



GENERAL BOARD MEETING
WEDNESDAY, JANUARY 26, 2011
QUESTIONS & ANSWERS

Submitted by: Brenda Hill/ Jo Taylor, BC Nurses Union

Q Given that St Joseph's hospital is a publicly funded VIHA affiliate, specifically what corrective actions is VIHA proposing to take to live up to its responsibility since the standard of care has deteriorated due to a major reorganization? What is VIHA's responsibility to the public when an affiliated public hospital fails accreditation?

A St. Joseph's General Hospital (SJGH) is independently owned and operated by the Catholic Archdiocese, has its own Board of Directors, and operates under contract with VIHA. Under this contract, SJGH is required to be accredited by Accreditation Canada. Upon learning about the outcome of the October 2010 Accreditation Canada survey of SJGH, VIHA took immediate action to meet with management at SJGH and offer assistance. VIHA's assistance is ongoing.

We take the results of this survey outcome very seriously and understand the broader community's concerns. VIHA has deployed on-site clinical and accreditation expertise to analyze, address and remediate the gaps identified in the Accreditation Canada report. Regular reporting is occurring to the leaderships of both SJGH and VIHA.

Overall, VIHA's responsibility in this matter is to provide guidance, support and direction to SJGH leadership and staff. We are confident, and would like to reassure the public that, despite the outcome of this Accreditation Survey, St. Joseph's is, and remains, a safe place for patients to receive quality care.

Q Nurses have identified the following immediate actions which would begin to address the serious care concerns resulting from the reorganization of acute care beds. These actions include but are not limited to: Review the staffing levels on the medical/surgical unit; Review the education needs for newly redeployed nurses; Identify ways to improve the low morale which is hospital wide as a result of the recent reorganization.

A St. Joseph's General Hospital is independently owned and operated by the Catholic Archdiocese, therefore we are unable to comment on direct operational issues.

Q Mr. Pontus stated in the press that “failing to engage staff in strategic planning and defining organizational goals” is part of why St Joseph’s Hospital failed accreditation. Changing this practice and addressing all the concerns identified in the report must include input from frontline nurses. When will you meet with nurses to hear their concerns and work on solutions with them?

A As noted above, because St. Joseph’s General Hospital is an independently owned and operated hospital, contracted with VIHA, we are unable to comment on this.

Submitted by: Debbie Klatt, Regional Executive, BC Nurses Union, Port Hardy

Q What initiatives are planned to recruit and retain RNs in the Mt Waddington area to prevent further closures of these facilities due to RN shortage?

A The challenge of recruiting and maintaining staff in rural areas is not unique to Mount Waddington or VIHA. This is a challenge faced by jurisdictions around the world. While there are staff who live in rural areas for the majority of their careers, rural areas do also experience a significant staff turnover as individuals may choose to live and practice in a smaller community for a limited time period, get a comprehensive rural experience and then opt to relocate to a larger centre for career, personal or family reasons.

VIHA certainly recognizes the challenges around rural recruitment and retention. We are very pleased that currently there is only one regular fulltime unfilled RN position posted, which is the lowest vacancy rate in Mount Waddington in many years. We are also pleased that applications for this position are being submitted and we expect to have the position filled shortly.

Given the challenges around rural recruitment, VIHA has a number of targeted recruitment initiatives that have been used for the area, including providing assistance with moving expenses and free accommodation for new nurses for one month in rented accommodation (which allows new arrivals to familiarize themselves with the community prior to securing their own accommodation). Other supports include a Memorandum of Agreement to cover travel time for casual nursing staff to and from the community, an employed student nurse and new grad hire initiative which has benefited Mount Waddington and targeted recruitment advertising for rural positions, including international recruitment. Additional information for prospective applicants about the communities is available through the VIHA rural postings page at www.viha.ca/careers/job_postings/nursing/registered_nurses_psychiatric_nurses/rural/.

An important component of consistent rural staffing relates to absence management and the shortage of casual staff who are available to fill in for sick calls or planned leaves – particularly for sick calls which are usually on short notice where there is no opportunity to prearrange backfill. A further challenge relates to the shortage of access to physicians – both in terms of recruitment and locum coverage. VIHA is exploring opportunities to work more closely with our physician partners with the creation of the Division of Family Practice and develop a plan to better meet the needs of our communities.

Submitted by: Lois Jarvis, Campbell River

Q In the hospitals where they no longer prepare the food for patients, how do they address food for the individual patients with severe food allergies, eosinophilic gastroenteritis, Crohn's Disease and the myriad of other food issues & requirements for all the patients who require very specialized food, ensuring there is no cross contamination with other foods and that food containers are not a problem for patients. Many plastic bags and containers are made with corn products which would trigger a problem for all the patients who are allergic to corn.

