

Directors Present: Jac Kreut, Chair  
Don Carlow  
Don Gainor  
Woody Hayes  
Brenda Nunns Shoemaker  
Ed Robinson  
Brian Stamp

Staff Present: Howard Waldner  
Glen Lowther  
Mike Conroy  
Joe Murphy  
Richard Stanwick  
Lianne Peterson  
Janet Shute, Recorder

Regrets: Linda Petch

#### 1.0 Call to Order

Chair Kreut called the meeting to order at 2:10 pm and welcomed the members of the public in attendance. It was noted that a quorum was present.

Mike Conroy, newly appointed Executive Vice President & Chief Operating Officer, was introduced.

The agenda was adopted as circulated.

The minutes of March 30, 2005 were approved as circulated.

#### 2.0 President & CEO's Report

Mr. Waldner reviewed a number of highlights and key issues in VIHA:

- In March VIHA and the community celebrated the opening of the \$23m state-of-the-art surgical unit at Nanaimo Regional General Hospital (NRGH).
- The Emergency Room at NRGH is one of the busiest on the Island and serves as the second trauma centre in VIHA. We are very pleased to have successfully reached agreement on a contract with ER physicians. Eight additional nurses have been added this year to support the Emergency Room at NRGH and we are continuing to work with BC Ambulance Services regarding timely triage and critical care transport.
- Physician recruitment in Central Island has been very successful with 23 physicians recruited from April 1, 2004 to March 31, 2005. This is a net increase of five additional physicians. On-going recruitment is underway, particularly for Specialists in Port Alberni, Duncan and Nanaimo. We are very

- fortunate that Vancouver Island is considered a desirable place to live and work and believe our recruitment efforts will continue to be successful.
- VIHA is also supporting a significant number of coordinated programs to creatively address nursing shortages. These include:
    - New Grad Hire Program – our goal is to offer full-time and part-time employment to all new Island RN grads. To date we have received 121 applications from a total of 174 grads.
    - Mentorship Program – piloting one-year full-time job opportunities, including an 8-week mentorship program, which allows flexibility to new grads
    - Phase-In New Grad Partnership – allows nurses aged 60 or older to work part-time. Mature nurse “job shares” with a student for up to three years. The mature nurse collects full-time benefits while working part-time and the student nurse can assume the full-time position when the mature nurse retires.
    - Undergrad Nurse Employment – VIHA has been offering employment to undergrads since 2001. With the support of the Ministry of Health Services the program has now expanded and will increase the number of positions available from 30 to 200.
    - Nurse Practitioners – this is an enhanced role for nurses with an expanded scope of clinical decision making. Four positions will be introduced to support care with VIHA in the late summer or early fall.
  - 195 new Assisted Living Units are currently under development in VIHA.
  - A new multi-level care facility is under development in Ladysmith. The facility will provide 75 complex care and 12 geriatric mental health beds and is expected to open in March 2006.
  - VIHA has implemented a Celebration of Excellence program to recognize staff and physicians for excellence in the workplace as part of a larger employee recognition program. The response has been very positive with a 139 individual and 67 team nominations submitted, representing 1,500 staff and physicians.
  - West Nile Virus was first introduced to North America in New York in 1999. It has since spread to all states in the US and 7 Canadian provinces and is expected to arrive in BC this year. VIHA is partnering with the BC Centre for Disease Control regarding surveillance, and several strategies have been implemented. These include mosquito monitoring, mosquito control, collection of dead crows, and case reporting by physicians.
  - VIHA, the City of Victoria and the Victoria Police Department are partnering in harm reduction strategies and have developed a “four pillars” approach of prevention, treatment, housing and enforcement. VIHA’s commitment to harm reduction includes the Sobering & Assessment Centre and more street outreach workers and youth services. VIHA is very concerned about the spread of HIV infection. Research indicates that harm reduction strategies, including Supervised Injection Sites, can reduce the incidence of new infections by up to 80%. VIHA and partners have looked at the current

Supervised Injection Site in Vancouver and other models of care in Europe. No decisions will be made until all key stakeholders have been consulted. Public discussion workshops are underway this week and VIHA is continuing to do its homework.

