

Directors Present: Jac Kreut, Chair
Mary Dyson
Don Gainor
Woody Hayes
Brenda Nunns Shoemaker
Linda Petch
Ed Robinson
Brian Stamp

Staff Present: Howard Waldner
Glen Lowther
Jennifer English
Lianne Peterson
Doug Marrie
Janet Shute, Recorder

Regrets: Don Carlow

1.0 Call to Order

Chair Kreut called the meeting to order at 1:20 pm and welcomed the members of the public in attendance. It was noted that a quorum was present.

Chair Kreut introduced Howard Waldner, the new President & CEO for the Vancouver Island Health Authority, and the Board members made roundtable introductions.

The agenda was approved as circulated, with the addition of a fourth presentation on People Suffering from Dementia, by Mr. Terry Brewer.

The minutes of November 24, 2004 were approved as circulated.

2.0 President & CEO's Report

Mr. Waldner reviewed the following key issues:

- A "Promising Babies" Program has been established in partnership with North Island Community Services Society.
- Low risk maternity services have been re-established in Mt. Waddington.
- A Partnership with the Inter Tribal Health Authority has been struck to bring health services to residents of three remote First Nations Communities in Mt. Waddington. Participants are Guildford Island, Hopetown and Kingcome Inlet.
- VIHA has assumed responsibility for the Nursing Clinic in Zeballos, which also services the First Nations communities of Ehattesaht and Oclucje.

- A Northwest Agency Action Committee has been developed, with a mandate to focus on health and social issues for the communities of Gold River, Tahsis, Kyuquot and Zeballos.
- Mobile Crisis Response Unit services in Victoria have been enhanced in a unique partnership with the Police Department. The addition of plain-clothes police to the team will increase the privacy of mental health clients, help ensure both clients and staff are protected, and may help to de-escalate aggression, which can occur in the presence of uniformed personnel.
- In North Island VIHA has contracted with North Island Crisis Society and Community Friendship Circle Society for a six-bed crisis-stabilization residence, known locally as “The House”. This resource will provide short-term substance misuse and mental illness treatment services.
- A Primary Care Renewal Program is underway, focusing on Family Practitioners. This is part of the Working Agreement between BCMA and the government, and sessions are being held across VIHA, with a session held in Courtney in November and one scheduled for Campbell River in January.
- The Amended Drinking Water Protection Act was implemented May 16, 2003 and governs drinking water from “source to tap”. The Comox Lake/Puntledge system is a multi-use watershed that is the water supply source for approximately 35,000 people. A Watershed Interest Group is already in place, and the Comox-Strathcona Regional District and VIHA’s Medical Health Officer are working together to address concerns, including co-hosting a community forum on the watershed. An evidence-based assessment of the water source will be completed.
- VIHA is moving to an integrated island-wide health services delivery model in an on-going effort to provide consistent levels of access, quality and safety for the populations we serve. Details are still being refined through consultation, but the new model will:
 - Improve communication.
 - Increase participation by staff, clinicians and other stakeholders.
 - Be an island-wide co-managed program model with teams of physicians and administrators.
 - Allow for more devolved decision-making closer to front-line staff.
 - Provide greater responsiveness to local community and site needs.
 - Enable standardization of procedures, policies and clinical protocols across VIHA.
- There is a new 64-slice CT Scanner at Victoria General Hospital, which is twice as efficient as existing scanners. Not only will this machine help shorten waitlists and improve access, it will improve cardiac care, enhance the diagnosis of heart and brain diseases, enhance management of trauma patients and save money.
- Picture Archiving Communication System (PACS) has expanded and is now available in Port Hardy. PACS will soon be available in Port Alberni, and possibly Tofino. This means that an x-ray taken in Port Hardy can be seen and read by a physician in another city, such as Nanaimo or Victoria.

