



**BOARD OF DIRECTORS
GENERAL BOARD MEETING
WEDNESDAY, JANUARY 25, 2006
SOMENOS ROOM, COWICHAN CENTRE
2687 JAMES STREET, DUNCAN, BC.**

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

Staff Present: Howard Waldner
Mike Conroy
Joe Murphy
Richard Stanwick
Bill Boomer
Michelle Stewart
Janet Shute, Recorder

1. Call to Order

Chair Kreut called the meeting to order at 1:35 pm and welcomed the members of the public in attendance. It was noted that a quorum was present and roundtable introductions were made.

Chair Kreut gave special acknowledgement to Director Gainor, whose term on the Board expires on March 21, 2006, and thanked him for his four years of service to the Vancouver Island Health Authority Board of Directors.

The agenda was adopted as circulated.

The minutes of November 30, 2005 were adopted as circulated.

2. President & CEO's Report

Mr. Waldner reviewed the following issues/activities:

- Strategic Plan Information Sessions were held in 14 communities across the Health Authority, including Duncan on December 1, 2005. The sessions were generally well attended and positively received by staff and the public.
- Recurring Key Themes across VIHA included:
 - Establish on-going communication and engagement opportunities.
 - Improve access to home and community care services and address the needs of seniors.
 - Improve access to mental health and addictions services, particularly addictions programs.

- Maintain or enhance acute care capacity.
- Increase primary health services.
- Focus on health and wellness.
- Increase palliative/end of life care.
- Recurring key themes in the Duncan and Cowichan area included:
 - Increase home and community care capacity.
 - Need to maintain child, youth and family services.
 - Improve transition between youth and adult mental health services.
 - Emphasis on health promotion and prevention.
- Next steps for the Strategic Plan include:
 - Consult on key themes on website.
 - Revise Draft Strategic Plan for final approval by the Board in March.
 - Proceed with Mount Waddington service delivery project.
 - Continue “options appraisal” for Campbell River/Comox Valley acute care services.
 - Increase focus on mental health and addictions services.
 - Proceed with planning for new inpatient tower at Royal Jubilee Hospital.
 - Implement patient flow initiatives to ensure right patient in the right bed at the right time.
 - Issue Request for Proposals for residential care beds and assisted living spaces.
- Very pleased to announce that as part of the Request for Proposals that will be issued within the next week the capacity planned for Duncan/Cowichan/Lake Cowichan by 2010 is an increase of over 100%. This means in excess of 200 beds and spaces in this community, which is a huge injection of capacity. While the exact timetable is dependent on the responses received to the Request for Proposals, the majority of these beds and/or spaces should be open within 18 to 24 months.
- The Chemainus Foundation and Independent Living BC started construction on January 17, 2006 on a sixteen unit, \$4.4 million assisted living facility in Chemainus.
- VIHA has committed over \$50,000 to provide evening and night supervision at a homeless shelter and daytime outreach to homeless individuals in Duncan. This is a temporary initiative for the next six to eight weeks until the end of winter.
- Teen smoking rates in School District 79 (Cowichan Valley) are 5% lower than the provincial average. This is partly attributed to the VIHA Public Health Tobacco Program for Grade 5 and 6 students, which is interactive and fun. The program targets children entering middle school, when they are most at risk to start smoking.

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 – this is a standing agenda item and this month the committee reviewed neurosciences, including the stroke rapid assessment unit, residential care placement initiatives, chronic pain management and chemotherapy/cancer clinics.
- The approach to enhancing capacity with additional residential care and assisted living across VIHA, with significant increases by 2008.
- Wait time benchmarks, as identified by the provincial and territorial jurisdictions in Canada, for surgical and diagnostic services. VIHA has already undertaken initiatives in a number of the identified areas, and there will be further work at the provincial level to establish multi-year targets.
- An update on patient safety activities, including improvements around the culture of safety in the organization and the development of indicators that will support the patient safety program.
- An update on infection control practices and trends with respect to infections in hospital. VIHA's infection rates are within acceptable standards, but there is always room for improvement.
- High Intensity and Rehabilitation Services – annual report on the structure, leadership, initiatives and issues. There are many challenges regarding patient flow that arise from a multi-faceted system.
- Presentation on the Island-Wide Trauma Care Program and the importance of a region-wide trauma system, which is a very positive development for VIHA.
- An update on medical staff activities, including the physician co-management model and the linkage to medical staff departments. There are some outstanding issues regarding Chiefs of Staff that are currently being addressed. The role of the Health Authority Medical Advisory Committee and its role in quality of care, medical staff education and medical resource planning.