- VIHA is working hard on a variety of pharmacy initiatives to increase efficiency and effectiveness. More than 6,000 doses of medication are dispensed to patients at Royal Jubilee Hospital alone. An automated, computerized pharmacy system will be installed at Royal Jubilee Hospital to store, track and dispense medication. This will greatly reduce medication errors and improve “fill” time, and will serve as a model for other sites across the Island.
- VIHA has recently added video-link capability to Tofino and Qualicum. This technology facilitates linkage to VIHA and is the first step in establishing Telehealth. It also serves as a resource for other community users, such as the RCMP.
- VIHA has had a successful conclusion to the 2004/05 fiscal year. We ended with a balanced budget and achieved significant increases in service levels.

	2004/05	Increase
Number of Babies Born	5,767	+ 2%
Total Surgical Activities	62,365	+1%
Hip Replacements	966	+29%
Knee Replacements	922	+35%
MRI Exams Per Day	45	+20%
CT Exams Per Day	173	+9%
Assisted Living Move-Ins	256	+135%
Rehab New Admissions	7,486	+119%

### 3.0 Health Quality Committee

Director Carlow gave an overview of the issues discussed at the two meetings held yesterday.

#### Meeting with Central Island Medical Staff

- There was a good turnout and it was a positive meeting.
- The Board heard about a number of positive issues, including:
  - Recruitment successes
  - Renal Program for Nanaimo moving forward
  - Plan for Internist coverage at West Coast General Hospital
  - ALS Service now available through the BC Ambulance Service
  - Opening of the new OR at NRGH
  - Construction of the new Perinatal Unit at NRGH underway.

- The Board also heard about continuing challenges, including:
  - Need for speedy licensure of foreign physicians and improvements to the immigration process.
  - Need to develop an angiography program at NRGH. It was noted that plans are in progress to implement a program at NRGH within three to five years, as appropriate for the projected population growth on the Island.
  - Need to improve critical care transport. Management is currently working with BC Ambulance Services to improve services.
  - Transcription Services. This is another area that management is currently focused on to ensure improvement in turn-around time and implementation of consistent standards for reporting.
  - Clarity around access to decision-makers. The new organizational model that is currently being implemented will make reporting relationships clearer, and includes locality managers who will be responsible for working with local staff and physicians to help resolve issues.
  - The need for a clearly defined vision for NRGH as a regional referral centre.

Management continues to address the issues raised.

At the regular committee meeting:

- Reviewed system capacity issues. Alternate level of care (ALC) days are down, but there continues to be high occupancy rates at a number of our acute care facilities. There continue to be high rates of admission through the emergency departments, but we have also seen more throughput for surgical procedures and improvement in wait times in a number of areas, as well as improved wait times for diagnostic tests. Good progress is being made and short and medium term plans have been established to ensure continued improvement.
- Received a briefing on the Quality Plan for clinical services. There have been some issues regarding inequity of infrastructure. The new Quality and Patient Safety Team will implement an Island-wide, distributed model. We anticipate being involved in four to six Institute for Health Improvement (IHI) initiatives.
- Received an update on the Patient Safety Plan. The Working Group continues to meet on a regular basis and a number of initiatives are underway, including the IHI Hip Fracture Collaborative.
- Received an update on the quality aspects of Clinical and Operations support Services, including the successes, challenges and future plans. Key areas of improvement include drug safety and access to MRI and CT Scan procedures.
- Received a briefing outlining a framework to develop a Primary Health Care Plan for VIHA. Further details will be presented to the Board in the fall.

- Received an update on the development of a Clinical Ethical Framework. An individual will be appointed to assume responsibility for leading this process and identifying a network of individuals from across the organization. Formal procedures and educational resources will be developed and implemented over the summer.
- The committee is reviewing and updating its Terms of Reference.
- The committee discussed the potential value of a Provincial Quality Network, which is under active discussion by the Leadership Council.

Director Robinson asked for more information on the IHI Collaboratives. Director Carlow noted that a collaborative is a quality improvement approach in a geographically dispersed organization that brings people together with goals and targets and provides support for improving processes. These generally involve people from a number of jurisdictions.

#### 4.0 Governance & Human Resources Committee

Director Stamp noted that the committee met this morning and reviewed a number of topics.

- Performance Indicators on WCB and Long Term Disability rates. Goals have been established to lower both WCB and LTD rates.
- Wide-ranging review on all of the things the Human Resources staff accomplished in the past year and plans for the upcoming year.
- The Celebration of Excellence program has been very successful. 1,500 nominations were received from across the Island and events will be held in a number of locations. Our goal was a 3% response and we received a 10% response, so we are very pleased with the inaugural launch of this program.

