

Directors Present: Jac Kreut, Chair
Michael Costello
Shelley Garside
Ellen Godfrey
David Kruyt
Brenda Nunns Shoemaker
Hans van de Sande
Vern Slaney

Staff Present: Howard Waldner
Catherine Mackay
Richard Crow
Lynn Stevenson
Neil Sweeney
Bill Boomer
Georgina MacDonald
Joe Murphy
Janet Shute, Recorder

1. Call to Order

Chair Kreut called the meeting to order at 1:45 pm. He confirmed that a quorum was present and welcomed the members of the public in attendance.

He thanked the Cowichan Tribes for the hospitality and for hosting this meeting in such an outstanding conference centre. Chair Kreut noted that the Board and general public might not be aware that there are 7 member tribes that make up the Cowichan tribes, and with almost 4,000 members in the Valley they are the largest Aboriginal organization in British Columbia. VIHA provides services for a significant Aboriginal population up and down the Island, and we are very pleased to be in Cowichan today.

Roundtable introductions of the Board were made.

The agenda was adopted as circulated.

The minutes of May 19, 2010 were adopted as circulated.

2. Health Quality Committee

Director Nunns Shoemaker noted that the Health Quality Committee met for its regular meeting on Tuesday, June 29th for four hours.

- The Acute Interventional Services portfolio provided an annual update on their key activities and initiatives for improvement. This portfolio consists of Adult Intensive Care, Heart Health, Neurosciences and Surgical Services. Drs. Wayne Shtybel and Andrew Penn gave an excellent presentation on the Neurosciences Program in VIHA, and some of the excellent work with respect to Stroke Care and Stroke Prevention across the Island.

- We received the semi-annual report from the Quality, Research and Safety Portfolio. This included a focused review of VIHA's multi-year medication safety strategy and a presentation on VIHA's recently formed Combined Quality Council. The committee is extremely pleased to see the development of a Combined Quality Council, which is a newly formed joint committee with four physician members and four management members. With direct linkages to the senior leadership teams and the Health Authority Medical Advisory Committee this provides the opportunity to address complex quality issues affecting patient care in VIHA, which under the previous structure may have encountered some organizational barriers.
- We also received an update on the work within VIHA with respect to Research. With the successful implementation of teaching for the Island Medical Program this is an appropriate time to look at expanding our role in research and transforming VIHA into an academic healthcare centre. A detailed work plan will be developed over the next few months.
- At each meeting the committee reviews issues impacting VIHA's ability to provide accessible, timely, safe, and high-quality healthcare services. This month included an update on Nurse Practitioners in VIHA, MRI wait times, the move to a VIHA-wide crisis line provider, the norovirus and C.difficile outbreaks at Nanaimo Regional General Hospital and emergency department congestion. VIHA has established four system-wide initiatives to focus the organization's energy on addressing key issues. Care Continuum Transformation is one of these four initiatives, and it was developed to address alternate level of care (ALC) rates. The goal for this initiative is proactive, appropriate care, in the appropriate location, at the appropriate time. The focus is to reduce unnecessary admission to hospital, or patients from becoming ALC while in hospital. Seniors aged 70+ will be assessed using a standardized risk assessment tool so that proactive care planning can be undertaken wherever the patient presents into the health care system, whether it is their family primary care settings, residential care or acute care. Once identified, care planning begins and a communication and transition plan are implemented. This initiative is being piloted at Nanaimo Regional General Hospital, after which it will be refined and rolled out Island-wide. Early indicators show very encouraging results, with a reduction from 68 ALC patients on April 1st to 50 ALC patients on June 1st.
- The committee also met with local physicians on Monday evening and had a luncheon meeting with staff from both the community and Cowichan District Hospital on Tuesday. These meetings gave the Board the opportunity to hear first hand from front line care providers and managers about some of their issues and concerns, as well as to hear about some of the innovative and excellent work underway in the Cowichan Valley.

