



**BOARD OF DIRECTORS
GENERAL BOARD MEETING
WEDNESDAY, AUGUST 1, 2007
LEGION HALL, ROYAL CANADIAN LEGION
9775 CHEMAINUS ROAD, CHEMAINUS, BC**

Directors
Present: Jac Kreut, Chair
Don Carlow
Michael Costello
Ellen Godfrey
Shelley McDade
Brenda Nunns Shoemaker
Linda Petch
Ed Robinson
Vern Slaney

Staff
Present: Howard Waldner
Mike Conroy
Lynn Stevenson
Michelle Stewart
Janet Shute, Recorder

1. Call to Order

Chair Kreut called the meeting to order at 1:15 pm and confirmed that a quorum was present. He welcomed the members of the public in attendance and roundtable introductions were made.

The agenda was adopted as circulated.

The minutes of May 30, 2007 were adopted as circulated.

2. Acting President & CEO's Report

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

- Cowichan District Hospital has 95 funded beds, but is particularly challenged right now in terms of capacity. The challenges include:
 - 25% of all patient days are with Alternate Level of Care (ALC) patients, which is one of the highest on the Island
 - An occupancy rate that is over 100% at times
 - Nursing vacancies in medicine, emergency and surgical units
 - Increase in the number of births of 7% between 2005/06 and 2006/07. This trend has continued to grow over the past several years, with 424 births in 2003/04, 468 births in 2004/05, 488 births in 2005/06 and 520 births in 2006/07. Over 600 births are projected in 2007/08.

We recognize these challenges sometimes result in delays in admission to hospital and a higher than usual level of surgical cancellations.

- There are a number of capacity initiatives underway to address many of these challenges. These strategies include:
 - Increasing the percentage of day surgeries
 - Hiring more RNs – both new graduates and foreign trained nurses from the UK and the Philippines
 - Expanding the Assessed and Awaiting Placement Unit and changing the staffing mix
 - Opening 8 “over-capacity” beds
 - Improving the surgical slate planning
 - Enhancing the collaborative with Home and Community Care to create more options
- The initiative that will have the greatest impact is the construction of 160 residential care beds and 50 assisted living units in the community. These are well underway and are scheduled to open in 2008
- Chemainus Health Care Centre – Chemainus Quay Update
 - In January 2007 the Board decided not to sell the riparian strip of land in front of Chemainus Health Care Centre for a variety of reasons, including:
 - Noise impacts for residents, both during and after construction
 - Appropriateness of Pine Street access
 - Property value was more than was offered
 - The Board indicated that the sale of this land would only be considered if:
 - The noise impacts for residents, both during and after construction, were addressed and a series of registered, enforceable covenants were in place to protect the interests of our residents living at Chemainus Health Care Centre
 - There was community support
 - Zoning and permits were in place
 - Price reflects the value of the entire property

The Developer has been advised that the Board will not consider this matter again until each of these issues has been addressed in an appropriate way that is satisfactory to both senior management and the Board. To date the Board has not received a comprehensive response and this matter is not under consideration by the Board at this time.

- The Steeples in Chemainus is a new development with 16 publicly funded assisted living units. This \$4.4 million project is a partnership between Canada Mortgage and Housing, the Provincial Government, VIHA, Chemainus Health Care Foundation and the Municipality of North Cowichan, and it officially opened on June 2, 2007. The assisted living units are all self-contained one-bedroom apartments. The project is operated by the Chemainus Health Care Society and provides a 24/7 response system, personal care services, assistance with medications, housekeeping and meals. VIHA contributes \$200,000 in annual funding.

- VIHA has just launched a new Assisted Living Website, which is intended to be a one-stop shop for residents on Vancouver Island to access information about assisted living. The site contains general information about assisted living, eligibility criteria, the assessment process, costs, etc. to help people make informed choices.

