



**GENERAL BOARD MEETING  
WEDNESDAY, May 28, 2008  
QUESTIONS & ANSWERS**

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Submitted by: Keefer Pollard, Principal & Guy Audet, St. Andrew's Elementary School:

**Q** Given that our petition of over 1,700 signatures, collected in a mere three days has indicated the immense level of concern regarding the placement of a needle exchange at 941 Pandora, have we been able to convince the VIHA Board to decide to make their temporary decision to develop an alternative plan for the needle exchange a continuing decision?

And, if not, what further action will we need to take to convince you?

**A** VIHA has heard the concerns expressed by parents and administrators at St. Andrew's School. In light of these concerns, VIHA, in partnership with AIDS Vancouver Island, has implemented an expanded exchange and distribution service using mobile options. The Board's direction is that VIHA would not be prepared to consider a proposal to locate a needle exchange at 941 Pandora Street, or any other location, without there being specific commitment, assurances and demonstrated actions from the City of Victoria to address the issues and concerns on public order and safety.

Needle exchange services are recognized internationally as a 'best practice' in harm reduction. As such, VIHA and local service providers will continue to try to find a suitable site for this service – however, as per previous commitments, no final decision will be made without the appropriate assurances around public order.

Submitted by: Lyne England, Chair, Regional Family Advisory Council:

**Q** 1. What are the current 'standardized' number of direct nursing care hours being provided to the residents of the VIHA Facilities within the CRD that have implemented the 'New Model of Care'?

**A** By June 2008, VIHA sites on the South Island will be providing, on average, a total of 3.21 hours of care (nursing plus therapy). The direct care nursing portion of those hours will be an average of 3.0 hours of care.

**Q** 2. Please identify which VIHA Facilities within the CRD have implemented the 'New Model of Care'?

**A** All VIHA funded and VIHA operated facilities and affiliates across the health authority, including those in the CRD, are in the process of implementing the Model. The implementation of the Model is a multi year process.

**Q** 3. Please identify the affiliate agencies that have fully implemented the 'New Model of Care'.

**A** Please see previous answer.

**Q** 4. Please provide the top three reasons that VIHA administration has determined to be why Facilities that have implemented the New Model of Care are constantly working short staffed?

**A** Staffing shortages are not related to the care model. Significant challenges exist nationally and internationally in availability of Registered Nurses and other health care disciplines. Provincially, there is a shortage of Resident Care Attendants and other health care workers. VIHA is working hard on recruitment strategies, including partnering with the BC Care Providers Association to highlight the career opportunities that exist in healthcare.

**Q** 5. Please describe how the float pool system works within the CRD including whether the float pools are site specific or area wide. Are the float pools site specific or is there co-operation between all facilities and affiliates?

**A** Float pools are made up of staff that have regular positions, including all of the benefits of a regular position, such as vacation and sick time. The individuals in these positions are targeted to replace individuals who have cancelled their work shifts. Float pools have existed for decades in healthcare facilities. Float pools may be site specific, or may cover multi-sites. They do not cover affiliate sites, as affiliate sites have differing union certifications.

**Q** 6. What is the target date and time line for identifying the process and completing the selection by which the contracted services will be renewed or a new call for proposals made? Who is leading that process? How will stakeholders be provided an opportunity for input?

**A** The housekeeping contract expires March 2009; the food services contract expires July 2009. The language in both contracts allows for an extension of the contract for a further 5 years. At this point no decision has been made on whether to extend the current contracts, or whether an RFP process will be held, and if so, what the process around that might be.

**Submitted by: Henry McCandless, The Citizens' Accountability Group for VIHA:**

*Note: The Board of the Vancouver Island Health Authority would like readers of this document to know that the group that has submitted these questions is in no way associated with VIHA and that the allegations made in the questioning are unsubstantiated. Furthermore, prior to receiving these questions, we have not been made aware of the specific concerns referenced. VIHA takes all allegations very seriously, and all concerns, when received by us are investigated. Furthermore, any unexpected death is subject to an investigation by the Coroner's Service.*

Given that the Board of Directors is the body in VIHA having the ultimate responsibility and public accountability for the quality of management control in VIHA, and in the facilities that VIHA controls, and that incidents of lack of diligence, carelessness and neglect do exist:

1. What do the Board members see as their specific duty to adequately inform themselves whether

**Q** a) the important care processes that can be called critical success factors in VIHA for meeting the needs of citizens are being diligently and competently discharged by VIHA staff, and

**A** The Board's Health Quality Committee is responsible for assuring the Board that processes are in place to continuously improve the quality and safety of health and health care for the public, patients, clients and families, including the care process and outcomes, within available resources. This is done through regular reporting from the various program areas throughout the organization.

