



**BOARD OF DIRECTORS
GENERAL BOARD MEETING
WEDNESDAY, MARCH 28, 2007
COURTENAY ROOM, WESTERLY HOTEL,
1590 CLIFFE AVENUE, COURTENAY, BC**

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

Staff
Present: Mike Conroy
Glen Lowther
Lynn Stevenson
Georgina MacDonald
Bill Boomer
Joe Murphy
Janet Shute, Recorder

1. Call to Order

Chair Kreut called the meeting to order at 1:30 pm, confirmed that a quorum was present, and welcomed the members of the public in attendance. He noted that there are currently two vacancies on the Board, and we are waiting for the appointment of two new directors. Roundtable introductions were made for the benefit of the public.

Chair Kreut noted that before the formal agenda begins, he would like to apologize in advance for a slight format change in the meeting today. Both he and Mike Conroy, the Acting President & CEO, need to excuse themselves during the meeting today in order to participate in a teleconference with the other Health Authority Chairs, CEOs and the Ministry pertaining to the \$100 million Health Innovation Fund. It is extremely unfortunate that this was the only time available to bring the majority of this group together, and it is critical that VIHA be at the table for the discussions around how the fund might benefit patients and care providers in our region. Director Linda Petch will be assuming Chair of the meeting when he leaves. Again, sincerest apologies were extended for any disruption in the proceedings.

There is a new format in the proceedings, and following the meeting there will be an open house, where the public is invited to join the Board and senior staff for discussion and refreshments. Both Chair Kreut and Mike Conroy will endeavour to get back as quickly as possible and participate in the open house.

The agenda was adopted as circulated.

The minutes of January 31, 2007 were adopted as circulated.

2. Acting President & CEO's Report

Mike Conroy, Acting President & CEO in Mr. Waldner's absence, gave a presentation on the following key issues:

- The 2006/07 fiscal year ends on March 31, 2007 and VIHA is on target to finish the year with a balanced budget, or a small surplus. VIHA is also predicting a balanced budget for the 2007/08 fiscal year.
- VIHA recognizes that there are still some individuals/groups that are concerned about the proposed new regional hospital for the North Island. The decision to propose a purpose-built regional hospital is based on the need to deliver high quality, sustainable services for all North Island residents well into the future. The status quo is not sustainable, and significant change in the delivery of acute care services is needed, or we'll find ourselves having the same discussion again in a few years.

We recognize the strong connection the people of Comox have with St. Joseph's Hospital, and that is why the new model includes an investment of approximately \$5 million in upgrades to the current site and forging a new future for that facility, one that will enhance community options for patients and better meet some of their needs outside of an acute care hospital. The new role for St. Joseph's Hospital will include compassionate care for patients when they are nearing the end of life, residential care and assisted living, and primary care.

The new model also depends on ensuring we maintain core services in Campbell River. With a planned investment of approximately \$20 million, the following services will be provided at the existing site:

- 24/7 Urgent Care and Treatment Room
- Inpatient Rehabilitation Beds
- Transitional Care Beds
- Outpatient Services, including ambulatory care clinics and programs, and diagnostic imaging and laboratory services
- Public Health Services
- Primary Health Care:
- Support and community based services such as home care, complex care and assisted living, end of life care, rehabilitation services and transportation coordination.

This was a complex decision reached after unprecedented consultation with communities and stakeholders. The preferred option and recommended site are only first steps in process. Next steps include:

- Completing the business case for new site, which will take approximately one year
- Obtaining Ministry of Health approval for the business case
- Obtaining funding approval from Treasury Board

