



**BOARD OF DIRECTORS
GENERAL BOARD MEETING
WEDNESDAY, NOVEMBER 25, 2009
MARY WINSPEAR CENTRE
2243 BEACON AVENUE, SIDNEY, BC**

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

Staff
Present: Howard Waldner
Richard Crow
Catherine Mackay
Lynn Stevenson
Neil Sweeney
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.

The agenda was adopted as circulated.

The minutes of October 7, 2009 were adopted as circulated.

2. Health Quality Committee

Director Nunns Shoemaker noted that the Health Quality Committee had its regular meeting on Tuesday, November 24th.

- The Pharmacy, Diagnostics & Community Hospitals portfolio provided an annual update on their key activities and initiatives, including medication safety and the Diagnostic Accreditation Program for both Laboratory Services and Medical Imaging. There was an excellent presentation on Anatomical Pathology and the processes in place in VIHA to mitigate the risks other jurisdictions have encountered with respect to cancer diagnosis.
- The committee also received an annual update from the Operations and Support Services portfolio, which is responsible for Food, Housekeeping, Purchasing, Protection Services, Facilities Operations and Capital Planning.
- Twice each year the committee looks at a number of performance indicators. The committee was pleased to see an improvement in the screening mammography rate in VIHA, and the wait times for hip and knee replacements. By maintaining the number of MRIs performed in VIHA at the same rate as

budgeted for the 2008/09 fiscal year, which was one of our budget mitigation plans, we have seen an increase in the wait time for non-urgent MRIs. The Board and management are monitoring this closely to ensure that priority exams continue to be completed within an appropriate time frame.

- At each meeting the committee reviews issues impacting VIHA's ability to provide accessible, timely, safe, and high-quality healthcare services. This month included an update on H1N1, where we continue to trend to the best-case scenario for a pandemic. Public immunization clinics are on-going and overall the uptake has been very good, however in the past week we have seen a decline in attendance. Both the Provincial Medical Health Officer and VIHA's Chief Medical Health Officer continue to urge people to get immunized against H1N1 in order to help prevent a third wave of the illness.

Over-capacity is an on-going issue at many of our acute care hospitals and staff continue to implement initiatives to mitigate.

We also heard about the Provincial Practice Support Program's new Mental Health module, which has been developed to enhance practitioners' skills and confidence in the screening, diagnosis and treatment of mental health conditions, while increasing patient satisfaction and engagement of self-management of mental health concerns. Within VIHA, 94 GPs have enrolled since June 2009 and an additional 26 are scheduled to start in 2010.

- In addition to our regular meeting, the Health Quality Committee also met Monday evening with local physicians on Salt spring Island and discussed issues of importance at Lady Minto Hospital and the general community.

3. Governance & Human Resources Committee

Director Costello reported that the committee met on Monday, November 23rd.

- On the Human Resources side there was an update on the status of strategies in the 2009/10 People Plan. Most projects are proceeding on schedule and on budget and management is working diligently on the few that are not on schedule to get them back on track. The committee was particularly pleased to see the traction on the Care Delivery Model Redesign work on the medical, surgical, rehabilitation and neurosciences units across VIHA, as well as the spread of this work to other health authorities in the province. One of the transformational strategies in the People plan is Staff Safety and Injury Prevention to promote a culture of safety in VIHA, with an emphasis on the prevention of workplace injuries, retention of existing staff and the recruitment of new staff. Good progress has been made to date in this area, and the committee hopes to see continued success in this area.
- Twice each year the committee reviews performance indicators, looking at a number of key areas such as sick time, staff injury rate, long term disability rate, staff influenza rate and difficult to fill positions. Performance has improved in many of these areas, largely due to the strategies in the People Plan.

- We received an update that specifically focused on WorkSafe BC issues. Staff safety has been identified as one of VIHA's four strategic initiatives for the 2009/10 fiscal year and there is a lot of work underway to address areas of concerns, such as violence prevention, musculoskeletal injury prevention and blood borne pathogen exposure control.
- On the Governance side we reviewed and approved the meeting schedule for 2011. The meeting schedules for both 2010 and 2011 will be posted to our website.
- There is one upcoming vacancy on the Board for March 2010 and a Notice of Position is expected to be posted shortly by the Board Resourcing & Development Office. The notice will also be posted on the VIHA website, and ads will be placed in newspapers across VIHA.

