



GENERAL BOARD MEETING  
WEDNESDAY, AUGUST 1, 2007

## QUESTIONS & ANSWERS

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### Submitted by Flora Allison

**Q** Based on your own figures, why have you chosen to put a very considerable percentage of North Island citizens at greater risk by choosing Dove Creek as the site of the proposed new hospital? Your choice is very heavily weighted to the Comox Valley area while at the same time the Campbell River hospital, which services the North Island now, would basically be demoted to a glorified clinic? This would be a REGIONAL hospital and, therefore, the region as a whole should be given fair consideration. I believe that all property owners are paying the same rate of assessment to the hospital district and should be given equal consideration. According to the chart you provided in your news release, the 78% of residents able to drive to Dove Creek within the 30 minute time frame would still be included in the 88 percent within the 'Golden hour' – an additional 10%. At Piercy Road, that number would increase from 58% to 89 % - an additional 30%. At Jubilee Parkway, the increase would be from 39% to 88% - an additional 49%. The location should also be at an equitable distance for the medical community of both towns. I have timed the distance and that location would appear to be Piercy Road, which also has the highest percentage of population within the 'golden hour'.

**A** We have addressed this question in numerous previous questions submitted to the Board, however, given the importance of this issue to the residents of the North Island, we are pleased to address this issue again.

The Comox-Strathcona hospital decision was the most difficult decision the Board has had to make to date and it was made after extensive public consultation. This decision to propose a new North Island Regional Hospital was based on the consideration of how to best meet the growing needs of North Island residents and deliver high quality, sustainable services well into the future. The status quo is not sustainable from service delivery and financial perspectives, and significant changes are needed in the way acute care services are delivered.

Currently, the approximately 120,000 people throughout the North Island have to travel to Victoria or Nanaimo for services such as complex medical imaging (e.g. MRIs), trauma care and renal services. These services will be available closer to home in a new regional hospital.

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VIHA conducted detailed and careful analysis around hospital usage, access, population and community growth to determine the most acceptable location for a proposed new hospital.

We recognize the strong connection between the communities and their hospitals. In a new regional model, core services at the facility in Campbell River would be retained and a new future for St. Joseph's Hospital in Comox developed that enhances community services for patients and better meets care needs beyond acute care.

Services that will continue to be provided in Campbell River are:

- **24/7 Urgent Care and Treatment Room for:**
  - Diagnosis and treatment of illnesses and injuries not requiring hospitalization
  - Stabilization of patients with more serious conditions before transporting them to the acute care facility
  - Facilities and treatments not available in physicians' offices
  - Overnight observation
- **Primary health care:**
  - Co-location of family physicians and medical specialists within one facility
  - Chronic disease management clinics (e.g. diabetes, depression, hypertension, asthma, congestive heart failure, etc.)
  - Multidisciplinary teams (e.g. nutritionists, pharmacists, etc.) sharing information and working cooperatively to provide care
  - Mental health and addictions prevention, treatment and support
- **Inpatient Rehabilitation Beds**
- **Transitional Care Beds**
- **Outpatient Services:**
  - Ambulatory care clinics and programs
  - Diagnostic imaging and laboratory services
- **Population health:**
  - Prevention and health promotion programs such as "well baby" clinics tailored to the needs of local residents and "at risk" populations, developed and delivered by multi-disciplinary care teams
- **Support and community based services**
  - Rehabilitation services
  - Home care
  - Complex care and assisted living
  - End of life care
  - Transportation coordination

### Submitted by Carole Pickup, Co-Chair South Island Health Coalition

Q

**What have been the criteria for awarding P3 contracts through Partnerships B.C.? And why was a public tender not considered for the RJH patient tower? (Failure to do so means that there has not been an opportunity for the CRD Board or the public to examine the advantages/disadvantages of the two approaches).**

A

Many of the answers to the questions you have asked about the Royal Jubilee Patient Care Centre are available on our website at: [www.viha.ca/NR/rdonlyres/E73CF71F-EEA9-4DC1-9927-00B10C195754/0/qa\\_patient\\_care\\_centre.pdf](http://www.viha.ca/NR/rdonlyres/E73CF71F-EEA9-4DC1-9927-00B10C195754/0/qa_patient_care_centre.pdf)

