GENERAL BOARD MEETING
WEDNESDAY, November 26, 2008
QUESTIONS & ANSWERS

Submitted by: Carol Pickup

Q **As VIHA moves again to close beds at the Gorge Road Hospital, a recurring question arises: what is the future of the Gorge Road Hospital?**

A Gorge Road Hospital continues to provide temporary and interim capacity for complex care and transitional care clients. The Vancouver Island Health Authority has not made any plans or decisions around the long-term future of Gorge Road Hospital. We refer you to the answers previously provided on this subject in the 'VIHA General Board Meeting Questions and Answer' documents from our November 28, 2007, May 30 2007 and May 31, 2006 meetings. These are available at www.viha.ca/about_viha/board_of_directors/meetings/minutes.htm

Q **What percentage of the cost of the RJH Patient Tower will be provided by the private sector? The Provincial Government? The Capital Regional District?**

A The costs and funding partners of this project are outlined in the "Project Report: Achieving Value For Money Royal Jubilee Hospital Patient Care Centre" available at http://www.viha.ca/NR/rdonlyres/0D9EAE3D-C884-4053-83B9-456D5FE6E5D4/0/rjh_project_report_vfm_oct08_final.pdf. As outlined in this report, the total project capital cost is $348.6 million, which includes the Patient Care Centre ($282.5 million project capital cost), delivered using the partnership delivery model plus additional project elements (e.g. power plant upgrades, medical equipment, etc.) that will be procured using the traditional delivery model (estimated at $66.1 million). The Capital Regional Hospital District (CRHD) is contributing $85.1 million towards the Patient Care Centre and a further $22.7 million to the additional project elements (total CRHD contribution is $107.8 million -- see pages 1 and 2 of the report).

Q **VIHA continues to talk about 185 complex care beds and 25 assisted living units at the new Selkirk Place development and states that these are entirely publicly funded. At a recent meeting, Mr. Ahmon, owner of Selkirk Place, stated that there would be 210 residential care beds and 50 assisted living units. He also indicated that a number of the residential care beds would be private-pay, at $185/day. What is the correct number, and how funded?**

A Selkirk Place, which will be opening in Victoria in December, has 185 publicly funded complex care beds and 25 publicly funded assisted living units. The facility also has potential capacity for 25 private pay complex care beds and 17 private pay assisted living units that the provider has chosen to build. These beds and units are not funded by VIHA.

Q **The ombudsman's investigation into seniors' health care and housing issues is certainly an indication of widespread public dissatisfaction, including services provided by VIHA. VIHA consistently insists that all is well: this is obviously not the case. What plans does the VIHA board have to deal with these problems?**

A VIHA is committed to ongoing system quality improvements and is encouraged by the work being undertaken by the Ombudsman. The new, provincially-aligned, Patient Care Quality Offices in all health authorities – including in VIHA (www.viha.ca/patientcarequalityoffice/) provide a standardized process and mechanism for review of both individual care concerns as well as system issues. VIHA will await the release of the Ombudsman's report and recommendations and will respond accordingly, working in partnership with the Ministry of Health Services and the other health authorities.

Q **Extensive research has been done into the privatization of seniors' care, both in BC and in other jurisdictions in Canada and the United States. The research points to care being worse in for-profit long-term-care facilities, leading to declining patient health, and that care further deteriorates under corporate/chain ownership. This disparity is explained by several things—systematic differences between for-profit and not-for-profit facilities, an emphasis on cutting back on staffing, and the diversion of funds and focus from clinical care to feeding and seeking profits. Why, then, does the VIHA board continue to support and encourage private residential care?**

A VIHA has previously provided information about private sector partnerships and involvement in health care in our General Board Meeting Questions and Answer documents dated January 30, 2008, July 30, 2008 and November 28, 2007. These are available at www.viha.ca/about_viha/board_of_directors/meetings/minutes.htm

Private sector involvement in residential care provision is not new in Canada or BC. Private sector providers, both for profit and not for profit, are integral to the continuum of residential services available to seniors. Through our Residential Care Service and Funding Model, VIHA has instituted minimal staffing levels that are the same for all

facilities, regardless of ownership or for profit/not for profit status. VIHA has also developed targets around care hours per resident day, which are again the same regardless of ownership. This target for daily hours of direct care in residential facilities will place VIHA among the highest in Canada. VIHA favours an approach towards residential care service provision that looks at staffing and staff mix, direct care hours, quality of care and health outcomes together, rather than just focusing on staffing levels.

