



Frequently Asked Questions

FUTURE PLANS FOR HOSPITAL SERVICES IN COMOX STRATHCONA

The following questions were asked by members of the public and stakeholders at two community Open Houses organized by the Vancouver Island Health Authority (VIHA) in Courtenay and Campbell River on January 28, 2009. The answers reflect comments provided by Jac Kreut, VIHA Board Chair and Howard Waldner, VIHA President and Chief Executive Officer.

VIHA welcomes further questions on this important topic and is committed to periodic updates of this document to reflect ongoing questions we may receive on this issue. Questions can be submitted to planning@viha.ca

The questions and answers below have been grouped by theme.

Process & Timelines:

How are you going to consult on this latest proposal?

- The Vancouver Island Health Authority (VIHA) is committed to consulting with our stakeholders over the coming months.
- This will involve discussions with local government, the Province, physicians and staff, unions, system users, members of the public and other interested parties.

How long will it take to get the new hospitals built?

- VIHA would like to build the new hospitals as quickly as possible as we recognize the need for building and service improvements.
- Building timelines will not be finalized until there is consensus on the proposal and funding has been approved.
- Funding approval is required from both the Provincial Government and the Comox-Strathcona Regional Hospital District before this can proceed.
- We anticipate this is a 5-10 year process, with the actual construction phase taking approximately 3 years.

Would the two hospitals be built at the same time? If not, which hospital gets built first?

- Our goal is to proceed with both projects at the same time as one single, large capital project involving two hospitals. This would take advantage of tendering and construction efficiencies.
- However, if this were not possible, with the poorer physical plant condition of Campbell River Hospital, this site would likely be our first priority.

Where will the hospitals be located in each community?

- That has not been determined. VIHA will be asking the CSRHD to participate in this process and decision.

- The new hospital in Campbell River could be located on or near the current location of the Campbell River Hospital, and the regional hospital will likely be located somewhere in the Comox Valley.

Cost & Financing:

How much is it going to cost to build two hospitals, and how much more expensive is this than the previous (2006) proposal?

- Detailed analysis is needed before we can confidently discuss the exact cost of two new hospitals.
- However, preliminary estimates put the capital cost for both hospitals at \$500-\$600 million.
- In addition, an estimated annual operating cost of \$40-\$50 million is needed for the approximately 70 additional beds that will be added to serve the North Island's growing and aging population.
- The cost of the previous (2006) proposal was estimated at \$370-465 million, meaning the the new proposal cost is approximately \$150 million more.

Why don't you renovate the two hospitals rather than building new?

- Extensive renovations are required at both sites, and this would be extremely costly and challenging. Both hospitals are around 50 years old with some additions over the years. Each facility requires major capital investment to upgrade the infrastructure including the need for seismic mitigation.
- Renovating both facilities would cost approximately \$260 million. Although cheaper than building brand new, this is still a significant investment and will result in two renovated facilities instead of two new facilities. New hospitals have the added advantage of being designed with future flexibility in mind and are adaptable to changing needs and medical practices, meaning that the new buildings' lifespan will be much longer.
- Renovated buildings would have a shorter life span and will require more ongoing maintenance.
- Building new ensures the latest design features and newest technology are part of the facilities. For instance, the latest infection control practices would be incorporated into the design, including a greater proportion of single patient rooms, negative pressure rooms and isolation design features.
- With the focus on environmental issues, new facilities can be built to the Leadership in Energy and Environmental Design (LEED) Gold standard, as is occurring at our new Patient Care Centre in Victoria. Renovated facilities will not meet this standard.
- Construction of new hospitals would occur without interrupting ongoing health care delivery. Upgrading the existing hospitals while they are still providing patient care would be extremely difficult and disruptive. Construction timeframes will be longer (6-8 years as opposed to 3 years for a new build), service disruptions will occur and people may have to travel to access services elsewhere during certain construction phases.

Why don't you build two Regional Hospitals?

- The current and projected future population on the North Island is not sufficient to support two regional hospitals.
- A regional hospital requires a critical mass of service volumes, staffing, beds and equipment. This is simply not viable at two separate sites.

Will these hospitals be Public Private Partnerships (PPPs)?

- Any public infrastructure project in British Columbia with a value over \$50 million is required to be evaluated and considered for its Public Private Partnership potential.
- Considerations include how such a partnership can benefit taxpayers in terms of cost savings, innovation and risk management.
- We anticipate both these projects would be evaluated for their PPP potential.

