



**GENERAL BOARD MEETING**  
**Wednesday November 25, 2009**  
**QUESTIONS & ANSWERS**

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Submitted by: Carol Pickup, Seniors Advocate, Seniors Entitlement Service, Blanshard Community Centre, Victoria

**Q** What is the cost over the 30-years of the P3 contract for the Royal Jubilee Patient Tower?

**A** Once construction of the state-of-the-art Royal Jubilee Patient Tower is complete, ISL Health will begin to receive an annual service payment, which will continue for 30 years. The net present cost of the annual service payment to ISL Health over 30 years is \$340.8 million. The payment includes repayment to ISL Health for design, construction and financing of the Patient Care Centre (facility capital); funding for replacement and refurbishment of building elements (facility lifecycle) and payment for facilities management services such as housekeeping and grounds maintenance (facility management services).

The payment is performance-based and tied to service levels specified by VIHA. Financial penalties apply if service levels are not met. For more information see Project Report: Achieving Value for Money at [www.viha.ca/NR/rdonlyres/0D9EAE3D-C884-4053-83B9-456D5FE6E5D4/0/rjh\\_project\\_report\\_vfm\\_oct08\\_final.pdf](http://www.viha.ca/NR/rdonlyres/0D9EAE3D-C884-4053-83B9-456D5FE6E5D4/0/rjh_project_report_vfm_oct08_final.pdf)

**Q** Why is VIHA looking at buying expensive high-tech hospital beds for the new patient tower while cutting back on staff and hands-on nurses and LPNS?

**A** The RJH patient care centre will be a state-of-the-art facility providing top-notch care to patients using the latest technology and care approaches. This includes patient beds with new technology to improve patient care, patient safety, and enhance the work environment and efficiency for nurses and other care providers.

**Q** Why is VIHA planning to close and sell off public properties at Mt. Tolmie Hospital and Oak Bay Lodge? The public beds at these residential care facilities number 310: will they be replaced with the same number of private beds? Or with new public beds?

**A** Information about this initiative is posted on VIHA's website at: [www.viha.ca/about\\_viha/news/news\\_releases/financial\\_update\\_budget\\_mgmt.htm](http://www.viha.ca/about_viha/news/news_releases/financial_update_budget_mgmt.htm). The RFP for this project can be viewed at [www.bcbid.gov.bc.ca](http://www.bcbid.gov.bc.ca). Both Mount Tolmie and Oak Bay Lodge are aging facilities that need to be replaced. Through the RFP process, VIHA expects to replace the bed capacity in these aging facilities with equivalent bed capacity in a brand new facility that meets all the requirements for complex care. There will be no loss of publicly funded bed capacity in Victoria, as a successful bidder under the RFP will be required to replace the bed capacity that is currently available at Oak Bay Lodge and Mount Tolmie. Under a new service provider these beds will continue to be publicly funded. There are many examples of complex care beds in Victoria that are operated by private providers, both not-for-profit and for

profit. Where VIHA has contract arrangements with these providers, the beds are publicly funded, regardless of the organization that operates the beds.

**Q** How many seniors needing residential care are currently in acute care beds in South Vancouver Island facilities?

**A** The number of seniors awaiting complex care placement on the South Island changes on a daily basis, as does the number of people who are waiting for these placements in an acute care setting. Individuals who have been assessed as needing a different (usually lower) care level and are waiting to access this care while in acute care are referred to as Alternative Level Care (ALC). ALC rates at Royal Jubilee (RJH) are about 17% and about 15% at Victoria General (VGH). VIHA recognizes these rates are higher than desired, and they have occurred despite recent significant improvements in seniors care. These improvements include a 5% increase in the number of beds in residential care facilities in 2008/09 on top of a 4% increase the year before, and a 22% increase in the number of assisted living units. The number of clients receiving home support, and the total hours of care provided has increased as well. A designated task group within VIHA is reviewing ALC issues and is developing targeted strategies to reduce the prevalence of ALC patients within VIHA acute care sites. Measures include adding community care staff at hospital sites to assess clients' needs and coordinate community supports, strengthening community partnerships with physicians and other health care providers to improve coordination of care, and enhancing Quick Response Teams which support patients who are ready for discharge but need transition support as they move out of the hospital.

**Q** What service will replace the geriatric assessment ward at the Victoria General Hospital?

**A** Over the next 9 months we will be implementing a phased closure of the 36-bed Geriatric Assessment/Rehabilitation Unit on 7N at VGH and reinvesting in new services and community-based supports to meet seniors' health needs. We know that the acute care hospital setting is not always the best environment to provide elder care, and research supports that older people do better in settings "familiar to them" using a person-centered approach and normal activities as much as possible.

