



**GENERAL BOARD MEETING
WEDNESDAY, NOVEMBER 28, 2007
QUESTIONS & ANSWERS**

Submitted by: Mitzi Dean, Executive Director, Pacific Centre Family Services Association

Q Please can you explain how you will be working with MCFD, in the interests of children and families, as they ‘transform’ and regionalize their internal structure, and as they develop their performance indicators and services in response to community needs?

A VIHA is a contracted service agency of Ministry of Children and Family Development (MCFD), just like the Pacific Centre Family Services Association. VIHA is committed to enhanced regional collaboration in every aspect of service, including issues related to MCFD transformation. There is an interagency committee that meets monthly with MCFD, school districts and VIHA representatives. The goal is to share information and support improved coordination of services. There are also regular meetings involving all partners in child development programming. In addition, VIHA attends meetings with the BC Association of Child Development and Intervention (BCACDI), which meets with senior MCFD staff and the Minister. BCACDI has offered to participate as a working group with MCFD in aspects of their transformation document, which VIHA is also participating in.

Submitted by Mavis DeGirolamo, Volunteer, Glengarry Hospital and Vice-Chair of the Regional Family Advisory Council

Q Is the Gorge Road Hospital now being opened for permanent residential long-term care, and will the number of beds involved be subtracted from the calculated number of “new” beds promised in the “5 Year Strategic Plan”? It would appear that the closure of the Gorge Road Hospital in 2003/04 was premature. Residents from James Bay Lodge, Beckley Farm, and most recently, Glengarry (Fairfield Unit B) Hospital have been transferred to the first floor of the GRH for extended periods of time as renovations in the aforementioned facilities were undertaken. Was the removal of mould completed at this facility? When did the last air quality testing take place? If, indeed, the GRH was not deemed suitable for occupancy in 2003/04, what has changed that causes it now to be an acceptable facility?

A Gorge Road Hospital (GRH) is serving as interim residential care capacity while new residential care beds and assisted living spaces are constructed on Vancouver Island. GRH has also served as interim space for residents while facilities such as Beckley Farm Lodge and James Bay Care Centre underwent extensive upgrades. The availability of GRH for this purpose is fortuitous as it has allowed much needed renovations and upgrades to proceed with minimal disruption to clients. The long term future of GRH, after the new residential care and assisted living units are opened, has not yet been finalized.

Gorge Road Hospital was deemed unsuitable for long-term use as the care environment did not meet modern standards (e.g. ward accommodation). VIHA has spent over \$5 million in the past few years on upgrades and remediation (including mold removal, water leak repairs etc) to make Gorge Road Hospital appropriate for short-term use. The facility is completely safe and appropriate for interim beds during this transition period. Air testing and other audits have been carried out to ensure the building is appropriate for this interim use.

Submitted by Lesley Cockrell, Chair Kiwanis Pavilion Family Council *(questions on the same topic were also submitted by Hans Hornfield, Janet Boyle, Ann McIntosh, Doug Clenents, Haydee Judith Forrester (Mount St. Mary Family Support Group) and Kate Stevens)*

Q The Kiwanis Pavilion already meets the VIHA goal of 3.24 hours of direct care per resident day. It is a major struggle at this level to cope with the complex health needs and behavioral challenges of people with moderate to severe dementia. There is currently an accumulated operating deficit of \$200,000. Where is the logic of further cuts in funding of \$683,446 over the next two years?

A On September 20, 2007 VIHA introduced a new residential care delivery model that increases VIHA's annual investment in residential care by \$6.5 million. The model will result in increased funding for over 80% of residential care facilities, and will increase the average minimum daily care hours required from the current 2.88 hours per resident per day to a minimum 3.24 hours per resident per day. The new model will also require a Registered Nurse to be on-site 24/7 in residential care facilities, which is currently not a requirement in BC.

VIHA's goal with the new model is to improve care to seniors in residential care, and to ensure that equitable funding is provided to all residential care sites, regardless of their location in VIHA, prior arrangements, or which organization governs and operates the facility. Until this model was brought in, there were significant inequities in funding among facilities. Residential sites that have historically been funded at lower rates have provided, and continue to provide, care to individuals with complex health needs and behavioural challenges, including individuals with moderate to severe dementia.

