



**BOARD OF DIRECTORS
GENERAL BOARD MEETING
WEDNESDAY, MAY 28, 2008
QUEEN ALEXANDRA CENTRE FOR CHILDREN'S HEALTH
2400 ARBUTUS ROAD, VICTORIA, BC**

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

Staff Present: Howard Waldner
Mike Conroy
Richard Crow
Lynn Stevenson
Bill Boomer
Suzanne Germain
Janet Shute, Recorder

1. Call to Order

Chair Kreut called the meeting to order at 2:15 pm and confirmed that a quorum was present. He welcomed the members of the public in attendance and noted that there are two new Board members, who will introduce themselves with the rest of the Board. Roundtable introductions were made.

The agenda was adopted as circulated.

The minutes of March 19, 2008 were adopted as circulated.

2. President & CEO's Report

Howard Waldner, President & CEO, gave a presentation on the following key issues:

➤ 2007/08 Year in Review

- Balanced budget – minor surplus of \$1.58 million, or 0.1%, on \$1.4 billion budget. This means VIHA spent 99.9% of our budget.
- Service levels have increased in a number of areas, including daycare surgery by 2%, hip and knee replacements by 6%, open heart surgery by 7%, MRIs by 13%, CTs by 5%, home support hours of service by 9%, mental health and additions beds by 17% and assisted living units by 3%.
- There have been a number of significant achievements including the upcoming expansion of digital mammography Island-wide, the opening of the new maternity wing at NRGH, the geriatric outpatient clinic at RJH, a high acuity neurosciences unit at VGH, new gamma cameras at VGH and RJH, and enhancements to mental health and addictions services in Victoria as part of the Mayor's Task Force.

- A Day in the Life of VIHA
 - 17 babies are born
 - 202 acute care admissions
 - 757 emergency department visits
 - 6 hip and knee replacements
 - 56 MRI scans
 - 222 Ct scans
 - 13 angiograms and angioplasties
 - 73 screening mammograms
 - 144 renal dialysis treatments
- RJH Patient Care Centre – this a \$300 million project, and negotiations are underway to finalize the agreement with ISL Health, who were identified as the preferred proponent. Final project approval by government is anticipated this summer, following which there will be a groundbreaking ceremony. This new patient care centre will provide 500 beds – 83% of which will be in single rooms, and is expected to be completed in the 2010/11 fiscal year.
- VGH Emergency Department – construction on a new ED began in April and will be completed late in 2009. This \$18.8 million project will be triple the size of the current Emergency Room, and will provide an additional 15 treatment bays, as well as allow for enhanced pediatric, trauma, gynecology and acute care services. It will also provide increased isolation capacity and a separate entrance for isolation patients.
- Needle Exchange Services – AIDS Vancouver Island's lease for a fixed site expires on May 31st, and the many issues around an alternative location remain unresolved. As a result, mobile services were expanded effective Monday, May 26th, and an evaluation with Community and UVic researchers will be completed in three months, and then again at six months to determine the impact of not having a fixed needle exchange site.
- VGH Neonatology Services – Neonatology is a provincial service funded through Provincial Health Services Authority. VIHA has historically had three Level 3 beds, but we recently received funding to increase this to six beds and hire an additional neonatologist. This will create flexibility to respond to fluctuations in demand, and we expect to be at full capacity when a neonatologist returns from maternity leave this summer.
- VIHA's share of the 5,000 bed commitment is 1,259, providing much needed complex care beds and assisted living spaces across the Island. Some of these places have opened, more are opening in June and July, and then into the fall, with the balance opening by March 2009.

3. Health Quality Committee

Director Nunns Shoemaker advised that the committee met on Tuesday, May 28th for the regular committee meeting, as well as a luncheon meeting with local physicians. The following are some of the key items that were discussed at the regular meeting:

- The Board reviewed VIHA's performance indicators. This review occurs on a semi-annual basis and covers a wide variety of measures to determine how VIHA is performing compared to targets set by the Ministry of Health and/or by VIHA. Of the 57 indicators, VIHA is currently considered below the target on 13, and has plans to address these areas.
- The semi-annual report from VIHA Quality and Patient Safety was also brought before the Board. This reports 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:
 - Handwashing monitoring
 - Management of outbreaks in hospitals
 - Standardizing and enhancing how patient safety rounds are conducted
 - Hosting two trials of the new standards for Canadian Council on Health Services Accreditation
 - Developing a clinical ethics program, which will be implemented in July 2008
 - Development of a new client complaints management model
 - Monitoring VIHA performance across quality and patient safety indicators, such as Hospital Standardized Mortality, hospital-acquired infection rates, inpatient hip fracture rates, and incident reports related to medication administration
- The Board 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 continues to face challenges in our Emergency Departments. Significant challenges have been ongoing since late August 2007, with a high level of "over capacity" patients.
 - VIHA engages in ongoing activities to address these over capacity challenges, and plans proactively for winter months, which are typically when the volume of patients is the greatest.
 - Examples of recent activities to address patient flow include:
 - ◆ Adding 12 temporary acute care beds at Nanaimo Regional, Cowichan District, and Royal Jubilee Hospitals.
 - ◆ Adding 54 temporary residential care beds in Victoria.
 - ◆ Adding 10 temporary respite care beds in Nanaimo.
 - ◆ Initiating a project to standardize and automate notification of pending patient discharges and communication of bed status (e.g. dirty, clean), at RJH and VGH.
- Other system challenges that were highlighted in the report were:
 - The tuberculosis outbreak in Port Alberni, the containment of which requires ongoing efforts and resources to treat those that are infected, find those who have had contact with infected individuals, and begin prophylactic treatment for those that require it.
 - Significant increases in referrals to the Brain Injury Program, which, given the often long-term nature of the supports these clients require, is placing a significant strain on homecare and residential resources.

- Residential care bed capacity requirements, both current and projected to the end of June 2009, and the challenges posed by new population projections.
- Psychiatry coverage in Port Alberni has been impacted by the decision of one psychiatrist to leave the community, requiring the 7 inpatient psychiatry beds at West Coast General Hospital to be temporarily converted to Medical beds until another psychiatric physician is recruited.
- The committee heard encouraging news about some of the capacity successes and improvements that have recently been demonstrated within VIHA. The examples from this report were:
 - Two new neonatal intensive care beds have opened at Victoria General Hospital, with a third to open in July. This doubles VIHA's capacity to provide high intensity treatment to Island babies that require it, and will reduce the number of neonates that need to be transferred to other regions for care.
 - The new Ladysmith Community Health Centre is now open. This Centre allows multiple community health services to be co-located in one clinic centre, making it easier for patients to receive these services.
 - VIHA has achieved the highest rate of screening mammography in the province, and also has the most advanced digital imaging technology for performing this screening test. VIHA will soon be adding digital mammography at 5 more sites, in addition to the existing sites in Nanaimo and Victoria.
- The annual report from the Continuing Health Services portfolio was provided to the Board. This report outlined many initiatives in which this portfolio engages.
 - Activities to improve population health and wellness, including:
 - ♦ Partnering with First Nations groups to deliver effective Home and Community Care services on reserves;
 - ♦ Promoting health among the population who are homeless and have mental health issues through the implementation of Assertive Community Treatment (ACT)/Outreach teams; and
 - ♦ Improving access to detox beds and withdrawal management services
 - Quality and client-centred care activities, including:
 - ♦ Developing and implementing a Mental Health and Addictions Services electronic information system, called "Bridges"
 - ♦ Reducing unnecessary transfers from Residential Care facilities to hospitals via a physician on-call program
 - ♦ Implementing an integrated primary health care network to address the needs of at-risk seniors in Victoria
 - ♦ Implementing the VIHA End of Life Strategy and increasing options for community-based end of life care
 - ♦ Developing a comprehensive handbook to assist home care clients to prepare for unexpected interruptions in home care, such as during severe weather storms or other more significant disasters
 - ♦ Piloting the Strategies and Actions for Independent Living (SAIL) program in Port Alberni, Duncan, and Victoria, to promote safety and independence among seniors and people with disabilities living in the community with home support services