3. Governance & Human Resources Committee

Director Slaney reported that the committee had a relatively short meeting on Monday, June 28th that was primarily focused on governance issues. Topics included:

- Revisions to the Board Evaluation Questionnaire;
- Proceedings at Committee Meetings;
- Moving to Paperless Board Meetings; and
- Potential Topics for a special Board session being planned for the fall.

The committee also received an update on the HEABC Annual General Meeting and the Excellence in BC Healthcare Awards luncheon which took place on June 21st. VIHA is very proud to recognize the staff and physicians that received acknowledgement for their work at this event.

- The Top Innovation Award Winner in BC was VIHA's TelePathology Program. The project leaders are Cathy Wenger and Lisa Moore, and team members include Esther Dunn, Gary Frank, Fraser Hacking, Mandy Jones, Diana Nagy and Dr. Doug Sawyer. TelePathology is the use of digital images of clinical and anatomic pathology specimens that can be viewed, transmitted, stored, accessed and assessed by pathologists at separate locations. It allows the real-time, dynamic, collaborative sharing of pathology images from disparate locations across the region.

Today, all of the anatomical pathology workstations within VIHA can both transmit and receive streamed images generated by cameras attached to microscopes. This means that instead of having to manually transport glass slides for second opinions, these opinions can be received in a matter of minutes, resulting in better and timelier care for patients.

- Receiving the Top Innovation Award of Merit was VIHA's Bridges Project. The leader for this project is Ken Moselle and team members include Alan Campbell, Catherine Claiter, Dr. Mary Lyn Fyfe, Dr. Robert Miller and Marti Stewart.

Bridges is a major electronic health record initiative in the area of Mental Health & Addiction Services at VIHA. The goal of the Bridges project is to provide more effective services for the populations of high needs/high risk clients that are priority targets for mental health and addictions services. The Bridges solution helps to eliminate many of the delays that often accompany referrals, and clinicians report that they can now make what they regard as a clinically informed decision around referrals in minutes, compared to what was previously hours or sometimes days.

- The Workplace Health Innovation Award of Merit went to VIHA's Violence Prevention Team. The leader for this project is Tracy Larsen, and team members include Peter Dunkley, Cathy McDonald and Lynn Vincent. VIHA's Violence Prevention Team developed an in-house Violence Prevention Curriculum which aligns the level of occupational risk with the appropriate level of training. The project focus has been on training program staff to deliver meaningful, unit-based education to front-line staff by integrating violence

prevention knowledge into workplace practice. Within each level of training there are specific stand-alone training modules, as well as new employee orientation modules.

At the one year mark for the project, 186 staff had been trained as Violence Prevention Curriculum Instructors and approximately 5,000 staff have received quality violence prevention training.

- The Healthcare Hero Award for VIHA went to Dr. Rivian Weirnerman, Site Chief of Psychiatry in the South Island. Dr. Weirnerman is a tireless advocate for patients with mental health and addictions issues. She is a champion of collaborative care and has promoted collaborative care models with family physicians and other front line clinicians. This work has led to the Vancouver Island Health Authority's model for collaborative psychiatric care being adapted for the entire province and has laid a strong foundation for improved primary mental healthcare in BC

The Board is extremely proud to have these staff and physicians as part of our organization and congratulates them for their outstanding and innovative work.

4. Finance & Audit Committee

Director Costello noted that the committee had a short meeting on Tuesday afternoon.

- At each meeting the committee reviews the status of Major IM/IT Projects to ensure they are within budget, on schedule, and the degree to which the project is meeting its original objectives. The committee continues to be satisfied with the action plans in place for all projects.
- At each meeting the committee also reviews the status of major capital projects. We currently have two major capital projects underway, the new Patient Care Centre at Royal Jubilee Hospital and the Renal Unit at Nanaimo Regional General Hospital. Both projects are currently on-time and on-budget. The new Emergency Department Project at Nanaimo Regional General Hospital is just getting underway, and the committee will start receiving regular reports on that project in September. VIHA has been extremely fortunate to receive approval for these projects, which wouldn't be possible without the funding support from both the Ministry of Health Services, who fund 60% of all capital projects, and the respective Regional Hospital Districts, who fund 40% of all capital projects.
- We also reviewed a couple of policies at this meeting. Annually the committee reviews the Signing Authority Policy, and this year there were no proposed changes. We also reviewed and endorsed the Fair Business Policy, which has been revised to ensure better alliance with the Shared Services Organization, which is now responsible for leading the procurement of goods that are common to all health authorities. The changes also include an exemption of lease renewals, and some housekeeping changes. A copy of the revised policy will be posted on our website for anyone interested in reviewing it.

