



**BOARD OF DIRECTORS  
GENERAL BOARD MEETING  
WEDNESDAY, DECEMBER 20, 2006  
LECTURE HALL, VICTORIA GENERAL HOSPITAL  
1 HOSPITAL WAY, VICTORIA, BC.**

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Directors Present: Jac Kreut, Chair  
Michael Costello  
Ellen Godfrey  
Woody Hayes  
Linda Petch  
Brenda Nunns Shoemaker  
Ed Robinson  
Brian Stamp

Staff Present: Howard Waldner  
Mike Conroy  
Suzanne Germain  
Ann Bozoian, Recorder

Regrets: Don Carlow

1. Call to Order

Chair Kreut called the meeting to order at 2:00 pm and confirmed that a quorum was present. He welcomed the members of the public in attendance and roundtable introductions were made for the benefit of the public.

The agenda was adopted as circulated.

The minutes of September 27, 2006 were adopted as circulated.

2. President & CEO`s Report

Howard Waldner gave a presentation on the following key issues:

- With regard to Senior's Care, agreements have been reached in eight communities as part of VIHA's commitment to new Residential Care beds and Assisted Living units.
- Home and Community Care Service levels are up this year with over \$5.0 million invested in Home and Community Care programs.
- With regard to Mental Health and Addictions services in Victoria, VIHA:
  - Has hired a dedicated Medical Director of Addictions Services;
  - Will open the day detoxification program in January at Victoria Detox;
  - Is in the final stages of partnering with the Salvation Army for supported residential treatment beds for male youth. These beds are expected to open early in the new year;
  - Has opened additional residential and detox beds with Boys and Girls Club and Youth Empowerment Society;

- Has hired a new youth addictions coordinator to work with contracted agencies to ensure the most appropriate mix of services for youth across Vancouver Island;
  - Is working with Our Place to fund extended services. Funding has been approved and allocated by VIHA, with contract negotiations underway;
  - Is working with Cool Aid Society to provide 45 units of supported residential housing for the homeless. Funding is in place and these supportive units are coming on line as current leases expire;
  - Is providing more coordinated youth addictions counseling services and increasing the variety of clients served; and
  - Is working with the City of Victoria and others to identify priority service gaps.
- A well, VIHA has dedicated \$3.3 million/year for 184 new, safe, affordable intensive support housing units. This unique supportive housing model will help people with mental health and addictions as they regain their health and maintain their recovery. Sixteen new detox and stabilization beds for youth have been created. Many of these new beds will be prioritized for youth battling crystal meth addiction. VIHA has also created new Geriatric Psychiatric Outpatient services. Eight staff including outreach workers, nurses and occupational therapists have been added.
- Psychiatric Intensive Care and Psychiatric Emergency Service planning is underway for Nanaimo as part of expansion plans of NRGH Emergency Department, which will include six secure rooms and two short stay beds.
- A new MHAS web site will be launched in the New Year. This website will provide detailed information on available services in each community, and vital information on how to access those services.
- New equipment at facilities that will enhance patient care, including a new echocardiography lab at RJH, the purchase of leading-edge urology equipment at RJH, VGH and Cowichan District hospitals.
- Significant improvement in volumes and waiting times for hip and knee replacements, the number of CT scans performed, and a reduction in inpatient days in emergency in RJH, VGH and Nanaimo Regional General Hospital.
- Work is underway to create a master site plan in anticipation of a new inpatient facility for the Royal Jubilee Hospital.

Mr. Waldner closed his presentation by encouraging everyone to get a flu shot.

### 3. Health Quality Committee

Director Nunns Shoemaker noted that the committee met this morning for over five hours – for a regular committee meeting, as well as early morning breakfast meeting with local physicians.

Highlights from the discussion at the regular committee meeting:

- 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 were the focus of this report. As is the case in jurisdictions across Canada, there continue to be challenges in many of our emergency departments, particularly RJH and VGH.

- The challenges in placing patients in inpatient beds have resulted in some cancelled surgeries.
- The number of alternate level of care, or ALC, patients also continues to be a challenge, particularly at sites such as Cowichan, Nanaimo and Campbell River hospitals. ALC patients are those patients who no longer require the services of an acute care facility but for whom no appropriate alternative care is available. While mitigation strategies continue to be implemented, these communities have lower residential bed to population ratios, so it is not expected that there will be substantial improvements in the number of ALC patients in these hospitals until our new residential bed capacity is opened in 2008. Nevertheless, VIHA is focusing its efforts on developing service capacity options that will improve patient flow during the busy winter periods over the next two years.
- A couple of the service improvements in the vascular surgery program merit mention. The increased incidence of abdominal aortic aneurisms is challenging the vascular surgical program. This increased incidence is related to the aging population, increased expectations of patients and improved detection of non-ruptured aneurisms through the use of ultrasound. The introduction in VIHA of a new surgical technique in 2005/06 resulted in lower average length of stay of these surgical patients and an increase of 12% in the number of patients that can be treated in a year.

