

Mr. Howard Waldner
President, CEO, Vancouver Island Health Authority
1952 Bay Street
Victoria, BC
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Dear Mr. Waldner,

Thank you for your letter of 21 February 2011 in which you responded to a submission by the Save Our Surgery Committee to Mr. Graham Hill, Chair of the Regional Hospital District. Although you did not respond to a number of the issues we raised in our letter, we have the following comments on your reply.

You have taken exception to our criticism regarding the Review of Salt Spring Island Health Care by Mr. Grant Hollett. Our view of this study has nothing to do with Mr. Hollett's credentials. However, the outcome of the study seemed to be pre-determined, for example, as indicated by the comments of Bill Relph, VIHA Manager of Rural Health, prior to the Review, that continuation of surgical services, "*.. is not the direction we want to go in*" and that "*it would sure be nice if they (SOS) would float away*". (e-mail Aug. 20, 2009). VIHA's consultation process was absolutely flawed and manipulative. It is not surprising that advocates for important services such as mental health do not include general surgery as a priority, but it is not valid for VIHA to interpret this as support for closure of the Operating Room. We were told by several stakeholders that VIHA did not seek meaningful input regarding the desirability of maintaining surgical services – they were simply informed of the planned conclusions of the review to cancel these services. A number of these stakeholders, including SOS, the Lady Minto Hospital Auxiliary and all our locally elected officials, oppose the closure of the surgical facility, as does the CRHD. VIHA did not have the courtesy to explain to the CRD Hospital Board the decision to close the surgery, despite the fact that the CRHD contributed over \$1 million on behalf of taxpayers to construct the new facility only a few short years ago. VIHA also omitted notifying the CRHD of the plan to conduct a health review on Salt Spring Island. The CRHD was surprised to learn of it from a delegation of the SOS Committee.

We also pointed out at the public meeting on Salt Spring Island in June 2010, and at the meeting of the CRD in October 2010 that this review contained several significant errors, which have not been acknowledged either by Mr. Hollett, yourself or the VIHA Board. These errors were identified in a letter sent to you in July 2010 and include the following:

Page 16 - (SSI Health Review). "Lower volumes (of surgery) make it difficult for general surgeons and operating room staff to maintain the skills for high quality and low risk surgery." The volume of surgeries undertaken at Lady Minto was determined by the resources that VIHA made available, not due to lack of demand as you imply. Also, the Review continues on page 26 "Maintaining surgery (at LMH) has been a challenge (because of) ...higher risks to patients due to very limited higher acuity back up ability."

As you know, the review provided no data whatsoever, e.g., infection rates, to indicate that basic surgeries conducted at Lady Minto posed a safety risk. There is no evidence to support this allegation.

The suggestion that basic surgery in rural hospitals poses a safety risk is also not supported by over 160 publications in the surgical literature. None of the procedures which demand higher volumes to minimize risks (e.g., cardiothoracic and oncological surgeries), was performed at Lady Minto Hospital. We refer you to a review of rural surgery in this province carried out in 2007 by UBC which indicates clearly that there is no justification for suggesting that the quality of general surgery in rural hospitals is any less than for these same procedures when performed in major city hospitals. (Proceedings of the Invitational Meeting on Rural Surgical Services, 22-23 June 2007, UBC).

At this meeting Bill Relph, in his position as Manager, Rural Health Care, VIHA, made the following statement in his presentation. *“Maintaining a surgical service is vital to the role of a small community hospital such as Lady Minto, which has a population of 10,000 permanent residents and at least double that number in the summer months and is separated from tertiary care by a body of water not serviced by ferries after 2100h.”* The majority of Salt Spring residents agree completely with this statement.

We find it unusual that Mr. Hollett chose not to refer to this important document in the Review, especially as the above quoted Mr. Relph and one other member of VIHA staff were listed as attending this meeting. This document, as far as we are aware, represents the only attempt in BC in the last 20 years to review rural surgical services in BC.

In fact, an internal review of general surgery at Lady Minto, headed up by Dr. Shane Barclay, Chief of staff concluded in April, 2008, that *“surgical services continue to be supported at LMH. VIHA should also be asked to explore possible extended surgical services ...”*. This recommendation presumably would not have been made if such surgeries posed an undue safety risk. The recommendations of this internal review were not included in Mr. Hollett's assessment.

Page 18 - (SSI Health Review). Figure 9 is titled as showing “Surgery as percentage of all cases 18 year average 1991-2009” and contrasts a 14% rate at LMH with a rate of 37-52% at other hospitals on Vancouver Island. During the period 1991-2009 there were some years when there was not a resident surgeon on Salt Spring (for example, 2009). Secondly, all of the other institutions listed have a full complement of specialist surgeons, while Salt Spring has only had a general surgeon. If these figures are corrected to consider only general surgery as a percentage of all cases, LMH actually exceeds the Vancouver Island average.

