



**BOARD OF DIRECTORS
GENERAL BOARD MEETING
WEDNESDAY, NOVEMBER 28, 2007
ROOM 2, MARY WINSPEAR CENTRE AT SANSCHA
2243 BEACON AVENUE, SIDNEY, BC**

Directors Jac Kreut, Chair
Present: Don Carlow
 Michael Costello
 Ellen Godfrey
 Ed Robinson
 Vern Slaney

Regrets: Shelley McDade
 Brenda Nunns Shoemaker
 Linda Petch

Staff Howard Waldner
Present: Mike Conroy
 Richard Crow
 Lynn Stevenson
 Bill Boomer
 Georgina MacDonald
 John Johnston
 Suzanne Germain
 Janet Shute, Recorder

1. Call to Order

Chair Kreut called the meeting to order at 1:15 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 August 1, 2007 were adopted as circulated.

2. President & CEO's Report

Howard Waldner, President & CEO, gave a presentation on the following key issues:

➤ Hospital Capacity

- VIHA has been experiencing significant challenges with respect to the number of inpatients waiting in Emergency Departments, particularly in Victoria and Nanaimo. The Board and senior management recognize that this over capacity causes stress on patients and family members who may be waiting in the Emergency Department, or be admitted to the Emergency Department and waiting for a bed in a ward area. We also recognize the pressure this puts on staff and physicians, and we're grateful for their support during these times.

- Several factors are combining to create this exceptionally challenging patient flow situation, including: low turnover in residential care; limited capacity; infection outbreaks that result in beds being closed; staffing issues; and an increase in surgical volumes.
- Hospital Capacity Response
 - VIHA is implementing several initiatives to help manage this situation, including: 20 new beds at RJH; 14 new beds at NRGH; 28 new interim/temporary beds at Gorge Road Hospital and 23 net new beds at the Lodge on 4th in Ladysmith. We are also purchasing additional community capacity when available and appropriate.
 - Staff are completing a Transition Services Project, which looks at the services necessary to support patients with a safe and timely transition from hospital to home and provide that care in the most appropriate setting.
 - VIHA is also developing ways to optimize the booking of surgical patients, analyzing data collected in the Emergency Departments to identify “bottlenecks” in patient flow and subsequently develop plans to target identified issues, as well as updating our bed allocation methodology at Victoria General and Royal Jubilee hospitals.
- Residential Care
 - A new care delivery model and funding method were introduced in September. The goals of this initiative were to: improve care levels in all VIHA funded and operated facilities; remove current funding inequities that are based on geographic location, operator and historical arrangements; and increase reporting requirements, transparency and accountability.
 - VIHA is providing an additional \$6.5 million in annual funding, plus inflationary lifts, bringing the total residential care budget to \$220 million. This new model will result in a funding increased to 80% of the residential care facilities in VIHA.
 - The new model will result in one of the highest levels of care hours and funding in Canada, moving from an average of 2.88 hours per resident per day to 3.24 hours per resident per day, and will require an RN to be on site at every facility 24/7.
 - VIHA is prepared to guarantee employment to all affected staff, both VIHA and affiliate staff, although the work may be at another site.
 - The Board and senior management recognize that some facilities are slated for funding decreases under the new model. It is important to note that these facilities are already very close to providing the care hours that VIHA will support in future, so the funding change should have minimal impact on the care provided at these facilities.
 - This model will be implemented over approximately 30 months, and VIHA staff have had one-on-one meetings with every provider to review the model in detail and the impact on each facility. In these meetings there is strong support that this is the right direction in which to go, but we are hearing some consistent themes from our Affiliates that identify areas where the model may need to be refined, and we are committed to looking at this. VIHA is providing unprecedented clinical support to assist facilities during the transition.

