



**BOARD OF DIRECTORS  
GENERAL BOARD MEETING  
WEDNESDAY, NOVEMBER 24, 2010  
SHERATON VICTORIA GATEWAY HOTEL  
829 MCCALLUM ROAD, VICTORIA, BC**

---

Directors Present: Jac Kreut, Chair  
Shelley Garside  
Ellen Godfrey  
David Kruyt  
Brenda Nunns Shoemaker  
Vern Slaney

Staff Present: Howard Waldner  
Catherine Mackay  
Richard Crow  
Neil Sweeney  
Bill Boomer  
Georgina MacDonald  
Catherine Claiter-Larsen  
Ann Bozoian  
Janet Shute, Recorder

Regrets: Michael Costello  
Hans van de Sande

1. Call to Order

Chair Kreut called the meeting to order at 10:45 am. He confirmed that a quorum was present and welcomed the members of the public in attendance.

Roundtable introductions of the Board were made.

The agenda was adopted as circulated, with amendments that Director Kruyt would be reporting out on the Finance & Audit Committee meeting and Director Garside will report out on the Committee of the Whole meeting.

The minutes of June 30, 2010 were adopted as circulated.

2. Tribute to Chair Kreut

Director Nunns Shoemaker noted that this is Jac Kreut's last VIHA Board meeting, and she wanted to publicly recognize Jac's superb leadership as Board Chair over the past nine years.

Jac was appointed Chair of the VIHA Board in December 2001 following provincial healthcare amalgamation. In the initial phases of amalgamation, Jac oversaw the consolidation of six distinct and diverse health care organizations into one Health Authority that would provide coordinated, targeted and efficient programs to residents throughout Vancouver Island and the neighbouring Islands.

Jac has always insisted on respect for taxpayers' dollars, allowing no budget deficits, monitoring and limiting board expenses and fostering wise decision-making in order to make the best use of scarce health funds.

Director Nunns Shoemaker recapped some of the many standout achievements that have transpired during Jac's nine year tenure.

Since amalgamation VIHA has invested a total of \$622.5 million in capital projects. In all cases Jac and his board have provided oversight, but in addition, for many projects Jac was personally involved in obtaining government approvals. Our most notable capital projects include: the construction of a new, \$350 million, 500-bed Patient Care Centre at Royal Jubilee Hospital. This elder friendly, innovative, international award winning facility, with over 80% of rooms single-bed rooms, is within budget and on target to open to patients in March 2011; a new \$16.5 million perinatal wing at Nanaimo Regional General Hospital; an \$18.6 million expansion of the emergency department at Victoria General Hospital, and a \$37 million expansion project is currently underway at Nanaimo Regional General Emergency Department; and a \$23 million expansion of the operating room suites at NRGH. In addition we've made a commitment to build a regional hospital in the Comox Valley and to build a new hospital in Campbell River to replace its aging facility.

Under Jac's tenure, VIHA has made important investments in modern medical and diagnostic equipment to support better, more efficient care. New, additional and replacement MRIs, CTs, ultrasound machines, gamma cameras, and more have been added in facilities throughout VIHA, including community hospitals that had not previously had these devices. In 2008, we became the first health authority in Canada to offer digital mammography to women across our health region with digital equipment at 5 hospitals across the Island.

As well, great importance has been placed on the integration of our electronic record systems and we are Canadian leaders in the development of electronic medical records.

In the area of Mental Health and Addictions Services, VIHA has focused on reducing the need for emergency intervention and/or hospitalization. To this end, new services have been implemented or expanded across the island, including supportive living apartments, mobile community outreach, respite care, transitional and emergency housing, care homes with 24/7 care for young adults, expanded emergency and outreach services, emergency hotel accommodation and rehabilitation supports.

One care model that has drawn national and international attention is the Archie Courtnall Centre contiguous to the Emergency Department at Royal Jubilee Hospital. We are very pleased that this service, which provides emergency care for clients with mental health and addictions challenges, will be replicated in Nanaimo.

As is the case with health care providers everywhere, one of VIHA's biggest challenges today is meeting the service demands of a steadily growing and rapidly aging population.

