

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

Staff Present: Howard Waldner  
Glen Lowther  
Mike Conroy  
Joe Murphy  
Richard Stanwick  
Georgina Macdonald  
Lianne Peterson  
Tom Bradfield  
Janet Shute, Recorder

#### 1.0 Call to Order

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

The agenda was adopted as circulated.

The minutes of May 25, 2005 were approved as circulated.

#### 2.0 President & CEO's Report

Mr. Waldner thanked Jeannie Wheeler, Director, Rural Health Services in Mount Waddington, and her staff for the opportunity to tour the facilities in Port Hardy and Port Alice. Staff were commended for their excellent work and encouraged to continue.

Mr. Waldner noted that on Saturday, July 23, 2005 he, along with the Board Chair and two senior staff members, had the opportunity to meet with some of the medical staff, undergraduate and post-graduate students from Mount Waddington, as well as Dr. Oscar Casiro, Associate Dean, UBC and Head, Division of Medical Sciences, UVic, to discuss the training program for this area.

Over the past few days the Board and senior staff also had the opportunity to meet with Stan McLennan, Deputy Mayor for Port Hardy, Andy McKay, Councillor for Port Alice, Gerry Furnie, Mayor of Port McNeill, Bill Shephard, Chair of the Mount Waddington Regional Hospital District, as well as several local physicians.

Mr. Waldner advised that apart from seeing first hand that this is a great part of the world, the Board and senior staff heard about some of the major challenges, particularly around mental health and addictions. We intend to come back and engage in a consultation process with key stakeholders to identify opportunities to improve services.

Chair Kreut also extended thanks, on behalf of the Board, to Jeannie Wheeler for showing the Board the differences between health service delivery in rural and remote communities versus delivery in larger urban communities.

### 3.0 Health Quality Committee

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

#### Meeting with Mount Waddington Physicians and Local Officials

- Four physicians were present, along with Stan McLennan and Bill Shephard.
- The physicians indicated that they are happy to be a part of VIHA and overall are very pleased with the progress being made to improve health services.
- Key issues raised included the high incidence of alcohol and drug use and the need to work in a multi-disciplinary way to deliver health services.

At the regular committee meeting:

- An update was received on key issues raised by the medical staff in May, including plans to improve transcription services, the development of a plan for critical care transport and clarification on areas of responsibility in the new organizational structure.
- An update on system capacity issues and plans to address.
- An update on Food Safety and Quality.
- An update on the Housekeeping Audit Review and VIHA's plans to ensure we meet or exceed the provincial housekeeping standards in the next audit.

### 4.0 Governance & Human Resources Committee

Director Stamp noted that the committee met on Monday evening and reviewed a number of topics.

- Implementation of a Healthy Workplace Management Strategy and System as a tool to sustain a healthy and safe work environment in VIHA. This is a very comprehensive approach with a number of components to the program, and it will be rolled out over the next few months.

- In 2004/05 the Auditor General released a report *"In Sickness and In Health: Healthy Workplaces for BC's Health Care Workers"*. The Board was briefed on the action taken in VIHA to address the issues raised in this report.
- The Celebration of Excellence program was developed to recognize the contributions of employees and physicians by their peers. We anticipated a 3% response rate, but received an overwhelming 10% response for the inaugural launch of this program. Two recognition events will be held in September to honour those nominated.
- The Committee approved the Board meeting schedule for 2006. The Board plans to continue its practice of meeting in various communities around the Island.

#### 5.0 Finance & Audit Committee

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

- The year-to-date Statement of Operations for Period 3 ending June 16, 2005 was reviewed and, while early in the year, we anticipate having a balanced budget at year-end.
- Noteworthy is the increase in surgical activity – knee replacements are up 48% and hip replacements are up 21%.
- Reviewed the management letter from the external auditors, KPMG, and management's response. Management is in agreement with the recommendation and implementation is underway.
- Reviewed the Ministry of Health's response to VIHA's Three Year Health Services Plan. The overall assessment was very positive, with special acknowledgement of VIHA's primary care strategy, progress on mental health and addiction services and approach to improving the health outcomes of Aboriginal people.
- VIHA's Signing Authority and Reimbursement of Travel Expenses policies were reviewed. Minor suggestions for change were recommended, but overall these policies were approved.
- The committee's Terms of Reference and Planning Calendar were reviewed and will be revised and brought forward again in September.

