



**BOARD OF DIRECTORS
GENERAL BOARD MEETING
WEDNESDAY, JANUARY 30, 2008
LOUNGE, SOCIAL CENTRE, BEBAN PARK
2300 BOWEN ROAD, NANAIMO, BC**

Directors
Present: Jac Kreut, Chair
Michael Costello
Ellen Godfrey
Brenda Nunns Shoemaker
Linda Petch
Ed Robinson
Vern Slaney

Staff
Present: Howard Waldner
Mike Conroy
Owen Heisler
Lynn Stevenson
Bill Boomer
Suzanne Germain
Janet Shute, Recorder

Regrets: Don Carlow

1. Call to Order

Chair Kreut called the meeting to order at 1:45 pm and confirmed that a quorum was present. He welcomed the members of the public in attendance and roundtable introductions of the Board members were made.

The agenda was adopted as circulated.

The minutes of November 28, 2007 were adopted as circulated.

2. President & CEO's Report

Howard Waldner, President & CEO, gave a presentation on the following key issues:

➤ New Physicians

- Dr. Owen Heisler joins VIHA in an administrative capacity, as Executive Vice President & Chief Medical Officer. He was formerly Vice President of Medicine in the David Thompson Health Region in Alberta. Dr. Heisler is a Fellow of the Royal College of Surgeons, a Fellow of the American College of Surgeons, a Clinical Lecturer in the Department of Surgery at the University of Alberta, and has just completed a six-year term as a Councillor of the College of Physicians and Surgeons of Alberta. As part of his participation in the nationally funded EXTRA program he recently oversaw the implementation of a region-wide breast cancer access initiative.
- VIHA has been successful in recruiting new medical leaders to both Heart Health and Neurosciences. Dr. Lyall Higginson joined VIHA as the Medical

Director of the Heart Health Program and Dr. Stephen Hentschel joined VIHA as the Chief of Neurosurgery.

- There have also been several new physicians recruited in Nanaimo - since July 2007 three Emergency Room Physicians, one Psychiatrist, one Anesthesiologist, one Obstetrician/Gynecologist, one Oral Maxillo Facial Surgeon, four General Practitioners and one Pathologist.
- Access, Flow and Wait Times
 - VIHA is investing \$4 million up to March 31, 2008 to open up to 100 new beds across the Region. This includes 14 medical beds at Nanaimo Regional General Hospital, 12 medical beds at Cowichan District Hospital, 40 residential care beds at Gorge Road Hospital, and 26 beds at the three acute care sites in Victoria.
 - Therapy Response Teams have been implemented at Royal Jubilee Hospital and Nanaimo Regional General Hospital to provide early, focused rehabilitation assessment and intervention for targeted patients.
 - A Geriatric Evaluation and Management inpatient service was established in the fall of 2007. This consists of a General Practitioner and an RN, who work closely with the Therapy Response Team.
- Decreasing Wait Times for Hip & Knee Surgeries
 - There has been a significant decrease in the percentage of cases waiting longer than 26 weeks for hip and knee replacement surgeries, particularly compared to other health authorities. This is largely the result of a focused waitlist management strategy.
- Central Island Investments
 - One of VIHA's key priorities is to enhance Nanaimo Regional General Hospital's role as a regional referral centre. To that end, significant investments have been made with the \$23 million surgical expansion of new operating rooms that opened in April 2005 with state-of-the-art technology, including one Storz Image Room that is one of the most sophisticated operating room theatres in North America, and the new \$16 million perinatal unit that opened in the Fall 2007, which increased the number of neonatal intensive care beds from five to nine.
- Emergency Department Expansion & Services
 - In addition, an estimated \$20 million will be invested in an expanded Emergency Department at NRGH. This will provide additional psychiatric resources, including 8 psychiatric intensive care beds, and will significantly improve the current Emergency Department. NRGH is VIHA's busiest Emergency Department with 45,000 visits per year. Planning is also underway for a new \$13.5 million Renal Unit that will be located on the first floor of the new Perinatal Unit, and there will be more information as this project progresses.
 - Emergency Services have also been expanded, with an investment of over \$1 million to add two nurses 24/7, and a social worker seven days per week.
 - A Quick Response Team has been added in Nanaimo to support patients that are ready for discharge from the Emergency Department, but require community services to make the transition out of hospital. In Nanaimo, this service is available 16 hours per day, 7 days per week.