- A forum, with membership from residential care providers, has been established to help evaluate and review the model.
- We are committed to on-going and continuous feedback to ensure that these changes achieve the intended improvements in care.
- We are working to improve the data we receive, and this information is currently being analyzed, and may result in some funding adjustments to individual facilities by the end of the year.
- Home Support
 - There has been a significant increase in home support services with 2 million hours provided in 2006/07, an increase of 16% and 4,800 clients serviced. Volumes to date for 2007/08 are higher than last year.
 - An RFP for Home Support Services in the South Island was tendered last summer because current contracts would be expiring. Special status under the RFP was given to current providers, in recognition of their current service and labour relations issues. Two current providers opted not to submit bids, and Howard acknowledged Juan de Fuca and South Victoria Home Support for the contribution they have made to patient comfort in the South island. At the same time, we're pleased to enter into a contract with Beacon Community Services to provide home support services to clients on Southern Vancouver Island effective March 1, 2008. Transition planning is underway to maintain client care.
 - Beacon Community Services is a current service provider for VIHA, and they have been providing home support services for 20 years. Beacon Community Services staff are BCGEU certified, and will be assuming the staff who currently work for the two agencies that did not submit bids under the RFP, allowing these staff to retain wages, benefits, and job security. Retaining these staff will also help provide continuity of care for home support clients.
- Saanich Peninsula Hospital
 - A review of the core services in VIHA's five community hospitals is currently underway, including Saanich Peninsula Hospital. SPH is unique, as it is part of the network of hospitals in Greater Victoria with Victoria General and Royal Jubilee hospitals.
 - Key to this review is collaboration with SPH physicians and staff. To date interdisciplinary meetings have been held with physicians and other care providers, and core principles have been agreed upon. This work will continue over the next few months.

3. Health Quality Committee

Director Carlow noted that the committee met on Wednesday, Nov. 14th with physicians, two of the local mayors and representatives from the Foundation, and then had our regular committee meeting on Thursday, Nov. 15th. The following are some of the key items that were discussed:

- At the meeting on Wednesday evening we heard very positive comments about the planning work that is currently underway with respect to the future role of Saanich Peninsula Hospital. This work is still in the early stages, but core

principles have been agreed upon, and the physicians and other staff involved in the process have indicated they feel this is the right way to move forward in determining the future services for this site.

- We heard about the high level of involvement of family physicians at the hospital, and how important this is for continuity of care. Concern was expressed about the need to recruit additional specialists that will be based in the Peninsula, to better serve residents and meet their health needs locally. With the close proximity to Victoria, and the ability to work as part of a network, there is, perhaps, an opportunity to provide some specialty services locally that might not otherwise be sustainable with only one or two specialists
- There was strong praise for the support of the community, particularly with respect to the fundraising campaigns that have been undertaken in the past few years with the Emergency Department, CT Scanner, the Palliative Care Unit, and the campaign currently underway for a new Operating Room. It is noted that a few questions posed by members of the public/stakeholders relate to why fundraising takes place in the community for these kinds of projects. We believe it is important to re-iterate that community involvement and support for hospital equipment and capital projects through Hospital Foundation fundraising campaigns is nothing new; and is a decades-old tradition that takes place across Canada and around the world. Health care providers and patients are grateful for the commitment, dedication and financial support of local communities.
- We also heard about the need for better access to information, the need for more local involvement in the recruitment process for physicians, and the need for better, more coordinated information sharing.
- At our regular committee meeting on Thursday morning we heard the annual Quality & Patient Safety Update. Highlights included:
 - Standardization of the internal Quality & Patient Safety processes;
 - Shifting to a multi-disciplinary culture;
 - Integrating Accreditation processes with unit goals and objectives; and
 - Improving the culture or reporting in the organization.
- The Infection Prevention & Control Annual Report will be posted on VIHA's website in the coming days. VIHA is actively involved in all of the provincial initiatives related to quality and patient safety, and is moving forward and on track for all but one of the recommendations in the Auditor General's Report on BC Infection Prevention & Control Practices, which was issued in February 2007. While we continue to experience infectious disease outbreaks on specific units periodically, overall the organization is seeing a decrease in hospital acquired infections due to improved infection control practices. There will be a presentation later in the meeting on the hand hygiene initiative that was introduced last year. Staff are also working with the local universities and colleges, and the Island Medical Program, to provide infection control education.
- We also had a presentation on the updated Quality & Patient Safety Infrastructure Plan. The committee was very pleased to see the direction this is moving – it is a very forward thinking plan that has a new set of goals based on current best practices and evidence. The acronym for the revised plan is “ASK ME”, which is based on the three core processes of Assessment, Standardization