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A public tender process is underway for the patient care centre, and the Capital Regional District (CRD) Board and any member of the public can view the tender document at:

[http://www.partnershipsbcc.ca/files/documents/RFQCONFORMED-RJHPatientCareCentreProjectJuly03\\_2007.pdf](http://www.partnershipsbcc.ca/files/documents/RFQCONFORMED-RJHPatientCareCentreProjectJuly03_2007.pdf)

Furthermore, once a short list of preferred proponents is developed, an RFP will be issued, likely later this summer. That RFP will also be available on the website above.

With respect to your question around the public-private partnership approach, VIHA's number one priority is improving patient care and using public money responsibly. We have gone through an extensive review process and have concluded a public private partnership will deliver this building on time and on budget while meeting our goal to improve patient care at Royal Jubilee Hospital. Public private partnerships in B.C. are not new, and there are many examples of how these partnerships have resulted in innovative solutions to improve the delivery of patient care. For example:

- The Gordon and Leslie Diamond Health Care Centre in Vancouver was completed on time and on budget.
- The Abbotsford Regional Hospital and Cancer Centre is a \$355 million project that is on time and on budget. A project summary report on the Abbotsford Regional Hospital and Cancer Centre is available on the project website ([www.abbotsfordhospitalandcancercentre.ca](http://www.abbotsfordhospitalandcancercentre.ca)). This outlines how the project provides value for patients and residents/taxpayers of the Fraser Valley. This document includes a review completed by the Office of the Auditor General that concludes the report fairly describes the context, decisions, procurement process and results to date.

When VIHA's new patient care centre is completed, all health care services in it will be publicly funded and publicly delivered. VIHA will retain ownership of the land and the building.

**Q** **If a P3 project proceeds for the RJH patient tower (a decision which appears already to have been made, without consultation with the community or the CRD Board), how much of the capital cost will be private money? provincial money? VIHA money? We already know that the Capital Region is being asked for 100 million dollars.**

**A** Again, the answer to this question is clearly outlined on our website: [www.viha.ca/patient\\_care\\_centre](http://www.viha.ca/patient_care_centre)

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Until the final bids are received, the exact detailed cost of this important project will not be known. But as stated in the news release that announced this project, and reiterated on the web site, the cost breakdowns are as follows: The project is cost shared between the Province, which will be contributing \$150 million, the Capital Regional Hospital District, which has identified \$100 million in its capital plan, and the Vancouver Island Health Authority which will fund the remaining \$19 million.

**Q Why have funding cuts (which will result in staff cuts) been made to Mount St. Mary Hospital even before VIHA has established its new residential model of care for long-term care facilities (promised for later this year)?**

**A** No funding reductions have been made to Mount St. Mary's Hospital prior to implementation of the new residential service and funding model. Mount St. Mary's Hospital expenditures were higher than the funding levels and this resulted in a significant operating deficit in 2006/07, which VIHA has proposed to cover provided certain conditions regarding future sustainability are met. The service contract that Mount St. Mary's Hospital signed with VIHA clearly stipulates that VIHA is not responsible for covering budget deficits, and that the facility must maintain a balanced budget. VIHA has been working closely with Mount St. Mary's Hospital's administration staff for many months to support them in achieving a balanced budget, and has requested the facility propose plans to address their budget issues while maintaining a high quality of care.

**Q Would the VIHA Board explain the decision to close Laurel House without adequate consultation or notice? Laurel House has been serving people with mental illness very successfully for twenty years.**

**A** Laurel House is not operated by VIHA; it is operated by the Capital Mental Health Association, an independent private organization under contract with VIHA. VIHA relies on community-based agencies such as the CMHA to deliver thoughtful, evidence-based programming to support client's recovery. VIHA supports the Association's attempts to restructure its programs to better serve the clients who have relied on Laurel House and provide more individualized care and support. We understand CMHA has met with their clients and this will be followed by individualized plans for each client to ensure their needs are met appropriately within the network of services that will continue to be provided by CMHA. The CMHA board has been involved in the change for well over a year, and their Board has membership from individuals that have been users of mental health services.

