



GENERAL BOARD MEETING  
WEDNESDAY, MAY 19, 2010  
**QUESTIONS & ANSWERS**

---

Submitted by: Lynne Yaskiw, Comox

**Q** What progress was made by the end of 2009 in regard to the funding and approval of a new [North Island] hospital and what progress has been made as to the location of the new hospital?

**A** There has been significant progress made on the North Island hospitals proposal. VIHA submitted a concept paper to the Province in January 2010 and presented this same concept paper to the Comox Strathcona Regional Hospital District later the same month. VIHA is deeply committed to this important project. We are awaiting approval from the Province to proceed with developing the business case and we are hopeful that will occur in the near future. A Project Board, with representation from VIHA and the Provincial Government, has been established to oversee the development of a fully costed business case. When the business case is completed, it will be submitted to the Province for capital funding approval. Government funding will ultimately be dependent on the availability of capital funds and infrastructure improvement priorities.

With respect to locations for the new hospital in the Comox Valley, a shortlist of three locations has been identified. The specific sites are not being disclosed at this time in order to protect market values of the potential hospital locations. A complete site evaluation will take place for each of the potential sites, as well as the proposed location for the new hospital in Campbell River at the current hospital site, before the final locations for the two hospitals are determined.

**Q** The 2009/10 VIHA Service Plan ([www.viha.ca](http://www.viha.ca)) states]: VIHA recently reached an agreement with the Comox Strathcona Regional Hospital District to build two new hospitals in the Comox Valley and Campbell River and we are now moving forward with the business case. Can you explain the difference between business plan vs business case, and has either been started or completed?

**A** The terms business plan and business case are interchangeable. Please see the answer above for information on the status of the development of the business plan/case.

**Q** [The 2009/10 VIHA Service Plan ([www.viha.ca](http://www.viha.ca)) contains a Capital Project Summary. With respect to this summary], does there need to be a restructuring of the distribution of funds to north vs central vs south VIHA? It appears all funds stated, except for Port Hardy, have gone to the central or south? Does this also mean there are no funds available for unexpected needs until after 2012?

**A** Capital funding allocations are determined based on strategic priorities, linked to infrastructure renewal priorities, service distribution and shifts, and population needs. As mentioned above, renewal of the hospitals in the North Island is a significant priority for VIHA. In fact, this project is our number one priority for capital projects still awaiting funding approval. Meanwhile, significant investment is being made in

facilities north of the Malahat. For example: Nanaimo Regional General Hospital's new Emergency Department (\$36.8 million); Nanaimo Regional General Hospital's Renal Dialysis Unit (\$9.4 million); and Cowichan District Hospital's pharmacy redevelopment (\$2 million).

Significant investment has also taken place on the North Island, including: 11 new residential care beds in Port Hardy (\$2.8 million); Port Hardy Hospital Emergency Department Renovations (\$200,000); installation of new negative pressure rooms in Port Hardy, Port McNeill and Comorant Island (\$500,000); new negative pressure room at Campbell River Hospital (\$800,000); new digital mammography equipment at Campbell River Hospital and St. Joseph's Hospital (\$1.4 million); various minor projects totaling \$2 million at St. Joseph's; expansion of renal services in Cumberland (\$2 million); and new residential care facilities in Campbell River and Courtenay-Comox.

**Q** Please explain to me the difference between Master Site plan vs. business case. Does that mean that Nanaimo and Cowichan Hospitals will have new hospitals built before Comox Valley and Campbell River?

**A** A Master Site Development Plan for a hospital campus consists of three parts:

- confirming the role and scope of services to determine current and future needs;
- assessing the sites - building condition, inventory of space, space utilization, functionality, demographics, etc.; and
- synthesizing the needs with existing building spaces and recommending plans to develop the building to meet those needs.

Prior to proceeding with any major projects at Nanaimo and Cowichan Hospitals, business cases would need to be developed. A business case is developed to allow decision-makers to gauge the viability of a project and approve the associated scope, schedule and budget. The business case would include:

- a description of the need that the project is intended to address;
- analysis or development of preferred options and alternatives considered including financial and non-financial factors; and
- the recommended option and the associated implementation strategy

Further information on the Province's guidelines regarding business case development can be found at the following website: [www.fin.gov.bc.ca/tbs/camf\\_guidelines.pdf](http://www.fin.gov.bc.ca/tbs/camf_guidelines.pdf)

As stated previously, new hospitals for the Comox Valley and Campbell River are VIHA's top priority for acute care renewal.