The funding methodology is made up of several components, including funding for non-direct care costs such as administration and property. The funding methodology seeks to support facilities in implementing efficiencies in the non-care areas of the funding methodology, and where possible, direct funds to care.

We have been clear with all our partners in residential care that we view our new residential care service delivery model as a starting point, and we are prepared to work with individual facilities to provide a more equitable funding model. Over the past few weeks we have met with each of our residential care partners, on a one-to-one basis, to discuss the new model and what it means for their facility specifically. We are willing to hear from individual facilities about the challenges they face in implementing the new model and have indicated that we are committed to working with them to achieve their goals.

Submitted by Henry E. McCandless

Q The expressions "adequate care" and "hours of care" are used by VIHA for setting funding allotments for hospitals such as Mt. St. Mary, Kiwanis Village and Broadmead Lodge.

The question for the Board, as the corporate directing mind for VIHA, is: What are the Board's (not staff's) operating definitions of each of these two terms; and is the Board's standard of patient health care meant by each of these terms public, for each institution funded by VIHA (both VIHA's own and others); and is the Board willing to publicly assert that VIHA's intended specifications and funding for each facility will produce the standard of care appropriate for the particular patients and purpose of each facility, and a standard that patients and citizens have the right to see met?

A The goal of implementing a care delivery model in VIHA is to increase the average hours of care provided at each site to the highest hours of care in the province. Hours of care in the care delivery model are defined as the amount of care time provided, on average, to each individual in a care facility. The hours are determined based on worked hours, or in other words, the actual time spent in providing care.

Adequate care is the care outlined in an individual resident's care plan. The care plan views the resident from a biopsychosocial and spiritual aspect, and is developed in collaboration with the resident and family to provide the service that best meets the needs of the individual.

The goal of 3.24 hours of care is the highest level in the province, and we believe that setting this standard will ensure the appropriate care is available for every resident on the island, regardless of the facility in which an individual resides.

Q **Carol Pickup, Co-Chair, South Island Health Coalition**

How does VIHA explain the cutback of 1 million dollars in operating funds to the Lodge at Broadmead when this facility is expanding its programs to accommodate 100 veterans on its waiting list?

A Please see the answers provided above. VIHA met with the Lodge at Broadmead earlier this month, and expansion was not identified by the facility at that time. VIHA is aware that the operator would like to expand in the future, and we are pleased to work with them and Veterans' Affairs towards achieving this goal.

Q How does VIHA explain the number of senior care facilities that are rated at either "medium" or "high" risk? With a rating of medium risk, why is VIHA cutting the operating funding to the Kiwanis Pavilion?

A Risk ratings are based on Licencing Officers' assessments based on a variety of factors such as inspection history, number of reportable incidents, management issues, staff qualifications and supervision, self-monitoring and the physical nature of the building facility itself. This tool, which is freely available from Licencing if requested, is used by all five health authorities engaged in licencing and was designed to determine the frequency of future inspections by Licencing.

The funding question has been addressed above.

Q Why are the seven seniors' care homes licensed under the Hospital Act not covered in the rating? (Aberdeen, Glengarry, Glenwarren, Gorge Road, Mount St. Mary's, Mount Tolmie, Priory, Saanich Peninsula, and the Lodge at Broadmead?)

A Risk ratings are a tool specifically linked to the *Licensing Act*, and developed by Licencing. Licencing does not inspect facilities governed under the *Hospital Act*, hence no risk ratings exist for these facilities. However, these facilities are monitored using similar criteria and benchmarks as those monitored under the *Licensing Act* (e.g. reporting of falls, medication errors, aggression, infection control, care delivery plans). In addition, facilities governed under the *Hospital Act* have additional physician oversight through Medical Advisory Councils (MACs).

Q Has VIHA seriously examined the impacts of privatization and Bill 29 on the quality of care in seniors' care homes? Has VIHA compared those homes that have not privatized their food and cleaning services (Luther Court, the Lodge at Broadmead) with those that have?