At the meeting with medical staff:

- Four physicians attended this meeting and made very positive comments on the new organizational model and the increased involvement of medical staff in the organization.
- The physicians also raised a few areas of concern, including critical care transportation and medical staff site coordination. All areas of concern are being actively addressed management.

Under the system capacity report there was mention of chemotherapy/cancer clinics. Yesterday the committee heard that only 48% of women between the ages of 50 and 69 receive an annual mammography screening. It was queried whether there was anything VIHA could do to improve this rate and what the target should be.

Director Carlow noted that screening mammography is an important tool for increasing survival from breast cancer. The BC Cancer Agency is responsible for the program, but VIHA works in partnership with them to provide this service. VIHA and the BC Cancer Agency will continue to work together to improve the mammography screening rate. The World Health Organization sets a target of 70%

of the population at risk (women aged 50 to 69 years of age) and VIHA could aspire to achieve or do better than this target as there is capacity for additional screening. One of the major challenges is a cultural barrier with Aboriginal women.

Arising from the update on patient safety, more detailed information was requested on the most common issues that could lead to harm.

Director Carlow noted that the three most common areas are:

- Adverse drug events or medication errors. VIHA has taken a multi-faceted systematic approach to reducing medication errors.
- Hospital acquired infections – VIHA has developed an Island-wide approach and is actively participating in the Provincial Safety Network.
- Patient falls – which is being addressed in an organized way through a multi-institutional collaborative approach.

4. Governance & Human Resources Committee

Director Stamp noted that the committee met on Monday evening. Key activities included:

- The review of Performance Indicators related to the health and well-being of the staff. There are plans in place to respond to staff needs and improve rates for areas such as sick time, overtime and staff injury.
- The Board is responsible for Governance policies, as well as oversight of key Administrative policies. A framework to review all policies has been developed and this work is on-going. The Board will be doing further work to determine which Administrative policies require Board attention.
- As you heard at the beginning of the meeting, Director Gainor's term on the Board expires March 21, 2006. The Notice of Vacancy was published in newspapers across the Island and the deadline for applications is January 30, 2006. Application is made directly to the Board Resourcing & Development Office.

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 9 was reviewed and showed a surplus of \$19.1m. As we move forward in the last four periods of the year we anticipate the expenditure level will increase substantially and the projected year-end forecast is for a slight surplus in the range of .5% of overall revenues. The committee also reviewed the balance sheet, capital funding status report, cash flow and statistical performance reports.
- VIHA financial forecasts are provided to the Ministry of Health regularly, and forecasts prepared for the 3rd Quarter of 2005/06, submitted in late December 2005, will be used by government in preparing its new fiscal plan. The province

requires CEO confirmation of the accuracy of those forecasts, and also requires the Board be briefed on this information.

- Received an update on the Performance Agreement between VIHA and the Ministry of Health. The agreement for 2006/07 is still a work in process, but it appears there will be about a dozen new priorities. Discussions are on-going and it is expected the agreement will be finalized in March.
- At the end of Period 10 VIHA held investments of \$86.2 million. The portfolio consists of a mix of 55% in bonds and 45% in short-term securities, with an average rate of return of 4.3%. There was a discussion on the current investment policy and this will be reviewed further in March.
- Information Management/Information Technology (IM/IT) - there are 11 major projects underway at the current time totaling \$17 million. A review of these projects indicates no serious issues related to scope, schedule or cost as compared to budget. The IM/IT Project Management Office has now been established to support, monitor and coordinate reporting for all IM/IT projects across the region.
- External Audit – representatives from KPMG and the Office of the Auditor General participated in this portion of the meeting. The Audit Letter of Engagement, which is standard in the profession and sets out the terms and conditions of the audit and the Audit Plan, which includes the process, staff experience, time table, etc., were reviewed in detail. There were no major areas of concern and the documents were approved as presented.
- Management was requested to conduct an independent review of VIHA's Fair Business Practice and Strategic Alliance policies. The scope and nature of the review was approved and a Request for Proposals was issued on BC Bid. A consultant was selected and work is underway. The committee received a status report and the full report will be presented in March.