- The first class of 24 students in the Island Medical Program arrived in Victoria on January 7th. Ultimately there will be 96 students in the Island Medical Program. VIHA has also received an additional \$6m of capital funding to provide and develop teaching space at our facilities.
- \$2.5m has been allocated to perform 2,055 additional surgeries and diagnostic procedures by March 31, 2005. These additional surgeries will improve access and reduce surgical waitlists. Additional hip and knee replacements will be done at both Campbell River and St. Joseph's Hospitals.
- Community Care Redesign was implemented to support seniors in the most appropriate place to meet their housing and care needs. The redesign plan is a move from a medical to a balanced social model of care. The exact configurations are being finalized over the next couple of months, and a plan will be brought forward to the Board for approval at the March meeting. This plan takes into consideration the need to upgrade older residential care beds so that we are able to provide complex care.
- In Campbell River \$17m in new capital investment has been approved for the development of 54 Assisted Living Units at the Ironwood Site in partnership with BC Housing and 48 beds will be added to Yucalta Lodge to replace the functionally obsolete beds at Sunshine Lodge. Communication with patients, clients and key stakeholders about this exciting initiative is currently underway.

3.0 Health Quality Committee

Director Shoemaker noted that the Board now has a formal reporting mechanism with the Medical Staff through the Health Authority Medical Advisory Committee, but the Health Quality Committee continues to meet with representatives of the medical staff from the area where the Board meeting is being held as an informal opportunity to have a frank discussion about local issues, progress achieved since the last meeting, and to share information on many of the exciting and innovative things that are happening locally.

Director Shoemaker gave an overview of the items discussed at the regular committee meeting yesterday.

- One of the major areas of work that has been reported on regularly is the Quality Improvement Enabling Plan. The Quality Improvement Enabling Plan, the Patient Safety Plan and other initiatives relative to improved access and appropriateness of service will now be brought together into one document and form VIHA's Quality Plan. The document will also be linked with the Health Services Planning and Budget process relative to resource priorities. The Quality Plan will be brought forward to the committee in May for approval.
- A report on the Medical Staff Organization. As VIHA proceeds with organizational restructuring, a reorganization of the medical staff will also occur so that the structure aligns with, and compliments the co-leadership

- model. An Office of Professional Development and Support will be established to foster multi-disciplinary approaches to continuous quality improvement and standards development. The new Medical Staff Organization will support strategic processes with the goal of “planning centrally, delivering locally”. This doesn’t mean that all of the planning will occur in Victoria, it means that planning will occur Island-wide, with local involvement.
- A very informative report on Home and Community Care, focused on the Needs Based Assessment Tool. Up until April 2002 admission to facilities was based on a chronological wait list. The criteria for admission was changed to state that residential care is for people that require 24 hour care, and the new tool allows for admission according to need and urgency.
 - A progress report on the Sobering and Assessment Centre in Victoria.
 - There was extensive discussion on the current system capacity issues being experienced across the Island. Many initiatives are underway to address these problems and more information will be forthcoming at the next meeting.
 - VIHA will soon be the first jurisdiction in Canada to provide a sharps free environment, which should result in a significant reduction in needle-stick injuries for our employees.

At the Committee of the Whole there was a report on the Canadian Council of Health Services Accreditation Survey that was completed in October 2004. This is a rolling survey done annually on various areas of the organization. There were a number of areas identified for improvement, and work is already underway to address these concerns. VIHA is obligated to report back on identified areas of concern by November 2005 in order to maintain our current accreditation standing. VIHA also received considerable praise for many of the innovative programs in place.

It was queried whether a survey had been completed on the satisfaction of clients with our residential care services. Director Shoemaker noted that Home & Community Care Services conducted a survey from July to September 2003 of both residents and families on how they rated the care and quality of services. 82.2% of residents rated their care and quality of services favourably, and 91.2% of families rated the care and quality of services favourably. While these results are quite positive, our staff continues to strive to reach 100% satisfaction.