A Bill 29 does not enter into VIHA's monitoring of care in residential care facilities. Quality of care is reviewed within the context of the *Community Care and the Assisted Living Act* and *Hospital Acts*, which set out care standards that must be met. All licensed residential care facilities are required to comply with these standards of care and practices specified in legislation, which are monitored and inspected by Licencing. In addition, VIHA Residential Care Services monitors care quality and standards under the contractual arrangements we have with both not-for-profit and for-profit affiliate partners in residential care.

Q Why does VIHA not conduct annual surveys for seniors and families in public and privately run seniors' residences to find out whether they are satisfied with the services?

A Surveys are done in VIHA operated facilities. In addition, VIHA is participating in the province-wide food satisfaction audit. VIHA, and many of the residential care facilities on the island, take part in the Canadian Council on Health Services Accreditation (CCHSA) which involves independent surveyors from across Canada measuring VIHA against national standards. The accreditation process for residential care facilities invites resident and family focus groups to speak to the surveyors about their satisfaction with service. In 2006, three residential sites in

VIHA completed the accreditation process, and several other facilities are undergoing the process this year.

On an ongoing basis, Family Council groups provide feedback on service delivery in most residential facilities on the Island. Directors of Care, Managers and other leaders in residential care facilities are always interested in receiving feedback and compliments about the work in care facilities.

On an individual basis, families and residents meet annually with the care teams in residential sites to develop plans of care for the resident, and these meetings often include expressions of appreciation and/or requests to address concerns.

Q **What criteria are used to provide subsidies to low-income seniors requiring residential care? Home care services? Assisted living?**

A A standard, province-wide measure is used to determine subsidy for residential care, assisted living and home care. This is based on a client's income as obtained through Revenue Canada documentation. Additional information is available at www.viha.ca/housing/facility_access.htm

Q **What is the status of the Gorge Road Hospital? How many seniors are currently housed there?**

A Please see earlier answer provided. Currently, Gorge Road Hospital (GRH) is meeting the needs of 180 residents. Of these 180 residents, 37 are relocated from the Glengarry Hospital site for a short term period while a renovation is completed at that site. The renovation will result in a significant number of overhead lifts being installed. GRH is also supporting 65 residents from Beckley Farm Lodge while renovations are completed, which is scheduled for early 2008.

Q **Why are residents suffering from mental health issues being advised that their files have been closed because VIHA Mental Health Services "have no services for you"?**

A Further to the discussion you had with our Director, Mental Health and Addictions earlier this month on this issue, we are not able to answer this question specifically due to patient confidentiality issues. Having said that, every client referred to VIHA Mental Health Services is professionally assessed and directed to the service that best matches their needs. In some cases it may be determined, as a result of the assessment, that no professional mental health service is actually required, or that our programs are unable to provide what is being sought. In this case, a client would be given suggestions regarding other services, and alternative approaches to resolving or managing their mental health issues. At no point would a patient's file be permanently closed for the reason you have stated.

Q

What is the future of Eric Martin Pavilion?

A

Eric Martin Pavilion (EMP) is not slated for demolition and will continue to be part of the continuum of programs and services operated out of the Royal Jubilee campus. Specifics around what services and programs these might be have not yet been determined. EMP will continue to operate as it currently does until all inpatient acute care services are relocated to the new Patient Care Centre when it opens in 2010. The work now being undertaken on the 5th floor of EMP is to safely remove old building materials, which contain asbestos, as part of an ongoing program overseen by WorkSafe BC.

Q

Has the Province approved its 60% funding for the Victoria General Emergency Room development?

A

The Ministry of Health is reviewing VIHA's request for funding. Questions regarding the Province's status of the project should be directed to the Province.

Q

Recently Frank Dobson, former Secretary of State for Health in Britain, was on the CBC with Mark Forsyth and met with Health Minister Abbott. Dobson expressed his opposition to the privatization of health care (including PFIs---our P3s) due to the negative experience in Britain. Our South Island Health Coalition has warned VIHA about this twice recently, specifically regarding the RJH patient tower project. Our concerns were dismissed. Is VIHA now paying attention to the British experience?

