



**GENERAL BOARD MEETING
WEDNESDAY, MAY 31, 2006
QUESTIONS & ANSWERS**

Submitted by Helen Saunders

Q Will the present millions being proposed to enlarge emergency departments in Nanaimo and Victoria or elsewhere, because of recent crisis, cause, once again, the building of the patient tower at Royal Jubilee Hospital to be put back in time of starting and completion? The need for more and “healthier” acute care beds, and more long term care beds, will be the way to alleviate the on-going crises in emergency departments in the future.

A The redevelopment of the Royal Jubilee Hospital (RJH) inpatient tower remains one of VIHA’s highest priority capital development projects. The new tower will incorporate the latest and best design features to maximize patient safety, recovery and efficiency. This will include state of the art infection control design features such as private washrooms, improved isolation capability and negative/positive pressure capacity.

Planning is underway for the RJH inpatient tower, although commencement of the construction is dependent on government funding support. However, the VIHA Board is optimistic that the RJH inpatient tower will also be viewed by government as a very high priority. VIHA understands that the long-term solutions to the emergency department overcrowding are to invest in more appropriate alternative services. Increased community services capacity, including more residential care beds and assisted living beds, is a key part of this strategy, and VIHA is in the process of establishing these additional community services. We are not anticipating that the capital resources required for long-term solutions will be diverted to address recent emergency department challenges.

Submitted by Sheilagh Ogilvie, South Island Health Coalition

Q What is the current status of the Gorge Road Hospital? How many beds are occupied? Are they temporary? What is the future of the hospital? Will you be re-opening the therapeutic pool? What about the Carey Road site?

A VIHA is currently using Gorge Road Hospital on an interim, temporary basis while we build over 100 new residential care beds on Southern Vancouver Island, scheduled to open by December 2008. Gorge Road Hospital has been used by Central Care homes since 2003 to provide a care setting for their clients while James Bay Lodge and Sandringham Hospital were renovated. Since 2005 approximately 50 beds have been

in operation on the 2nd floor of Gorge Road Hospital to provide interim residential care capacity while new residential care beds and assisted living spaces are built. Beginning in June 2006, Gorge Road Hospital will also be used to provide 45 temporary transitional care beds, which were previously located in the Eric Martin Pavilion on the Royal Jubilee Hospital site. Eric Martin Pavilion is currently being upgraded, and the move of the transitional care unit will help facilitate how the Eric Martin Pavilion is used in the future. Gorge Road Hospital will also accommodate approximately 23 residential care beds on a temporary basis pending the development of new capacity.

In addition, about 70 residents of Beckley Farm Lodge – a VIHA contracted partner in residential care – will occupy the 3rd floor of Gorge Road Hospital as extensive renovations are undertaken at Beckley Farm Lodge.

Gorge Road Hospital was deemed unsuitable for long-term use as the care environment did not meet modern standards (e.g. ward accommodation). Furthermore, the building did not meet building environment and safety standards for long-term use. VIHA has spent over \$5 million in the past few years on upgrades and remediation to make Gorge Road Hospital appropriate for short-term use. The facility is completely safe and appropriate for temporary beds during this transition period. The long-term future of Gorge Road Hospital and the site has not been determined.

The therapeutic pool is closed and will remain closed.

VIHA cannot discuss the Carey Road site at this point, as we do not own this property – it is owned by the Capital Regional District. VIHA is currently involved in a competitive bid process to build new, and renovate existing, residential care facilities and create new assisted living spaces. We expect this process to conclude in the summer, and more information about if/how the Carey Road site will be used may be available at that time.

Q

What regulations are in place to ensure quality of care in community care facilities?

A

Community care facilities must be licensed under the Community Care and Assisted Living Act and Adult Care Regulations. In addition, if the facility is partly or wholly funded by VIHA, contract provisions are in place between the health authority and the facility that specify quality of care objectives that must be achieved.

Q

What is the status of the provincial audit of food services at your health facilities?

A

The first phase of the first province-wide independent assessment of food services in public health facilities is underway. The focus for the first audit is related to food safety. Future audits are expected to focus on patient and resident satisfaction, nutritional content and quality of food served in facilities. Results of these audits will be made public as they are available on a province-wide basis.

Q

In light of the increased number of infections (eg., Norwalk flu, C. difficile) in both acute and residential care facilities, are you planning an audit of your housekeeping services?

A

While basic hand washing is the most effective prevention method to avoid the spread of infections such as Norwalk and C.difficile, VIHA is committed to ensuring that cleanliness in our facilities is held to the highest of standards.

In 2005, the health authorities adopted province-wide standards for housekeeping audits. BC is the first province in Canada to establish standards of this kind in the health care industry. The standards and tools adopted were developed by Westech, an independent company hired by the health authorities in February 2005. Subsequently, VIHA adopted the use of Westech standards for use at all of our sites, both those cleaned by VIHA staff and those cleaned by Crothall staff.