- We have also added Home and Community Care Liaison Nurses who support patients coming into the Emergency Department that do not need emergency care, or who could be better cared for in the community.
- Residential Care & Assisted Living
 - Wexford Creek, a new 140 residential care bed and 30 assisted living unit site will be opening in Nanaimo in 2008, funded by VIHA and operated by Good Samaritan Canada. This is one of seven similar projects underway within VIHA communities, which will provide 930 net new beds and 300 replacement beds.
- Other Central Island Investments
 - Enhanced services for children, youth and families to include hearing screening and dental services.
 - Enhanced mental health and addictions services, including non-medical detox, improved crisis response, development of supportive living beds, and home and community care.
 - In June 2007 a 23-bed homeless shelter opened in Nanaimo – the New Hope Centre, which provides support 24/7.
- Harm Reduction Strategy
 - Proposed harm reduction strategies for crack cocaine have generated confusion and controversy. VIHA has made a commitment to all Vancouver Island communities to fully consult and engage with them before proceeding with any harm reduction strategy – that includes the distribution of mouthpieces.
 - VIHA fully supports communities in finding harm reduction solutions that meet their needs. We do not currently fund or distribute “crack kits”, or mouthpieces, as a harm reduction strategy to any Island community, nor have we used Victoria as a pilot project for this strategy. There will be more on this later in the meeting.

3. Health Quality Committee

Director Nunns Shoemaker noted that the committee met on Tuesday, January 29th for a regular committee meeting, as well as a luncheon meeting with local physicians. She highlighted the key items that were discussed at the regular meeting:

- There is a standing agenda item to review health system capacity trends, risks and mitigation strategies. Patient flow and system capacity challenges and successes are the focus of this report.
- As is the case in jurisdictions across Canada, VIHA continues to face challenges in our Emergency Departments. Significant challenges have been ongoing since late August, with high levels of “over capacity” patients.
 - To address these over capacity challenges, VIHA is engaged in many initiatives, including:
 - ◆ Temporarily increasing acute care capacity, by adding up to 50 acute care beds across 5 hospital sites; the total number of beds that will be opened depends on the ability to hire the necessary additional staff

- ◆ Opening up to 68 temporary residential care beds in Victoria; 28 are already open
- ◆ Opening 10 “respite hotel” beds in Nanaimo
- ◆ Enhancing geriatric outpatient services in Nanaimo and Victoria
- ◆ Implementing Therapy Response Teams in Nanaimo and Victoria, to provide focused and intensive rehabilitation to specific hospital populations
- Other system challenges that were highlighted in the report were:
 - Returning to regular surgical activity levels after the annual Christmas seasonal slowdown
 - The competing needs for expanding cardiac and vascular inpatient services, both of which share a limited number of beds on one inpatient unit
 - Internal medicine physician coverage, particularly in Nanaimo
 - Surgical cancellations due to hospital over capacity issues
- The committee heard encouraging news about some of the capacity successes and improvements that have recently been demonstrated within VIHA. The examples from this report were:
 - The on-going smooth transition to a single service provider for home care services in Victoria
 - Positive progress on the Medication Safety Redesign Project, which will have benefits for patient safety
 - Successful recruitment of key physicians
 - Better than expected participation by community family physicians in the Practice Supports Program, which helps these doctors improve their practice management and provides them with education and tools to enhance primary health care
 - Significant reduction in the percentage of cases waiting over 26 weeks for hip and knee replacement surgeries.
- A recurring and concerning theme the Committee is hearing is the impact that current and emerging challenges in being able to adequately staff, both with physicians and with almost all other health care providers, to meet our current services and our service expansion requirements.

The ability to attract and retain staff in this environment of national and international shortages has been identified as VIHA’s number one service risk, and a number of measures are being implemented to address this important issue. Recently, the Canadian Nurses Association published a full-page newspaper article throughout Canada identifying a potential shortage of 78,000 registered nurses by the year 2011. This projection was coupled with a clear message that the way in which health care is delivered will need to change in order to address this reality. The Health Quality Committee of VIHA feels a duty to ensure that this important issue is clearly communicated to the public we serve. VIHA will need to continue its efforts to enhance physician and staff recruitment and retention, however the workforce challenges will also require innovative service approaches to how, and where, services are delivered if we

are to provide the necessary service access and quality to the communities we serve.

