



**GENERAL BOARD MEETING
WEDNESDAY, SEPTEMBER 27, 2006**

QUESTIONS & ANSWERS

Submitted by Bob Kanngiesser

Q

Please describe the process and criteria used in evaluating a request from a hospital or community to increase, modify or delete a service.

A

VIHA's budget process is guided by the health service needs identified in our Five-Year Strategic Plan, which is available on our website, and by Government's priorities for health.

VIHA programs annually prepare budget submissions, which are jointly evaluated by senior clinical staff and administrators. Standard criteria are used to evaluate the budget requests and determine relative priorities. Requests from facilities, communities and agencies are all considered by programs as they develop their individual budget submissions. The annual budget process also provides the opportunity to evaluate existing services and identify opportunities to reallocate resources to better address the health service needs of the population we serve.

Submitted by Lynn Peachey

With reference to the response provided to my question submitted for the May 31, 2006 meeting:

Q

You state that recent data indicates only occasional use of BC Children's Hospital by residents of Vancouver Island. a) How is this data collected and can the public access it? b) Do you record the number of times it is needed or requested or just the number of times it is actually used?

A

- a) The data regarding utilization of beds at BC Children's Hospital is captured by the BC Children's Hospital's information system where information on each admission or actual use by postal code is recorded. BC Children's Hospital is responsible for this data and you would need to contact them directly regarding public access to this information.
- b) VIHA does not track the number of requests for referrals of Vancouver Island residents to the inpatient mental health services at BC Children's Hospital. However, since the reconfiguration in 2005 of services at Ledger House, part of our services for children and youth located at Queen Alexandra Hospital, there have

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been no transfers to BC Children's Hospital. This is most likely due to the fact that Ledger House has the mandate to admit children and youth from the Island. Mental Health Centres (operated through the Ministry for Children and Family Development) may occasionally refer to BC Children's Hospital; however, VIHA does not track those statistics. We would recommend you contact the Ministry of Children and Family Development for this information.

Q You state that these plans include appropriately trained staff in the ER of the local hospital. May I have a list of the qualifications and job titles of those positions you expect to fulfill this role?

A The use of the Psychiatric Triage Nurse positions at Victoria General Hospital is intended as a pilot project with the intent to evaluate effectiveness at the end of this fiscal year (March 2007). Psychiatric Nurses are staff with specific university or college training to work with people with mental health challenges. There has been a Crisis Response Team staffed by psychiatric nurses at Nanaimo Regional General Hospital for some time. This team has always treated patients of all ages, including children and youth. VIHA's Psychiatric Nurses require current registration with the College of Registered Psychiatric Nurses of BC (CRPNBC). For a detailed list of the competencies required in order to obtain CRPNBC registration, you can review the Competency Profile at the following link to the CRPNBC website: http://www.crpnb.ca/RPNC_CompencyProfile.pdf

Q Will this Board of Directors take from the current budget and allocate funds so that an on call Child Psychiatrist is available in the Nanaimo area such that one could be in place before the year ends?

A In Nanaimo Dr. Rex Bowering, Child Psychiatrist, provides hospital-based, urgent psychiatric consultation for children and youth who are admitted to general pediatrics or the psychiatry ward at NRGH. To that end, funding is allocated for this purpose. There are currently no plans in place to allocate additional funding for an on-call Child Psychiatrist in the Nanaimo area.

Q You say that Crisis Intervention has proven very successful. Will you tell me which location you are referring to and what the protocol is that is being successful when implemented?

A Crisis Intervention Services have been enhanced in the South Island since January 2005 and the changes have been very successful. These enhancements include the following:

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- The addition of two Child and Youth (C&Y) Counsellors to the Integrated Mobile Crisis Response Team (IMCRT) team in Victoria;
- The addition of a C&Y Mental Health Nurse to provide a Triage Service in the Emergency Department at Victoria General Hospital (VGH); and
- The provision of Urgent Psychiatric Consultation services in Victoria.

These enhanced services have often resulted in diversion from an inpatient admission in the Pediatric Unit at VGH to Ledger House at Queen Alexandra Hospital, where more appropriate psychiatric services are available, thus resulting in more timely access to appropriate care. In addition, Crisis Intervention Services throughout VIHA are organized and operated in a manner that conforms to the Provincial Best Practice Standards for Crisis/Emergency Response.

Q With the addition of a new wing at NRGH, can we have a 5 five-bed acute care facility for children with diagnosed Psychiatric Illness such that 3 beds are for teenagers and 2 beds are for preteens?

A The planning for a unique psychiatric emergency area at NRGH is in the initial planning stages. Adult and child psychiatrists are discussing all service options. The total number of acute care beds for children and youth with mental health problems is based upon demographic population information and local needs.