The results of the 2006 Westech Audit results are now available on our website. We are pleased to report that all VIHA facilities met or exceeded the benchmark target of 85%, and in fact, VIHA 's facilities scored an average of 94%, one of the highest marks in the province.

Q

How many long term care patients currently occupy acute care beds in the VIHA?

A

This is an issue for VIHA, and the number fluctuates on a daily basis. However, VIHA has made substantial improvements in reducing the number of long term care patients occupying acute care beds over the past year. Twelve months ago we had an average of 100 long term care patients occupying acute care beds, and we currently have an average of 50 long term care patients occupying acute care beds.

On a long term basis, VIHA is investing up to \$45 million annually to provide over 930 additional residential care beds and assisted living units throughout the health authority by 2010 – over 700 of these beds are expected to be completed by December 2008. VIHA is also working with existing contracted service partners to develop plans to upgrade and replace aging facilities to meet modern, high quality care standards.

Q **Has VIHA approached the Minister of Health to examine the withdrawal of 60% capital funding for capital projects?**

A The Ministry of Health has not withdrawn funding for capital projects, therefore VIHA has not approached the Minister of Health. In fact, the provincial government provides at least 60% funding for the majority of VIHA capital facility/equipment projects and in many cases, provincial funding covers 100% of the capital costs.

Q **What is the status of primary health care reform within VIHA?**

A Primary health care is a top priority for VIHA. For the past three years, with Primary Health Care Transition Funding from the Federal government, VIHA has operated seven primary health care projects across the Island. These projects are now part of VIHA's regular and ongoing operations. VIHA has completed its first Primary Health Care Strategy and Chronic Disease Management Plan for 2006–2009 and there will be an investment in these strategies in the coming years. Details will be announced in the near future.

Q **What are VIHA's plans re: overcrowded ER's?**

A The appropriate and timely flow of patients through the health care system is VIHA's top operational priority. We are committed to doing everything we can to minimize waits and ensure that patients receive the care they need as quickly as possible. Patient flow, which often manifests itself as waits in the Emergency Departments, is a system-wide issue that requires planning and solutions across the health care system, from the Emergency Department and hospital ward areas through to residential, community care and mental health and addictions programs.

VIHA's plan focuses on overall patient flow. VIHA is investing over \$5 million annually in initiatives to improve patient flow, including:

- Additional professional, home and equipment support.
- Increased availability of Home and Community Care Managers in Emergency Departments to assess clients and arrange for care in their homes.
- Increased access to Quick Response Teams (QRT) to support patients who are ready for Emergency Department discharge, but need help at home.
- Establishing and enhancing primary care partnerships with physicians with the aim of improving the coordination of care.
- Opening temporary residential care capacity.

- Creating 1,500 new residential care beds and assisted living spaces between 2005 and 2010. Some of these beds/spaces are already open, the majority of these beds/spaces will open by December 2008, and the balance will be open by 2010.
- Adding additional staff where appropriate. For example, we have added two extra nurses 24/7 and a unit clerk 12 hours per day at Nanaimo Regional General Hospital.

Emergency Departments around the world are busy places – and our Emergency Departments are no exception. When a patient arrives in the Emergency Department they are triaged based on the urgency of their medical condition, and those with life-threatening and other urgent conditions are, of course, seen first. Our staff and physicians are dedicated professionals who do their very best to provide the best care possible. As in other jurisdictions in North America, we face challenges recruiting sufficient numbers of nurses – given an international shortage of nurses. VIHA has active recruitment, retention and retraining programs in place, including offering specialty training for existing staff, and offering full-time jobs to new graduates.

Submitted by Lynn Peachey

Q

I am wondering why there are only two acute care beds for children on Vancouver Island. It seems like there needs to be protocols to deal with a crisis situation for a child with a diagnosed mental illness who lives in Nanaimo and is in need of acute care for that illness. Is there such a thing?

A

Ledger House at Queen Alexandra Centre for Children's Health in Victoria provides a comprehensive array of services to children with mental health concerns. There are 14 acute care beds at Ledger House; 12 beds for children requiring intensive follow-up and treatment, and 2 beds for rapid response. Ledger House does have an emergency medical capacity. Emergency medical stabilization is a local community responsibility within the local hospital. Upon stabilization, a referral to Ledger House is expedited, and if room is available, a transfer is made. Although the 2 bed unit is mostly full, it is open to all Island children and is well utilized by all communities within VIHA. Approximately 50% of all inpatient admissions at Ledger House are children that reside outside of the Greater Victoria area. The 2 rapid response beds are based on a population growth formula as determined by the Ministry of Health. There will be times when more than 2 beds are required, and the options available include care at the hospital within the child's home community, or a referral to BC's Children's Hospital in Vancouver. Recent data from BC Children's Hospital indicates only occasional use of their inpatient mental health services by residents of Vancouver Island. VIHA's Child and Youth Mental Health services is currently developing plans to enhance the availability of crisis intervention in Nanaimo, and possibly Comox. These plans include appropriately trained mental health staff working in the Emergency Department of the

local hospital, who will provide support for children as appropriate, whether that is in the hospital or in the community. Crisis intervention has proven very effective and is intended to be implemented in the 2007/08 fiscal year.