- ♦ Developing and distributing a delirium education DVD within acute care
- ♦ Engaging in projects to improve medication safety among older adults, including medication reconciliation activities for home care and residential care clients
- Monitoring indicators of a sustainable, affordable public healthcare system, including managing staff overtime, reducing staff sick time and injury rates, and maintaining a balanced budget.
- The final report on the outcomes of VIHA's 15 Health Innovation Fund was presented, and on the aggregate, VIHA's Health Innovation Fund projects delivered on most expected outcomes.
- The Board was also provided with some background information on the Fraser Institute Hospital Report Card. The BC Health Authorities have, via the Leadership Council, decided not to participate in this report, as there are questions about the validity of the methodology that the Fraser Institute uses. One of the most significant indicators used in the Fraser Institute report, is the Hospital Mortality Index. This is somewhat similar to the Hospital Standardized Mortality Ratio, a Canadian Institute for Health Information (CIHI) measure that VIHA currently uses to monitor mortality rates in our hospitals. On average, mortality in VIHA hospitals is lower than would be expected – which is a positive indicator. CIHI also makes this hospital mortality information available to the public.
- Finally, VIHA has been requested to participate on the Canadian Patient Safety Institute Steering Committee. The Board discussed the value of a VIHA representative participating in this initiative.

It was queried what the main issues raised at the meeting with South Island physicians were.

Director Nunns Shoemaker advised that some of the key items included:

- The new Patient Care Centre at Royal Jubilee Hospital and the significant medical staff input that has been provided on this very exciting project.
- The physician resource plan that is under development, and the need for Geriatricians and Internal Medicine Specialists. For example, last year there were only 31 graduates in Internal Medicine across Canada, and within VIHA we could have taken 15 of these graduates.
- The tremendous efforts of staff to minimize the use of mixed gender rooms.
- The exodus of family practitioners from hospital care.
- The success of the Island Medical Program.
- The need to expand video links across the Island.
- Excellence in Medical Imaging and Lab Services.

It was queried how the hospital mortality rates in VIHA compare to other organizations in BC and in Canada.

Brenda Nunns Shoemaker indicated that VIHA is extremely proud of our performance in this area – we have one of the lowest mortality rates in Canada, and the lowest rate in BC.

4. Governance & Human Resources Committee

Director Costello noted that before he reported on the items arising at the committee meeting held on Tuesday afternoon, he wanted to recognize Dr. Lynn Stevenson, Chief of Professional Practice & Nursing, who has been awarded the 2008 Canadian College of Health Service Executives (CCHSE) Nursing Leadership Award. The Board is very pleased to see her excellent work, both within and outside of VIHA, receive this well-deserved national recognition.

- On the Human Resources side the committee reviewed the semi-annual performance indicators related to work life. Areas requiring on-going improvement include sick time, overtime, days paid per injury claim and staff influenza immunization rates. The committee was pleased to see the trends for staff injury rate, long term disability and difficult to fill rates continuing to improve.
- WorkSafe BC issues are specifically reviewed on a semi-annual basis. In February 2007, WorkSafe BC announced its Provincial High Risk Strategy and VIHA has developed site compliance plans to address identified issues. We are actively working on a number of issues to address violence and aggression in care settings, including on-going education/training, code white teams and public awareness campaigns. The number of injuries, particularly musculoskeletal, continues to increase, and we hope that increased investment in repositioning sheets and overhead ceiling lifts will reduce this rate on a go-forward basis.
- VIHA is committed to seeking staff input through a variety of means. One of the ways to seek staff input is through confidential (non identifiable) staff surveys. In 2006, 3000 staff in four portfolios (Laboratory, Child Youth & Family Health, Home & Community Care and Materiel Management) were surveyed on staff engagement, and 1,060 staff, or 36%, responded, which is in line with response rates in other jurisdictions.

The results were shared with the staff and they developed action plans based upon the results. In March 2008 the same staff within these portfolios were resurveyed. There was an increase in respondents, with 40% responding this time, and the responses to the questions indicate improvement in response to all of the questions. The next step in the process is for the results to be shared with workgroup leaders and their staff in June 2008 so they can begin to develop action plans based upon the results, but it was very rewarding to see that based on the initial action plans developed and implemented there has been overall improvement.

- We heard about VIHA's 10 nominees for the Excellence in BC Healthcare Awards, and look forward to hearing about the winners, which will be announced at a luncheon following the HEABC's Annual General Meeting on June 24, 2008.

