



**BOARD OF DIRECTORS
GENERAL BOARD MEETING
WEDNESDAY, NOVEMBER 26, 2008
SOOKE COMMUNITY HALL
2037 SHIELDS ROAD, SOOKE, BC**

Directors Jac Kreut, Chair
Present: Don Carlow
 Michael Costello
 Shelley Garside
 Ellen Godfrey
 Brenda Nunns Shoemaker
 Ed Robinson
 Vern Slaney

Staff Howard Waldner
Present: Mike Conroy
 Owen Heisler
 Lynn Stevenson
 Georgina MacDonald
 Suzanne Germain
 Janet Shute, Recorder

Regrets: Hans van de Sande

1. Call to Order

Chair Kreut called the meeting to order at 3:00 pm and confirmed that a quorum was present. He welcomed the members of the public in attendance and roundtable introductions were made.

The agenda was adopted as circulated.

The minutes of July 30, 2008 were adopted as circulated.

2. Health Quality Committee

Director Nunns Shoemaker advised that the committee met on Monday evening with the physicians from Sooke, and had the regular committee meeting on Tuesday morning. The following are some of the key items that were discussed at the committee meeting:

- The Board has a standing agenda item to review, via the Health Quality Committee Report, issues impacting VIHA's ability to provide accessible, timely, safe, and high-quality healthcare services. The report also highlights successes and improvements in health delivery in VIHA. The November report included:
 - Potential shortfalls with respect to achieving expected numbers of hip replacement, knee replacement, and open-heart surgeries for this year. These potential shortfalls are due to staffing availability, the medical leave of an orthopaedic surgeon, and beds.

- Challenges with respect to patient flow, which have resulted in surgical postponements at some hospitals. We always regret having to postpone surgeries, and when this occurs, it is done as a last resort, and the surgery is rescheduled as quickly as possible. This is a reality not only for VIHA, but for facilities across Canada. In response to this challenge, some additional “winter capacity” beds will be opened in community and acute sites.
 - An overview of the review process being undertaken at Nanaimo Regional General Hospital regarding the recent *Clostridium difficile* outbreak. Recommendations from the review are expected to be presented to the Board early in 2009.
 - The highly positive early results from the Emergency Department “Streaming” project at Nanaimo Regional General Hospital, which has seen patient wait times in Emergency decrease by approximately 50%.
 - A description of the additional funding that VIHA has been awarded, which will allow us to engage in further cardiac rehabilitation, heart function, and smoking cessation activities.
 - In connection with events in Eastern Canada, additional information was provided regarding quality assurance in surgical pathology in VIHA. We are pleased to note that VIHA is currently meeting or exceeding national standards with respect to quality standards for pathology services.
- An update on the Mental Health and Addictions Services Plan was provided to the Board, which outlines activities and achievements since the initial Plan was developed in 2005.
- Significant progress has been achieved in several key areas, including care system redesign, primary health care for mental health, rural/remote and Aboriginal mental health, homelessness, and clinical information and service planning. Many examples were provided of the important initiatives that are in place and underway in these and other areas within Mental Health and Addictions Services.
 - Despite ongoing work to improve mental health and addictions services across VIHA, challenges do exist. These include competing priorities and finite fiscal resources, delays in direction for the Riverview Redevelopment Project, community concerns about supporting people with mental health and addictions issues in urban areas, and delays in the development of a provincial 10-Year Mental Health and Substance Use Plan, which is needed to guide further planning within VIHA.
- The semi-annual report from the VIHA Quality, Research, and Patient Safety portfolio was also presented. This report outlined VIHA’s recent and ongoing activities related to quality assurance and process improvement, infection prevention and control, system quality and patient safety, information access and privacy, client relations, and clinical ethics. Examples of work that is ongoing in these areas includes:
- Promoting hand hygiene through hand sanitizer kiosks, staff education, and other activities.
 - Surveillance related to infection prevention and control.
 - Management of outbreaks in hospitals.