It was noted that yesterday in the National Post Newspaper there was an article from a scientist warning about a Pandemic on the horizon. It was queried whether VIHA was prepared to handle such a crisis. Director Shoemaker noted that the Health Quality Committee regularly reviews Disaster Planning, and during the SARS crisis reviewed our ability to manage a similar crisis. A Task Force is set up to prepare for such an event. The Health Quality Committee hasn’t had a specific presentation on the ability of VIHA to manage a Pandemic

outbreak, and have requested that Dr. Richard Stanwick, Chief Medical Health Officer, give a presentation on this topic at the March meeting.

The Health Quality Committee Report was accepted as presented.

4. Governance & Human Resources Committee

Director Stamp noted that the committee met on Monday evening and reviewed a number of topics.

- Human Resources gave a presentation on a new program being implemented in February that will recognize staff, physicians, volunteers, auxiliary members and foundation members for excellence in performance and/or innovation. The recommendations will be reviewed by a panel of peers and a ceremony will be held later in the year.
- One Director of the Board is standing down at the end of her term, leaving a vacancy on the Board. The Board has published ads in newspapers across the Island to advertise the vacancy, and will be working with the Board Resourcing and Developing Office to identify suitable candidates.
- In anticipation of a new Board Member, the committee has developed an Orientation Program for new Directors.
- There is one recommendation for consideration by the Board. The Health Employers` Association of BC (HEABC) is an umbrella organization and VIHA is entitled to appoint a representative to the Board. Director Petch has been our representative on the Board for the past three years, and has agreed to stand for a second three-year term.

Director Stamp was asked to clarify the appointment process for the upcoming Board Vacancy. It was noted that any individual interested in becoming a member of the VIHA Board must apply directly to the Board Resourcing and Development Office. The Board Resourcing and Development Office will then provide VIHA with the applications, which will be short-listed based on pre-determined criteria. The criteria is outlined in the Notice of Position posted on the Board Resourcing and Development website. The recommendations of the VIHA Board Governance & HR Committee will be submitted to the Board Resourcing and Development Office, who make the final decision on appointment(s) to the Board. The Board is moving to staggered terms effective in 2005, so there will be vacancies on the Board on an annual basis in the future.

The Governance & HR Committee's Report was accepted as presented.

5. Finance & Audit Committee

Director Robinson noted that the committee met yesterday and he reviewed the following activities of the committee.

- The year-to-date Statement of Operations for Period 9 was reviewed, showing a favourable variance of \$9.5m. As we progress through the year expenditures are increasing as a number of initiatives are undertaken. We remain confident there will be a small surplus at year-end. Staff are reviewing and making alternate choices for investing surplus funds to improve patient care.
- The Statistical Performance Report showed improvements in acute care admissions and the number of hip and knee replacement surgeries performed.
- Received an update on the development of the 2005/06 Performance Agreement. This is an agreement between the Ministry of Health and VIHA that outlines performance expectations for the fiscal year. There was also an update on progress on the 2004/05 agreement. The committee is confident improvements are underway in areas that are not on target and that there will only be a small number of targets that will not be achieved.
- \$120m in short-term investments earned a better return than expected. The investment of \$120m represents six weeks of operating expenses for VIHA. VIHA and the other Health Authorities in the province are currently working with the Ministry of Health to examine ways to invest excess cash in areas that will positively impact patient care.
- The External Audit Work Plan was reviewed with our auditors, KPMG, who joined the meeting via teleconference. KPMG is a national, independent firm whose primary role is to conduct an independent audit in accordance with generally accepted auditing standards and confirm that the financial statements fairly reflect the financial position of the organization. Today the committee reviewed the engagement letter, terms of reference and the detailed audit plan.
- A presentation on the Electronic Health Records Project. This is a six-year project that ends June 2006 and has an approved budget of \$60m. When complete this system will provide one record for each patient across a continuum of care, and the records will be accessible on a controlled security basis and strictly on a need to know basis. The project is yielding considerable benefits to VIHA staff and patients. The committee is satisfied with the direction and progress made to date on this project. More information will be forthcoming in the next few months.
- A report from Internal Audit Services on:
 - The Fair Business Policy on Equipment, Supplies & Purchasing was brought forward. This policy will be reviewed by staff and brought forward again.
 - Internal Audit Services` role and approach to clinical risks.
 - Potential areas for enhancement of the Internal Audit Services` mandate, based on the Office of the Auditor General of BC`s review, in order to achieve best practices for internal audit.

