



**BOARD OF DIRECTORS
GENERAL BOARD MEETING
WEDNESDAY, JANUARY 31, 2007
LOUNGE, SOCIAL CENTRE, BEBAN PARK,
2300 BOWEN ROAD, NANAIMO, BC**

Directors Jac Kreut, Chair
Present: Michael Costello
 Ellen Godfrey
 Woody Hayes
 Linda Petch
 Ed Robinson
 Brian Stamp

Staff Howard Waldner
Present: Mike Conroy
 Glen Lowther
 Lynn Stevenson
 Michelle Stewart
 Chris Sullivan
 Janet Shute, Recorder

Regrets: Don Carlow
 Brenda Nunns Shoemaker

1. Call to Order

Chair Kreut called the meeting to order at 2:00 pm and confirmed that a quorum was present. He welcomed the members of the public in attendance and roundtable introductions were made for the benefit of the public.

Chair Kreut noted that this is the last scheduled Board meeting for Directors Hayes and Stamp, as their terms expire on March 21st, and he acknowledged their significant contribution to the Board during their tenure.

The agenda was adopted with one change: The representative from government that was scheduled to speak on the Conversation on Health is unable to attend the meeting so Howard Waldner will speak to that.

The minutes of December 20, 2006 were adopted as circulated.

2. President & CEO`s Report

Howard Waldner gave a presentation on the following key issues:

- Financial/Budget Update – VIHA is on track to balance its \$1.4 billion budget. Within the budget framework VIHA has achieved service increases in a number of areas, including:
 - 14% increase in knee surgeries
 - 8% increase in CT Scans
 - 10% increase in residential care admissions

- 6% increase in residential respite admissions
- 78% increase in Assisted Living units
- 18% increase in home support hours of service
- 9% increase in home support clients served
- Emergency Departments have been very busy during November, December and January. While we traditionally experience seasonal volume increases, other contributing factors include temporary bed closures due to viral outbreaks such as Norwalk, staffing shortages in community care, and the extremely inclement weather, including snow storms and lengthy power outages.
- There are a number of patient flow initiatives underway:
 - Program Response Plans to ensure optimal use of beds on a daily basis
 - Expanding South Island Geriatric Outpatient Clinic
 - Initiating hand washing campaign to reduce patient and staff infections
 - Enhancing rehabilitation for targeted patients at NRGH and RJH
 - Opening HUB Unit at RJH
 - Adding capacity at CDH
- Good Samaritan Canada were the successful proponent for a project in Nanaimo that will see 140 residential care beds and 30 assisted living units constructed. The project is on track and is expected to be complete in 2008.
- NRGH Perinatal Unit – a \$16 million investment in maternity and neonatal services for residents of Central Island, is on track for opening in the late summer.
- Conversation on Health – there are three sessions scheduled for Vancouver Island:
 - February 24th in Nanaimo
 - March 10th in Victoria
 - April 28th in Campbell River

More information can be obtained at www.bcconversationonhealth.ca

The new VIHA Mental Health & Addictions Services website has just been launched and can be found by going to the VIHA website at www.viha.ca.

3. Health Quality Committee

Director Hayes noted that the committee met yesterday, for a regular committee meeting, as well as a luncheon with local physicians.

Highlights from the discussion at the regular committee 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 were the focus of this report. As is the case in jurisdictions across Canada, VIHA continued to face challenges during November and December in many of our emergency departments, particularly Royal Jubilee, Victoria General and Nanaimo Regional General Hospital. Staff continue to implement a number of initiatives to improve patient flow.

- The committee was very pleased to see that the number of joint surgeries for VIHA patients has increased from 2,177 cases in the 2005/06 fiscal year to 2,574 in 2005/06 fiscal year - 18% increase over last year. However, even with this increase, we continue to have long waitlists for these procedures.
- Annual update from the High Intensity and Rehabilitation Services portfolio, which is responsible for emergency, trauma, intensive care, cardiac, neurosciences and rehabilitation services for the residents of VIHA. This portfolio has developed numerous objectives related to quality care and services, and in addition to the provision of services, has focused on injury prevention with the on-going expansion of the PARTY (Prevent Alcohol and Risk-Related Injuries in Youth) program, and active involvement in the Falls Prevention initiative, which screens seniors for risks known to contribute to repeated visits to the emergency department and hospitalization. The portfolio also focuses on health promotion for patients following an acute episode of care and patients with chronic diseases.
- An update on Addictions and Addictions Services in VIHA, including current service gaps, strategic planning and next steps to enhance the delivery of addictions services across the health authority.
- In reviewing performance indicators, which the committee does on a semi-annual basis, VIHA had a seemingly higher rate of post-neonatal deaths amongst aboriginal children than other health authorities, so staff were requested to review the data to determine the etiology of these events and their preventability. None of the deaths reviewed could be considered preventable, but our staff continue to stress the various risk factors associated with Sudden Infant Death syndrome as part of their educational outreach to families with babies.
- The implementation plan for the residential care funding and service delivery model, which has been developed over the past few years, is in the process of being finalized. This new model will ensure the same level of care is provided for residents with similar care requirements, regardless of the client's location or the service provider's organizational affiliation.