It was queried what was expected from the engagement of a consultant to review the Fair Business and Strategic Alliance policies.

Director Robinson noted that VIHA will receive a formal written report which will comment on the language of the current policy, provide a comparison against best practices in the industry and from that, recommendations for any changes required to ensure VIHA meets best practices. This includes revisions to the policies, which will then be presented to the Board for review and approval.

It was queried what process is followed to ensure good value is achieved for the money invested in Information Management/Information Technology,

Director Robinson noted that the formation of the IM/IT Project Management Office is an excellent start to standardized reporting and monitoring of all projects. A project charter is being implemented which will apply rigor to all projects regarding scope and expected benefits. There will be interim updates on achievement of objectives during implementation, and there will also be a post implementation review to assess whether the identified benefits were achieved with each project. IM/IT is an enabler and projects are based on the priorities of the Five Year Strategic

Plan for the organization. In addition, there are periodic external reviews, including our own Internal Audit Department.

6. Committee of the Whole

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

- An update on the Canadian College of Health Services Accreditation (CCHSA) sequential accreditation process. Because of the size, geography and diverse services of VIHA, different areas of the organization are surveyed each year in a rolling three-year cycle. 2005 was the end of the first 3-year survey cycle and VIHA received a positive response and retains its accreditation status. Staff are already preparing for the next survey, scheduled for October 2006.
- Business Development – saw examples of business development in Halifax and Ottawa and discussed opportunities for VIHA to strengthen revenue.
- Discussed how VIHA will monitor the impact of the Island Medical Program. The second year of students recently started, increasing the number to 56. This is a very exciting opportunity and we hope that medical students trained in VIHA will choose to practice in one of our communities. The Board will initially monitor the impact of the program twice per year, likely switching to an annual review in a few years when the program is well established.

7. Trauma Care

Chair Kreut introduced Dr. Stephen Wheeler, Medical Director and Ms. Brenda Uhryuk, Director, Emergency Services & Trauma Care for VIHA. Ms. Uhryuk gave an overview of the Trauma Care Program.

- Trauma is the transfer of external energy resulting in injury and the goal of the Trauma Care Program is to establish a system that provides timely, consistent care to trauma patients throughout the health authority.
- There are four phases of care in the trauma system – pre-hospital, in-hospital, rehabilitation and research driven quality improvement. The goal of the trauma system is to ensure that patients with severe injuries receive definitive and appropriate care in a timely manner.
- VIHA provides primary, district and tertiary trauma care. A trauma system links all aspects of trauma care to maximize efficiency, pool resources and improve patient outcomes.
- VIHA is the only health authority in the province, and one of few in the country, to have a no refusal policy. This provides for physician to physician communication and expedited transfer of patients with life, limb or brain threatening injuries.
- As a result of the no refusal policy, VIHA also has Autolaunch - where BC Ambulance may launch a helicopter, based on a roadside call from witnesses, to the scene of an accident or closest hospital for transfer to a major trauma centre, which can save hours in treatment time.

- There is also a focus on prevention within the Trauma Care Program. Most injuries are predictable and preventable, yet they impact the quality of life and use a huge amount of health care dollars for treatment.
- Trauma is the leading cause of injury and death among 15 to 34 year olds. New drivers are five times more likely to be involved in a crash, and in fact, one in five new drivers is involved in a crash in his/her first two years on the road. VIHA has implemented the P.A.R.T.Y. (Prevent Alcohol and Risk Related Trauma in Youth) Program, which is a 3.5 hour “reality-based” session at a local hospital for grade 10 students. The program follows the path of a crash victim from crash scene to morgue and is presented by Emergency Room physicians and nurses, BC Ambulance, Paramedics, the Coroner’s Office, Police and RCMP and Trauma Survivors.
- Falls is another focus of prevention. 40% of all traumas within VIHA are related to falls, and injuries from falls account for 85% of all injuries in the elderly. It has been shown that a comprehensive falls prevention strategy can dramatically reduce the number of falls. Since the Emergency Room is often the point of contact with the health care system, a screening tool will be used to develop consistent referrals for elderly patients assessed as being at risk for falling. This includes providing patients/families with an information package, referral to home and community care, notification of the family physician and a follow-up assessment in the community.
- Next steps for the Trauma Care Program include:
 - Expanding the P.A.R.T.Y. Program to North Island Communities in spring 2007.
 - Advancing the Falls Prevention Initiative.
 - Expanding the physician Trauma Leader role at Victoria General Hospital and implementing a physician Trauma Leader role at Nanaimo Regional General Hospital.
 - Standardizing trauma care guidelines and protocols across the region.
 - Establishing trauma coordination and data collection processes at Nanaimo Regional General Hospital.
 - Establishing a strategic plan to prepare VIHA for successful trauma accreditation review.

