



**BOARD OF DIRECTORS
GENERAL BOARD MEETING
WEDNESDAY, MAY 27, 2009
AUDITORIUM A, BEBAN PARK COMMUNITY CENTRE
2300 BOWEN ROAD, NANAIMO, BC**

Directors Jac Kreut, Chair
Present: Michael Costello
 Shelley Garside
 Ellen Godfrey
 David Kruyt
 Brenda Nunns Shoemaker
 Ed Robinson
 Vern Slaney
 Hans van de Sande

Staff Mike Conroy
Present: Owen Heisler
 Lynn Stevenson
 Georgina MacDonald
 Neil Sweeney
 Bill Boomer
 Catherine Claiter
 Janet Shute, Recorder

1. Call to Order

Chair Kreut called the meeting to order at 2:30 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. Chair Kreut noted that the format of the meetings has changed slightly, and there will be brief committee reports, followed by presentations, and then a question and answer session, including questions from the floor.

The minutes of April 1, 2009 were adopted as circulated.

2. Health Quality Committee

Director Nunns Shoemaker noted that the Health Quality Committee had its regular meeting on Tuesday, May 26th, as well as meetings with the Nurses' Practice Council and Duncan physicians on Monday.

- The Acute Interventional Services portfolio provided an annual update on their key activities and initiatives, including stroke prevention, heart health and improving patient flow. An excellent presentation was also made on Heart Failure Management.
- At each meeting the committee reviews issues impacting VIHA's ability to provide accessible, timely, safe, and high-quality healthcare services, and this month

included an update on vascular access surgery for renal patients, as well as mental health and addictions funding issues in Cowichan.

- As part of the Board's mandate to monitor VIHA's performance against specific metrics, the performance indicators are reviewed semi-annually. Key improvements since the last review have been achieved in wait times for cataract and hip replacement surgeries. Areas for further improvement include MRI wait times and mental health 30-day follow up rates.
- Medication errors are the most common harmful errors that occur in health care throughout Canada and the industrialized world, therefore medication safety is a key priority for VIHA. The committee received an overview of VIHA's medication management processes, as well as the strategies going forward for on-going improvement.

Last year Accreditation Canada introduced a new program that includes Required Organizational Practices for medication safety, and staff are currently working to improve medication-related practices across VIHA sites and sectors to meet these new standards.

- Infection Prevention and Control is identified as one of the four System-Wide initiatives for VIHA this fiscal year, and while there will be on-going work across the organization, the committee was very excited to hear about a demonstration project that will be undertaken at Cowichan District Hospital, using a multi-factorial, all-stakeholder approach to Infection Prevention and Control. We look forward to seeing the results of this project, which we hope will be extremely positive, and something we can spread across the organization.
- - Updates were also provided on VIHA's new process for the development and implementation of clinical practice guidelines, and VIHA's influenza outbreak management response to H1N1 (Human Swine) flu.

3. Governance & Human Resources Committee

Director Costello reported that the committee met on Monday, May 25th, and it was a very busy agenda.

- Performance indicators were reviewed, looking at a number of key areas such as sick time, staff injury rate, long term disability rate, staff influenza rate and difficult to fill positions. Performance is outside of the acceptable range in many of these areas, but there are a number of strategies in the People Plan that are targeted to address and improve these important areas, and you'll hear a bit more about that in a couple of minutes.
- An update was provided that specifically focused on WorkSafe BC issues. There is a lot of work underway to address areas of concerns, such as violence prevention, musculoskeletal injury prevention and bloodborne pathogen exposure control, and staff safety has been identified as one of VIHA's four strategic initiatives for the 2009/10 fiscal year.
- The committee received an update on the People Plan and the six core strategies, which are all on-going, and are either on track, or slightly delayed with work continuing to progress. There was a more in-depth review on two of the core strategies, the first being Care Delivery Model Redesign, which is a very

exciting initiative that continues to progress well. In addition to the implementation in VIHA, staff are exploring opportunities for research with our post secondary partners. The second area the committee looked at in greater detail was Workforce Planning. A database, reporting tool and forecasting model have been developed that can generate and forecast needs for all employees by occupation group, program and geographic region to 2015, and this allows staff to make adjustments based on the impact of the People Plan initiatives.

- The committee also reviewed the authority-wide strategies for the organization for the 2009/10 fiscal year. This year there are four system-wide initiatives directly linked to the strategic direction of the organization and geared to result in changes to: the way we deliver care; the quality of the care we deliver; and how we manage our people and resources.