The Board also receives regular reports from the President & CEO on key activities within the organization.

In addition, VIHA has recently established a Patient Advisory Council, comprised of patients and family members, to assist our staff in identifying issues and opportunities for improvement. We recognize that Patients and their families sometimes see things, and have experiences that differ from what their health care providers may see or experience, and this is a critical element to quality care.

Government also introduced legislation to establish the Patient Care Quality Review Board Act on April 30, 2008, which will require each health authority to "establish a Patient Care Quality Office to receive care quality complaints and to process those care quality complaints in accordance with any directions provided by the Minister under section 6."

In terms of facilities maintenance, the Board approves a Capital Plan, in conjunctions with our Health Services and Budget Management Plans.

**Q** b) personal communications and responses to residents and family groups by staff of VIHA-controlled facilities are fair and complete, and are without rudeness, patronization or unsupported denial, and

**A** It is the expectation that VIHA staff conduct themselves in a professional and polite manner when engaging with clients, patients, residents and other staff, and VIHA has human resource policies and procedures that outline the expected behaviour of our staff. In addition, we have recently added signage in our Emergency Departments, Units, Wards and other areas which state that rude behaviour – whether it be from clients directed to staff, or staff directed to clients – will not be tolerated.

If a client of ours has a concern with a staff member's behaviour we recommend that they express these concerns to the Manager of the Department in question. If they feel dissatisfied with the response or action taken, clients are encouraged to contact VIHA's Client Relations Department.

**Q** 2. What are the Board's own Board processes for ensuring that Board members inform themselves on the critical success factors to a standard of self-informing that citizens have the right to see Board members meet?

**A** The Board of Directors, and the three sub-committees of the Board, have terms of reference that outline their key responsibilities. These documents are posted on our website for reference ([www.viha.ca](http://www.viha.ca)). There are also planning calendars for each committee to ensure regular reporting and monitoring from the various areas in the organization, including review of performance indicators on a semi-annual basis.

In addition, on an annual basis, the Canadian Council on Health Services Accreditation sends a survey team to VIHA, to review key areas of the organization against national standards. The Board reviews these reports, and any follow-up action identified, to ensure standards are being met and remediation is underway to address any areas of concern.

The Ministry of Health, through the Government Letter of Expectation, also sets standards and targets, which VIHA must regularly report on to measure success.

**Q** 3. For Example: Would Board members make themselves aware of the facts in incidents of patients in Emergency not being fully checked as they should be, resulting in one case of the death from a heart attack, documented by the spouse of the deceased?

**A** An incident as described above would be taken extremely seriously, and warrant a full clinical investigation by VIHA. A client who has a concern about care is encouraged to raise the concern with the Department Manager and/or VIHA's Client Relations Office.

The Board is not informed of every incident within the organization, but is provided with an issues summary, and unresolved/major issues are dealt with at the next Board meeting. In addition, any Board member has the ability to request the Chair call a Special Board Meeting should they feel there is something urgent that needs to be addressed by the Board, when they review the issues summary.

VIHA strives to foster a culture of safety, and encourages staff to report incidents when they occur, in order to prevent the reoccurrence of similar incidents, leading to safer systems.

The Board also receives a summary of cases where individuals have gone forward to the Ombudsman to report a concern or complaint for external review.

**Q** 4. Would Board members make themselves aware of inadequate cleaning, dirty laundry stacked up and hazardous conditions in an extended care facility that in one case resulted in two accidents to one patient who eventually died as a result?

**A** Please see answer above. VIHA takes any concern about health and safety extremely seriously, and any incident that resulted in a negative clinical outcome would be subject to a thorough clinical review.