At the luncheon with Central Island physicians

The following key issues were raised:

- Effective communication, which is always an issue in any large organization
- Access for CT Scans, MRIs and elective surgery
- Over capacity issues, particularly at Cowichan District Hospital.
- Recruitment of nurses and specialty physicians
- Achieving equity of services across VIHA
- Building tertiary services at NRGH

We also heard some good news, including:

- Development of ambulatory programs
- Development of shared care and best practice partnerships between program areas

- The sharing of clinical practice guidelines across sites (example in trauma care)
- Technology acquisition at NRGH, where a new 64-slice CT Scanner was recently installed, which is the most state-of-the art CT Scanner on the Island.

4. Governance & Human Resources Committee

Director Costello noted that the committee met on Tuesday, January 29th and reviewed the following issues:

- Recruitment Initiatives for Registered Nurses. The nursing shortage is both a provincial and national issue, and VIHA, like other jurisdictions, continues to face challenges in ensuring adequate human resources to meet current and future demand for health care services. VIHA continues to be very competitive at a provincial level and for the past two years has been successful in hiring more nurses than leave. However, we recognize that we must continue to be creative and aggressive in both recruitment and retention efforts to meet current and future demand. To this end there are a number of initiatives underway to attract RNs and increase capacity, such as converting overtime and casual work into full-time work, recruitment of foreign trained nurses and the new graduate and under-graduate employment programs.
- An overview of the mandate of the Health Employers' Association of BC (HEABC), Healthcare Benefit Trust (HBT) and the Occupational Health and Safety Agency for Healthcare in BC (OHSAH), as well as the services utilized by VIHA from each of these three organizations.
- VIHA is very proud to have received Leading Practice Recognition from the Canadian Council on Health Services Accreditation for our Board's Selection and Replacement process.
- The Committee also reviewed the Board Governance Manual, which it does on an annual basis, and reviewed the Board Evaluation, which was completed in December 2006, and identified next steps for improvement. The Board Evaluation tool is available on our website for reference by anyone interested.
- As Chair Kreut mentioned earlier, the Board is losing two members, and the recruitment process for new Directors is underway. The Board would like to express its appreciation to the 65 citizens of Vancouver Island that applied for appointment to the Board.

It was queried how successful VIHA has been in the recruitment of foreign trained nurses.

VIHA has been quite successful, and has received over 50 applications, and 15 of these applicants have already commenced employment with VIHA.

5. Finance & Audit Committee

Director Robinson reported that the committee met on Tuesday, January 30th and reviewed a number of key issues.

- Financial results were reviewed for Period 9, and a copy is included in the package available to the public. There has been considerable media coverage recently regarding the current and future financial status of the health authorities. VIHA is very pleased to report that at the end of Period 9 we had an operating surplus of just over one million dollars, and it is projected that we will finish the fiscal year with a balanced budget.
- Statistical performance comparisons to the same period last year revealed there has been a 6% increase in renal dialysis treatments; an 8% increase in CT Scans and an 18% increase in Home Support Hours.
- The Committee met with our External Auditors, KPMG, to review the Audit Plan for the fiscal year ended March 31, 2007.
- VIHA's Auditor Independence Policy requires that management advise the Finance & Audit Committee of any pre-approved services for which the auditor has been engaged, as well as to annually update the Pre-Approved Services. There were no prohibited non-audit services provided by the auditors, and no changes were required to the List of Pre-Approved Services.
- Twice each year the Committee meets with just the Director of Internal Audit to discuss any issues. The Director of Internal Audit Services indicated she has the full cooperation of management, and a good working relationship with the external auditors and other agencies.
- An overview of how working capital is managed in VIHA.
- VIHA's investment policy and the current status of VIHA's investment portfolio was reviewed. This policy was revised in July 2006 and staff are in the process of completing implementation of the revised policy and strategy.
- 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.
- 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 improvement in VIHA's purchasing practices resulting from the new policy, and subsequent procedures, but there continues to be some transitional issues that need to be addressed before full compliance can be achieved.
- VIHA, and all the health authorities in the province, received notification about next years' allocation from the Ministries of Health and Finance last week (\$1.219 billion, a 6.1% increase). We are in the process of examining what this budget announcement means for VIHA programs and services, and staff will proceed with developing the 2007/08 Budget. The Budget and the Health Services Plan for 2007/08 to 2009/10 will be reviewed by the Board at the end of March, prior to submission to the Ministry of Health for approval.

Director Robinson was asked to talk generally about what is included in the audit plan.

The Audit Plan is a standard document that provides information on audit deliverables, processes and approvals during the fiscal year-end audit.

It was queried what VIHA's position was in respect to its working capital.

Director Robinson advised that working capital is a measure of an organization's liquidity – its current assets and current liability. VIHA has current assets of approximately \$100 million to \$130 million. The committee is satisfied with the working capital for the organization.

