



**BOARD OF DIRECTORS
GENERAL BOARD MEETING
WEDNESDAY, MAY 31, 2006
AUDITORIUM, QUEEN ALEXANDRA CENTRE
2400 ARBUTUS ROAD, VICTORIA, BC.**

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

Staff Present: Howard Waldner
Mike Conroy
Glen Lowther
Joe Murphy
Michelle Stewart
Lynn Stevenson
Bill Boomer
Ann Bozoian
Stephanie Joyce
Monique Hebert
Janet Shute, Recorder

1. Call to Order

Chair Kreut called the meeting to order at 1:30 pm and confirmed that a quorum was present. He welcomed the members of the public in attendance and introduced and welcomed Michael Costello, who recently joined the VIHA Board.

The agenda was adopted as circulated.

The minutes of March 29, 2006 were adopted as circulated.

2. President & CEO's Report

Howard Waldner noted that he would like to take this opportunity to provide a summary of the work that has been done over the past fiscal year.

- There has been an increase in clinical volumes:
 - OR surgeries up 4%
 - knee surgeries up 32%;
 - MRI exams up 12%
 - CT scans up 11%
 - Home health nursing admissions up 11%
 - Home health rehab admissions up 10%
 - Breast ultrasounds up 34%
- Alternate Level of Care (ALC) – rate is down 11%

- On a typical day in VIHA in 2006:
 - 16 babies are born
 - 190 people are admitted to acute care
 - 735 people visit our Emergency Departments
 - 173 surgeries are performed
 - 2.6 hip surgeries are performed
 - 5 angioplasties are performed
 - 43 mammography screens are done
- VIHA's budget for 2004/05 was \$1.4 billion, and the budget was essentially balanced, with the year-end spending at 0.013% below budget, which amounts to a \$1 million surplus. This is a remarkable achievement given the complexity and size of the budget.
- Residential Care & Assisted Living Request for Proposals (RFP) Update:
 - VIHA issued a request for proposals (RFP) in December 2005 for 1,230 new and replacement beds and spaces across the Island by 2010.
 - The RFP closed March 31, 2006 and over 50 responses were received
 - The evaluation process and short list development is underway, following which contracts will be signed so projects can commence over the summer. It is expected that the majority of residential care beds and assisted living units will be opened in 2008, with the balance opening by 2010.
- The Strategic Plan was recently finalized and is now available on our website at www.viha.ca. This plan supports integration and coordination of health care services VIHA-wide and includes significant additional residential care, assisted living and mental health and addictions capacity. The detailed summary is available on the last page of the Strategic Plan.
- One of the key components of the Strategic Plan is North Island Hospital Services, and for the past six months VIHA has been engaged in a very active dialogue with clinical providers and key stakeholders. A further round of community consultation is planned for June.

3. Health Quality Committee

Director Carlow gave an overview of the issues discussed at the two meetings held yesterday.

- System capacity issues – patient flow is a priority for the committee. The number of alternate level of care patients in acute care beds has decreased, and there are some decreasing lengths of stay in hospital. There are still some challenges with over-crowding in the Emergency Departments, but staff have recently implemented (Janet: Just trying to avoid media questions or requests to actually see these) protocols in an effort to further improve this situation. Fifteen Emergency Departments across the province are collaborating in the provincial Action Now initiative to develop shared solutions and improvements to the functioning of the Emergency Departments with additional one-time funding from the Ministry of Health. A request for proposals has been issued to look at the feasibility of outsourcing some day surgery in order to increase OR capacity for VIHA.

- Performance indicators are reviewed on a semi-annual basis, and the committee was pleased to see the development and significant improvement in a number of areas. There are still challenges, but these areas are being addressed.
- Received a presentation on Pharmacy, Diagnostic and Surgical Services.
- Received a quarterly update on Quality and Patient Safety, and provided input into a draft policy being developed on the reporting of adverse events.
- Received an update on the developing process underway regarding critical care transport and interim solutions that have been developed to improve access in cooperation with BC Ambulance Services.
- Received an update on the Cook Review. The family has been very supportive and forgiving and feels positive that the review conducted following this tragic incident will contribute to improved patient care.
- Reviewed the terms of reference and annual planning calendar for the committee.
- Ten members of the medical staff attended a luncheon meeting and discussed a wide variety of topics/initiatives and a few issues. It was a very positive meeting, and the positive response to the greater involvement of physicians as a result of the new organizational model is very clear.

It was queried how VIHA ensures quality if some day care surgery is outsourced.

Director Carlow noted that quality will be addressed through the nature of the contract with those providers. Key deliverables on quality, such as complication rates, will be reviewed by the medical staff organization within VIHA to ensure acceptable standards are being met.

Director Nunns Shoemaker noted Director Carlow was the founding Chair of the Health Quality Committee and he has been ably chairing the committee for the past four years. Tomorrow Director Carlow he is stepping down as Chair of the committee, and she acknowledged the significant impact he has made by furthering the health quality agenda for VIHA.