- Each year the committee also receives a report from the President & CEO with respect to any strategic alliances that VIHA has entered into in the past year, in accordance with VIHA's Strategic Procurement Policy, which was developed as a companion policy to the Fair Business Policy. VIHA did not enter into any strategic alliances during the past year.

5. Committee of the Whole

Director Godfrey advised that the purpose of the Committee of the Whole is to provide an opportunity for the Board to discuss strategic matters related to planning, quality and enterprise risk management. The committee had a fairly short meeting this morning.

- We reviewed and endorsed an action plan with respect to the few areas that require further work from a governance perspective for the upcoming Accreditation survey in 2011. These are related to the monitoring of risks and client safety. The Board's Health Quality Committee has been assigned responsibility for monitoring whether progress is being made in these important areas.
- We received an update regarding the Communications and External Relations Plan for 2010/11, which will focus on internal communications and opportunities for improved external communications and relations activities.

6. Presentation by President & CEO, Howard Waldner

Howard Waldner also thanked the Cowichan Tribes and all the Aboriginal peoples of the Cowichan Valley for their hospitality this afternoon. He provided an update on some key accomplishments in the Cowichan Valley in the past year.

- The new \$2 million pharmacy at Cowichan District Hospital is virtually complete, and will be opening at the end of July.
- As most people are aware, the hospital is pressed for space, both in terms of actual space available for patients, as well as storage for hospital equipment. VIHA is in the process of moving the dialysis program out of the hospital and into a community setting. A lease is being finalized that will allow us to move this program into the community, and free up valuable hospital space on the third floor.
- After meeting with both the physicians and staff at Cowichan District Hospital we are aware that there are a number of programs and people that want the space vacated by the dialysis team. We will be meeting over the next several months to determine how best to use this valuable space.
- There has been a significant investment in operating funds for Cowichan District Hospital, which allowed for a permanent increase in acute care beds from 91 to 101. The increased bed base better meets the needs of patients in the community.

- The Island Medical Program, which educates and trains the doctors of tomorrow, is expanding and a Request for Proposals (RFP) will be issued shortly to build new teaching space at Cowichan District Hospital.
- A new regime of infection prevention and control has been established and will ultimately be rolled out across VIHA. This project has brought new resources and staff to Cowichan District Hospital to make the hospital environment cleaner and improve staff and patient safety. We do have infectious outbreaks in our hospitals. This new initiative will address these outbreaks and then find ways to address them quickly when they occur, or prevent them before they happen.
- The re-development of Cowichan District Hospital is VIHA's next priority after we gain approval to build two new hospitals in the North Island. There will be a presentation shortly on the master site plan for the hospital.
- Last year VIHA heard from the community that we must improve the relationship with the Cowichan Valley Community. Almost immediately following last year's meeting our Executive met with the Fair Funding for Cowichan group to begin a better dialogue. It was a very productive meeting, and it was suggested that a Cowichan Communities Health Network, along the lines of what VIHA has in place in the Mt. Waddington Regional District, be formed.
- In the fall, a Community Health Network Planning Group was established to develop workable terms of reference for a Cowichan Communities Health Network. The Planning Group also set up a committee to look at the future of Cowichan Lodge and the possibility of placing new mental health supports or other services at the Lodge site. The Planning Group has met 6 times since December and has coordinated 4 meetings of the broader Cowichan Communities Health Network. On behalf of the Board and Senior Management, appreciation was extended to both Rob Hutchins and Judith Gohn, Co-Chairs of the Cowichan Communities Health Network, for the tremendous work they have done in providing an environment for true dialogue, where ideas and perspectives can be freely shared.
- There have also been some changes and investments in Mental Health & Addictions. Funding was provided for Warmland House in Duncan, and we have been very pleased to see the positive impact this has made in such a short period of time. Christina Martens, Anne Balding, and their team, are to be congratulated for the work they are doing at Warmlands.
- The opening of Caufield Place, providing supportive living accommodation in a newly renovated apartment building, with 24-hour supervision, was the largest investment of funding for mental health and addictions services in VIHA in 2009/10.
- VIHA and the Cowichan Communities Health Network (CCHN) have been holding meetings to discuss using a portion of Cowichan Lodge for a new mental health facility. Earlier today the Board had an opportunity to review the report prepared by the CCHN and consider whether VIHA should proceed with the Cowichan Lodge Mental Health proposal.
- The Board considered the needs of the Cowichan Valley, the funds available, and the concerns of the Queen of Angels School and other neighbors, as well as the fact that both the CCHN Planning Group and the Cowichan Valley Regional