In consultation with our staff and physicians, we are developing two new programs to support the care of seniors:

**A. Seniors Bridge Rehabilitation Program**

The Geriatric Evaluation Management Team (GEM) and Rehabilitation Program will identify and work with patients (75 yrs+) who are able to rehabilitate to optimal functioning, increase self-management skills and benefit from community resource linkages. Rather than moving to 7N, inpatients will stay on their home unit in VGH, come to 7N for multidisciplinary services and continue as Outpatients, if needed, to complete transition to community programs.

**B. Emergency Department (ED) – Royal Jubilee Hospital**

The ED will use a specialized electronic ED Screening Tool to identify patients who can be appropriately and safely discharged back to the community (with supports). The addition of a Quick Response Team Case Coordinator will increase Home and Community Care capacity to discharge from the ED and support client needs. In addition, Geriatric Nurse Consultations in the ED will create seniors sensitive care/discharge plans, and encourage family involvement for those over 75 years of age expected to be discharged to the community.

In addition to the two new projects:

- The Geriatric Outpatient Clinic will have capacity to manage more medically complex people by providing daily assessments and treatments; and
- Cross-program initiatives will be implemented to maintain patient flow in hospital units.

These changes are currently underway. The 9 beds that were closed temporarily in August have now been permanently closed. A further 9 beds will close by the end of December 2009 and, as community supports and activation beds come on stream, the remaining beds will close by June 2010.

**Q** Is it true that the residents at Mt. Tolmie Hospital and Oak Bay Lodge have been given just a year to find another facility, when we know there is an acute shortage of residential care beds?

**A** There has been no notice of change to residents at Oak Bay Lodge and Mount Tolmie Hospital. The impact on these two facilities will not be known until the RFP process has concluded. Should these facilities close, a minimum of 365 days' notice would be provided, and residents and their families will not be required to find a new facility, rather, that will be done by VIHA staff, who will work with residents and their families to find appropriate placement, and these residents will be prioritized for the facility of their choice.

**Q** What are the ratings for residential care facilities on South Vancouver Island? When will we move to licensing and inspecting assisted living facilities (as we know, there are many seniors living in these facilities who should be in residential care)?

**A** There are 126 licensed facilities in the South Island. Of those, 33 provide long-term care. Of these, six facilities have 'high' ratings, nine have 'medium' ratings and the remainder have 'low' ratings. The risk rating for a facility is information routinely available to members of the public upon request. The rating is based on Licensing Officers' assessment of a variety of factors such as inspection history, reportable incidents, management, staff qualifications and supervision, and the physical nature of the building facility itself.

The second part of your question around licensing and inspection of assisted living facilities does not fall under VIHA's jurisdiction and should therefore be addressed to the Assisted Living Registrar or to the Province of BC.

**Q** When will the Ombudsman's report on problems with B.C. seniors' care facilities be released?

**A** We do not know when the Ombudsman's report will be released, and suggest you contact the Provincial Ombudsman's office directly for this information.

**Submitted by: Chris Wigley, Coordinator Duncan COPD Support Group**

**Preamble: As this is International Chronic Obstructive Pulmonary Disease (COPD) Awareness Month, and November 18th is World COPD Day, could the board please inform us:**

**Q** How many pulmonary rehabilitation programs there are currently active in VIHA?

**A** Within VIHA, pulmonary rehab programs are available at Royal Jubilee Hospital and at Campbell River Hospital. In addition, VIHA's Primary Care Integrated Health Networks deliver COPD programs in Victoria, Sooke and Nanaimo.

**Q** How many of these are complete programs, including both COPD education and exercise for all enrolled persons, conforming to the recommendations of the American Thoracic Society/European Respiratory Society Statement on Pulmonary Rehabilitation, and run by Registered Respiratory Therapists or those with COPD Educator certification from RESPTREC?

**A** There is a Cardiac/Respiratory Rehab program at Royal Jubilee Hospital. This program is both education and exercise based, using the Living Well With COPD as the educational framework for the program. Clients are admitted to the program based on consultation with a Respirologist. Approximately 100 patients attend per year. A multidisciplinary team, including Physiotherapists and Registered Respiratory Therapists with the certified credentials of RESPTrec educators, also presents this program. Campbell River Hospital also provides an exercise and education program that is supported by Registered Respiratory Therapists with the certified credentials of RESPTrec educators.

