



GENERAL BOARD MEETING  
WEDNESDAY, MARCH 28, 2007

## QUESTIONS & ANSWERS

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Submitted by Chris Aikman

Preamble

“No taxation without representation” is a bedrock principle underlying all jurisdictions springing from the British democratic tradition, including our own country and province.

Whereas:

- The VIHA Board is an unelected body, and
- The Comox-Strathcona Regional Hospital District Board (responsible for 40% of capital expenditures on new hospitals) is also an unelected body, although composed of representatives elected in another capacity), and
- Implementation of the VIHA recommendation of September 27, 2006 for a new hospital will result in a capital expenditure of over \$2500 per capita;

Will there be a referendum on the new hospital project prior to the start of construction? A “yes” answer is sufficient of itself. If the answer is “no”, please clarify:

- By indicating the legal and moral basis of your answer, and
- By indicating under what circumstances the Board would consider a referendum to be required.

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The Comox-Strathcona hospital decision was the most difficult decision the Board has had to make to date and it was made after extensive public consultation. The decision was made in the best interests of the people who live in Campbell River, the Comox Valley and the entire north island.

Decisions of this nature are very complex and not well suited to simplified decision methods like a general vote or referendum.

Additionally, majority choice approaches such as a referendum would limit consideration of the needs of people living in the rural and remote areas outside of the Comox-Strathcona area who are equally entitled to fair and equitable access to regional health services.

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The decision to propose a new North Island Regional Hospital was based on how to best meet the growing needs of North Island residents and deliver high quality, sustainable services well into the future. The status quo is not sustainable from service delivery and financial perspectives, and significant changes are needed in the way acute care services are delivered. If changes are not made, it is very likely the community and VIHA will find ourselves having the same discussion again in 3 to 5 years.

Currently, the approximately 120,000 people throughout the North Island have to travel to Victoria or Nanaimo for services such as complex medical imaging (e.g. MRIs), trauma care and renal services. These services will be available closer to home in a new regional hospital.

We recognize the strong connection between the communities and their hospitals. In a new regional model, core services at the facility in Campbell River would be retained and a new future for St. Joseph's Hospital in Comox developed that enhances community services for patients and better meets care needs beyond acute care.

In formulating the decision, VIHA listened earnestly to the general public and we took stock in the advice and recommendations from health care professionals and other stakeholders about the best long-term options for patient care. That's part of the reason that we've expanded the capacity of the proposed new facility to 230 –240 beds (from the original 180-190).

This decision addresses public concerns about needed services in the community by ensuring Campbell River retains around-the-clock urgent care and transitional care beds and would ensure the establishment of a comprehensive Primary Health Care Centre serving Comox.

The Board's decision last September is only the first step in the process. Once VIHA's detailed business case is complete – a process that could take up to a year – it will be submitted to the Ministry of Health for final decision. After this, the project must go to the Treasury Board for funding approval.

Across British Columbia, and on Vancouver Island, there are many high priority and competing needs for capital investment in new and aging health care facilities. Neither VIHA, nor other funding sources, have an interest in proceeding with a multi-million dollar investment in a project to which the community is strongly opposed. Until a final decision is made, VIHA is committed to ensuring that the hospitals in Campbell River and Comox remain well maintained, well staffed and well resourced.

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With reference to your question about a referendum, the Vancouver Island Health Authority does not have the legal mandate to hold referendums. The pertinent acts are available on-line and can be found at the websites listed below:

Hospital District Act: [http://www.qp.gov.bc.ca/statreg/stat/H/96202\\_01.htm](http://www.qp.gov.bc.ca/statreg/stat/H/96202_01.htm)

Health Authorities Act: [www.qp.gov.bc.ca/statreg/stat/H/96180\\_01.htm](http://www.qp.gov.bc.ca/statreg/stat/H/96180_01.htm)

### **Submitted by Wayne Bradley:**

**I have recently learned that during the North Island Acute Services review process, St. Joseph's Hospital presented VIHA with a serious proposal to add 70 beds and 3 operating rooms, do seismic upgrades, increase parking and other improvements. All of the renovations would be staged to avoid disruption during construction. I also understand that similar plans to upgrade the Campbell River General Hospital have been made to VIHA. These plans were never disclosed to the public for feedback during the consultation process. Given the overwhelming public opposition to VIHA's decision to build a new regional hospital in a neutral (i.e. rural) location, will VIHA now release the plans to upgrade the current hospitals to the public for our study and consideration? If so, I am requesting copies of all such proposals. If these proposals will not be released to the public, please explain the reasons.**

**If a new regional hospital replaces our existing acute care hospitals in Campbell River and Comox, what services would remain at the current locations to deal with any acute health situations? Precisely what services is VIHA proposing to provide at the hospital in Campbell River? Precisely what services is VIHA proposing to provide at St. Joseph's.**

**The Campbell River Hospital (CRH) and St. Joseph's General Hospital (SJGH) are both almost 50 years old. Each hospital had submitted requests for significant capital investments to upgrade to current standards and enhance their ability to provide services. Before proceeding with either project, VIHA had the responsibility to assess the way services are delivered to determine if the current model is the most appropriate to meet the needs of all North Island residents into the future.**