Our new Residential Care Service Delivery Model guarantees that the care hours are not only funded, but through the accountability framework, that these care hours are delivered to clients.

Q **In the Times-Colonist of October 25, Jack Knox describes the severe lack of cleanliness in our hospitals since 2002, when the provincial government (acting through the Health Authorities) tore up the union contracts and began privatizing housekeeping services. When will VIHA accurately report the status of this problem, and when and how it intends to correct it?**

A VIHA is committed to ensuring that cleanliness in our facilities is held to the highest of standards, regardless of whether the facility is cleaned by in-house or contracted housekeeping staff.

A comprehensive publicly reported housekeeping auditing program is in place. This includes annual audits conducted by an external, third party provider (Westech) using independently developed and internationally recognized processes and standards. Daily, monthly and quarterly audits are also carried out by VIHA contract managers, sometimes jointly with a contracted service provider, sometimes without their presence. These internal audits use the same standards and process as the third party audits. The latest audit results are available at: www.viha.ca/about_viha/accountability/ and we are pleased to report that the average audit scores are above the internationally recognized benchmark target of 85%. If a facility does not meet the industry benchmark on any audit, either independent or internal, VIHA provides feedback and re-audits to ensure the standard is met.

Submitted by: Lyne England, Saanich Peninsula Health Association

Q **Concerns about the adequacy of staffing levels at the SPH Extended Care Units have been expressed on more than one occasion to the Saanich Peninsula Health Association. What are the numbers of Registered Nurses, Licensed Practical Nurses and Health Care Attendants required per shift for the day shift, afternoon shift and night shift? How do these staff numbers equate to the staff per resident ratio for each shift, day shift, afternoon shift and night shift?**

A

Staffing levels at the SPH Extended Care Units are in alignment with the provision of the VIHA goal of 3.24 hours of care per day, which is amongst the highest in BC. Changes over the past year have included adjusting the staff mix and has resulted in increased Licensed Practical Nurse (LPN) staffing, increased Residential Care Aide (RCA) staffing, and increased clerical support. While Registered Nurse (RN) staff during the day and evening has somewhat decreased, overall staffing during these hours, when clients are more active, has increased. The changes also mean that nurses (RNs and LPNs) are providing the level of care that they have been educated to provide.

VIHA has previously provided written responses to your detailed questions with regards to staffing levels at SPH ECU. We refer you to our letters of December 2006, January 2007, July 2007 and January 2008.

Submitted by: Lyne England, Chair Regional Family Advisory Council

Q

Family Councils have been told by the VIHA Contract Manager and Mr. M. Conroy that they will be included in the negotiation dialogue regarding the possible renewal of the contracted services with both Morrison food and Crothall cleaning. When might this dialogue commence? How will the respective Family Councils be notified?

A

VIHA is committed to involving the Family Councils in this process, as previously stated. However, this process has not yet begun; it anticipated to commence sometime next year.

Q

Does the VIHA Board support the existence of Family Councils unequivocally? If not, please explain why not.

A

Yes, the VIHA Board supports the existence of Family Councils. They play a valued and important role in promoting resident-focused care for clients. VIHA has a goal of strengthening the linkage between Family Councils and quality improvement activities, and in standardizing the role of Family Councils across Vancouver Island. This includes having the Family Councils connected more directly through the Residential Services Quality Council, which links into VIHA's island-wide Quality Council. Family Councils are sponsored by VIHA, for example, VIHA sites are used for their meetings and VIHA fiscal and human resources support some Family Councils' administrative work, such as organizing meetings and taking minutes.

Q **Does the VIHA Board support the continuation of the Regional Family Advisory Council (please see Terms of Reference attached)? If not, please explain why not.**

A This question must be answered within the context of the answer to your previous question. As stated, VIHA has a goal of strengthening and standardizing the role of Family Councils across Vancouver Island, including having Family Councils connected directly through the Residential Services Quality Council, which links into VIHA's island-wide Quality Council. These Quality Councils are made up of representatives of interdisciplinary teams across residential services (VIHA), including physicians and management. Their purpose is to identify issues related to quality of care and service provision, develop actions to address the quality of care and service provision, and implement and evaluate those actions to ensure that quality issues are addressed.