With the support of government and community partners, we have been able to make some great strides in health services for our seniors. For example, in 2001, VIHA had 4,988 residential care beds and just a handful of Assisted Living beds. As of March 31, 2010 we had 5,261 residential care beds, many of which were new, rebuilt or remodeled for more complex and appropriate care, and 1065 assisted living beds. That's 1338 beds that didn't exist nine years ago and for which VIHA provides on-going operational dollars. Director Nunns Shoemaker noted that VIHA still needs more, but that is an enormous and unprecedented increase in nine years.

Under Jac's leadership, VIHA has advanced our geriatric evaluation and outpatient services, which enable frail seniors to stay in their homes longer, and we opened two new facilities that provide specialized dementia care for individuals who are unable to live on their own due to cognitive impairments.

At our acute care sites, we continue to reduce surgical wait times for high profile procedures including hip and knee replacements, and we have increased outpatient capacity for elective surgeries.

In our communities, VIHA is focused on better serving at-risk populations in under-served areas. As part of this, VIHA established seven Integrated Health Networks in rural communities like Sooke, Port Alberni and Oceanside, which bring together local physicians, VIHA care staff, community agencies and specialty services to provide proactive care for people living with chronic diseases.

Another area of focus has been on our relationships with, and the services we provide to the many Aboriginal communities in our region - several with whom the board has personally visited and held meetings. Among VIHA's accomplishments is a First Nations Telehealth partnership agreement with the Inter Tribal Health Authority, the first in BC.

In the past few years, VIHA has also placed a strong focus on integrated human resource planning, aimed at sustaining and promoting a healthy, well-functioning workplace. There is a reason VIHA has been voted one of Canada's Top 100 employers for the last two years in a row.

Director Nunns Shoemaker noted that she could only touch on a few of the many accomplishments in a few minutes adding that there are so many more exciting advancements that have been made up and down and across the island communities, for which Jac should be rightly proud.

Director Nunns Shomaker concluded her comments by noting that the VIHA Board is aware that VIHA does not always meet everyone's healthcare demands and expectations: and we fully acknowledge that we have made some mistakes in the past. However, today is the day to celebrate the tremendous progress under Jac's leadership. There have been private occasions at which the board and staff paid tribute to Jac's many skills and to his outstanding contribution. Today his colleagues

on the board, collectively and publically, sincerely thank him for his wise guidance and unwavering dedication to healthcare on the island. He will be greatly missed.

### 3. Health Quality Committee

Director Nunns Shoemaker noted that the Health Quality Committee held its regular meeting on Tuesday, November 23<sup>rd</sup>.

- The Pharmacy, Diagnostics & Community Hospitals portfolio provided an annual update on their key activities and initiatives for improvement, and we received an excellent presentation on some of the quality initiatives underway in Medical Imaging.
- Twice each year the committee reviews a number of performance indicators. The committee was pleased to see improvement in the surgical wait times for total hip replacements, coronary artery bypass surgery and diabetes haemoglobin A1c testing. There are a number of areas where performance is outside an acceptable range, such is the immunization rate for children at 24 months of age, CT and MRI wait times, and surgical wait times for knee replacement and cataracts. While the Board is satisfied with the mitigation strategies management has in place to address areas of concern, we will continue to monitor performance in these areas.
- At each meeting the committee reviews issues impacting VIHA's ability to provide accessible, timely, safe, and high-quality healthcare services. This month included an update on the successful opening of the Renal Unit at Nanaimo Regional General Hospital; the expansion of the First Link Program, which assists individuals and families affected by dementia and Alzheimer's disease across VIHA; and the Care Continuum Transformation initiative at Nanaimo Hospital which has had a positive impact on patient flow at this site, the learnings which will be shared with our other sites.

### 4. Governance & Human Resources Committee

Director Slaney reported that the committee met yesterday afternoon, and the primary focus of this meeting was HR issues.

- We received a status report on the strategies contained in the People Plan, which include: Care Delivery Model Redesign; Staff Safety & Injury Prevention; Planning Based on Health Needs & Care Delivery; Strategic Retention & Recruitment and Continuous Learning. The work on these key strategies and the associated projects is on-going and the committee was satisfied with the progress being made in this key area.
- Twice each year the committee looks at a number of performance indicators. Performance has significantly improved with respect to the overtime rate in VIHA, and we were also very pleased to see a reduction in the sick-time rate. Performance was outside of the targeted range for time loss due staff injury, short term disability duration and staff influenza immunization.