Housekeeping services are subject to regular audits by VIHA and external, 3<sup>rd</sup> party, providers. The results of these audits are posted on our website ([www.viha.ca](http://www.viha.ca)).

Storage – or more precisely, the lack of storage – is a concern for VIHA. An initiative is currently underway across our facilities to ensure equipment and supplies that are not needed on units is removed for more permanent storage, and that the equipment that is required on the unit floors is stored in an appropriate manner.

The lack of storage capacity is a particular problem at Royal Jubilee Hospital. This has been included in the detailed planning underway for the new Patient Care Centre, which will be completed in 2010. The new facility will have adequate storage on units, eliminating the need for the storage of equipment and supplies in hallways.

**A background note for the Board:**

To help the Board respond to the above questions, the following are more detailed background questions raised in discussion by members of the Citizens' Accountability Group For VIHA who have personal knowledge of operations in facilities:

**Q** 5. How often and carefully does VIHA monitor the quality of care/safety that residents/patients are receiving in facilities managed or funded by them?

**A** Regular monitoring is conducted by VIHA Residential Care services. VIHA takes any concerns about health and safety extremely seriously, and reviews any and all concerns. In addition, residential care facilities, regardless of whether they are funded by VIHA or not, are subject to Licencing inspections and are required to adhere to the standards set out in the Community Care and Assisted Living Act.

**Q** 6. What quality and standards of care would VIHA say residents and families have the right to see met in these specific areas:

a) Are injuries sustained as a result of accidents fully and fairly reported under Code 603 "Incident Reporting" as required by law?

**A** All care facilities are required to report injuries sustained as a result of accident, whether the injury occurs to a staff member of the public or a resident, and include requirements to report to agencies such as WorkSafe BC. Injuries sustained to residents are required to be reported to Licencing, and all reports of injury as a result of accidents are reviewed.

**Q** b) Does VIHA ensure that the people involved with residents/patients care are aware they have a legal obligation to provide safe, skillful and ethical care?

**A** Please see our response under 1 (b) above. In addition, professional health care providers including physicians, RNs, LPNs and allied services all belong to professional associations which govern their work.

**Q** c) Does VIHA ensure the facilities' administrative staff have the responsibility to make certain that all their staff members are properly trained to carry out their care to patients/residents?

**A** This is a requirement under the Community Care and Assisted Living Act, and monitored by the Licensing Officers.

**Q** d) Does VIHA ensure that there is adequate qualified staff to help the number of residents/patients through all levels of required care?

**A** Facility Operators are required to provide safe, appropriate care, and to ensure sufficient staffing to provide the service. Staffing levels are monitored by the Licensing Officers, and as part of the Care Delivery Model, will be reported to and audited by the VIHA Residential Services program.

**Q** e) Does VIHA actively monitor Licensing reports for evidence of repeated allegations of poor housekeeping, food, safety concerns and negligent practices taking place in a facility? Examples: failure on the Licensee's part to report incidents where persons in care sustain injuries requiring medical attention. And failure to sign Medication records, both failures contravening Sections 5.22(1), 8.4(6) and Section 10.6(2) of the Adult Care Regulations and Section 7 (1)(b) of the Community Care Assisted Living Act.

**A** VIHA regularly monitors and receives Licencing reports. Additionally, this monitoring has been enhanced over the past few years.

**Submitted by: Juli Stevenson, Executive Director, Clay Tree Society**

**Q** VIHA has expressed an interest in purchasing a parcel of land from School District #68, located at 838 Old Victoria Road [in Nanaimo]. Currently 2 acres of that parcel is being leased to Clay Tree Society for People with Developmental Disabilities. IF VIHA acquires that property, what do they plan to do with Clay Tree, who have occupied a portion of that land for the past 51 years.... Subdivide and sell Clay Tree our existing parcel? Continue to lease the 2 acres to Clay Tree? Evict Clay Tree?

**A** The Health Authority recognizes the important role Clay Tree Society serves in the community. It would be premature to comment on the impact to Clay Tree Society at this time, as a decision has not been made regarding the purchase of this property. Should the Board approve the purchase of this property, and should the purchase proceed, discussions with the Clay Tree Society would be part of this process.