4. Finance & Audit Committee

Director Robinson noted that the committee met on Tuesday, November 24th.

- First we reviewed and approved the Audit Plan for the 2010/11 with the Office of the Auditor General, who are the external auditors for VIHA.
- As we do at each meeting, the committee reviewed the financial report. For this meeting we looked at Period 6, and a copy of the Statement of Operations is included in the public package. VIHA has a year-to-date unfavourable variance of \$5.3 million, and with the budget initiatives currently underway, we are projecting a balanced budget by the end of the fiscal year.
- Twice each year the committee looks at a broad set of performance measures linked to the strategic goals. The committee was satisfied with the overall performance, although the equipment depreciation index and the facility condition index are outside of an acceptable range. Management continues to target funding at the highest priority projects, however the age of many of VIHA's buildings is a significant factor. This is not a challenge unique to VIHA, and is faced by health care jurisdictions throughout Canada as we struggle to maintain the functionality of aging facilities. Management continues to work to address this matter and our funding is targeted to the highest priority projects.
- The committee regularly receives reports and updates from the Director of Internal Audit, and there are no areas of concern at this time.
- As specified in VIHA's Fair Business Policy Vendor Complaint Review Procedure, the Director of Internal Audit Services is the point of contact for any formal complaints. We are pleased to report that no formal complaints were received during the period April 1, 2009 to October 15, 2009.
- At 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.
- Each meeting the committee also reviews the status of major capital projects. VIHA currently has two major capital projects underway, the new Patient Care Centre at Royal Jubilee Hospital and the Renal Unit at Nanaimo Regional General Hospital. Both projects are currently on-time and on-budget.

5. Committee of the Whole

Director van de Sande advised 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 earlier today.

- There was a presentation on Telehealth services available in VIHA, and the value of this service to patients and providers. This service has significantly reduced the burden of travel for many VIHA patients, with over 1,800 patients having taken advantage of the service to date. Without Telehealth these patients would have traveled over 700,000 kilometers. The Board is very pleased to see the continued expansion of these services, and the positive feedback from patients, clients and care providers.
- There are five community hospitals in VIHA, and building a sustainable network of hospitals was identified as a strategic priority in VIHA's five year strategic plan. A critical first step in developing sustainable and appropriate hospital services was to focus on community hospitals, as they have a significant role to play within the larger health care system. A Community Hospitals Framework has been completed, which articulates the principles for service delivery, recognizing that specific services will vary by location, population need and the surrounding area. Significant work has been undertaken at both Saanich Peninsula Hospital and West Coast General Hospital in Port Alberni. Due to the proximity to Victoria General and Royal Jubilee hospitals, the role and bundle of services for Saanich Peninsula Hospital differs from other community hospitals. Saanich Peninsula hospital provides a personalized, caring environment to its patients and plays a vital role in meeting local needs in partnerships with our tertiary facilities.
- The committee received an update on Communications activities currently underway to address the recommendations made in the Communications Review completed earlier this year.
- As occurred at the other committee meetings, we also reviewed some performance indicators. The Board is very pleased to see the self-sufficiency rate for VIHA is the highest of any health authority in the province at 95.9%, which means that less than 5% of people living in VIHA need to receive hospital services in another jurisdiction. We have also seen a reduction in the rate of newly reported HIV infections, as well as a reduction in the use of tobacco rate for people age 15 and over.

6. Presentation by President & CEO, Howard Waldner

Howard Waldner gave a brief update on some key issues in VIHA.

- Since early September, Vancouver Island has seen resurgence in the H1N1 flu. Dr. Perry Kendall, Provincial Health Officer, now advises that BC appears to have passed the peak of this wave, and the number of people acquiring new cases of H1N1 is on the decline. However, people are still getting sick, and as stated earlier in the meeting, everyone is encouraged to get immunized against H1N1 to reduce the likelihood of another wave hitting BC in the spring of 2010.

