



**BOARD OF DIRECTORS  
GENERAL BOARD MEETING  
WEDNESDAY, SEPTEMBER 27, 2006  
BALLROOM, BEST WESTERN BARCLAY HOTEL  
4277 STAMP AVENUE, PORT ALBERNI, BC.**

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

Staff Present: Howard Waldner  
Mike Conroy  
Glen Lowther  
Bill Boomer  
Georgina MacDonald  
Janet Shute, Recorder

1. Call to Order

Chair Kreut called the meeting to order at 1:00 pm and confirmed that a quorum was present. He welcomed the members of the public in attendance and roundtable introductions were made for the benefit of the public.

The agenda was adopted as circulated.

The minutes of July 26, 2006 were adopted as circulated.

2. President & CEO`s Report

Howard Waldner gave a presentation on the following key issues:

- Financial/Budget Update – Despite the increased cost pressures and increased service levels, last year VIHA balanced its \$1.4 billion budget and is anticipating a balanced budget for 2006/07. As outlined in the BC Government’s September Quarterly Report, BC’s Health Authorities, including VIHA, face rising health care costs. The cost drivers include a growing and aging population and demand for new technology and pharmaceuticals.
- Port Alberni
  - Primary Health Care Centre – An Expression of Interest was issued inviting health care providers and social service agencies to indicate interest in offering services in this facility. The Expression of Interest closed on September 18<sup>th</sup> and submissions are now under review. This will form the basis of a request for proposals as required.

- Physician Recruitment – A new Internist has already begun practicing in the community and three general practitioners have been recruited for the new Alberni Valley Medical Clinic. Recruitment of other Specialists is on-going and looks promising.
- Service Enhancements – VIHA is in final negotiations with a provider to build and operate ten assisted living beds. There has been an increase in addictions service programming to allow for an increase in treatment groups to five days per week.
- A new Geriatric Psychiatrist is serving Port Alberni two days per week.
- The potential for a new CT Scanner for Port Alberni continues to be explored, and it has now been confirmed that the next additional CT Scanner added in VIHA will be in Port Alberni.
- VIHA is engaged in a Partnership Project for a 27-unit Assisted Living residence.
- Palliative Care – VIHA's Five Year Strategic Plan outlines our commitment to enhancing Palliative/End of Life services. Based on utilization data/demographic information, dedicated End of Life beds have been designated at Westhaven.
- Child, Youth & Family/Public Health – VIHA has produced a DVD, which was developed by a group of Aboriginal Youth, focused on healthy choices for Aboriginal Youth.

### 3. Health Quality Committee

Director Nunns Shoemaker noted that the committee met on Tuesday, September 26<sup>th</sup> for a regular committee meeting, as well as a luncheon with local physicians. The Board also traveled to Tofino in the afternoon for a tour of the hospital, and had dinner with local physicians from Tofino and Ucluelet.

At the regular committee meeting:

- Access is a key issue for the committee, and the Board as a whole, and a review of key health system capacity trends, risks, and risk mitigation strategies is a standing agenda item. As at every meeting, Patient Flow was discussed. There are a number of initiatives, such as ActionNow and Emergency Department Decongestion Plans, to address this issue. As a result, there have been improvements in patient flow and Emergency Department decongestions over the past few months, even when taking into account that the summer months are also typically slower in the Emergency Departments. However, the options available to realize additional significant gains in the short term are becoming fewer, and this will continue to be an issue in VIHA until 2008, when new residential care capacity becomes available. While patient flow improvements continue to be realized in a number of areas, reducing the Average Length of Stay to the expected length of time will be a focus for 2006/07, as this is likely to offer the largest single opportunity for improved patient flow across the system. The committee was very pleased to hear that only 0.3% of all inpatient cases have required transfers from VIHA to other Health Authorities, and most of the patients were transferred because they required a higher level of care, such as

specialized neurosurgery, bone marrow transplant, trauma care or cardiac services.