**Q**

**Submitted by: Carol Pickup, Co-Chair, South Island Health Coalition**

**A**

**1. Who is paying the cost of the VIHA administrator at Beacon Villa?**

The operator of the facility – Retirement Concepts.

**Q**

**2. What is the status of the new model of care in residential facilities in VIHA? Have the announced cutbacks to Mount St. Mary, Kiwanis Pavilion and the Lodge at Broadmead been made?**

**A**

All VIHA funded affiliate facilities have been provided with revised information about the new model of care. VIHA is working with our Affiliate partners to assist and support them in the implementation of the Care Delivery Model.

**Q**

**3. What is the cost of the contract with the private consortium to build the RJH Tower? Over what period of time? And what is the cost over 30 years?**

**A**

This information will be released when a final contract is signed. We are hopeful this will occur later this summer.

**Q**

**4. Why is VIHA contracting for only 438 beds in the new RJH Tower? How will the additional 62 beds that VIHA promised be provided after the fact?**

**A**

Please see above; there is no contract in place at this point in time, nor will VIHA be signing a contract for '438 beds'. The new, state-of-the-art Patient Care Centre at RJH will have capacity for up to 500 beds when it opens on the RJH site in 2011. In addition, current bed capacity that exists in the Diagnostic and Treatment Centre will remain, and 24 psychiatric beds will also be located on the RJH campus.

**Q**

**5. Why have the psychiatric nurse and other resources been removed from Laurel House? Why has the operation of Laurel House been turned over to Beacon Community Services, which has no history of providing psychiatric services, and what is Beacon Community Services being paid to provide these services?**

**A**

It is important to note that extensive discussion and consultation took place with Laurel House clients between the Fall 2007 and until March 2008. The solution achieved through this process was welcomed by the Laurel House clients, and in fact was received with hugs and tears of joy shared with the client group.

The clients of Laurel House were carefully monitored during this process, and it was determined that the social drop-in and lunch program required by the clients at Laurel House did not require an RN presence. Specialized psychiatric, mental health and nursing services are provided by other VIHA services such as USTAT (Urgent Short Term Assessment and Treatment) and the Psychiatric Day Hospital program. In addition, the Capital Mental Health Association will continue to deliver services through its very successful GROW (Gateway to Resources and Options for Wellness) Program at its Skinner Street location.

Beacon Community Services is a well-known, highly-respected local not for profit agency, specializing in a variety of community based programs and services, including those for individuals with mental health issues. More information about Beacon's services is available on their website at <http://www.beaconcs.ca/> . In keeping with its goal to support vulnerable people in the community, Beacon Community Services has made a clear commitment to maintain the Laurel House social support program on an ongoing basis in partnership with the members themselves. Beacon Community Services is supporting the service from a variety of funding sources. VIHA is not providing specific funding for this service, but is a significant funder of Beacon Community Services.

Submitted by Terry Robinson

**Q** Would the Board consider directing Laboratory Services at all its various hospitals to reinstate the provision of the service of preparing autologous tears in order to alleviate the pain and suffering of at least several hundred patients who have been directly affected by the sudden withdrawal of this very unique and successful treatment, which is not available from any other source? (Time is of the essence in this issue, so even a one-year moratorium on the withdrawal, to allow time to investigate other options, would be a possible alternative.)

**A** We recognize the inconvenience this has caused for the people previously receiving this service through Nanaimo Regional General Hospital (NRGH) and West Coast General Hospital (WCGH). We would like to clarify that there were fewer than 20 people across VIHA previously receiving this service, not hundreds as indicated. The preparation of serum based eye drop solution is a complicated issue. The Good Manufacturing Guidelines in Canada have specific restrictions on any manufacturer of products. Virtually all products derived from blood and blood components are through the Canadian Blood Services. This organization operationally meets the requirements for good manufacturing in Canada and deploys their resources to meet the regulations. With reference to serum derived eye drops, NRGH and WCGH are unable to meet the requirements in the Laboratory Medicine Department. There are no blood component derived products available through the Laboratory Medicine division, except in Transfusion Medicine, where the manufacturer is the Canadian Blood Services. Due to the inability to meet regulatory requirements, a decision was made to cease the production of eye serum. VIHA has encouraged physicians and clients to explore alternatives such as compounding pharmacy services.