



**BOARD OF DIRECTORS
GENERAL BOARD MEETING
WEDNESDAY, NOVEMBER 30, 2005
ARBUTUS ROOM, PARKSVILLE COMMUNITY CENTRE
132 E. JENSEN AVENUE, PARKSVILLE, BC.**

Directors Present: Jac Kreut, Chair
Don Carlow
Don Gainor
Ellen Godfrey
Woody Hayes
Brenda Nunns Shoemaker
Linda Petch
Ed Robinson

Staff Present: Howard Waldner
Glen Lowther
Joe Murphy
Georgina Macdonald
Richard Stanwick
Bill Boomer
Michelle Stewart
Janet Shute, Recorder

Regrets: Brian Stamp

1. Call to Order

Chair Kreut called the meeting to order at 1:00 pm and welcomed the members of the public in attendance. It was noted that a quorum was present and roundtable introductions were made.

The agenda was adopted as circulated.

The minutes of September 28, 2005 were approved with the following amendment:

Page 4 – the total cost of the Perinatal Unit at Nanaimo Regional General Hospital is \$16m, not \$15m as indicated.

2. President & CEO's Report

Mr. Waldner reviewed the following issues/activities:

- Community Information Sessions on the Draft Five Year Strategic Plan are underway. To date sessions have been held in Port Hardy, Port Alice, Cormorant Island, Port McNeill, Campbell River, Courtenay, Parksville, Tofino and Nanaimo. Sessions will be held in Duncan and Victoria in early December.
- The sessions have been generally well attended and positively received by staff and the public. The feedback has been excellent, and is generally aligned with VIHA's priorities.
- Feedback from the Parksville session was generally focused on:
 - Need to increase Home & Community Care.
 - Interest in Enhanced Primary Care, including support for a Nurse Practitioner.

- Development of a supportive recovery home for youth with crystal meth and other addictions.
- Supportive housing options for people with mental health problems.
- Need for enhanced transportation links to access services, such as hemodialysis.
- There were 36 municipal races held within VIHA's service area. VIHA looks forward to working with new and returning Mayors and Councils and the Regional Hospital Districts on health care priorities, including capital funding.
- The groundbreaking for the new Perinatal Unit at Nanaimo Regional General Hospital took place on November 8, 2005. The new Perinatal Unit will provide high level care for mothers and babies from Central and North Island. The project will be completed in April 2007 and will include private rooms, family centered maternity care, 15 labor/birthing rooms and a Level 2 Special Care Nursery.
- VIHA is working with local Crystal Meth Task Forces on a "three pillars" solution. We are committed to aligning crystal meth responses with other VIHA mental health and addictions programs.
- Pressures on Emergency Departments and acute care beds are traditionally highest in the winter months. This is a system-wide problem requiring system-wide solutions. Short and medium-term strategies are in place to respond and address to the pressures, but the long term solution is 36 months away with the development of 1,366 residential care beds and assisted living spaces across the Island. Pressures will continue in the interim, but some of the immediate system capacity winter initiatives include:
 - Opening temporary residential care beds
 - Enhancing community services to support the frail elderly to prevent admissions and facilitate discharges from acute care
 - Expanding the Quick Response Team in Victoria and establishing a Quick Response Team in Nanaimo
 - Opening immediate access/respice beds
- Employees are key to high quality, effective patient care and VIHA is committed to employee recognition. Of VIHA's 16,000 employees, 4,500 have been recognized for their length of service in the past three years. 1,500 employees were recognized this year at events held across the Island.

3. Health Quality Committee

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

At the regular committee meeting:

- System capacity issues – particularly the pressures on emergency services and the strategies to address these issues.
- Patient flow – a large initiative is underway to streamline the care of patients through the system to ensure care takes place in the right place and we are maximizing capacity.

- Quality & Patient Safety Program – this is the infrastructure that supports all programs in VIHA.
- Population and Family Health – an update on the structure, leadership, initiatives and issues.
- Performance Indicators – semi-annual review showed improvements in a variety of areas, such as immunization rates for two-year olds, alternate level of care rate, surgical day care rate, in-hospital fractures, food safety and quality. While there have been improvements, there is still more work required. A number of indicators show the need to do more, such as access to CT and MRI testing, readmission rates, hernia repairs and cataract surgery.
- Transcription Services – there has been significant improvement in the turn-around time of medical records.
- Critical Care Transport – the organization is reviewing some of the innovative strategies implemented in other health authorities to determine if they might be effective in VIHA.
- Security of Medication and Medication Safety – this is a frequent topic on the agenda. Considerable work has been undertaken and there has been significant progress in a number of high risk areas.