- Orthopaedic Update – the median wait time, which is from the time of booking a procedure to the time the procedure is completed, has decreased from 47.9 weeks to 32.7 weeks for knee replacements. The median wait time for hip replacements has decreased from 23 weeks to 15.4 weeks. VIHA is also making improvements in the number of patients who receive joint replacements within the Federal Wait Times Benchmark of 26 weeks.
- Renal Services is part of a regional program coordinated by the BC Renal Agency. Growth in the hemodialysis population continues to average about 10% per year in VIHA, but there continues to be physical capacity in all of our units to accommodate this growth. There is no wait list for patients requiring hemodialysis, and wait times for transfer to community dialysis facilities in Central and North Island, once the patient is medically stable, are typically 0 to 3 weeks. There is demand for the provision of the full spectrum of renal services at Nanaimo Hospital, and planning is currently underway for the development of a Kidney Care Clinic, which is expected to open within 12 months.
- The Committee received a quarterly report from the Quality and Patient Safety Portfolio. The portfolio provides quality assurance and process improvement services, infection prevention and control services, and cross-portfolio support for system quality and patient safety activities for Integrated Health Services. Over the past year a number of strategies were used to promote a quality and safety culture in VIHA, and the response from staff and physicians has been overwhelmingly positive. The Portfolio has developed goals and objectives that are aligned to the quality objectives of the organization and there are numerous activities/initiatives underway to support the goals.
- Norovirus, which is an intestinal illness that is highly contagious and often occurs in outbreaks, is an ongoing issue in both the community and in some of our health care facilities. This is not just an issue in VIHA, but is an issue across the country. Symptoms include nausea, vomiting, diarrhea and stomach cramps. While highly unpleasant, severe illness or hospitalization due to Norwalk is uncommon. The best form of prevention is hand washing. VIHA has a vigorous infection control program in place, and we do everything we can to prevent outbreaks, and to restrict the spread when they do occur. This includes limiting visitors to facilities when there is an outbreak, reminding everyone to wash their hands, having people remain in their rooms for 48 hours after they are symptom-free and excluding staff from returning to work for 48 hours after they are symptom free.
- An update on Mental Health and Addictions Services in VIHA, which is one of the six priority service areas identified in VIHA's Five Year Strategic Plan. Over the last decade there has been significant growth in the prevalence of alcohol and other drug use in Canada. Within VIHA, drug and alcohol use has a significant impact on the health care system. Close to 7% of all acute care beds are occupied by patients whose presenting medical conditions are related to substance abuse or chemical dependence. In the community, approximately 20% of primary health care visits to family physicians or walk-in clinics are related to substance abuse. VIHA's Addictions Services works with a number of

government and community agencies to develop a comprehensive array of services to prevent and treat substance abuse and chemical dependency, and to develop the necessary social supports to break the cycle of dependency. There is clear evidence that the best outcomes in addressing addictions are the result of developing programs across the continuum of care and social supports. To enhance service coordination VIHA has organized services within two areas – Adult Mental Health and Addictions Services and Youth Mental Health and Addictions Services. Both of these service areas work with diverse groups of partners to plan and provide addictions services to all Island communities. Despite resource challenges, a number of services have been introduced since 2002.

- An update on the results of the Acute In-Patient Care survey completed by the National Research Corporation on behalf of the six health authorities in the province. The survey was mailed to 7,300 people within VIHA and the response rate was 59%, which is a high return rate for this type of survey. The overall results of the survey for VIHA were comparable with all health authorities, and surveys conducted in Ontario and Saskatchewan. 92.1% of respondents said that the quality of their care and services in VIHA was excellent, very good or good, which is very close to the overall provincial rating of 91.8%. The results from the survey are being shared at the unit level with staff and physicians to identify improvement priorities.
- The committee reviewed and endorsed a policy on the Security of Health Records, which has been developed to ensure appropriate security measures are in place to protect personal information.
- The committee received an update on the medical manpower strategies in Port Alberni to support recruitment and retention of Specialists and family doctors. As reported by the CEO earlier in the meeting, this has been very successful and the Committee was pleased to see the progress that has been made.

It was noted earlier that the number of patients transferred from VIHA to other Health Authorities was extremely low and queried whether the actual number of patients transferred out due to lack of bed availability was known?

