

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

Staff Present: Howard Waldner
Richard Crow
Catherine Mackay
Lynn Stevenson
Neil Sweeney
Bill Boomer
Georgina MacDonald
Mary Lyn Fyfe
Janet Shute
Jennifer Boardman, Recorder

1. Call to Order

Chair Kreut called the meeting to order at 1:30 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.

The minutes of January 27, 2010 were adopted as circulated.

2. Health Quality Committee

Director Nunns Shoemaker noted that the Health Quality Committee met for three and one-half hours for its regular meeting on Tuesday, March 30, 2010.

- The Emergency, Medicine, Rehabilitation and Staffing Services portfolio provided an annual update on their key activities and initiatives for improvement, and we heard an excellent presentation on Chronic Obstructive Pulmonary Disease (COPD). This is a respiratory disorder, largely caused by smoking, and commonly referred to as COPD. Within VIHA, 2300 patients with COPD have been receiving enhanced care through six Integrated Health Networks across the Island since September 2009. The result has been a 60% decrease in unscheduled medical visits and 40% decrease in emergency room visits and hospitalizations for these patients. In addition to saving the health care system a significant amount of money, these patients are enjoying improved quality of life.

We are very pleased that this program will continue to expand, with a new Integrated Health Network being added to the Cowichan Valley in the next few months. A COPD training module for family physicians and flow sheet guidelines are under development and expected to be implemented within the next year.

- An update was received on a review of infant deaths that occurred in VIHA during 2008. There were a total of 23 infant deaths, and of those, 30% were Aboriginal infants, which is high given that only about 5% of the population on Vancouver Island is of Aboriginal ancestry. Our efforts will focus on working with community partners to help reduce the number of preventable deaths, which are largely attributed to sleep related practices, such as incorrect sleep positions, using unsafe sleep surfaces, and bed sharing.
- At each meeting the committee reviews issues impacting VIHA's ability to provide accessible, timely, safe, and high-quality healthcare services. This month we reviewed:
 - The Atrial Fibrillation Clinic at Royal Jubilee Hospital, which is part of a provincial strategy to manage atrial fibrillation, or irregular heart beat, and is funded by the Provincial Health Services Authority. The clinic opened in January and provides multidisciplinary care for patients on the Island;
 - The Cowichan Division of Family Practice, part of a joint initiative between the Ministry of Health Services and the BC Medical Association, was established in the fall of 2009. The Cowichan Division is working in a collaborative, proactive fashion with VIHA to identify gaps in population health status and create new service models to close those gaps in care. In 2010/11 the Cowichan Division will be one of the provincial prototypes for an orphan patient attachment initiative, to ensure that all people in the Cowichan Valley have a primary care practitioner. Divisions are also being pursued in other communities in VIHA, including Oceanside; and
 - The over-capacity situation at many of our acute care sites, particularly Royal Jubilee, Victoria General and Nanaimo Regional General Hospitals is an on-going issue that is particularly challenging during the winter months. There are many initiatives and strategies underway to create lasting and sustainable solutions.

3. Governance & Human Resources Committee

Director Slaney reported that the Committee met on March 30, 2010.

- On the governance side we discussed the results of the Board Evaluation, which overall was very good, but there are some specific areas that we will be focusing on over the next year.
- On the Human Resources side we received a presentation on the Continuous Learning Plan in VIHA. Education is a key enabler in all VIHA change initiatives, as well as a means to achieving our strategic goals. Our strategic plan identifies continuous learning as a strategic priority, as this contributes to high quality, coordinated care.

Following an education review in 2008, a Continuous Learning Plan was developed in 2009 as one of the initiatives in VIHA's People Plan. The demand for education will continue to grow, and the Board was pleased to see the work underway in VIHA to address current and future needs across the organization.

- We also discussed the WorkSafe BC penalty sanction that has recently received some media coverage. This penalty was not new information to the Board or senior management, as it relates to events that occurred in 2005. A significant amount of work has been done in the intervening years to address issues and gaps, including training and additional supports for staff. The Board and senior management take the safety of our patients, staff and visitors very seriously, and there is on-going work across the organization to ensure that strong processes are in place to prevent incidents from occurring to the greatest extent possible.