and Knowledge communication, and the concepts of clinical Microsystems and best Evidence.

- We also reviewed the semi-annual performance indicators. Areas where further improvement is required include: the screening mammography rate, the percentage of community based clients admitted to residential care within 30 days, surgical wait time for cataracts and the percentage of patients admitted from the Emergency Department within 10 hours. A number of strategies are in place to try and improve these rates. We were pleased to see the wait time for CT Scans, MRIs, total hip and knee replacements and readmission rates are all within an acceptable range and rates are improving.
- The committee has a standing agenda item to review health system capacity trends, risks and mitigation strategies. Patient flow and system capacity challenges and successes are the focus of this update. As is the case in jurisdictions across Canada, VIHA continued to face challenges in our Emergency Departments. Significant challenges have been ongoing since late August, with high levels of “over capacity” patients. VIHA is engaged in many initiatives to address these challenges, but until our new residential capacity opens in 2008, we anticipate that this will be an ongoing issue over the next several months.
- Increasing demands being placed on Laboratory services by the growing volumes for testing, the installation of overhead lifts in Residential Care that will affect 87 beds, and the growing wait lists for endoscopy services were some of the other challenges covered in the report.
- The committee heard encouraging news about the some capacity successes that have recently been demonstrated within VIHA, such as:
 - The Residential Care Medical Supports model, which has provided on-call physician coverage to residential care facilities and has decreased ambulance transfer to hospitals from these facilities by 42%.
 - The Home and Community Care interim capacity plan, which will use VIHA’s successful “respite hotel” model to increase home care capacity by moving clients who require temporary live-in home care services to a respite hotel setting.
 - The results of the recent Mock Trauma Accreditation for VIHA were very positive. Gaining accreditation for the VIHA trauma program will have significant benefits for patients requiring trauma-related hospital care.
- There was an update on the 15 Health Innovation Fund projects that VIHA received funding for. These projects are now entering the final stages of planning or have been initiated.
- There was an update on the development of indicators to demonstrate progress within the context of VIHA’s Aboriginal Health Plan. Six Aboriginal Health Working Groups have been established between local First Nations and VIHA groups across the Island. Community Health Profiles and action plans are being developed, and from that work, unique health indicators will be developed for each of these communities.
- An update on the Over Capacity Protocol, which continues to be reviewed and revised to ensure optimal use of all capacity and the safest care possible during over capacity situation. The Over Capacity Protocol helps manage, in an orderly

way, what could otherwise be very chaotic situations. However, we recognize that the overcrowding is not ideal for our patient and their families. It also causes considerable strain on our staff and physicians, and we commend them for their commitment to providing the best patient care possible, particularly during these challenging times.

Director Slaney noted that we often hear about the growing issue of hospital-acquired infections, particularly MRSA. He queried how bad this issue is in VIHA, and asked what is being done about it?

Director Carlow noted that antibiotic-resistant infections are a challenge for all Canadian hospitals and VIHA is not unique. While we don't like to have any infections in our hospitals, the Canadian benchmark rate for MRSA is less than 7.5 per 1,000, and for all VIHA sites the rate is between 3 and 5.8 per 1,000, which is much better than the benchmark. There are a number of initiatives that are on-going to try and reduce the number of infections, including hand washing. It is an issue in VIHA, but staff are on top of it and we're doing better than many jurisdictions.