At the meeting with medical staff:

- Physicians are very pleased with a number of areas, including the Hospitalist Program, the development of the Perinatal Unit and improvements in the Emergency Department at Nanaimo Regional General Hospital. In addition, physicians are pleased with the improvement in transcription services.
- The physicians also raised a number of issues, including the wait times for hip and knee replacement surgery, the operating room nursing shortage and the need for a Chief of Staff at Nanaimo Regional General Hospital. While these are areas of concern, they are being actively addressed.

It was questioned as to why patient flow was so important if additional capacity was being added.

Director Carlow noted that while capacity needs to be enhanced, there is also a need to streamline services and match the needs of patients to ensure they receive the right care in the right place at the right time. Patient flow impacts the timeliness of care.

4. Governance & Human Resources Committee

Director Nunns Shoemaker noted that the committee met for five hours on Monday evening. Key activities included:

- A presentation from Louise Simard, President & CEO of the Health Employers Association of BC (HEABC). While the Board was aware of HEABC's role in representing the health authorities in collective bargaining with the unions, this was an opportunity to learn about the many other services HEABC provides.

- In February 2005 government issued Best Practice Guidelines, with the expectation that all publicly funded organizations would be in compliance by April 2006. The Board reviewed the guidelines in March and determined that VIHA was in compliance in most areas. We have now reviewed the five outstanding areas and the information will be posted on VIHA's new website, which is expected to operational in mid-January.
- Five performance indicators related to human resources are reviewed on a semi-annual basis. The sick time rate has improved, but there continues to be concern about the overtime, staff flu immunization, staff injury and long term disability rates. While many good programs have been implemented to address these areas of concern, further work is still required.
- December 5th has been declared International Volunteer Day and is recognized by the United Nations as a day on which volunteers around the world are recognized and celebrated for their contributions and dedication. On an annual basis VIHA participates in the celebration of Canadian Volunteer Week in April. In recognition of the significant contribution volunteers make to the Vancouver Island Health Authority the committee would like to recommend that the Board endorse the Canadian Code for Volunteer Involvement.

It was MOVED, SECONDED and CARRIED THAT the Canadian Code for Volunteer Involvement's "Values for Volunteer Involvement" and "Guiding Principles for Volunteer Involvement be endorsed.

- January 25, 2006 will be the last meeting for Director Gainor. VIHA is working with government and will be posting a Notice of Vacancy on the Board Resourcing and Development website, as well as publishing notices of the upcoming vacancy and the process for applying in local newspapers across the Island in early January.
- Management is planning to conduct a Staff Climate Survey in January.

Chair Kreut noted that as of last Thursday, Director Petch had been elected as Chair of the Health Employers Association of BC's Board of Directors and he extended congratulations to her on behalf of the Board.

It was queried as to what factors generate long term disability claims.

Director Shoemaker noted that long term disability is attributable to demographics, unmanaged sick leave, the aging work force and transfers from other insurance providers, such as Worksafe BC. Musculoskeletal injuries remain the primary problem, but psychosocial claims are rising.

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 7 was reviewed and showed a surplus of \$7.9m. Delays in implementing new programs are the primary reason for the surplus, and a balanced budget or slight surplus is forecast for year-end.
- A report from Internal Audit Services on a high level review of Information Systems Risks in VIHA. Due to the specialized nature this review was contracted with Grant Thornton, and representatives from the company presented their findings, focusing on the ten areas identified as high risks and recommendations to mitigate. Management agrees with all of the recommendations, and the committee received a presentation from Catherine Claiter, VIHA's new Chief Information Officer, on management's action plans and the progress achieved to date to address these areas and mitigate risk.
- Internal Audit Services Mid-Year Report, which includes the status of audit projects and the department's budget performance. Key performance measures are on track.
- An update on VIHA's internal controls. As part of the committee's terms of reference there is a requirement to obtain assurance that controls are in place and appropriate. There were no concerns.
- The committee meets twice annually with just the Director of Internal Audit to discuss any issues. The Director of Internal Audit Services indicated she has the full cooperation of management, and a good working relationship with the external auditors and other agencies. While the department is thinly resourced, it is adequate to the job at the current level, and the resourcing is consistent with other health authorities.
- Six key performance indicators were reviewed. Additional work is required on the indicators related to the age and condition of our facilities and equipment. All other targets are being achieved.
- As expected, VIHA met 77% of the performance targets in the 2004/05 Performance Agreement. For 2005/06 there are still some outstanding measurement challenges, but VIHA is on track in all except three areas (about 10% of all areas measured).
- An update on the status of eleven Information Management projects. There were no significant policy or strategic issues brought to the Board's attention.
- An overview of the proposed process and timetable for the 2006/07 budget management plans was provided. For the next fiscal year there will be greater priority setting at the program level and more involvement of senior leaders and clinicians in investment and disinvestment priorities. The committee approved the proposed process and timeline.
- Clarification on the process for approving increased costs for capital projects approved by the Board. Staff will develop an overall Capital Policy based on the current practice, which will be brought forward to the committee for approval.