Do PPPs mean patients will have to pay for their medical care?

- Absolutely not. All medically necessary procedures are, and will continue to be, publicly funded.
- A public-private partnership is a financing arrangement and in no way affects patient care, or whether patients pay for that care (which they would not).
- VIHA is involved in a public-private partnership with the Patient Care Centre – a 500-bed state of the art project at Royal Jubilee Hospital in Victoria. This project is on time and on budget.

Service Model & Staffing:

Since the Comox Valley is closer to Nanaimo, why don't you build the community hospital in Comox and the regional hospital in Campbell River, where it would better serve residents of Campbell River and communities north?

- To maximize access for the population, the regional hospital needs to be located near the larger population centre and where the most population growth is anticipated. This is in the the Comox Valley.
- According to BC Stats, there are currently 122,000 residents on the North Island (Courtenay to West Coast to Port Hardy). Over half (53%) of these residents live in the Comox Valley.
- BC Stats is projecting a 12% growth in the population of the North Island by 2020 for a total of 137,000 people.
- BC Stats also predicts the Comox Valley will have the highest population growth of the North Island in the next decade: the majority (76%) of the North Island's 12% population growth will be in the Comox Valley.
- The majority of the population currently lives in the Comox Valley and will continue to do so in future. Residents in other parts of the North Island will realize significant improved access to higher-level hospital services and will not have to travel to Victoria or Nanaimo anymore to get these services. At the same time, residents in these areas will also retain all the same health care services they currently access in Campbell River.

How did you arrive at the proposed bed numbers for each hospital, and why don't you use the Canadian Medical Association's acute care bed rate of 2.5 beds per 1,000 population?

- The proposed bed numbers are based on population growth projections from BC Stats for the year 2020.
- Based on these projections, a need for 80 acute care beds in Campbell River, and 110 acute care beds for Comox Valley is anticipated, plus an additional 40 to 50 beds for regional services to be located in the Comox Valley.
- Bed rates for hospitals cannot be looked at in isolation without considering the continuum of services that impact on acute hospital use such as residential care and assisted living, home care and effective primary health care. VIHA recognizes the need to expand and enhance these services to ensure that the most expensive form of care – acute hospitals – is used only when necessary.
- With regards to the bed rate of 2.5 beds per 1,000 population proposed by the Canadian Medical Association, that rate does not consider non-acute care beds and services. In addition, we are not aware of any jurisdiction in Canada that has an acute bed to population ratio this high.

How can you be sure the bed numbers planned for Campbell River Hospital will be sufficient?

- As stated above, the proposed number of beds at Campbell River Hospital must be considered within the context of the need to also expand community, non-acute services, including home and community and residential care.
- VIHA is committed to expanding these services, which will ensure that patients who are in hospital can be discharged to the appropriate community service when they no longer need hospital care.

- In addition, the new hospital would be built with a flexible design that would allow for further expansion and/or a different use, if needed.
- The proposed bed numbers are based on population demographic projections from BC Statistics for the year 2020. These indicate 80 acute beds are sufficient for Campbell River.

Comox is not receiving an increase in beds (other than the regional service beds which will be located in the Comox Valley facility). Will Comox have enough beds to provide care for its growing population?

- As stated above, the proposed number of beds for the Comox Valley hospital must be considered within the context of the need to also expand community, non-acute services, including home and community and residential care.
- VIHA is committed to expanding these services, which will ensure that patients who are in hospital can be discharged to the appropriate community service when they no longer need hospital care.
- In addition, the new hospital would be built with a flexible design that would allow for expansion and/or a different use, if needed.
- The proposed bed numbers are based on population demographic projections from BC Statistics for the year 2020.

Does a ‘fully functioning community hospital’ mean acute care services?

- Yes. Under the proposed model, acute care services including Emergency and inpatient services would continue to be provided in both communities.

Will this mean more centralization of services and longer to get laboratory test results?

- No. The recent implementation of electronic health records throughout the Vancouver Island Health Authority allows physicians to get access to test results electronically as soon as they are available.

Will this decrease Emergency Department wait times?

- The short answer is yes, as the addition of beds in both hospitals will add capacity to the system.
- Emergency Department wait times depend on a number of factors, including the ability for patients to move through the hospital system from admittance to discharge. This in turn depends on having appropriate and sufficient community based care resources, including home care services, assisted living facilities and residential care for patients who require this type of care.

Will you be able to attract the necessary new staff?