A

Frank Dobson was invited to a conference in Ontario last Spring sponsored by the Ontario Health Coalition. He was subsequently invited to attend a recent conference in B.C. sponsored by the HEU, BCNU and Canadian Centre for Policy Alternatives.

In terms of the British experience with public private partnerships, or private finance initiatives, there is a solid track record of delivering projects on time and on budget. In a July 2003 study by HM Treasury titled "PFI: meeting the investment challenge" it was revealed that 70 per cent of non-PFI projects were delivered late and 73 per cent were over budget. In that same study it was noted that 89 per cent of PFI projects are being delivered on time or early, and with no cost overruns.

Interestingly, Frank Dobson agrees with the success of PFI for delivering projects on time and on budget and stated on CBC Almanac, "the one thing that can be said for the PFIs is that once the price has been agreed, the private sector doesn't get any more money. So there is a bit of a discipline there, and they certainly are, generally speaking, being completed on time." VIHA will continue to learn from other jurisdictions and apply the best practices from other public private partnership projects to ensure we build a Patient Care Centre that will meet the needs of patients, nurses, doctors and staff for decades to come. It is also interesting to note that Britain continues to use the PFI approach for new hospital developments.

Q What percentage of the cost of the RJH patient tower will be provided by the private sector?

A The private sector partner will finance approximately 60 per cent of the capital cost of the new Patient Care Centre (excluding equipment) and the balance will be provided by the public sector.

Submitted by Jeanette Hughes

Q Preamble: I have recently been informed by my ophthalmic surgeon that I require cataract surgery. To my surprise it is my understanding that the surgical time for eye surgery has been cut back at Saanich Peninsula Hospital.

A VIHA is not reducing eye surgery at SPH.

Q Why is the opportunity for eye surgery less available in an area with such a high percentage of seniors and visually impaired persons?

The model for ophthalmology services at Saanich Peninsula Hospital (SPH) is an innovative arrangement that ensures ophthalmology services remain at SPH, while at the same time increasing the overall number of eye surgeries performed on Southern Vancouver Island. Since 2005 there has been an increase of over 200 procedures each year.

There are two Peninsula-based ophthalmologists (Dr. Green and Dr. Quinlan) who see local patients and provide on-call services to SPH. In addition, the Royal Jubilee Hospital (RJH) is a centre for excellence in eye care. The 'free-standing' model of the RJH eye clinic is patient-centred, efficient and cost-effective. VIHA coordinates with volunteer services to facilitate transportation for inpatients from SPH to RJH or other appropriate facilities. Additionally, Beacon Community Services has a volunteer driver program to provide rides for Peninsula residents who need rides to medical appointments. Beacon Community Services can be reached by phone at 656-0134. For further information, visit their website at www.beaconcs.ca

Q At the present time, how many hours a week is space booked for eye surgery at Saanich Peninsula Hospital?

A Currently, there are 4.5 surgical slates per four-week period at SPH. (A "slate" is a full day of operating theatre activity.)

Q I have been told that the waiting list is about 2 months but when I looked into Saanich Peninsula Hospital, I was told that they are booking for February - which is about 4 months. How long is the wait list for eye surgery at Saanich Peninsula Hospital?

A Wait times depend on the type of procedure and the circumstances of the individual. A patient's surgical priority is determined by their surgeon and other physicians involved in their care. By providing treatment based on clinical assessment, medical practitioners ensure those patients

requiring immediate treatment receive it. An individual who needs emergency surgery does not go on a wait list. If you require emergency surgery or treatment, you will receive it without delay.

Dr. Green works exclusively at SPH and has 92 people awaiting surgery. Dr. Quinlan works at both SPH and RJH and has 70 people waiting for surgery.

Q **I'm a person with disabilities and would require assistance to transfer. It was indicated to me that I would have to have my eye surgery at Saanich Peninsula Hospital. Does that mean that all persons with disabilities in the CRD have eye surgery at Saanich Peninsula Hospital?**

Not necessarily. VIHA facilities are accessible and, depending on the nature of a disability and the type of surgery, we can accommodate patients at any of our acute care facilities. As noted above, Beacon Community Services can provide assistance for people who need transportation to and from the Saanich Peninsula/Sidney areas.