4. Finance & Audit Committee

Director Costello noted that the Committee met on Monday, March 29, 2010.

- We reviewed the Period 11 Financial Results, and there is a copy in the meeting package. VIHA currently has a \$4.6 million unfavourable variance, but we are projecting a balanced budget by fiscal year-end.
- 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.
- Annually the Committee reviews the process for approving the CEO's expenses to ensure appropriate processes are in place. No changes are required at this time and there has been full compliance with the policy and procedures.
- Annually, the Committee also does a more detailed review of VIHA's current assets and liabilities and how they are managed, and there are no areas of concern at this time.
- At each meeting the Committee also reviews the status of major capital projects. VIHA currently has two major capital projects underway, the new Patient Care Centre at Royal Jubilee Hospital and the Renal Unit at Nanaimo Regional General Hospital. Both projects are currently on-time and on-budget.

5. Committee of the Whole

Director Godfrey 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 had a fairly short meeting this morning.

- We reviewed proposed changes to the performance indicators, which the Board will be reviewing in May. There are only minor changes, largely due to changes in reporting requirements to the Ministry.
- We also did a regular review of the Commercial Advertising Policy, which outlines the underlying principles under which VIHA would consider advertising and the approval process. Only housekeeping changes were required to this policy, which was endorsed by the Board.

6. Presentation by President & CEO, Howard Waldner

Howard Waldner gave a brief update on some key issues in VIHA.

- Ed Robinson, our Board member from Nanaimo, has left our Board to take up the role as Chair of the Health Benefit Trust, which manages the benefit plans for the provincial health sector.
- The Renal Unit at the Nanaimo Regional General Hospital (NRGH) is opening in the fall and will be an improvement over the current service and provide Nanaimo and Central Island patients with better access to dialysis and physician services.
- The Heart Function Clinic at NRGH opened in October 2009. The Heart Function Clinic now allows for much better access for Nanaimo patients to cardiologists and respirologists and helps these patients manage their conditions without always having to go to Victoria.
- The Assertive Community Treatment Team (ACT) in Nanaimo is assisting those with mental health and addictions issues resulting in improvements such as a decrease in Emergency Department visits down from the street population and less interaction with police.
- There is \$700,000 in new investments at the NRGH Hospital for new and replacement medical equipment. These investments in new equipment and new buildings in Nanaimo couldn't happen without the fundraising efforts of the staff and volunteers with the Hospital Auxiliary and Foundations.
- The Oceanside Primary and Urgent Care Centre Request for Proposal has been released and closes at the end of June. This is a new model for primary care on Vancouver Island and the Province. The concept is to build a critical mass of services leveraging existing VIHA resources with money available from government to create a sustainable centre of services.
- The NRGH Emergency Department Re-development was announced last year. In order to maximize resources, VIHA investigated if more could be done with the money approved by government. VIHA met with the emergency and psychiatry teams at NRGH to include more from a mental health perspective. The province has verbally agreed to our request to include a Psychiatric Emergency Service and a Psychiatric Intensive Care Unit as well as our new Emergency Department. Once formal approval has been received, the proposal will be taken to the Nanaimo Regional Hospital District for final approval.
- Concerns have been expressed regarding harm reduction in Nanaimo and in communities across Vancouver Island. Harris House has been successful. The service has fit well into the neighbourhood and has not led to issues of public disorder. Since the opening of Harris House, VIHA has approved a distributed model of harm reduction, where these services would be available through a variety of means and take the pressure off of single, fixed sites. VIHA is not expecting a huge increase in harm reduction distribution points, as Nanaimo is already well served. Harm reduction is a provincially mandated health service and VIHA is accountable for ensuring this service is provided.
- A C-Difficile outbreak has occurred at NRGH. Staff, patients and the media have been notified and VIHA is mobilizing extra resources and cleaning protocols to protect patients and staff.