3. Health Quality Committee

Director Nunns Shoemaker noted that the committee met with local physicians on Monday evening to discuss issues of mutual concern, and had the regular committee meeting on Tuesday, July 31st. Key issues discussed included:

- The committee has 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 continued to face challenges in our Emergency Departments, although there was some easing in late June. To address these challenges, VIHA is engaged in many initiatives, including:
 - Enhancing acute care bed capacity by extending the hours of our recently-added Hurry Up Beds (HUB) Unit at the Royal Jubilee and adding 14 new beds at Nanaimo Regional General Hospital, scheduled to open in the Fall
 - ◆ Developing Program Response Plans to outline program responsibilities on a day-to-day basis, as well as during over capacity situations, to meet their patients/clients needs and support overall patient flow.
 - ◆ Completing a successful pilot of a Rapid Discharge Team of therapists/social worker to provide early intervention and support more timely discharge home.
 - Long wait times for assessment at VIHA's two Pain Clinics, pressures on capacity within Laboratory Services, cardiac assessment and rehabilitation wait times, and significant increases in the number of births in the Cowichan District were some of the other topics covered by the report.
- The committee heard encouraging news about the significant capacity successes that have recently been demonstrated within VIHA. The examples from this report were:
 - The centralization of Home and Community Care intake services for Central Island has proven extremely successful and ensures more rapid, coordinated, and standardized responses to referrals and inquiries, which in turn promotes a more seamless service and improves patient care and satisfaction.
 - The Outpatient Parenteral Antibiotic Clinic (OPAT) at the Royal Jubilee Hospital has been running for 10 months and generally sees 6-12 patients per day that would otherwise have had to receive their antibiotic treatment in the Emergency Department.
 - The inpatient rehabilitation units in VIHA are using a national reporting system database to track their effectiveness (i.e. patient outcomes) and efficiency, compare this to other "peer" hospitals, and make improvements based on the findings. For many indicators, VIHA is demonstrating better performance than our peers for such indicators as length of stay, return to home from hospital, wait times, and achievement of patient goals.

- The pilot of the Medication Reconciliation initiative at Royal Jubilee Hospital (RJH) has drastically reduced medication discrepancies (errors and/or omissions) caused by inaccurate or incomplete recording of patients' pre-existing home medication regime. RJH has achieved a success index of 99-100%, compared to the national average of just under 85%.
- An annual update from the Medicine, Chronic Disease Management, and Primary Health Care portfolio, which included a number of portfolio-based objectives to ensure high-quality care, including:
 - Improving staff immunization rates
 - Reducing hospitalization for conditions for which ambulatory care would be more appropriate
 - Reducing the number of people waiting in the hospital for a residential care or assisted living bed
 - Ensuring appropriate length of stay in the hospital
 - Enhancing ambulatory services
 - Decreasing standardized hospital mortality rates
 - Maintaining patient safety
- There was also a presentation on the recent review of nutrition and diabetes services. The review ensures that there is equity in these services across the Island. It has allowed a shifting of resources towards a Primary Health Care approach, which aligns more with VIHA's Chronic Disease Management Plan and goals. The review helped define the core roles and functions of these services, so that quality standards may be set and maintained across VIHA.
- An annual update from the Operations and Support Services portfolio was also presented at the July meeting, and described many of the ways in which this portfolio supports high-quality care, including:
 - Improving transportation in rural communities
 - Disaster preparedness
 - Providing healthy workplace choices
 - Providing security services that assist in risk management
 - Improving supply chain efficiency for inventory distribution to VIHA sites
- C-Section rates in VIHA, as reported by the Canadian Institute of Health Information, are very high. This is an issue that has been reviewed by the Board many times over the past several years and continues to be an area that garners concern by the Board. The Board has requested that management work with our medical staff to ensure that VIHA physicians and midwives are following best practices in this area, including looking at communication mechanisms so that expectant mothers are well informed about the risks associated with c-sections.

Director Petch noted that she was unable to attend the dinner meeting on Monday evening with the physicians, and she asked what some of the key issues raised were.