- The launch of a new Incident Reporting process in April 2008, which identifies and manages incidents in order to improve healthcare safety.
- Creation of a Personal Information Bank Directory to better manage the personal information that is collected from VIHA patients, clients, and residents.
- Building VIHA's capacity to participate in healthcare research activities.
- Monitoring VIHA performance across quality and patient safety indicators, such as hospital standardized mortality rates, hospital-acquired infection rates, inpatient hip fracture rates, and incident reports related to medication administration errors.
- The annual report from the Emergency Management program was also presented. This report outlined the work of this program, which supports timely, effective, and comprehensive response to any health emergencies and/or disasters. The program is currently implementing nine strategic priorities across the organization, such as Pandemic Influenza, Hazardous Substance/Decontamination, Business Continuity Planning and Education and Training.
- The Board was also provided information about:
 - The current status of key performance indicators for the Health Authority, which form the basis for monitoring VIHA's progress towards meeting government and Board expectations for the year.
 - The systems and processes that are in place to ensure that the needs of people living in residential care facilities within VIHA are being met, and the triggers that lead to further review of these facilities by both Licensing and by the Health Authority.
 - An update on Caesarean section rates across VIHA. Rates in VIHA and BC were previously well above the Canadian average. However, focused actions at the provincial and VIHA level have resulted in VIHA's rate dropping to 27.4%--only slightly higher than the Canadian rate of 26.3%, and there continues to be work that will hopefully see this rate decrease further.
 - An overview of the recent Office of the Auditor General's report on Access Surgical Services in the Interior Health Authority, and how VIHA is doing with respect to the recommendations contained therein

3. Governance & Human Resources Committee

Director Costello noted that the committee met on Monday, November 24th.

- We received an update on the People Plan. Following both internal and external consultation processes the key strategies have been revised. There are a number of initiatives to support each of the six core strategies, and the committee received an overview on progress made over the past several months.
- One of the six core strategies in the People Plan is the Care Delivery Model Redesign. This is a redesign of how, and by whom, care is delivered to patients, and is key to ensuring we have sufficient staff doing the right kind of work. In July the committee heard about the data generated from a detailed and thorough analysis of some specific units at several VIHA sites. The update this week showed simulation modeling of patient and work flow, which will help us develop

viable solutions for future health care delivery. The Board and management are very excited about this initiative, and the benefits it can bring to improved patient care quality, increased productivity, optimized roles for staff, as well as cost avoidance.

- The committee reviewed the semi-annual performance indicators related to work life. Areas requiring on-going improvement include overtime, days paid per injury claim, long term disability and staff influenza immunization rates. The committee was pleased to see the trends for sick time, staff injury rate, and difficult to fill rates continuing to improve.
- WorkSafe BC issues are specifically reviewed on a semi-annual basis, and the committee received an overview of current and emerging WorkSafe BC issues and the on-going action and strategies associated with addressing these issues.
- The committee also received an update on the Patient Care Quality Review Boards, which were established by the Minister of Health on October 21, 2008 for all health authorities in the province. The Patient Care Quality Review Boards report directly to the Minister of Health Services, and the VIHA Patient Care Quality Review Board also has a direct reporting relationship with the VIHA Board

4. Finance & Audit Committee

Director Robinson advised that the committee met on Tuesday afternoon and reviewed the following items.

- The financial results for period 7. There is a slight deficit at the end of period 7. Management is working hard to achieve a balanced position at year-end.
- The committee met with our External Auditors, the Office of the Auditor General, to review the proposed Audit Plan for the year ending March 31, 2009. There were no significant issues identified in the proposed plan, which was approved by the Finance & Audit Committee.
- The committee reviewed a number of items with the Director of Internal Audit Services. These included a project status report, a high level overview of four completed projects, terms of reference for one of the audit projects and the semi-annual report on Formal Fair Business Practice Complaints. The committee was pleased to learn that no formal complaints were received during the period April 1st to October 31, 2008.
- The committee also meets twice per year 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.
- Twice each year the committee looks at a broad set of performance indicators. The committee was satisfied with the overall performance and management will be monitoring the two areas that are slightly outside of the acceptable range.
- Each meeting the committee reviews the status of major capital projects. VIHA currently has two major capital projects underway, the Emergency Department Redevelopment at Victoria General Hospital and the new Patient Care Centre at Royal Jubilee Hospital. Both projects are currently on-time and on-budget.

- 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.

5. Committee of the Whole

Director Carlow noted 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 met this morning.