Chair Kreut thanked Ms. Uhrynuk & Dr. Wheeler for the informative presentation. He noted that the Board is very pleased to see the progress made in trauma services over the past four years.

8. Presentations

Nutrition of Children – Lisa Dodd

Ms. Dodd thanked the Board for the opportunity to make a presentation and noted that she is an Early Childhood Educator from Salt Spring Island.

She stated the need for family education and promotion of nutrition to balance the marketing of highly processed foods. There is lots of confusion as packaging often

pictures fruit and/or vegetables, but there is very little actual content. Children need to be encouraged to eat fresh fruits and vegetables and to drink water. In order for children and families to make nutritious choices we need to compete with the marketing of non-nutritious foods. Ms. Dodd gave some examples of the sugar content in many popular foods that she sees children eating at day care. She indicated she would like to see the health care system prepare for the health of people and prevent the need for “sick” care.

Chair Kreut and Mr. Waldner both thanked Ms. Dodd for the excellent presentation. Mr. Waldner noted that government’s recent initiatives on wellness are intended to address many of the concerns raised today. There is lots of traction between some of the issues raised and the work already underway in VIHA. Ms. Dodd was encouraged to speak to Dr. Richard Stanwick following the meeting for more detailed information.

Chair Kreut noted that responses to two questions submitted by Ms. Dodd were included in the Question & Answer sheet distributed at the meeting.

Water Protection, Quality & Delivery to Island Communities – Ms. Anne Copas

Ms. Copas thanked the Board for the opportunity to speak. She quoted “A healthy community is one that supports individuals to live a high quality of life. At the core of a health community is: clean air to breath, safe water to drink, nutritious food to eat and engagement in physical activity.” She understands that VIHA emphasizes good public health protection and identifies water quality surveillance as one of several services offered to communities. Ms. Copas indicated that she is fortunate to live in a rural community where the residents of Qualicum Bay, Bowser and Deep Bay consider themselves as one of the last outposts of potable water. However, concerns with the lack of watershed protection, the continued decrease of snow pack levels and the projected longer, hotter summers have already impacted our rivers and water table levels in our Island communities.

Here on Vancouver Island, examples of contaminated drinking water resulting in boil water situations abound. The use of chlorine and ultra violet disinfection methods are prevalent in our communities. No one can dispute that water is the Drop of Life, but without coordinated, efficient and community based management, this precious resource will become an endangered species.

She queried how the existing “water quality surveillance” program operations and indicated she is somewhat concerned with regard to the revised waste water management disposal procedures that provide little or no on-site monitoring or approval from Ministry of Health officials. It would seem only reasonable that VIHA should also be involved with the source of our precious resource – water. This could be done by watershed protection, restriction of logging in sensitive areas, preserving and reclaiming Crown lands as buffers, etc. She indicated she is uncertain how VIHA’s mandate is coordinated with the Ministry of Health and the Ministry of Environment and who would make the final decision should there be a crisis

situation. She also queried whether there was a strategic plan in place in the event of an earthquake or pandemic scenario.

Ms. Copas urged VIHA to expand its mandate to support publicly controlled water services, and noted that protection and preservation of our natural sources of water in Vancouver Island communities is of prime importance, because water is a health issue.

Chair Kreut thanked Ms. Copas for her presentation. He requested the Dr. Richard Stanwick, Chief Medical Health Officer for VIHA, provide a few comments.