**Submitted by: Anne Dombrowski, Chair, Arrowsmith Lodge Elder Family Council, Member of ACR**

**Q** We have been unable (so far) to be directed to or find a VIHA policy for Long Term Care Facilities (VIHA owned and Affiliates) concerning Care Conferences. Is there a suggested period of time, after a person moves in to care, that the first care conference should be held? Is the resident/family to be included in the resident's care conference? Is the care conference held annually? If the resident's condition changes drastically, would another conference be scheduled? How are families notified of their care conference? Is the date/time negotiable? Who else could/should be involved in the conference? How long could/should these conferences be?

**A** Care conferences direct and inform care planning for residents in residential care services to ensure they receive the care they require for their individualized health care needs. The requirements and processes around care conferences and care planning are set out in the *Community Care and Assisted Living Act* (CCLA) and the Act's related regulations. In addition to CCLA, Canadian accreditation standards for long term care, the Resident Assessment Instrument (RAI - is a universal tool used to assess care needs), as well as VIHA program standards, all outline the required processes around care conferences and care planning. The suggested period of time for an initial assessment (care conference) upon admission to a residential care facility is 14 days. After this, care plans should be reviewed every three months for the first year and annually thereafter. Should a resident's care needs change substantially, care planning would take place outside these timelines. Typically, care conferences/planning involve the resident (if they are capable), family member(s) or legal representative, family physician (if available) and members of the multidisciplinary care team. Notification of care conferences vary from location to location, and would typically involve notification to the designated family or legal representative by either a phone call or letter. Care meeting times would be negotiable depending on availability of those who are attending. Similarly, the length of the care meeting would vary, depending on the needs of the resident, family and care providers.

**Submitted by: Alison Acker, Greater Victoria Seniors, branch 191 of the B.C. Old Age Pensioners**

**Q** How many new long-term care beds will be made available in Greater Victoria in 2010 and 2011? BC is already well down the scale of all provinces in providing this care.

**A** Ensuring appropriate, accessible and quality seniors care is a priority for VIHA, particularly given our growing and aging seniors' population. VIHA underwent a significant bed expansion across the Island in 2008/09, adding over 700 net new residential care beds and assisted living spaces to accommodate current and future capacity needs. Between March 2008 and March 2010, 70 additional residential care beds and 26 assisted living beds have been added on the South Island for a total of 3,391 residential care beds and assisted living spaces. VIHA has met and exceeded our target as part of the Province's 5,000 bed commitment. VIHA's ratio of beds to population is 93 beds and units per 1,000 population aged 75+. Residential care is a key component of the continuum of seniors' services, and ensuring appropriate care for seniors involves complex planning around not only facility based care, but also community based care, such as home support and alternative settings. Depending on the final outcome of the negotiations with the

preferred proponent for the redevelopment of Oak Bay Lodge and Mt. Tolmie, there is potential for additional future capacity. Please see the next question and answer for further information.

**Q** **What is the rationale for closing down Oak Bay Lodge and Mt. Tolmie when both have been serving the community well for years and there is a tremendous shortage of long-term care beds right now.**

This question was asked in connection with VIHA's Board Meeting on March 31, 2010, please see [www.viha.ca](http://www.viha.ca) for more information. VIHA's goal in placing Oak Bay Lodge and Mount Tolmie for tender is not to close down much needed residential care beds, but rather to replace aging bed capacity that does not meet complex care guidelines. Should the tender result in the sale and renewal of bed capacity, this would occur without any loss to the existing number of residential care beds. In fact, it is VIHA's hope that the process will result in better access to a continuum of residential services for seniors. The tender (or RFP) process has closed, and the proposals that were received are currently being evaluated. Residents, family members, staff and others will be kept informed of the process when any decisions are made.

**Submitted by: Gwyn Frayne**

**Q** **When will VIHA provide more subsidies for seniors who need them for Assisted Living and Complex Care beds?**

**A** Public subsidization of assisted living and residential care services is not determined by individual health authorities such as VIHA. In order to ensure consistency and fairness in costs across British Columbia, bed costs, and the resulting subsidization of beds, is set by the Province. Under the formula for residential care beds, residential care clients pay up to 80 per cent of their after-tax income towards room and board, based on income information filed with Revenue Canada. Regardless of income, clients are guaranteed at least \$275 a month for personal expenses. This means that residents with very low incomes are still guaranteed \$275 a month, as their rate of subsidization would be higher. Eligible assisted living clients pay 70% of their monthly after-tax income, again based on income information submitted to Revenue Canada. For more information, see [www.viha.ca/housing](http://www.viha.ca/housing).