Director Nunns Shoemaker noted that, in no particular order, the key issues raised included:

- Scarcity of Internists across the country
- Population growth in the communities around Cowichan District Hospital and the resulting congestion at the hospital
- Functionality of Ambulatory Care at Cowichan District Hospital
- On-site Administration in general
- The 210 beds and spaces, as mentioned in the CEO's report, which are scheduled to open in 2008 and the relief this will bring to the hospital congestion
- The excellent working relationship between the practitioners in Chemainus and Duncan
- The work with the Leadership Team at Cowichan District Hospital to provide mutually agreed upon definitions of core services at the hospital
- Capital planning for the hospital
- Medical staff news at Nanaimo Regional General Hospital with eight family practice residents starting this year, and eight more coming next year
- Telehealth and the future of the Electronic Health Record

Overall it was a very interesting and helpful meeting. The Board enjoyed the contribution of the physicians that came from Cowichan, Nanaimo and Chemainus.

Director Carlow noted that the report mentioned medication reconciliation at Royal Jubilee Hospital, which is so important for patient safety. It was queried whether there is a plan to spread this initiative across the Island.

Director Nunns Shoemaker noted that yes, as with all successful projects, the intent is to role them out once they have been tested, and that is certainly the intention with the medication reconciliation, which will be rolled out as funding permits.

4. Governance & Human Resources Committee

Director Costello noted that the committee met on Monday afternoon and he would like to highlight two areas from that meeting.

- First, the committee received an update on strategies to improve communication and engagement with employees. Communication is an on-going challenge in any large organization, and health authorities are particularly challenged given the geographic and 24/7 nature of the organization. Communication and engagement with staff throughout the organization is a top priority for management and the Board, and the committee will receive a further update on activities to improve engagement and communication with staff at the November meeting.
- Secondly, most of the meeting was spent discussing a succession plan for the Board to ensure continuity for the organization, at a governance level, for the foreseeable future. As the terms of appointment for Directors expire VIHA needs an orderly process for turnover on a gradual basis.

VIHA expects to issue a Notice of Vacancy and will advertise Island-wide in the fall/winter for candidates to fill the vacancies that will occur on the Board in 2008. The Board's recruitment process is outlined on our website or you can contact the Board Liaison if you would like more information.

5. Finance & Audit Committee

Director Robinson noted that the committee met yesterday in Chemainus and reviewed a number of items.

- The financial results for the end of period 3 were reviewed, and while early in the year, staff anticipates achieving a balanced budget, as VIHA has done every year for the past four years. A copy of this information was included in the packages for the public.
- An overview of the Receivable Collection Process, to try and collect on unpaid patient and third-party billings. This represents approximately 2.7% of patient revenue, and is similar to the rate in other health authorities in BC. If VIHA staff are unable to collect funds after a reasonable period of time then the debt is turned over to a collection agency to try and recover the money. VIHA will be going to tender on agency collections in an effort to lower the collection fee we currently pay. The committee was satisfied with the overall management of Accounts Receivable and there are no issues to report to the Board.
- A review of financial policies related to operational efficiency and effectiveness. The committee last reviewed these policies in 2005 and is pleased to see that all policies are now Island-wide. Management continues to review and revise policies, as well as develop new policies, as required.
- IM/IT Update – each meeting the committee reviews the status of major 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.
- There was a presentation on the development of IM/IT project management practices in VIHA. 18 months ago IM/IT began developing project management capacity and capability by establishing a Project Management Office to oversee projects. During this period the elements necessary to establish a solid foundation for continued growth and success have been implemented, and the organization has reached a point where project successes can be repeated.
- Lastly we received an excellent and informative presentation on the project learnings and outcomes on the pilot project for deployment of wireless carts at Royal Jubilee Hospital. This project was initiated in June 2006 to improve access to the Electronic Health Record at the point of care. Throughout the implementation, as challenges and opportunities were identified, several key success factors emerged that support the importance of early and continued clinical engagement, support for clinical practice integration and strategies that will inform further electronic health record development, and printing cessation initiatives.

This project will continue over the next year, with implementation scheduled for Royal Jubilee, Victoria General, Saanich Peninsula and Nanaimo Regional General Hospitals, and further expansion under review for other sites, including Campbell River, Courtenay and Cowichan. The wireless infrastructure provides a foundation for the deployment of many different types of wireless devices in the future.