- VIHA began the year with approximately \$45 million in funding pressures. In July we outlined our budget management strategies and the principles we would use to achieve a balanced budget in the 2009/10 fiscal year, and as reported by the Chair of the Finance & Audit Committee, we are now projecting a balanced budget by year-end.
- Construction on the new Patient Care Centre at Royal Jubilee Hospital continues to be on-time and on-budget, and for those of you who have driven by the hospital lately, you will know that the building has taken shape with the installation of the windows and masonry on the exterior. The bathrooms are currently being installed, and will provide superior infection control through their design. As reported in the media recently, there is some concrete that requires re-finishing, but there is no risk to VIHA due to the contract in place for construction, and there is no structural issue with the design.
- VIHA was recently selected as one of Canada's top 100 employers, and not coincidentally, one of BC's top 50 employers. This is a very prestigious annual ranking of both private and public Canadian employers, and recognizes VIHA's commitment to our employees, and the work that Dr. Lynn Stevenson's team in Human Resources are doing around retention of current, and recruitment of new, employees. Howard presented the Board Chair with the "Canada's Top 100 Employers 2010" award.

Chair Kreut, on behalf of the Board, congratulated Howard, Lynn, the management team and the human resources team on receiving this award. Very few health providers have received this type of recognition, and it takes a tremendous amount of effort on behalf of both management and supervisors to achieve this type of recognition in an organization with 17,000 employees.

7. Presentation on Seniors Services at Saanich Peninsula Hospital

Dr. Ambrose Marsh, Chief of Staff, and Ms. Dawn Nedzelski, Site Manager, for Saanich Peninsula Hospital were welcomed to the meeting.

- Saanich Peninsula Hospital (SPH) is a hybrid community hospital that services the local community, and is integrated within the South Island Hospitals Network.
- The SPH serves a large portion of seniors, and has a goal of continuing to build and improve care provided to seniors.
- Elder friendly adaptations have been made to the Emergency Department, including matte finish flooring, low stretchers, hand rails in hallways, different colours on baseboards and doorways, a tool that helps identify Seniors at Risk and a Liaison Nurse to ensure appropriate resources are in place at home, contact with Social Work, and notification to family physicians.
- Seniors specialty physician services include: Geriatric Psychiatry; Internist with a geriatric interest; Geriatrician; and Palliative Care physician.
- The Palliative Care Unit at SPH has cared for 987 patients in the past four years, and the average age of patients is 77.

- Key quality initiatives include:
 - Care Delivery Model Redesign – ensuring the right caregiver- in the right place - at the right time, attention to discharge planning and timely assistance with activities of daily living; and
 - Alternate Level of Care Pilot – working with Seniors, Home & Community Care to enable seniors to remain home with appropriate supports, preventing admission, or shortening hospital length of stay, and improving access to residential services.

Chair Kreut thanked Dr. Marsh and Ms. Nedzelski for the excellent presentation.

8. Public Presentations

Proposed Needle Exchange & Proposed Safe Injection Site – Valerie Spohn

Valerie Spohn noted that VIHA's mission statement is "serving and involving the people of the Islands to maintain and improve health", and the values include a statement on accountability. Yet when Princess Street was identified as a possible location for a Needle Exchange and/or Safe Injection Site there was no consultation with the residents in the area. The local businesses felt forced to hire a lawyer and submit a request to the Information & Privacy Office in order to obtain information. She hopes there will be improved communication in the future so that others do not have to take these kinds of steps in order to learn what is being planned for their neighborhood.

Chair Kreut thanked Valerie for her presentation. He noted that it is currently not legal in Canada to operate a Safe Injection Site, therefore VIHA has never said they would be opening one.

Howard Waldner advised VIHA never committed or recommended a Needle Exchange be located on Princess Street. There was a committee comprised of community partners, including some representatives from VIHA, that came up with Princess Street as a possible location, but a report or recommendation was never provided to senior management or the Board.

In fact, as was recently reported in the media, VIHA has decided, following discussions with the City of Victoria and the Victoria Police Department, to use the Public Health Units across VIHA to provide needle exchange services. This means that there will be at least 16 fixed needle exchange sites in VIHA, and they will not only provide needle exchanges, staff will also be able to connect with these individuals and refer them to other services as appropriate. Mobile and other existing services will continue.

