



GENERAL BOARD MEETING
WEDNESDAY, JANUARY 31, 2007

QUESTIONS & ANSWERS

Questions Regarding Chemainus Health Care Centre

Q Numerous questions were submitted asking for an explanation regarding the perceived delay of the VIHA Board making a decision regarding selling a riparian strip of land to a developer for the Chemainus Quay and Marina Project. A number of letters of support for this project proceeding were also received.

The VIHA Board also received numerous letters expressing concern for the residents of Chemainus Health Care Centre should the riparian strip of land be sold for condominium development. In addition, a petition, with 474 signatures, of individuals opposed to the building of condominiums in front of Chemainus Health Care Centre was received.

A The complexities involved with the disposition of VIHA property require appropriate processes and due diligence. Staff are working as quickly as possible to obtain sufficient information so that the VIHA Board can make an informed decision regarding this matter.

The Board is aware that there are a number of rumors circulating regarding this project, and this is clearly reflected in the questions and letters received, both in support of, and opposed to, this proposed development.

We would like the public to be aware that this matter is still under consideration by the VIHA Board. It is not possible to speculate on the outcome of the deliberations of the Board before they have occurred. Once a decision has been made it will be shared publicly.

Submitted by Ron Waller

Q When this land was donated by the Victoria Lumber Company in 1898 did it have a clause allowing the Chemainus Hospital, or VIHA as we now know it, to sell all or part of it?

A The Vancouver Island Health Authority is not aware of any restrictions preventing the sale of all or part of this land.

QUESTIONS & ANSWERS

Submitted by Marlynn Feist

Q **What is the rationale for not fully funding collective agreements? When 100% of the funding comes from the Vancouver Island Health Authority how are short-funded facilities, many of whom are already in a deficit position, supposed to cover their shortfall?**

A In the 2006/07 fiscal year, 100% of the funding allocated to facilities by the Health Employers Association of BC (HEABC) for the new collective agreements flowed directly from the Ministry of Health through VIHA to the facilities. VIHA did not retain any of this funding – the entire amount was provided to the facilities. The total amount of funding for each facility was based on the information each facility provided to the Ministry of Health. Any facility that subsequently determined there may have been an error in the calculations they provided to the Ministry regarding their allocation has been asked to contact VIHA to have their concern reviewed. VIHA is not responsible for deficits of contracted facilities and expects these organizations to operate within funded levels, just as the health authority is also expected to operate within funded levels.

Q **Why does the Vancouver Island Health Authority not have to disclose the operating costs of their own long-term care facilities line-by-line on a cost per resident day basis? Private and non-profit facilities must provide this information. Why should VIHA not be held to the same standard?**

A VIHA reports its financial information through our Audited Financial Statements, which are publicly available on our website. VIHA is organized, and subsequently budgets, on a program by program basis, not by individual site. Private residential care facilities, both profit and non-profit, that are contracted by VIHA are required to demonstrate that the service being purchased is being provided. One of the methods for determining this is through fiscal accountability.

Q **Why has the Vancouver Island Health Authority not approached the government about putting an end to the blatant conflict of interest that exists where VIHA owns and operates some LTC facilities but controls the funding for all facilities; thus putting privately owned and non-profit facilities in the position of having to beg funding from their direct competitor – the Vancouver Island Health Authority?**

A VIHA is responsible for providing residential care services throughout the health authority. This is done in a variety of ways, including contracts with non-profit and profit providers as well as through directly owned and operated facilities. This mixed model of service delivery is not new, and has been the practice for many years. VIHA has been developing a new residential care service model over the past few years. The principles

QUESTIONS & ANSWERS

for this model include ensuring the same level of care will be provided for residents with similar care requirements, regardless of the client's location or the service provider's organizational affiliation. Ultimately, VIHA is responsible directly to the Ministry of Health for all services provided, whether directly or through contracted provider organizations.

Q How do the citizens and taxpayers of Vancouver Island hold the unelected Board of the Vancouver Island Health Authority accountable for their decisions and actions?

A Health care is a provincial responsibility. As such, the accountability for effective delivery of health services rests with the elected government through the Minister of Health. The Minister of Health appoints the health authority Board members and holds them accountable through the establishment of performance targets communicated through performance agreements and letters of expectation.