Director Shoemaker noted that in 2005/06 only 3 patients required transfer out due to lack of appropriate bed availability within VIHA, compared to 5 patients transferred in the 2004/05 fiscal year, which is a very good record.

It was queried what service enhancements have been implemented in Addictions Services in VIHA since 2002?

Director Shoemaker noted that there is a long list, but she provided the following examples:

- In Mt. Waddington 5 beds in acute care have been designated for medical detoxification and group day programs have been expanded.

- In Comox/Campbell River a total of 12 crisis stabilization beds have been added and staffing in outpatient clinics in both of these communities has been increased.
- In Parksville the Alcohol and Drug nursing position was increased to full-time and outpatient services have improved.
- In Nanaimo 4 detox beds and 6 post-acute withdrawal beds have been added and there have been a number of other service improvements. In addition, through the homelessness initiative at New Hope Centre, 2 crisis nurse positions to the downtown area, 6 social detox beds and a drop-in living room for homeless individuals who have serious mental health and addictions issues, as well as a housing registry service, have been added.

Director Shoemaker noted that many more services have been added across the Island for adults, as well as for youth, but this is a good example of the improvements have been made.

#### 4. Governance & Human Resources Committee

Director Stamp noted that the committee met on Monday, September 25<sup>th</sup>.

- The committee received an update on VIHA's plans for staff influenza immunizations, which will change from a model of general clinics to a unit or department based model. In patient care areas, staff immunizations will be provided by unit/department based nurses, and in non-patient care areas, Occupational Health Nurses will go directly to departments to provide immunizations. There will also be a number of general clinics, and all newly hired staff will be offered immunization prior to commencing employment. It is hoped that this new immunization plan, which will be much more convenient for staff as they will not need to leave their work areas, will result in increased uptake, particularly among clinical personnel who work with at-risk patients and residents. The official launch of this year's campaign is not expected to start until approximately November 6<sup>th</sup>, following delivery of the vaccine.
- Annually the Board completes an evaluation process, and this process has been in place in VIHA since the inception of the Board in April 2002. The Governance & HR Committee established a Task Force to review and revise the current Board, Committee, Chair evaluation form and the revised Board Evaluation questionnaire was approved.
- The terms of two Directors expire on March 21, 2007, which will leave two vacancies on the Board. The process to fill these two vacancies will commence shortly. The vacancies will be advertised in local newspapers and posted on the Board Resourcing and Development Office and VIHA websites. A shortlist will be developed, candidates will be interviewed and a recommendation submitted to the Board Resourcing and Development Office.

## 5. Finance & Audit Committee

Director Robinson noted that the committee met on Monday, September 25<sup>th</sup> and reviewed a number of key issues.

- Financial results were reviewed for Period 5, and a copy is included in the package available to the public. At the end of Period 5 VIHA had an operating surplus of \$8.6m. There is a potential for a \$5m deficit for year-end, but management is working on strategies to mitigate this and ensure the fiscal year ends with a balanced budget.
- Volumes of health service comparisons to the same period last year revealed the following:
  - The Home Hemo Dialysis program is expanding, which has created additional capacity throughout VIHA, and resulted in a 9% increase in renal dialysis treatments.
  - CT Scans are up 9% over last year.
  - There has been an 18% increase in Home Support hours, primarily due to access and flow initiatives related to our Emergency Departments.
- The Committee received a semi-annual update on Risk Management, which works with all areas of VIHA to manage the risks of the organization. This included a review of all insurance claims reported to our insurers of the past 12 months, and there are no issues regarding payment on any of the claims submitted.
- The committee reviewed the status of major Information Management and Technology 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 reviewed and endorsed a policy on the Security of Electronic Information, which addresses risks related to information resources within VIHA.
- Health Authorities are required, under the Financial Information Act, to submit certain documents annually to the Minister of Finance. Regulations to the Act state that the information submitted is to be approved by the Board. The required documents include:
  - Management reports, which explain the roles and responsibilities of the Board, the Finance and Audit Committee, management and the auditors regarding the preparation and approval of the Financial Information Act documents.
  - Audited Consolidated Financial Statements of VIHA
  - Schedule of remuneration and expenses paid to employees who were paid in excess of \$75,000 in the 2005/06 fiscal year.
  - Schedule of names of suppliers and amounts paid to them where the amount paid is in excess of \$25,000 in the fiscal year.
  - Schedule of Guarantees and Indemnity Agreements.
  - Schedule of Debts.
  - Statement of Severance Agreements