**In December 2005, VIHA commissioned Turnkey Management Consulting (TkMC) to undertake an options appraisal and for future acute care service delivery in the Comox-Strathcona area. Through the options appraisal process, and a comprehensive community consultation process, TkMC looked at four options ranging from refurbishing and expanding the existing facilities to building a new regional hospital that would provide services similar to those available at Nanaimo Regional General Hospital.**

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Their recommendation was to build a new Regional Hospital at a neutral site. Given the importance of this decision and the potential impact on the North Island communities, VIHA's Board of Directors asked staff to take TkMC's two most preferred options back to the communities for additional consultation. These options included a new regional hospital in a neutral location and a regional hospital network delivered through the two existing sites. The consultation took place from May through July 2006 during a series of town halls/open houses, as well as meetings with stakeholders including municipalities, First Nations leadership, physicians, community groups, and other health providers.

Through this consultation process, an additional option was proposed by St. Joseph's Hospital Board, as well as refinements to the existing options. The additional option included a phased investment model that would involve the development of a Regional Hospital over a ten-year time span.

The Board reviewed the Phased Investment model, and shared this information publicly when the announcement on the Board's decision was made in September 2006. This option was not considered viable for the following reasons:

1. The provision of seamless access to specialty services would be delayed or potentially omitted. As a result, VIHA would not be able to provide the local access to sustainable specialty services that will be needed for the growing and aging population. The need for specialty services would have to be met elsewhere, which would strain resources across the rest of the hospital system.
2. The introduction of a third site for the delivery of acute care services not only challenges the service and financial sustainability of the system, it also has a negative impact on quality of care. Difficulty in recruiting and retaining professionals and competition for resources would be exacerbated under this option. Moreover, acute inpatient services at two sites and a surgical day centre somewhere else would make it difficult to provide continuous care to patients.
3. This option is least consistent with VIHA's Strategic Plan and direction, which has assigned a high priority to developing a sustainable network of hospital services to meet the needs of the growing North Island population into the future.

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### Services in Campbell River and Comox:

Residents in Campbell River will be served by investments in a community hospital that will support the new regional facility by providing:

- **24/7 Urgent Care and Treatment Room for:**
  - Diagnosis and treatment of illnesses and injuries not requiring hospitalization
  - Stabilization of patients with more serious conditions before transporting them to the acute care facility
  - Facilities and treatments not available in physicians' offices
  - Overnight observation
- **Primary health care:**
  - Co-location of family physicians and medical specialists within one facility
  - Chronic disease management clinics (e.g. diabetes, depression, hypertension, asthma, congestive heart failure, etc.)
  - Multidisciplinary teams (e.g. nutritionists, pharmacists, etc.) sharing information and working cooperatively to provide care
  - Mental health and addictions prevention, treatment and support
- **Inpatient Rehabilitation Beds**
- **Transitional Care Beds**
- **Outpatient Services:**
  - Ambulatory care clinics and programs
  - Diagnostic imaging and laboratory services
- **Population health:**
  - Prevention and health promotion programs such as "well baby" clinics tailored to the needs of local residents and "at risk" populations, developed and delivered by multi-disciplinary care teams
- **Support and community based services**
  - Rehabilitation services
  - Home care
  - Complex care and assisted living
  - End of life care
  - Transportation coordination

Even though the new regional hospital will be less than 10 minutes away via car from the existing site, we recognize the strong connection the people of Comox have with St. Joseph's Hospital. So the new model outlines a new future for that facility – one that will enhance community options for patients and better meet some of their needs outside of an acute care hospital.

The new role for St. Joseph's Hospital will include compassionate care for patients when they are nearing the end of life, residential care, assisted living, and primary care.

VIIHA will also ensure that services at a new regional hospital are supported by:

- Working with BC Ambulance Service to provide enhanced ambulance service in the region;
- Continuing to work with Mount Waddington communities to improve access to primary health care and stronger links to specialty services; and
- Collaborating with our partners to establish a residence close to the new hospital site where patients and family members from more remote areas can stay while accessing care at the new hospital.

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**Submitted by Cathy Sangster**

In June 2004, the Home and Community Care nurse discharge program was disbanded. This program provided a daily review of every patient on the NRGH census to ascertain who would need nursing, rehab, or long term care follow up at home in the community. It was rare for anyone to fall through the cracks because of this program. Now patients are being discharged from NRGH without being appropriately or completely assessed and this has had a real negative impact on patient care post discharge.

**Why did VIHA implement this change? How is this decision being evaluated to assess the impact on patient care or cost effectiveness?**

**I might add that I understand Victoria hospitals still have a community liaison program with over 20 discharge planners.**

A

In 2004, the liaison nurses (nurse discharge program) were moved out of acute care. The reasons at the time were as follows:

- The caseloads in the community were continuing to increase and it was believed that the redeployment of staff from acute care to community care would assist case management required in the community.
- The role of the liaison nurse among the various sites in Centre Island was inconsistent in both role and function; for example, some had bed utilization management within their job description and this was seen as a potentially inconsistent with their primary role.
- Because discharge planning is an inherent component of care delivery in acute care, at the time it was believed the community would be provided with the required referral and discharge information from acute care clinicians, which would enhance seamlessness between the two service sectors.