4. Governance & Human Resources Committee

Director Stamp reported that in January of this year the Board asked management to develop a whistle blowing policy. The Governance & HR Committee reviewed the draft policy, which is before the Board, and is recommending approval of the policy with the following minor changes:

- Under 4.1 the third bullet should be changed to read "Reports involving the President & CEO or Board members should be made to the Board Chair."
- Under 4.1 the fourth bullet should be changed to read "Reports involving the Board Chair should be made to the Minister of Health."
- Under Item 4.2 the third bullet should read "All concerns relating to corporate accounting practices, internal controls or auditing shall be reported to the Chair of the Finance & Audit Committee of the Board."

It was MOVED, SECONDED and CARRIED THAT the Whistle Blowing policy be approved as amended.

5. Finance & Audit Committee

Director Robinson noted that the committee met yesterday and he reviewed the following activities of the committee:

- The committee spent the majority of its time reviewing the Consolidated Audited Financial Statements for the year-ended March 31, 2006. Attending the meeting were three representatives from KPMG, our external auditors, as well as a representative from the Office of the Auditor General. KPMG confirmed their independence from VIHA, and indicated that they received full cooperation from management throughout the audit process.

It was MOVED, SECONDED and CARRIED THAT the Consolidated Audited Financial Statements for the year ended March 31, 2006 be approved as presented.

- The committee had a session with the external auditors without management present, and then a session with management without the auditors present. Both parties confirmed that the audit process went well and there were no concerns.
- The committee also reviewed a letter and attachments from KPMG to the Chief Financial Officer. There was one observation regarding a control weakness and management is acting on that area. Seven internal control observations were made in the pervious year and six have been actioned, and one has had action taken, but is not yet fully implemented.

On behalf of the Finance & Audit Committee, Director Robinson extended his appreciation to Howard Waldner, Bill Boomer and the entire finance team on the outstanding job during the past fiscal year.

- The committee received the annual update from Internal Audit Services, summarizing the overall conclusions of the audits performed. The committee is satisfied that where that in the areas where Internal Audit Services work was performed there are good controls in place, or that appropriate action is being taken to address any areas of concern.
- The committee received an update on the 2006/07 budget management plan, which was approved by the Board on April 5, 2006 and submitted to the Ministry. Management is currently reviewing details of the plan with the Ministry, but to date no significant issues or concerns have been identified.
- The committee reviewed a number of performance indicators, and all but one indicated performance was within an acceptable range.
- The status of major IM/IT projects was reviewed. There are currently 14 major projects, totaling \$14.5m, underway. Overall performance is good.
- VIHA's Fair Business Practice policy and vendor complaint process was reviewed and approved. This document is to be posted on the VIHA website. This is now posted.

Director Robinson was asked to explain the nature of the internal control weakness that was identified during the external audit. He noted that the area of concern was in regard to asset purchases in Central Island and how they are amortized. The software used in Central Island assigned a full year of amortization no matter when an item was purchased, and in some cases this should have only been a partial year. This is a software problem, and management will ensure accurate recording in the future.

It was queried what areas Internal Audit Services identified as the greatest risk for VIHA, other than clinical and health services.

Director Robinson noted that IT is one area of risk. A number of recommendations were made about a year ago, and while implementation is in progress, it does take some time, therefore there continues to be risk until all concerns can be addressed. The other area of risk is change management. As systems and the way staff do their jobs changes, the impact on staff and the ability of the organization to cope with significant change is a risk that needs to be managed appropriately.

6. Committee of the Whole

Director Hayes noted that the Committee of the Whole met this morning and received an update on Accreditation. The last survey was conducted in October 2005 and we expect the final report to be received shortly. A number of performance indicators were also reviewed, and it was great to see that VIHA 95.8% self sufficient in providing all of the health care services required to VIHA residents. The committee also reviewed the preliminary results on achieving the targets in the 2005/06 Performance Agreement, and VIHA expects to achieve 78% of the targets for the past fiscal year, up from 75% last year. The committee also looked at opportunities for improving engagement with the public, with a goal of enhancing the communication efforts of the Board and senior management. Changes include opportunities for key stakeholder engagement, as well as adding a one hour open house following each General Board meeting.

7. Breast Cancer Care

Mr. Bob Clark, Executive Director and Dr. Con Rusnak, Executive Medical Director, for VIHA's Pharmacy, Diagnostic and Surgical Services were introduced. Dr. Rusnak is also the Provincial Chair for Breast Oncology.

Mr. Clark noted that one in nine women ends up with breast cancer, and risk of breast cancer increases with age. This is the most common cancer in women in BC. Digital mammography has now been added at Victoria General Hospital and processes have been streamlined to ensure the target wait time of 14 days for urgent diagnostic mammography is achieved 90% of the time, despite a 20% increase in volume.