#### 5.0 Finance & Audit Committee

Director Robinson noted that the committee met yesterday and he reviewed the following activities of the committee.

- The majority of the meeting was spent reviewing the Audited Financial Statements for the year-ended March 31, 2005. Present for this discussion were four representatives from the External Auditor, KPMG, two representatives from the Auditor General's Office, including Mr. Morris Sydor, Assistant Auditor General, and VIHA's Internal Auditor. The audit review was concluded and the External Auditors indicated that in their opinion the consolidated financial statements present fairly, in all material respects, the financial position, results of operations and cash flows of the Authority in accordance with Canadian generally accepted accounting principles. The statements show assets of \$820 million and revenues of \$1.3 billion, resulting in a slight surplus of \$4.6 million. This means that VIHA spent 99.6% of its budget for 2004/05. The Finance &

Audit Committee, and subsequently the Board, approved the Audited Financial Statements for the Year-ended March 31, 2005.

- Reviewed a 15 page Audit Findings Report to confirm the approach and scope of the audit, key responsibilities and the independence of the relationship of the External Auditors.
- An update from Morris Sydor, Assistant Auditor General, on the role of the Office of the Auditor General on the audit in the past year, and their role for future years. For 2005/06 and 2006/07 the Auditor General's role will be similar to this year – essentially a review role with minimal time in planning and reviewing audit working papers. In 2007/08 the Office of the Auditor General will take over responsibility for the audit from KPMG.
- The committee met alone with the Auditors without management, and then met with staff without the Auditors. Both groups stated they had a good working relationship and other than some minor scheduling problems, there were no concerns and there was full cooperation by both parties.
- Internal Audit Services provided a routine status report and a report on the results of an audit on the management and administration of physicians compensation. The report included objectives, scope, key observations and recommendations. Management's written response has not been received yet, but the committee was advised verbally that there are no concerns regarding the key observations and recommendations in the report. The report confirmed that payments to physicians are appropriately administered, but there are some areas for system improvement.
- Year-to-date Statement of Operations for Period 13 were received for information. Due to the detailed review of the audited financial statements the committee focused on the statistical performance report for Period 13. Although many of these figures were noted earlier in the President & CEO's report, they are worth repeating. There was a 35% increase in knee replacements, 25% in hip replacements, 20% increase in MRI procedures and a 70% increase in assisted living spaces.
- Reviewed the status of the IT spending plan for 2005/06. No issues were raised and a more detailed report will be presented in the future.

More information was requested on the report completed by Internal Audit Services on physician compensation. Director Robinson noted that there were 15 recommendations contained in the report and these were categorized into high, medium and low risk. The three areas identified as high risk included:

- Better documentation for on-call payments
- Clear identification of roles and responsibilities for physician compensation at the area below the Executive
- Exploring the opportunity to link physician compensation with outcomes. This is a complex area that needs to be addressed by all Health Authorities.

Director Hayes noted that the Auditors stated their independence. It was queried what the non-audit functions were in relation to the audit. Director Robinson noted

that independence is now a professional audit status. KPMG has no conflict of interest with VIHA and they provided very little other services outside of the Audit for VIHA. The other work they provided totalled \$2,900.

#### 6.0 Health Status Strategies and Population Health

Dr. Richard Stanwick, Chief Medical Health Officer, gave a presentation on some of the strategies used to improve population health, including:

- Methodology to rank relative health of cities, based on a study done by the National Post in 2002.
- Opportunity currently being explored looking at a “harm reduction” model. GPS technology to show where needles are being discarded can provide direction on appropriate locations of “harm reduction” sites to best serve the population.
- Communicable Disease Control – ability to monitor rates of diseases such as HIV and Pertussis and show patterns on the Island. It also allows us to have improved connections with individuals who may have contracted a disease but be unaware of the exposure.
- Safety of playgrounds – the primary reason a child will visit an emergency room is because of a fall on a playground and it has been found that in 74% of cases the child was being directly observed by the daycare provider and in over 90% of injuries the incident occurred within the immediate proximity (two meters) of the adult supervisor. A device has now been developed to measure the safety of the surfaces at playgrounds and VIHA is working with daycares to ensure they are in compliance with meeting the standard.
- Data shows that 90% of the public is very supportive of moving to a bylaw in their community that would prohibit smoking in all indoor public places. Dr. Charmaine Enns is advocating for this type of bylaw in North Island communities. We are also very pleased to have received a grant from Health Canada that allowed us to partner with Aboriginal communities to gather data on smoking that will help us work with them to develop strategies to reduce smoking. There is also strong public support to prohibit smoking in all schools and school property across the Island. While most schools have either formal or informal policies on smoking, Dr. Perry Kendall, Provincial Medical Health Officer, has developed an approach for all School Boards.
- Many communities are looking at a Food Charter as part of food security, which is a very productive, positive health enhancing activity. There are also community gardens in many communities, which contribute to the health and well being of individuals.
- GPS and mapping help us with emergency preparedness by assessing the risk of our facilities.
- We are working with federal and provincial agencies in pandemic planning.
- VIHA is actively monitoring air quality – in the winter there are a number of dangerous particles from wood burning that can affect lung health.

