

Directors Present: Jac Kreut, Chair
Don Carlow
Don Gainor
Woody Hayes
Linda Petch
Ed Robinson
Brian Stamp

Staff Present: Howard Waldner
Glen Lowther
Jennifer English
John Heath
John Johnston
Lianne Peterson
Janet Shute, Recorder

Regrets: Brenda Nunns Shoemaker

1.0 Call to Order

Chair Kreut called the meeting to order at 1:30 pm and welcomed the members of the public in attendance. It was noted that a quorum was present.

Chair Kreut introduced himself and the Board members made roundtable introductions.

Chair Kreut noted that it is a pleasure for the Board to be on Salt Spring Island. The Board had a tour of Lady Minto Hospital earlier today and it was very rewarding to see the efficient services provided.

The agenda was approved with the following amendments:

After Item 5 there will be a Report from the Committee of the Whole
The presentation from the Comox-Strathcona Regional Hospital District has been withdrawn.

The minutes of January 26, 2005 were approved as circulated.

2.0 President & CEO's Report

Mr. Waldner noted that he was also very pleased to be on Salt Spring Island and to have the opportunity to visit Lady Minto Hospital. He thanked Karen Davies, Manager, Patient/Client Care for the Southern Gulf Islands for hosting the visit.

Mr. Waldner reviewed some of the services available in the Gulf Islands:

- Lady Minto Gulf Islands Hospital opened in 1914 as a 6-bed hospital serving 2,000 people on five islands.
- The hospital officially opened on the current site in 1953 with 25 beds and provided general surgery, medicine, maternity, lab and x-ray services and employed two physicians.
- Today the hospital is well equipped to meet the needs of the Gulf Islands with 19 acute and 31 extended care beds. The hospital has a 24/7 emergency department, provides in-patient and out-patient diagnostics and has a state-of-the-art operating room. There are outpatient clinics for ophthalmology, urology, urogynecology, orthopaedic surgery, pediatrics, psychogeriatrics, podiatry and rehab medicine.
- The hospital will be moving to film-less radiography in April 2005, is implementing electronic record keeping, and is opening a palliative care suite in the spring.
- The Southern Gulf Islands implemented a Contract Physician/Nurse First Call Program on Galiano and Mayne Islands to complement services provided by the sole island physicians. This ensures physician back-up, prevents burnout and reduces physician turnover.

Mr. Waldner reviewed other highlights in VIHA:

- As part of a strategy to recruit and retain health care professionals, up to 175 grads from Vancouver Island's three BScN education programs will be offered full-time job opportunities.
- On March 15th the Ministry of Health Services announced \$6m in funding for the Rural Medical Access Program, of which VIHA will receive \$500,000. We are still developing our program for this funding, but it may include accommodation discounts, enhanced public transportation, water taxi services, discounted air transportation and volunteer driver programs.
- The Sharps CARE program will roll out, with a North Island launch at Campbell River Hospital on April 5th, followed by a launch in Central Island in June, with the program completely implemented across VIHA by the fall. This involves the use of new technology – a spring-loaded needle that retracts after use, and the goal of the program is to reduce injuries and exposures to blood borne diseases by 90%. Needlestick injuries affect over 200 VIHA staff each year. The cost to individuals and their families is huge in terms of emotional stress, as it can take up to one year for employees to be cleared of any blood borne diseases. The financial cost to test a single employee is \$2,000, as there are 13 different blood borne diseases, including Hepatitis and HIV, which need to be tested for. The cost to the health care system is estimated at \$17m per year in BC alone.
- While there is still room for improvement, we are very pleased to have improved service delivery in a number of areas over the past year. MRI Exams have increased by 19%, CT Exams have increased by 8%, hip