**Q** **When will VIHA make our Comox Valley health care per capita funding equitable with other parts of Vancouver Island?**

**A** VIHA strives to deliver a continuum of care services across our service area, and to ensure services are accessible to residents regardless of where they live. While many services are available locally, it would not be possible, or even appropriate, to provide all services in every community. Thus, many more specialized health care services are provided on a regional basis in the larger centres, with tertiary services available in Victoria. These specialized services are available to all VIHA residents, regardless of where they live.

**Submitted by: Jessica Van der Veen, Founder, LANDS (Let's Agree Not to Dispose of Seniors)**

**Q** **Can you please confirm that Oak Bay Lodge is no longer for sale and will remain in public hands?**

**A** As indicated in the answer provided above, a tendering process with regards to Oak Bay Lodge and Mount Tolmie is currently underway. The purpose of this process is to renew the aging bed capacity at these two facilities, replacing them with brand new beds suitable for complex care clients.

**Q** If the lodge is not for sale, then we are particularly concerned about long term leasing to private corporations, as this makes it more difficult to control the uses the lands are put to. Can you please confirm that Oak Bay Lodge property will be used for publicly owned, managed and delivered seniors' care in the long term future?

**A** The process regarding Oak Bay Lodge and Mount Tolmie is still underway. The RFP closed on February 25. Since then the submissions have been evaluated according to the criteria outlined in the RFP. Negotiations will ensue with a preferred proponent and, if a suitable agreement can be reached, a contract will be signed. The details of the services to be provided, the service model to be used, and the site location will not be finalized or known until a contract is signed.

**Q** If not, how long do you anticipate that Oak Bay Lodge property will remain publicly owned and managed and used for seniors' care?

As noted above, this will not be known until a contract is signed. VIHA has committed to providing a minimum of 365 days' notice to residents and family members should there be changes, and detailed care and transition plans will be developed for each resident.

**Q** Can you please update me on the fate of Mount Tolmie Hospital property and your intentions regarding the lands dispositions?

The process involving Oak Bay Lodge, as outlined above, applies equally to Mount Tolmie.

**Q** Can you please confirm that Mount Tolmie Hospital property will be used for publicly owned, managed and delivered seniors' care in the long term future?

As noted above, the process for Mount Tolmie is the same as for Oak Bay Lodge.

**Submitted by: Daniel Tourigny**

**Q** **Topic: Purell Hand Sanitizer: Concerns and Alternatives**

**Why?** Because Purell is being used everywhere! In fact, I've heard from some businesses that VIHA *requires* Purell to be in their establishment, to the point of requiring that brand specifically. **Why is this a problem?** There's strong indication that using Purell Hand Sanitizer has significant *negative* health implications, as indicated in the Environmental Working Group's cosmetics database ([http://www.cosmeticsdatabase.com/product/245277/Purell\\_Instant\\_Hand\\_Sanitizer/](http://www.cosmeticsdatabase.com/product/245277/Purell_Instant_Hand_Sanitizer/)). Not to mention the concern when a public authority gives one company monopolistic power in the marketplace. Additionally, there are much safer alternatives to Purell (eg, Cleanwell [http://www.cosmeticsdatabase.com/product/297805/CleanWell\\_CleanWell\\_All-Natural\\_Hand\\_Sanitizer\\_1\\_ounce\\_spray/](http://www.cosmeticsdatabase.com/product/297805/CleanWell_CleanWell_All-Natural_Hand_Sanitizer_1_ounce_spray/)) and it is disturbing to hear that VIHA has in the past ordered these safer alternatives to *not* be used in place of Purell.



Hand hygiene is a vitally important component of an effective infection control and prevention program. VIHA provides hand sanitizing products at entrances to hospitals and health care facilities, as well as on patient care units, in order to promote good hand hygiene when alternatives (such as hand washing with hot, soapy water) are not available. Good hand hygiene is crucial in preventing the introduction of illnesses into health care facilities and in mitigating their spread within care settings. Hand washing with hot water and soap is always encouraged as the most effective way to ensure clean hands (assuming the hands are washed properly); however when this is not available, hand sanitizers are an effective alternative.

VIHA does not use the Purell brand. Following a tendering process, Deb Microsan was selected as the provider of hand sanitizer products in VIHA.