4. Finance & Audit Committee

Director Robinson noted that the committee met on Tuesday afternoon for five hours, and reviewed a number of issues.

- A good portion of the meeting was spent reviewing the Consolidated Audited Financial Statements for the year ended March 31, 2009. Attending the meeting were representatives from the Office of the Auditor General, who have been VIHA's external auditors for the past two fiscal years. We are pleased to report that we received a "clean" audit opinion.

It was MOVED, SECONDED and CARRIED THAT the Consolidated Audited Financial Statements for the year ended March 31, 2009 be approved as presented.

- On behalf of the Audit Committee, Director Robinson congratulated the CEO and Chief Financial Officer, as well as the entire finance team, on their excellent work, and for finishing the year with a small surplus. The audited financial statements will be posted on our website in the near future for anyone interested in reviewing them.
- As part of the review process the committee had a session with the external auditors without management present, and then a session with management without the auditors present. Both parties confirmed that the audit process went well and there were no concerns.
- The committee also reviewed the Audit Findings Letter. There were no items of significant concern.
- The committee regularly receives reports and updates from the Director of Internal Audit, and there are no areas of concern with respect to this on-going work.
- As specified in VIHA's Fair Business Policy Vendor Complaint Review Procedure, the Director of Internal Audit Services is the point of contact for any formal complaints. We are pleased to report that no formal complaints were received during the period April 1, 2008 to March 31, 2009.

- Each meeting the committee reviews the status of major capital projects. VIHA currently has two major capital projects underway, the Emergency Department Redevelopment at Victoria General Hospital and the new Patient Care Centre at Royal Jubilee Hospital. Both projects are currently on-time and on-budget, and the committee looks forward to receiving reports on the Renal Unit and the new Emergency Department at NRGH as those projects move ahead.
- Twice each year the committee looks at a broad set of performance measures linked to the strategic goals, which also incorporate measures and targets contained in the Government Letter of Expectation and other documents. The committee was satisfied with the overall performance, and all but one are within an acceptable range. The only area outside an acceptable range is the Facility Condition Index, which is in large part due to the age of many of VIHA's buildings, and the rising costs for maintenance and construction. This is not a challenge unique to VIHA, and is faced by health care jurisdictions throughout Canada as we struggle to maintain the functionality of aging facilities. Management continues to work to address this matter and our funding is targeted to the highest priority projects.
- At each meeting the committee reviews the status of Major IM/IT Projects to ensure they are within budget, on schedule, and the degree to which the project is meeting its original objectives. The committee continues to be satisfied with the action plans in place for all projects.

5. Committee of the Whole

Director Slaney advised that the purpose of the Committee of the Whole is to provide an opportunity for the Board to discuss strategic matters related to planning, quality and enterprise risk management. The committee met earlier today.

- An overview was provided on the progress for physician credentialing and re-credentialing in VIHA. There is a new Medical Planning and Credentials Committee in VIHA, a sub-committee of the Health Authority Medical Advisory Committee, which is working to standardize the credentialing process across VIHA.
- Following further discussions with the Comox-Strathcona Regional Hospital District, our Board Chair sent a letter on May 12th with a revised proposal. The Comox-Strathcona Regional Hospital District considered this revised proposal and on May 14th approved a motion to support the revised proposal, with one minor change – they have requested that VIHA confirm a minimum of 40 new residential, transitional and assisted living spaces for Campbell River.

It was MOVED, SECONDED and CARRIED THAT the revised North Island Hospitals approach be approved. This includes: 80 acute care beds; an additional 10 to 15 acute care beds and accompanying ambulatory services for regional mental health and addictions services; and a minimum of 40 residential, transitional and assisted living spaces in Campbell River. In addition kidney dialysis services in Campbell River would be developed following an analysis and discussion with the Provincial Health Services Authority and clinical leadership.

A smaller, and complimentary mental health and addictions services will be located in the Comox Valley, as part of the new state-of-the-art regional acute care hospital. St. Joseph's Hospital will convert to a non-acute function.

