

# Report to the Board

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# Hospital Capacity:

- ◆ High volumes since late August.
- ◆ VGH, RJH and NRGH particularly affected.
- ◆ Stresses system, patients and family, physicians and staff.
- ◆ VIHA not unique facing this challenge.
- ◆ Challenge is how to respond at local level.

# Hospital Capacity – Contributing Factors:

- ◆ Low turnover in residential care
- ◆ Limited community capacity
- ◆ Infection outbreaks
- ◆ Staffing issues
- ◆ Increased surgical volumes

# Hospital Capacity – Response:

- ◆ Adding additional capacity:
  - ▶ 20 new beds, including 6 bed ‘HUB’ at RJH
  - ▶ 14 new beds at NRGH
  - ▶ 28 new interim/temporary beds at Gorge Road Hospital
  - ▶ 23 net new beds at the Lodge on 4th in Ladysmith
- ◆ Purchasing additional community capacity when available and appropriate.

# Hospital Capacity

- ◆ Recognize surgical challenges.
- ◆ Working with senior surgical leaders to develop options:
  - ▶ Reviewing surgical capacity – operation of theatres.
  - ▶ Reviewing opportunities to increase beds and spaces – converting non-clinical space back to clinical.

# Hospital Capacity – Response:

- ◆ Completing Transition Services Project focusing on providing care in most appropriate setting.
- ◆ Optimizing booking of surgical patients.
- ◆ Analyzing ED data to identify "bottlenecks" in patient flow through emergency.
- ◆ Updating VGH/RJH 'bed maps.'

## Residential Care:

- ◆ New care delivery model and funding method introduced September.
- ◆ Goals:
  - ▶ Improve care levels in all VIHA funded and operated facilities.
  - ▶ Remove current funding inequities that are based on geographic location, operator and historical arrangements.
  - ▶ Increase reporting requirements, transparency and accountability.

# Residential Care:

- ◆ \$6.5 million annual investment plus inflationary lifts.
- ◆ Funding increases to 80% of facilities.
- ◆ 12.5% increase in average daily care hours.
  - ▶ From 2.88 hours per resident per day to 3.24 hours per resident per day.
- ◆ RN on site 24/7.
- ◆ Limit clinical staff impact and guarantee all affected staff employment.

## Residential Care:

- ◆ First step of 3 year implementation.
- ◆ Unprecedented clinical support to assist transition.
- ◆ Commitment to feedback.
- ◆ Individual meetings with all providers.
- ◆ Improved data received and being reviewed.
- ◆ Funding adjustments to individual facilities may be made by end of year.

# Home Support:

- ◆ Significant increase in home support volumes:
  - ▶ 2 million hours in 2006/07 (up 16%)
  - ▶ 4,800 clients served (up 7%)
  - ▶ 2007/08 volumes to date are also up
- ◆ March 1, 2008: new agreement with Beacon Home Support to provide service on South Island.
  - ▶ Transition planning underway
  - ▶ Transition staff from previous agency to new one
  - ▶ Maintain client care and consistency

# Saanich Peninsula Hospital:

- ◆ Review of core services in community hospitals underway, including SPH.
- ◆ SPH unique among VIHA's 5 community hospitals as part of VGH/RJH network.
- ◆ Key to review is collaboration with SPH physicians and staff.
- ◆ Interdisciplinary meetings held with physicians and other care providers.
- ◆ Core Principles agreed upon.