Q You state that VIHA's Child and Youth Mental Health is developing plans to enhance the availability of Crisis intervention in Nanaimo. a) Who is in charge of this project? b) How much money has been allocated to this project and by whom? c) Are the professionals involved consulting with end users for input and if so when and how?

A a) The Child/Youth & Family Health Program, led by the Director, Child/Youth & Family Health, is responsible for the review and development of possible enhancements to the Crisis Intervention Services in Nanaimo.

b) There is currently no budgeted funding available for this project. Once the plans have been developed further, we will explore funding options.

c) As part of the review, the Child/Youth & Family Health Program representatives will have discussions with key stakeholders, including families and youth. No timelines for these discussions have yet been scheduled as planning is in the preliminary stages.

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Q You state that it is the local hospital's responsibility to stabilize a child with a diagnosed psychiatric illness. a) What is the established and written protocol for this at NRGH when a child presents at the ER? b) What is the position/s of the person/s who makes this decision? c) What is the written established protocol if any?

A

a) The protocol for treatment of any patient in the Emergency Department is not based on “established and written protocol” but rather on standards of practice of the medical and nursing professions. When a child with a diagnosed psychiatric illness presents at the Emergency Department, they are seen by an Emergency Department physician and often a crisis response nurse. The Emergency Department physician may decide to consult a child psychiatrist or admit the child to an inpatient unit depending on the nature of the illness. Child psychiatry will provide an urgent consultation as quickly as possible. The patient would likely be admitted to the care of a pediatrician or general practitioner, who may also decide to consult a child psychiatrist. Alternatively, Emergency Department physicians have the option of recommending referral to the Ministry for Child and Family Development services, or private child mental health services in the community, if they feel that is an appropriate form of treatment in the circumstances.

b) The Emergency Department physician is responsible for making the treatment decisions regarding their patients, including making the appropriate requests for consultation where indicated.

c) Please see a) above.

Q Is the process to stabilize an adult with a diagnosed psychiatric illness the same as for children? a) What is the established and written protocol at NRGH when an adult presents at the ER? b) What is the position/s of the person/s who makes this decision? c) What is the written established protocol if any?

A The process to stabilize an adult with a diagnosed psychiatric illness is similar to the process for children.

a) As indicated above, the protocol for treatment of any patient in the Emergency Department is not based on “established and written protocol” but rather on standards of practice of the medical and nursing professions. If an adult patient with a psychiatric illness is brought to the Emergency Department, they are seen by an Emergency Department physician who may decide to consult a psychiatrist, or who may admit that person to an inpatient unit. Because of the shortage of psychiatrists, emergency consultation services have not been available outside of the working day

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in recent years. However, new recruiting has been successful, and emergency consultation services will be available again in the near future. When patients are admitted to an inpatient unit they are normally admitted to the care of a general practitioner, who will obtain psychiatric consultation as soon as it is available. Emergency Department physicians may determine that stabilization can be accomplished in the community and have the option of referring the patient to short-term crisis stabilization services in the community.

- b) The Emergency Department physician is responsible for making the treatment decisions regarding their patients, including making the appropriate requests for consultation where indicated.
- c) Please see a) above.

Submitted by Richard Bray

Q

Regarding closing the units at Riverview Hospital (RVH), tertiary resources were to be built and in place before the closing of the RVH units – the money has not been released and the units have not been built. When will the money be made available and when will the units be built? The Psychiatric Intensive Care/Psychiatric Emergency Service Units need to be in place as the tertiary units will need this service. If the money has been released, why has it not been utilized in Central VIHA?

A

The Riverview Redevelopment Project in VIHA is only partially completed at this time. Once new tertiary facilities are opened as part of this project, funds are made available to VIHA for their ongoing operation. So far, new tertiary facility beds are operational in Victoria (Seven Oaks and Sandringham) and Comox (St. Joseph's Hospital) and funds have been transferred for these beds.

The following tertiary beds, many in the Central Island, are under active development and the target dates for opening as outlined below:

- Community Intensive Supported Living (CISL) units – 244 (2006/07 – 2007/08)
(Victoria – 80; Duncan – 20; Nanaimo – 35; Port Alberni – 15; Ucluelet/Tofino – 10; Parksville – 24; Comox Valley – 20; Campbell River – 20; Port Hardy/Port McNeill – 20)
- Geriatric Tertiary Residential beds – 18 (2006/07; 2008/09)
(Ladysmith – 12; Campbell River – 6)

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- Tertiary Acute beds (Psychiatric Intensive Care/Psychiatric Emergency Services) – 8 (2009/10)
(Nanaimo – NRGH)
- Tertiary Adult Rehabilitation beds – 26 (2009/10)
(Nanaimo)
- Tertiary Geriatric Rehabilitation beds – 25 (2008/09)
(Qualicum)

Submitted by M. Devesa

Q

With the new structure currently being built outside of Emergency at NRGH, why is there a delay in framing Psychiatric Intensive Care (PIC) or Psychiatric Emergency Services (PES) Units?

