**GENERAL BOARD MEETING**
**WEDNESDAY, JANUARY 30, 2008**

# QUESTIONS & ANSWERS

**Submitted by: Sharon Cochrane:**

Q **In respect to assisted living and extended care facilities for seniors: What is the process for policy development? Who makes the policy proposals? Is input requested from parties outside VIHA and if so what is the process for requesting such input?**

A VIHA policies must align with policies outlined in provincial legislation (the Community Care and Assisted Living Act, Adult Guardianship Legislation, Freedom of Information and Protection of Privacy Act, and other applicable legislation).

VIHA Home and Community Care and Residential Care programs identify requirements for new or updated polices in a variety of ways. These may include development of policies, procedures or guidelines as a result of new and emerging issues and topics, through Quality Improvement processes, Clinical Practice Committees (using research findings and evidence), and through staff, operators and an analysis of service delivery issues.

Recommendations for policy changes are reviewed and approved by senior Home and Community and Residential Care staff. Depending on the policy, Executive approval and/or Board approval may also be required.

Input is sought from stakeholders when policies are being reviewed. This includes operators, and in the case of Assisted Living, the Provincial Assisted Living Registrar. Further, input is often obtained from the Community Care Licensing Officers. Depending on the issue, input may be sought from clinical experts, other Health Authorities, other provinces, and Resident and/or Family organizations (e.g. Family Councils).

If an interested party has a concern or contribution to make to a proposed policy, they are encouraged to go through the local facility service manager.

**Submitted by Vanessa Geary, BCGEU:**

Q **At the December VIHA Board meeting, VIHA CEO, Howard Waldner, reported on the Collaboration in Care Initiative, and specifically about the funding cuts to the Lodge at Broadmead, Oak Bay Kiwanis Pavilion and Mount Saint Mary's Hospital.**

**Included in his report were the statements that there would be "no cuts to clinical staff" and "no cuts to staffing overall". The BCGEU represents both clinical and non-clinical staff at Broadmead and Oak Bay Kiwanis Pavilion. Will VIHA commit to ensuring that there are no staff (clinical or non-clinical) layoffs as a result of the changes to residential care funding?**

A

As previously stated, VIHA is committed to ensuring ongoing employment to all clinical staff members at both VIHA and affiliate facilities. We are committed to ensuring that no clinical staff member is without employment as a result of the changes. While affected clinical staff may lose a specific rotation or position they hold, there will be opportunities for all clinical staff at the same or another site, in accordance with the collective agreement and labour adjustment discussions. Individual clinical staff have the option to chose layoff if the opportunities offered are not desired.

The commitments made by VIHA apply to clinical staff only, including care aides. There is no guarantee for non-care aide support staff, but consideration will be made to the best of our ability.

Q

**If Broadmead, Oak Bay Kiwanis Pavilion and Mount Saint Mary's Hospital had to reduce non-clinical staff (dietary, housekeeping) as a result of the cuts, does VIHA anticipate or will it allow contracting out of these services?**

A

These are privately owned and operated facilities, so this question should be directed to facility management and/or their Board of Directors. Any decisions on what service delivery model to use at these facilities would be made by the facilities themselves, not VIHA, and would be subject to the collective agreement and statutory framework in place for the respective health organization.

Q

**In the fact sheet *Residential Care Delivery Model and Funding Methodology* (dated December 13, 2007), VIHA states that "some residential care facilities have administrative costs that higher than the norm for the sector". What is the norm for the sector? What information did VIHA receive to come to this conclusion and is VIHA willing to make this information public.**

A

VIHA has received detailed financial information from our Affiliate facilities, and has reviewed this data over multiple years. This allowed for a complete and thorough analysis of where individual facilities spend their funding and how they compare to facilities of similar size and operation. VIHA has discussed the Care Delivery Model in detail with individual facilities and continues to work with these sites to assist them in understanding the model, and in identifying potential opportunities for fiscal decision-making within their funding allocation that will see public resources maximized for direct

patient care. Out of respect for these facilities, and in the spirit of partnership in making the necessary changes in a positive way, this information has not been made public.

