



**BOARD OF DIRECTORS
GENERAL BOARD MEETING
WEDNESDAY, MAY 30, 2007
QUEEN ALEXANDRA CENTRE FOR CHILDREN
2400 ARBUTUS ROAD, VICTORIA, BC**

Directors
Present: Jac Kreut, Chair
Don Carlow
Michael Costello
Ellen Godfrey
Shelley McDade
Brenda Nunns Shoemaker
Linda Petch
Ed Robinson
Vern Slaney

Staff
Present: Howard Waldner
Mike Conroy
Lynn Stevenson
Bill Boomer
John Johnston
Janet Shute, Recorder

1. Call to Order

Chair Kreut called the meeting to order at 1:35 pm, confirmed that a quorum was present, and welcomed the members of the public in attendance. He noted that there are two new Board members, and roundtable introductions were made for the benefit of the public.

Chair Kreut noted that before the formal agenda begins, he wanted to advise the members of the public that Director McDade would be leaving the meeting early due to a prior commitment, and Howard Waldner, President & CEO must leave the meeting at 3:30 pm to respond to some media inquiries. All members of the public were invited to join the Board and senior staff for an Open House following the meeting.

The agenda was adopted as circulated.

The minutes of March 28, 2007 were adopted as circulated.

2. President & CEO's Report

Howard Waldner, President & CEO, gave a presentation on the following key issues:

- The exciting recent announcement regarding a new patient care centre at the Royal Jubilee Hospital Site. The municipal approval process is underway and the Request for Proposals will be issued over the summer, with the goal of having a preferred proponent selected before the end of the year, construction started in the Spring of 2008, and patient occupancy in 2010.

- Additional residential care and assisted living capacity will be available in Victoria in 2008. In January 2006 VIHA issues a request for proposals for 1,230 residential care beds and assisted living units. This included 930 new beds and 300 replacement beds. 727 beds/units will be open by 2008, with the balance opening in 2010.
- Service levels are up across many sectors, including:
 - OR Surgical Activity up 1.7%
 - Hip and Knee replacements up 1.5% (up 15% when VIHA clients served at UBC are included)
 - Open Heart surgery up 2%
 - Renal Dialysis treatment up 4%
 - MRIs up 2%
 - CTs up 9%
 - Assisted Living units up 60%
 - Home Support clients up 7%
 - Home Support hours of service up 16%
- During the average “day in the life of VIHA” the statistics are as follows:
 - Babies born: 16
 - Acute care admissions: 202
 - ER visits: 738
 - Hip replacements performed: 2.5
 - Knee replacements performed: 3.6
 - MRI scans done: 50
 - CT scans done: 211
 - Angioplasties performed: 5
 - Screening mammography exams: 54

Mr. Waldner noted that every day in VIHA is a busy day, and many of our staff and physicians are challenged on a daily basis, yet they do a fabulous job in caring for our patients, residents and clients, and he extended his appreciation to each and every staff member.

3. Health Quality Committee

Director Nunns Shoemaker noted that the committee met for five hours on Tuesday, May 29th for a regular committee meeting. She highlighted some of the major discussions at that meeting:

- The committee has a standing agenda item to review health system capacity trends, risks and mitigation strategies. Patient flow and system capacity challenges and successes are the focus of this report.
 - As is the case in jurisdictions across Canada, VIHA continued to face challenges during March and April in our Emergency Departments.
 - VIHA is implementing a number of initiatives to improve patient flow, including temporarily adding more beds, initiating Rapid Discharge Teams, expanding Geriatric Outpatient Services in the South Island, and using a Hurry Up Bed (HUB) Unit to facilitate flow from Emergency Department to inpatient care.