Also with the vascular surgery program, patients requiring major limb amputation are extremely difficult to manage. By applying a number of quality improvements to our amputation program, vascular surgery has substantially reduced the length of stay and mortality rate of amputations. The average age of amputees is 66 years; 50% are diabetic and an increasing number are dialysis dependent. These improvements in outcomes and utilization efficiencies are important as we expect diabetes and dialysis to contribute to a rising number of people requiring major limb amputations in the future.

Overall, over the past 2 years, the vascular program has increased the throughput of all its cases by 18%.

- Each committee of the Board reviews performance indicators on a semi-annual basis. The committee was pleased to see improvements in a number of challenging areas since the report in May. These include:
  - 87 new Assisted Living Units have been added since the start of the fiscal year.
  - Surgical wait times for hip, knee and cataract procedures have improved, and reducing wait times continues to be a focus.
  - The percentage of patients admitted to in-patient beds through the Emergency Departments within 10 hours has improved from 66.3% to 77%.
- In review of our Statistical Performance Report, it was noted that over the year there has been an 8% increase in renal dialysis treatments; and 18% increase in

home support hours; a 9% increase in CT scans, and a 3% decrease in MRIs, partly due to the downtime during the installation of the replacement unit at the VGH.

- We received a presentation on the Infection Prevention and Control Program, which is now an integrated, island-wide program and part of the Quality and Patient Safety portfolio. Action and implementation plans to address various monitoring, evaluation and reporting requirements are aligned with VIHA's Five Year Strategic Plan.
- We received an update on the Medical Staff, including the work of the Health Authority Medical Advisory Committee, senior medical leadership appointments and a presentation on the Island Medical Program, which is now in its third year. After working last summer with family physicians in rural practices, 24 third year medical students have been regulars at the RJH, VGH and other sites across VIHA as they learn their skills during what are called clerkships with physician mentors in the major clinical disciplines.
- The Committee was given an annual update on the Population and Family Health portfolio, which is organized into three program areas of Aboriginal Health, Child, Youth and Family Health, and Population Health. Each program area has developed indicators to monitor. The update included a presentation on the Aboriginal Health Services Plan, and Dr. Charmaine Enns will be giving a presentation on this later in the meeting. There was also a presentation on the Population Health and Wellness Strategy, which is aligned with VIHA's Five Year Strategic Plan. The over-arching goal is to improve population health and reduce health inequities among VIHA residents, and to enhance integration of disease prevention and health promotion activities in all VIHA programs and services. International best practice research indicates that reducing the health status inequities among population groups is a vital way to improve population health. The clear areas of inequity in health status among VIHA residents include Aboriginal people, people living in the north and northwest areas of Vancouver Island, and people with low incomes. As inequities in health status are often due to socio economic factors, which VIHA has no control over, we will be engaging with community partners and advocating for healthy public policy. One of the preliminary areas of emphasis will be chronic disease prevention. Direct health care costs for chronic diseases in BC are estimated at \$9.3 billion per year, so just a 10% reduction in the incidence of chronic diseases could save \$930 million per year, which could be applied to other areas of our healthcare system. The committee looks forward to a report early next year on the progress being made in this important area.

Other areas of emphasis will be early childhood development; promotion of positive mental health and prevention of substance abuse; injury prevention; and healthy aging.

It was noted that an early morning meeting was held with local physicians, and it was queried what specific issues were discussed.

The following key issues were raised during the meeting with local physicians:

- The challenges facing mental health and addictions services, particularly those resulting from alcoholism.
- Parking issues at RJH and VGH.
- The role that family physicians can play in promoting appropriate discharges to assist with addressing capacity issues.
- A new Residential Care pilot is currently underway. A family physician is on call from 5-11 on weekday nights and 12 hours on weekends to provide services at amalgamated affiliates in Victoria. They answer the phone and go out to see patients. The resulting benefits include fewer admissions to hospital, and appropriate admissions when they do occur, as well as reducing overall costs to the system.

#### 4. Governance & Human Resources Committee

Director Costello noted that the committee met on Tuesday, November 28<sup>th</sup>.