- We also reviewed and approved the proposed Board meeting schedule for 2009, which will be posted on our website shortly.

It was queried what areas continue to be challenged with difficult to fill positions.

Director Costello noted that VIHA has done better than average in recruiting staff in areas that are deemed “difficult to fill”, such as critical care. The one area where we continue to be challenged the most is Pharmacy, which is in line with challenges faced by health care jurisdictions across the Canada. .

5. Finance & Audit Committee

Director Robinson noted that the committee met on Monday, May 26th and reviewed a number of issues.

- A good portion of the meeting was spent reviewing the Consolidated Audited Financial Statements for the year ended March 31, 2008. Attending the meeting were representatives from the Office of the Auditor General, who became VIHA’s external auditors this past fiscal year. We are pleased to report that we received a “clean” audit opinion.

It was MOVED and SECONDED THAT the Consolidated Audited Financial Statements for the year ended March 31, 2008 be approved as presented.

It was noted that the Balance Sheet indicates an increase of approximately 30% in accounts receivable, and it was queried whether there was any risk associated with this.

Director Robinson advised that the increase is from normal business activity and there is very little risk, as about 60% of the accounts receivable is from government and other agencies, and there is very little bad debt exposure.

It was queried why there was a substantial change in the cash position.

Director Robinson noted that this is partly a result of \$30 million being held in short term notes, as the interest rate is as good, or better, than what we were receiving. It is also a result of timing with our accounts payable, and is expected to level off.

MOTION CARRIED.

On behalf of the Audit Committee congratulations was extended to Bill Boomer, VP and Chief Financial Officer, and the entire finance team, for the excellent work.

- As part of the review process 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 the Audit Findings Letter. There were no items of significant concern.
- We received an update on the results of the Actuarial Valuation conducted by the Municipal Pension Plan. The Plan has a small surplus, which means VIHA will not see an increase in employer pension contributions at this time. The next valuation is scheduled for December 2009.
- There was also an update on Healthcare Benefit Trust's rate increases for the 2008/09 fiscal year, which will be an average of 15% for 2008/09.
- The committee received an annual update from Internal Audit Services, summarizing the overall conclusions of the audits performed. The committee is satisfied that in the areas where Internal Audit Services work was performed there are good controls in place, or that appropriate action is being taken, or planned, to address any areas of concern.
- 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. There were no significant issues to bring to the Board's attention.
- As specified in VIHA's Fair Business Policy Vendor Complaint Review Procedure, the Director of Internal Audit Services is the point of contact for any formal complaints. We are pleased to report that no formal complaints were received during the period April 1, 2007 to March 31, 2008.
- Twice each year the committee looks at a broad set of performance measures linked to the strategic goals, which also incorporate measures and targets contained in the Government Letter of Expectations and other documents. The committee was satisfied with the overall performance and all but one are within an acceptable range. The only area outside an acceptable range is the Facility Condition Index. This is in large part due to the age of many of VIHA's buildings, and the rising costs of construction. Management continues to work to address this matter.
- The committee received a template document that will be used for monitoring the progress on the new Patient Care Centre Project at Royal Jubilee Hospital, once this project receives final approval and is underway.
- At 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.
- The committee also received a final report on the status of an Information Systems Risk Review, which was completed by Grant Thornton in 2005. The committee was pleased to see the mitigating actions completed to date, and that the risk levels for the critical items have either been eliminated or substantially mitigated.

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 matters related to planning, quality and enterprise risk management. The committee met this morning.

- We received an update on the Accreditation process, including the action taken to date to address the higher risk recommendations from the 2007 survey, which are primarily related to clutter, and the impact this has on the care environment and infection control. The Board was pleased to see that good progress has been made, and work is on-going. Staff are also preparing for the next survey, which is scheduled for the week of September 28th, and is the third year of the 3-year rolling accreditation survey cycle.
- We also reviewed semi-annual performance indicators related to health promotion which are all within an acceptable range, and special populations, which are measures of areas where VIHA is only one of many partners contributing to the results, as there are many variables outside of VIHA's control.
- The Board spent considerable time reviewing the Health Service and Budget Management Plans for 2008/09 to 2010/11, as well as the Government Letter of Expectations. These documents are now being finalized for submission to the Ministry of Health.