- The availability of staff and physicians is a challenge not only in Campbell River and the Comox Valley, but also across VIHA and the rest of Canada.
- A new, state-of-the-art hospital will greatly assist with recruitment and retention – this is the “magnet” effect of new hospitals.
- Factors which contribute to successful recruitment and retention of staff include providing state-of-the-art, purpose built facilities, which both Campbell River and the Comox Valley would be getting under this proposal.
- It is important to remember that not all staff and physicians are interested in working in highly specialized environments and choose to work in smaller community hospitals.

What do you mean by ‘enhanced services’?

- The proposed new regional service model would deliver both new services and an enhanced level for some existing services currently provided. With respect to new services, those include health care services that are currently not available on the North Island, for example, MRI diagnostics and psychiatric emergency care.
- By adding more capacity within the existing services, the Comox Valley hospital will be able to manage patients with higher care needs, who currently would have to travel to Nanaimo or Victoria.

- With respect to seniors' care, enhancements would include geriatric assessment as well as hospitals that are designed to be age appropriate and elder friendly in design.

Will the staff at the two hospitals be separate or combined?

- Staff would be VIHA staff.
- St. Joseph's General Hospital staff would become integrated with VIHA staff.

Would the medical team be 'assigned' to one hospital, or would they move between the two hospitals?

- Some physicians already practice both in the Comox Valley and in Campbell River.
- Under the new proposed model, some health care services will be provided at both sites while other services will be provided at one site.
- Under the proposed model, there will be a single medical, nursing and support service staff working across two sites. Staff and physicians would have the option to live in their home community and work at both sites if they choose.

Does this mean local specialists would move to the new regional hospital?

- No. It is anticipated current staff and specialists would remain where they are currently working, providing services to the community where they currently provide services.
- New specialists and staff would be recruited to enhance regional services for the new Comox Valley Hospital.

What are you doing about the current urgent need for improved psychiatric services in Campbell River?

- We recognize the need for improved access and improved services for clients living with mental health and addictions challenges.
- New options to strengthen mental health and addictions services are under consideration through the various community homelessness initiatives as well as through funding we anticipate being available through the Riverview project.

Will these new hospitals be teaching facilities?

- Yes, VIHA committed to building on our existing partnerships with educational institutions.
- VIHA is already affiliated with the University of Victoria through the Island Medical Program, as well with local colleges for nursing and allied health professional training.
- The new hospitals will be designed to facilitate teaching, research and education.

Future of Current Facilities:

What will happen to the old Campbell River Hospital if you build new?

- No plans have been made around a future use for the current Campbell River Hospital.
- VIHA recognizes the value of the land and the potential use of the existing building for non-acute health care services; for example for community based programs, public health, residential care and/or mental health.

What will happen to St. Joseph's General Hospital if you build new?

- VIHA does not own this facility, so it would be up to the Board of Directors of St. Joseph's Hospital to make the final determination of what might happen to the facility.

- As is the case with the Campbell River Hospital building, we believe the site and building of St. Joseph's hospital may be suitable for other non-acute health care services.
- VIHA has every intention to work closely with the Board and staff of St. Joseph's General Hospital to ensure any changes to the use of this facility meet the needs of the local community.

Other/Miscellaneous:

Will the new hospitals have local hospital boards?

- Hospital-specific boards were discontinued provincially over a decade ago.
- VIHA is governed by a Board of Directors, and while these members live in communities throughout Vancouver Island, they do not 'represent' just that community in board deliberations, although the needs and views of their home communities are certainly considered in their broader discussions.
- VIHA's general board meetings, which are open to the public, take place in communities across the island, providing board members with a deeper understanding of these communities and their needs.
- VIHA's newest board member – who will join the VIHA Board in March – is from Campbell River.

Why did Sunshine Lodge close?

- The Sunshine Lodge Extended Care Unit was more than 40 years old. While the site served residents well over the years, it no longer provided an appropriate care environment for people with complex care needs.
- The opening of the New Horizons residential care facility in Campbell River in March 2007 increased the overall number of residential care beds in the community and allows for seniors to receive care in a brand new, state of the art, purpose built environment.

Why don't hospitals smell like hospitals anymore?

- Most likely the traditional 'smell' associated with hospitals related to the cleaning products used.
- These days, newer, less harsh, odiferous and where appropriate – environmentally friendly – products are used.
- All cleaning products used in VIHA facilities meet or exceed infection control standards.