**Submitted by Barb Biley,
Citizens for Quality Health Care, Comox Valley & Campbell River**

Q Will you guarantee that acute care hospital beds will remain open in both Campbell River Hospital and St. Joseph's Hospital?

A Should the preferred option of a single new regional facility at a neutral location be approved it will be important to clearly delineate between acute services (delivered in a new regional hospital) and community health services delivered in each community to ensure there is minimal duplication in the model. A *regional hospital* is defined as one that provides all of the services a community hospital provides as well as an array of core specialties and some sub-specialties. The level and mix of community health services that remain in Campbell River and the Comox Valley will be a primary subject in the upcoming public consultations. The new and redesigned programs and services must meet the unique needs of each community and they must not erode the integrity and effectiveness of the programs and services offered at a new regional centre. The existing sites would be reconfigured to provide urgent care and an array of primary care, diagnostic and outpatient services, the scope of which will be determined through the public consultations and the business planning process.

Q Given the importance of acute care services to the public, will you extend public consultation into the Fall?

A We will make every effort to ensure our consultation process remains on schedule. Public consultation open houses were held in the late Fall of 2005 in the Comox-Strathcona region. These sessions were well attended in North Island locations and the subject of improving acute care services through a new regional hospital in the region was extensively surveyed in public comments at these sessions. In addition, the project team met with over 250 people in group settings, including medical specialists, general practitioners, nurses, allied health care workers, municipal leaders and First Nations groups. In mid-June we plan a further round of public town hall meetings and open houses throughout the region to ensure the public has an opportunity to share their reviews on the preferred option.

Q

What specific “core services” would be in a new regional hospital?

A

As noted in our response to your first question above, a regional hospital is defined as one that provides all of the services a community hospital provides as well as sustainable levels of core specialty services and some sub-specialties. Core specialties include: internal medicine, general surgery, anaesthesia, orthopaedics, obstetrics/gynaecology, paediatrics, psychiatry and critical care. Although yet to be fully defined, we are developing additional and enhanced service options that may be included should a new regional facility be constructed (see the TkMC Report available on our website at www.viha.ca for a listing of these options). A facility of this nature would significantly reduce the amount of travel that the approximately 113,000 people who live in the North Island currently endure to facilities in Nanaimo, Victoria and sometimes the Lower Mainland for complex Medical Imaging services such as MRIs, Trauma Care and Renal Services – that could be available closer to home in a new regional hospital.

Q

Which “core services” would remain in the Campbell River and Comox Valley “community health centres”?

A

Again, please refer to our response to your first question. If a new regional facility at a neutral location is approved, some services will remain in both Campbell River and Comox. While the full spectrum of services has yet to be determined, the new community health services envisioned for Campbell River and the Comox Valley should be able to provide: urgent care, some diagnostic services, transitional/rehabilitation care, palliative care, public health services, health promotion services, mental health and addictions services, residential care services, acute and chronic pain management services, as well as access to multidisciplinary health care services.

Q

Given the projections for population growth, what is the optimal number of acute care beds required for the future?

A

As stated in the TkMC report, we are currently planning for a facility that will accommodate approximately 180 to 200 beds. VIHA bases its acute care projections on existing utilization patterns, population growth estimates (provided by BC Stats), variations in health status, and anticipated changes in service delivery. Population projections reveal that the areas served by both the Campbell River Hospital and St. Joseph’s Hospital will experience significant growth into the foreseeable future. This growth will mainly occur in the 65 – 84 age range of the population. A new regional hospital and health care system of delivery will have to be flexible and “scalable” to meet the evolving needs of a growing population base and changing demographic.

Currently, both St. Joseph's and Campbell River hospitals have a steady and significant number of beds occupied by patients who no longer require acute care, which creates significant pressures in the acute care system. We are addressing this issue by significantly increasing our residential care capacity. Our Five-Year Strategic Plan identifies the addition of 108 Residential Care spaces, 131 Assisted Living units and 49 Transitional Care beds for the north island.

Please respond to all of the concerns raised regarding the transportation and accessibility issues related to locating a proposed regional hospital between Campbell River and the Comox Valley.