A

The Tertiary Acute Psychiatry Unit at NRGH (PIC/PES) must be developed in conjunction with the expansion of the NRGH Emergency Department in order to ensure that these units are able to work effectively together. Planning for these new units is currently in the functional program planning stage and the Steering Committee is meeting this week, following which user groups will be consulted on functional program needs. Construction approval is still required before these projects can proceed.

The new structure outside the NRGH Emergency will accommodate other health service programs for which functional and design planning have already been completed. Construction approval is still required before these projects can proceed.

Submitted by Tony Smith

Q

There is no confirmation of the units at NRGH. The projected completion of the Emergency area is 2009. This is too long. In the meantime, how do our patients access PIC/PES units elsewhere such as St. Joseph's, Eric Martin or Riverview Hospital?

A

The Tertiary Acute Psychiatry Unit at NRGH (PIC/PES) must be developed in conjunction with the expansion of the NRGH Emergency Department in order to ensure that these units are able to work effectively together. Planning for these new units is currently at the functional program planning stage. Completion of these units is expected in 2009/10.

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In the interim, patients requiring Psychiatric Intensive Care (PIC) may be transferred to the units currently operating at St. Joseph's Hospital (4 beds), or Royal Jubilee Hospital (9 beds). Appropriate patient transfers will be affected under clinical protocols developed by the Mental Health and Addiction Services Quality Council.

Riverview Hospital also remains available for such care on a direct referral basis.

Submitted by Carrie Thomson

Q Is there any commitment from the senior management for the fast tracking of PIC/PES units for NRGH?

A Efforts are being made to fast track the development of the Psychiatric Intensive Care/Psychiatric Emergency Services (PIC/PES) Unit at NRGH, but this must be developed in conjunction with the expansion of the NRGH Emergency Department in order to ensure that these units are able to work effectively together. Planning for these new units is currently in the functional program planning stage. Construction approval is still required before these projects can proceed.

Q Due to the gross lack of tertiary facilities in Central VIHA, can you stop the closure of the Riverview Hospital units until all the services are available locally? Or reopen some of the Riverview units to meet the needs of the people of VIHA until tertiary units are available?

A Until VIHA's tertiary facilities are completed, Riverview Hospital will continue to accept referrals for the care of patients for whom no appropriate facility/bed is available on Vancouver Island.

In addition, initiatives are underway through the Mental Health and Addiction Services Quality Council to improve access to suitable funded facilities/beds within VIHA for patients from any Island community based on their clinical needs.

Submitted by Sheena Nolli

Q What suggestions would you give to managers of Central Island VIHA on how to recruit and retain qualified Psychiatric Nurses for NRGH given the current environment in which we work?

A Psychiatric Nurses face numerous challenges in caring for seriously mentally ill individuals in an inpatient care environment. Psychiatrists, nursing and allied staff work closely together as a team to address demanding clinical responsibilities in often difficult

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circumstances. The strength of the team at NRGH, augmented recently by additional nursing and psychiatrist positions, is being supported by improvements to safety and the quality of patient care.

Since Nanaimo will be the focus of significant new psychiatric care resources over the next few years, staff may be attracted to participate in the development and leadership of these needed new programs. In addition, the City of Nanaimo affords a very high quality of life for staff and their families that can compete with any location in Canada.

Submitted by Ruth Kasper

Q

Central VIHA has no facilities for child and youth care, complex dementia or forensic patients. All of these patients are being cared for at the In-Patient Unit of NRGH. This toxic combination results in a non-therapeutic atmosphere for all patients. None receive safe, effective care. How will VIHA address these problems in the Central Island?

A

VIHA's first priority in this regard is to expedite the development of a Psychiatric Intensive Care (PIC) Unit at NRGH to permit the separation of the general psychiatry population from those patients who pose more extreme safety and risk issues for themselves and others.

Efforts are being made to fast track the development of the PIC/PES Unit at NRGH, but this must be developed in conjunction with the expansion of the NRGH Emergency Department in order to ensure that these units are able to work effectively together. Planning for these new units is currently at the functional program planning stage.

In addition, a request to begin planning for a new Psychiatry IPU at NRGH has been put forward by MHAS as part of the VIHA capital planning process. Other VIHA programs (Seniors; Child/Youth and Family Health) are pursuing program improvements to address the needs of these groups more effectively in the future.