6. Committee of the Whole

Director Petch noted that the purpose of the Committee of the Whole is to provide an opportunity for the Board to discuss strategic planning and quality issues. The committee met this morning and reviewed the following:

- Received an overview of the Program Budgeting and Marginal Analysis process, commonly referred to as PBMA, used within VIHA to assist in priority setting. The specific intent of PBMA is to assist senior management in developing resource allocation recommendations to Executive and the Board. During the 2005/06 budget planning cycle the Executive worked closely with Dr. Craig Mitton, of the Economics Department at UBC, to introduce the PBMA resource reallocation methodology to assist in setting priorities within VIHA. This process has been used in various jurisdictions in Canada, the United Kingdom and Australia over the past several years and is supported by a group of international researchers. This process has been used for the past three successive budget cycles in VIHA and involves both administration and clinical staff in the budget prioritization process, which is one of its key strengths.
- The Board has a policy on Professional Development, and part of the evaluation process is to receive reports back from Directors that attend various conferences or courses to determine if future participation may be of value to other members of the Board. Director Robinson attending the 2007 National Healthcare Leadership Conference in Toronto in June and he gave a report on his evaluation of this conference, which overall he found worthwhile.
- We also received an update on VIHA's public website policy, which was implemented in January 2006 to ensure consistency, accuracy, relevance and currency of all posted information. The Board is aware that keeping all information up to date is an on-going challenge given the number of initiatives underway in the organization at any given time, and encouraged management to continue to work on improving this objective.

7. Presentation – Primary Health Care

Allison Cutler, Executive Director, Medicine, Chronic Disease Management and Primary Health Care thanked the Board for the opportunity to give a presentation today. She introduced Dr. George Wray, Medical Director and Victoria Power-Pollitt, Director, for Primary Health Care & Chronic Disease Management, who gave a presentation on Primary Health Care.

There is a positive Primary health Care Environment in VIHA, and throughout the province.

- A Provincial Primary Health Care Charter was announced by government a few months ago, which provides a framework for investing in a primary health care system.
- A new Working Agreement between the BC Medical Association and the Ministry of Health provides additional funding for general practitioners for primary health care work
- Health Innovation Funding will allow us to provide further staffing supports to physicians' offices on the Island
- VIHA has a Primary Health Care Strategy and a Chronic Disease Management Plan, which were endorsed by the Board in June 2006.

The Primary Health Care Strategy's goals are:

- To improve access by enhancing existing primary health care services in communities
- To engage general practitioners, other primary health care providers, communities and other partners in building strong networks of care

Work underway/to be done includes:

- Improving access to Primary Health Care providers at the time care/advice are needed
- Enhancing awareness of population/individual needs within practices
- Supporting planned, proactive chronic disease management
- Including patients and families as key partners in care

The Practice Support Program is a new partnership between the BC Medical Association and Health Authorities to support general practitioners to implement and sustain quality improvement processes in their practices through a number of learning modules. Four introductory workshops were held in May and June in Campbell River, Parksville, Saanich and Langford, to introduce the program to physicians and Medical Office Assistants and the response was overwhelming. 415 GPs attended the workshops, and 190 signed up on the spot for one or more modules. Approximately the same number of Medical Office Assistants will also participate. This equates to about 25% of all full service family physicians in VIHA. Our goal was to engage 225 general practitioners by September 2008, and given the initial interest and uptake, we expect to reach or exceed our target.

Practice Support Program Desired System Outcomes:

- VIHA residents will receive planned, proactive chronic disease management advice and care
- Episodic conditions can be cared for in a timely manner
- Family physicians will have greater capacity to care for more patients

- Family physicians and staff will feel supported within the health care system

Dr. Wray noted that as a family physician, he was ready to retire several years ago, when VIHA received Federal transition funding and he became involved in the Chronic Disease Collaborative in the South Island. This provided him with the proper tools for appropriate patient care and information, and transformed his practice so that today he is still in practice, providing his patients with the care they deserve. He is very excited to be involved in this work, and the positive new culture, which will transform the lives of many physicians, as well as their patients.