District Board support of this proposal. The Board has confirmed that Cowichan Lodge will be partially re-developed to house these new 51 mental health beds. With appropriate security measures in place, this is the best option to ensure members of the community get the health and support they need as they re-integrate into community life. With Providence Farm nearby, and the excellent mental health practitioners in Cowichan Valley, the Board is confident this new role for Cowichan Lodge will provide new support and jobs for the community.

- There remains a lot of unused space at Cowichan Lodge, and we look forward to the continued dialogue and recommendations from the CCHN with respect to other future uses for this site.
- The Board also reviewed the responses to a Request for Proposals (RFP) to create a new Primary and Urgent Care Centre in Oceanside (Parksville/Qualicum). There were two responses, and the Board has approved Stanford Holdings as a preferred proponent. As is the usual custom, management has been authorized to enter into negotiations with Stanford to discuss their proposal and hopefully conclude a contract for a new Primary and Urgent Care Centre in Oceanside. Special thanks were extended to Tom Davies and the Federation of Oceanside Residents Association for their interest in the RFP and their continued efforts to help improve health care services in the Oceanside region.
- Members of the Cowichan Valley communities were thanked for their on-going commitment and work to improve health services.

7. Presentation on the Master Site Plan for Cowichan District Hospital

Joe Murphy was introduced and welcomed to the meeting.

- Cowichan District Hospital has been identified in the Capital Plan as VIHA's next major capital project priority after completion of the North Island Hospitals.
- An important step is to prepare a Master Site Plan to identify options for moving forward at the site, which VIHA has just done.
- As part of the acute care network, the role of Cowichan District Hospital (CDH) is that of a community hospital. The role and scope of services review confirmed that CDH is providing the right types of services to meet the community hospital role.
- The Master Site Plan looked at the existing facility and it clearly identified the need for CDH to be substantially upgraded and expanded. We know we need additional beds at the site, but we are still working on the specific number based on modeling and discussions with local leadership.
- The original hospital was built in 1967, and there have been various additions over the years, including Ambulatory Day Surgery, Emergency Department and Community Dialysis Clinic in the 1990s, and the most recent addition of a new Pharmacy, which will be opening at the end of July.
- There are a couple of options for building on the current site, which can be very disruptive to patient care and quite costly. There is also the option of building a new hospital on a new site, which is generally less complicated, and less expensive.

- Next steps include: community consultation with a broad range of stakeholders and consultation with the Municipality of North Cowichan with respect to location, size and height.
- VIHA must seek government approval for the project, which must compete against projects in other health authorities as well as other provincial agencies
- The approval process has several different stages. The first step is approval to start developing a business case. Once this approval is received it will take about a year to complete the business case. While we can't give a definite time frame for the whole process, it will be a minimum of 7 years, and more realistically 10 years or longer. In the meantime, Cowichan District Hospital will be maintained so that it continues to provide acute care services to the community.

8. Questions & Answers

Chair Kreut noted that there were several questions submitted in advance of the meeting, and the written responses are included in the meeting package, and will also be posted to our website. He opened the floor for questions from the public.