4. Governance & Human Resources Committee

Director Costello noted that the committee met on Monday, November 26th and reviewed the following items:

- A standing item on strategies to improve communication and engagement with employees, which is a key area of focus for the senior leadership team. The highlight was a presentation by two nursing staff, who co-chair the Regional Nurses Practice Council, on the consultation process that has been undertaken with the staff at Royal Jubilee Hospital regarding the new patient care centre. The Board was very pleased to see such a high level of engagement occurring and very much appreciated the helpful input from our front line care providers so that we can build a patient care centre that will serve our patients for years to come.
- The semi-annual performance indicators related to work life. Most indicators are within an acceptable range and some are showing positive results, such as a decrease in sick time over last year and a decrease in the staff injury rate. Areas that continue to be outside the acceptable range are the overtime rate and staff influenza immunization rates. The Board encourages all staff to participate in the immunization program.
- The Governance & HR Committee also serves as the Board's Nominating Committee. The Board has two upcoming vacancies and at the committee meeting on Monday a short-list of candidates was developed and interviews will be arranged over the next few weeks. Following the interviews VIHA will submit our recommendation regarding appointments to the Ministry of Health, who make the final decision on appointment to the Board.

5.

Finance & Audit Committee

Director Robinson noted that the committee met yesterday and had a very busy agenda.

- First, the committee met with our External Auditors, the Office of the Auditor General, to review proposed Audit Plan for the year ending March 31, 2008. There were no significant problem areas identified in the proposed plan, which was approved by the Finance & Audit Committee.
- The financial results for period 7 were reviewed, and copy of the Statement of Operations and Notes was included in the public package. VIHA has a year-to-date favourable variance of \$9.1 million, primarily due to temporary spending delays. The consolidated year-end projection continues to reflect a balanced position.
- A draft policy on Theft, Fraud, Corruption & Non-Compliant Activities was reviewed and approved. This new policy applies to all individuals associated with VIHA, including employees, members of the Board, volunteers, physicians, etc., Patients, suppliers and the general public may also report matters applicable under this policy. An implementation plan is under development and this policy, along with VIHA's Whistle Blowing policy, will be posted on our website.
- The committee received an update for the period December 1, 2006 to May 31, 2007 and confirmed that VIHA is in compliance with the competitive bid process established in the Fair Business Policy.
- 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 1st to October 31, 2007.
- The committee received a semi-annual update on Internal Audit Services activities for the period April to October 2007 and there are no areas of significant concern.
- The committee also meets twice per year with just the Director of Internal Audit to discuss any issues. The Director of Internal Audit Services indicated she has the full cooperation of management, and a good working relationship with the external auditors and other agencies. There were no significant issues to bring to the Board's attention.
- Twice each year the committee looks at a broad set of performance measures linked to the strategic goals, which also incorporate measures and targets contained in the Government Letter of Expectations and other documents. The committee was satisfied with the overall performance. Most are within an acceptable range, and management will be closely monitoring the two that are slightly outside of the acceptable range.
- 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.

6. Committee of the Whole

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 yesterday afternoon for over four hours.