- The committee heard encouraging news about the significant successes achieved by the Geriatric Outpatient Program Pilot Project at the Royal Jubilee Hospital. This 4-month project has resulted in a 49% decrease in community geriatric patients being admitted to hospital, decreased hospital length of stay by an average of 5.3 days, and has virtually eliminated the community waitlist for geriatric outpatient services.
- The committee also heard about a recent strategy to “clean up” VIHA’s surgical waitlists. This involved checking with surgeons, medical office assistants, and patients on the list to confirm whether they were still actively waiting for surgery. It also involved developing clear criteria for patients to remain eligible to stay on the waitlist. The result is that the current waitlist is now more accurate, and includes only those patients who are actually “ready, willing, and able” to undergo surgery.
- A superb update from the Pharmacy, Diagnostic, and Surgical Services portfolio, which outlined many portfolio-based objectives to ensure high-quality care, including:
 - Reducing wait times for hip and knee replacement surgery;
 - Implementing Medication Reconciliation to ensure that the medications that patients are usually on at home continue to be given while in the hospital;
 - Providing more options and services to manage pain by establishing multidisciplinary pain clinics;
 - Reducing surgical site infection rates; and
 - Decreasing the wait times for CT and MRI.
- An update on issues regarding inter-hospital transport of critically ill patients within VIHA, a service provided by BC Ambulance, but supported with VIHA staff that accompany patients during the transport. To further understand and discuss this issue, VIHA will be participating in a joint working group with the BC Ambulance Service, and a Provincial Committee on patient transfers.

The committee also met with local physicians over lunch to discuss topics of mutual interest.

Director McDade asked for an update on the issues brought forward by physicians at the luncheon meeting.

Director Nunns Shoemaker noted that the main topics discussed included:

- The recurring theme on current and future needs for physicians, both general practitioners as well as specialty physicians.
- The new funding that was just announced for family physicians for primary health care and chronic disease management.
- The teaching role of clinicians and the continuing and increasing needs as the Island Medical Program expands.
- Increased demands on the Molecular Biology Department
- The need, in some circumstances, for options other than fee-for-service for paying physicians.

Director Petch queried when the Geriatric Outpatient Pilot Project would end, as she thought it was for three months, and if it is so successful, what is the future for this program.

Director Nunns Shoemaker noted that the original Pilot Project was intended to be for three months, but due to the success it has been extended for an additional three months, and management is exploring options for on-going funding.

4. Governance & Human Resources Committee

Director Costello noted that the committee met on Monday, May 28th and reviewed the following items:

- Performance Indicators related to work life. Overtime, staff injury rates and staff influenza immunization rates continue to be a challenge. The committee was pleased to see the trends for sick time, duration of WorkSafe BC and Long Term Disability claims continuing to improve.
- WorkSafe BC issues are specifically reviewed on a semi-annual basis, and the committee was pleased to see a reduction in the number of orders requiring a compliance plan or strategy. Staff continue to work closely with WorkSafe BC, with particular focus on their High Risk Strategy, which they announced in February 2007. There is on-going work across VIHA to continue to improve working conditions for staff, with initiatives such as fitting all beds in VIHA with repositioning sheets in order to reduce musculoskeletal injuries and the establishment of Code White Teams to assist in diffusing potentially violent interactions and responding to acts of violence and aggression.
- On a positive note, the Health Employers' Association of BC (HEABC) issued a general call for nominations for the Inaugural Excellence in BC Healthcare Awards. VIHA has submitted nominations in all four categories, and looks forward to hearing the results at the upcoming Annual General Meeting on June 25th in Vancouver.
- The committee reviewed revisions to its Governance Manual.

5. Finance & Audit Committee

Director Robinson reported that the committee met on Tuesday, May 29th and reviewed the following matters:

- A good portion of the meeting was spent reviewing the Consolidated Audited Financial Statements for the year ended March 31, 2007. Attending the meeting were three representatives from KPMG, our external auditors, as well as two representatives from the Office of the Auditor General. KPMG confirmed their independence from VIHA, and at this time Director Robinson put forward a motion:

It was MOVED, SECONDED AND CARRIED that the Consolidated Audited Financial Statements for the year ended March 31, 2007 be approved as presented.

The Consolidated Audited Financial Statements for 2006/07 will be posted on VIHA's website in the near future.

As part of the review process the committee had a session with the external auditors without management present, and then a session with management without the auditors present. Both parties confirmed that the audit process went well and there were no concerns.

- The committee also reviewed the Audit Findings Letter. There were no items of significant concern, although there was substantial discussion on Asset Retirement Obligations.

On behalf of the Finance & Audit Committee, Director Robinson extended his appreciation to Howard Waldner, Mike Conroy, Bill Boomer and the entire VIHA team on the outstanding job during the past fiscal year to balance the budget and have a no issues audit.

- For the 2007/08 fiscal year, the Office of the Auditor General is now the Auditor of Record for VIHA. A meeting was held in April with representatives from both the Auditor General's Office and KPMG to review the Audit Transition Plan. The Finance & Audit Committee spent time with both parties yesterday reviewing this plan to ensure the transition and audit process are as seamless as possible.