A VIHA takes food safety and allergies extremely seriously, both at the sites where food services are provided in-house, and where it is provided by a contracted service provider. The identification, notification and communication of a patient's allergy status is the responsibility of the health care provider. An allergy and sensitivity documentation paper is required to be completed and shared with pharmacy and the diet office before any food service is provided to the patient. For individuals with allergies, both VIHA and our contracted service provider have policies and procedures in place to ensure patients receive the right food and that no cross-contamination takes place. These policies cover both residential care and acute care settings.

For medical conditions other than allergies that have food implications, the provision of food for specialized diets is followed as ordered by a Physician, Nurse or Dietitian and follow clinical Standard Diet Patterns. The issue of food containers and plastic bags as an allergy source has not come up as a separate issue, but as is the case with every unique allergy a patient may have, this issue and the required solution would be addressed with Food Services working with the attending medical staff (e.g. Physician, Nurse or Dietitian) to provide foods safely.

Submitted by: Joanna Neilson, Cowichan Valley resident and Concerned Citizens for Cowichan Lodge

With respect to the recently announced decision to build physician training facilities at the existing Cowichan District Hospital ...While I fully support enticements to have doctors train in this community, with hopes that they will choose to stay on as physicians here after their training is complete, I am puzzled by several aspects of this decision.

Q Why is this decision being made now, when community meetings have already indicated the likelihood is that CDH will be demolished and replaced?

A The work associated with developing an Island Medical Program at Cowichan District Hospital (CDH) dates back to 2007 and is part of an Island wide plan to train physicians in hospitals throughout the health authority. The program's expansion to CDH is also part of the overall provincial plan to increase the number of physicians in British Columbia and encourage physicians to establish practices in less populous areas of the province. The addition of the Island Medical Program at CDH will further strengthen the range of health care programs and services available to residents of the Cowichan Valley. The new Island Medical Program space will provide appropriate facilities and environment for the expansion of undergraduate and postgraduate medical education training, as well as serve other educational needs at CDH, including for nursing and other health professions.

Although the redevelopment of CDH is a high priority for VIHA, there have been no final decisions made with respect to any redevelopment, configuration or timing. Given that a new hospital is several years away, VIHA is not prepared to delay progressive and positive developments such as the expansion of the Island Medical Program.

Q Where is the funding for such construction coming from, especially in light of VIHA's continuing statements of no funds available for other community priorities such as bringing Cowichan Lodge up to current residential care requirements or building additional much-needed Residential Care, Respite Care or Palliative Care beds in this community?

A The funding is provided from the Ministry of Health Services as part of an initiative to increase the number of physicians in the province.

Q Why has this plan not been discussed at the Cowichan Communities Health Network Planning Group meetings or at the recently held Cowichan Communities Health Network public forum on the future of Cowichan District Hospital, or at last spring's VIHA General Board Meeting held in Duncan?

A As mentioned above, the expansion of the Island Medical Program to CDH has been in development for a few years. This initiative is a crucial partnership between the Ministry of Health Services, the UBC Faculty of Medicine's Island Medical Program, Cowichan District Hospital and others. This is not a new initiative; in fact the request for proposals for the Island Medical Program expansion was issued in September 2009 (see News Release September 14, 2009, www.viha.ca.) The expansion of Island Medical Program is part of VIHA's and the Cowichan Communities Health Network Planning Group's (CCHNPG) overall aim to improve the range of, and access to, a variety of health care services in the Cowichan Valley.

VIHA is currently planning for the future uses of Cowichan Lodge through its Cowichan Lodge Redevelopment Plan. VIHA has agreed with the Cowichan Communities that part of that redevelopment will be a Tertiary Care Mental Health Program for 27 mental health young adult patients and 24 mental health senior patients. VIHA has also committed to the rest of the facility being redeveloped for seniors' health care programs and services as determined by the Cowichan Communities. Plans for the Tertiary Care Mental Health Program are forging ahead well. Plans for the senior's health care programs and services have barely begun.

Q What are the expected end-of-planning, beginning-of-construction, and program opening dates for the Tertiary Care Mental Health Program at Cowichan Lodge?

A The current schedule is as follows:

- Working drawings complete: March 2011
- Construction start: June 2011
- Opening date: July 2012

Q What are the expected end-of-planning, beginning-of-construction, and program opening dates for the other seniors' health care programs and services at Cowichan Lodge?

A No decision has been made regarding the use of the remaining space at Cowichan Lodge. The Cowichan Lodge Redevelopment Committee is currently reviewing possible and appropriate future uses of the vacant space at Cowichan Lodge, and will be bringing forward a recommendation in due course.