The Vancouver Island Health Authority Board of Directors has established Vision, Mission and Values statements that guide the delivery of care and services, and has a Five Year Strategic Plan to guide the direction of the organizations and future decisions. These documents are available publicly on our website at www.viha.ca.

Should the general public have serious concerns regarding the decisions and actions of the VIHA Board they can communicate directly with the Minister of Health.

Submitted by the Ladysmith Community Health Advisory Committee

Q Ladysmith Mental Health and Addictions services are currently funded through the Cowichan and Nanaimo offices of VIHA Mental Health and Addictions Services, but service is unavailable in Ladysmith. When and how does VIHA propose to implement the recommendations arising from the Ladysmith Primary Health Care Transition Project Redesign Team for Mental Health and Addictions Services "for a small team of permanent staff to be established in Ladysmith", as per the January 8th letter to Mayor Robert Hutchins from VIHA Director of Mental Health and Addictions Services, Alan Campbell?

A Temporary arrangements were made in 2006 for a regular staff member from VIHA's Cowichan Mental Health and Addiction Services to undertake an assessment of service requirements and initiate services in conjunction with local health service providers.

An experienced nurse from the Duncan Mental Health Centre took on this role on a temporary basis, and elected to return to her permanent position in Duncan as of

QUESTIONS & ANSWERS

January 2007. Despite continuing efforts, it has not been possible to identify another staff member to take on this temporary assignment. Ladysmith residents continue to have access to Mental Health and Addiction Services through the Duncan Mental Health Centre.

VIHA acknowledges that the requirement for a permanent community mental health team was identified in the plan for the new Primary Health Care Centre in Ladysmith. This need was reinforced by a 2006 service assessment, which recommended a small team of permanent Mental Health and Addictions Services staff be established in Ladysmith. This recommendation has been put forward as part of VIHA's service planning and budget allocation process.

Submitted by Mitzie Dean

Q

How does the Board undertake a needs analysis of the community and how is this information used in planning and prioritizing service provisions? What information is available to the public and other agencies to help them identify community needs within Greater Victoria?

A

VIHA assesses each local health area throughout the health authority based on population demographics, health status and use of health services. Plans are then developed to address the key gaps and challenges identified. It is important to recognize that there are a number of factors that determine the health status of a community such as education, income and social status, employment and working conditions, physical environment, and health services. VIHA's Population Health Surveillance Unit, along with VIHA's Planning Team, conduct these needs assessments and work with multi-sectoral groups from the community who are in a position to work with us in addressing the key determinants of health. Data on Local Health Area 61: Greater Victoria can be accessed in the Statistical Supplement to the VIHA Five Year Strategic Plan document located on our website. If further information is required you can contact Michael Pennock, VIHA Population Health Epidemiologist at 519-7092.

Submitted by Carol Pickup, Co-Chair, South Island Health Coalition

Q

Why is it so difficult for relatives to get the results of VIHA inspections of residential care facilities through FOI, when these same results have been given to the media in a timely way?

Family members are not treated any differently than any other third party, including members of the media, making an access request for records containing residential care facility inspection information. Records being provided to any third party are

QUESTIONS & ANSWERS

subject to review under the *Freedom of Information and Protection of Privacy Act (the Act)*. Under the *Act*, information containing confidential personal and/or business information cannot be released, even to a family member, without either consent of the person whose information it is, or another form of legal authority (e.g. invoked Representation Agreement or cited statutory legal authority). All requested information must undergo a line-by-line review and severing of any information excluded from disclosure under the *Act* before they can be released.

Sometimes requests for records are made for reports that may not yet be completed at the time of the access request. In that case, applicants are advised of the intended completion date for specific records and asked to resubmit a request at that time. For routine inspection reports, where the request is clear, the records are of a reasonable volume and no fees are being applied, responses are typically provided within the allowable 30 business days from receipt of request. Depending on the nature and volume of the requested records, response times may vary due to a number of factors. These include, the need to clarify a request, the need to apply an extension to address large volumes and the need to apply a fee and await payment.

Any individual experiencing problems, or with questions regarding a request for records process, is encouraged to visit the VIHA Information and Privacy website for useful information, or to contact the Regional Information and Privacy Office at (250) 370-8043 or (250) 370-8686 with their questions.

