



**BOARD OF DIRECTORS
GENERAL BOARD MEETING
WEDNESDAY, JULY 30, 2008
QUALICUM BEACH CIVIC CENTRE
747 JONES STREET, QUALICUM BEACH, BC**

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

Staff Howard Waldner
Present: Mike Conroy
 Owen Heisler
 Lynn Stevenson
 Catherine Claiter
 Joe Murphy
 Janet Shute, Recorder

1. Call to Order

Chair Kreut called the meeting to order at 100 pm and confirmed that a quorum was present. He welcomed the members of the public in attendance and roundtable introductions were made.

The agenda was adopted as circulated.

The minutes of May 28, 2008 were adopted as circulated.

2. Health Quality Committee

Director Nunns Shoemaker advised that the committee met on Tuesday, July 29th for the regular committee meeting. The committee also had a luncheon meeting with Nurse Practitioners from across VIHA, and had a dinner meeting with Oceanside physicians and the Mayors from Qualicum Beach and Parksville. The following are some of the key items that were discussed at the regular meeting:

- The Board has a standing agenda item to review health system capacity trends, risks and mitigation strategies. Recent activities to address patient flow include:
 - Creating a new “bed map”, that will see the current inpatient beds allocated to programs based on actual utilization.

- Implementing “Rapid Acceptance” and “Repatriation” policies, that will help ensure an effective mechanism to transfer patients to receive the level of hospital care they require.
- Other system challenges that were highlighted in the report were:
 - The temporary “alternating-open” schedule for the Port Hardy and Port McNeil Emergency Departments. This was implemented to address the issue of insufficient nursing staff, which has resulted from both planned and unplanned staff absences.
 - Wait list impacts resulting from increasing demand, which exceeds the 2008/09 budget that was provided to VIHA. This includes expected increases in wait times for CT, MRI, and cataract surgeries.
- 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:
 - The VIHA stroke program applied for and was successful in receiving targeted Ministry of Health funding for several projects to improve stroke care. This program has been leading the province in stroke care,
 - Enhanced chronic disease management through the VIHA Collaboratives Program for Service Integration for family physicians across the Island.
- The annual report from the Pharmacy, Diagnostic, and Surgical Services portfolio was provided to the Board. This report outlined many initiatives in which this portfolio engages to improve population health and wellness, such as:
 - Implementing a new test for screening for antibiotic resistant organisms, which has resulted in shorter lab turnaround times;
 - Improved chronic disease management through the Diabetic Recall Program, which has achieved a rate of 76% of diabetic patients receiving regular testing as recommended, compared to the national average of 48%; and
 - Enhanced screening mammography through the use of leading edge digital technology—VIHA is the first region in Canada to be able to provide access to digital mammography equipment throughout our region, and we are very proud to be a leader in this area.
- There are also a number of activities focused on quality and client-centred care, such as reducing turnaround times for outpatient lab tests in Port Alberni and Campbell River and a comprehensive Medication Safety Redesign Project to improve medication dispensing and delivery across VIHA.
- The annual report from the Operations and Support Services portfolio was also provided to the Board. This report outlined many initiatives in which this portfolio engages, including:
 - Developing “Code White” education and training to manage and prevent patient/resident violence;
 - Maintaining housekeeping and food services quality standards;
 - Providing more transportation to healthcare services in rural communities through the Health Connections program;
 - Enhancing the efficiency and effectiveness of procurement practices; and
 - Advancing VIHA’s Environmental/ “Green” Plan

- The Committee was also provided information about patient satisfaction in VIHA Emergency Departments, and what is being done to improve it, and how quality assurance in screening mammography is tracked.
- At our May General Board meeting we received a presentation from the BC Clean Air Coalition on the *Imagine! A Smoke Free BC Campaign*, requesting Board endorsement of the 11 principles. This was referred to the Health Quality Committee for review, and at this time I would like to put forward a recommendation that the Board endorse the *Imagine! A Smoke Free BC Campaign*.