- The annual report from the newly reconfigured Primary Health Care, Population, and Family Health portfolio was provided to the Board. This report outlined many initiatives in which this portfolio engages:
 - Activities to improve population health and wellness, including vision screening for all children entering kindergarten, implementation of newborn hearing screening at all VIHA hospitals by May 2008 (currently in place in Victoria and Nanaimo), and providing tobacco education and smoking cessation programs.
 - A comprehensive dental screening program has been initiated throughout VIHA showed that over 65% of children screened were free of dental caries or decay. This compares favourably with the provincial goal of 60%. There was much discussion at the Committee regarding the benefits of fluoride in water systems, and there is a wide range of practices in municipalities across Canada. The Committee has requested that VIHA staff review the available evidence and develop a position paper regarding incorporating fluoride in municipal water systems.
 - Quality and client-centred care activities, including opening a new pediatric ambulatory care clinic in Nanaimo in 2008, opening 3 new neonatal intensive care beds in Victoria, and improving access to health services on Aboriginal reserves.
 - Monitoring indicators of a sustainable, affordable public healthcare system, including managing staff overtime, reducing staff sick time and injury rates, and maintaining a balanced budget.
- An update on the status of the 15 Health Innovation Fund projects that are ongoing in VIHA was presented. Work on these projects is progressing well, although completing a few of the projects by March 31, 2008 will be a challenge.
- The Committee was also provided with an update on how VIHA is working to improve home care services to smaller and remote communities across Vancouver Island and the smaller surrounding islands, with a number of thoughtful initiatives.

It was queried what issues were discussed at the luncheon meeting with local physicians.

- Director Nunns Shoemaker noted that the scarcity of physician manpower and the consequences of the hospital being over-capacity on a regular/recurring basis were two major topics. We also heard about strategies to reduce/eliminate surgical cancellations, the strong integration of the Island-wide trauma program, and the great work done by the Hospitalists, who look after patients without family physicians while they are admitted to hospital.

4. Governance & Human Resources Committee

Director Costello noted that the committee met yesterday afternoon and reviewed the following items:

- On an annual basis the committee reviews the Governance Manual in detail to determine if any policies or sections of the manual require specific review or updating. This is done in addition to updates that may be identified and undertaken throughout the year.
- The Board also undertakes an annual evaluation process to identify areas for improvement. A copy of the questionnaire is available on our website for anyone interested. We have just commenced the evaluation process and will be reviewing the results at our March meeting.
- Staff overtime is an on-going issue in VIHA, and the committee received an update on the program areas with the highest overtime rates. Much of the overtime is attributable to high occupancy and/or over-census levels in our hospitals. There are a number of mechanisms in place to monitor staff overtime, and the Board is encouraged that a number of strategies have been employed to help reduce overtime for staff.
- An update from staff on recent agreements between the province and the four health care bargaining associations pertaining to Bill 29.
- VIHA has won an award for a video on Delirium – congratulations were extended to the staff involved in developing this first class video.

It was queried what impact the Bill 29 agreement would have on VIHA's budget.

- Director Costello noted that while we just recently received the detailed information on the agreements, it is our understanding that these agreements will not have a negative impact on VIHA's budget. These are provincial agreements and funding to cover the costs is expected to be provided.

5. Finance & Audit Committee

Director Robinson noted that the committee met on Monday, January 28th and reviewed a number of issues.

- The financial results for period 9 were reviewed, and copy of the Statement of Operations and Notes was included in the public package. VIHA has a year-to-date favourable variance of \$5.2 million, primarily due to temporary spending delays. Projections to the year-end were reviewed closely, and the Committee is pleased to report the consolidated year-end projection continues to reflect a balanced position.
- Annually the committee reviews VIHA's investment portfolio and investment policy. The committee is satisfied with the return on investment, with a slightly better rate of return than targeted, and minor changes to the VIHA's Investment Policy were endorsed.
- The committee reviewed and endorsed a series of new Draft Revenue Management Policies developed by management.
- Each meeting the committee reviews the status of Major IM/IT Projects to ensure they are within budget, on schedule and the degree to which the project is

meeting its original objectives. The committee continues to be satisfied with the action plans in place for all projects.

- One of the key IM/IT major projects – the Core Clinicals Project for North Island – which is the implementation across the North Island acute and residential care sites with a single, integrated electronic health record – achieved a milestone on Monday, January 28th when the system went live.
- In discussion with the Chief Information Officer at lunch today it was reported that implementation continues to go well and the electronic health record means seamless access to information for clinicians. When someone from the North Island is having treatment in the South Island, the clinicians in the South Island will have access to their historical clinical information. Similarly, when this person returns to see their GP or a local Specialist in the North Island for follow-up, those clinicians will have access to the clinical information from the encounter in the South Island. This is a very exciting advancement in technology for VIHA, and the system is scheduled for implementation in Central Island acute and residential care sites in June 2008.

