



GENERAL BOARD MEETING
WEDNESDAY, MAY 30, 2007

QUESTIONS & ANSWERS

Submitted by Lyne England

Q What is the total number of daily care hours mandated from the Ministry of Health for persons residing in VIHA Long Term Care Facilities?

A The Ministry of Health does not mandate daily care hours for persons residing in provincial residential care facilities, including those operated by VIHA. There is currently no provincial standard for daily care hours.

Q What are the maximum daily care hours documented as supplied by a VIHA Long Term Care Facility?

A The maximum daily care hours in a VIHA Long Term Care facility is 3.68 hours per day. The median number of care hours for VIHA sites is 3.08 hours. VIHA recognizes that variations exist among long term care facilities, and our new residential model of care, to be implemented later this year, will address these variations by ensuring standardization among facilities.

Q What are the minimum daily care hours documented as supplied by a VIHA Long Term Care Facility?

A The minimum daily care hours in a VIHA Long Term Care facility is 2.49 hours per day. The median number of care hours for VIHA sites is 3.08 hours. As noted above, we recognize there are variations and we intend to ensure standardization among facilities with our new residential model of care, which will be implemented later this year.

Q How are categories of R.N., LPN, HSRCA, Nursing Staff hours worked tracked in the VIHA system?

A Worked hours for all staff in VIHA are tracked through a financial system called HSCIS (Health Sector Compensation Information System).

Q Is this information shared with the Ministry of Health?

A VIHA reports all hours worked and dollars paid to employees to the Ministry of Health on a quarterly basis. The HSCIS data is reported to the MOH by job classification.

QUESTIONS & ANSWERS

Q

Is the information shared with the various Union components?

A

Overall hours worked are not provided to the union stewards on a regular basis. However, we provide union stewards with information regarding an individual's worked and/or paid hours, when issues are brought to our attention, as part of the grievance process.

Q

How often is it shared and on what basis?

A

See response above.

Q

Now that Care Level categories are no longer being used, what is the accepted ratio of staff to resident in VIHA Long Term Care Facilities for R.N.'s, LPN's, and HSRCA's?

A

VIHA has not identified a ratio of staff to residents in our residential facilities. VIHA's care model – the development of which is currently being finalized – is based on hours of care per resident, per day.

Q

Will the most recent Model of Care that has been implemented in VIHA Long Term Care Facilities be evaluated? How often? Will the results be available to the public? When?

A

A standardized model of care in residential care facilities is under development, but has not yet been implemented. Implementation is planned for later in 2007. This new model of care is based on research, evidence-based information and best practice standards, and will be consistent with what is the practice in other jurisdictions. Like every care practice, the new model will be subject to ongoing review and evaluation. The details of the evaluation process are still being finalized and are subject to final approval.

Submitted by Adriane Gear

Q

Does VIHA have research based evidence supporting the move to reduce the comprehensive coverage provided by the IV therapy department?

The separate and dedicated use of IV teams is disappearing in health facilities across Canada. Currently, there are only six IV teams left in the whole country, one of which is at VGH. Initiation of IV's is considered a basic RN skill, and the College of Registered Nurses of BC does not require any special education requirements to insert peripheral intravenous lines, nor is a physician order required.

QUESTIONS & ANSWERS

Based on VIHA utilization data for VGH, only about 1 or 2 urgent IV starts are required during an 8-hour night shift. To ensure the majority of patients receive consistent IV service, staff shifts have been reassigned to cover the hours of 6:30 am to 2:00 am (7 days per week), when the majority of patients require IV service.

Since the new hours were implemented in February, relief team nurses have been effectively and efficiently managing necessary IV starts during the 2:00 am to 6:30 am time frame. VIHA is offering training for standardized, skilled venipuncture acquisition that exceeds professional standards of practice guidelines. As part of this, RN's in high volume insertion areas are being trained to insert IVs for their patients, and Surgical Day Care staff have all been trained over the past month. This commitment to training will continue with the added resource of one additional nurse who has been hired to support IV training.