- As the other committees have also reported, twice per year this committee also reviews performance indicators. - VIHA has seen a reduction in the rate of tobacco use for individuals 15 years of age and over, as well as a reduction in the number of persons testing positive for HIV for the first time. In 2008 there were 38 new cases of HIV, the lowest annual count since 1993. VIHA also continues to maintain an over 95% self-sufficiency rate, so only a very small percentage of people living in VIHA need to receive health care services in another jurisdiction – usually the Lower Mainland.
- The Board also received an update regarding the activities currently underway to address the recommendations in the Communications and Community Relations Review that was presented to the Board in January. Significant progress has been made to date, and work is on-going to address all of the recommendations.

6. Public Presentations

Pain Clinics – Sharon Kofoed

Sharon thanked the Board for the opportunity to speak today. She noted that for most people, pain goes away quickly, but for some, pain is an on-going, chronic condition. In the summer of 2007 she broke her arm. She was treated and the arm healed, but the pain continued, and she was diagnosed with complex chronic pain syndrome. Fortunately, she was able to receive treatment at the NRGH Pain Clinic and lives pain free now. Without prompt treatment she might have lost the use of one arm.

She advised that the Pain Clinic at NRGH started in 1998, but officially began as a Multidisciplinary Pain Clinic in 2007. Visits to the clinic have increased from 1,200 to 3,500, and there is a six month waiting list for urgent cases. Some patients wait over two years to get into the clinic. The clinic receives 5 to 8 new referrals per day, and with an aging population, the number of people with chronic pain that will require treatment is going to continue to increase.

NRGH's Interdisciplinary Interventional Pain Clinic needs:

- To increase the number of clinic days from four to five days per week
- To increase the size of the clinics to run two rooms at a time
- To add a Pain Specialist Nurse to do follow-up with patients at three, six and twelve months after treatment at the clinic
- To have a GP that can review the progress of patients
- To fund the Lidocaine program appropriately

She is grateful for the Pain Clinic at NRGH, which had a profound impact on her life, and she has met many other people who have also benefited from this crucial service. She hopes that more funding can be provided to increase the pain clinic services at NRGH, so the staff are better able to meet the needs of patients suffering from chronic pain.

Chair Kreut thanked Ms. Kofoed for her presentation. He noted that the Board hears many presentations from people who have benefited from services in VIHA, and want to see them expanded. The Board wrestles, on a regular and continuous basis, with our budgetary and staffing constraints.

Howard Waldner also thanked Ms. Kofoed for her presentation. He noted that senior management is very conscious of the need to look at all services in VIHA for potential development, and is well aware of the great service provided by both of the pain clinics in VIHA.

Oceanside Health Centre – Carol Nicol Dowe

Ms. Dowe thanked the Board for the allowing her to make a presentation today. She noted that she is here today because of her experience with life end stages, and to bring to the Board's attention the need for a health centre in Oceanside. She is here today with the full endorsement of the Federation of Oceanside Residents' Association and the Qualicum First Nations Band. There are now nearly 4,000 signatures on an on-going petition, addressed to the local MLA, Ron Cantelon, supporting the need for a health centre in the community.

Ms. Dowe shared her personal story of caring for her husband, Bob Nicol, who died at age 69 of pancreatic cancer. She distributed copies of 15 letters from palliative patients and their families who were willing to share their personal experiences as well.

There are approximately 45 palliative patients in Oceanside, and there is only one palliative care bed in the community. There are empty beds in local residential care facilities that could be funded at a cost of less than \$200 per day, which is far less expensive than the cost of beds at Nanaimo Hospital, and would allow people to die much closer to home, with the support of family and friends.

She requested the Board please make the Oceanside Health Centre a reality soon, to provide vital services for the large and growing population of Parksville and Qualicum Beach.

Chair Kreut thanked Ms. Dowe for her very heartfelt story, and he noted there was tremendous empathy from the Board, as many members have also cared for loved ones.

Howard Waldner also thanked Ms. Dowe for her presentation, and noted that he understands it was very difficult to share her personal story with the Board. VIHA has been working diligently with a range of stakeholders in the community, and once sign-off is received from the local communities, an Expression of Interest (EOI) will be issued, seeking proposals from individuals/organizations that are interested in developing enhanced health services in the Oceanside area.

7. Presentation by President & CEO, Howard Waldner

Howard Waldner noted that as is customary at each meeting, he is pleased to have the opportunity to update the Board and the public on some key issues in VIHA.