It was MOVED, SECONDED and CARRIED THAT the BC Clean Air Coalition's *Imagine! A Smoke Free BC Campaign* be endorsed.

3. Governance & Human Resources Committee

Director Costello advised that the committee met on Monday, July 28th.

- First we had a presentation on the Care Delivery Model Redesign. Response to current and pending health human resource shortages and patient quality and safety issues has traditionally been to increase university enrolment and to attempt to recruit more health care professionals, such as nurses. The findings emerging from the Care Delivery Model Redesign Function Analysis data collection suggest that the supply/demand pressures need to also be addressed through interdisciplinary collaboration, supporting staff to work to full scope, role and function, and that productivity barriers be removed. Staff are now at the point of moving evidence into action, and a detailed work plan has been developed.
- The committee received an overview of current and emerging WorkSafe BC issues. A high level overview was provided to the committee on the action and strategies associated with addressing the Musculoskeletal Injury rate in VIHA. The Board will be receiving a further update on progress to address this issue at the November meeting.
- Communication is an on-going challenge in any large organization, and the committee received an update on a number of strategies being used by VIHA to improve communication/engagement with employees.
- The Governance & HR Committee also serves as the Board's Nominating Committee. The Board has one upcoming vacancy in March 2009, and will be commencing the recruitment process to fill this vacancy. Ads are being placed in newspapers across the Island and posted on our website, and a Notice of Vacancy will be posted on the Provincial Government's Board Resourcing & Development Office's website. While VIHA is involved in the recruitment process, application is made directly to the Board Resourcing Office, and the Minister is responsible for appointments to the Board.

4. Finance & Audit Committee

Director Robinson noted this morning and reviewed a number of issues.

- The financial results for period 3 were reviewed.
- As the committee does each year, we reviewed a number of policies established by management, including the Signing Authority Policy and two new policies on Capital Borrowing and Capital Leases.
- We received an overview of P3 accounting, specifically relating to the agreement with ISL for the new Patient Care Centre at Royal Jubilee Hospital. We also reviewed the current status of the overall project. This new 500-bed hospital is designed to be elder-friendly and it will provide a safer, cleaner, and more supportive working environment for all health care professionals and support service providers, and allow us to deliver best practice care for our patients.

This morning the Premier, along with our Board Chair and CEO, attending the Groundbreaking Ceremony for this project, and the Board is very pleased to see this project moving ahead.

- 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.
- A meeting was held with the Office of the Auditor General, who became VIHA's official auditors for the last fiscal year, to review how their first year of involvement went, and identify what changes would be made for the next audit. A number of changes were tabled and will be implemented.

5. Committee of the Whole

Director Carlow 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 on Tuesday morning.

- We reviewed some of the evidence regarding fluoridation of drinking water, which is a controversial issue in BC. An Expert Panel of Health Canada is expected to release Findings and Recommendations on child oral health later this year, and the Board will be reviewing the results of this report before making a decision on what, if any, action they may wish to pursue in regard to this matter. The Board recognizes that this issue involves both provincial and municipal governments.
- We received an update on the next steps in the proposed North Island Regional hospital. Discussions with physicians and staff are underway and will continue for the next few months. Staff plan to bring forward a recommendation in November on whether it is feasible to proceed with the development of a Business Case.

- The Committee reviewed a revised, and more comprehensive policy, on Naming Facilities, Buildings or Units Owned and Operated by VIHA, that is in compliance with the recently introduced Government policy regarding naming of public institutions. Feedback from the Board and other stakeholders will be incorporated and a final draft will be brought forward to the Board for approval at the September meeting.

6. Presentations

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

City of Campbell River – Mayor Roger McDonell

Mayor McDonell thanked the Board for the opportunity to speak, and introduced two other Councilors from the City of Campbell River in attendance today – Ziggy Stewart and Morgan Ostler.