Q

What criteria were used by VIHA in making up the call for proposals regarding residential care facilities that went out in April 2006 and in assessing the proposals that were submitted? Why were proposals from non-profits passed over in favour of the P3 project on the Selkirk waterfront? Why is the Carey Road site (purchased by the taxpayers of the Capital Regional District) not being utilized to provide a multi-level care complex?

A

VIHA recently completed a Five Year Strategic Plan to anticipate changing healthcare needs and determine healthcare priorities to 2010. VIHA has projected a significant increase in future demand for long-term care services and recognized the need to create new capacity. The community specific numbers were based on forecasts that incorporate population projections, socio-economic data and anticipated changes in healthcare delivery. VIHA asked for innovative proposals to provide a range of services, from assisted living to residential care to end of life care, as well as proposals that took into consideration the needs of special populations such as the young disabled and people with brain injuries. VIHA sought innovative, client-focused proposals from experienced not-for-profit and for-profit care providers to develop, build and operate high-quality, modern care services. This RFP process was conducted in a manner

QUESTIONS & ANSWERS

consistent with government procurement policies in order to ensure a fair, open and competitive process, The complete RFP can be viewed on Partnerships BC's website at www.partnershipsbc.ca

Proposals were evaluated in an impartial, fair and transparent manner according to VIHA's fair business practices. Proposals first underwent a completeness review to determine if the proposals had met all the mandatory requirements as outlined in the RFP. A committee and four sub panels evaluated the proposals to ensure that all the mandatory requirements and expectations outlined in the RFP were met. The committee and sub panels had the responsibility of conducting a rigorous evaluation of four key aspects of the proposal:

- Service model
- Proponent strength and experience
- Ability to deliver
- Financial considerations

With respect to the Selkirk Waterway property, each proposal received for the Greater Victoria area was evaluated according to the process and criteria listed above. It is worthy to note that not-for-profit organizations are involved in several of the projects awarded contracts through this RFP on Vancouver Island, including Good Samaritan Canada, which was awarded the contract in Nanaimo to operate 110 long-term care beds and 40 assisted living units. In addition to the four key aspects, proposals were also considered based on innovation and added value to residents, their families, the community and VIHA. The RFP was equally open to all service providers, whether they were not-for-profit or for-profit.

With respect to the Carey Road site, which is owned by the Capital Regional District, no decision has been made by VIHA with regards to future use of this site. We remain hopeful this property will be used to provide health care services.

Q

What is the current status of the Gorge Road Hospital, and when will a long-term plan be completed regarding the future of this site?

A

VIHA is currently using Gorge Road Hospital on an interim, temporary basis while additional new residential care beds are being constructed on Southern Vancouver Island. These new beds are scheduled to open in December 2008. Gorge Road Hospital has been used since 2003 to provide a care setting for clients while James Bay Lodge and Sandringham Hospital were renovated. This was completed in 2005. Since that time, approximately 50 beds have been in operation on the 2nd floor of the Gorge Road Hospital to provide interim residential care capacity while the new residential care

QUESTIONS & ANSWERS

beds and assisted living units are constructed. Since Summer 2006, the 4th floor of Gorge Road Hospital has been used to provide 45 temporary transitional care beds, previously located in Eric Martin Pavilion on the Royal Jubilee Hospital site, as Gorge Road Hospital provides a more appropriate care environment for this population. In addition, approximately 70 residents of Beckley Farm Lodge, a VIHA contracted partner in the delivery of residential care, are currently occupying the 3rd floor of Gorge Road Hospital while extensive renovations are undertaken at that facility.

Gorge Road Hospital has been deemed unsuitable for ongoing use, as the care environment does not meet the standards VIHA is moving toward in providing complex residential care. VIHA has spent over \$5 million in the past few years on upgrades and remediation to make Gorge Road Hospital more appropriate for short-term use. The facility is completely safe and appropriate for temporary beds during this transition period. The long-term future of the Gorge Road Hospital site has not been determined.

Q

Is the VIHA Board aware of the 2005 Alberta Auditor-General's report on seniors' health issues, with particular reference to his recommendations on more appropriate staffing and increased hours of service to seniors in residential facilities?