VIHA has made every effort to ensure this news is well circulated.

Crystal Meth Prevention Society – Mark McLaughlin

In the past year the Crystal Meth Prevention Society has focused on prevention work, and is primarily doing this through presentations for grade six to twelve students, as well as providing a Drug Awareness Program for Elementary School students in grades four and five. Despite the significant prevention work this Society does through education, they do not receive any funding from VIHA. He respectfully requested that VIHA provide funding to support the continuation of this prevention and education program for children and teens. It was suggested that perhaps a portion of the money allocated for harm reduction be designated for prevention work.

Chair Kreut thanked Mark for his interesting presentation, and acknowledged the great work the Crystal Meth Prevention Society is doing.

Howard Waldner also thanked Mark, and noted that it was very encouraging to hear about the excellent work the Society has undertaken. VIHA is involved in a number of harm reduction strategies, and there may be opportunities where we can work together with the Crystal Meth Prevention Society to support this work, such as providing printed materials, etc. He asked Mark to follow-up with Catherine MacKay, the current Chief Operating Officer.

9. Questions & Answers

Chair Kreut noted that there were a number of questions submitted in advance of the meeting, and the written response is included in the meeting package, and will also be posted to our website. The Board would also like to take some questions from the floor. Members of the public were asked to keep their questions general in nature, and ask more detailed or personal questions at the Open House immediately following the meeting.

- Mayor Larry Cross, from the Town of Sidney, welcomed the Board and thanked them for meeting in his community. There has been some good information shared at the meeting today, and he reiterated how important Saanich Peninsula Hospital is to local residents. He noted that Counsellor Hughes is also in attendance today to show that the Town of Sidney cares about health care.

Chair Kreut thanked Mayor Cross for his comments. He confirmed that Saanich Peninsula Hospital is an integral part of the acute care hospital system in the South Island.

- The President of Beacon Hill Villa's Family Council thanked the Board members for the work they do on behalf of the residents of Vancouver Island. There have been several challenges at Beacon Hill Villa over the past couple of years, and she expressed her appreciation to VIHA for helping, and stepping in when necessary, to ensure that appropriate care is provided to the residents.

She also stressed the importance of Family Councils in VIHA to ensure a process is in place to bring issues and concerns forward.

- Concern was expressed about the references during the meeting with respect to seniors, and the burden they are placing in the health care system. While wait lists are currently shorter, with surgical cutbacks they are going to grow quickly. It is very difficult to find out exactly how long you have to wait for a surgical procedure, which makes it difficult to plan.

Howard Waldner noted that the reality is, the older people get, the more health care services they require. The average cost of medical care for a 40 year old person is about \$2,000 per year, and the average cost of medical care for a 75 year old person is approximately \$20,000.

With respect to surgical wait times, it is up to the surgeon to determine the urgency of a procedure, which determines how long someone will wait. There is a surgical wait list website for BC which shows the wait times for each clinician in the province. http://www.swl.hlth.gov.bc.ca/swl/swl_db/swl.WaitlistPkg.GetHospitalListBySurgSpecBM?IEvent=UR

If someone feels their condition has changed, they need to return to the Specialist, or their GP, who can determine if the urgency for surgery has increased. It is also possible for individuals to look at the wait list registry, and request that their GP refer them to a Specialist who has a shorter wait time, even if it requires travel, if that is an option for the individual.

It is very difficult to determine when surgery will actually be performed for non-urgent cases, as often more urgent cases will get placed in front of less urgent cases, which impacts the wait list., and is why people are not given a lot of advance notice as to when their surgery will take place.

- It was queried whether the VIHA budget provides funding for family physicians and specialists.

Howard Waldner advised that the majority of physicians' salaries are paid directly by government on a fee-for-service basis by the Medical Services Plan. However, there is some funding in the VIHA budget for some salaried physicians.

Chair Kreut thanked everyone for their comments and questions.

10. Adjournment

There being no further questions from members of the public, the meeting was adjourned at 2:35 pm and members of the public were invited to join the Board and senior management for refreshments at the open house.