- replacements have increased by 28% and knee replacements have increased by 35% from the 2003/04 to the 2004/05 fiscal year.
- There is on-going pressure on acute care due to patients requiring a different type of care occupying beds. Called Alternate Level of Care (ALC) patients, these individuals are too sick or frail to return home, yet no longer require acute care. Many initiatives have recently been implemented to provide appropriate care to these patients, and to free up acute care beds.
 - In addition, one million dollars has been allocated for enhanced home and community care services and adult day programs have been expanded.
 - A plan to provide a continuum of care for seniors was formally reviewed and approved today. The plan addresses the growing need for options/alternatives for older adults and is a move away from facility care to supported independence. This is the first time the plan has been presented to the Board, which summarizes all relevant information into one document.
 - There is a net increase of 612 beds and spaces in 2005/06 over the spaces available in 2003/04. This represents Phase 1 of our longer-term plan for residential and assisted living, and focuses on current accomplishments. It is important to note that the majority of these spaces and beds are already under construction, so they are not new announcements. This is a rolling plan, which will be updated on an annual basis, taking into account the needs of patients and demographics in local communities. This is only a first step, and we are aware that additional services are required.
 - VIHA is investing an additional \$350,000 to expand the bed capacity from 12 to 18 beds at Clearview Centre in Nanaimo, which provides medical detox services. We have also recommitted \$150,000 annually for sessional funding for physician services at Clearview Centre, which ensures 24/7 physician coverage.
 - The existing, award-winning chronic disease management program has been expanded. The program was launched in September 2003 to support 30 South Island physicians and other health professionals, focusing on patients with diabetes, congestive heart failure and depression. 30 new physicians and 1,500 new patients have signed up for the second phase of this initiative.
 - The Medical Imaging Dictation Project has resulted in highly efficient and improved exam reporting. Workflow is streamlined and the radiologists' xray report turn-around time is reduced by as much as 50%.

3.0 Health Quality Committee

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

Meeting with Medical Staff

- There was low attendance from medical staff at the luncheon, which followed a long-weekend and spring break. However, there was very good discussion

with those physicians in attendance, with positive and constructive interaction. Key issues raised included:

- Need for greater emphasis on primary care.
- Need to replace the South Block at Royal Jubilee Hospital. Director Carlow noted that the Board will be considering this project in the context of other capital projects later this year.
- Need to address the impact of the cost of the Island Medical Program, which is currently being addressed by staff.
- Need for greater emphasis on ambulatory care services.

Regular Committee meeting:

- Reviewed a number of Performance Indicators regarding access, safety and appropriateness, including:
 - the admission rate to hospital via the Emergency Department
 - alternate level of care (ALC) patients waiting for placement.
 - hip fracture rates within hospital
 - infection rates

Some indicators are not where they should be, but as was heard earlier in the President & CEO's Report, a number of strategies have been implemented to address the problem.

- Heard an excellent report on Mental Health and Addictions Services. There was a detailed written report regarding the overall quality improvement program, service configuration and key strategies for quality improvement regarding access, safety and appropriateness. There was also a verbal presentation regarding crisis intervention programs across the Island.
- A report on VIHA's preparedness in the event of a global influenza pandemic. Planning is currently underway at the federal, provincial and local level.
- A report on Infection Control. There isn't a big concern in VIHA, but planning for an Island-wide program is underway and this area continues to be monitored.
- A report on Cardiac Care to ensure no adverse outcomes regarding interventional cardiac services. The report indicated there is equity of access and timeliness across the Island and no adverse effects regarding mortality. Given the trend for population growth, the program is expected to expand within three to five years.
- There are lots of strategies to ensure safe medication practices. A review is currently underway on medication security to ensure appropriate access is in place at all facilities in VIHA.
- Renal Services were assessed as part of the October 2004 Accreditation Survey and there were four areas of discrepancy that the Board requested a report on. Staff have taken action to correct discrepancies where appropriate

- and will be reporting back to the Canadian Council of Health Services Accreditation on these areas.
- Contracted food services were implemented between July and October 2004. Overall the transition was very smooth, and a number of quality improvement and monitoring activities have been established, as well as various committee structures, to continue to resolve issues. In addition, unannounced samplings have been done and annual third-party audits will be conducted. There is general satisfaction with food services.