Q After planned building site additions, what will be the estimated total square footage of the redeveloped Cowichan Lodge?

A Cowichan Lodge will increase from its current size of 3,731.12 square metres, to 4,091.62 square metres.

Q What percentage of that square footage will be devoted to the Tertiary Care Mental Health Programs and what percentage to the other seniors' health care programs and services?

A Approximately 70% of the Cowichan Lodge footprint will be occupied by Mental Health programs.

Q Cowichan District Hospital is functioning chronically at 'over-capacity' status. Some of the contributing factors involve having seniors occupying psychiatric and acute care beds when what they really need (as Alternative Levels of Care patients) is appropriate long-term residential care placement or an out-of-hospital transitional care placement. Living in a four-bed hospital room, sometimes being forced to room with sick patients, being confined to rooms and to beds, and being forced to wear hospital gowns is a deplorable quality of life for our frail seniors. It is also an unacceptable expensive use of hospital beds. In addition, this inappropriate use of hospital beds causes a domino-effect back-up and back-log to Emergency, Day Surgery and Elective Surgery departments and facilities. Emergency patients sleeping 3 or 4 nights on gurneys while waiting for admission beds is not uncommon here.

Given that, optimistically, we will not see a rebuild of Cowichan District Hospital for between 7 and 10 years, what measures are being taken to alleviate these unacceptable conditions immediately?

A VIHA recognizes both the long term needs and the short term challenges, and plans are underway to address both these. In the short term, earlier this month, ten acute beds were added to the Cowichan District Hospital bed base. In addition, this winter, 11 overcapacity beds have been added to deal with the additional patient volumes that are experienced in the winter months. Space for a further six beds will be available once renal dialysis services move out of the hospital. This will bring total bed capacity at CDH to 123, up from 96 one year ago.

In addition, plans are underway to improve ambulatory care space and additional overflow stretcher space on the main floor of CDH by relocating high volume cast clinics to the 3rd Floor. The biomedical department has been moved to the basement to facilitate this move.

In partnership with VIHA's Seniors' and Home & Community Care programs, Cowichan District Hospital is also aiming to increase access to 24 hour home support to allow earlier discharges and to prevent admissions, to add liaison nurses on weekends to facilitate discharge, to improve the use of community palliative care beds, and to focus case management for those patients who have been recently discharged to ensure planned supports are in place and are sufficient to ensure clients can remain at home. Other improvements are also underway in rehab, home IV supports and the use of psychiatric beds.

Earlier this month, a Seniors' Nurse Consultant began full time work at CDH. This position assists in care planning for seniors and in educating staff regarding best practice for seniors, including effective ways to ensure patients' strengths are maintained and enhanced while in hospital.

Q Since last summer, Alternate Level of Care (ALC) patients waiting for long-term care residential placements and ALC patients who are taking 'longer than expected' to recover and return to their homes, have been charged a fee of more than \$29.00 per day, apparently for the 'privilege' of waiting for placements that don't exist. What is the rationale for such charges, and what is VIHA doing to protest this unacceptable fee instituted by the BC Ministry of Health?

A The charge for patients who have been designated Alternate Level of Care (ALC) is not new, and has been in place in BC hospitals since 2006. Patients who are designated ALC are charged the same amount as they would be charged in residential care, and this fee is applied 30 days after a patient has been assessed as requiring residential care. The fee is standard across British Columbia.

Submitted by: David Hill, Duncan

Q VIHA has identified replacing Cowichan Hospital as a priority after the new north island hospitals are completed but this will take years as their construction has yet to begin. Cowichan Hospital is usually in an emergency state of overcapacity level 5, and is the only public hospital in the area. Seniors and other vulnerable patients have spent days in the emergency department waiting for a more appropriate inpatient bed and surgeries are routinely cancelled. Seniors at risk in the community are wait-listed for residential care and current VIHA guidelines to management encourage admission to the hospital as the route to a bed in long term care. Does VIHA have any logical plan for an immediate solution to this problem while they continue to debate/ignore the real issue which is a chronic shortage of patient beds in the Cowichan Valley?

A As noted above, VIHA has increased the number of in-patient beds at Cowichan District Hospital in the past year, and we have also implemented a number of other strategies to improve access to care.

Q How does the VIHA request to transfer Cowichan Lodge equipment that was donated by Valley residents to Victoria help the problem in Cowichan?

A With the redevelopment of Cowichan Lodge, new equipment will be purchased to replace the beds and other room fixtures currently on site. From time to time VIHA may borrow equipment from Cowichan Lodge that is not in use. This equipment will be itemized and recorded to ensure its return once it is no longer required, or in the event it becomes needed at the Lodge.