The Audited Consolidated Financial Statements have been posted on VIHA's website since August 2006. The Schedule of Remuneration and Expenses Paid for employees earning over \$75,000 per year and the Schedule of Suppliers and amounts paid in excess of \$25,000 in the fiscal year will be posted on the VIHA website by Monday, October 2, 2006 as part of the Public Financial Reporting.

The Finance and Audit Committee has approved and signed the Financial Information Act report on behalf of the Board.

- Annually this committee, as do all of our committees, reviewed its Terms of Reference and Planning Calendar. The Committee approved the terms of reference and planning calendar.

It was queried as to what the increase in Home Support hours were being used for.

Director Robinson noted that the additional Home Support hours are being used to provide intensive home support for clients at home awaiting residential placement and to provide high levels of support for those returned home from Emergency Department or discharged early from hospital.

It was queried as to how many VIHA employees earned over \$75,000 in the past fiscal year.

Director Robinson noted that out of the approximately 16,000 employees in VIHA, 860 earned over \$75,000. Of those 860 individuals:

- Nearly half – 417 are nurses, mainly members of the BC Nurses` Union
- 275 are non-contract management staff and physicians (excluded from union membership)
- 150 are paramedicals, mainly members of the Health Sciences Association

## 6. Committee of the Whole

Chair Kreut noted that for the past several months the Board has been reviewing the future of health care in the North Island. Specifically, how to deliver hospital care to the people of Campbell River, the Comox Valley and Mount Waddington in a way that is sustainable for the future. This has been the most challenging issue the Board has faced. Some key facts:

- By the year 2020 the population in the North Island will grow by 18%.
- By the year 2020 nearly 4,000 more North Island residents will be over the age of 75.
- Our healthcare workforce is also aging – the average age of VIHA's employees is 45, which is three years older than the national average. This means we can expect up to 2,300 nurses, doctors and other health professionals to leave the workforce over the next five years. At the same time, physician specialists are in increasingly short supply across the country.

- Currently, Physician Specialists in both Campbell River and Comox are on-call as often as every second day because they work at separate hospitals.
- The current hospitals are aging - both are over 45 years old and are nearing the end of their life span without significant investment. At some point it must be determined whether we can continue to pour money into renovations or whether it is better to start fresh.
- Last fall VIHA developed a Five Year Strategic Plan to consider how we could meet the health care needs of our communities into the future, and acute care services in the North Island were identified as a priority.
- Consultation on the Five Year Strategic Plan continued into 2006, and in March 2006 a Consultant's Report, which assessed a number of options, including maintaining the status quo, recommended a new Regional Hospital in a neutral location as the best option.
- Due to the critical nature of this decision, the Board determined that further consultation was required before a decision could be made.
- The second consultation process included Town Hall Meetings, Open Houses, meetings with a variety of groups, as well as feedback through emails, phone calls and letters.

In the world of health care few decisions are met with a consensus, so the diversity of opinions we received during the consultation process was not a surprise. The greatest diversity of opinion occurred between rural and urban residents. Rural residents generally wanted a new hospital as far north as possible, while urban residents generally favoured the status quo. Physicians and staff were also of mixed opinion, although the majority in Campbell River supported a new regional hospital. Aboriginal leaders generally favoured a new regional hospital as far north as possible.

Location was also a critical factor in this decision, and given the strong public interest, feasible sites were explored as part of the decision-making process. At the end of the day four options were considered by the VIHA Executive and Board. These were:

- 1) Placing a new Regional Hospital close to Campbell River
- 2) Placing a new Regional Hospital in the Comox Valley
- 3) Trying to juggle services and health professionals between the existing two sites.
- 4) Creating a Day surgery Centre and phasing in new investments in services into the two existing hospital sites over time – this option was put forward by the St. Joseph's Hospital Board.