Q **What is the cost involved in having cataract surgery in our community hospital?**

A Approximately \$500 per case

Submitted by Lyne England, Chair Saanich Peninsula Health Association

Q **Since the submission of the Core Services Report has a definition of a "Community Hospital" been formulated by VIHA? If so, what is it?**

A VIHA is in the initial stages of conducting a review of core services in all of our community hospitals, including Saanich Peninsula Hospital. A key part of this review is collaboration with local staff and physicians. On November 5, VIHA had a very productive meeting with a team of physicians and staff at SPH to review the service profile of SPH and begin developing a shared vision for SPH. We continue to work in collaboration with SPH, and each of our community hospitals, to develop a set of principles to guide service delivery and define the bundle of services that could reasonably be provided in community hospitals, recognizing the unique attributes of each of the facilities.

Q **What is the status of the Rotating Orthopedic Service in terms of success or not currently at Saanich Peninsula Hospital?**

A It has been almost two years since the implementation of the rotational model for delivering orthopedic surgeries at Saanich Peninsula Hospital in February 2006. A meeting between SPH physicians and staff and VIHA administration will be taking place shortly to evaluate the service delivery model and determine any changes that need to be made to the program to improve the clinical process and to ensure that patient care objectives are achieved. This meeting will build on initial discussions that occurred at the meeting on Nov. 5th.

Q Historically, multiple services have been removed from Saanich Peninsula Hospital. Is it contemplated that any of the remaining services will be removed, reduced or enhanced? If so, what are they?

A Saanich Peninsula Hospital is, and will continue to be, an important part of the network of services provided in acute care, residential care and community based programs on the South Island.

Saanich Peninsula Hospital is a community hospital, however its role is slightly different than other community hospitals in VIHA. As well as meeting local community needs, it serves as a vital part of the south area hospital network, whose specialists generally practice at multiple sites. As mentioned above, at the Nov 5th meeting an initial draft framework for a proposed bundle of services was developed, which showed support for Saanich Peninsula Hospital as a community hospital as well as improved access to specialty and sub-specialty services locally. Further work on the framework and feasibility will be happening over the next six months.

Our commitment to SPH is illustrated by the significant investments that have been made at this site in recent years, including operating funding for the new palliative care unit, improved diagnostic services (CT scanner ultrasound operating funding), maximizing use of SPH operating rooms and supporting the community's efforts to enhance the emergency department.

In addition, a \$4 million campaign is underway by the SPH Foundation to raise money for a new operating room and enhanced operating room services. This initiative is being supported by VIHA and we are exploring ways to expedite the process with the SPH Foundation.

Q Are there any plans to add services to Saanich Peninsula Hospital in the near future? If so, what are those services?

A Please see the previous answer.

Submitted by Lyne England

Q **Preamble:** Given that VIHA has eliminated the "Levels of Care Ic1, Ic2, Ic3, EC", designations and replaced them with a "One size fits all, complex care", approach for determining staffing levels, my question is; What are the formulae for determining the Nursing Staff (RN, LPN, HSRCA) hours and the Professional Staff (i.e. Physical Therapists/Occupational Therapists) hours necessary to provide residents with the 3.24 hours of personal care daily as proposed by the "New" Model of Care?

A The elimination of the former levels of care definitions was a provincial decision, made with the introduction of Assisted Living. VIHA has not identified a ratio of staff to residents in our residential facilities. VIHA's new care model is based on hours of care per resident, per day. The "levels of care" which in the past designated individuals as requiring a range of service from intermediate level 1 to 3 and extended care was a provincial system, and the change is also province-wide. The change has meant that individuals, who in the past may have been placed in

an intermediate care facility, now have the opportunity for a more independent, yet supported care environment in Assisted Living sites. These sites provide 24-hour supports, including home supports, food and housekeeping services while allowing a senior to continue to live more independently.

