

**BOARD OF DIRECTORS
GENERAL BOARD MEETING
WEDNESDAY, MARCH 30, 2011
PARKSVILLE COMMUNITY & CONFERENCE CENTRE
132 E. JENSEN AVENUE, PARKSVILLE, BC**

Directors Don Hubbard, Chair
Present: Frank Carson
Michael Costello
Shelley Garside
Ellen Godfrey
David Kruyt
Vern Slaney
Hans van de Sande

Staff Howard Waldner
Present: Catherine Mackay
Richard Crow
Bill Boomer
Georgina MacDonald
Joe Murphy
Ann Bozoian
Suzanne Germain
Janet Shute, Recorder

1. Call to Order

Chair Hubbard called the meeting to order at 10:30 am. He confirmed that a quorum was present and welcomed the elected officials and members of the public in attendance.

Roundtable introductions of the Board were made.

The agenda was adopted as circulated with one change:

- Item 7 - The Public Presentation by Janine Sedola has been withdrawn at the presenter's request. .

It was MOVED, SECONDED and CARRIED THAT the minutes of January 26, 2011 be approved as circulated.

2. Health Quality Committee

Director van de Sande noted that the Health Quality Committee held its regular meeting on Tuesday, March 29th.

- The committee received an annual update from the Emergency, Medicine, Renal, Admitting & Patient Flow Portfolio, and heard an excellent presentation on Emergency Services at Nanaimo Regional General Hospital.

- At each meeting the committee reviews issues impacting VIHA's ability to provide accessible, timely, safe, and high-quality healthcare services. This month included an update on:
- The addition of hemodialysis services in the Intensive Care Unit at Nanaimo Regional General Hospital, which means critically ill patients who require hemodialysis can now remain in Nanaimo, rather than being transferred to an ICU in Victoria;
 - Patient Flow and Capacity Management, which continues to be a challenge across VIHA, as well as in other jurisdictions across the province, and across Canada. VIHA has undertaken a number of initiatives to mitigate the seasonal surge of activity we are currently experiencing;
 - The CT scan review being conducted at St. Joseph's Hospital. The initial review process, which started in February, is expected to be complete by the end of the week. Patients and their physicians have been notified immediately where a discrepancy in the CT scan read results was noted. Physicians and St. Joseph's Hospital are working to ensure appropriate follow-up care is put in place as quickly as possible. In order to ensure timely notification and follow-up, a Nurse Navigator position has been established. The VIHA Board recognizes the uncertainty this has created for some patients and their families, and it is our sincere expectation that patients who are affected and involved receive clarification on their CT scan reads as soon as possible.
 - As a result of the recent provincial Cochrane Review, the Board has instructed VIHA's Health Authority Medical Advisory Committee to implement clinical audits and peer review programs for all medical staff members. VIHA's Chief Medical Officer will be working with the Medical Advisory Committee and our Medical Affairs Department to determine how best to implement this process.

It was MOVED, SECONDED and CARRIED THAT the Health Quality Committee Report be received as presented.

3. Governance & Human Resources Committee

Director Slaney reported that the committee met on Monday, March 28th and the focus of this meeting was on governance issues.

- The results of the Board Evaluation were reviewed, which overall was very good. There are a few specific areas of opportunity for improvement that we will be focusing on over the next year;

- Two policies in the governance manual were reviewed as they required some minor changes; and
- There was a fulsome discussion regarding Board Succession. There is currently one vacancy on the Board, and there will be a second vacancy in a few months. The Board has identified the need for someone with health care expertise as a top priority in filling the current vacancy, and we will be working with the Provincial Board Resourcing & Development Office to find appropriate candidates for appointment.

It was MOVED, SECONDED and CARRIED THAT the Governance & HR Committee Report be received as presented.

4. Finance & Audit Committee

Director Costello noted that the committee met on Monday afternoon.

- The Period 11 Financial Results were reviewed, and VIHA is projecting a small surplus for the end of the fiscal year.
- At 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.
- Annually, the committee also does a more detailed review of VIHA's current assets and liabilities and how they are managed, and there are no areas of concern at this time.
- The committee receives regular reports and updates from the Director of Internal Audit, and there are no areas of concern with respect to this on-going work.
- At each meeting the committee also reviews the status of major capital projects. VIHA has just completed our most significant project to date, with the opening of the \$350 million Patient Care Centre in Victoria. This project was completed on time and on budget and management is to be commended for the outstanding job they did in managing this major project.
- The other project underway, which is closer to home for many people present today, is the new Emergency Department at Nanaimo Regional General Hospital, which includes Psychiatric Emergency and In-patient Services. This \$37 million dollar project is proceeding on schedule and on budget.

It was MOVED, SECONDED and CARRIED THAT the Finance & Audit Committee Report be received as presented.

5. Committee of the Whole

Director Kruyt advised that the Committee met on Tuesday, March 29th. 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.