It was queried what the plans were for Chemainus.

Victoria noted the five physicians in Chemainus signed-up on the spot at the orientation to take the learning modules and VIHA staff will be working with them to develop a “made in Chemainus” solution.

Chair Kreut thanked Allison, George and Victoria for the excellent presentation. He noted that as our demographics are changing, we need to find new and innovative ways to deliver health care services, and this is a great example.

8. Presentations

Chair Kreut noted that there was one public presentation scheduled today.

BC Government and Service Employees’ Union (BCGEU)

Re: Greater Victoria Home Support Services Request for Proposals

Brenda Brown, Chair, BCGEU Health Services Component and Donna Verdeil, Local Chairperson for Victoria Local 401 thanked the Board for the opportunity to speak today. In the Greater Victoria area, the BCGEU represents the 1,000 community health workers who currently provide home support services through Beacon Community Services, Juan de Fuca Home Support and South Victoria Home Care Society. She introduced some of her co-workers that were in the audience today.

Ms. Brown noted that she was very interested to read the Home Support Request for Proposals and the Notice of Intent to Select Bid documents that were posted on BC Bid. While she has some questions, she wished to start by acknowledging the recognition of the importance of continuity of care, both in the documents and the selection process that is outlined, and to commend VIHA for creating a limited Invitation to Bid process for the three existing providers.

Home support clients are often frail and have difficulty with uncertainty and change, and continuity is essential to the positive health and quality of care for clients. It is the relationship between clients, their families and their community health workers that allows for the trust, communication and respect to make this happen.

The BCGEU was encouraged to read that “minimizing the displacement of employees of the current providers” was part of the assessment that resulted in the limited bid process. Ms. Brown encouraged VIHA to recognize the value of the current community health workers, in their role as related to the continuum of care, as an integral part of the interdisciplinary team.

The BCGEU is concerned about the open tender process for Oak Bay/Gordon Head and Saanich Peninsula/Gulf Islands. The over 700 home support clients in these communities have the same continuity of care requirements as clients in the other areas of Greater Victoria, but an open bidding process could be very disruptive for clients and their families. There is also the potential to create disruption and increase costs with the introduction of two new service providers.

BCGEU is also concerned about job security for its members, who currently provide home support services in these areas, if two new service providers are introduced. While it is recognized that the RFP includes provision for “transition of clients and staff”, there is no guarantee that existing staff will choose to be transferred, and workers could be facing lower wages, loss of seniority and benefits, which could result in the loss of many experienced and long term employees. It is hoped that should a new provider or providers be successful, VIHA will follow past practice and encourage the protection of existing workers through a negotiated Memorandum of Agreement.

Ms. Brown urged VIHA to ensure that the outcome of the RFP process results in as little disruption, and as much continuity of care, for clients and workers, as possible.

Ms. Verdeil, a Community Health Worker with 25 years experience, asked the Board and management to take the knowledge and skills of the current staff into consideration when they are making a decision, as they are the ones who make continuity of care a reality.

Chair Kreut thanked Ms. Brown and Ms. Verdeil for their presentation. He assured them that both the Board and management share their concerns and want to provide the very best possible care to clients. He asked the President & CEO to comment further.

Mr. Waldner, on behalf of management, thanked Ms. Brown and Ms. Verdeil for taking the time to attend the Board meeting and make a presentation. For the information of the Board, he noted that he and Mike Conroy met with representatives from BCGEU some time ago, and made changes to the Request for Proposals before it was issued based on those discussions. He is positive that we can move forward in a way to deliver optimum value for VIHA, but at the same time maintain the continuity and quality of care.

9. Questions & Answers

Chair Kreut noted that the Board received a series of questions in advance of the meeting, and all have been responded to in writing in the Q & A, which was distributed at the meeting, and will be posted on our website at www.viha.ca.

10. Adjournment

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

The meeting adjourned at 3:25 pm.