6. Committee of the Whole

Director Godfrey noted that the purpose of the Committee of the Whole is to provide an opportunity for the Board to discuss strategic matters related to planning, quality and enterprise risk management. The committee had two meetings this month.

- We received an overview of the Royal Jubilee Hospital Patient Care Centre Project and discussed the project's governance and approval mechanisms. This project is still in the planning stage, but a strong reporting system will be implemented, based on best practices, prior to the commencement of construction, to ensure proper oversight.
- We also received an update on the Accreditation Survey conducted in October 2007. VIHA is very pleased to have retained its accreditation status, and a progress report will be submitted to the Canadian Council on Health Services Accreditation in six months. The Board is satisfied that the necessary action plans are in place to address the high, medium and low risk recommendations, with particular focus on high risk areas.

7. Presentation – Primary Health Care, Population and Family Health

Allison Cutler, Executive Director, and Dr. Richard Crow, Executive Medical Director, for Primary Health Care, Population and Family Health were introduced.

Allison thanked the Board for the opportunity to highlight some of the advances in services in Child and Family Care.

- There is a new Perinatal Unit at NRGH providing primary and high-risk maternity care and increased Neonatal Intensive Care beds.
- The original unit opened in 1963, so this is a welcome improvement in providing family-centred care. All patient rooms are private, allowing for the individual

process of birth and becoming a parent, and enough space to keep mothers, babies and the family together.

- Neonatal Intensive Care beds have increased. VIHA is part of a provincial resource to meet the growing needs of high-risk babies. There has been an increase in the number of babies requiring more specialized care, with birth rates increasing slightly, and an increase in the number of babies born with a low birth weight. Multiple births have increased 40% in VIHA between 1989 and 2005, and often these babies require extra observation and care for a period of time.
- There are also Care by Parent Rooms on the unit, which allow parents whose baby has been in the neonatal unit to spend a day or two caring for their child prior to the baby being discharged.
- One of the challenges is finding specialized staff, but VIHA has a focused recruitment plan to recruit the necessary specialty staff.
- VIHA is also in the process of developing an Ambulatory Care Unit for Children at NRGH. Currently, children and their families make approximately 6,500 trips each year to BC Children's Hospital in Vancouver to receive sub-specialty pediatric care, and often these appointments are for a short period of time. In partnership with Child Health BC, the old nursery at NRGH is being converted into a Pediatric Ambulatory Care Clinic, which will provide space for specialists to travel to Nanaimo to provide services, and these children will be able to receive services at NRGH, rather than traveling to BC Children's Hospital. This is a very exciting service enhancement that we believe will make a big difference to children and their families.

Chair Kreut thanked Allison for the excellent presentation. The new Perinatal Unit at NRGH is a great addition to the Central Island area, and the development of an Ambulatory Care Unit for Children is a great addition to look forward to.

8. Presentations

Chair Kreut noted that we received a number of applications for presentations for this meeting, and four public presentations have been scheduled for today.

Nanaimo Child Development Centre

Mr. Ralph Meyerhoff, Board Chair & Carol Webber, Executive Director, thanked the Board for the opportunity to tell them about the Nanaimo Child Development Centre. NCDC is operated by a non-profit society that was established in 1967. It is physically located on the corner of Grant and Nelson streets in Nanaimo, the same block as NRGH. NCDC is an accredited facility that considers itself a place of excellence in serving the needs of children with special needs. The majority of their funding is provided by the Ministry for Children and Family Development. Other funders include VIHA, the United Way, and gaming and fundraised dollars from the community. The NCDC has a number of linkages with VIHA.

NCDC provides a number of programs and services, similar to Queen Alexandra Children's Health Centre in Victoria. During an average week at the NCDC there are:

- 20 referrals – 65% are boys and 35% are girls, and the average age is three.
- 30% of children receive more than one service
- 1,200 phone calls
- 35 assessment reports are mailed to parents
- 1,705 kms are traveled by staff

Last year 1,650 children and families were served, and over the last five years the waitlist and wait times have increased. There are also challenges with staffing, and the physical space needs to be increased significantly in order to meet the current needs of the community they serve and reduce wait lists.

The Board and staff of NCDC are very passionate about the services they provide, and are looking at a number of mechanisms to meet their current challenges. These include:

- Lobbying politicians to support an increase in operational funding for additional staffing.
- Presenting to provincial committees, such as the Standing Committee on Government Services and Finance, for additional operating funds.
- Engaging an engineering firm for feasibility of work space expansion, which they hope to partner with VIHA on.
- Educating the community to their challenges and seeking support in finding solutions.

