



**GENERAL BOARD MEETING
WEDNESDAY, JANUARY 26, 2005**

QUESTIONS & ANSWERS

Submitted by Amy Yakimyshyn

Q When will there be more long term care spaces in Comox Valley and Campbell River?

A 54 assisted living units are being developed in Campbell River on Ironwood Street at the site of the former Yucalta Lodge. In addition, 75 new units are under development in the Comox Valley. 60 to replace Laurel Lodge, which is functionally obsolete, and 15 to be added to the 13 already funded at Casa Loma.

Submitted by Linda Kilby

Q When are Intermediate and Extended Care Beds going to be made available for the residents of Campbell River in Campbell River?

A There are currently 148 residential care beds in Campbell River. As noted above, 54 assisted living units at the former Yucalta Lodge site on Ironwood Street, will be ready for occupancy in October 2006. We have identified the need for additional residential care spaces in Campbell River and the Comox Valley to be developed in 2006 – 2008. This will be incorporated into our future planning and details will be confirmed as additional funding becomes available. In the meantime, we are purchasing some temporary beds in private sector facilities.

Q Why does the Board have a policy of sending Intermediate and Extended Care patients away from their friends and families out of Campbell River and to other locations, as far away as Nanaimo?

A VIHA follows the Provincial Needs Based Priority Access Policy. At times individuals requiring complex care are placed in facilities outside of Campbell River because the demand for beds is greater than the availability. We have not placed any individuals in Nanaimo.

Q Why is the wait list so long that a patient on 2 North of the Campbell River Hospital could be there for a very extended period of time?

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A The average wait list time is six months, or 180 days. We anticipate that the wait time will decrease in 2006 when the 54 assisted living units are occupied, as well as a more fully developed continuum of care options, including housing and community supports.

Q **Why is the Board allowing patients on 2 North of the Campbell River Hospital to be institutionalized for long periods of time with no exercise or any stimulating programs in place?**

A At the present time rehabilitation assistance is available on 2 North at Campbell River Hospital. We are in the process of implementing a recreation program on 2 North to further enhance the services available to these patients.

Q **When are more nurses and adequate staff going to be rehired to adequately take care of the patients in Campbell River Hospital?**

A The number of both RN and LPN positions at Campbell River Hospital has increased every year since 1996. The nurse to patient ratios at Campbell River Hospital are at least equal to the ratios in other VIHA community hospitals. Additional staff are also called in as required to help care for patients if the hospital is over-census or has high acuity patients that require additional care.

Q **Why is the Board of the Vancouver Island Health Authority in agreement with the low staffing levels provided to Campbell River Hospital?**

A As noted above, the staffing levels at Campbell River Hospital are appropriate, and adjusted as necessary to meet patient care needs.

Q **Why are there so many bed closures when the need for patient care is so great?**

A In the past ten years, as a result of changing surgical procedures and technology, there has been a dramatic reduction in the need for inpatient beds, and an equally dramatic increase in the need for outpatient space. Any bed shortage that is currently being experienced is a result of alternate level care (ALC) patients occupying acute care beds. An ALC patient is a patient whose acute phase of illness is over and is awaiting placement to a more appropriate setting. We are currently in the process of funding additional transitional care beds for ALC patients so that the beds in hospital are available for medical patients. Campbell River Hospital has 59 acute care beds, which is an appropriate number for the services provided and the size of the community.

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Q

Why are bed closure areas being used for other medical service offices?

A

A six-bed area at Campbell River Hospital was converted to a Cancer Care/Medical Day Care Unit. This space is not being used as offices, but rather is an outpatient care unit.

Submitted by Pat Pinder and Larry Lundrigan

Q

What are the criteria used to determine which senior (who has already been assessed and is awaiting placement) is sent to a care facility? We are particularly interested in how those decisions are made regarding people waiting placement from 2 North in the Campbell River Hospital.

A

Case Managers have a weekly prioritization session to review all individuals that are awaiting placements to determine which individuals have the greatest need. As a space becomes available there is a further review completed to ensure that there have been no changes and that the bed is assigned to the individual most in need.

Q

Seniors have been sent away to care facilities in another town. This situation puts excessive stress on the client and their families. How is the decision arrived at to return the client to a facility within their home town?

A

Individuals whose first available placement is at a facility in another town are automatically placed on a waitlist to transfer back to their home community. The final decision is up to the individual/family to be transferred back to the home community when a bed becomes available.

Q

Would the VIHA Board please consider hiring a part-time bus driver to drive the “Folkswagon” (from Sunshine Lodge ECU in Campbell River to Cumberland/Courtenay area three times per week? This would give family members a regularly scheduled opportunity to plan visits to their loved ones who have been placed in out of town care facilities.

A

VIHA did put in place a travel service operated through Sunshine Lodge using volunteer drivers. To date there has been no use of this service. We continue to offer this service, and the information is available on the Nursing Units at all facilities, and through the Case Managers, for anyone expressing concern about the need for transportation to visit individuals in facilities in Cumberland/Courtenay.

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Submitted by Sandy Patrick

Q Why would seniors be placed in a facility away from their family and support persons? If it is because there is no room in the Campbell River facilities, then why is it not possible to place the patient on a waiting list for another area where they do have family to support them?