**Submitted by Carol Pickup, Chair, South Island Health Coalition:**

Q **There are serious public concerns about the new funding model for care facilities and the subsequent cuts facing some of these facilities, not only from caregivers and families, but from operators and administrators. Is VIHA prepared to delay the implementation of this new funding model until meaningful public consultation has been carried out?**

A VIHA's plan, beginning with the rollout of the Care Delivery Model in September, has been, and continues to be, to work collaboratively with our Affiliates in reviewing the model, and where necessary, identifying areas in the model that may require adjustment. We have made a commitment to operators that their input and feedback on the proposed model will be considered carefully. This process is currently underway, and as was explained at an Affiliates' Meeting on January 9, revisions to the proposed model will be forthcoming in the next few weeks. We have also met with, and will continue to meet, with Family Councils to explain the Care Delivery Model.

Q **In my question to you for the November 28 VIHA Board meeting, I asked whether VIHA is paying attention to the results of the British experience with P3s as expressed by Frank Dobson, former British Secretary of State for Health. You responded by saying that he had endorsed P3s. In Dobson's December 17th interview with the Vancouver Sun, he says: "Until recently, Britain has been like Canada. Our National Health Service, despite its problems, is doing a good job and improving. But its future has been put at risk by the introduction of market forces and profit seeking providers. I understand that some B.C. politicians and other private health care lobbyists are claiming that U.K. health care privatization is a success. Nothing could be further from the truth." In view of this article, is VIHA prepared to admit that its answer was faulty?**

A VIHA stands by its answer of November 28, 2007 and the statement Frank Dobson made while on CBC Almanac regarding the success of private finance initiatives (PFIs) in the United Kingdom for delivering projects on time and on budget. To reiterate, Dobson stated, "the one thing that can be said for PFIs is that once the price has been agreed, the private sector doesn't get any more money. So there is a bit of discipline there, and they certainly are, generally speaking, being completed on time." VIHA recognizes there are diverse views around P3s and we will continue to learn from other jurisdictions and their experiences with public private partnerships. It should be noted that the UK continues to use PFIs as a process for building new facilities.

# QUESTIONS & ANSWERS

Q **A recent article in the Ontario newspaper "The Record" (Kitchener, Cambridge and Waterloo) reads: "The Brampton Civic Hospital saga provides a sobering lesson in the economics of public-private partnerships. Dalton McGuinty's Ontario government claimed it would save money by having a private consortium finance and construct a new 608-bed hospital for the rapidly-growing city just west of Toronto. What it ended up with was a 479-bed hospital that cost at least $130 million more than had been originally planned." This is the same outcome as at the Abbotsford General Hospital in our own province. Why does VIHA continue to support policies of the provincial government that have proven to be a costly failure?**

A The Abbotsford Regional Hospital and Cancer Centre (ARHCC), a $355 million project, is on time, on budget and within scope. From the date the contract was signed in December 2004, the capital cost of the facility, including equipment, has remained $355 million. Each month, a team of independent evaluators assess the construction progress of the hospital and cancer centre and verify the budget.

Q **The preliminary report on Conversations on Health, initiated by the provincial government at a cost of $10 million, makes it clear that the citizens of British Columbia wish to strengthen the public health system and are opposed to further privatization. In light of the outcomes of this expensive exercise, will VIHA support the broader community or the provincial government?**

A VIHA will continue to deliver programs and services in accordance with the priorities and approaches outlined in our 5-Year Strategic Plan (www.viha.ca). This includes working with all our communities, as well as the provincial government.

The results of the Conversation on Health have not yet been finalized. However, VIHA does expect a strong endorsement for publicly funded health services and sees this as compatible to the provincial government's position.