Earlier this year the VIHA Board adopted a Decision-Making Guide to help focus their deliberations on matters that were significant to both the Board and our communities. Each option was looked at through four separate lenses:

- 1) Quality & Safety – could we enhance the quality of care we provide to patients based on the option chosen.

- 2) Sustainability – could the option chosen allow VIHA to recruit and retain qualified health professionals in the future and would there be a time when the existing buildings, despite significant investment, would be obsolete.
- 3) Access – analyzing the options based on achieving fair geographic access to care for the current population, as well as the projected growth of the population.
- 4) How the public, our most important stakeholder, would respond to each of the options, knowing that every option would attract its supporters and critics.

At the end of the day, after considering what was heard, and all of the options, from a quality, sustainability and access perspective the Board determined that the best option was to build a new Regional Hospital near the intersection of Dove Creek and the new Inland Highway. This option is dependent on a number of critical factors to make it work.

Given that the location is closer to Comox, approximately \$20 million would need to be invested to maintain a Community Hospital in Campbell River, with 24/7 access to Urgent Care and investing approximately \$5 million in capital costs to maintain residential care and other necessary community services at St. Joseph's Hospital.

The rationale for this decision is as follows:

- Older hospitals were not built to meet the needs of a modern health care system.
- Building a state-of-the-art facility would be a magnet for the health care professionals of the future, which in turn will benefit patients.
- Medical care is an area where higher volumes mean better results for patients.
- Combining the strengths of the teams from both hospitals would provide sustainable levels of all core specialty services in the North Island.
- A new, larger hospital would allow for expanded services that are not currently provided at either of the existing hospitals. Services like specialized care for trauma patients and complex medical imaging such as MRIs.
- Maintaining two aging hospitals, only 45 kilometers apart, over the next twenty years would cost as much as building a new hospital, with virtually no benefit to patients or our staff.
- Access is a key factor, and 80% of North Island patients will be able to drive to the Dove Creek Junction within 30 minutes, which is well within the "golden hour" recognized as the optimum time for patients to get care following a traumatic injury.
- The population in the Comox Valley is expected to increase 25% by 2020, compared to a 14% increase in Campbell River and a 1% increased in Mount Waddington.

There are three significant factors to make the option of a new Regional Hospital effective:

- 1) Support from the Comox-Strathcona Regional District to improve public transportation links to the new site, both for patients and our staff.

- 2) Additional advanced paramedic support from BC Ambulance Services to respond to patients in an emergency.
- 3) The need to work with our partners to build something equivalent to Ronald McDonald House, a place near the hospital so that patients and their family members from more remote areas have someplace to stay.

The Board deliberated over this issue for many hours, and recognizes that this decision will have a profound implication for our communities and our staff in the future. The risk in not making a change is that one, or both, hospitals will not be able to deliver consistent, high quality patient care in the future, and staff and physicians will choose to work in other communities.

The Board believes it is time for our communities to dream a little bigger, to imagine the kind of services available in Nanaimo and Victoria, being available right in the North Island. Ultimately, the community response to this decision may close the debate once and for all. If the public tells our politicians loudly and long enough, that they want the status quo, then they will listen.

This is really a first step in the process. Staff will now need to develop a detailed site analysis and prepare a comprehensive business case for consideration by the Comox-Strathcona Regional District and the provincial government. We will not make this decision on our own, but we can stand up for a solution that the VIHA Board believes is in the best interest of patients now, and more importantly, in the future.

It was MOVED, SECONDED and CARRIED THAT the Board adopt the concept of developing a new regional hospital in the vicinity of the new Inland Island Highway and Dove Creek Road and that the Board direct the management team to fully develop the business case necessary to move this project forward for approval by the Ministry of Health and the Provincial Government.

#### 7. Questions & Answers

Chair Kreut noted that there were a number of questions submitted and the written responses had been distributed at the meeting, and will be posted on our website at [www.viha.ca](http://www.viha.ca).

#### 8. Adjournment

The meeting adjourned at 2:00 pm.