- We discussed the North Island Regional Hospital issue. Since the VIHA Board recommended a single Regional Hospital for the North Island in 2006, it has become increasingly clear that this option does not have the community support or the Regional Hospital District funding it would need to come to fruition. As a result, over the past few months VIHA has held further discussions with physicians, staff, municipal officials and other stakeholders to determine what the next steps and options might be around acute care service delivery on the North Island. The feedback staff received was discussed, and the Board has asked staff for some additional information and data. Staff will be gathering this information over the coming weeks, and once we have this information, and the Board signs off on it, VIHA will be discussing the concept with our primary funder, the Provincial Government.

Any proposed service delivery model, whether it is a single Regional Hospital, two separate hospitals, or some combination of the two, will have significant capital and operating cost implications, and we need to ensure there is understanding and support for this among the funding bodies. When we have more concrete information, we are committed to sharing this with our stakeholders and the local community. We anticipate moving forward on this matter early in 2009.

- As occurred at the other meetings, this committee reviewed performance indicators related to health promotion and self-sufficiency. The Board is pleased to see a decrease in tobacco use rates for people aged 15 and over across the Island, and that we continue to maintain a self-sufficiency rate of just over 95%. This means that less than 5% of all medical treatment is provided outside of VIHA, and we are the most self-sufficient health authority in the province.
- In October 2008 VIHA participated in a site visit by Accreditation Canada as part of a rolling three-year survey process to evaluate the quality of the organization's services by assessing them against nationally accepted standards. We heard a high-level overview of several of the successes and some of the challenges identified during the site visit, and VIHA is expecting the written report early in 2009.

6. Presentation

Dr. Richard Crow, Executive Medical Director, Continuing Health Services & Victoria Power, Director, Primary Health Care & Chronic Disease Management were welcomed to the meeting.

Realizing Possibilities Through Partnership – Primary Health Care in Sooke

Dr. Crow noted that a specific definition for Primary Health Care was developed in VIHA, and this has now been adopted provincially. Primary Health Care is defined as the range of supports and services individuals and communities receive on a regular, on-going basis, in order to stay healthy, get better, manage on-going illness or disease, and cope with end of life.

VIHA has partnered with the local physicians in Sooke, as well as many community organizations, including the District of Sooke and the Sooke Elder Care Housing Society.

Victoria Power noted that an integrated health network is a set of resources formally linked around the partnership of complex, high-needs patients, their family doctors and their practice teams. There are currently 25 integrated health networks in BC, including 7 in VIHA, of which one is Sooke. The practice teams include nurses, dietitians, office assistants and social workers, working together in dedicated community space, with formal linkages to other community services.

Chair Kreut thanked Dr. Crow and Ms. Power for the informative presentation.

Chair Kreut noted that there are four public presentations scheduled for today.

Sooke Region Community Health Initiative – Marlene Barry

Ms. Marlene Barry, Chair of the Sooke Regional Community Health Initiative (CHI) and Community Coordinator for the Sooke Integrated Health Network, was introduced and welcomed.

Ms. Barry noted that if we get together to learn more about each other as individuals and organizations, this better understanding of strengths and limitations will benefit everyone in the long term. The VIHA Board is asked to manage limited resources to ensure the provision of sickness care, support prevention and health promotion. As citizens, residents, community members and area service providers, they are able to identify the community priorities, pilot innovative methods of service delivery, and develop methods of communication. With effective community engagement, and support for community processes, we can work together for the betterment of all.

For six years the Community Health Initiative (CHI) has been building bridges and opening doors for communication across the spectrum of the determinants of health in Sooke. Community involvement in the new Integrated Health Network is an

excellent example of a partnership with VIHA that fosters goodwill and enhances community skills development. By supporting the community process we are ensuring that we can work together now, and into the future. Key players feel supported and have a better understanding of the process and possibilities, and this grassroots involvement will result in better use of resources.

Within the rapidly growing and underserved community, we need to be involved in the discussion of priorities and possibilities. Although it is impossible to meet every single need, with enough public input the CHI can identify interests and adjust priorities. Putting more emphasis on health promotion and social infrastructure development will actually reduce overall costs. To this end, members of the CHI invite VIHA to provide seed funding support for a community based Health and Social Development Coordinator, in partnership with the District of Sooke and the Juan de Fuca Electoral area. Three-way sharing of the cost would make this position possible, and support collaboration, connection and open communication between all parties.