For the past 20 months there have been on-going discussions on the pros and cons of a regional hospital. Mayor McDonell's position has remained unchanged – he is committed to providing the best care possible to the citizens of Campbell River, and he has concluded that a regional hospital anywhere south of Campbell River will not meet their needs. The time has come to stop debating the regional hospital issue, and where it should be located. Campbell River is a growing community, and people are concerned about adequate health care, which needs to be provided locally. It is time to move forward with upgrading the current hospital in Campbell River to meet the needs of the population, both now and into the future.

Chair Kreut thanked Mayor McDonell for his presentation. He noted that the Board shares the commitment to provide a high level of health services to all of our communities, and has been discussing how that can be provided in the North Island for some time. The Board is concerned about the differences of opinion, and to that end, starting this evening, Howard and his staff will be meeting with physicians and staff in both communities to receive further input.

Concerned Citizens for Cowichan Lodge – Joanna Neilson

Ms. Neilson thanked the Board for the opportunity to speak to them directly. She is here today speaking on behalf of Concerned Citizens for Cowichan Lodge, who request that VIHA reconsider and reverse its decision to close Cowichan Lodge. A petition of over 10,500 signatures has been gathered to demonstrate the community support to keep Cowichan Lodge open.

The announcement of the closure came suddenly, and was a complete surprise to everyone. There had been no warning, no consultation and no discussion, and it sent a shock wave through the Cowichan Valley. The community was eagerly awaiting the opening of Sunridge Place, but never imagined they would lose Cowichan Lodge in the process. The Cowichan Valley has an aging population that is increasing at a much faster rate than either the overall VIHA region or the province as a whole. Therefore, the wisdom of closing an existing, well-established, well-functioning long term residential care facility that is already providing essential homes to 75 seniors, as well as other vital programs for the community, is questioned.

The process involved in this decision has been very disconcerting and extremely distressing for everyone. Cowichan Lodge is still very functional and should be kept open.

Chair Kreut thanked Ms. Neilson for her input. He noted that VIHA has been working very hard to add new facilities to improve care for seniors across the Island, which includes the opening over 700 new beds and spaces in this fiscal year.

The Board will hear from the next speaker on this same topic, and then Howard Waldner, President & CEO, will make some comments.

BC Health Coalition – Joyce Jones

Ms. Jones noted that the BC Health Care Coalition is here today to support the campaign to keep Cowichan Lodge open. Transfer trauma in seniors is well documented, and is more severe in persons with dementia. How can VIHA waive the responsibility of a one-year notice period, and shorten this to just 60 days. It is clear VIHA does not believe in consultation, as there was no warning to anyone that this was going to happen – not the seniors who call Cowichan Lodge their home, their families, the staff, local physicians or the community at large.

Care in the for-profit sector tends to be inferior to that in the public sector, and the hospitalization rate is higher. BC has the lowest number of residential care beds per capita in Canada, and spends the lowest amount of money providing care.

It was queried whether VIHA would provide specific information on the level of care for seniors at these private, for-profit facilities. Specially, the care hours being provided and what is provided for and what residents will have to pay extra for.

Mr. Waldner noted that a couple of comments were made that strike at the heart of seniors care. VIHA has already implemented, and is working with the Ministry on a provincial implementation, of a standardized model of care hours for every resident in the province receiving care in a publicly funded facility, whether it be profit or not-for-profit. In fact, BC has one of the highest care levels in Canada, and specific details will be sent in writing to the BC Health Coalition.

Residential care in BC has been provided by both public and private operators, some of who are not-for-profit and some of who are for-profit organizations, for many years, and we expect there will continue to be a mixture.

Mr. Waldner confirmed that each and every resident at Cowichan Lodge, and their families, is having individual meetings with staff to discuss where they would like to move.

Many people are here today because they care about Cowichan Lodge, and there has been incorrect information in the media. Mr. Waldner clarified that VIHA does not intend to sell Cowichan Lodge. Unfortunately, the facility does not meet residential care guidelines, and it is not feasible to bring it up to current standards, however, it can and will be used for other health care services in the future.

7. Adjournment

Chair Kreut adjourned the meeting at 2:10 pm.