- We heard a presentation about the Clinical Ethics Program in VIHA, the current situation and plans for moving forward. This includes the development of a resource network of skilled practitioners that will be available to all staff to assist them to deal with any ethical issues that might occur in their daily work.
- In January 2007 the Health Quality Committee heard a presentation on the need for additional addiction services in VIHA, and the Board received an update on the action that has been taken to address the need in the past 10 months. Most recently VIHA announced \$7.6 million in new services for the homeless in Victoria, including 4 Assertive Community Treatment Teams, 15 detox/treatment beds, daytox and discharge coordination. In June 2007 19 new beds were opened specifically to enhance youth addiction services in VIHA – 10 in Victoria, 5 in Nanaimo, 3 in Comox and 1 in Parksville. Staff have also restructured and improved day and outpatient programs for youth within several Island communities, enhancing services in Victoria, Duncan, Ladysmith, Nanaimo, Parksville/Qualicum, Port Alberni, the Comox Valley, Campbell River and Mt. Waddington. Staff will continue to work with municipal, regional and community leaders to further promote broad-based community coalitions for action on addictions and will be seeking additional funding through the 2008/09 budget process.
- We also reviewed and approved updated Terms of Reference for the committee, which have been revised to reflect responsibility for Enterprise Risk Manager.
- As occurred at the other committee meetings, semi-annual performance indicators related to health promotion, special populations and one on access were reviewed. In terms of access, VIHA has the highest self-sufficiency rate, at 95%, of all health authorities in the province, which means that only 5% of hospitalizations of VIHA residents occurs outside our region.
- Reviewed the draft criteria for the Program Budgeting and Marginal Analysis (PMBA) process. Staff will be doing further consultation before the criteria are finalized and communicated to staff as we head into the budget planning cycle for 2008/09.
- We also heard about the work underway to develop the Health Service Plan for 2008/09 over the next few months.

7. Presentation – Quality & Patient Safety - Handwashing

Lesley Moss, Executive Director, Quality & Patient Safety was introduced.

Lesley noted that one of her areas of responsibility is Infection Prevention and Control. This is something that VIHA takes very seriously, and today some of the staff are here to give a presentation on hand hygiene.

Bev Dobbyn, Manager, Infection Prevention & Control noted that it is flu season, and it is recommended that everyone get a flu shot. The other way to prevent getting the flu is hand hygiene. Most people don't wash their hands properly, and most infections are transmitted through your hands. To wash your hands properly, please use the following steps:

- Get paper towel from dispenser so it is ready when your hands are clean.
- Turn on the water and wet your hands.
- Use one or two pumps of soap.
- Rub hands together – go in between your fingers and around your thumbs. The fingers on your dominant hand will be the dirtiest, so pay special attention to that hand. To clean your nails - bend your fingers and rub the your nails on the opposite palm. The hand washing should last for 20 to 30 seconds – long enough to sing “Twinkle Twinkle” or “Happy Birthday”.
- Dry your hands.
- Turn off the tap with the paper towel.
- If door to bathroom opens inward then use the paper towel to open the bathroom door before discarding it.

While it may seem very basic, it cannot be stressed enough how important good hand hygiene is in preventing the spread of infections.

8. Presentations

Chair Kreut noted that there were two public presentations scheduled today.

Clean Air Coalition of BC
Re: Smoke Free Policies Across Canada

Jack Boomer, Director, Clean Air Coalition of BC, thanked the Board for the opportunity to present today.

Victoria has been a leader in tobacco control as the first city in Canada to make bars, pubs and restaurants smoke free, and more recently, making public patios smoke free as well. He is aware that VIHA, as with the other health authorities in BC, will be moving forward to implement a Smoke Free Policy. It is his understanding that VIHA is planning a phased approach to becoming smoke free. He provided a copy of Vancouver Coastal Health Authority's Summary Report: *Assessment of the Smoking Situation: Main Hospital Sites*, which contains numerous pictures showing where blue lines were painted around facilities in order to identify where smoking was not permitted – and the end result was cigarette butts on either side of the blue line and around the perimeter of the building.

Mr. Boomer encouraged VIHA to implement this policy in one step, rather than phasing it in. He noted that if VIHA does proceed with a phased in approach, that consideration should be given to using signs to educate people, rather than painting

“blue lines”, which can be expensive, especially when taking into consideration all of the facilities within VIHA, and in a few years, would no longer be required.

Mr. Boomer noted that he looks forward to VIHA implementing a practical smoke-free premises policy. The Clean Air Coalition of BC would be pleased to help VIHA with the implementation of such a policy. He once again encouraged an education approach as more appropriate than painting lines around VIHA facilities, particularly when resources are tight, and using the money saved to invest in education and smoking cessation programs.