- We also received an update on WorkSafe BC issues. There is a lot of work underway to address areas of concerns such as violence prevention and musculoskeletal injury prevention. As noted earlier, staff safety and injury prevention is one of VIHA's four system-wide initiatives, making this a key area of focus for the organization.

## 5. Finance & Audit Committee

Director Kruyt noted that the committee met on Monday afternoon.

- The committee received the Audit Plan for the 2010/11 fiscal year from our external auditors, the Office of the Auditor General.
- As occurs at each meeting, the committee reviewed the Financial and Statistical Report. This meeting we looked at Period 7, and I am pleased to report that we are on-track to achieve a balanced budget at year-end.
- As with the other committees, Twice each year the committee looks at a broad set of performance measures linked to the strategic goals. The committee was satisfied with the overall performance, although the equipment depreciation index is outside of an acceptable range. Depreciation rates are accelerating because of increased technology changes, and VIHA is exploring strategies to target replacement of patient care equipment, and is looking at strategic procurement opportunities to maximize the return on equipment funding.
- 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 received an annual update on VIHA's internal controls for IM/IT systems to ensure appropriate systems are in place for security, reliability and disaster recovery. The committee is satisfied with processes in place and the on-going plans to continue to improve capabilities in all areas.
- 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, 2010 to October 15, 2010.
- The committee regularly receives reports and updates from the Director of Internal Audit, and there are no areas of concern with respect to this on-going work.
- At each meeting the committee also reviews the status of major capital projects. VIHA currently has two major capital projects underway, the new Patient Care Centre at Royal Jubilee Hospital and the new Emergency Department & Psychiatric Emergency Services at Nanaimo Regional General Hospital. Both projects are currently on-time and on-budget.

## 6. Committee of the Whole

Director Garside advised that the Committee of the Whole met on Monday, November 22<sup>nd</sup>.

- We received an update on Communications and External Relations activities for 2009/10. The Board was pleased to see that an independent poll of stakeholders confirms that there has been steady improvement in external relations, particularly with communities north of the Malahat over the past two years, and we anticipate that with on-going effort this will continue to improve.
- The committee looked at a few performance indicators. The rate of tobacco use for people ages 12 and over continues to improve; the number of persons testing positive for HIV continues to decrease; and VIHA's self-sufficiency rate of providing services for Island residents continues to be the best of all health authorities in BC, at 96%.
- We received an overview of Business Intelligence and the work underway in VIHA in this area. The key purpose of Business Intelligence is to facilitate the use of data to inform evidence-based decision making. This is important to VIHA because it enables the organization to understand, monitor and improve performance.
- Dr. Richard Stanwick, Chief Medical Health Officer for VIHA, gave the Board an update on key public health activities, and a very interesting presentation on safe drinking water. There are 896 known water systems on Vancouver Island. These serve populations from as few as 10 and up to hundreds of thousands of people. Environmental Health Officers are responsible for routine water inspections to ensure it is safe to drink and the system is in compliance with the legislation.
- Lastly, we received an update on the status of preparations for VIHA's upcoming Accreditation survey scheduled for early April 2011. Work is on-going throughout the organization and the Board will receive a further update in the New Year.

## 7. Presentation by President & CEO, Howard Waldner

Howard Waldner noted that the most significant activity underway in VIHA right now is the near completion of the new Patient Care Centre at Royal Jubilee Hospital. This is a very exciting project and training for approximately 2,000 staff is underway,

As was mentioned earlier in the meeting, this day marks the end of the Chairmanship of the Board by Jac Kreut, and on behalf of the entire leadership team, he extended sincere appreciation to Jac for his leadership, guidance and mentorship, and best wishes for a long and happy retirement.

Chair Kreut thanked his colleagues and management for the kind words. He is very proud of the progress that has been made in VIHA over the past nine years. A Board never finishes everything, as the vision is long term, and while the new Patient Care Centre is nearing completion, the construction of a new Emergency Department at Nanaimo Regional General Hospital has just commenced, and planning continues for two new hospitals in Campbell River and Courtenay/Comox.