Director Robinson acknowledged the outstanding service KPMG has provided to VIHA over the past five years and the excellent work they have done.

- One of the responsibilities of the Finance & Audit Committee is oversight - to obtain reasonable assurance that internal controls and information systems are appropriate and operating effectively. This is currently done in a variety of ways, but there may be benefits to implementing a control framework in VIHA. The committee discussed some options for implementing a control framework over the next few years, and has directed management to further evaluate and provide a summary range of options for implementing a control framework in VIHA at a future meeting.
- The committee received an annual update from Internal Audit Services, summarizing the overall conclusions of the audits performed. The committee is satisfied that in the areas where Internal Audit Services work was performed there are good controls in place, or that appropriate action is being taken, or planned, to address any areas of concern.
- The committee reviewed a number of performance indicators, which is done on a semi-annual basis, and all indicated performance was within an acceptable range.
- The committee endorsed management's corporate policy on Real Property Asset Acquisition and Disposal.

6. Committee of the Whole

Director Petch noted that the purpose of the Committee of the Whole is to provide an opportunity for the Board to discuss strategic planning and quality issues. The committee met this morning and reviewed the following:

- Once a year, as part of the Canadian Council on Health Services Accreditation sequential accreditation process, VIHA takes part in a self-assessment followed by a survey visit. The last survey for VIHA took place in October 2006, and VIHA retained its accreditation status. As part of this process VIHA is required to submit interim reports and the Board reviewed VIHA's submission for June 2007. The next survey is scheduled for October 2007.
- Four Performance Indicators and improvement is needed in the areas of Tobacco Use Rates for People 15 years of age and over, the Status Indian Post-Neonatal Mortality Rate and the Status Indian Potential Years of Life Lost. We are pleased to report once again that VIHA's self-sufficiency rate, meaning the extent to which VIHA is able to provide hospital care for the residents within its service area, is 95%. There continue to be a number of specialized services, such as specialized care for infants that are only available in the Lower Mainland.
- The Board provided feedback to management on a Draft Corporate Policy on Intellectual Property. The input from the Board will be incorporated into a final draft that will come back to the Board for endorsement.
- An update on the North Island Regional Hospital. While there appears to be general support for the model of moving to a single regional hospital, there has been community concerns about the proposed location of Dove Creek. The Comox-Strathcona Regional Hospital District Board had agreed to assist VIHA in identifying other options where a regional hospital might be built, but last week they voted to endorse the regional hospital concept, and while they recommended the hospital be located within municipal boundaries, they decided to leave the determination of an actual location up to VIHA. We value the Comox Strathcona Regional Hospital District as a very important partner in this process, and we're very pleased that they have reinforced their support of a new regional hospital for the North Island. While we had hoped for something more specific regarding location, we are committed to work closely with the them to identify a mutually agreeable location to construct the new facility. Once the location has been agreed upon, our staff will be able to move forward with the business plan for this facility.

7. Presentation – Surgical, Diagnostic & Pharmacy Services

Bob Clark, Executive Director, and Dr. Con Rusnak, Executive Medical Director, Surgical, Diagnostic & Pharmacy Services were introduced.

Bob Clark and Dr. Rusnak gave a presentation on the Hip and Knee Arthroplasty Collaborative in BC, with the vision and purpose of ensuring patients in BC "will have the same excellent standard of care where ever they go".

There were five teams in VIHA involved in this project, Victoria General and Royal Jubilee, Cowichan, Nanaimo, St. Joseph's and Campbell River hospitals. As a result of this project the average length of stay for patients was reduced, and in a total of 2,274 cases, 1,915 bed days were saved, increasing VIHA's overall patient care capacity considerably. The legacy from this project is:

- A climate of innovation
- Prepared, proactive, multidisciplinary teams
- Front-line leaders as skilled change agents
- Staff pride and satisfaction
- On-going collaboration across VIHA and British Columbia

They also reviewed other key initiatives in the portfolio, including the Surgical Site Infection Collaborative, Medication Reconciliation Initiative and Fractured Hip Collaborative.

Chair Kreut thanked Bob and Dr. Rusnak for the excellent work they are doing and for bringing it to the Board's attention.

8. Presentations

Chair Kreut noted that the Board received a number of applications for presentations at today's meeting, and he apologized for the fact that there were several presentations the Board was unable to hear today due to time constraints. There are three presentations on the agenda.

