



**BOARD OF DIRECTORS
GENERAL BOARD MEETING
WEDNESDAY, MARCH 29, 2006
COURTENAY ROOM, COAST WESTERLY HOTEL
1590 CLIFFE AVENUE, COURTENAY, BC.**

<u>Directors</u>	Jac Kreut, Chair	<u>Staff</u>	Howard Waldner
<u>Present:</u>	Ellen Godfrey	<u>Present:</u>	Mike Conroy
	Woody Hayes		Glen Lowther
	Brenda Nunns Shoemaker		Joe Murphy
	Linda Petch		Georgina MacDonald
	Ed Robinson		Lynn Stevenson
			Bill Boomer
<u>Regrets:</u>	Don Carlow		Michelle Stewart
	Brian Stamp		Shannon Marshall
			Janet Shute, Recorder

1. Call to Order

Chair Kreut called the meeting to order at 1:15 pm and confirmed that a quorum was present. He welcomed the members of the public in attendance and noted that it great to see such a large turnout for the meeting.

Chair Kreut gave specific acknowledgement to the many nurses in attendance today, including Anne Shannon, Vice President of the BC Nurses' Union. He also acknowledged Mr. Fred Bates, Chair of the Comox-Strathcona Regional Hospital District, Mr. Roger McDonell, Mayor of Campbell River, and Mr. Michael Pontus, President & CEO of St. Joseph's General Hospital.

The agenda was adopted as circulated.

The minutes of January 25, 2006 were adopted as circulated.

2. Health Quality Committee

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

At the regular committee meeting:

- System capacity issues – patient flow is a priority for the committee. There have been improvements in the residential care placement process and the number of alternate level of care patients in acute care beds has decreased, which is good for patients, and also helps the congestion in our emergency departments. While

improvements are encouraging, there is still a lot of work to be done to continue to improve patient flow across the Island. Staff have short and long-term strategies in place to continue to address this key area. Emergency Department congestion continues to be a challenge in VIHA, but is also a problem across Canada and is cyclical. The situation in VIHA will significantly improve in approximately eighteen months when the additional residential and assisted living capacity comes on stream. There is a shortage of hospital pharmacists in the Victoria area, and while this is both a province-wide and national issue, this area will continue to be monitored in VIHA. A series of improvements in the Echo Cardiology Departments over the past eighteen months has resulted in expedited access, significant waitlist reduction and improved service.

- The committee received an excellent presentation on key components of the Draft Primary Health Care Strategy and Chronic Disease Management Plan, which will have a significant impact on health services within VIHA over the next five years. Primary health care involves health care providers working in teams to provide a range of everyday health services on a regular, on-going basis to help people stay healthy and prevent injury, get better, manage illness or disease, and cope with the end of life. The goals of the Primary Health Care Strategy are to:
 - Increase the number of people who have access to primary health care services;
 - Increase health promotion, disease and injury prevention, and chronic disease management services;
 - Expand the number of Primary Health Care services that operate 24 hours per day/7 days per week;
 - Establish interdisciplinary primary health care teams; and
 - Facilitate coordination and communication with other health services, such as specialists and hospitals.

The tentative agreement between the Ministry of Health and the BC Medical Association offers incentives for physicians practicing primary health care. The Health Quality Committee is very excited about this strategy, which will lead to an effective and dynamic health care system. The Romanow Report indicated that no other initiative holds as much potential for improving and sustaining our health care system as primary health care.

- The committee also received a presentation on Continuing Health Services. Highlighted were a pilot project in partnership with Primary Care that involved 18 independent physicians in Victoria, Sooke and Nanaimo. A Home Care Nurse was assigned to work with the patients of the individual physicians, which reduced the need to interact with multiple care providers. The outcomes of the pilot project were improved early intervention, improved access to services, improved quality of life for patients, and improved quality of work life for both the home care nursing staff and physicians. This very successful pilot project will be rolled out across VIHA. The other pilot project highlighted was a Falls Prevention Strategy targeted at the elderly at risk.
- The committee also discussed the implications for VIHA as a result of the Deputy Minister's report regarding the death of Fanny Albo in Trail, BC. The Board

received several questions regarding this issue and details were included in the Q & A distributed at the meeting.

At the meeting with medical staff:

- Physicians from both Campbell River and St. Joseph's hospitals attended the meeting. The main topic was the future of acute care services in the North Island. This discussion will be continuing over the next few months. In the meantime, the medical staff need to establish collaboratives and shared care models to address service gaps in these two communities.
- Concern was also raised about the difficulty in recruiting family practitioners. This is also a national challenge, and is a particularly challenge in rural communities. VIHA continues to work with physician partners and the Ministry of Health to respond to recruitment issues.
- There was also acknowledgement by the Department of Psychiatry on the great improvements in Mental Health, including the addition of four tertiary mental health beds at St. Joseph's Hospital, which will be opening by the end of the month, as well as the addition of Telehealth to enhance services to people in more remote communities.

