



**BOARD OF DIRECTORS
GENERAL BOARD MEETING
WEDNESDAY, MARCH 19, 2008
BALLROOM, ANCHOR INN
261 ISLAND HIGHWAY, CAMPBELL RIVER, BC**

Directors	Brenda Nunns Shoemaker, A/Chair	Staff	Howard Waldner
<u>Present:</u>	Don Carlow	<u>Present:</u>	Mike Conroy
	Michael Costello		Owen Heisler
	Ellen Godfrey		Lynn Stevenson
	Linda Petch		Bill Boomer
	Ed Robinson		Suzanne Germain
	Vern Slaney		Janet Shute, Recorder

Regrets: Jac Kreut

1. Call to Order

A/Chair Shoemaker called the meeting to order at 1:00 pm and confirmed that a quorum was present. She noted that the Board Chair, Jac Kreut, was called away due to a death in his family, therefore she would be chairing the meeting. A/Chair Shoemaker welcomed the members of the public in attendance and roundtable introductions of the Board members were made.

Director Petch, who has made a significant contribution to the Board over the past six years, was given special acknowledgement, as this is her last meeting. She was recognized for her stellar leadership and her unique expertise in governance and human resources.

The agenda was adopted as circulated.

The minutes of January 30, 2008 were adopted as circulated.

2. President & CEO's Report

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

- New Residential Care Capacity – New Horizons is a state-of-the-art facility, built to multilevel care guidelines, which in the process of opening. This facility has 86 publicly funded beds, including 4 for couples, and replaces Sunshine Lodge.
- Home Support hours have increased 29% since 2004/05, and there are close to 5,000 home support clients VIHA-wide.

- Effective March 1, 2008 every VIHA owned or leased site became a smoke-free area, with some exemptions, such as residential care and palliative care. We have received a very positive response from staff, patients and visitors on the implementation of this policy.
- The 2007/08 budget year ends March 31st, and VIHA is on target to balance our budget this year. We are currently evaluating the budget for 2008/09 and program and service implications.
- The ability to provide accessible, safe, sustainable acute care services in the North Island is a considerable challenge. This is more than a “bricks and mortar” problem. Limited hospital upgrades will not address long term sustainability at either location, and will not resolve current and looming manpower issues.

VIHA remains of the opinion that a Regional Hospital is the preferred option, and we recognize the challenge around the location. VIHA intends to further engage with Campbell River and Comox Valley staff, physicians and communities in the coming months, and will report out on this process in September 2008.

3. Health Quality Committee

Director Nunns Shoemaker noted that the committee met on Tuesday, March 18th for over six hours –starting with a breakfast meeting with local physicians and politicians, followed by the regular committee meeting, and then a luncheon meeting with some of the multidisciplinary staff from Campbell River Hospital. The following are some of the key items that were discussed at our regular meeting:

- The committee received an annual update from the High Intensity and Rehabilitation Services portfolio, which is responsible for the provision of emergency, trauma, intensive care, cardiac, neurosciences and rehabilitation services for the Island. This large portfolio also provides leadership for patient flow and works in partnership with the Medicine & Community Hospitals and the Primary Health Care, Population and Family Health portfolios to support service planning and standards of care in community hospitals, rural facilities and remote areas.

The portfolio has four well-established Island-wide multidisciplinary Program Quality Councils, which are actively engaged in assuring and improving the quality of care. They are supported by a network of site or geographic Operations Committees, which enable broader participation and engagement at the staff level. The portfolio has a number of goals and objectives, including: standardizing infection control practices; injury prevention, including the PARTY Program, which there will be a presentation on later in the meeting; health promotion and access to services.

We heard a very interesting and extremely impressive presentation by Dr. Sunderwood on the Stroke Program at Campbell River Hospital, which includes a four bed stroke unit, development of best practice order sets and treatment protocols resulting in improved outcomes for mortality, rehabilitation and

discharge. This is a first class program and Dr. Sunderwood and her team are to be congratulated. We hope to see the spread of this program to other sites in VIHA.