Crystal Meth Society

Re: The Challenge in Our Communities – Mark McLaughlin

Mr. McLaughlin thanked the Board for the opportunity to introduce the Crystal Meth Society and provide an overview of the work they have done in the past year, as well as current initiatives.

One of his children became involved with crystal meth and as he was walking the streets at midnight looking for his child, he met lots of families in the same situation, and he saw the need for more resources and information. The Crystal Meth Society was formed with the aim of reducing the spread of crystal meth use through education and outreach support efforts. They are also committed to the expansion of treatment options, in particular for youth, through fundraising efforts. In December 2005 a Protocol Agreement between VIHA and the Community Crystal Meth Task Forces in Victoria, Nanaimo and Oceanside was signed to formalize the commitment to work together. Achievements in 2006 include:

- Redesignation from Crystal Meth Victoria Society to Crystal Meth Society of BC.
- Major interactive website serving a provincial audience – www.crystalmethbc.ca.
- "School Kit in a Box" – a teaching kit that has already been delivered to over 13,000 students.

- Meth Watch Program – developed to hinder the diversion of precursor materials used for the production of crystal meth to clandestine home labs.
- Meth Tip Phone program.
- Lab Bylaws – promotes the adoption of municipal bylaws designed to combat meth labs in rental properties.
- Street Outreach – to date 20 UVic Nursing Practicum students have participated.
- 6 Bed Youth Resource - with the Salvation Army as the lead partner. The Beacon of Hope House, which provides 24/7 beds for six males opened in April 2007, and a similar facility for females is urgently needed, and work is underway to make that a reality. These are gender specific facilities because that is best practice for treatment.

Action Plan for 2007:

- An Island-wide Meth Conference was held in Nanaimo on May 11th and 12th with broad participation from communities across the Island, as well as communities throughout the province. The purpose of the conference was to raise awareness, open the avenues for communication, share information on best practices and tools that have been developed.
- 24 Bed Youth Resource Project
- Display Booths at venues such as the Union of BC Municipalities Conference
- Province-wide liaison and support

Mr. McLaughlin noted that the impact on the health care system is huge, as is the impact on families. He urged everyone to be aware.

Chair Kreut thanked Mr. McLaughlin for the informative presentation.

It was noted that there are many parents and grandparents in the room, and it was queried what people should know if they have a family member using crystal meth.

Mr. McLaughlin advised that families need to work with the relationship, and not the behaviour. The behaviour can be very challenging, may be illegal, and is often violent, so you must be guarded against that. It is important not to define the person by their current behaviour, and since regular communication is not possible, to reach out to them in other ways, such as giving them flowers, or an inexpensive medallion to demonstrate your love and support.

Mr. McLaughlin was asked to expand a bit on the Beacon of Hope House for Girls and the Youth Resource Project.

He noted that they are looking at developing 8 Youth Beds for girls in the Victoria area and are currently working with the Victoria Real Estate Board to find an appropriate location. The Salvation Army will be a partner and lead agency.

For the 24 Bed Youth Resource Project they want to find a small acreage that is outside the core of the city, ideally it will be away from drug dealers, but not too far

from health services. They have received a \$2M private donation, and again, the Salvation Army will be a partner and the lead agency on this project. Assistance from the BC government, VIHA, and others is required to make this a reality, and a proposal is currently being developed for submission to the province.

Chair Kreut congratulated Mr. McLaughlin and the members of the Crystal Meth Society for the excellent work they are doing and the success they have achieved to date. He wished them continued success in their on-going work.

Downtown Service Providers Committee

Re: Reallocation of Addictions Funding – Rev. Al Tysik & Irene Haigh-Gidora

Rev. Tysik thanked the Board for the opportunity to be here today on behalf of the Downtown Service Providers Committee, which is comprised of 27 representatives, including the City of Victoria, the Victoria Police Department, United Way, and many others, to convey their concerns about the \$450,000 reduction to HIV and Hepatitis C services, as announced by VIHA.

VIHA has a strong leadership role in primary health care, but in order for it to be delivered effectively, there is a need for support and prevention services for all at-risk populations. The reduction of HIV funding to the South Island will seriously impede their ability to provide HIV prevention and support services, and will impact the health of individuals and the community at large in Greater Victoria. Specifically, they foresee new HIV and Hepatitis C infections, increased emergency room visits and hospital overcrowding as a direct consequence.