On behalf of the CHI, Ms. Barry thanked the VIHA Board for all that they do, for their hard work and dedication to keep our health care system functioning and viable.

Chair Kreut thanked Ms. Barry for her presentation. The Board has been very impressed with the strong community involvement in Sooke. She was requested to contact Mr. Mike Conroy, Chief Operating Officer for VIHA, regarding any future funding that may be available.

Pacific Centre Family Services Association – Mitzi Dean

Mitzi Dean, Executive Director for Pacific Centre Family Services Association, thanked the Board for the opportunity to speak to them today. The Association exists to enhance and promote the quality and dignity of life for individuals, families and groups within the community. They encourage healthy patterns of living and strive to enrich the quality of life of the community. Pacific Centre Family Services Association has been delivering high quality child, youth, adult and family based services since 1968 and provide a range of services across the Capital Regional District, including Victoria, Colwood, Langford and Sooke.

Pacific Centre Family Services Association is a member of the Sooke Integrated Health Network and the Community Health Initiative, and is acutely aware of the needs and priorities in the Sooke Region, particularly mental health and addictions services, and the impact of the transportation system and local needs.

Pacific Centre Family Services Association's Alcohol and Other Drugs Program (OAD) provides services to referred adults, including assessment, individual and group counseling, and follow-up services, to not only prevent relapse, but to promote recovery. There has been a substantial increase in the use of the OAD program in the Sooke community from 25% to 32%.

A major gap in the mental health and addictions continuum of services accessible to Sooke residents has been identified – that of home and community based withdrawal management services and support. A proposal has been submitted for a community based withdrawal management service tailored to the Sooke community, but unfortunately, there is no funding available and attempts to secure funds from local foundations have not been successful to date. They continue to explore options for funding to enable them to address this gap in service.

Chair Kreut thanked Ms. Dean for her presentation. The Pacific Centre Family Services Association is doing some excellent work, and VIHA truly appreciates this. He noted that VIHA itself has funding challenges, so can make no commitment, but Mike Conroy, Chief Operating Officer, will take this information back and determine if there is anything that VIHA can do at this time.

Sooke Mental Health & Addictions Navigator Service – Nicky Logins

Nicky Logins, Executive Director for the Sooke Family Resource Society, thanked the Board for the opportunity to present today.

The Sooke Mental Health and Addictions Navigator Service started as a two year pilot project from June 2005 to June 2007, and then obtained an additional funding grant until 2009. The Navigator Service has been more successful than anticipated, and is a highly valued community mental health services. There are both Adult and Youth Navigator Services, and usage is similar.

- 40% of clients are referred by physicians – this indicates a strong reliance by the local doctors to help their patients navigate the system
- 70% of clients have mental health issues
- 17% of clients have drug and/or alcohol issues
- 13% of clients have dual diagnosis – both mental health and addiction issues

The service delivery model is designed to best meet the needs of the local community, providing easy access and flexibility. They provide thorough, comprehensive, strengths based assessments to minimize the likelihood of inappropriate or untimely referrals, and follow-up to ensure clients connect with the services, and if necessary, re-engage to find other or more appropriate services.

Over the past three years the Mental Health and Addictions Navigator program has evolved into an essential service in the Sooke community. Local physicians, social workers, victim services volunteers, police officers, public health nurses, teachers and other professionals count on the Navigators to support individuals in crisis. The Navigator service is a highly cost effective way to provide an assessment and referral service that meets clients where they are at, supports them through finding what they need, and ensures they have the best available and appropriate help. Funding for the Youth Navigator Service is in place until March 2009 and for the Adult Navigator until May 2009. The Board is urged to please build on this investment and provide on-going funding for this much needed and valued service.

Chair Kreut noted that the VIHA Board is very impressed with the Mental Health & Addictions Navigator Services, and Dr. Anderson and the other local Sooke physicians also made a plea to the Board for this service consideration. Management will certainly take this into consideration as we undertake the 2009/10 budget process.