- We received an annual report on the Medical Staff from our new Vice President & Chief Medical Officer, Dr. Owen Heisler, who assumed this role just two months ago. Dr. Heisler is currently in the process of attending the Local Medical Advisory Committee meetings across VIHA to meet with most physicians and he will be establishing a monthly Medical Staff Newsletter to enhance communication channels.

Physician recruitment and retention is a huge Canadian challenge and a more robust structure to manage recruitment and retention has been implemented, and a Credentials and Planning Committee has been established as a sub-committee of the Health Authority Medical Advisory Committee. In the future the People Plan will be integrated with the Physician Resource Plan. There are significant challenges in neurosurgery, hospitalists, internal medicine and neonatology, as well as huge challenges with family physicians in several communities, particularly Port Hardy and Tofino. The Island Medical Program is the best recruitment and retention strategy VIHA has, and we continue to work with them to ensure the success of this program.

- The committee also received an update on a review of Caesarean Birth Rates in VIHA, which have increased from 24% in 2001 to 32% in 2007, with Victoria General Hospital having the highest rate in Canada at 37.6%. With statistical analysis to adjust for differences such as demographics and home births, VIHA's rate closely approaches the provincial average. Maternal and neonatal outcomes are, in general, comparable to the province. However, the Board, Senior Management and clinical staff believe there is room for improvement.

The rising caesarean birth rate has been a long-standing concern and to date there has been limited success in North America in reducing rate and maintaining the reduction. With the goal of offering the best possible care for mothers and babies through adopting best practice and providing customized, quality improvement support, optimal caesarean birth rates may be achieved. A multidisciplinary VIHA Caesarean Birth Work Team has been formed to review the provincial and health authority data trends and begin to develop a quality improvement plan to optimize the caesarean birth rates in VIHA. The Board will continue to monitor this area very closely.

- We have 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 level 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 45 acute care beds across 5 hospital sites. Staffing is posing the most significant

- barrier in being able to open these additional beds. In addition, 10 new interim respite beds opened in Nanaimo in January using the Respite Hotel model that was previously implemented in Victoria with great success. We have also opened interim residential care beds in Victoria, and as Howard mentioned, the opening of New Horizons, which began admitting residents on Monday, is a great addition to this community.
- Other system challenges that were highlighted in the report included: Cataract Wait Time; Cardiac Services – in particular complex ablations, and the influenza-like illness outbreaks in two Nanaimo residential care facilities.
 - The committee heard encouraging news about Fetal Fibronectin Testing, often referred to as fFN. This is a useful diagnostic tool for women presenting with symptomatic preterm labour who are between 23 and 36 weeks gestation. The test is very accurate in determining the likelihood of a woman delivering within the subsequent two week period, and results in less stress for women and their families, reductions in the number of hospital admissions and transfers, and shorter lengths of stay in hospital. Full implementation of this testing at all acute care site in VIHA will be completed in April.
 - An update on the status of the 15 Health Innovation Fund projects that are ongoing in VIHA was presented. All projects, except for the Integrated Health Networks, which are three year projects, are in the final phases of implementation. The committee was very pleased to learn that there are no projects in VIHA that are at risk for non-completion.

4. Governance & Human Resources Committee

Director Slaney noted that the committee met on Monday afternoon and reviewed the following items:

- On the Human Resources side we received an interim update on the progress to date on the People Plan Implementation Plan. Human Resources has been identified as the number one risk to the organization, therefore the People Plan is a key area of focus for the Committee, and the Board as a whole.

As has been mentioned, our Board Health Quality Committee regularly hears about the impact and on-going staffing challenges, both with physicians and with almost all other health care providers, to meet our current services and our service expansion requirements. VIHA needs 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 able to provide the necessary service access and quality to the communities we serve.