Integrated Health Networks provide a 10-week COPD Education program for patients who have been diagnosed with COPD and meet guidelines for entering the program. The program includes home-based exercise and integration into local community resources (including Better Breathers Clubs). Modules are facilitated by Registered Respiratory Therapists with the certified credentials of RESPTrec educators. Again, this program is offered in Victoria, Sooke and Nanaimo.

**Q** How many patients have received pulmonary rehabilitation in the last year and what proportion of the total number of people with COPD does this represent?

**A** In total, approximately 300 patients receive some form of pulmonary rehabilitation in VIHA annually:

- Victoria Cardiac/Resp Rehab: 100
- Campbell River Hospital Rehab: 20

- Victoria Integrated Health Network Program: 108
- Sooke Integrated Health Network Program: 36
- Nanaimo Integrated Health Network Program: 36

We are unable to identify what proportion of overall COPD patients this number represents.

Of note, in October, VIHA held two Chronic Disease Management Forums for general practitioners with a focus on managing patients with COPD. The Forums were held in Victoria and Nanaimo and a third session is planned for the Comox Valley in early December. Through these sessions, VIHA will reach over 120 physicians and 60 Medical Office Assistants with information on better management of patients with COPD. Adding further strength to services, BC Health Authorities, including VIHA, are working with the General Practice Services Committee on a new physician support program that will improve the coordination of care for people living with COPD. In addition, a new incentive was introduced September 1, 2009 through the Medical Services Plan that will allow physicians time to develop care plans with patients and their families.

**Q** How many of these are NOT from the Greater Victoria area and what proportion of the total number of such people with COPD does this represent?

**A** We estimate about 60 of these patients are not from Greater Victoria. Again, we are unable to identify what proportion of total patients with COPD this number represents.

**Q** What is the order of magnitude of the annual cost of hospitalization for those with COPD in the VIHA area?

**A** According to Canadian Institute for Health Information (CIHI), the average cost of hospitalization for patients with COPD is approximately \$5,000.

**Submitted by: Lyne England, Chair, Regional Family Advisory Council**

**Q** What happened to the 'resident enhancement funds' that were banked for residents in public pay facilities when they were moved to private pay facilities by the VIHA?

**A** The funds paid by residents during their placement in one of five VIHA-operated sites in the South Island (Glengarry, Aberdeen, Mount Tolmie, Priory and Saanich Peninsula) were applied to services to support the residents during the duration of their stay. We assume your question refers to residents impacted by the closure of the Richmond Unit at Glengarry Hospital last year. Many of the residents chose to remain at the same site (and move to a different floor), or moved to another publicly funded facility, thus the funds continued to support them.

**Q** Once moved to a private pay facility is the resident still required to pay a ten-dollar a month enhancement fee and if so who holds said monies?

**A** Residential care facilities that are publicly funded (includes VIHA owned and operated and Affiliates), are required to adhere to the Ministry of Health Services Home & Community Care Policy on Financial Management that relates to client charges. Under this, facilities can establish policies for chargeable items permitted under the definition of "services, programs or supplies which are not included in the facility reimbursement rate and which are considered to be the financial responsibility of the client or the client's representative".

**Q** How is VIHA involving families of seniors and others in residential care in the creation of the process, policies, terms of reference and implementation of the establishment of family councils in all residential care facilities?

**A** Support for facility-specific Family Councils has been in place for many years in VIHA. These bodies fulfill a key role in ensuring a formal means of communication within a residential care site.

VIHA is building on existing structures and processes to further strengthen and support site-specific Family Councils. This includes participation of the site-specific VIHA manager and/or social worker at Family Council meetings. This provides a direct, face-to-face venue to address concerns and issues raised on behalf of residents. It also provides an effective vehicle for regular information sharing about issues and activities at the facility. Terms of Reference will be reviewed at each Council to ensure the interests of the persons in care are attended to. The enhancements to the Family Council process ensures licensed facilities funded by VIHA meet the Adult Care Regulations which were enacted on October 1, 2009. VIHA's Contracted Service Providers in residential care (our Affiliates) will be encouraged to review the same Terms of Reference with their Family Councils. Monitoring is in place to ensure structures implemented meet the Adult Care Regulations.

**Q** When will or has the "New Model of Care" been evaluated and is it possible to obtain a copy of the evaluation results and a copy of "The New Model of Care"?

**A** The Residential Services Care Delivery Model is a three-year project with a timeframe from 2007 to 2010. VIHA is collaborating with the University of Victoria to develop an evaluation framework for this model. Within the three-year timeframe, regular monitoring is underway across all VIHA funded sites to track the direct care hours provided per resident per day on average, and to ensure minimum standards set out in the care model, including on site access to a Registered Nurse, are being achieved. Monitoring of ten quality indicators reported by each facility on a quarterly basis augments this analysis. The evaluation report will not be available until the end of the three-year project. A copy of the "New Model of Care" was previously provided to the Chair of the Regional Family Advisory Council.