Two years later, VIHA recognizes this shift has not worked as well as we had expected as it has meant an additional workload on acute care and inconsistent quality of referrals in home and community care.

VIHA will continue our efforts to address this challenge; however at this point, the community-based liaison nurses could not be moved back into the acute care setting without negatively impacting care. This is because workload in the community has since grown exponentially with a current caseload in Nanaimo of 2, 800 clients.

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Finally, to clarify the staffing component assigned to this important function in Victoria: There are not 20 FTEs assigned to this role; while there may be 20 different individuals performing this function, it is on a part time basis. The hospitals on Southern Vancouver Island face significant capacity challenges, and without the role performed by the liaison nurses, these capacity challenges would be even more significant.

### **Submitted by Sue Poulsen**

**VIHA Home and Community Care Management has advocated for a staff mix to include Licenced Practical Nurses (LPNs) in Community Home Care Nursing. However, no assessment of the Home Care Nursing Program was conducted to indicate what portion of the job could be safely done by the LPN. Wouldn't it be prudent of VIHA management to do the assessment and then consider adding LPNs based on the proportion of the work assessed as appropriate for a full scope LPN in the community?**

The Vancouver Health Authority, in partnership with other health authorities in BC and across Canada, has undertaken extensive research into this issue in recent years. A critical role and examination of job functions of RNs and LPNs is a crucial component of ensuring quality care is available to clients in the future, particularly in light of our growing and aging population and the increasing shortage of RNs in BC, Canada and around the world. Given this reality, it is prudent to ensure that our nursing resources are used in a way where scope and skills are used to maximum efficiency for patient care.

Last spring, VIHA engaged a PhD candidate from Queens University to complete an analysis of tasks within the scope of both the case manager role and the scope of the RN in home and community care. This work was very objective and used the same process that has been used in other health authorities across Canada. The analysis was based on information from staff in the Duncan home and community care office, but the findings are universal to the roles assessed within H&CC. The analysis and findings indicated approximately 20% of the tasks completed by RNs could and should be moved outside of the RN practice envelope.

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**Submitted by Norberto Rodriguez dela Vega:**

**Why is the proposed new hospital not following VIHA's own green tips? How will this proposed new hospital comply with the government's green plans on *reducing environmental footprint of sprawling communities*? How is this proposed new hospital going to justify the massive generation of new greenhouse gas emissions because of so much driving and the creation of totally new urban sprawl? How does VIHA understand and connect the effects of sprawling with greenhouse gas emissions and global warming?**

A

VIHA is in the very early stages of developing our business case for this project, which will need final approval from the provincial government and a funding commitment from Treasury Board before it can proceed.

While it is premature to speculate about the new regional hospital's compliance with environmental principles, it is, however safe to say that a new, purpose-built facility, built to modern standards will be considerably more energy efficient and environmentally sound than the two existing, aged facilities.

VIHA is aiming for LEED® certification early in the planning process. The Leadership in Energy and Environmental Design (LEED) Green Building Rating System™ is the nationally accepted benchmark for the design, construction, and operation of high performance green buildings.

“Going green” by following the LEED® certification standards makes sense on many levels, not only from a financial standpoint, but from an environmental standpoint, too.

With regard to staff commuting, we presently have numerous staff that live in one community and work at the hospital in the other. Travel time for these people will be reduced by locating the new facility at Dove Creek; a location that is approximately 15 minutes travel time for those living in the Comox Valley, and 20 – 25 minutes for those who reside in Campbell River.

VIHA has also committed to working with the Comox Strathcona Regional District to improve transportation links to the new site for both patients and staff.

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**Submitted by: Terri Odeneal, Comox Valley Hospice Society**

**Does VIHA plan to implement end of life care across the Authority that is representative of the Ministry of Health End of Life Framework put forth in May 2006?**

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The Ministry's End of Life Framework was used as a reference point in the development of VIHA's End of Life Plan. This Framework provided an excellent screen for planning through the identification of principles and key services for end of life care. VIHA referenced these principles and key services when developing its service model, based upon the unique needs of our population.

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**Given the lack of resources for end of life care in the Comox Valley, what are the plans to bring this community to an equitable position with other communities based on capacity and funding?**

A

The VIHA End of Life Plan, which is nearing finalization, acknowledges and addresses challenges around current inequity in service distribution. VIHA is committed to consulting with the general public, community groups, physicians, partner service providers and staff in the 2007/08 fiscal year. The purpose of these consultations will be to gather input on needs and service gaps, with a focus on Central and North Island, where it is acknowledged that services are most in need. VIHA's plan is expected to propose service enhancements for the Comox Valley, details of which will be made public once the plan is finalized.