The Care Delivery Model outlines guidelines, which make up the 3.24 hours of care. These guidelines include a minimum of one RN 24 hours per day, 7 days per week, with the nursing care (including nurse aides and Licensed Practical Nurses (LPN's) to combine to 2.88 hours of care. The remaining 0.36 hours of care is made up of Allied Therapy, which includes physiotherapy, occupational therapy, recreation etc.

Each residential facility will determine the exact allocation of staff to best meet the needs of the individuals in that facility. This flexibility is an important aspect to the Care Delivery Model, and one that supports unique needs at individual sites.

In 2009/10 the province will be implementing a standardized tool which will improve care planning, provide quality indicators, and determine overall complexity by facility.

Q **Preamble:** Given that documents furnished by HEU for Saanich Peninsula Hospitals Extended Care Units indicate a significant cut in RN and LPN staff in favor of an increase of HSRCA's and also show a proposed reduction of staff hours of approximately 550 hours, my question is; Is resident safety, the level and quality of care likely to suffer because of the decreased supervision? If not, why not?

A The implementation of the Care Delivery Model recognizes the need for clinical supervision, and to ensure that all staff work to their scope of practice as defined under the *Health Professions Act*. The roles of the RN and LPN include responsibility and accountability for patient safety and quality of care. Additionally, roles such as the Clinical Leader (Team Leader), Clinical Nurse Educator, and Manager remain in place to support quality of care. A comprehensive transition plan has been developed with extensive clinical supports, the implementation of which will be evaluated during this process.

Q **Preamble:** The new People Program recently advertised by VIHA would appear to be staffed by the personnel who have of late been unable to analyze the personnel problem. It seems apparent to everyone but VIHA that "More Casuals" and "Less FTE's" does not provide the necessary and desired "Personal and Caring" attention for our Long Term Care Residents. My question is; Has VIHA sought the assistance of External Professional Medical Personnel Management Advisors ? If not, why not?

A The Vancouver Island Health Authority has recognized that their number one risk for the future is ensuring that we have sufficient staff and physicians to provide quality care. As such the organization has developed a "People Plan" that recognizes and identifies that a reliance on traditional workforce supply strategies are insufficient to address the human resource and thus service delivery needs of the future. The People Plan introduces a number of complimentary strategies designed to address the forecasted shortfall of health care workers by 2010/11.

One component of these strategies is continuing to develop new care delivery models using an evidence-based functional analysis tool that will result in the most effective and efficient use of resources, while at the same time increasing staff satisfaction by enabling staff to work at their full scope of practice. Similarly, we will be building on innovative recruitment and retention initiatives like our New Grad Transition Program for nurses, that offers full-time employment to new graduates in areas with anticipated vacancies and relief shifts - thus offsetting reliance on overtime and casual workers for these situations.

These and other strategies in the People Plan, which was developed in partnership with a professional human resources organization, are informed by seasoned HR professionals employed with the Health Authority and validated through a review of current literature as well as through sessions with various internal and external partners and staff. We are unclear what you mean by "External Professional Medical Personnel Management Advisors."

Q Now that a " New Model of Care" is to be implemented when will the promised evaluation of the previous "New Model of Care" be available to the public?

A It is unclear to us what document you are referring to, as we are not aware of an evaluation document related to a previous model of care.

Q Have medication errors increased since LPN'S have become the primary medication administrators at Long Term Care Units? How often are medication errors evaluated by VIHA?

A Every medication error, regardless of the professional who may have made the error, is reviewed by the Manager, and may be referred to the Quality Improvement Council for further review. The process of administering medications is complex, and includes physicians, pharmacists, RNs, and LPNs. Medication errors are reviewed as soon as they are identified.

Medication errors are reviewed to determine what happened, how it happened, what was the impact, what could have been done to prevent the error from occurring, and what changes can be implemented to prevent a similar error from occurring again, not just at the site where it occurred, but at all sites within VIHA. Outcomes from medication error reviews can include requests to medication companies to change packaging materials, improving lighting in medication rooms, developing policies on discontinuing medication, physician medication reviews etc.