- Very pleased to report an increase to Home and Community Care capacity with the groundbreaking for New Horizons in Campbell River, which was held on March 23rd. This facility will provide 86 publicly funded residential care beds with 24/7 care, with 6 beds dedicated to residents with mental health needs. This is a partnership between VIHA and New Horizons Care Corporation, and it will open in 2008.
- The official opening of Ironwood Place will take place on Monday, April 2nd. This is a new 54 unit assisted living development in Campbell River that will expand options for care for seniors. VIHA will provide \$400,000 in annual operating funds, and this project is a partnership between all levels of government, BC Housing and VIHA.
- In the North Island an 11 bed expansion for the current 10 bed residential care unit attached to Port Hardy Hospital is in the planning stage, with funding still to be determined. As well, additional supportive housing options for the Mt. Waddington area are being explored.
- Three new Youth Mental Health & Addictions beds will be opened in the Comox Valley by the end of March. This is in addition to the 15 beds that are opening, or have already opened, in Parksville, Nanaimo and Victoria.
- The Healthy Communities Initiative is a partnership between the Province of British Columbia as part of the ACTNow BC program, the Union of BC Municipalities, the Regional District, municipalities within the Comox-Strathcona Regional District and VIHA. This partnership is developmental with respect to achieving healthy communities, and first steps will be to determine priorities and where to start. One of the key challenges will be achieving equitable healthy communities, given the diversity in jurisdictions, services, and the large geography.

Chair Kreut and Mike Conroy excused themselves from the meeting and Director Petch assumed the Chair.

3. Health Quality Committee

Director Nunns Shoemaker noted that the committee met for four hours on Tuesday, March 27th 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 January and February in our emergency departments, particularly at Royal Jubilee and Nanaimo Regional General Hospital.
 - Patient flow is a critical issue and is being addressed in many ways, including temporarily adding more beds in both the acute and community sectors, the early engagement of physicians in the discharge planning process, developing care pathways and guidelines to ensure appropriate length of stay in the hospital, and using Therapy Response Teams to ensure that elderly

- patients maintain their functional status while in the hospital so they are able to return to their homes.
- Every month we hear of the valiant efforts made by our staff through the implementation of these, and various other, creative projects to improve patient flow. Despite the setbacks, we also recognize the successes and we look forward to the hundreds of new residential care beds and assisted living units coming on stream in 2008, which will enable really significant improvements to patient flow throughout the system.
 - The committee heard an encouraging update about the Piercy Respite Hotel in Victoria, which opened on June 14, 2006. This 12-bed respite facility provides another care option and prevents some unnecessary acute care admissions.
- It has now been one year since the Ministry of Health provided VIHA with \$1.5 million to enhance Youth Addictions Services across the Island. The committee was informed how these funds have been used to increase the number of detox and treatment beds available in many communities, and to enhance day and outpatient programs.
- The annual report from the Continuing Health Services portfolio, which includes mental health, addictions services, seniors health, spiritual care, end of life care, residential services, and home and community care, was reviewed by the committee. This report outlined many portfolio-based objectives to ensure high-quality care, including:
- Increasing the number of assisted living and residential care spaces
 - Reducing readmission rates for clients with mental health issues
 - Increasing the 30-day follow-up rates for clients with mental health issues
 - Improving infection control compliance
 - Decreasing falls and injuries from falls
 - Maintaining high influenza immunization rates among clients in residential care
 - Increasing community options for end of life care, which you will hear more about later in the meeting.

As stated at the beginning of this report, there are various activities and initiatives throughout VIHA to improve patient flow. Continuing Health Services provides a critical piece in assisting with patient flow, since availability of these services allows people to leave the hospital and move smoothly, and in a timely manner, to a setting where they can receive the most appropriate care for their level of functioning, whether that is home with home support services, to assisted living, or to residential care. This has been accomplished by activities such as:

- Providing enhanced support to clients so they can wait at home for Residential care placement instead of waiting in the hospital;
- Opening an additional 654 Assisted Living, Residential, and Supported Housing units by December 31, 2006;
- Increasing availability of Central Intake Services in the Central Island to improve the referral and intake process;