- What happens to CDH between now and when a new hospital is built?

Chair Kreut noted that VIHA will continue to ensure that Cowichan is a safe hospital with the appropriate services in place.

- With the hospital already overcrowded and running at over-capacity on most days, the Board was urged to ensure the projected bed numbers in the Master Site Plan are correct.

Howard Waldner advised that it will take some time to determine the exact number of beds required for a new hospital. There are a number of factors, including the inappropriate use of some of the current beds. When we build any new facility the planning is based on projections for 15 to 20 years into the future, based on data provided by the provincial government. Currently about 25% of the beds at CDH are filled by patients that would be better cared for in a different setting. Our task over the next few months is to work with government on looking at some different options for community living for people unable to cope independently, but that do not require residential care.

- The number of people living in the Cowichan Valley that need to go to Victoria for health services is of concern, and the public hopes that the new hospital will take this into consideration so that as many services as possible can be provided locally.

Cowichan District Hospital currently provides all basic primary and secondary health care services to the local population, and people living in the community primarily go to Victoria for tertiary services. It is VIHA's intent that the new hospital would continue to provide the majority of acute care services to the local population.

- It was suggested that with Cowichan District Hospital continually running over-capacity, that Transitional Care beds be added back to Cowichan Lodge to provide an immediate solution to the over-crowding.

Howard Waldner advised that VIHA was committed to working with the Cowichan Communities Health Network to determine the best use of the remaining space at Cowichan Lodge. He asked Catherine Mackay, VIHA's Chief Operating Officer, to comment on work underway to address over-capacity issues.

Catherine Mackay noted that we are piloting some work at Nanaimo Regional General Hospital to address over-capacity issues and there have been very positive results in just over two months. The intent is to roll this work out to other sites, including Cowichan District Hospital.

- It was queried what the cost would be for building a new hospital in the Cowichan Valley.

Joe Murphy advised that there are a number of variables that need to be taken into consideration, such as site preparation, functional programs, etc., and you can never really know the cost to build until you receive the bids. However, a very rough estimate would be approximately \$500 million.

- VIHA was commended for providing funding for food security, and it was queried whether there have been any significant changes in food security.

Catherine Mackay noted that government has asked all of the health authorities to review their public health programming. That process is currently underway, so we are unable to answer whether funding for food security programs will be impacted or not at this time.

- Appreciation was extended to VIHA for the great improvements that have occurred in the Cowichan Valley with respect to health services in the past few years. It was queried whether home care was part of our programs and if a location had been identified for a new hospital.

Howard Waldner advised that home care is part of VIHA's services. We know that people would prefer to stay in their homes if possible, and VIHA does try to help people remain living at home, with appropriate supports, whenever possible.

A location for a new hospital would be determined in consultation with the community.

- The Board and senior management were thanked for the announcement made by Howard with respect to the selection of a proponent for an Oceanside Health Centre. This is great news for the community.

- It was queried what VIHA's plans were for chronic disease management and Telehealth, both of which have great potential to keep people out of hospital and/or residential care.

VIHA continues to focus on chronic disease management, as many people suffer from single and multiple chronic diseases. The recent establishment of a Division of Family Practice in the community will improve access to primary care.

Telehealth is an ever-expanding service in VIHA that has proven beneficial to both patients and physicians.

- In the presentation on the CDH Master Site Plan one of the options seemed to include connecting to an old heating/ventilation system, and it was queried why we would go to the expense of doing something like that.

Joe Murphy noted that often approval to build a new hospital is done in stages, and therefore it may be necessary to connect to an old system as part of a phased approach.

- It was queried if a different site was going to be selected, whether it would be something closer to the highway to allow for easier access.

Access to a main traffic corridor is an important consideration. Ultimately, if it is determined that a new site is the best option for the community, then the exact location will be determined in consultation with the community.

Chair Kreut thanked everyone for the excellent questions. He invited the members of the public to join the Board and senior management at the Open House for further discussion.

9. Adjournment

The meeting was adjourned at 3:00 pm.