Additional information on the sources of assurance that are in place for internal controls was requested.

Director Robinson noted that there are three major areas of assurance:

- The annual risk assessment completed by the Director of Risk Management and the Director of Internal Audit, which looks at more strategic risks.
- The various reports reviewed by the Finance & Audit Committee, such as the financial management reports, information systems update reports and the status reports from Internal Audit.
- The audit functions and reviews performed by Internal Audit Services, the External Auditors, the Auditor General and the Accreditation process completed by the Canadian College of Health Services Accreditation (CCHSA).

It was queried what the top three or four concerns identified in the Information Systems Risk Assessment completed by Grant Thornton were.

Director Robinson noted that the top four concerns were:

- a) The location and condition of data centers.
- b) The communication network around the Island lacks redundancy, so if the network goes down there won't be access to applications.
- c) Lack of 24/7 incident management (helpdesk) availability.
- d) The lack of a disaster recovery plan, including related training and testing.

It was queried whether there was any identified impact on the External Audit or the Strategic Plan as a result of the Information Systems Risk Review.

Director Robinson noted that the Information Systems Risk Review was actually completed in March 2005, so over the past few months considerable action has been undertaken to mitigate risks. The committee was advised by management that the External Auditors are generally aware of the major IS risks and there is no expected impact on the External Audit. There are some operational challenges in prioritizing the work to be done, but there is no anticipated impact on the Strategic Plan.

6. Committee of the Whole

For the benefit of the public, Director Petch reported on the activities of the Committee of the Whole, which included:

- A presentation on the Strategic Direction for Information Management/ Information Technology (IM/IT), which will be aligned with VIHA's Five Year Strategic Plan to support the delivery of care Island-wide.
- An update on the Business Development Office, whose purpose is to identify and implement new revenue generating initiatives/activities. Discussion was deferred until January to allow for a more detailed policy discussion by the Board.
- A report from Communications on staff engagement. We have been relying on the intranet as the primary vehicle to communication with staff, but access to email and the intranet varies across the organization so printed copies of the newsletter Connections will be reinstated in January. In addition, CEO Updates

will be implemented in the New Year as a way to communicate to a broader audience on key activities in VIHA.

- Performance Indicators pertaining to Health Promotion and Specialty Populations were reviewed. Some of the data is not current and more work is required.
- The Board has been working on an ethical decision-making process, and the final draft received approval at the meeting. The purpose of the document is to assist the Board with making difficult decisions by providing a common set of criteria to be considered. The Board deals with numerous issues, which vary in magnitude and will generally be used when the contemplated issue will significantly impact:
 - the way services are delivered in a community or group of communities
 - the strategic direction of the Health Authority
 - require significant capital investment or operational change.

The guide will be posted on the website in January.

7. Population and Family Health

Chuck Schactman, Regional Director, Population and Family Health, gave a presentation on the “Babe and Me” program in Parksville and Qualicum, a program developed to improve maternal and infant health. Oceanside had a commitment and vision for families and this program was developed out of a community need to provide support for a targeted population with identified risk factors, such as mental health issues, problematic substance abuse, current family violence/abuse, prior Ministry of Child and Family Development involvement, fetal alcohol spectrum disorder, developmental issues and serious parenting concerns. All women who access the program do so voluntarily.

The program is a collaborative between the Salvation Army, the Society of Organized Services, School District 69 and VIHA. The program provides prenatal classes, weekly meetings, individual counseling, breastfeeding supports and assessment and referral to other services. The program began in 2003 and to date 96 women have benefited from the program.

The outcomes and benefits of the program include improved access to services, appropriate care, and better integration with the community.

Chair Kreut thanked Chuck for the informative presentation, and noted it was great for the Board to hear about a program that was developed locally and working in partnership with other organizations, was filling a need in the community.