- Strengthening the liaison between hospitals and community care to facilitate smoother movement from acute care to continuing care services; and
 - Piloting a project that uses increased physician support in residential care facilities to prevent unnecessary transfers from residential care to the Emergency Departments.
- As was widely reported in the media, the Provincial Auditor General issued his report on the review of infection control practices in BC's six health authorities last Thursday. The report was somewhat dated, having been developed and written based on information from July 2005 to February 2006. The report makes several recommendations aimed at improving the framework and integration and coordination of infection control in BC. Many of the recommendations have already been implemented by VIHA, or are underway. We have made significant progress in enhancing infection prevention and control over the past two years because we recognize that infection prevention, surveillance and control must be a major component of a responsible and effective health care system. For example:
- We have increased our Infection Control budget by \$500,000 to cover the costs of increased staffing, including an Associate Medical Director, and the supplies, expenses, travel and equipment necessary to support a regional program.
 - We are committed to continuing to work with our staff and physicians, along with our partners in the Ministry of Health and the BC Centre for Disease Control, to heighten awareness and ensure the tools are in place to improve infection surveillance and control into the future.
 - We are involving our Infection Prevention and Control team in planning of VIHA capital projects, including the new RJH Patient Care Centre and the North Island Regional Hospital, to ensure design accommodates the most effective infection prevention measures.
 - The teams have also provided consultation on other construction projects, including the maternity and renal units at Nanaimo Regional General Hospital, and the expansion of the Emergency Department at Victoria General Hospital.
 - Successful VIHA Infection Prevention and Control initiatives in the past year include:
 - A two-month hand washing campaign focused on staff with direct patient contact.
 - A new admissions screening process for Antibiotic Resistant Organisms and
 - A targeted campaign against C-Difficile in Nanaimo.
- The assessment of the Comox Valley watershed, which was publicly reported last night. A variety of options are being explored that could mitigate the risks to the water supply, including a deep water intake. The full report is available on the web, as well as an executive summary, which can be found at http://www.rdcs.bc.ca/uploadedFiles/Notices/Exec_Summary_Watershed_Assessment.pdf

- We had an exciting presentation on what we refer to as the Mt. Waddington Process. VIHA is working with a broad group of community partners in order to improve the health of the population by not only improving health services, but also influencing the other determinants of health and addressing structural issues. The Board is very optimistic and we will continue to publicly report on this leading edge project as outcomes begin to emerge.

After the regular meeting, the Health Quality Committee met with local doctors to discuss current issues.

4. Governance & Human Resources Committee

Director Costello noted that the committee met on Monday, March 26th and dealt with a range of issues. Two important employee related topics included:

- VIHA's Early Intervention Program – as a result of the collective bargaining process, a Memoranda of Agreement was signed with the unions requiring all health authorities to implement Early Intervention Programs by February 12, 2007. A pilot project was implemented at Victoria General Hospital in April 2006, which was audited by Healthcare Benefit Trust. Several critical success factors were identified from the pilot and shared with all health authorities. Building on the success of the pilot program, and as per the Memoranda of Agreement with the unions, our VIHA-wide program was developed and operationalized in early February 2007. This program is intended to reduce the incidence of sick leave, long term disability and WorkSafeBC claims, and the Board will be monitoring the results of the program.
- The second topic that is of great importance is internal communications. Communication is an on-going challenge in any large organization, and with over 16,000 employees and multiple sites covering a broad geographic area, VIHA is no exception. One of the common communication barriers in the health sector is the 24/7 nature of the care environment. However, VIHA remains committed to ensuring timely and relevant communication to staff and physicians, as well as providing opportunities for feedback and engagement. The committee heard about the actions management has taken to date, and future plans to continue to address this critical area. This area will continue to be monitored regularly so that adjustments can be made as necessary based on feedback received, for on-going improvement.

5. Finance & Audit Committee

Director Robinson reported that the committee met on Tuesday, March 27th and reviewed a number of key issues.

- Financial results were reviewed for Period 11, a copy of which is included in the package available to the public. The year-to-date favourable variance of \$9.3 million reflects a temporary position due to some spending delays. VIHA's year-end projection is a balanced position.