Jac expressed appreciation to his fellow Board members for their support over the years. It takes a team to make progress, and VIHA has a great team, and he looks forward to seeing and hearing about new accomplishments in the future.

## 8. Questions & Answers

Chair Kreut noted that there were no written questions submitted in advance of the meeting, and he opened the floor for questions from the public.

- Convalescent care was previously provided free of charge, but now seniors are required to pay for this, and it was queried whether VIHA would put a stop to these extra charges.

Chair Kreut noted that this is a complex issue. In compliance with Ministry of Health policy direction, VIHA began charging for convalescent care earlier this year. Convalescent care is not provided under the Canada Health Act, and the charges are based on the personal income of each individual. VIHA has a mechanism in place for clients to complete a waiver if they are unable to pay, and this is looked at on a case by case basis.

- When will VIHA make available the Ministry of Health Guidelines for Family Councils, and why has VIHA chosen to exclude families, friends and neighbors from participating in Family Councils?

Howard Waldner advised that it was his understanding the Ministry of Health Guidelines for Family Councils were available publicly and that VIHA was in compliance with these guidelines.

- Will the VIHA Board recommend launching a review of the hospital admissions policies regarding involuntary transfer of people under the Mental Health Act?

It was suggested that this individual speak to Kelly Reid, VIHA's Director for Mental Health and Addictions Services, to discuss his particular concerns with respect to VIHA's admission policies.

- Has VIHA decided to stop providing geriatric medical rehabilitation and designate services of this type as convalescent care so it can charge a fee? Is this a policy change that has been made by the Board?

Chair Kreut advised that the Board has not made a policy change. The Ministry of Health issued a policy direction several months ago, and VIHA is in compliance with that.

Howard Waldner asked Catherine Mackay, VIHA's Chief Operating Officer, to provide some additional information in service changes that have occurred in the South Island over the past few months.

Catherine Mackay noted that VIHA continues to provide Rehabilitation Services for those patients who require acute medical rehabilitation. Convalescent units have been in place for some time in VIHA and are located outside of the acute care setting. There is currently one unit at Dufferin in Nanaimo, one unit at Aberdeen in Victoria and one unit at Cairnsmore in Duncan. These units provide care for much longer stays. In addition, there have been some changes to other Geriatric Services in VIHA in order to provide outpatient services Island-wide. These changes were made based on the advice from our Geriatric Clinicians.

- It was queried what the plan was for Oak Bay Lodge.

Howard Waldner advised that several months ago VIHA issues a Request for Proposals (RFP) for the replacement of both Oak Bay Lodge and Mt. Tolmie Hospital, as neither facility met the current complex care guidelines. He noted that VIHA is currently working with a preferred proponent, Baptist Housing, to develop a plan to replace these residential care beds. There was a lot of community interest and there were a number of concerns raised when the RFP was issued, and VIHA has listened carefully to the public and elected officials. We hope to have a detailed plan to share publicly regarding the renewal and replacement of these facilities in early in 2011. Unfortunately, due to the negotiations currently underway, we are unable to announce anything publicly at this time.

- What is VIHA doing to help St. Joseph's Hospital in Comox regain its Accreditation status?

Chair Kreut advised that Accreditation status is a requirement of our service contract with St. Joseph's Hospital, which is a denominational facility funded by VIHA. This is something VIHA takes very seriously and we are working closely with St. Joseph's Hospital, to help them regain their Accreditation status.

- It was queried how many Board members have made unannounced visits to hospitals or residential care facilities to see first hand the care being provided and to taste the food being served, particularly at Oak Bay Lodge.

Chair Kreut noted that this is a governance Board, and it would not be appropriate for any Board member to make an announced visit to any of our hospitals or residential care facilities. Operational issues are the responsibility of management.

Chair Kreut thanked everyone for their questions and for taking the time to attend the meeting, particularly given the inclement weather. He invited the members of the public to join the Board and senior management at the Open House for further discussion.

## 9. Adjournment

The meeting was adjourned at 11:40 am.