



**GENERAL BOARD MEETING  
WEDNESDAY, MARCH 29, 2006  
QUESTIONS & ANSWERS**

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**Submitted by Leona Stefiuk & Susan Lanyon**

**Q**

**With regard to the Fanny Albo death in February this year in the Interior, what is the current process within the Vancouver Island Health Authority to ensure safe and appropriate discharge of patients from the acute care hospital to the community? Is the process the same in Victoria, Duncan, Nanaimo, Comox, Campbell River and Northern Vancouver Island?**

**A**

Following the Deputy Minister of Health's review of the Fanny Albo case in Trail, BC and the recommendations that were issued as part of this review, VIHA undertook a detailed examination of our policies and procedures that surround the transition of clients from the hospital setting to residential care or assisted living. This policy review also included an evaluation of families' involvement in the decision-making process, the process for appealing decisions, and VIHA's ability to meet the needs of the population we serve.

VIHA's primary consideration when assessing a client for placement in residential care, assisted living or for a possible return home, is the medical condition of the client. The client must be assessed by a physician and deemed to be medically stable - meaning they no longer require hospital-based services. Furthermore, VIHA policy states that when a client is assessed for residential care, the facility for which they are being considered must have an attending physician who also determines that the client's condition is appropriate for admission.

Currently, VIHA is able to offer our clients on waitlists for residential care their preferred geographic location in all communities except Campbell River. We fully anticipate that the situation in Campbell River will be addressed when Evergreen Place opens by the end of this month. This facility will provide 14 complex care residential beds, and all of the residential care clients that were temporarily placed outside their home community (8 people at Qualicum Manor and 2 people at Cumberland Lodge) will be repatriated to Campbell River through priority placement at Evergreen Place.

Travel or time requirements do not determine VIHA's geographic location boundaries for placement; rather geographic boundaries have been established through extensive community involvement, and frequently align with Local Health Area boundaries.

VIHA's success in placing clients within their chosen geographic area has been further enhanced with the introduction of "Pathways" - a computer program that matches client need with available resources within specified parameters, including geography.

VIHA is committed to working closely with clients and family members throughout the placement process. All clients receive a copy of VIHA's appeal process when they are first admitted to our Home & Community Care, Residential Care and Assisted Living programs.

Transitional care is a key element in VIHA's placement process and is an additional resource for seniors who are recovering from acute care, but may not require long-term placement in a residential care facility. VIHA's 159 transitional care beds (70 beds in the South Island; 75 in the Central Island and 14 beds in the North Island) allow seniors to recover and build capacity in a non-acute setting before they move to assisted living, residential care or return home.

**Q**  
**A**

**When will the very successful Comox Valley Nursing Centre be funded as a Primary Health Care Centre?**

The Comox Valley Nursing Centre is part of our Primary Health Care and Chronic Disease Management program and is recognized as one of our primary health care sites. VIHA has developed a Primary Health Care (PHC) Strategy which identifies a number of approaches and initiatives intended to strengthen the PHC system on Vancouver Island. These initiatives will be implemented in a phased approach over the next three to five years, subject to available resources.

**Submitted by David Ridley**

**Q**  
**A**

**Will VIHA hold meaningful consultations with stakeholders in Campbell River and the Comox Valley before finalizing plans to either upgrade existing hospital facilities or to build a new regional hospital?**

The Vancouver Island Health Authority has stated on numerous occasions that before we make the significant investment required to maintain and enhance the scope of services in the two existing hospitals, we must thoroughly examine all options to determine the best possible delivery of services to meet population needs into the future.

The level of consultation pursued by VIHA in regard to the strategic plan has been unprecedented in its scope and we continue to receive feedback from the public and our key stakeholders. Since we launched the consultation process in October, we've held 25 open houses in 14 communities, with separate sessions for our staff and the public.

In Campbell River alone, an estimated 60 staff and physicians and close to 400 community members attended the open house sessions and had the opportunity to speak directly with 16 senior staff members about health care delivery in their community. The strategic plan itself was posted on our web site with a feedback mechanism that attracted over 150 responses. In addition, 50 letters have been received by members of the public regarding the plan and the options appraisal. This input is invaluable to us as we work together with our partners in ensuring a sustainable, effective approach to health care delivery in our region in the future.

In regard to the options appraisal now underway, it is important to note that consultation with key stakeholders is a critical part of the process. Once a preferred option is identified by the third-party consultant group and is reviewed by our Board in late March, a second round of community consultation will be launched. At the end of the day, our objective is to find a solution that is in the best interest of our communities, staff and most importantly, patients.

**Q**

**In light of the unfortunate incident in the Interior, when an elderly woman died after being hospitalized far from her husband and family, has VIHA reconsidered its current policy of placing intermediate and extended care patients away from their families?**

**A**

Please refer to response on page 1.

**Q**

**VIHA requested that questions be submitted to the Board three weeks in advance of this meeting. Why is such a long period required? Could it be shortened?**

**A**

Normally we request that questions be submitted two weeks in advance of the meeting in order to allow for a considered response. For the March meeting the deadline was earlier than normal due to other operational issues. Each year the Board reviews its practices for meetings, and takes into consideration feedback received from members of the public throughout the year to determine if any changes are required.

**Submitted by Lou Drage**

**Q**

**What actions are being taken by the Vancouver Island Health Authority to ensure that we have no occurrences of the events that took place in the Interior Health Authority regarding the Fanny Albo relocating and subsequent death of herself and her husband?**

**A**

Please refer to response on page 1.

**Q Are there any plans in place to increase the palliative care beds and the transition beds in Oceanside (Health Area 69)?**

**A** The Request for Proposals (RFP) recently posted for Residential Services new beds includes the request that proponents consider a variety of services to be provided within a "community of care", and an example of a service that could be offered as part of a "community of care" is palliative/end of life beds. The RFP responses will be received in late March 2006, and will go through an evaluation process to determine which projects best meet the criteria as laid out in the RFP.

During the evaluation phase, the Evaluation Team will review the proposals, and the opportunity for enhancing palliative/end of life beds across the island will be considered as one of many services that could be offered in a "community of care". The outcome won't be known until the evaluation of the proposals has been completed.

There is no specific planning underway at this time to increase transitional beds in Oceanside (Health Area 69). However, a review of transitional beds and programs is under consideration as part of the planning process by the Seniors' Health program.

**Submitted by Gerard Sullivan**

**Q Should it be considered that proposals for supportive living locations up-Island be postponed until a location of a hospital is confirmed?**

**A** The location of the additional Residential Care and Assisted Living services for Comox Valley and Campbell River are not dependant on the location of the hospital(s), as this service capacity is needed in each community. Moreover, the need for this capacity in both communities is very high, as the current services do not meet established benchmarks for service levels. For this reason, VIHA intends to proceed with developing these additional services as soon as possible.

However, other health services that could be located with the Residential Care and Assisted Living services could be influenced by the chosen option for acute care services, and this flexibility has been incorporated into the process.