It was queried as to what the key components are of a plan for an influenza pandemic.

Director Carlow noted that there are a number of components to the plan, including:

- 1) Surveillance
- 2) Vaccination – which requires lead time
- 3) Use of Anti-viral medications – which can be effective in some cases
- 4) Clinical Service Delivery Response – with the high degree of morbidity we need an emergency response mechanism
- 5) Communication

VIHA has five working groups in place to address all of these areas and the Board will hear an update on the planning in September.

4. Governance & Human Resources Committee

Director Stamp noted that the committee met on Tuesday evening and reviewed a number of topics.

- Performance Indicators regarding work life, such as sick time, overtime, hire/separation ratio and employee length of service. The committee plans to add indicators on WCB and Long Term Disability in the future.
- The Board policy on meetings, particularly regarding the question and answer section. We compared our practice to the practice of the other Health Authorities in the province. It was determined that VIHA will continue to solicit written questions in advance of the meeting, and if the answers are relatively short, we will respond verbally, otherwise responses will continue to be in writing. In addition, we will be starting a schedule of having staff present on topics of interest at the General Board Meetings.
- There has been considerable movement in both the public and private sector on governance in the past several years. The VIHA Board is very aware of that and is governed by a good set of governance policies. Government has published best practice guidelines for public sector organizations, and these have been reviewed. There are not many gaps and we will be in full compliance by the end of the year.

- Organizational realignment is currently underway, and the new model is expected to be in place by summer. This new model will allow for full integration of services across the Island.
- Seven Board members were reappointed for a one-year term from March 22, 2005 to March 21, 2006. There is currently one vacancy on the Board. A short-list of candidates has now been developed and interviews will be arranged within the next few weeks. Following the interviews a list in order of preference will be submitted to government for consideration in making an appointment to the Board.

5. 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, of 13 financial periods, was reviewed. Period 11 ended with a positive variance of \$10m, which has created an opportunity for management to allocate one-time funding to improve patient care before the fiscal year-end. Some examples of the allocations being made include \$3m on additional surgical volumes, \$1.5m on surgical instruments and \$1m on residential care levels. There is forecast to end the year with a \$2m surplus.
- The statistical performance report for Period 11 was reviewed, and this is a good news story. As was heard earlier in the meeting, VIHA doubled the number of knee replacements performed in the last period, with a 35% increase for the full year, a 25% increase in hip replacements and an increase in MRI procedures of 19%.
- The Performance Agreement is an agreement between the Ministry of Health Services and each Health Authority in the province. There are approximately 20 areas of performance that are measured and we are committed to achieving results in these key areas. Excellent progress was made in 2004/05 and we expect to meet approximately 80% of the performance measures. We are particularly pleased to see the improvement in the immunization rates for two-year old children.
- Plans for the 2005/06 budget were reviewed by the Vice President, Finance, Planning & Performance. We are required to submit our draft budget to the Ministry of Health Services by the end of April. As part of the presentation key financial challenges for the next year were reviewed. The good news is that VIHA will have an additional \$36m of government funding for operating costs to improve the health services to the residents within VIHA.
- As with the other committees, key performance indicators were reviewed regarding the sustainability and financial strength of VIHA. None of the indicators were outside the acceptable range and none of the indicators had a trend that was getting worse.

- The Asset Losses were reviewed. There are currently only 14 active claims, and none are of concern, which is a very small number for an organization the size of VIHA.
- The three year internal audit services plan outlining the process for selecting projects, how they are prioritized, the resources allocated and the productivity of the department was reviewed. There are no issues and the plan was approved.
- Key performance areas for Internal Audit Services were also reviewed and approved with minor modifications.

It was queried what the budget was for Internal Audit Services. Director Robinson noted that there is a staff of two people for Internal Audit and the expense budget is \$300,000, or in terms of the overall budget, .025%, which is in line compared to other Health Authorities.

