) Grouped by Number of Days from Complaint Submission to Resolution

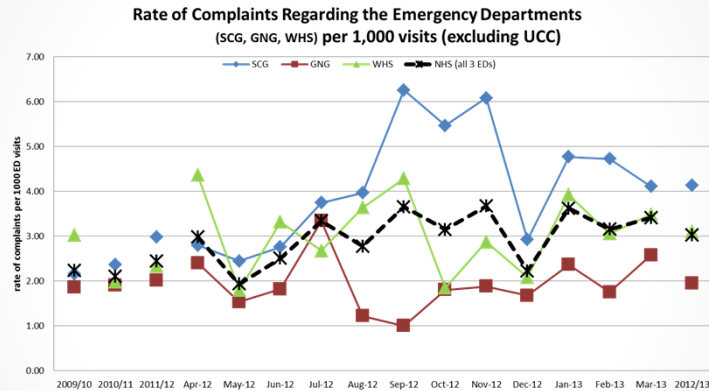
Volume Resolved Complaints	Average TAT	Same Day	1 Day	2-7 Days	8-14 days	15-30 days	More than 30 days
994	9.90	342	141	183	116	112	101
% complaints Resolved within a Range of Days		34%	14%	18%	12%	11%	10%

★ **67% resolved within a week**

★ **90% resolved within a month**

Product of Finance: Decision Support Data Source :Feedback Monitor Pro

Patient Relations- Patient Complaints Rate within the Emergency Department



Majority of ED complaints were regarding **care/treatment**, **accessibility** and **attitude/respect/compassion**.



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Complaints Trends of the last 100 days

- Parking – Cost/Number of Accessible Parking Spots/Number of Parking Spots
- Costs to dialysis patients for TV & phone access
- Discharge Planning/CCAC Interface
- Staff attitudes and communication with patients and families
- Loss of patient personal belongings
- Communication between departments and employees
- Hospitalist program – confusion re Most Responsible Physician
- Emergency Department Flow

Please note: on each count we have either resolved the issue causing the complaint, or for more complex problems have plans to deal with issues.



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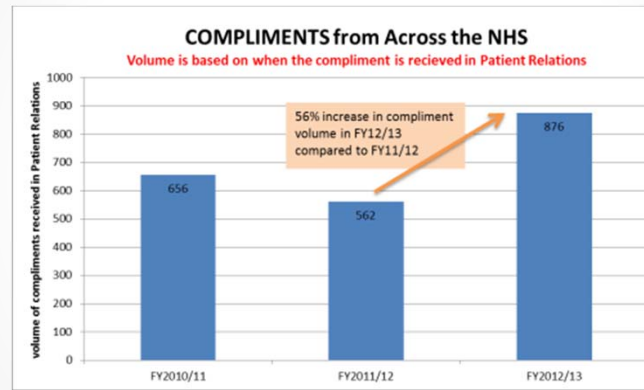


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Compliments



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Suggested process for complaint referral

Councillors and Staff are encouraged to forward compliments, complaints and concerns to Niagara Health System.

Patient Relations

905-378-4647 ext. 44423

patientrelations@niagarahealth.on.ca

Brady Wood | Chief Communications Officer

905.378.4647 x43111 or 905.380.0884 cell

brady.wood@niagarahealth.on.ca



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Thanks For the Opportunity to Report to Council

Comments or questions?



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