VIHA is currently taking part in a national project with Safer Healthcare Now to determine system improvements in reducing errors when residents transfer between acute care and residential settings. Medication errors are not tracked by profession.

Q Is it VIHA policy not to replace the first "Call in absentee HSRCA " on a shift working in Extended Care ?

A No, VIHA does not have such a policy. Managers, whether in acute care or residential care, work to ensure sufficient staff are available on a shift-to-shift basis to provide safe and appropriate care.

Submitted by: David J. Olsen

Preamble: For the past several weeks the Saanich Peninsula Hospital Foundation (SPHF) has been running a high profile and costly campaign to raise private funds to renovate two operating rooms at the Saanich Peninsula Hospital and to build a new third operating room. This campaign follows the similar activity to raise over \$1 million to purchase a CT Scanner, and an earlier campaign to build and equip a new emergency department at the hospital.

In the light of this situation, I have the following questions for the Board:

Q Does the Board accept that it and the Chief Executive of VIHA have a duty of care to the citizens of the Saanich Peninsula to ensure that the Saanich Peninsula Hospital is properly equipped with the facilities and equipment to provide the statutory health care to citizens, without the Saanich Peninsula Hospital Foundation and the physicians at the hospital resorting to private donations to fund the necessary services.

A The involvement of Hospital Foundations in fundraising for equipment is not new and is a decades old tradition and practice, not only in VIHA, but across the country. This service by Foundations, and the individuals who contribute to their campaigns, is welcome by all health authorities including VIHA. These campaigns are typically launched after consultation with the health authority in terms of priority setting, including the availability of ongoing and stable operating funding for the new equipment, which is funded by the health authority.

In 2006/07, VIHA and the Provincial Government invested close to \$53 million in capital projects while all our various foundations contributed a much-welcomed \$3.3million. In this fiscal year, the province has announced a \$150 million contribution to the new Patient Care Centre at Royal Jubilee Hospital.

Q Since the Chief of Staff at the Saanich Peninsula Hospital is quoted in the latest fundraising broadsheet, with the President of the SPHF, as indicating that the "two existing ORs are in dire need of updating", would the Board please explain why VIHA is not making appropriate budgetary provision for these facilities, particularly given that the citizens are paying large sums in taxation and MSP premiums for this purpose.

A Please see previous answer. The involvement of Hospital Foundations in capital campaigns is not new.

Q Since the Board and Chief Executive of VIHA have not seen fit to ensure that the Saanich Peninsula Hospital is appropriately funded to provide facilities for the care of the citizens, will the Board and Chief Executive accept that they have failed in their statutory duty of care to the citizens.

A The VIHA Board and Management have provided adequate funding for Saanich Peninsula Hospital. No hospital or service operates in isolation; they are all interconnected and part of a continuum of health care services. The funding and services at SPH are in proportion to the programs provided, which are in proportion to the needs of the community within this broader context.

Q Apropos the points above, since the Board and Chief Executive of VIHA and the Minister of Health, to whom they report, have not seen fit to fund the necessary facilities and equipment at the Saanich Peninsula Hospital, do the Board and Chief Executive consider that, in fact, the said equipment and facilities are unnecessary and that the Chief of Staff, physicians and the Saanich Peninsula Hospital Foundation are behaving inappropriately in seeking to raise private money to pay for them?

A This question has been addressed previously. VIHA works closely with the Chiefs of Staff and local physicians in determining priorities for equipment and programs associated with Foundation fundraising campaigns. Foundation involvement and support of healthcare capital projects is nothing new.

Q Have the Board and Chief Executive budgeted, for the years to come, for the costs of operating and maintaining the facilities noted above which, although located in a theoretically “public” hospital, have been provided by private financing and whose ownership is therefore theoretically in question.

A Yes. Budgets are not permanently fixed and evolve and change according to shifting priorities and needs. Foundation involvement and support will continue to an important part of budgeting for acquisition of new equipment – as they have been for decades.

Q Do the Board and Chief Executive accept that the current financial situation at the Saanich Peninsula Hospital, if allowed to continue, will result in the hospital becoming a quasi-private institution and thus be in possible contravention of the Canada Health Act.