Mr. Meyerhoff thanked the Board for their time, and invited them to visit the facility at any time.

Chair Kreut thanked Mr. Meyerhoff and Ms. Webber for their informative presentation. He noted that it is interesting to meet some of our partners and learn that they face challenges similar to VIHA.

It was queried whether the NCDC had any collaboration with Queen Alexandra Children's Health Centre.

Ms. Webber noted that they work closely together and ensure alignment on larger policy issues and specific patient issues and clinics. They also work closely with Sunnyhill Hospital in Vancouver.

Director Robinson noted that he personally knows families whose children have received services from the NCDC and they are to be commended for the outstanding work they do. He wished them success in their expansion plans.

Distribution of Free Drug Paraphernalia on Vancouver Island

Mr. Doug Dyer, a concerned citizen from Campbell River, thanked the Board for the opportunity to speak today. He recently moved from a community that has been ravaged by hard drug users and he watched a once safe city become a dangerous place to live. The four pillar approach is the solution to combat the drug crisis. One pillar does not stand on its own and has little or no strength. Harm reduction alone is not the answer. Canada, British Columbia, and the VIHA Board have a huge issue to deal with. The current policy feels like a few politicians have decided to throw some funding at harm reduction in an effort to appear caring.

In a Campbell River newspaper poll, 83% of respondents were opposed to the distribution of crack pipes. Clean crack pipes may be well intentioned, but they are not the answer. More programs and detox beds are what are required.

Crack pipes do burn lips, but they also destroy individuals and families. One unanswered question – if your child or grandchild came home and was smoking crack, would your answer be to make sure they use a clean crack pipe?

Chair Kreut thanked Mr. Dyer for his heartfelt presentation. He noted that VIHA has not, nor will we ever, distribute crack pipes. We have distributed plastic mouthpieces in an effort to try and minimize the spread of diseases, which cost the health care system hundreds of thousands of dollars to treat. He asked the President & CEO to comment further.

Howard Waldner also thanked Mr. Dyer for coming today and sharing his concerns. We are aware of deep-seated concerns about mental health and addictions issues. This is a societal issue and VIHA can't address it alone. As Mr. Dyer indicated, a multi-pillar approach is the best solution. On Vancouver Island there is a patchwork of systems and services available. Unless we have a four pillars approach and come together to look at how we are going to address this issue we won't be successful. Housing, policing, education and health must all work together.

VIHA is very excited about some of the recent work done in Victoria as a result of the Mayor's Task Force on Mental Health & Addictions. This Task Force brought together all of the various agencies with a role and responsibility to try and address the issues – the title of the report is "Housing First" – because without stable and affordable housing these individuals will end up back on the street and in a re-offending situation. VIHA is proud to be associated with this work in Victoria and plans to develop similar approaches in other communities on the Island.

Dr. Richard Crow clarified that VIHA doesn't issue mouth pieces or crack pipes. Our staff have distributed small pieces of plastic tubing, which cost a few cents, that go over the crack pipe to prevent the spread of infectious diseases. The intent is to prevent the spread of Hepatitis C in people that are already addicted and using crack. This also provides an opportunity for our staff to interact with addicted individuals, so that when they are ready we can help them access detox and other

rehabilitation services. We don't do this universally, and with some guidance from the BC Centre for Disease Control and Dr. Perry Kendall, the Provincial Medical Health Officer, VIHA will be talking to each of our communities to get a sense of what types of harm reduction strategies they are comfortable being involved in.

Mr. Waldner noted that VIHA received a lot of criticism in the Nanaimo media over this issue. Our staff were well intentioned and we support them in their efforts. These staff work in some of the most difficult circumstances you can imagine, where their personal safety is often challenged. Mental Health and Addictions issues are very important, and we need to work with each of our communities to develop a four pillar approach with solutions to address these significant issues.

Sanctuary Family Care Services

Mr. Terry Brown, President, Sanctuary Family Care Services, thanked the Board for the opportunity to present today. He noted that it was very encouraging to hear the reports given earlier in the meeting, and VIHA appears to really be on top of many issues, which is not always conveyed in the media.

The cost of an acute care bed is over \$1,200 per day in BC. The cost of a long term care bed is \$145 to \$185 per day. Up to 20% of acute care hospital beds in BC are occupied by seniors waiting for a long term care bed, many of whom wait for up to 120 days. VIHA will be unable to build residential care beds fast enough to keep up with the growing and aging population. This got him thinking about whether there were any alternatives.