Submitted by Catherine Williams

Q Why would VIHA make a decision to reduce the service of the I.V. team on night shift at VGH when we currently have such a record of excellence in this field?

A Please see answer above. Furthermore, VIHA is in ongoing discussions with BCNU and has reached agreement on new rotations that will result in IV team coverage from 6:30 am to 11:30 pm beginning June 29. These shifts will have 2 IV team RNs per shift (day and evening). VIHA is satisfied that by June 29, sufficient RNs and other health care providers in the hospital will have been fully trained and able to address the very few IV starts that are required between 11:30 pm and 6:30 am. IV Team members working during the day and evening will continue to mentor and support the learners as they gain skill proficiency.

Submitted by Margo Wilton

Q What is VIHA going to do to ensure that our patients at Victoria General have access to expert Intravenous care twenty-four hours a day?

A Please see the responses to the previous two questions.

Submitted by Carole Pickup, Co-Chair South Island Health Coalition

Q VIHA has failed to consult and provide critical information to locally-elected CRD directors about the proposed patient tower at RJH---in particular, the rationale for building this as a P3. Please explain VIHA's failure to inform and consult one of the major contributors to the project?

QUESTIONS & ANSWERS

A On the contrary, VIHA has had discussions with Capital Regional Hospital District (CRHD) representatives at various levels. In addition, our CEO and other executive level staff have made presentations to the CRD Board, and VIHA's Board Chair and CEO have semi-annual meetings with representatives from all of the Vancouver Island Regional Hospital Districts to discuss capital plans. Until the patient care centre project was formally approved on May 4, 2007, VIHA did not have an approved project to discuss with the CRHD. Now that the project is approved, further discussions with the CRHD are underway.

Q **As RJH serves as a referral centre for cardiac and cancer patients living outside of the CRD, why should the taxpayers of the CRD be expected to provide 40% of the capital cost of the new patient tower through an increase in their property taxes?**

A An independent 2003 report commissioned by the Ministry of Health Services recognized the concerns around cross boundary cost sharing. The report - "Regional Hospital District Cost Sharing Review" is available on the Ministry's website at http://www.health.gov.bc.ca/cpa/publications/rhd_costreview.pdf

The report stated "some regional centres such as the Capital Regional Hospital District have chosen not to pursue cross-boundary cost sharing, believing the economic benefits of being a regional centre outweigh the cost of providing regional services." The report goes on to state that some neighbouring RHDs have successfully negotiated cost sharing arrangements, but that the health authorities have not been part of that negotiation.

The bottom line is that the vast majority of patients that will benefit from the new patient care centre will be residents of Southern Vancouver Island – and the new facility will provide the highest quality of patient care for decades to come.

Q **What is the future of the RJH patient tower if the CRD refuses to contribute 40% of the capital cost? The CRD has no legal obligation to fund this project.**

A In December 2006, the Capital Regional Hospital District (CRHD) Board approved the 2007-2016 Ten Year Capital Plan and that this be incorporated within the overall Regional District Ten Year Capital Plan. This capital plan included funding towards the Patient Care Centre project.

If VIHA is unable to obtain CRHD director's support for this important patient care improvement project, it is unlikely this project will proceed at this time, which would negatively impact on the future of patient care for the region. While the CRHD may not

QUESTIONS & ANSWERS

have a legal obligation to fund this project, historically the local tax base, through property taxes, have supported capital projects in health care.

It is VIHA's sincere hope that Capital Regional District Board of Directors will realize the need for this project and its importance to improve patient care and safety on the South Island into the future.

Q **The Fraser Health Authority was forced by the province to build the new Abbotsford hospital as a P3---against the considered stand of (former) Chair Keith Purchase and his board. Mr. Purchase has an extensive background in the forest industry and had been CEO of Timber West, so his opinion cannot be discounted. Moreover, he has worldwide support in his rejection of the P3 concept. Under such circumstances, does VIHA not have some concern about the wisdom of building the RJH tower under a P3?**

A To clarify: Mr. Purchase was not chair of the Fraser Health Authority when the Abbotsford project was approved. Rather, he was chair of the Vancouver Coastal Health Authority, which did approve P3 procurement for the Academic Ambulatory Care Centre (now called the Gordon and Leslie Diamond Centre).