The role of Family Councils is to provide an opportunity for the exchange of information between residents, families and facility management and to provide an environment where concerns about residents' care can be discussed while also providing a forum for identifying opportunities for improvement and promoting education.

With respect to the Regional Family Advisory Council: The Regional Family Advisory Council was set up by VIHA about five years ago. Since that time, VIHA has found most issues raised by clients and families in this forum are best and most effectively resolved at the facility level through Family Councils. The Regional Family Advisory Council only exists on Southern Vancouver Island, and it is limited to residential care services. We believe VIHA's new Quality Council process will encourage input from stakeholders on a broader cross section of seniors issues, including from seniors who receive services in assisted living, supportive housing, acute care, community care and residential services. Moreover, VIHA's new Patient Advisory Committee consists of members whose role it is to provide advice on patient care issues across the continuum. VIHA is actively working on getting a member from a South Island family council on this committee. Finally, the newly created, provincially-aligned Patient Care Quality Offices and Patient Care Quality Review Boards will also play an important role in this process. At this time no decision has been made with regard to the Regional Family Advisory Council.

Q **What in terms of time does the VIHA Board think is reasonable for the expectation of a reply to a written expressed concern to VIHA and why?**

A VIHA's aim is provide a preliminary response to all correspondence within one week. Obviously some issues or concerns are complex and it takes longer to provide a fulsome response. In these cases, VIHA aims to let the writer know their concern has been received and is being reviewed. On some occasions, when there is a high volume of correspondence, and/or correspondence has already been received from the same writer on the same issue, there may be delays in response times. Having said that, our goal is always to respond as quickly as we can.

With respect to care concerns expressed to our new Patient Care Quality Office, an initial response is required within two days, with a more comprehensive report within 30 days. See www.viha.ca/patientcarequalityoffice/ for more information.

Q **If transfers are to continue for residents from a Public Pay Facility to Private for Profit Facilities what length of time does the Board feel is essential for notification to the residents and family members or advocates of the resident?**

A VIHA has committed to providing as much notice as possible to residents and families when a transfer is being considered. The type of facility (private, publicly funded, denominational) involved in the transfer has no bearing on the length of the notification provided. Over 1,500 transfers occur within VIHA every year and involve transfers from acute care to a facility (either privately operated or operated by VIHA), and between facilities (for example, if a resident has expressed a desire to move to a different facility).

As has always been the case, and will continue to be standard practice, a detailed care plan is developed involving physicians, nursing staff and other care providers prior to support any transfer or move.

Submitted by: Linda Carter

Q **The Vancouver Island Health Authority signed the Healthy Healthcare Leadership Charter, as did all the other health authorities in BC. Under that charter VIHA agreed to "assess, monitor, and report on quality of worklife (QWL) indicators", as well as "identify one or more priority action strategies to implement and evaluate". What assessment has VIHA done, and what strategies have been implemented? When will evaluations be available?**

A

VIHA is proud to be a signatory to the Healthy Workplace Leadership Charter and as part of this has agreed to assess, monitor and report on quality of worklife indicators, as well as identify one or more priority action strategies to implement and evaluate. Quality of worklife indicators used by VIHA include sick time rate, overtime worked hours, staff injury rate, days paid per injury claim, number of employees on long term disability, number of employees immunized for influenza, and the number of difficult to fill vacancies. The indicators are reported to the VIHA leadership on a monthly basis, and this information is also reported through to VIHA's Board twice yearly.

Additional information is available to VIHA staff through our Intranet at:
https://intranet.viha.ca/admin_resources/stats/Pages/performance_monitoring.aspx#how%20are%20performance%20indicators%20reported%20internally-body

Information is also reported out publicly and can be viewed at http://www.viha.ca/about_viha/accountability/goals_and_performance_measures/goal3/

A number of priority action strategies around healthy workplaces have been identified for implementation and evaluation. The most recent of these initiatives have been compiled into a project charter as part of the VIHA's People Plan (www.viha.ca/about_viha/news/publications/peopleplan.htm). Four strategies are being targeted in the 2008/09n fiscal year. They include:

1. Reduce staff injuries with a focus on musculo-skeletal injury prevention through safe patient handling.
2. Increase staff awareness of the importance of aggression management.
3. Reduce work place injury duration.
4. Enhance focus on work place health and wellness throughout VIHA.

The effectiveness of these four strategies will be evaluated for year-end (March 31, 2009).