7. Presentation on Renal Services at NRGH

Dr. Rachel Carson, Nephrologist, NRGH Site Chief, and Anne Gloster, director, Renal Services provided a presentation on Renal Services.

- Dr. Carson outlined the functions of the kidneys, Kidney Disease and the two types of dialysis; hemodialysis and peritoneal dialysis.
- The Nanaimo Kidney Care Clinic started in November 2008 and Community Dialysis Facilities have been established in Cumberland, Nanaimo and Port Alberni.
- The opening of the new Renal Unit at NRGH and the Home Dialysis Clinic will provide patients with better access to dialysis, physician services and home dialysis training. Patients will no longer have to travel to Victoria for home dialysis training and care. The scope of renal services will be complete including in-patient beds and renal admissions at NRGH.
- The Philosophy of Care includes self management, Primary Care partnerships, Island wide planning and care standards, Interdisciplinary team culture and continuous quality monitoring and improvement
- Future patient care services include Interventional Radiology and Vascular Access Surgery.

Chair Kreut thanked Dr. Carson and Anne Gloster for their presentation.

8. Questions & Answers

Chair Kreut noted that there were some questions submitted in advance of the meeting, and the written response is included in the meeting package, and will also be posted to our website. The Board would also like to take 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 when VIHA would increase funding and expand services at the NRGH Pain Clinic

Howard Waldner noted that VIHA must set priorities and allocate resources within the constraint of limited funding. All of the services that VIHA provides are examined and determined by the process of Program Budgeting and Marginal Analysis which includes the challenge of looking at priorities and savings and the benefits of everything that we do. Howard Waldner advised that Catherine Mackay, Executive Vice President and Chief Operating Officer, would be available to discuss this item further after the meeting.

- Another query was put forward as to why more funding and resources are not being directed to the NRGH Pain Clinic.

Howard Waldner advised that VIHA is sympathetic to the wait time and challenges. He noted that VIHA endeavours to meet the needs of people living within our region

and that financial constraints are an issue. He encouraged those present to connect with Catherine Mackay, Executive Vice President and Chief Operating Officer, after the meeting for further details and information.

- There was a question as to what is different in the current Oceanside Primary and Urgent Care Centre Request for Proposal (RFP) and the new model for primary care? What is the concept of the new model?

Howard Waldner advised the difference is that Divisions of Family Practice have been formed which is new to the province and allows us to partner differently. It is a collaborative model that is unique and that would permit building and operating collectively in the Public Private Partnerships model. Dr. Richard Crow, Executive Vice President and Chief Medical Officer, noted that there is an Integrated Health Network in Oceanside and that VIHA would be looking at co-locating and helping to support patients with chronic diseases. The other aspect is that VIHA is reviewing the appropriateness of urgent care with collaborative care; for Oceanside, VIHA is looking at establishing a new collaborative.

- There was a question further to one item in the Questions and Answers document included in the meeting package relating to the evaluation process for feedback on the New Model of Care. How involved are stakeholders in the evaluation for seniors care and how VIHA has sought feedback from Family Councils?

Howard Waldner noted that VIHA meets regularly with Family Councils continually exploring ways to improve care. There has been some discussion at the provincial level regarding a provincial framework to standardize the structure of Family Councils. Family Councils have real value and VIHA is encouraging Councils to refresh, keep current and represent family members of patients that are in our care.

- There was a question regarding the evaluation framework of the New Model of Care and VIHA's statement regarding its funding methodology that all sites are treated the same. Concern was expressed that the care and evaluation of care is not consistent, resulting in a break in the continuum of care for patients.

Howard Waldner noted that the Executive and Board members share these concerns and are fully engaged in delivering consistency for residents, family and staff.

Chair Kreut thanked everyone for their questions and comments.

9. Adjournment

There being no further questions from members of the public, the meeting was adjourned at 2:35 p.m. and members of the public were invited to join the Board and senior management for refreshments at the open house.