Greater Victoria is home to an estimated 3,000 injection drug users, and Hepatitis C infection rates amongst injection drug users is between 70% and 80%. HIV infection rates are estimated at between 15% and 20%. This equates to 2,500 Hepatitis C positive individuals and 450 HIV positive individuals in the Greater Victoria area, and many users have not been tested and remain unaware of their health status.

The Greater Victoria HIV and AIDS service organizations have worked together effectively to respond to community needs, and have done so without an increase in their core funding since 1993. VIHA advises that the rationale for the funding cut is to provide equitable funding across the Island. While it is recognized that there is a need for services throughout the Island, reducing funding for HIV prevention and support services for on vulnerable population in order to provide funding for services to an equally vulnerable population in another part of the Island defies logic and flies in the face of the provincial Ministry of Health outcome goals in HIV prevention and care.

The City of Victoria is in a crisis with increased homelessness and open drug use. Community agencies and health services must have levels of support to meet these challenges, and critical health issues, such as HIV and Hepatitis C, require sensible decisions based upon sound underlying rationale, and close review of appropriate data.

The Downtown Service Providers would like to work with VIHA to ensure that the South Island has the necessary funding in order to achieve both the Ministry of Health and VIHA's goals in the area of HIV and Hepatitis C.

Rob Edwards, representing the Downtown Business Association, noted that from a business perspective, there have been a number of positive things happen in the past few years and they want to see that continue, and see downtown continue to be a better place.

Irene Haigh-Gidora, Manager, Cool Aid Community Health Centre, noted that four years ago the service providers came together under the criticism that they were repeating services. They started working together and learned that they were all giving out socks and bus tickets, but they weren't duplicating any of the main services. In the second year they looked at establishing a Good Neighbours Policy, and in the third year they worked on joint efforts and partnerships, with VIHA at the table, and began speaking with one voice and developing real solutions in a collaborative way. While the need for additional resources up-Island is understood, the funding cut in South Island is unacceptable. Funding is VIHA's end in the partnership with these community agencies, and new money has to be found for up-Island so that there is no funding cut in Greater Victoria.

Chair Kreut thanked Rev. Al, Rob and Irene for their presentation, and asked the President & CEO to comment.

Howard Waldner noted that he wanted to make it clear that there has been no funding cut to date. There have been some discussions of intent, but funds are secured for the current fiscal year, and there has been no reduction in funding of services. Discussions are on-going to try and resolve this important issue.

Capital Region Food and Agriculture Initiative Roundtable
Re: Strengthening Regional Food Security – Linda Geggie & Mike Romaine

Linda Geggie noted that she is here today to discuss the role of food in health, and the role of VIHA in working with them towards building greater food security and a sustainable food system. The health and well being of residents is directly affected by their ability to access healthy diets. Over 50,000 people in the Capital Region live in poverty, and one in six are children. Less than 5% of our food is grown locally on Vancouver Island, and there is only a three day supply of fresh food in stores.

They have been working since 2006 with VIHA's Health Surveillance Unit to identify key issues and threats to food security, and barriers. They have not only identified many innovative ideas, they have put plans into action. While much has been done, there is more to do, and one tangible way VIHA can help is to ensure a commitment to locally provided fruits and vegetables and be part of a healthy local food system.

Mike Romaine noted that they just completed a forum called "Food Matters" with over 100 people from communities and agencies in attendance, including VIHA. The Focus was to build a food and health action plan, including looking to VIHA to expand on the work they are already doing. If VIHA can provide an expanded leadership role it would be extremely helpful.

A second challenge is the great demand for local food, which outstrips availability. If VIHA supported purchasing locally it might encourage suppliers to increase production. They are also looking at other leaders/organizations to move this forward, such as the Capital Regional District.

Mike and Linda thanked the Board for the opportunity to speak and indicated their desire to continue the dialogue with VIHA at all levels of the organization.

Chair Kreut thanked Linda and Mike for their presentation. He noted that VIHA recognizes the importance of diet, health and wellness.

Howard also thanked Linda and Mike for their presentation and he encouraged them to continue to work with VIHA staff are this important initiative.

9. Questions & Answers

Chair Kreut noted that the Board received a tremendous number of questions, and all have been responded to in writing in the Q & A, which was distributed, and will be posted on our website at www.viha.ca.

10. Adjournment

The meeting adjourned at 3:25 pm.