- The Governance & HR Committee conducted the semi-annual review of the Performance Indicators governing work life. These indicators are linked to the strategic goals and the Performance Agreement with the Ministry of Health. The staff injury and overtime rates continue to be a challenge, but the committee was pleased to see that there has been a significant reduction in the sick time rate, as well as the duration of days lost on WorkSafeBC claims.
- The committee also received an update on WorkSafeBC regulations, orders, prevention activities and the interventions designed and implemented to manage them.
- The committee reviewed and endorsed four significant administrative Human Resource policies; Staff Conflict of Interest; Alcohol, Drugs and Illegal Medication; Wellness & Safety; and Retirement.
- The committee reviewed its Terms of Reference and Planning Calendar.
- The committee reviewed the Board Orientation Plan in anticipation of two new Board members being appointed in 2007.
- The committee has short-listed candidates for the upcoming two vacancies on the Board. Interviews have been scheduled for December, following which recommendations for appointment will be submitted to government for consideration.

#### 5. Finance & Audit Committee

Director Robinson noted that the committee met on Monday, November 27<sup>th</sup> and reviewed the following items:

- Financial results were reviewed for Period 7, and a copy is included in the package available to the public. At the end of Period 7 VIHA had an operating surplus of \$13.9 million. It is projected VIHA will finish the fiscal year with a balanced budget.

- Statistical performance comparisons to the same period last year revealed there has been an 8% increase in renal dialysis treatments; a 9% increase in CT Scans and an 18% increase in Home Support Hours.
- 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 Performance Agreement with the Ministry of Health. The committee was satisfied with the performance, all of which are within an acceptable range except one.
- 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.
- Annually the committee reviews VIHA's Internal Controls and Information Systems to obtain reasonable assurance that they are operating effectively to produce accurate, appropriate and timely management and financial information. The committee had no concerns.
- Semi-annual report from Internal Audit Services on the status of audit projects and the department's budget performance. Key performance measures are on track.
- The committee also meets twice per year with just the Director of Internal Audit to discuss any issues. The Director of Internal Audit Services indicated she has the full cooperation of management, and a good working relationship with the external auditors and other agencies.
- An update on the work underway by staff to develop VIHA's 2007/08 to 2009/10 Health Service Plan, which will be reviewed by the Board in January prior to submission to the Ministry of Health for approval.
- The committee received an update on a new model for Enterprise Risk Management. The Vice President and Chief Financial Officer has been designated as the executive lead for this initiative.

## 6. Committee of the Whole

Director Godfrey noted that the purpose of the Committee of the Whole is to provide an opportunity for all Board members to be involved in presentations, discussions and decisions on strategic matters related to planning and quality. The committee had a short meeting this morning and reviewed the following:

- Semi-annual Performance Indicators which show good improvement overall and demonstrate progress towards VIHA's Five Year Strategic Plan.
- VIHA participated in a site-survey by the Canadian Council on Health Services Accreditation in October and a high-level overview of the five-day survey was provided. Given the size of VIHA, a three-year rolling program has been implemented to allow for all areas of the organization to be surveyed. Last year VIHA received its first Accreditation award as a single entity following completion of the first three-year cycle. The written report from this survey is expected within the next few weeks, following which management will develop action plans to address recommendations and report back to the Board.

## 7.

### Presentations

#### Proposed Marine/Condo Development by Chemainus Health Care Centre – Mr. Neil Burn

The Board received a presentation from Mr. Neil Burn on the impact a proposed marine and condo development would have on residents of the Chemainus Health Care Centre. The development is contingent on the sale of a riparian strip of land by VIHA to the developer. This request will be considered by the Board at its January meeting. Mr. Burn asked that the Board take into account the information he had provided as they consider the request from Chemainus Quay and Marine.

The Chair thanked Mr. Burn for his presentation and assured him that his information be considered as part of the decision making process.

#### Action Committee of People with Disabilities' Independent Living Assistance Program and Funding for Choice in Supports for Independent Living (CSIL) Program – Ms. Joanne Neubauer

Ms. Joanne Neubauer addressed the issue of CSIL funding. She noted that she is a CSIL employer who is dependent on her assistant to provide the support she needs to continue to live a full and active life, including participating in volunteer work. She is concerned about proposed changes to the program that may impact the hours of care she receives. She also noted that she has a video she would like the Board to see but was told there was not enough time today.

Howard Waldner thanked Ms. Neubauer for her presentation. He noted that VIHA is reviewing the CSIL program as part of a provincial review. No decisions have been made as yet. Mr. Waldner committed to having VIHA's program director, Lynda Foley, contact Ms. Neubauer to hear what had been shared with the Board. He assured Ms. Neubauer that her presentation had connected with him and noted that when VIHA must make decisions on how we allocate resources, he would like to think that we make those decisions in a thoughtful and responsible manner, bearing in mind the needs of the client first.

The Board Chair complimented Ms. Neubauer on her excellent presentation and noted that she had touched the Board and that the Board would look forward to receiving the video and reviewing it.

### 8. Questions & Answers

Chair Kreut noted that there were a number of questions submitted. Written responses had been distributed and will be posted on our website at [www.viha.ca](http://www.viha.ca).

### 9. Adjournment

The meeting adjourned at 3:30 pm.