To that end, there are nine key projects identified in the People Plan Implementation Plan and one of these projects is the Redesign Care Delivery Models. By measuring, planning and predicting the current and future staff mix, VIHA will be able to refocus its current thinking regarding human resources away from “adding more people” to redesigning models of delivery and deploying the

right people to the right places to do the right work. To date over 240 staff have been involved, representing a full spectrum of VIHA health care professionals, including staff at Yucalta Lodge. Campbell River Hospital is scheduled to be reviewed in April.

- We also received an update on mechanisms for communication and engagement with employees, which is a key area of focus for the senior leadership team.
- On the Governance side, the Committee reviewed the Board's process for handling correspondence and the results of the Board's annual self-evaluation process. A copy of the Board's Self Evaluation Questionnaire is posted on our website for anyone interesting in reviewing it.

It was noted that yesterday at the meeting with the multidisciplinary staff at Campbell River, the Board heard loud and clear about the human resource challenges and the need for more health care professionals, and it was queried whether the People Plan has been helpful in addressing this problem.

Director Slaney advised that VIHA has been successful overall, and hired more staff than anticipated in the past year. VIHA also had less staff leave than in the past several years, so there was a net improvement, which means the organization is better staffed today than one year ago. However, there continue to be challenges, particularly in smaller and remote communities, and in many specialty areas.

5. Finance & Audit Committee

Director Robinson noted that the committee met on Tuesday, March 18th and reviewed a number of issues.

- The committee received a report from our Chief Information Officer and some of the clinical staff. One of the key milestones for our Information Management/Information Technology program was the implementation of the Cerner clinical information system across North Island communities, and the committee received a presentation from clinical staff on the project approach, lessons learned and outcomes achieved to date.

Over 750 new users at Campbell River, Mt. Waddington and Gold River facilities have been introduced to the new technologies, modules and standardized processes. Implementation of mobile carts and wireless technologies, as well as clinical authentication tools, have enhanced access to patient information and contributed to user adoption. There are an estimated 250 daily users in the North Island, and one of the key factors driving use across North Island is the cessation of automated printing of patient results, which has created VIHA's first major hybrid chart environment. The electronic health record is now the sole source for laboratory, medical imaging and transcribed results/reports. This change reduces duplication and increases efficiencies in key areas. Staff are to be commended for the successful implementation and adoption of the new electronic health record system. The committee commended the staff for the successful implementation of this project.

- The financial results for period 11 were reviewed, and a copy of the Statement of Operations and Notes was included in the public package. VIHA has a year-to-date favourable variance of \$6.7 million, primarily due to temporary spending delays and receipt of a one-time payment from the Worker's Compensation Board relating to a historical accumulated surplus on VIHA's account. The consolidated year-end projection reflects a \$500,000 surplus.
- In the past several years, the Ministry of Health has allocated the funding for VIHA to advance our strategy and expand services. The allocation for 2008/09 was less than asked for and less than what is required to advance our strategy. This leaves management and the Board with a significant challenge, which we will be working on over the next several weeks. As soon as that work is complete we will be finalizing our budget and services plans for the next fiscal year.
- There were two components to the Internal Audit Services Report. The first was the annual review of the Internal Audit Charter as part of best practices. Minor changes, including wording to reflect the new VIHA fraud investigations policy and the requirement for semi-annual fraud reports, were approved by the committee. The second component was the Rolling Three-year Audit Plan for 2008/09 to 2010/11, which was also approved by the committee.
- We received an update on the current status of the VIHA Internal Control Over Financial Reporting Framework. This is being phased in over a three-year period. Detailed project planning is currently underway, and a further update will be provided to the Committee in May.
- Annually, as per the committee's terms of reference, the policy and procedure for approving the CEO's expenses is reviewed. No changes were recommended at this time.
- Director Godfrey attended a Crown Agency Audit Committee Workshop in early February and provided a report to the committee on the key learnings. The committee was pleased to confirm that VIHA appears to be in compliance with Best Practices for Audit Committees.