A

VIHA is aware of the Alberta Auditor General's Report on seniors' issues, and as a matter of course, reviews reports from various provinces regarding seniors and other health-related issues. VIHA is committed to the provision of quality care for seniors, and is committed to the development and implementation of a staffing model that reflects standards for hours of care in complex care facilities.

Q

Why does VIHA promote reservation of private and semi-private acute care beds for a fee?

The use of private or semi-private accommodation, where patient volumes and available beds allow it, for an additional fee is not new. This has been in place in VIHA facilities, and other facilities throughout BC and across Canada, for many years. It is a service that many patients want and routinely request. In fact, VIHA generally receives more requests for private and semi-private rooms than we are able to accommodate. Many extended health care plans cover the additional cost of a private or semi-private room. The level of care a patient receives is the same regardless of whether they are in a private, semi-private or a ward room. Patients requiring a private room for medical reasons, such as isolation, are not charged a fee. It is important to note that these beds are not "reserved" and are provided on request if available.

QUESTIONS & ANSWERS

Q Is the VIHA Board aware that nursing staff and physicians indicate that quick turnover and availability of acute care beds is compromised by the restrictions on contracted cleaning staff as to how many beds they may clean? In view of this information, what does VIHA intend to do to improve bed utilization?

A There are no restrictions placed on the number of beds that can be cleaned by contracted staff in any given time period. Staff respond to whatever the demand is, and supplemental assistance is available should there be a higher than normal turnover at any given time.

Effective bed utilization is a priority in VIHA, and significant improvements have been made in recent years in tracking and monitoring bed utilization.

Q Evidence worldwide is available to prove that P3 projects are not the best way to provide public infrastructure. What evidence did the VIHA Board use to make the decision to enter into P3 contracts for surgical clinics on Vancouver Island, or provision of residential care beds on the Selkirk waterfront?

A In fact, there is substantial evidence worldwide, particularly in the United Kingdom where there are currently more than 500 public private partnerships underway, to prove that public private partnerships deliver more projects on time and on budget when compared with traditionally procured projects. Involvement of the private sector in the construction, design and operation of health care facilities is nothing new, and there are numerous examples of this on Vancouver Island, in British Columbia and across the rest of Canada. A significant proportion of VIHA's residential care and assisted living services are provided by private operators, both not-for-profit and for-profit. All the beds and spaces requested under the RFP are publicly funded. VIHA is committed to ensuring that whomever delivers the service does it in a manner that provides the highest quality care to residents/patients/clients, while also making responsible use of public funds. All new and existing providers have stringent contracts in place with VIHA that outline detailed care and service expectations that must be achieved.

The proposals for the residential care initiative were evaluated in an impartial, fair and transparent manner according to VIHA's fair business practices. Please see the answer to your previous question for details around the criteria used by the VIHA Board to approve projects.

With respect to surgical contracts, the same answer applies. The evaluation criteria for surgical services proposals are clearly spelled out in the Request for Proposals that have been issued by VIHA. A team of clinical and non-clinical staff, which includes surgeons, evaluates proposals.

QUESTIONS & ANSWERS

Q

What is the VIHA Board doing to address the underfunding of mental health services? What was the rationale for shutting down acute services for the mentally ill in Victoria over the Christmas break?

A

VIHA has been working with the Ministry of Health and Provincial Health Services Authority to secure funding to provide 313 new Community Intensive Supported Living units across Vancouver Island. This unique housing model helps people with mental health and addictions as they regain their health and maintain their recovery. Some of these units have already been put in place this fiscal year, providing clients with round the clock supports. In addition, youth addictions services were expanded by more than \$1-million last year, including the creation of 16 new withdrawal management and stabilization beds.

This past Christmas, as has been the case over recent years, there was a seasonal bed closure at Eric Martin Pavilion to allow our staff to spend time with their families over the holidays. No patients were discharged because of this bed closure. Anyone still requiring acute care was relocated to other units within Eric Martin Pavilion, and a few patients were temporarily transferred to other VIHA staffed facilities. Traditional bed usage shows the need for acute psychiatric beds levels off or decreases over the holidays. Additional resources were available in the community, including the Urgent Short Stay Treatment Centre, adjacent to the Sobering Centre, the Integrated Mobile Crisis Response Team, and Psychiatric Emergency Services at the Archie Courtnall Centre.