Sooke & Electoral Area Parks & Recreation Commission – Lorraine Brewster

Lorraine Brewster, Program Service Manager for Sooke & Electoral Area Parks and Recreation Commission, thanked the Board for the opportunity to give a presentation today. Parks and Recreation provides programs and services for all ages for the District of Sooke and the Juan de Fuca Electoral area. Their core business is to implement recreation programs that contribute to the health and wellness of the community. They value a quality of life that creates personal and community wellness and health. They also value relationships and outcomes, which are made possible when working together with volunteers, staff, community organizations and other quality of life providers. This allows them to establish partnerships and work in collaboration towards a common goal – a healthy community.

Some examples of partnerships and programs include:

- Working in partnership with the Sooke Region Community Health Initiative – people identified by their family physician are given a one month pass and work with qualified staff at the centre to identify programs and services that they can participate in, such as water aerobics, walking groups, etc. Staff follow-up with phone calls and encouragement for individuals to take advantage of their pass.
- ActNow BC was recently launched and individuals identified by their physician receive five free admissions to any recreation centre in the Greater Victoria area, access to a free fitness orientation, free pedometer, and registration in a free nutrition seminar.
- Working in partnership with School District #62, and with funding through a grant from UBCM Community Health Promotion Fund, a need was identified for First Nation students from Port Renfrew to be involved in after school physical activities. A program was developed following consultation and support from the Chief, and subsequent consultation with the students.

There is an Old African Proverb – “If you want to go quickly go alone. If you want to go far, go together.” It is a collaboration of all partners in the community working together that helps create a health community.

Chair Kreut thanked Ms. Brewster for her presentation. He noted that a common thread from all of the presenters today was the importance of working together and partnerships. It is clear that the Sooke community has a strong network and very successful partnerships in place, and VIHA is pleased to be one of these partners.

7. President & CEO's Report

Mike Conroy, Executive Vice President & Chief Operating Officer, gave a presentation on behalf of Howard Waldner, who was unable to attend this meeting.

Mike also noted that VIHA enjoys a positive relationship with several organizations in Sooke, and it is very encouraging to hear the presentations today, and the focus on health promotion and prevention. He also acknowledged Mayor Janet Evans, who was recently re-elected, and noted that VIHA looks forward to continuing to work with her and the new Council on moving health care services forward in Sooke.

- Integrated Health Networks have been established in seven communities in VIHA, with outreach to five additional communities to support physicians and their patients living with chronic diseases.
- Ayre Manor Lodge is an \$18 million campus of care that opened in August 2008. It provides 32 residential care beds and 25 assisted living units and is a true community partnership. VIHA provides up to \$2 million in annual funding for residential care and \$148,000 for assisted living, as well as up to \$350,000 for personal care services. VIHA would like to formally acknowledge the dedication and efforts of the Sooke Elderly Citizens' Society for their hard work in bringing this project to fruition.
- Selkirk Place in Victoria is nearing completion and is expected to begin accepting clients on December 8th. There are 185 publicly funded residential care beds and 25 publicly funded assisted living units at this new, state of the art, purpose built facility, which allows for aging in place.
- Selkirk Place and Ayre Manor are part of an expansion of residential care and assisted living across the island, which will see over 700 net new beds and spaces.
- The new Royal Jubilee Patient Care Centre project is on track and on budget for completion in late 2010, with occupancy for patients to following in 2011. This will serve residents of Vancouver Island, particularly those in the South Island, for generations to come.
- The Victoria General Hospital Emergency Department project is underway, with completion expected in the fall of 2009. The new Emergency Department is triple the size of the current one and will provide a first class working environment for physicians and staff, and has a patient friendly design that provides increased privacy.
- This week VIHA is launching a new Surgery Website, which provides one stop access to information about preparing for, under-going, and recovering from, surgery, what to bring to the hospital, what not to bring, details about anesthesia, the hospital stay, and preparing to go home.
- On a final note - our flu campaign is in full swing and we want to remind everyone to get his or her flu shot before it's too late.

8. Questions & Answers

Responses to questions that were submitted in advance of the meeting have been provided in the agenda package, and will be posted on our website.

9. Adjournment

Chair Kreut adjourned the meeting at 4:30 pm