It was queried how the effectiveness of the Falls Prevention Strategy will be measured, and also what the definition of elderly was.

Director Shoemaker noted that the effectiveness will be measured in two ways, the first is the in-hospital hip fracture rate and the second is the number of elderly presenting in our emergency departments due to falls. It was clarified that elderly in this case is individuals 75 years of age and older.

It was queried as to why it is so difficult to recruit pharmacists.

Director Shoemaker noted that historically there has been a loss of Canadian Pharmacists to the United States as a result of higher rates of pay. However, in the last few years hospitals have been unable to compete with the higher rates of pay in the private commercial sector in Canada.

3. Governance & Human Resources Committee

- Chair Kreut noted that there was nothing to report out from this committee.

4. Finance & Audit Committee

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

- The year-to-date Statement of Operations for Period 11 was reviewed and showed a surplus of \$22.2m. A summary of this information was included with the agenda to the members of the public. The projected year-end forecast is for

a slight surplus of between \$4m to \$6m, which means that VIHA will have spent 99.6% of our annual budget. The committee also reviewed the balance sheet, capital funding status report, cash flow and statistical performance reports, and there is nothing significant or unusual to report.

- The health authority received its funding letter within the past two weeks and staff are currently developing the budget for 2006/07 to 2008/09. The Board will be holding a special meeting to approve the budget in order for it to be submitted to the Ministry of Health for approval by the April 7, 2006 deadline.
- Received an update regarding the Performance Agreement for 2005/06. All but one of the measurement issues has now been resolved and VIHA expects to achieve 70% to 75% of the measures in the agreement. The status of the Performance Agreement for 2006/07 was also reviewed. There are approximately six new priority areas in the agreement, but the final agreement has not yet been received. The Board will review this document once it is received.
- The VIHA Investment Policy was reviewed. The committee provided directional comments on the policy and management was instructed to obtain external input and bring forward a revised policy for review at a future meeting.
- A Capital Project Policy to define the process for facility, equipment and information management/information technology project approvals, designed to address issues around increased costs, was reviewed. The policy is consistent with the Spending Authority Policy and was endorsed by the committee.
- A review of VIHA's Fair Business Practice and Strategic Alliance policies and practices was completed and the committee requested management, based on input provided at the meeting, bring forward revised policies for review and approval at a future meeting.
- There were three components to the Internal Audit Services report. The first component was an update to the Internal Audit Charter. The changes recommended were consistent with the best practices report issued by the Office of the Auditor General and this report was approved by the committee. The second component was an overview of a recent high-level strategic risk assessment. This was accepted for information as VIHA continues to move towards a more formalized risk assessment process. The third component was the Internal Audit Services Three-Year Rolling Audit Plan for 2006/07 to 2008/09, which was approved by the committee.
- As part of the Finance & Audit Committee's Terms of Reference the process for approving the President & CEO's expenses is reviewed annually. The committee found the procedures and internal controls in place to be adequate.

It was queried as to what the current level of investment of excess cash is and what kind of rate of return is expected.

Director Robinson noted that the cash fluctuates from between approximately \$100m to \$130m, and clarified that VIHA has a monthly cash requirement of \$70 to \$80m to meet payroll. Over the past year VIHA achieved a return of just over 4% and the committee feels that it may be possible to achieve an additional 1% to 2%, which would equate to an additional \$1m to \$2m for health care.

It was queried what types of changes are being considered for the Fair Business Practice and Strategic Alliance policies.

Director Robinson noted that changes required include clarity around processes and procedures; a better definition on what a strategic alliance is and how success would be measured; more details on unsolicited proposals; introduction of a vendor compliant process; and moving towards open tenders as a rule, with very narrow compliant exceptions.

5. Committee of the Whole

Director Godfrey noted that the Committee of the Whole used much of its' time and energy focusing on two of the most significant issues the Board has had before it in recent years. One being the Strategic Plan, which outlines our vision for health care over the next five years. The second being the report prepared by Turnkey Management Consulting regarding the options appraisal on the best acute care delivery model to service the people of Comox-Strathcona.

Every board member is keenly aware of the importance of these documents to our communities, the public, our physicians and our staff. That is why the Board was adamant that when the draft strategic plan was first unveiled last October, it should be taken before the public for a thorough and comprehensive consultation.

It is quite fortuitous that the Board is meeting in Courtenay today - as we know many people are keen to learn about the results of the options appraisal - and what the next steps might be.

Director Godfrey introduced Georgina MacDonald, Vice-President of Planning and requested that she share a little more on the Strategic Plan and the consultation process. She noted that following Georgina, VIHA's President & CEO, Howard Waldner, has been asked to give a brief presentation on the Options Appraisal itself.