When the Care Delivery Model was introduced, it was accompanied by processes to ensure service providers and other stakeholders had a means to provide feedback to the model. This includes a Sustainability Committee set up by VIHA in collaboration with our contracted residential care service providers. This Committee is one key forum for VIHA to receive feedback from our Affiliates.

**Q** Will the new increase in the per diem rates go back to the care facilities and not into general revenue?

**A** The recently announced provincial changes in residential care per diems will ensure existing care levels in VIHA funded facilities will remain in place without reductions. VIHA already provides the highest average number of care hours per resident, per day, in B.C. and the new per diem rate structure will ensure residents in VIHA care facilities continue to receive these care levels.

Susan Anderson, Advocate, Saanich Peninsula Hospital Family Council

**Q** What is the purpose of centralized staffing?

**A** Staffing Services redesign is a highly complex project that remains a high organizational priority for VIHA. VIHA's new centralized staffing model was introduced in 2008. The goal of the model is to create consistent, fair and equitable staffing practices, ensure staffing deployment aligns with current and ongoing patient care and other service needs, and to ensure that VIHA has a relief workforce that is effectively managed and utilized. It will also help establish better work/life balance for staff by mitigating the use of overtime and reducing the need to bring staff in on short notice.

**Q** How do you perceive it is working?

**A** We recognize that some staff have concerns about the new staffing model, the implementation process and issues that have occurred along the way. Over 16,000 employees have been moved over to the new scheduling centres. Managers, staff and VIHA staffing services have a key role to play to support the transition to the new staffing model, and we are committed to resolving issues quickly as they arise. Senior VIHA staff is working with Staffing Services and IM/IT to resolve high level issues as well as discrepancies that relate to data quality issues associated with the old (ESP) system. We are beginning to overcome the early challenges and starting to realize the expected benefits.

Doug Anderson, Advocate

**Q** Access and Privacy Office indicates the number of care hours per resident per day at SPH's ECU is 3.76 Hrs. This data was determined over a three month time period from April - July 2009. My question is, have and will this level of care hours be sustained at SPH's ECU and how will the care hours provided be tracked and evaluated in future?

**A**

When VIHA introduced the Residential Care Delivery Model in September 2007, a commitment was made to the public and to residents and families receiving care in VIHA funded sites that residents with similar care needs would receive similar levels of care. This ensures fairness across facilities and geographic areas, and ensures that residents with similar care needs receive the same level of service, regardless of which facility they live in. Over three years, the stated goal is to achieve 3.24 hours of direct care, per resident, per day on average. Facilities that provide care above this level may see an adjustment of these care hours to ensure facilities that provide fewer hours of care can receive additional support to raise care levels towards the 3.24 hours.

As explained above, direct care hours are monitored for each site on a quarterly basis, including SPH. These care hours are compared across all VIHA funded facilities. Please see the question on page 7 for more information on the evaluation process.

**Tom Davies, Oceanside Federation of Residents' Associations**

**Q**

Will the RFP for Oceanside, which is currently being developed by VIHA staff, take into account the considerable public interest of the local community by allowing representatives of the Oceanside Federation of Residents' Associations to participate in the evaluation of the RFP before it is put out for Bid?

**A**

VIHA conducted an Expression of Interest (EOI) process to determine interest in the development and operation of a new, primary health care centre (with potential for urgent care services) to serve patients and visitors of the Oceanside region. This EOI was developed in partnership with the Mayors of Parksville and Qualicum, as well as the Regional District of Nanaimo, and submissions were evaluated based on the criteria outlined in the EOI.

On September 15, 2009, the partners agreed to begin development of the second stage of the process, a Request for Proposals (RFP), on which the successful proponents (determined through the EOI process that will be concluded and announced the week of November 23<sup>rd</sup>) could submit proposals. The partners will review a draft RFP the week of November 23<sup>rd</sup>. VIHA is appreciative of the collaborative work taking place with the local governments.

In order to maintain the integrity of the process, we are unable to include representatives from the Oceanside Residents' Association in the evaluation process. If non-partners were allowed to evaluate the RFP, no matter how well intentioned, the number of stakeholders who may request to participate could further delay the development of this important new service in Oceanside. The partners will continue to consult with stakeholders in their respective communities and will represent these views as part of the process.