Dr. Stanwick noted that water is a joint responsibility between VIHA and the municipalities, or where there are smaller private water systems, VIHA is involved in licensing. VIHA staff act as agents for the Provincial Government and regularly support securing control of lands around water sources. Many decisions are made by local elected officials who must often determine the priority between developing prime land, which may result in the need for treatment of water versus protection of water sources.

Dr. Stanwick advised that a few months ago a number of grants were issued to protect water in a many smaller Vancouver Island communities, such as Salt Spring Island. He noted that VIHA tracks every water supply on the Island. We have doubled the number of engineers in VIHA that are directly responsible for water, and that water has been a priority in public health for many years.

Dr. Stanwick also noted that VIHA does have an emergency preparedness plan in place, which is regularly reviewed, and the Pandemic Plan is posted on our website.

Use of Pesticides – Greta Taylor

Ms. Taylor thanked the Board for giving her the opportunity to speak today about the pesticide problem.

Ms. Taylor provided some history on the approval of pesticides in Canada, which must all be approved by the Pest Management Regulatory Agency. She indicated that many people believe that because products such as Roundup, Weedex, Weed & Feed, etc are on the shelves of local garden centres that they are therefore safe to use. However, there are nearly 5,000 “inert” ingredients that are legally permitted to be part of a pesticide formulation without any requirement that they be listed on the label under the claim of “confidential business information”.

In 2001 the Supreme Court upheld Hudson, Quebec’s bylaw restricting pesticide use, stating the community had an obligation to protect the health of its residents, and the communities across Canada had the same right and obligation. Over 70 communities across Canada have passed bylaws restricting pesticide use on private and public property, and dozens of other communities are working on plans to do the same. The province of Quebec has imposed wide restrictions on many of the most

commonly used pesticides in an effort to reduce exposure to children and other sensitive species.

In May 2005, on the heels of the five-year anniversary of the Standing Committee on Environment and Sustainable Development Report calling for a ban of cosmetic use of pesticides, Bill C-370 was introduced, making the recommendation a reality.

Ms. Taylor urged the VIHA Board, as health professionals and in accordance with the VIHA vision, mission and values statement “to maintain and improve the health of our Island Communities”, to encourage the provincial government to join other provinces to ban the use of lethal chemicals so that we can live in this beautiful Island we call home without fear of our most vulnerable residents, the children, the elderly, the infirm, our pets and our wildlife slowly but surely being poisoned to death.

Chair Kreut thanked Ms. Taylor for her presentation. He requested that Dr. Richard Stanwick provide a short response.

Dr. Stanwick noted that the use of pesticides is regulated and regularly reviewed at both the Provincial and Federal level. VIHA's role is in educating the public and VIHA has developed a brochure for Island residents on the use of pesticides. The most significant risk to children is the storage of chemicals in homes and potential ingestion of chemicals.

BC Coalition for Health Promotion – Ronnie Phipps

Ms. Phipps expressed her appreciation to the Board for the opportunity to give a presentation.

The BC Coalition for Health Promotion is a provincial organization with approximately 400 members. It was started in June 2000 to help people maintain or improve their health before it is compromised. It moves beyond prevention and management of chronic disease to focus on solutions through community development, health education, citizen participation and advocacy for health.

Community-inspired health promotion refers to planned actions, generated by the grassroots, in which people are empowered to have greater control over the advancement of their own physical, mental, spiritual and social well-being. This approach acknowledges that citizens know best the strengths and challenges in their own communities.

Ms. Phipps gave an overview of a number of the key activities the BC Health Promotion Coalition is currently involved in. One of her concerns regarding Primary Health Care is the emphasis on physicians, pharmacists and other medical professions. Often, one of the first places people turn for assistance is community agencies. Sometimes people need hospitals, physicians, nurses, etc, but it is also

important to incorporate non-profit organizations into the services available to assist people. VIHA has the ability to diminish or enhance their involvement.

Chair Kreut and Mr. Waldner thanked Ms. Phipps for her presentation. Mr. Waldner noted that VIHA does value the role and contribution made by the many community groups throughout the health authority.

9. Questions & Answers

Chair Kreut noted that there were eight questions submitted from two different individuals and a written response has been provided to each question.

10. Other Business

There was no other business at this time.

11. Adjournment

The meeting adjourned at 3:40 pm.