8. Presentations

Plans for Property on Craig Street – Mayor Randy Longmuir

Mayor Longmuir thanked the Board for the opportunity to speak. He raised three issues.

- He encouraged VIHA to accelerate any plans for the property owned by VIHA on Craig Street in Parksville. When the property was purchased five years ago it was intended to be used for multi-level care. Parksville is the fifth oldest community in Canada, and the need for residential care for seniors is considerable, and growing every year. It is hoped that VIHA will recognize the community need when allocating new beds for the Central Island.
- He encouraged VIHA to construct a Community Health Centre in the area. This has been under discussion for many years. Back in 2002, and for years previously, the Citizens for Better Health Care in District 69 proposed an urgently needed Primary Health Care Centre for the Oceanside area. A more recent feasibility study for an Oceanside Health Centre, by Dr. Tom Dorran, states that a Health Centre should start at the earliest opportunity to provide improved access to health care for Oceanside residents, better health services through an emphasis on prevention and health maintenance, and reduced demands on Nanaimo Regional General Hospital's scarce resources.

While the exact parameters of such a facility are open to discussion, it is clear that an Oceanside Health Centre should provide services that are complementary to those provided by Nanaimo Regional General Hospital.

- He has met with representatives from VIHA and the District 69 Housing Society on numerous occasions in an effort to further the provision of housing options for those with mental health issues within this community. Work done by the District 69 Housing Society illustrates the need for this type of housing in Oceanside, and he requested the Board's assistance in recognizing the importance of housing for those with mental health issues in the community.

In closing, Mayor Longmuir noted that a vibrant and healthy community depends on the mental and physical health of its residents. He requested VIHA's assistance to ensure that Parksville remains healthy as the population continues to age.

Chair Kreut thanked Mayor Longmuir for his presentation and asked Mr. Waldner to respond.

Mr. Waldner noted that VIHA will be issuing a Request for Proposals (RFP) for new residential care and assisted living as outlined in the Draft Five Year Strategic Plan. The Craig Street property will be part of the RFP. While it takes 18 to 24 months to build a new facility, VIHA will be increasing capacity in assisted living, supportive housing and residential care across the Island, including Parksville.

VIHA is developing plans for Primary Health Care Centres in a number of communities. This involves working with local physicians to bring together an interdisciplinary staff. The model is under development and there is no reason why Parksville/Qualicum would not be considered for such a facility. However, it does require the support of local physicians to relocate their practice to the new Health Centre.

Willow WAI Housing Project – Mr. Mike Hunter & Ms. Jane Templeton

Mr. Hunter thanked the Board for the opportunity to talk about the Willow WAI Housing Project. Willow WAI is a partnership amongst Haven Society, Nanaimo Family Life, Nanaimo and Area Resource Services for Families and VIHA Mental Health and Addictions Services. The partnership was formed to provide an innovative approach for providing housing and other services to individuals who require longer term transitional housing than that afforded by traditional women's shelters.

The Willow WAI Project has received federal funding, as well as funding or services from each of the partners to meet the total operating costs. On November 22, 2005 the Federal Minister Responsible for Housing, the Honorable Joe Fontana, announced that the Federal Homelessness Initiative would continue for at least one year past its March 31, 2006 expiry date.

Housing at first glance seems to be a ways away from health care, but the Willow WAI Project is a working example of a "health and wellness" program in the Nanaimo community that is based on best practices and has shown clear, positive results. 83 individuals have been supported to develop a housing plan and to secure stable housing with flexible funding. 65 of the 83 have successfully maintained housing with \$79,968 in flexible funding.

The Board was requested to think about the link between mental health and addictions, and housing. It is understood that there are huge demands on the health care budget, but Willow WAI is an innovative and successful approach to health and wellness. While it is hoped that the Federal Government will continue to provide sustainable funding for homelessness, it would be appreciated if VIHA could come in as a major partner.

Chair Kreut thanked Mr. Hunter for the presentation and congratulated him, and all those involved with this very successful project. The Board is certainly aware that housing is one of the major determinants of health.

- Mr. Waldner noted homelessness is clearly an issue for many agencies. He advised that VIHA would take this back and look at this request for funding in the context of our other planning, and while no commitments can be made at this time, the request will be reviewed. He noted that it was great to see several agencies working in partnership and wonderful to see the success of this program.

9. Other Business

There was no other business at this time.

10. Adjournment

The meeting adjourned at 2:40 pm.

Janet Shute, Recorder

Jac Kreut, Board Chair