7. Presentation – Keeping Seniors Healthy in the Community by Drs. Marilyn Bater and Marianne McLennan

Dr. Marilyn Bater, Medical Director for Seniors Health, and Dr. Marianne McLennan, Director, Seniors Health, Spiritual Care & End of Life Care were introduced.

- Risks of Hospitalization
 - ◆ People aged 65 years and older are hospitalized three times more often than the rest of the population. We know that 16% of the population in VIHA is over 65 years of age, but they use 59% of our inpatient bed days.
 - ◆ Seniors with chronic diseases are often admitted to acute care for assessment and treatment, and present in the Emergency Departments for acute episodes, such as falls. Every day in hospital without mobilization results in a 5% loss of muscle function.
 - ◆ At discharge from acute care 33% of seniors are more disabled in activities of daily living, and often require extra help as a result.
- Health Innovation Funding
 - ◆ VIHA received funding from the Province's Health Innovation Funds, which allowed us to develop new services for seniors with multiple medical problems, often complicated by issues related to aging. These services are designed to be an alternate when a senior is able to be in the community, or has the potential to return home and complete recovery as an outpatient.

- ◆ The goals of the program were to:
 - Create a comprehensive system of geriatric services based on an individual's needs and abilities
 - Enhance community based specialty services
 - Improve hospital to community linkages
- Rethinking Quality Care Delivery means viewing seniors as having ability and potential, not just having an illness or disability.
 - ◆ Not all patients need hospitalization – some can be referred to a clinic for assessment and receive same day tests.
 - ◆ Outpatients can replace some hospital admissions/transfers – daily visits can provide intensive therapy and monitoring where required.
 - ◆ Discharge planning should start upon admission – this allows patient to be up and doing things for themselves as soon as they can tolerate it, to avoid the deterioration that occurs with bed rest.
 - ◆ Utilizing common services, such as Home and Community Care, some seniors will be able to complete their hospital recovery using outpatient services.
- Geriatric Outpatient Components include:
 - ◆ Expedited access to Diagnostic/Laboratory services
 - ◆ Outpatient resources have been doubled
 - ◆ Geriatric Team takes their expertise to seniors on hospital units
 - ◆ Linkage with Home and Community Care has been increased
- Emerging Results from Victoria & Nanaimo
 - ◆ Improved care
 - ◆ Direct referrals to the Geriatric Clinics
 - ◆ Increased referrals to Geriatric Teams
 - ◆ No waiting for the VGH Geriatric Unit
 - ◆ Reduced use of hospital beds

Traditional health services require people to fit into a few care options: physician office, hospital emergency, or inpatient unit. This work has created a number of ways to get geriatric specialty services on an outpatient basis, and prompt access to hospital care when needed. Focusing on abilities and potentials allows the person with complex medical conditions to be active in managing and making choices about service options, thereby avoiding or reducing the number of days spent in hospital.

Chair Kreut thanked Dr. Bater and Dr. McLennan for the excellent presentation, noting it was great to hear about on-going work that is providing significant benefits to patients.

8. Presentations

Chair Kreut noted that there are three presentations scheduled for today.

Providence Farm – Mark Timmermans

Providence Farm is a 400 acre working organic farm and community non-profit organization that is dedicated to providing programs with a focus on restoring the spirit and skills of people with barriers to education or employment. They have developed a full array of programs, many of which are funded by VIHA.

In 1994 a program for seniors was created at the farm, named in honour of the Sisters of St. Ann – the St. Ann's Garden Club. In the past 14 years this program has steadily had success and quietly built a national reputation as a model wellness program for seniors. For the first 12 years this program ran out of an assortment of donated mobiles, until water damage became an issue, and it was decided to temporarily move the program into a different facility while plans and fundraising for a new building got underway. On the basis of VIHA's Strategic Plan, and on the urging of the Seniors Outreach Team and management at Duncan Mental Health, a new, expanded facility was planned and fundraising began.

A facility that is approximately 3,500 square feet is under development. All of the timber for the building was taken from the farm, and \$450,000 has been raised towards this building, which is close to the lock-up phase. An additional \$300,000 is required to complete this project, and they plan to submit a proposal to the Board for the remaining funding in the near future.