It is important to note that screening mammography is self referred and funded by the Screening Mammography Program of BC. Diagnostic mammography is physician referred, symptomatic and funded by VIHA. Survival rates after a diagnosis of breast cancer largely depends on the extent of the disease at diagnosis. If breast cancer is diagnosed at stage one the survival rate after 10 years is 95%.

Key components of VIHA's breast care services include:

- Clinical Assessment/Medical Genetics
- Mammography Screening
- Diagnostic Imaging
- Breast Health Centre/Patient Navigators
- Surgical Services
- Tumour Tissue Repository
- Post Surgical Care

It was acknowledged that there are many partners in breast care – with the primary partners being the BC Cancer Agency and the hospital foundations.

Dr. Rusnak was asked what one thing he would do to improve breast care if he could. Dr. Rusnak indicated that education is the one area he would want to improve, so that more women would have a regular screening mammography, which in turn would lead to early diagnosis and treatment, and better survival rates.

Chair Kreut thanked Mr. Clark and Dr. Rusnak for the very informative presentation.

8. Presentations

Chair Kreut noted that it was now time for presentations from the public.

Citizens for Quality Health Care

Re: Plans for Acute Care Services in the North Island – Sy Pederson

Mr. Pederson thanked the Board for the opportunity to present remarks on behalf of the Citizens for Quality Health Care, and for responding to the questions that were submitted in writing. He represents a group of citizens from Comox and Campbell River that would like to see health care preserved and enhanced. They support upgrading both hospitals, and welcome the opportunity for further consultation in June. Transportation and accessibility are key issues if a new hospital is built in a neutral location. They also believe there would be increased response time by ambulance attendance due to the distance of the new hospital and higher costs to operate the ambulance vehicles. Smart growth principles and sustainable developments must be priorities. Cost should also be considered, and the TkMC report indicates that a new hospital is the most expensive option.

Citizens for Quality Health Care will be holding a town hall meeting on Wednesday, June 7th at the Filberg Centre in Courtenay to discuss this issue, and an invitation was extended to the Board to attend.

Chair Kreut thanked Mr. Pederson for his presentation. He indicated that VIHA welcomes the opportunity to have additional dialogue regarding acute care services in June. The Town Hall Meetings and Open Houses in Courtenay and Campbell River are scheduled for June 21st and 22nd. There are lots of opinions, and the VIHA Board and senior management want to hear the different viewpoints, and use this information to help them make the decision on the option that will provide the best possible services in the future for the residents of Comox, Campbell River and the communities in the north part of the Island

Cross Cultural Health & Barriers for Immigrants – Noreen Lerch & Wei Yi Shen

Ms. Lerch and Ms. Shen thanked the Board for the opportunity to speak. They are here today to speak to what they didn't see in the Five Year Strategic Plan. Ethnocultural minorities represent a substantial proportion of our population, and VIHA serves an increasingly diverse population. The current Strategic Plan cites improved health and wellness and quality client-centred care as primary goals. Although specific attention has been given to the increasing needs of our senior and Aboriginal populations, there is no mention of the intent to ensure the health care needs and rights of ethnic minority citizens are met.

A critical component in accessing health care is language. Without language it is impossible to communicate symptoms or understand prevention, treatment and follow-up. In some circumstances, without trained health interpretation, informed diagnosis and consent cannot be attained, hospital stays are longer and chronic health conditions cannot be managed. Some individuals choose to forgo health care rather than struggle to navigate the system without adequate support.

Ms. Shen gave an example of her own personal experience, as well as examples of other immigrants that she knows, and the problems she encountered when accessing health care services.

Ms. Lerch urged the VIHA Board and management to consider the benefits in client and family well-being and the savings to the health care system if VIHA were to develop an integrated multicultural health care program that supports better care, reduced hospital stays and increased community capacity.

Chair Kreut thanked Ms. Lerch and Ms. Shen for their heartfelt presentation.

Victoria-Moriaka Friendship Society – Mr. Bill McCreadie and Mr. Paul Allison

Mr. McCreadie and Mr. Allison indicated they were here today to thank the Board for the vision and foresight to allow the Victoria Moriaka Friendship Society to build the Dr. Inazo Nitobe Garden at Royal Jubilee Hospital and they gave a slide show on

the development and completion of the garden. The gardens have become an important part of patient care and provide a place for patients, families and staff to sit quietly, enjoy the beauty, and reflect. It has also become a tourist site for Japanese visitors, and has been published in Canadian Gardening Magazine, as well as some Japanese gardening magazines.

Chair Kreut thanked Mr. McCreddie and Mr. Allison for the great presentation. On behalf of the organization Chair Kreut extended his appreciation to the Victoria-Moriaka Friendship Society for building a wonderful oasis for patients, families and staff to enjoy.

9. Questions & Answers

Chair Kreut noted that there were a number of questions submitted and the written responses had been distributed at the meeting, and will be posted on our website at www.viha.ca.

10. Adjournment

The meeting adjourned at 3:17 pm.