Chair Kreut thanked Mr. Boomer for his presentation and asked Mr. Waldner to comment on VIHA’s Smoke Free Premises Policy.

Mr. Waldner also thanked Mr. Boomer for his presentation. He noted that VIHA is faced with the challenge of having many patients, residents, clients, visitors and staff that choose to smoke. We also often receive complaints from people about having to “run the gauntlet” through cigarette smoke to get in and out of our buildings. VIHA is still working through the final details on our implementation plan, but we are committed to complying with government policy and direction, and will be moving forward with a plan at the beginning of the New Year.

Beacon Community Services
Re: Licensed Dementia Housing Initiatives

Derrick Chow, Board Chair, Beacon Community Services, thanked VIHA for the confidence they have shown in Beacon with the recent award of the contract for Home Support Services in the South Island and he introduced Isobel Mackenzie, Executive Director for Beacon Community Services.

Ms. Mackenzie thanked the Board for the opportunity to give a presentation on one of the latest collaborations with VIHA – licensed dementia care. This is a model of care that recognizes the unique needs of a population with dementia – those with mild to moderate cognitive impairment. Many of these clients were people living alone with inadequate informal support, who could not safely be supported by existing services such as home support. They are not eligible for assisted living due to their level of dementia, but they do not require residential care, as they are not medically complex patients and they have no extreme physical limitations, therefore any required RN services can be scheduled.

Brentwood House Licensed Dementia Housing Project starts with a home like setting and garden area. The physical environment is coupled with a specific type of care environment, with a focus on a social model and “best friends” approach, which promotes as much independence as possible, and recognizes that participating in the running of the household is integral to their functioning. In terms of resource allocation, Brentwood House is funded \$131.68 per resident per day - \$29 paid for by the client and the balance from VIHA, which averages out to \$4000 per resident per month from VIHA and \$848 per month for clients. Accommodation, all meals,

RN, OT/PT and other care are provided as required, as well as cable tv. In comparison, home support, capped at 120 hours per month, costs \$5,062, and there is no minimum client contribution, no meals are provided and home care nursing, PT/OT and case management costs are additional.

A formal evaluation is being undertaken with Dr. Penny McCourt, which will be a two year evaluation looking at a control group of clients in the community and comparing them to the population at Brentwood House. The initial results of a client evaluation show high levels of client and family satisfaction. From both a quantitative and qualitative perspective it is a success. If Brentwood House wasn't available then these clients would need to be admitted to complex residential care beds, which are already in great demand.

There are some frustrations around the building codes for "assisted living" facilities, which currently don't recognize the much smaller staffing levels for smaller settings. In the meantime, they feel they are meeting a growing need in the community, and Slugget House, another Licensed Dementia Housing Unit will be opening in 2008.

Chair Kreut thanked Ms. Mackenzie for the informative presentation. It is great to see services developed to fill a niche and this appears to be a real opportunity moving forward as the population ages and care needs increase. Mr. Chow and the Beacon Community Services Board are to be commended for their forward thinking.

Mr. Waldner thanked Isobel and her team for developing this innovative model. They are ahead of their time, and it is hoped that we will see more Licensed Dementia Housing across VIHA, and the province, in time. This is a population that is increasing rapidly, and we are pleased to be a part of a model that provides a more patient focused approach to meeting the needs of a certain population.

9. Questions & Answers

Chair Kreut noted that the Board received a considerable number of questions in advance of the meeting, and all have been responded to in writing in the Q & A, which was distributed at the meeting, and will be posted on our website at www.viha.ca.

10. Adjournment

Chair Kreut noted that an Open House is scheduled next, and he invited members of the public to join the Board and senior management for refreshments and discussion.

The meeting adjourned at 3:00 pm.