Providence Farm is an excellent resource for community based wellness programs, and they have partnered with many organizations, including the School District, the Therapeutic Riding Association and Discovery Community College. It is a place of meaningful work and purposeful training where people can invest their gifts and abilities, and through these programs help restore the spirit and skills of people in the community who may have otherwise been marginalized.

It was queried how many staff are employed at Providence Farm and what types of skills they have.

Mark advised that there are approximately 25 full-time and part-time staff members. They have varied and unique skills, primarily in the human resources field, mental health or community support workers, as well as hands on vocation skills. For example, a cabinetmaker with a social work background.

How are the programs evaluated?

Mark noted that the focus has been on prevention, and the real success is in preventing people from accessing further health services. They have done studies with VIHA to promote the idea of successful aging by keeping people physically and socially engaged.

Chair Kreut thanked Mark for his presentation. Most of the Board is aware of the great work taking place at Providence Farm. He noted that the Board is the wrong place to come for funding, and he referred Mark to Mike Conroy, Executive Vice President & Chief Operating Officer, as the appropriate contact for requests for funding.

Victoria Medical Society – Dr. Milton Baker

The Pemberton Operating Room opened its doors in 1896, and is a unique Canadian example of a 19th century revolution in surgical practice, which has been designated a National Historic Site of Canada. Over the last 20 years the Victoria Medical Society has been working to restore the Pemberton Operating Room and build an annex. \$100,000 has been raised, and \$50,000 has been contributed by various heritage organizations.

Funds have been used to hire an Architect, arrange for service connections, and a roof replacement is in progress to ensure there is no water damage to the interior. The restoration must be done very carefully, and will take considerable time and money, as the Pemberton Operating Room has lead lined walls.

The Victoria Medical Society has been working with Rudi van den Broek, the Project Manager for the new Royal Jubilee Hospital Patient Care Centre, on how this heritage project will fit in with the development of the new hospital. The Society is concerned that the plans of the selected proponent do not include the Pemberton Operating Room building, and this is of great concern, as it is intended to not only be a historical site, but the addition of a new annex is to serve as an educational resource and a meeting place for physicians in Victoria.

The major concern is that the fundraising is currently in limbo because the Patient Care Centre Project plans do not include a connect to the Pemberton Operating Room and new annex. If the restoration plans need to be changed to make this a free-standing building, then all of the approvals would need to be obtained again, which is a very lengthy and involved process.

Chair Kreut thanked Dr. Milton, and advised that the Board does feel it is important to protect our heritage, and in a general sense supports the concept of preserving the Pemberton Operating Room, much as the Board supported the restoration of the Pemberton Chapel.

Howard Waldner noted that management is currently in the final stage of negotiations with the proponent, and since there is no contract in place yet, it would be premature for the proponent to contact the Victoria Medical Society regarding this matter. However, they should continue to work closely with the Project Manager, as VIHA is committed to working with them, and we want to ensure the Pemberton Operating Room is a centrepiece attraction around the gardens for everyone to enjoy.

Clean Air Coalition of BC – Jack Boomer

Jack Boomer congratulated the Board for their leadership in being the first health authority in BC to implement 100% smoke free grounds in March 2008. He noted that the Clean Air Coalition of BC has launched a new campaign – Imagine! A Smoke-Free British Columbia, in an effort to encourage British Columbians to support more tobacco control activities in the province. They have developed 11 principles, some of which are short and others that are long-term goals, and they are asking the VIHA Board for endorsement. To date 17 organizations have publicly supported the campaign, including the Canadian Cancer Agency, Vancouver Coastal Health Authority, Fraser Health Authority and the First Nations Health Council.

Chair Kreut thanked Mr. Boomer for his presentation. He noted that on the surface these statements look reasonable, but he would like to refer this to the Board's Health Quality Committee for review at their next meeting, following which the committee will bring forward a recommendation to the Board.

9. Questions & Answers

Chair Kreut noted that the Board received several questions in advance of the meeting, and all have been responded to in writing in the Q & A, which was distributed at the meeting, and will be posted on our website at www.viha.ca.

10. Adjournment

Chair Kreut noted that an Open House is scheduled next, and he invited members of the public to join the Board and senior management for refreshments and discussion.

The meeting adjourned at 3:55 pm.