VIHA's number one priority is improving patient care and using public money responsibly. We have gone through an extensive review process and have concluded a public private partnership will deliver this building on time and on budget while meeting our goal to improve patient care at Royal Jubilee Hospital. Public private partnerships in B.C. are not new, and there are many examples of how these partnerships have resulted in innovative solutions to improve the delivery of patient care. For example:

- The Gordon and Leslie Diamond Health Care Centre in Vancouver was completed on time and on budget.
- The Abbotsford Regional Hospital and Cancer Centre is a \$355 million project that is on time and on budget. A project summary report on the Abbotsford Regional Hospital and Cancer Centre is available on the project website (www.abbotsfordhospitalandcancercentre.ca). This outlines how the project provides value for patients and residents/taxpayers of the Fraser Valley. This document includes a review completed by the Office of the Auditor General that concludes the report fairly describes the context, decisions, procurement process and results to date.

When VIHA's new patient care centre is completed, all health care services in it will be publicly funded and publicly delivered. VIHA will retain ownership of the land and the building.

QUESTIONS & ANSWERS

Q How many long-term care patients are currently occupying acute care beds in the CRD? At what cost per diem?

A The number of individuals in acute care awaiting placement in a residential care facility varies from day to day. As of May 15, when your question was received, there were 11 individuals waiting in acute care for a residential care bed in the Victoria area. The average cost varies depending on which unit a patient is waiting. The average cost for an acute care bed is approximately \$650 /day, but this cost includes the high cost associated with higher medical/surgical care and Intensive Care beds with high nursing to patient ratios. Given that patients in acute care who are awaiting a residential care have less acute care needs, it is estimated the average daily cost for a patient varies from \$250 - \$450.

Q Since May 2006, how many new residential care beds have been built by VIHA (excluding for-profit beds and assisted-living units)?

A No new residential care beds have opened in Greater Victoria in the past year, although renovated residential care beds and units have been re-opened (e.g. Luther Court). All new, additional residential care capacity will open in 2008. In Greater Victoria, this new additional residential care capacity will be located in Selkirk Place, a 185 bed facility located at 385 Waterfront Crescent.

In Sooke, a new facility with 30 publicly funded residential care beds and 10 publicly funded assisted living units will also open in 2008.

Q In May 2006 and again in January 2007 I asked the questions:

- **What is the current status of the Gorge Road Hospital?**
- **What is its future?**
- **Why, in the face of an acute shortage of long-term care beds in our region have no funds been made available to create more non-profit, multi-level beds on the Carey Road site? (The CRD acquired this site for just these purposes - with the support of VIHA.)**

I am asking these questions again because I have documentation that the previous answers were incorrect. Please provide accurate answers to these questions.

A We always strive to provide accurate answers with information that is current and available at the time of the question. Our answer below is not substantially different than the information we have previously provided, except it has been updated to reflect the current situation, which has changed slightly since our response in December 2006.

QUESTIONS & ANSWERS

The Gorge Road Hospital is currently being used by VIHA to provide interim bed capacity for residential care clients (approximately 50), as a new, interim location for the Alternative Level Care Unit previously located at Eric Martin Pavilion (approx 45 beds) and for an interim care setting for residents of Beckley Farm Lodge while that residential care facility is upgraded to complex care standards (approx 70 beds).

The long-term future of the Gorge Road Hospital site has not been determined by VIHA.

Only one proposal under VIHA's 2006 Residential Care and Assisted Living capacity RFP was received for the Carey Road site. However because this proposal was non-compliant with the basic requirements of the RFP, it was not eligible for consideration.

VIHA has received a proposal from an existing affiliate service provider who wishes to use this site to build a new multi-level care facility (this was not part of the RFP process discussed above). The initial proposal costs of this project were prohibitive, however, VIHA continues to work with this service provider to determine if they are able to develop a more affordable proposal.

We recognize the value of the Carey Road property being available to support future health care services in Victoria, particularly given the challenge of finding suitable centrally-located sites in the area.