It was noted that the Auditor General reported on some gaps between Health Authorities and best practices, and it was queried whether there were any gaps in VIHA. Director Robinson noted that there were no significant gaps around the mandate for internal audit services, but the report did identify areas where we can be

more specific, such as faster issuance of audit reports, ensuring that funding for Internal Audit Services is set aside as part of the long-range budget planning, and the need to identify specific performance measures of the Internal Audit Department itself.

It was queried whether the committee was satisfied that the \$60m for the Electronic Health Records Project was good value for the money. Director Robinson noted that the project was developed in stages and includes extensive stakeholder involvement. The users of the system are involved in developing the system, working closely with clinical staff at every step. Next steps in this project will be incorporated into an overall Information Technology strategy. There will be regular reports on progress and expenditures as we move forward.

The Finance & Audit Committee report was accepted as presented.

6. Presentations

Providing Support to Aging Parent – Joan Miller

Ms. Miller thanked the Board for the opportunity to make a presentation. She noted that she was here today to speak on behalf of the many families that are currently experiencing a problem getting placement for a loved one in an appropriate residential care bed. Seniors in this community are facing a crisis and the situation needs to be addressed.

Ms. Miller shared her personal story about her father, who the family ultimately chose to place in private care in Nanaimo as the family could no longer care for him, and there were no beds available in Campbell River, or anywhere closer to home. In the end, at her father's request, his family took him home, where after some initial resistance, he was admitted to Campbell River Hospital. He died on Christmas Day on 2 North in Campbell River Hospital, still waiting for placement in an appropriate long-term care bed.

Ms. Miller indicated that she applauds the announcement today to replace the Sunshine Lodge with 48 new complex care beds. She is also glad to hear that 54 assisted living units will be built in the community. However, more complex care beds are needed, and she urged the Board to fix up Sunshine Lodge, as well as building the additional replacement beds at Yucalta Lodge. Seniors deserve better and Campbell River needs VIHA's help now.

Chair Kreut thanked Ms. Miller for her presentation. On behalf of the Board he expressed condolences on the loss of her father. Chair Kreut noted that the concerns Ms. Miller raised are valid.

Mr. Waldner added his personal condolences to Ms. Miller. He noted that the whole issue of continuing care is currently under discussion and senior staff and the Board are very aware of the need to enhance and develop a whole range of continuing care services, including long-term complex care beds. At the Board meeting in March staff will be bringing forward a detailed plan that includes timelines and costs, on the ability to increase our capacity in all of our communities across the Island. Mr. Waldner acknowledged the concerns raised today, and personally committed that he and his colleagues would continue to work very hard to improve the current situation.

Mayor's Seniors` Advisory Commission – Lee Rumley

Ms. Rumley noted that her area of responsibility on the Mayor's Seniors` Advisory Committee is services for the elderly. A copy of the written submission, addressed to the Mayor and Council dated November 2004 was precirculated to the Board for information. Ms. Rumley echoed the sentiments of Ms. Miller's presentation – while it is good news to hear that the beds at Sunshine Lodge will be replaced with 48 new beds at Yucalta Lodge, this does not solve the problem of a need for additional complex care beds in Campbell River.