In the past 30 years children have been taken out of orphanages and the people who are developmentally disabled out of institutions. Family care has been deemed superior, with less cost than the professional institutional model of care. The concern for screening and quality control management has been addressed. Yet we continue to build institutions for seniors and promote the professional model of care as superior and necessary.

Over four years was spent searching for alternative health care models across Canada, examining Canadian Research from the UVic Centre on Aging and interviewing professionals from both the Ministry of Health and the Ministry for Children and Family Development. Based on the findings, it was concluded that the "family care" or foster home model, with a specialized internet based health management system, could enable a huge untapped resource within Canadian communities to be mobilized. Foster homes for seniors is a workable adjunct to institutional care.

The importance of Sanctuary is in how they add value to our community by restoring caregiving as part of the fabric of Canadian culture. Sanctuary mobilizes families and neighborhoods, recognizing them as highly valued assets in our society, equipping them to maintain the presence of the elderly or infirm person within the

mainstream of life, and thus easing the pressure on long term care facilities and the acute care beds occupied by long term care clients.

Given the high cost of health care, the increasing demands, and the aging population, this model may be a viable option to meet the care needs of many seniors. It is hoped the health care system is ready to develop this idea now.

Chair Kreut thanked Mr. Brown for the very interesting presentation.

Howard Waldner noted that this is an intriguing idea. Current regulations in the Province do not allow such initiatives to be done on a commissioned basis, but here is an opportunity for those with self-directed care to take advantage of this model.

Mike Conroy noted that this model is familiar and is proven in a number of jurisdictions in Canada, primarily in Quebec and Alberta. VIHA does have a Choice in Supports for Independent Living (CSIL) program where we provide funding directly to clients who qualify, and they are then responsible for arranging their own care.

Malaspina University-College

Dr. Ralph Nilson, President and Laureen Styles, Dean of Health & Human Services, Malaspina University-College, thanked the Board for the opportunity to make a presentation today.

Ms. Styles indicated that Malaspina has a lot of history of positive collaborations with VIHA, particularly in Health and Human Services, and this has become more strategic in the past few years. The central aim of the programs at Malaspina is to implement high quality, relevant based programs that contribute to social well-being. Experiential learning, primarily through practicums, is a key component. At Malaspina 30% of students are over the age of 40, and 88% of these students are female. 12% of all students are First Nations.

A recent review of some statistics showed that 85% to 87% of all Bachelor of Science in Nursing graduates found employment with VIHA. This is directly attributed to VIHA's New Graduate Hire Program and is very positive. The Licensed Practical Nursing program shows a different picture. While approximately 85% of these students found employment with VIHA, only about 10% were hired into regular full-time or part-time positions, with the vast majority employed in casual positions.

Interaction with VIHA over the past couple of years has increased, and Malaspina would like to recognize the inter-dependence of our organizations, and continue to invite the positive collaboration that contributes to the success of both organizations.

Dr. Nilson noted that he has been at Malaspina, and living on Vancouver Island, for one year. As a publicly funded institution, Malaspina has an obligation to serve the public, and a huge responsibility for health and human resources on the Island.

Social and economic responsibility is a very big part of what they do. 70% of all students at Malaspina are local, and they also have a large International Program, with over 500 families providing home stays for students.

As one of the largest employers on the Island they are looking to continue to build on the quality education they provide and to foster the success of students. As in health care, there is never sufficient funding to do everything they want, and Dr. Nilson indicated there are a number of areas where Malaspina might be able to collaborate with VIHA.

Chair Kreut thanked Dr. Nilson and Ms. Styles for their informative presentation.

Howard also thanked Dr. Nilson and Ms. Styles. He noted that he is Co-Chair of the BC Academic Council and strong networks are a part of that. There are some great opportunities for synergistic collaborations. Howard and Dr. Lynn Stevenson will meet and get back to Dr. Nilson and Ms. Styles for further discussion on how to move forward with opportunities for further collaboration.

9. Questions & Answers

Chair Kreut noted that the Board received a number of questions in advance of the meeting, and all have been responded to in writing in the Q & A, which was distributed at the meeting, and will be posted on our website at www.viha.ca.

10. Adjournment

Chair Kreut noted that an Open House is scheduled next, and he invited members of the public to join the Board and senior management for refreshments and discussion.

The meeting adjourned at 3:40 pm