- The 2007/08 Budget, which is aligned with government direction/provincial expectations, as well as VIHA's Five Year Strategic Plan, is currently under development for submission to the Ministry of Health. We are pleased that the funding allocated will allow VIHA some modest growth in services in the next year and the Board approved management's approach to budget development for 2007/08.
- Management is in the process of developing a Real Property Asset Acquisition and Disposal policy, and the committee provided feedback, which will be incorporated into a final policy that will be brought back to the Board for approval.
- IM/IT Update – each meeting the committee reviews the status of major 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. The committee also reviewed the IM/IT change management processes, which will be incorporated into reports coming forward to the committee. There was also a status update on the risks identified in the IS Risk Review completed in November 2005 and the committee is satisfied with the action taken to address concerns, and the on-going work and mitigation strategies that continue to be taken.
- There were two components to the Internal Audit Services Report. The first was the annual review of the Internal Audit Charter as part of best practices. Only minor changes to clearly state the role of Internal Audit Services with respect to being the designated central point of contact to receive reports of alleged misconduct, and to hear formal complaints filed under the Agreement on Internal Trade, or other fair business issues brought to VIHA's attention by government. The second component was the Rolling Three-year Audit Plan for 2007/08 to 2009/10, which was approved by the committee.
- Under the Fair Business policy, which was revised and approved on May 30, 2006, management reports to the Finance & Audit Committee regarding compliance with this policy on a semi-annual basis. The Committee was pleased to see the desired benefits of transparency to the vendor community of VIHA business opportunities, increased internal policy awareness and compliance by staff, and improved documentation of the decision-making process have been achieved.
- Annually, as per the committee's terms of reference, the policy and procedure for approving the CEO's expenses was reviewed. No changes were recommended at this time.

6. Committee of the Whole

Director Godfrey 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:

- The Five Year Strategic Plan, including an update on progress in each of the Strategic Priority areas. Two Strategic Priorities will be added to the plan:

- The first is Health Human Resources, which is the greatest risk to VIHA's ability to carry out our strategic plan.
- The second is Patient Flow. Patient flow bottlenecks create additional pressure and expense for our health care system, as well as negative experiences for our patients.

Plans to address these key problem areas are moving ahead, targets have been met, and good progress is being made on key deliverables. The timeline associated with implementing the Adult Addictions Framework will be extended, as additional resources for implementation are required.

- The Three Year Health Services Plan for 2007/08 to 2009/10, which has been developed within the context of VIHA's Five Year Strategic Plan. The plan was approved and will be submitted to the Ministry of Health for approval.

7. Presentation – Continuing Health Services: End of Life Program

Barbara Korabek, Executive Director, Continuing Health Services and Dr. Marianne McLennan, Director, Seniors' Health, Spiritual and End of Life Care were introduced.

Dr. McLennan gave a presentation on VIHA's End of Life Program Plan for 2007/08. She noted that the program is about supporting family and caregivers, as well as patients, and it begins at the time of diagnosis, until the time of death, and through bereavement. Generally this is a six month period of time, and the focus is on care, not on cure, where staff help patients, families and caregivers through the process – relieving suffering, and providing dignity, choice and compassionate care for any end-stage illness or disease.

Five major goals have been established for the program through to 2011:

- Equitable, timely access
- Coordinated, integrated care
- Consistent palliative standards of service
- New hospice palliative care beds
- Increased options, such as communities of care.

For 2007/08 focus will be on the community base of services, which includes hospice societies, family physicians and home care. Planning for the future involves:

- Consulting with local stakeholders regarding local needs/priorities
- Using Service Planning Principles, e.g.
 - needs drive service response
 - options available closer to home
 - partnering with people and communities
- Implementing local action through partnerships
- Creating synergy in the End of Life Steering Committee

The program will evaluate how they are doing as they progress to ensure they are moving in the right direction, and will work with partners within VIHA, such as Home and Community, Residential and Acute care to ensure the plan aligns with the needs of these programs and services.

Director Petch thanked Dr. McLennan for the excellent presentation.

It was queried as to what best practice was for end of life care – is it in the community or in hospitals?

Dr. McLennan noted that there are mixed opinions on best practice. She is a member of a provincial committee that is working with the Ministry on developing a policy, and there has been some discussion on best practices. The scale of service is important. Usually stand-alone hospices are too expensive to operate. The key is really to focus on pain and symptom management, and to ensure staff have the expertise to provide these services, whether they be in residential care, assisted living, acute care, or a stand alone facility. VIHA will be working on establishing standards of care for all patients, now matter where they are located physically.

