

W.H.G.H. MISSION STATEMENT

To be an exemplary rural hospital providing quality healthcare
and promoting good health to our diverse population
in collaboration with our community partners

COMMUNITY TOWN HALL MEETING WEDNESDAY, MAY 19th, 2010 – 7:00 P.M. Royal Canadian Legion – Hagersville Branch

PRESENT: Doug Vanderburgh, Community Advisory Council Chair – Emcee for evening
David Bird, Chief Executive Officer, West Haldimand General Hospital
Patty Nixon, Board Chair, West Haldimand General Hospital
Juanita Gledhill, Board Chair, Hamilton Niagara Haldimand Brant LHIN
Mary Burnett, Alzheimer's Society
Katherine Rankin, Coordinator, Haldimand Abilities Centre
50 Community and Staff members

D. Vanderburgh welcomed everyone present and introduced the speakers.

P. Nixon updated everyone on Board activities and encouraged everyone to review the draft Mission, Vision and Values Statement and Strategic Directions. She noted that any comments would be considered prior to the documents being finalized.

J. Gledhill updated those present on "Planning Realities" for the HNHB LHIN:

- how expensive healthcare is if it is not in the right place;
- strategies in the Clinical Services Plan
 - family physicians
 - walk-in-clinics
- stressed that there won't be every specialty in every community;
- the need to strengthen the support services in the community
 - diabetes teaching
 - foot care for diabetics
 - target to reduce diabetic amputations by 10% by 2013

D. Bird reported:

- the WHGH achieved a three-year accreditation
 - standards are becoming more stringent – the "bar" is being raised
- changes being made by WHGH
 - increased patient safety
 - increased public reporting of indicators
 - changes to care practices and processes
- new patient initiatives
 - surgical checklist
 - hand hygiene audits
 - patient safety leadership walkabouts
 - prospective analysis and improvements
- financial status
 - 09/10 - \$285,000 deficit
 - deficit to be covered by past savings
 - 3.1% funding increase in 09/10 – costs increasing by 4-6%
 - 1.5% funding increase for 10/11 – projected deficit (without changes) to be \$350,000
 - Instituted changes throughout the year to decrease costs
 - Board motion in February to apply to the HNHB LHIN to close ten CCC beds
 - LHIN approved this closure

- WHGH Board parameter for change:
 - Maintain a 24/7 emergency department
 - Maintain acute inpatient care
 - Maintain/increase surgical services
 - Increase the level of ambulatory services (future of the hospital)

M. Burnett and K. Rankin updated everyone on the seriousness of dementia to our elderly population with statistics from “The Rising Tide” a document produced by the Alzheimer’s Society. It was noted that in 2008 there was a dementia diagnosis every 15 minutes. The Aging at Home strategy was also reviewed.

The audience had an opportunity to ask questions and raise some issues regarding the hospital.

Suggestions:

- Upgrade staff with regard to assisting the visually impaired patients;
 - K. Rankin advised there is training assistance available at the Abilities Centre
- Opportunities for
 - Repatriation of Haldimand patients from other hospitals to convalesce
 - bringing stable patients to WHGH from Hamilton hospitals to assist with overcrowding
- besides 50 newly funded colonoscopies – what else can WHGH assist with?
 - Outpatient day surgeries
- Would decreasing the parking fees bring more people to parking in our lots?
 - Consider in/out privileges for visitors who visit a loved one more than once a day
 - Request a monthly pass
- Ontario Healthcare Collation – where will their recommendations be reviewed
 - MOHLTC received the recommendations and are currently reviewing them
- Dialysis program at Ohsweken – Six Nations Health Centre
 - WHGH will assist in an emergency
 - WHGH will do stat laboratory work

Everyone was thanked for taking the time to attend this community meeting. The meeting was adjourned at 8:30 p.m.