**Q**

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**Why has VIHA closed psychiatric beds at the Eric Martin Pavilion over the summer months (as they did over Christmas)? VIHA's expressed reason for closing the beds at Christmas (because of reduced demand) conflicts with comments of local police, physicians and the NEED Crisis Line.**

**A** Summer and Christmas slowdowns are not new. Slowdowns have occurred in health jurisdictions throughout BC for many, many years, and the careful planning that goes into this process ensures safe staffing levels on open units during popular vacation times. (VIHA does control and limit vacation time during peak periods for regular staff.) This planning includes ensuring no patient is discharged before they are ready for discharge. In addition, and particularly around Eric Martin Pavilion, VIHA will be adding increased supports in other areas, including additional community beds, extra support in the Emergency Department for addiction assessments, additional capacity at the Urgent Short Term Assessment & Treatment (USTAT) Unit for rapid follow up and additional support in the Archie Courtnall Centre (Psychiatric Emergency Services). It is important to note that the type of issues responded to by police and NEED Crisis & Information Line are usually relational, situational or substance-related issues, which do not generally require admission to acute psychiatry care beds – thus the summer slowdown in acute psychiatry beds would not generally involve the NEED Crisis & Information Line/police clientele.

**Q In December VIHA announced that it is permanently closing 10 in-patient beds in Eric Martin in March of 2007. Have these bed closures taken place?**

**A** The bed changes you are referring to have occurred and are part of a comprehensive initiative to shift resources from standard acute psychiatry care to community care alternatives, with the objective of ensuring the right patient is in the right bed, and getting the most appropriate treatment and supports. In advance of the bed closures at Eric Martin Pavilion (EMP), VIHA added 67 Community Intensive Supported Living units in two facilities in Victoria. Many of the units are specifically designated for clients from EMP, who want to live as independently as possible in the community, and this new model of service delivery will help them achieve that goal. VIHA has also added other community supports, including an additional social worker to help clients access needed services, a residential transition team and access to rental subsidies.

VIHA is monitoring the impact of this bed shift on patient flow. Three month data (May 31) shows no changes to either volume or length of stay in the Psychiatric Emergency Department, and monitoring will continue.

**Q**

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**Why has VIHA eliminated the IV Team coverage at the Victoria General Hospital from 11:30 p.m. to 6:30 a.m.? As an R.N. (ret.), I can assure you that starting an IV is NOT a basic skill: it requires technical skill and experience. To quote the Chief of the Victoria General Anesthesia Department: "There is no question in my mind attempting to have nurses in a large hospital acquire and maintain expertise in starting IVs is impractical and unrealistic."**

**A** The College of Registered Nurses of BC considers IV starts to be a basic RN skill. VGH is one of only six jurisdictions in the entire country that still uses IV teams. Since VIHA began implementing the changed hours for the VGH IV team, VIHA has trained over 100 RNs on IV starts. We are, and will continue, to support and mentor RNs in this important skill set through on-site day time IV team coverage, available back up support, and an on-call IV service in July.

**Q** **Why is the appointed VIHA Board composed primarily of people with business experience? Surely it should be reflective of citizens from all walks in our community, to allow a more balanced approach to making critical health policy decisions.**

The recruitment process for board members is a public process. Notices of vacancies on the Board are posted publicly, and VIHA advertises in local newspapers throughout VIHA. The process is open to any person over the age of 19 that resides within the geographic boundaries of VIHA. The process and criteria are outlined on our web page [www.viha.ca/about\\_viha/board\\_of\\_directors](http://www.viha.ca/about_viha/board_of_directors).

Board appointments for the Vancouver Island Health Authority are decided by the Government of British Columbia. Members are chosen for their leadership skills, decision-making abilities and willingness to be accountable through a Government Letter of Expectation that sets out in detail how patients' needs will be met. The biographies of VIHA's current board members are detailed on the above web site, where you can see that these individuals represent varied backgrounds, geographic areas and areas of expertise.