8. Presentations

HEU Comox Local Re: Acute Care Delivery on the North Island – Barbara Biley

Barbara Biley thanked the Board for the opportunity to make a presentation today. She noted that she was speaking today as the Chairperson of the Comox Local of the Hospital Employees' Union. This is the local that represents most of the staff at St. Joseph's Hospital, including housekeeping, dietary, maintenance and engineering, purchasing, office staff, health records, booking clerks, diagnostic and imaging clerks, lab technicians, LPNs and long term care aides. These are people who not only work, but many of them also live, in the community. They have children, spouses and parents who all depend on the local hospital. The same situation exists in Campbell River.

Her specific purpose today is to express, in the strongest way possible, that the closing of the two local hospitals and replacement of them with one new regional facility would be a mistake from the perspective of the people of the North Island. The current plan, to build a new hospital on prime timber-growing land, in an area which has no services and is currently accessed from Comox by a road that has a single lane bridge, would do tremendous harm to the natural environment.

During the consultation process the focus was on the preferred option, and most people were not aware that there were other seriously worked out proposals – one from Campbell River Hospital and one from St. Joseph's. These two proposals were consistent with the direction that VIHA set in 2003, following the consultation process conducted by Bernie Jones, to upgrade the two existing hospitals.

Concern was also expressed over the issue of privatization. In England it has been shown that 27% of expenses go to borrowing costs, fees and profit for the private corporations. The increased cost for a P3 will ultimately take away from patient care, could result in a reduction in staff, poor working conditions and an increased push for contracting out services to lower wage costs.

The viable option of upgrading and expanding the existing two hospitals can provide every advantage and more, at a lower cost, as a new regional hospital.

Director Petch thanked Ms. Biley for her presentation. She noted that the two existing hospitals would not close if a new regional hospital were built. In fact, VIHA's plan calls for a \$20 million investment to maintain Campbell River Hospital as a community hospital and a \$5 million investment at St. Joseph's Hospital, which would have a new role in providing primary, residential and palliative care.

Merville Area Residents' and Ratepayers' Association Re: Proposed Regional Hospital Location and Effect on Their Community – John Milne

John Milne thanked the Board for the opportunity to speak today. He noted that he was speaking on behalf of the Merville Area Residents' and Ratepayers' Association, known locally as MARRA, which represents 140 people.

In February a meeting was called to gauge the reactions of MARRA to the announcement of the proposed location for a new hospital at the Dove Creek interchange on the new highway. The feelings of those attending the meeting were unanimous in their opposition to this location.

The main reason for objecting is that it is far from any urban area, in an undeveloped setting where there is no infrastructure to support it. If this location was chosen for a hospital, the expense of providing the necessary services could only be justified if all the surrounding area was also developed in order to spread the cost out. This is the essence of the problem, as it contravenes the Official Community Plan, represents the opposite of Smart Growth and changes the nature of their community.

The Official Community Plan for the area was created after a lengthy process, and it represents the vision of the area's population as to how development should proceed. It is in alignment with the plans for the City of Courtenay and the Village of Cumberland. The Ministry of Environment's website, on Urban Growth or Containment Boundaries states:

“The purpose is to concentrate growth within the boundary and to preserve the rural, agricultural and resource lands outside of that area. This approach also decreases municipal costs, as the need to provide new road, sewer, water and storm drain services is reduced or eliminated.”

Smart Growth BC also supports this same position. Developments such as building a new hospital, far from existing communities, is unsustainable and a poor idea.

This proposal is premature. It could be that in time, maybe in several decades, growth will have moved closer to this area, and such a proposal would be justifiable, but at this time it is not. There are better and cheaper alternatives. MARRA asks VIHA to reconsider this location, and find another alternative.

Director Petch thanked Mr. Milne for his presentation.

9. Questions & Answers

Director Petch noted that there were a number of questions submitted. Written responses had been distributed and will be posted on our website at www.viha.ca.

10. Adjournment

The meeting adjourned at 2:50 pm.