A In accordance with the Provincial Needs Based Priority Access Policy, individuals are placed in the facility that first becomes available that is able to meet their specific care needs. They can then be waitlisted for transfer back to their home community, or to any other facility/community in the province selected by the individual/family.

Q If a patient from Campbell River is placed in Cumberland for example, why is there not some kind of transportation provided to family members so the family of that patient can visit on a regular basis?

A Please see our response to a previous question – there is a travel service available through the Sunshine Lodge using volunteer drivers.

Q If patients are required to pay the same monthly fee for residing on 2 North that they would pay at an Intermediate Care Facility, then why do they not have access to the same activities and amenities that they would find in a care facility?

A As noted in our response to an earlier question, we are in the process of implementing a recreation program on 2 North.

Q Why has the number of nurses been cut back to such an extent on 2 North in Campbell River Hospital that there are two nurses to care for all the patients?

A Each unit is staffed according to patient needs. Staffing for residential care needs is not the same as acute care.

Submitted by William Moncrief, Freeman of the Village of Cumberland

Q What makes the authority think it has the right to take over property, which in my opinion belongs to the citizens of Cumberland and surrounding area? I believe the agreement made between the once Community Health Council and the Cumberland Hospital Board should be honoured by VIHA.

A On December 12, 2001, by Ministerial Order, the Vancouver Island Health Authority was formed, amalgamating six health authorities, including the Comox Valley

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Community Health Council. Upon amalgamation, all assets transferred to the newly created Vancouver Island Health Authority. VIHA ensures full compliance with any existing legal agreements that were in place, including covenants on property held by predecessor organizations.

Submitted by Michael Holland

Q By fiscal year from April 2001 to December 31, 2004, the number of intermediate care beds that have been taken out of service and/or converted to assisted living/supportive housing? How many of these beds are operated by not-for-profit and for-profit organizations?

A To date four beds have been taken out of service at Cumberland Lodge as part of our redesign plan to convert ten semi-private beds to private rooms, in order to provide complex care to residents. There is also a plan to replace Laurel Lodge, a 27 bed intermediate care facility, with 60 assisted living units, which will better meet the needs of individuals that do not require complex care.

Q The number of the following net new long term care spaces constructed or given formal approval, in writing, to be constructed and operated:

- i) Assisted living
- ii) Independent living
- iii) Supportive housing
- iv) Complex care
- v) Multi-level care

Of these beds, the number approved to be built and operated by not-for-profit and for-profit organizations.

A

- i) 88 assisted living units have been added in the Comox Valley, built and operated by for-profit organizations (13 of the 88 are already in operation) and 54 assisted living units are being added in Campbell River, built and operated by a non-profit organization.
- ii) Independent living, as we use the term in VIHA, is the same as assisted living. It is affordable housing with supports and personal care available.
- iii) Supportive housing is another term for independent or assisted living. As noted above, in VIHA we use the term assisted living.
- iv) Multi-level care facilities are evolving into complex care facilities. Home and Community Care Redesign Plans are in process to address complex care needs

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in North Island. As these plans are approved and key stakeholders are advised, announcements will be forthcoming.

Q

The formula and rationale supporting the spaces/bed planning numbers used to calculate the following:

- i) Assisted living**
- ii) Independent living**
- iii) Supportive housing**
- iv) Complex care**
- v) Multi-level care**

A

Home and Community Care Redesign is about providing a range of services in order to provide a continuum of care. In order to provide the right supports to meet a variety of individual needs, we have developed guidelines to determine the complex care, assisted living and home support needs of the population which take into consideration socio- demographic factors and unique community characteristics.

Submitted by Bev Denning, Chair, Port Alberni SOS Committee

Q

Nine beds at West Coast General Hospital have been closed for more than one year. The projected annual cost savings was \$400,000. Would you please confirm to us exactly how much money was saved by closing those beds?

A

The full \$400,000 was not saved in the 2003/04 fiscal year as it took several months to realize many of the projected savings. We anticipate saving the full \$400,000 for the 2004/05 fiscal year.

Q

So far as we can determine, the Site Coordinator at West Coast General Hospital is the only position with any decision-making authority or coordinating function in the facility. In former days there was a nursing supervisor at all times who had over-all authority for the hospital. Now, unless the site Coordinator is present at the hospital, there is no one who can make decisions or take responsibility. Decision making is referred to an “administrative on-call” in Nanaimo, who may not ever have visited our hospital or our community. How safe does this leave us in case of an emergency?

A

When the Site Administrator isn't physically on-site at West Coast General Hospital there is an Administrator On-Call system. The individuals that act as Administrator On-Call are familiar with all VIHA sites in Central Island, including West Coast

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General Hospital. In fact, many of these individuals are responsible for program delivery at West Coast General Hospital.

There is also a second on-call system in VIHA for extreme emergencies/disasters, which has the ability to bring all of the resources within VIHA to assist with on phone call. The VIHA Disaster Plan also links into the Provincial Emergency Program in the event of a major emergency/disaster, which requires additional resources.

The Board and senior management staff are confident that appropriate support systems are in place in the event of a disaster at West Coast General Hospital, and any of our other sites.