#### 6.0 Committee of the Whole

Director Nunns Shoemaker noted that the Committee of the Whole met this morning for three hours.

- The primary focus of the meeting was on the Draft Five-Year Strategic Plan. Staff have been requested to attend to a few more details, and once that work is complete, the document will be posted on the website for review and input from the public, and an engagement process will be undertaken with key

stakeholders. Once input has been received from key stakeholders and the public the Draft Five Year Strategic Plan will be revised further, and brought forward to the Board for final approval.

- In June the Board participated in a workshop to develop a framework for ethical decision-making. The Board has agreed to have a second workshop in the fall to complete this process.

## 7.0 Aboriginal Health Program

Chair Kreut noted that the Draft Aboriginal Health Plan is an early draft that will be incorporated into the Five-Year Strategic Plan. Today, Tom Bradfield, Director, Aboriginal Health, will provide the Board with an update on the approach and status of current VIHA Aboriginal health initiatives.

Tom thanked the Board for the opportunity to provide an update. He acknowledged the Quatsino, Kwakiutl and Gwa'sala-'Nakwaxda'xw First Nations groups, who are part of the community in Port Hardy. He also acknowledged Jeannie Wheeler, who has been one of the strongest allies in making change happen.

Tom noted that the 33,000 Aboriginal people living in the Vancouver Island Health Authority catchment area represent about 4% of the population served by the Health Authority. As a population, Aboriginal people are more likely to: experience physical and perceptual barriers to accessing services; suffer from chronic diseases; and to die earlier. In 2001, the Provincial Health Officer summed up the quality of life for Aboriginal people as being 20% lower than other British Columbians. The purpose of VIHA's Aboriginal Health Program is to improve Aboriginal health by improving access to services and the appropriateness of health services.

VIHA's Aboriginal Health Program undertakes a shared leadership role in three key areas:

- Developing working relationships with Aboriginal communities
- Promoting an enabling service environment
- Supporting community capacity development

In addition, VIHA's Aboriginal Health Program works to strategically address:

- Chronic conditions (e.g. diabetes and chronic kidney disease)
- The needs of specific populations (e.g. infants and women)
- Acute and persistent illnesses (e.g. mental health and addictions and HIV/AIDS)
- Non-clinical improvements to access and participation (e.g. workforce strategy and research)

Gains in Aboriginal health include:

- Aboriginal Hospital Liaisons – provide support to patients and families, act in a consulting role to other VIHA programs and work towards continuity of services that involve Aboriginal health organizations.
- Primary Care Health Teams – created to bring services directly to difficult to access communities: Pacheedaht Health Team (serving Pacheedaht First Nation/Port Renfrew) and Musgamogw Tsawataineuk Team (serving Gilford Island, Kingcome Inlet and Hopetown) see close collaboration with the community steering committees to connect individuals with basic primary and prevention services.
- Aboriginal Women`s Wellness Initiative – coordinator has lots of community involvement to bring services they identify as being necessary and offers respectful services environment for delivering needed services.
- Aboriginal Diabetes Team – is comprised of a Nutritionist/Dietitian and a Clinical Diabetes Educator. This team recently received two awards from the Canadian Diabetes Association for their work. This program needs to be customized for different communities in order to be effective.

Focus Areas for 2005/06 include:

- Cultural competency training – again, this is different in each location
- Formal evaluation of visiting Primary Care Health Teams – need to develop data that supports the anecdotal response that this program is effective.
- Regional Aboriginal mental health consultant services – mental health and addictions issues are more serious among Aboriginal people and it is hoped to be able to engage a Psychiatrist to act as a Mental Health Consultant in order to improve our response, and the communities response, to Mental Health issues.

Tom noted that a lot of work has been done in the past few years, but there continues to be a lot more work to do. As long as we continue to recognize that individual communities will vary vastly from their neighbours we can move forward.

Chair Kreut thanked Tom for the very informative presentation.

## 8.0 Presentations

Chair Kreut noted that there were no applications for presentations submitted for the July meeting.

## 9.0

Questions & Answers

Chair Kreut noted that there were no questions submitted for the July meeting.

10.0 Adjournment

There being no other business at this time the meeting adjourned at 2:45 pm.

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Janet Shute, Recorder

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Jac Kreut, Board Chair