- VIHA is in the process of preparing for our Accreditation Survey the first week in April. The Board reviewed the current status of work underway across the organization, as well as doing a final review of the Governance Standards for which we are responsible, to ensure that the Board is prepared for the upcoming site visits.
- We reviewed the Government Accountability Requirements for 2011/12. Management will be completing this work over the next few weeks for review by the Board prior to submission to government.
- We received a report on a meeting between the Mt. Waddington Aboriginal Advocacy and Engagement Committee and representatives of the Board. This provided an opportunity for Board members to increase their understanding of Aboriginal peoples' views on health and wellness, particularly in remote and isolated communities.
- We supported a proposal by management to replace the current Performance Report with a new electronic Dashboard. Management will be working on this new process over the next several months and the Board looks forward to seeing the improved indicators in the fall.

It was MOVED, SECONDED and CARRIED THAT the Committee of the Whole Report be received as presented.

6. Oceanside Primary Health Care Project Presentation by President & CEO, Howard Waldner

Howard Waldner gave an overview of the process to date, the current services available in Oceanside and the proposed services that would be available in the new Oceanside Primary and Urgent Care Facility, what this improved service would mean for the residents of Oceanside, and the next steps. A copy of the presentation is available on our website at: http://www.viha.ca/NR/rdonlyres/2CAF964E-D5A2-438A-89F3-7EA73F12559A/0/oceanside_pucc_presentation_final.pdf

Chair Hubbard opened the floor for questions regarding the presentation.

7. Public Presentations

Vancouver Island Federation of Hospices - Integral Partners in Care – Wendy Pratt, President

Wendy Pratt thanked the Board for the opportunity to speak today on behalf of the Vancouver Island Federation of Hospices. There are ten hospice societies situated across the VIHA catchment area, and they formed a Federation in 2006 to allow them to speak with one voice when planning for the future of end of life care. Each program has the unique ability to attract skilled volunteers and professional staff, and generate funding from their community.

In 2010 a total of \$4.3 million in community funding was generated by Federation members, not including funding from VIHA or gaming support, and a total of 1,478 hospice volunteers contributed in excess of 110,000 volunteer hours, benefitting 6,500 individuals in support of end of life care.

Hospice societies are a valuable resource that makes them worthy of being acknowledged as integral partners in end of life care, and they want to work closely with VIHA to ensure that a continuum of care is in place in every community so that patients and families feel connected and cared for no matter where they are in their journey.

The hospice societies have largely been working on their own, and need to start working more closely with VIHA to look at each community and decide what gaps exist and who best can fill them. They want to be part of an integrated and comprehensive end of life program in VIHA.

Chair Hubbard thanked Wendy Pratt for her presentation and noted that it is great to see the hospice societies on Vancouver Island working closely together. He asked Howard to say a bit more about what VIHA is doing.

Howard Waldner advised that patient focused, dignified and sustainable End of Life care, including hospice care, is a priority for VIHA. In 2007 VIHA put significant effort into developing an End of Life Program Plan following extensive consultation and that plan is currently being reviewed and refreshed. Part of this involves all of the hospices on Vancouver Island. VIHA's overall focus is to increase End of Life care options for clients and families. We value the partnership of the local hospice societies who make a significant contribution to enhancing End of Life Care. This year VIHA was pleased to be able to provide grants in the amount of \$11,700 to each of the nine community hospices, for a total of just over \$105,000.

Primary Health & Urgent Care Facility/Services in Oceanside – David Freeman

Mr. Freeman thanked the Board for the opportunity to make a brief oral presentation today. He is concerned that the proposed new Primary and Urgent Care Centre for Oceanside will not offer the services that local residents require, and will provide little more than what is currently available in the community. He urged the Board, if it continues to proceed with the current plan, to ensure that the business model provides for medically competent triage services and that there are adequate penalties in place with the proponent for non-performance.

He noted that the Arrowsmith proposal that was submitted included the use of an existing building that is seismically sound, and would be staffed with emergency level physicians from Nanaimo Regional General Hospital who are willing and able to work at the new facility within their existing rotation. Mr. Freeman stated that additional operating costs under the proposal received by the Arrowsmith Medical Society in an RPF process are currently estimated at under \$500,000 per year and that this option provides the proper level of care for Oceanside. The model VIHA is considering does not do this, and will result in people continuing to go to Nanaimo Regional General Hospital for proper care.

Chair Hubbard thanked Mr. Freeman for taking the time to share his point of view regarding the proposed Oceanside Primary & Urgent Care Centre.

8. Questions & Answers

Chair Hubbard noted that written Questions & Answers, submitted in advance of the meeting, were distributed with the agenda, and will be posted on the VIHA website. He opened the floor for further questions from the public.

9. Adjournment

The meeting was adjourned at 12:30 pm and members of the public were invited to join the Board and Executive at the open house.