- He acknowledged the hard work and dedication of all of the staff and physicians at Nanaimo Regional General Hospital (NRGH) in dealing with the c.difficile outbreak, which was officially declared over on May 12, 2009.
- \$46.3 million is being invested at NRGH to build a new renal unit and emergency department. These projects are cost shared by the Provincial Government, the Nanaimo Regional Hospital District, VIHA, and the Nanaimo & District Hospital Foundation.
- A 4,000 square foot Pediatric Ambulatory Care Unit officially opened at NRGH in April 2009. The clinic provides diagnostic and treatment for children with chronic conditions such as diabetes, cardiology, respirology and neurology. This not only improves access to specialty paediatric services, it reduces the need for patients and their families from Central and North island to travel to either Victoria or more often, the Lower Mainland.
- Planning is underway to renovate and expand space for the UBC Island Medical Program to support family practice residency training, undergraduate medical clerkship and other education. This in turn will support local physician recruitment, as physicians are more likely to stay where they have trained.
- 8 new state-of-the art operating rooms opened at NRGH in 2005, and 2 operating rooms were shelled-in for future use. The schematic design work to complete these as general operating rooms is now complete, and we are awaiting approvals for the next stage of development.
- Master Site Planning for both Cowichan and Nanaimo Hospitals is underway. These Master Site Plans help determine current and future needs, and allow for changes/progress in a planned manner.
- There has been a lot of community interest in the future of Cowichan Lodge. A variety of options are possible, but re-opening it as a residential care facility is not being considered, as it does not meet current guidelines. VIHA is committed to engaging the public regarding the future use of this site.

8. Presentation on Nanaimo Regional General Hospital (NRGH)
Emergency Department – Redevelopment & Patient Streaming

Dr. Drew Digney, NRGH Emergency Services Medical Chief and Leighanne MacKenzie, Director, Emergency Services, Trauma Care & Neurosciences were welcomed to the meeting.

- The current Emergency Department at NRGH was built to accommodate 16,000 annual visits, and there are currently 48,000 annual visits. 27% of all patients are over 65 years of age, and 15% of visits relate to mental health and addiction issues.
- The Ministry of Health Services has approved \$36.9 million in funding for a new Emergency Department at NRGH. Plans for the new Emergency Department include: privacy for patients, day lighting, infection prevention measures, elder friendly, and built to Leadership Energy & Environment Design (LEED) Gold standard, making it very environmentally friendly. Construction is expected to begin in the summer of 2009 and be completed by July 30, 2012.
- Overcrowding in the emergency department is difficult for both patients and staff, and a change was needed to address this issue.
- Patient Streaming was piloted at NRGH, and is now in place in Cowichan District, Victoria General and Royal Jubilee hospitals, and will be rolled out to the other acute care sites in the next few months.
- A triage and treatment area was set up, so now when patients arrive at the emergency department they are triaged, registered, usually have a short wait, and then are seen by either -a nurse or a physician- for an assessment, whoever is available first.
- The new physical and process changes have decreased the wait times for patients in the Emergency Department by about 40%, and has also increased efficiency for staff and physicians.

Chair Kreut thanked Ms. Mackenzie and Dr. Digney for the excellent presentation. The Board is very impressed with the advances that have been made, and in fact this morning gave final approval for this project to move forward, which is the first of three formal approvals required. A tremendous amount of good work has been done to improve patient care and satisfaction, and he commended all those involved with the Patient Streaming Project for their innovation. VIHA is proud to be leading the province with this work.

9. Questions & Answers

Chair Kreut noted that in addition to the written questions and answers, which were precirculated with the agenda, the Board will also be taking some questions from the floor. Members of the public were asked to keep their questions general in nature, and ask more detailed or personal questions at the Open House immediately following the meeting.

- It was queried what percentage of visits to the NRGH Emergency Department are people from the Oceanside area?

Dr. Digney indicated that when he looked at the data over a year ago, there was an average of between 14 to 20 visits per day by people from Oceanside.

- It was queried how many of those patients, in Dr. Digney's opinion, would be able to be treated locally if appropriate health services were available.

Dr. Digney advised that it would totally depend on what was wrong with the individual patient. Some would be able to be treated locally, but if the person were having a heart attack, they would need the hospital.

Leighanne (either Leighanne McKenzie or Ms. McKenzie) noted that the Emergency Services portfolio is working closely with the staff in Oceanside on the conceptual health centre for this community to determine how they can complement each other.

10. Adjournment

There being no further questions from members of the public, the meeting was adjourned at 4:00 pm and members of the public were invited to join the Board and senior management for refreshments at the open house.