6. Committee of the Whole

Director Petch noted that the committee met this morning and faced a difficult decision with respect to the proposed sale of a riparian strip of land adjacent to the Chemainus Health Care Centre. As a Board, our top priority when faced with any major decision is to consider first and foremost, the impact on the patients and clients who rely on us for care.

That being said, the Board recognized the strong feelings, both for and against, the proposed marina project. In fact, over the past few months the Board has worked diligently to gather information about this project and its potential impact on the community.

Over the course of this work it became clear that the construction and proposed development would have a significant negative impact on the fragile and vulnerable clients who call Chemainus Health Care Centre home. So, after lengthy discussion, and after consideration of concerns about noise both during and after construction, the Board has decided it will not engage in the sale of this property as long as Pine Street remains the principle access for the development.

7. Presentation - Emergency Department Electronic Health Record System

Dr. Stephen Wheeler, Medical Director, Emergency and Trauma Services for VIHA was introduced and he gave a presentation on FirstNet, the Emergency Department Electronic Health Record System. This system allows for physician order entry, clinical documentation, decision support, discharge instructions and automatic notification of family physicians. The system is in the process of being rolled out across the Island.

Dr. Wheeler was thanked for the great work he is doing for VIHA in Emergency and Trauma care.

8. Presentations

Nanaimo Mental Health & Addictions Advisory Council Re: VIHA Smoking Ban

Mr. Ron Plecas expressed his appreciation to the Board for the opportunity to make a presentation. He represents the Nanaimo Mental Health & Addictions Advisory Council, which is a completely volunteer organization dealing with mental health and addictions issues. The smoking ban policy has been tossed around a great deal. It

seems that for every report advocating some sort of action there is a contradictory report put out by someone else. However, a report by Marianne Farkas, a Director with the World Health Organization Collaborating Centre in Psychiatric Rehabilitation, Boston University, Centre for Psychiatric Rehabilitation, mirrors what he has witnessed among the people who attend the mental health and addictions programs he is involved with - on "self-determination/choice". She states "the program focuses on people's right to make individual decisions or choices about all aspects of their own recovery process, including areas such as the desired goals and outcomes, preferred services used to achieve the outcomes". She later quotes a research paper advising "that coercion has the effect of diminishing, rather than strengthening the self". Since strengthening is such an essential element of the recovery process, elements that diminish the self, such as coercion, are incompatible with recovery. VIHA's mental health programs do practice self-determination and choice. There are many questions that need to be answered in terms of how recovery programs run by VIHA equate to a cold turkey approach to tobacco when a person enters a psychiatric ward and what the follow-up will be once the patient leaves the hospital.

The Council is not against the implementation of a smoking ban, he is asking VIHA to work with them on this issue, so that all the components can be addressed appropriately.

Chair Kreut thanked Mr. Plecas for his very heartfelt presentation. He noted that smoking policies have been a significant issue in BC and VIHA for some time and he asked Howard Waldner to give an update.

Mr. Waldner noted that VIHA is currently developing a policy and plan for how this will impact our sites. Dr. Richard Stanwick is the leader on this matter for VIHA, and Mr. Waldner will be asking him to work with the Nanaimo Mental Health & Addictions Advisory Council.

Ladysmith Community Health Advisory Committee

Ms. Jan Christenson thanked the Board for the opportunity to make this important presentation. The current Community Health Advisory Committee arose from the Mayor's Task Force on Health. There have been many changes in Ladysmith health services over the last 20 years, and the Ladysmith Hospital conversion to Primary Health Centre was incorporated into VIHA's Strategic Plan and the Ladysmith Health Services functional plan.

In accordance with VIHA's Strategic Plan and recommendations from staff, Mental Health and Addictions Services were located in Ladysmith beginning in early 2006. Physicians began to trust and use the reliable and consistent service, and although an average full-time caseload is approximately 40 clients, the employee providing services in Ladysmith was carrying up to 200 clients on a part-time basis. This service meant reduced costs for providing emergency and acute care to these clients in Nanaimo and Duncan, but the service ended on December 31, 2006.

Mental Health and Addictions Services must be accessible to clients in the appropriate place, at the appropriate time, by the appropriate provider. This means in Ladysmith, not in Duncan and Nanaimo, to which there is no public transportation, and even if there was, many people in this client group would be in no position to use it.

In correspondence from Alan Campbell, Regional Director, Mental Health and Addictions Services, he indicates that no funding is available at this time for this position. The Community Health Advisory Committee does not feel that new funding is required, merely the reallocation of existing resources to Ladysmith, so that these services can be delivered locally.

One of the principles in VIHA's strategic plan is "plan regionally, deliver locally" and VIHA's vision statement is "healthy people, healthy island communities, seamless service". The Board was urged to follow their own plan and return these services to Ladysmith.

Chair Kreut thanked Ms. Christenson for her presentation. He noted that Mental Health and Addictions Services continues to be a challenge in VIHA.

Mr. Waldner advised that he would look into this matter and would get back to her.

9. Questions & Answers

Chair Kreut 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 3:15 pm.