Georgina MacDonald noted that the Draft Five Year Strategic Plan was released in October 2005. Community and staff consultation included 25 open houses in 14 communities for the public and VIHA staff; over 30 presentations to and feedback from a variety of different groups such as the six Regional Hospital Districts, on Vancouver Island, municipalities, First Nations groups, MLAs, the Ministry of Health, staff and physicians; an online feedback mechanism and written correspondence.

The three key themes that came out of the consultation process in the Courtenay/Comox area were:

- Aging hospitals - the need for capital investment
- Seniors - the need for more care options
- Primary Care and Chronic Disease Management - the need for more services and more focus on prevention and health promotion.

VIHA is currently doing the following to address issues raised:

- Adding 2 to 4 new withdrawal management/residential stabilization beds for youth (for Courtenay & Campbell River).
- Supporting healthy lifestyle choices and building on existing health promotion programs.
- Increasing the number of home support clients by 15% by 2010.
- Increasing home and community care capacity in the Comox Valley by adding 172 residential care and transitional care beds in the Comox Valley/
- Adding 20 mental health and addictions community intensive supportive living beds and adding a 4-bed Psychiatric Intensive Care Unit at St. Joseph's Hospital.
- Reviewing options for acute care renewal in Comox-Strathcona

Mr. Waldner noted that TkMC conducted an Options Appraisal for future acute care service delivery in the Comox-Strathcona Regional District. 240 stakeholders, including Mayors, VIHA staff, physicians and First Nations were interviewed. The options considered included:

- New North Island Regional Hospital in a neutral location
- New North Island Regional Hospital at the current St. Joseph's General Hospital site.
- New North Island Regional Hospital at the current Campbell River & District General Hospital site.
- Establishing more sustainable secondary services between Campbell River and St. Joseph's hospitals.
- Any viable new options that might be put forward that have not already been considered.

The TkMC recommended option is to build a new North Island Regional Hospital in a neutral location, with neutral defined as neither the current Campbell River or St. Joseph's hospital sites.

The report indicated that a new hospital in a neutral location would provide a higher level of health care services and quality patient care than currently available. It would provide a critical mass of patients to enhance expertise, recruit and retain staff and specialists, and achieve economies of scale and eliminate duplication of services. It would also help to mitigate the current state/perception of competition between the two communities, provide a new vision, mandate and role for the medical system in the North Island and enhance partnerships, education, research and technology.

Recommended next steps include:

- Deferring a final decision on the preferred option put forward by TkMC pending further community consultation and discussion on the preferred option.
- Completing more detailed cost analysis, including looking at what health care services would potentially be provided at the Campbell River and St. Joseph's

hospital sites, such as 24/7 emergent care, diagnostic services, primary care, etc. should a new regional hospital become the selected option.

- Analyzing the feedback and bringing back the information to the Board for a decision in the fall.

Mr. Waldner paid tribute to Mr. Fred Bates and his leadership as Chair of the Comox-Strathcona Regional Hospital District Board. VIHA will be having more discussions with them as we move forward.

Mr. Waldner also noted that he had met with the Board Chair and President & CEO of St. Joseph's General Hospital to discuss the preferred option and acknowledged that any work will be done in close conjunction with them.

Director Godfrey thanked Georgina and Howard, and noted that in listening to the presentations there are two key themes. One is our desire to ensure our health care system is sustainable for the future and the second is the need to focus our resources in a way that best meets the needs of our growing and aging population.

Director Godfrey highlighted what Georgina had said during her presentation - the public consultations around the Draft Five Year Strategic Plan were invaluable in shaping this document. The Board recognizes the need for families and communities to be partners in articulating their hopes and concerns about how and where services could be delivered most effectively.

Director Godfrey indicated she would like to put forward two motions for consideration by the Board.

It was MOVED, SECONDED and CARRIED THAT the Board accepts the Five-Year Strategic Plan, subject to some minor changes as discussed at the earlier meeting.

It was noted that the Five Year Strategic Plan would be released to the public within the next three weeks.

It was MOVED, SECONDED AND CARRIED THAT the Board release the report by TkMC on the Options Appraisal for Acute Care Services Delivery in North Vancouver Island and that staff be directed to move forward with a public dialogue on the report, as well as completing some further cost analysis on the options, before this matter is brought back to the Board for consideration in the fall.

Chair Kreut thanked Director Godfrey for her report and noted that she had the opportunity to comment and speak to the most ambitious planning the Board has been engaged in.

6.

Questions & Answers

Chair Kreut noted that the written responses to the questions submitted had been distributed at the meeting, and will be posted on our website at www.viha.ca.

7. Adjournment

The meeting adjourned at 2:05 pm.

Janet Shute, Recorder

Jac Kreut, Board Chair