6. Committee of the Whole

Director Petch noted the Committee received an overview of the Provincial eHealth Strategy, with specific emphasis on the inter-relationship with VIHA's IM/IT plan. The regionalization of VIHA's clinical information system, Cerner, which you heard about from Director Robinson earlier in the meeting, is a critical pre-requisite to enabling the provincial domain projects and contributing to a complete provincial data set. VIHA anticipates having the Cerner system island-wide by June 2008. Some of the provincial priority initiatives will result in the following deliverables for VIHA:

- Access to lab, drug and diagnostic imaging information;
- Access to Public Health Information, including disease outbreak management; and
- Access to available demographic data and core clinical information in primary care to support community physician Electronic Medical Record.

- We received the semi-annual report on the major risks facing the organization, and associated mitigation strategies. The Board is satisfied that enterprise risk management processes and related planning, policies and procedures are operating effectively to produce timely information for management.
- The Board also reviewed and endorsed a policy on Intellectual Property.

7. Presentation – P.A.R.T.Y Program by Dr. Stephen Wheeler

Dr. Stephen Wheeler, Medical Director for Emergency and Trauma Services for VIHA, was introduced.

He noted that the Prevention of Alcohol Risk Related Trauma in Youth Program, commonly called the PARTY Program, was started by a group of emergency room nurses at Sunnybrook Hospital in 1986.

- In 2003, 14 people under the age of 25 died in alcohol related incidents IN THE South Island, following which the PARTY Program was introduced. The program was very successful and the number of schools participating rapidly increased as word spread.
- In the second year more schools joined the program, including some in Duncan and Nanaimo. A coordinator was required to manage the program in the South Island, and the Autoplan Brokers became a major donor of the program.
- By the third year of the program most schools in the South Island were participating in the program, and additional funding was provided to implement the program in the North Island.
- The fourth year of the program saw further expansion of the program in both Central and North Island. In addition, a Trauma Coordinator was hired in Nanaimo. Unfortunately, the Autoplan Brokers' funding was lost.
- Future goals for the PARTY Program are to: reach all grade 10 students within VIHA; decrease the number of teenage driving deaths; research the effectiveness of the program; and explore new partnerships for funding.

It was queried whether there has been a reduction in deaths since the program was introduced.

Dr. Wheeler advised that it is difficult to measure something that hasn't happened. There appears to be a downward trend, but there are currently no statistics to support the belief that the program is beneficial.

A/Chair Shoemaker thanked Dr. Wheeler for the superb presentation on a very important prevention program.

8. Presentations

A/Chair Shoemaker noted that there are three public presentations scheduled for today.

Tertiary Mental Health Services – Mark Toth

Mr. Toth thanked the Board for the opportunity to speak today. He is here today to ask the Board to consider funding more tertiary mental health facilities. People with concurrent disorders, such as mental illness coupled with addictions, need the specialized intensive treatment a tertiary care facility offers.

Seven Oaks Tertiary Mental Health Facility in Victoria is excellent, however, the waitlist for people from Central and North Island is 2 years or longer, which is excessively long.

Mr. Toth shared the personal story of his stepson, noting that people with concurrent disorders are dealing with serious and chronic health problems that require long-term treatment. They are often young adults who may have many productive years ahead of them if they can get treatment in a tertiary care facility. He asked the Board to consider his request for more tertiary mental health beds in the North Island.

A/Chair Shoemaker thanked Mr. Toth for sharing his personal family story. Both the Board and senior management are aware that there are service gaps in mental health and addictions, and these are identified in our Five Year Strategic Plan. Unfortunately, as was stated earlier in the meeting, VIHA is facing some financial challenges for the coming year. However, progress will continue to be made wherever possible.

Citizens for Quality Health Care – Lois Jarvis

Ms. Jarvis thanked the opportunity to address the Board. She noted that the Citizens for Quality Health Care was formed in April 2006, with citizens from both the Comox Valley and Campbell River, to represent the united position of the entire North Island population to block any attempts to “divide and conquer” and to represent the determination of the entire population to ensure that neither the Comox Valley or Campbell River lose their hospitals.