Q Before moving ahead with the new RJH tower, should not the lack of long-term care beds be addressed to avoid these new acute beds being occupied by seniors needing complex care?

A That is exactly what VIHA is doing. Our 2006 RFP sought proposals from not for profit and for profit operators to build and operate 1,230 residential care beds and assisted living units throughout the health authority. This includes approximately 930 additional net new spaces by 2010, 727 of which are scheduled to be completed by December 2008. As noted in an earlier answer, on Southern Vancouver Island, construction is underway for 185 residential care beds and 25 assisted living units at the Selkirk Place facility, which is scheduled for completion next summer. In addition, 21 assisted living units will be opened at Beckley Farm Lodge/Capital Region Housing Corp. on Parry Street, 30 residential care beds and 10 assisted living units will open in Sooke and 14 assisted living units will open at Sluggett House in Central Saanich.

Q Contrary to your response of May 2006, I have documents showing a significant lack of capital funds available from the provincial government to all health authorities since 2001. Will you please acknowledge the accuracy of my statement? Or request copies of my documentation?

QUESTIONS & ANSWERS

A Please see our answer to the same question you asked in May 2006. This is available on our website. The fact that the Province recently committed capital funding to the new patient care centre at Royal Jubilee speaks to the Province's ongoing involvement and commitment to capital projects. If you believe you have documentation that would be of value or interest to VIHA, please feel free to share it with us.

Q **You have advised me that you have seven primary health care projects on the Island. What are these projects and where is each one located? When will details be announced about VIHA's Primary Care Strategy, including outlines of investment commitments?**

A We assume you are referring to the seven Primary Health Care Transition Fund (PHCTF) projects originally funded by the Federal Government until March 31, 2006. Since then, VIHA has provided base sustainability funding of \$3.2 million. The projects (now programs) include:

- Chronic Disease Management Collaborative
- Kidney Care Initiative
- Ladysmith Primary Health Care Centre
- Health Point Care Centre (Victoria)
- Port McNeill Interdisciplinary Practice
- Port Hardy Nurse Liaison
- Advance Directives

The VIHA Primary Health Care Strategy and VIHA Chronic Disease Management Plan were presented to the Board in March of last year and are available on our website. In our Primary Health Care Strategy we have identified three communities in which to enhance PHC access; Port Alberni, Sooke and Oceanside (Parksville/Qualicum) and work is underway with local health care providers and local governments in these communities to advance these projects.

Q **Why is VIHA providing annual operating funds of \$5.1 million for 86 beds in a for-profit residential care project in Campbell River? How much of that \$5.1 million represents profit for the New Horizons Care Corporation, a private company that operates a network of residential care, retirement residences and supportive services throughout Canada and the USA? Why is VIHA providing similar funding to a development on the Selkirk waterfront in Victoria? Why should B.C. taxpayers be contributing to these private corporations?**

A The Residential Care/Assisted Living 2006 RFP was open equally to all private service providers – both not-for-profit or for-profit. The evaluation criteria for the proposals were clearly outlined in the RFP and included the service model proposed, quality of care,

QUESTIONS & ANSWERS

human resources, staffing plans, background, strength and experience of the proponents, ability to deliver, financial stability of the organization and price. VIHA's key focus throughout the RPF process, and into the future, is to provide the best care and services possible for the public money we spend.

The proponents that were awarded contracts under the RFP include both not for profit and for profit providers. For example, Wexford Creek, a 110 bed residential care and 40 unit assisted living facility being built in Nanaimo, is operated by Good Samaritan Canada – a not for profit group. VIHA will provide this facility with approximately \$6.4 million in annual funding.

VIHA, and its predecessor organizations, has long had relationships with both for profit and not for profit operators. The expectation is that the operator, regardless of their profit/not for profit status, will provide appropriate quality of care to the residents in their facility. One of the principles that guides VIHA is that the same level of funding is to be provided for residents with the same care needs, regardless of the client's location or organizational affiliation.

Q When will you make public the independent assessment of privatized food services provided at your health facilities and at contracted facilities?