6. Committee of the Whole

Director Hayes noted that in addition to the three working committees, the Board also has a Committee of the Whole to allow all Board members to be involved in presentations, discussions and decisions on strategic matters related to planning and quality. This morning the Board received reports on the following:

- The Home & Community Care Three Year Service Plan – as you heard earlier in the President & CEO's report, there is a total increase of 612 beds and spaces. Future emphasis is on increases for non-residential care, including assisted living, but also includes residential care projects, primary care, bathing programs, etc. The implementation plan will be brought forward to the Board in July.
- Mental Health and Addictions Services Three Year Services Plan – approximately one in five people in VIHA will be affected by Mental Health or Addictions issues. We are reviewing and renewing redevelopment of projects to address homelessness, as well as enhanced support for remote communities. We are also developing services previously provided through Riverview Hospital in the Lower Mainland, with an emphasis on Central and North Island, which have very limited resources at this time. The plan was approved in principle, subject to approval by the Ministry of Health Services and the Provincial Health Services Authority. The implementation plan will be brought forward to the Board in July.
- Performance Indicators were reviewed and areas of particular concern are Aboriginal Life Expectancy and Aboriginal Infant Mortality. The Board will be receiving a further report on Aboriginal Health in July.
- The Board is planning a workshop on Ethical Decision Making in June.

7. Presentations

Comox-Strathcona Regional Hospital District Re: Major Project Funding

As was stated at the beginning of the meeting, the Comox-Strathcona Regional Hospital District (CSRHD) chose not to present to the Board today, but they have requested that the briefing note submitted with their application be received by the Board.

The briefing note outlines the background of the CSRHD approving major capital funding for Campbell River and District Hospital to focus on outdated, seismically unstable in-patient units and renovations addressing the concerns of the Canadian Council on Health Services Accreditation with emergency department space and an expansion of surgical facilities to increase surgical capacity and bring existing facilities up to 2004 standards at St. Joseph's General Hospital. The CSRHD Board respectfully requests that the Province provide Health Authorities with additional funding to support the debt costs related to these major projects.

The briefing note was received for information.

Community Social Planning Council Re: Quality of Life CHALLENGE

Mabel Jean Rawlins-Brannan thanked the Board for the opportunity to speak today, and commended the Board on the excellent work they do governing health services. She introduced Ms. Sue Stovel, who has a background in health promotion, and is currently Chair of the Steering Working Group of the Quality of Life CHALLENGE.

In 1999 the Community Council published "Quality of Life Indicators of BC's Capital Region", with the intention of using these indicators as a tool for change. The Quality of Life CHALLENGE is an integrated approach to looking at very difficult issues for people with low income living in the Greater Victoria area. The CHALLENGE is a collaboration among multi-sector leadership partners such as Coast Capital, Shaw Television, United Way, Human Resources Canada and the McConnell Foundation. At the current time there are 43 businesses, 12 government agencies, 42 non-profits and 66 engaged citizens, including 10 self-declared low-income individuals, that have committed time and/or resources to this initiative

The Quality of Life CHALLENGE is focused on solutions and they are seeing progress. Three priorities were established – housing, sustainable incomes and community connections - each with targets, strategies and measured outcomes. The CHALLENGE is a tool for healthy communities to systemically address social determinants of health and root causes. This helps people that often end up in hospital beds and emergency rooms.

To date VIHA has made valuable contributions by providing communications materials and leadership, funding for research for the "Making Room" publication and data for indicators on poverty by demographics. While it is recognized that there are huge challenges in managing the health care system, VIHA has an opportunity to be at the table with the community as the CHALLENGE addresses fundamental health issues. For a relatively small investment in health solutions this could be a win/win partnership.

Chair Kreut thanked Ms. Rawlins-Brannan for the very heartfelt and informative presentation. He requested that Mr. Waldner, President & CEO, look into ways that VIHA could continue to support the Quality of Life CHALLENGE.

8. Questions & Answers

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

9. Adjournment

There being no other business at this time the meeting adjourned at 2:35 pm.

Janet Shute, Recorder

Jac Kreut, Board Chair