They do not agree with the assertion that the replacement of the hospitals in Campbell River and the Comox Valley with a new regional hospital is the only solution to the problems facing acute care delivery on the North Island. More than 19,000 residents of the North Island signed a petition asking the provincial legislature to stop VIHA’s plan and ensure that there are improved acute care services in both communities.

The Campbell River doctors are unanimous in their support for keeping fully functioning hospitals in both the Comox Valley and Campbell River, and many of the doctors in the Comox Valley are of the same opinion.

The Comox-Strathcona Regional Hospital Board, which is responsible for 40% of the funding for hospital construction and expansion, passed a motion on February 7, 2007 to advise the Minister of Health, the Board of the Vancouver Island Health Authority and the local MLAs that the Comox-Strathcona Regional Hospital Board wishes to invest in upgrades and expansions to the existing hospitals, and does not support a regional hospital model.

It is time VIHA abandoned the plan for a new regional hospital and moved on with upgrading and expanding the two existing hospitals.

A/Chair Shoemaker thanked Ms. Jarvis for her heartfelt presentation.

Comox Valley Chamber of Commerce – Paul Krismer

Mr. Krismer thanked the previous speaker, but noted there is more than one side to this debate. He is not here to take a hard and fast position between Comox and Campbell River. The issue is about patients and health care providers.

He shared a brief story about a friend and colleague, diagnosed with breast cancer, who had to spend six of the last eight weeks of her life in Vancouver receiving treatment, away from her daughters, aged 12 and 9, her husband, and other family and friends. While her family traveled every weekend to spend time with her, it was very stressful for everyone. This is the fate of many local families, and with a growing and aging population, this will become a more frequent occurrence.

This can be stopped, with a new regional hospital for the North Island, which will provide services that are currently not available, such as major trauma, renal, difficult births, etc. The population of the whole North Island makes the population base large enough to make these services viable.

Turning from patients to our service providers, there is a crisis in health care with staffing. Recruitment and retention of staff is the number one problem for health care organizations across Canada, and the shortage of professional staff is expected to increase over the next several years. People can choose to ignore the reality and wish for more nurses, doctors and other health professions, or they can face the reality and look at new opportunities to address the problem. Our region is blessed – if communities must compete for staffing resources, let it be Grand Prairie or Edmonton, and not Island community versus Island community. If a new regional hospital is built in the North Island, physicians, specialists, and other health care workers will be attracted to work here.

Health care has changed, and there needs to be several Specialists in any given discipline in order to share on-call demands and make the program viable. It also requires state-of-the-art equipment. We could invest in either existing hospital, but they were both built in a time when most of the procedures that are done today couldn't even be anticipated.

Our health care professionals deserve the working environment and the tools to provide the best care possible. Our families and loved ones deserve the best care and treatment available. It should not be seen as a loss if a patient has to travel forty minutes to receive leading-edge health care, when patients in a neighboring community only have to travel five minutes. We can be fear-based, and press for the status quo, with capital investments in two aging facilities. We can watch family members and friends be transferred away for the health services they require, and watch our staff dwindle as attrition takes hold. Or, we can embrace the opportunity to have excellence in health care services in a new regional hospital, close to home.

The Board and administration know the right answer and are trying to do the right thing. The people of the North Island need to embrace the opportunity to have a new regional hospital that provides excellence in health care, expanded services, and is a magnet for attracting health care professionals.

A/Chair Shoemaker thanked Mr. Krismer for his excellent presentation.

9. Questions & Answers

A/Chair Shoemaker noted that the Board received several questions in advance of the meeting, and all have been responded to in writing in the Q & A, which was distributed at the meeting. It was noted that we inadvertently linked two questions together, as they were similar, and these will be separated before the document is posted on our website at www.viha.ca.

10. Adjournment

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

The meeting adjourned at 2:25 pm