- In the South Island all Inspection Reports of restaurants and public food preparation kitchens are published on the website for the VIHA Medical Health Officer. We are working to have this information posted for restaurants across the island in the near future.
- VIHA is working with the Capital Regional District to map the pressurized water and sewer systems.
- VIHA is demonstrating leadership in developing ways to close the “care gap” between evidence-based care and current chronic disease management.

Chair Kreut thanked Dr. Stanwick for his presentation and acknowledged that it is great to see some of the considerable successes over the past few years. It is also good to see that more and more quality data is becoming available to identify areas of risk so that people can be aware and be prepared.

## 7.0 Presentations

### Prostitutes Empowerment Education and Resource Society (PEERS)

Jody Paterson, Executive Director, noted that Prostitutes Empowerment Education and Resource Society (PEERS) is a non-profit organization that was started 10 years ago to help sex trade workers. The majority of staff and PEERS Board members are former sex trade workers. The core program at PEERS is Elements, a six-month exiting program funded through a contract with the Ministry of Human Resources, where individuals participate in group work and one-to-one counselling Monday through Friday.

A motor home, recently purchased after receiving a generous donation, is used for the late-night outreach program, which operates every night from 9:00 pm to 1:00 am and provides services such as distribution of condoms, needles, clothing and provides snacks and support to people working on the “strolls”. They see approximately 65 women per month on the strolls and another 30 women at PEERS. 98% of these women are addicted to injection drugs.

These women put significant pressure on acute care health services. They are frequent visitors to the emergency room for various reasons ranging from drug-related abscesses, pregnancy/abortion, withdrawal symptoms, chronic poor health and the violence of their workplace – the streets. Due to their extreme lifestyles they have high incidence of MRSA, Hepatitis C and HIV, and tuberculosis is becoming more common. They also have a range of mental health issues, including post-traumatic stress, bipolar, schizophrenia, borderline personality disorder, depression and drug psychosis.

There is currently no housing in the region suitable for bridging these women from their addiction to abstinence. The classic female addiction pattern is of repeated relapse before full recovery. Private housing in their price range tends to be amid

other users and drug dealers, making getting clean impossible. These women can't get into a transition house or other kinds of recovery houses because they are still using drugs. PEERS would like to partner with VIHA to provide a supportive recovery house with six beds for hard-to-house women from the sex trade, with the capacity to house two more emergency situations. PEERS has the money to purchase a house and pay for the mortgage, but requires approximately \$180,000 in annual operating costs to ensure the house is staffed 24 hours per day/7 days per week.

PEERS believes that by providing staffed housing focused around addiction recovery as part of a long-term holistic program, they can break the cycle. Individuals would be allowed to stay at the house for up to twelve months, with evaluations at 3, 6 and 9 months to determine on-going suitability.

Chair Kreut thanked Ms. Patterson for the very informative presentation. He noted that some of the concerns expressed today mirror the concerns of the VIHA Board.

Mr. Waldner also thanked Ms. Patterson for her presentation and noted that it was good to hear about the excellent work being done by PEERS and the challenges they are facing. He indicated that Dr. Richard Stanwick, Chief Medical Health Officer and/or Mr. Mike Conroy, Executive Vice President and Chief Operating Officer, would follow-up with her directly to look at opportunities that VIHA could work together with PEERS.

#### 8.0 Questions & Answers

Chair Kreut noted that there were no questions submitted for the May meeting.

#### 9.0 Adjournment

There being no other business at this time the meeting adjourned at 3:35 pm.

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Janet Shute, Recorder

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Jac Kreut, Board Chair