Ms. Rumley noted that she attended a meeting this morning where she heard about a specific case of an elderly gentleman living alone, receiving some home support services, whose friends and neighbours are concerned about his safety and well-being. A call was placed to this man's Case Manager on January 13th and to date a response has not been received. Ms. Rumley noted that individuals, and their families, have supported the community for many years, and when they need help with the health care system there doesn't appear to be any available.

Ms. Rumley indicated that it was great to hear the announcement about the 54 unit assisted living development. However, this isn't sufficient capacity, and development needs to include plans for future needs, not just be sufficient to meet the current needs.

Chair Kreut thanked Ms. Rumley for her presentation. He noted that a number of the concerns raised have been previously addressed by the President & CEO.

Mr. Waldner noted that thirteen days was not acceptable for an individual to be waiting for a call from a Case Manager. He apologized and noted that Jennifer English, Acting Senior Vice President & Chief Operating Officer, would speak to Ms. Rumley after the meeting so that she can personally follow-up.

Mr. Waldner also reiterated that senior staff were currently developing a comprehensive plan for home and community care that includes complex care, assisted living and mental health. There is a need to increase capacity not just in Campbell River, but throughout the Island.

Property Transfers – William Moncrief

Mr. Moncrief noted that Cumberland Health Care Society purchased two residential properties adjacent to the Cumberland Health Centre several years ago for future expansion of the Health Centre. Much has happened since the Society was dissolved in 1997, but Mr. Moncrief requests that VIHA honor the trust agreement that was put in place at that time, which states that if the land is not required for health care purposes than it should be transferred back to the Town of Cumberland.

Chair Kreut thanked Mr. Moncrief for his presentation. He noted that a written response was provided in the Questions & Answers sheet that was distributed at the meeting. VIHA is committed to ensuring compliance with any legal agreements that were established with our predecessor organizations, including covenants on property.

Mr. Waldner noted that the recent advertisement for lease of this property was for a two to three year lease, with preference to a health related business. Leasing this property on a short-term basis allows us to develop plans for future expansion. As stated following the last two presentations, there is a need to increase our residential care bed capacity in various communities throughout the Island and we want to keep our options available for future development.

Mr. Moncrief noted that his concern is regarding the use of the land. If it could be used for residential care beds in the future that would be very appropriate.

People Suffering from Dementia – Terry Brewer

Mr. Brewer advised that he is Chairman of the Campbell River Alzheimer's Support Group, but he is here today on his own, not representing the group. He is speaking on behalf of the 61,000 people in BC that currently suffer from some form of dementia. According to the Alzheimer's` Society` another 13,000 people will be added to the list in the next year. There are not enough facilities to look after these individuals, and there is an inequitable distribution of resources. In Victoria the wait is 13 days and in Campbell River it is 8 months.

The government should be supplying medication to help make the lives of people suffering from Alzheimer's disease better. The government spends hundreds of thousands of dollars every year providing medication for people with AIDS, yet they don't cover the cost of drugs for dementia illnesses. He urged the Board to advocate that the Minister of Health make these medications available to those that need them. People are going hungry in order to pay for these medications, as they are unable to cope without them. He also urged the Board to make a commitment to support caregivers with the services they need, such as day care, respite care and home support.

Chair Kreut thanked Mr. Brewer for his presentation. He noted that there was much said throughout the meeting about plans for improving services to seniors.

Mr. Waldner asked Dr. Glen Lowther, Executive Vice President & Chief Medical Officer if he could speak to the medication issue. Dr. Lowther noted that he was not current on the status of anti-dementia medications. However, he agreed to follow-up with the Ministry of Health on this matter.

7. Questions & Answers

Chair Kreut noted that there were no questions received for the November Board meeting. That was not the case this time, with many questions submitted in advance of the January meeting. The responses to the questions received were included in the package handed out at the meeting and will be posted on our website.

8. Adjournment

There being no other business at this time the meeting adjourned at 2:55 pm.

Janet Shute, Recorder

Jac Kreut, Board Chair