Q **General practitioners would have decreased accessibility to their hospitalized patients and possible loss of hospital privileges.**

A A new regional hospital will attempt, to the largest extent possible, to preserve and promote the current medical care model with family physicians providing in-hospital support to their patients and specialists. This will require careful planning and extensive dialogue with the medical staff throughout the development process. While a new regional facility may increase travel time for some general practitioners, we do not anticipate the introduction of a new regional facility to limit accessibility to hospitalized patients. The process for hospital privileges will remain the same as VIHA has Island-wide Medical Staff Bylaws and Medical Staff Rules.

Q **There is no public transportation system to provide affordable access.**

A Transportation, travel times and access are critically important issues for all stakeholders and effective public transportation networks are an integral part of the development of a new regional hospital. Should a new facility at a neutral location be selected as the preferred option, VIHA will work closely with the Comox-Strathcona Regional District, and adjacent municipalities, to ensure the development of an integrated transit plan to service the new site.

Q **What specific location or locations are being considered or favoured?**

A A site has not yet been selected for a new regional hospital, should that option be approved nor has a site been "favoured". The location of a new regional hospital is a sensitive and contentious issue for all stakeholders involved. The specific location of a new regional facility will be subject to land availability and infrastructure investments that might be required to service a new facility. Any chosen site must provide the easiest access for the maximum number of those served. To optimize access, a new regional hospital should take advantage of the Inland Island Highway to provide fast access via a modern highway.

Q

What will happen to equipment that has been donated at each site?

A

If a new regional facility is approved VIHA will conduct an inventory and assessment of existing physical assets. Depending on scope of functionality of the remaining community health centers, equipment may be retained at its existing site, integrated into the new regional facility, or decommissioned if it has reached the end of its effective service life.

Q

What are your plans to avoid unnecessary risk and delay for cardiovascular emergencies and trauma patients?

A

Should a new regional facility be approved, both communities will retain urgent care services, where cardiovascular emergency and trauma patients may receive initial treatment and stabilization prior to transfer to the regional facility (if required). In addition, VIHA will work with the British Columbia Ambulance Service to investigate elevating the role of paramedics in the area. A new regional facility would permit the creation of a centre of excellence for trauma and provide a service and diagnostic capacity similar to Nanaimo Regional General Hospital.

Q

Have you carefully considered the social/environmental impacts and related development issues of building a regional hospital in a rural area?

A

All development presents potential for both positive and negative social and environmental implications. Should the creation of a new regional facility be approved, VIHA will work with the communities to ensure as smooth a transition as possible. From an environmental perspective, the impact of a new facility on the environment can be minimized through employment of innovative building practices and standards.

Q

What are your plans for consultation with the Regional Districts and the people who live in the surrounding areas?

A

VIHA began involving the affected Regional Districts (i.e. Comox Strathcona RD and Mount Waddington RD) and the public when consultation on our Draft Five-Year Strategic Plan took place in late 2005. The Regional Districts have been involved, and will continue to be involved, in extensive dialogue with VIHA. The public continues to be engaged in the consultation process through a series of presentations and public meetings.

Q

Will “smart growth”¹ principles be a priority in your decision making?

A

VIHA’s top priority is to provide healthcare in a safe, effective and sustainable manner. Certainly VIHA will work with local municipalities and the Comox Strathcona Regional District to employ an approach to development that is consistent with Official Community Plans and community growth strategies.

Q

Will you make a decision on a preferred option prior to developing a detailed business case including all associated costs?

A

While it is important that we collectively make an informed decision on the preferred option, it is not feasible or economically viable to detail all associated costs the option at this time. As the preferred option is the most expensive option, a detailed business case will be required to refine both capital and operating costs inherent in this option – both in respect of the new regional hospital and the Community Health Centers that would be developed. VIHA will assess costs at a more detailed level for the preferred option, should it be approved.

Q

Do you support the concept of a public/private partnership to build and/or operate a proposed regional hospital?

A

The potential for a new regional hospital opens the door to many new opportunities for VIHA and local communities. At this time, as a decision has not yet been made with regards to the future of a regional hospital, VIHA has not made any decisions about developing partnerships with the private and not for profit sectors.

Q

What are your plans to prevent the elimination of jobs in this process?

A

Given the population growth and associated demand for services, it is not anticipated there will be any net job loss associated with the reconfiguration of acute care services in this area should a new facility at a neutral location be selected as the preferred option. Certainly we can anticipate and plan for change, and our Human Resources department will work closely with staff to manage the impact of the change effectively.

¹ Smart Growth BC is a provincial non-governmental organization devoted to “fiscally, socially and environmentally responsible land use and development.” Smart growth is a collection of land use and development principles that aim to enhance quality of life, preserve the natural environment, and save money over time. The smart growth principles subscribe to patterns of growth and development that are “fiscally, environmentally and socially responsible and recognize the connections between development and quality of life.”