A Food surveys and housekeeping audits, both VIHA-conducted ones and third-party reviews, are available on our web site at: http://www.viha.ca/about_viha/accountability/

Q Why was the VIHA RFP in 2006 open to for-profit providers? Is this not a violation of the principles of the Canada Health Act? Why was the excellent joint proposal from local non-profits for the CRD Carey Road site not given serious consideration?

A The answers to these questions have been provided above.

Q What is the status of the promised new VIHA staffing model that is intended to reflect higher standards for hours of care in complex care facilities?

A The answer to this question is available under the questions submitted by Lyne England, at the top of this document.

Q As an advocate for a resident at Sunset Lodge in Victoria (an inadequate and outdated facility in which quality of care has certainly been compromised) I was denied access to inspection reports by VIHA authorities. Why is the public denied access to publicly-funded contracts between VIHA and community care facilities (both non-profit and for-profit)?

QUESTIONS & ANSWERS

A Completed inspection reports involving licenced facilities are available under Freedom of Information and Protection of Privacy Act (FIOPPA). Access may be delayed if an investigation or inspection report is still underway. VIHA regularly responds to requests for access to inspection reports, complaints and investigations, and these requests are not denied, although a delay may occur if the investigation is not yet complete. Contracts between VIHA and its service providers are also releasable under FOIPPA.

If you would like information about the status of a specific request you have submitted, please feel free to contact VIHA's Freedom of Information Office, located in Victoria, at (250) 370-8166.

Q **Moreover, in January 2007 I asked VIHA why it is so difficult for relatives to get the results of VIHA inspections of residential care facilities through FOI. Your response (that relatives are treated the same as the media) was not true: a member of the press was able to access information that took a family member over a year to receive, and then the documents were so altered as to be useless. Where is the transparency and accountability VIHA claims to support?**

A VIHA takes the licensing investigation process very seriously. This process can take many months to complete, and the steps involved in the licencing process are outlined on our website at: <http://www.viha.ca/NR/rdonlyres/E87D64BB-90E9-4960-AC70-8053A43D35A5/0/InvestigationProcess.pdf>

VIHA does not alter inspection and investigation reports that are released to the public. Information is severed according to FOIPPA guidelines. The only information generally severed from these documents is third party personal information. If a recipient of a document requested under FOI feel they should have access to further information, they can appeal to the Office of the Information and Privacy Commissioner.

In regard to your claim that the media received access to information much quicker than a family member, with due respect, we must clarify that you have referenced two separate FOI requests. The information requested by the media was for inspection reports for 2006. This was released with all personal information severed. The family member request was for a specific investigation, which has been the subject of an on-going investigation, now expected to be complete in early June. The family member also requested the same information that the media requested. This information was provided with the exact severing as the media request, and it was provided within a matter of a few weeks.

QUESTIONS & ANSWERS

Q The Board has received numerous letters and other submissions regarding the Chemainus Quay Marina and Condominium Project. The correspondence includes support for the Board's decision not to sell the riparian rights adjacent to the Chemainus Health Care Centre and requests that they stand firm behind the decision made in January, support for the project and requests that the Board reconsider its decision, as well as requests to make a presentation to the Board on this project.

A VIHA's top priority is to provide quality care and preserve the quality of life for our clients, including those residing at the Chemainus Health Care Centre. As a result, the VIHA Board voted in January 2007 not sell the riparian strip of land adjacent to the Health Care Centre.

The Board felt at the time, and continues to believe, that the construction and proposed development would have a significant negative impact on Chemainus Health Care Centre residents.

Before making its decision, the Board discussed and evaluated, in significant detail, aspects of the project such as noise, view impacts, traffic flow and parking. VIHA has also reviewed additional information submitted subsequent to the January Board decision, but does not feel this new information addresses the concerns that guided the Board's decision in the first place.

A primary outstanding issue remains the main access to the development via Pine Street. The Board is not prepared to give further consideration to this matter until all concerns are addressed. With respects to meeting with proponents, the Board does not hear presentations or meet with proponents related to business opportunities. The Board's primary responsibility is to ensure the health and welfare of residents, clients and patients in our care.