A Saanich Peninsula Hospital is, and will continue to be, an important part of the network of services provided in acute care, residential care and community based programs on the South Island, and will be funded, as it is now, in accordance with the programs and services delivered. In addition, the hospital will continue to operate within the legislative requirements of the Province and within the parameters of the *Canada Health Act*.

Submitted by Judith Johnson:

Q What contingency plans are in effect to provide continuing food services at SPH in the event that Compass decides to cancel its contract with VIHA should an arbitrated pay raise be awarded to workers, as happened in a nursing home in Ottawa in 2006?

A Food service workers at SPH, and in other South Island facilities operated by Morrison Food Services (Compass), have already received pay increases, and will receive future pay increases in accordance with their negotiated contract with their employer. The contract between the Hospital Employees Union, which represents these workers, and Morrison, is in place until late 2009. In addition, the VIHA/Compass contract has a three-month cancellation clause, which would ensure that alternative arrangements could be made to ensure food service continued without disruption to our clients.

Submitted by: The Raging Grannies of Victoria

Q **Preamble:** A friend had to spend time in one of your hospitals. We noticed the bathroom facilities were not clean. When we asked why, the answer was that there weren't enough people to do the job. We also noticed that the food was so poor you wouldn't feed it to your dog. We were told the food comes from far away and the hospital staff have no control over the quality...We are very concerned. So our questions are:

What are you planning to do about it?

A With respect to housekeeping, VIHA is committed to ensuring that cleanliness in our facilities is held to the highest of standards - regardless of whether the facility is cleaned by in-house or contracted housekeeping staff. VIHA conducts regular housekeeping audits of both our contracted and in house cleaned facilities. The latest VIHA audit scores, for July - September 2007, are well above the internationally recognized benchmark target of 85% - our facilities' average score was 90.48. (All three South Island hospitals were above the 85% benchmark as well). The standards used in the audits have been established by an external third-party, and audits take place in an objective, impartial manner and are reported publicly on a semi-annual basis. No jurisdiction in Canada audits housekeeping as much as we do in BC: VIHA audits most of our sites (and all contracted sites) monthly. In addition, random unannounced third-party audits take place annually; third-party audits can also be requested at any time if there is a need. Finally, in contracted sites, daily audits are conducted by the contractor, and those reports are made available to VIHA.

With respect to food services, VIHA has, and continues to, work with the contractor to resolve food service issues. Our goal is to ensure our patients, residents and clients receive high-quality, nutritious and safe food within the realities of what can be achieved in an environment that prepares some 6,000 meals per day on Southern Vancouver Island - and where many of our clients are on special diets. We believe significant improvement has been made in the service since it was transferred in 2004; and at the same time, we recognize continuous improvement is possible and necessary, and is an ongoing process.

The food is cooked at Royal Jubilee Hospital.

VIHA is pleased to examine individual and specific concerns when they are brought to our attention, either through the unit level or through our Client Relations Office.

Q How do you justify the high salaries to your CEO and other members of your administration when our seniors and disabled suffer?

A Salary levels need to be competitive in order to attract the most qualified staff. It is of interest to note that out of VIHA's approximately 16,000 employees, only approximately 1,500 earned over \$75,000. It is also of interest to note that out of these 1,500 staff, 923 were nurses (mainly members of the BCNU). VIHA values our employees, and recognizes that the market place for trained health care professionals is highly competitive, with current and looming shortages in many areas. Fair and adequate compensation is required to retain these professions and ensure consistent, high quality care. Executive compensation ranges are set by HEABC, which has developed comprehensive guidelines to ensure executives are compensated appropriately and fairly for their work. Executive salaries in VIHA are generally lower than salaries in the Lower Mainland, and are much lower than elsewhere in Canada.

Q Please advise us how you plan to improve conditions in the hospitals and care homes. The seniors and disabled need to know.

A We believe this question has been answered in many of the responses to questions in this document. There is also extensive information available on VIHA's website (www.viha.ca) with regards to long and short term plans for hospital, residential and community based care.