The Review also did not address the potential impacts of closure, such as the risks to health and safety of our community and the costs and disruption imposed on patients and their families forced to seek treatment in crowded facilities on Vancouver Island; the

loss of health services such as anaesthetists; or the immense gap left in emergency services during a major disaster on Salt Spring. As you know, our local Fire Chief does not support closure of the Operating Room nor the loss of the anaesthetic services.

On page 2 of your letter you state that Dr Roy Preshaw resigned his privileges at Lady Minto Hospital. In Sept 2007, Dr Preshaw was told by Dr Rusnak and Dr Barclay that he was not wanted at Lady Minto Hospital and he should not apply for privileges for 2008 as these would not be granted. He did apply, and was offered privileges for six months on the condition that he signed a letter of resignation. Dr Preshaw has shown us this correspondence, and we have no reason to doubt his account of this matter. It is also our understanding that the refusal of Rusnak and Barclay to support Dr. Preshaw's application for privileges had nothing to do with professional competence. Unless you have any information to the contrary, we would respectfully request that VIHA staff desist in referring to Dr. Preshaw's departure as a "resignation" and also explain why his privileges appear to have been arbitrarily withdrawn.

In your letter, you state that the budget for surgical services at LMH was not reduced in the period when Dr Preshaw held privileges. However, you fail to acknowledge that elective OR time was effectively reduced by other decisions subsequent to the introduction of the new \$3 million operating room facility. We have been informed by several of the nursing staff that one of the main arguments for building the new facility was that the old Operating Room did not have a recovery area, and patients recovered in Emergency. In this area, the patient was left in the care of the Emergency Room nurse after the OR Recovery nurse finished her shift at 15:30 hrs. Elective surgical procedures were carried out from 0800 until 1600 hrs, two days a week. After the new facility was developed, recovery took place in a new area to which the emergency room nurse had no access. Therefore, all patients had to be out of the recovery area by the time the recovery room nurse completed her shift at 1530 hrs. This meant that all surgical procedures had to be completed by 1300 hrs to permit full recovery. In a new \$3 million facility, it seems, extra budget could not be found to permit the recovery room nurse to have 2-3 hrs of overtime. This restriction of elective surgical time to two half days per week was, we have been informed, the reason Dr. Rae Dykstra, from White Rock, declined to take the position of surgeon in 2009.

On page 2 of your letter you state that "Bill Relph and his team successfully demonstrated the need for additional endoscopy volumes at Lady Minto. These volumes will rise from approximately 200 to 450 for the upcoming fiscal year." We respectfully draw your attention to the VIHA document titled "2009/10 Budget Management Initiatives," published on your website on 13 Oct 2009. On page 5 of this document, there is a section titled "Endoscopy reductions" which reads "*Across the province endoscopies are performed at a rate of 18 per 1000 population. Campbell River, Westcoast General and Cowichan District Hospitals perform significantly higher numbers of endoscopies than the provincial average. In order to align with budget requirements a total of 500 fewer endoscopies will be performed across these three hospitals.*" If this guideline were applied to Salt Spring's population (9640 as identified by Mr. Hollett in the SSI Health Review, page 8), it would suggest approximately 175

endoscopies per year. The SSI Health Review (page 17) identifies this rate of endoscopy (18 per thousand per year) as the number carried out annually by Dr. Preshaw in the two years before he was dismissed. We find it surprising that a doctor from Cowichan District Hospital (Dr. Morse), who has just had his ability to perform endoscopies considerably reduced, is encouraged to come to LMH and exceed the endoscopy rate recommended by VIHA's own budget guidelines by 160% (450 v 175). Why is funding being made available to provide endoscopies at a rate that greatly exceeds VIHA's recommended rate per capita, and yet no funding can be found to reinstate existing general surgery services?

There are a number of other statements or “allegations” in our letter that you apparently do not object to, for example:

- The only community input sought by VIHA was a public meeting, with one small notice in the local newspaper 5 days before the event, over the supper hour and then only to announce the decision, not to seek public opinion. Given this, how can you state that the Review represented the views of Salt Spring residents?
- Despite the fact that VIHA's own emergency plan for the Lady Minto Hospital states that the local surgeon should be the first contact in the case of a major event, VIHA did not bother to contact the Fire Chief or CRD emergency planning staff of this potential change either before the Review was completed, or indeed for approximately 20 months after surgery ceased at Lady Minto Hospital.
- VIHA has yet to acknowledge the offer by two experienced, locally based surgeons to provide a locum service on Salt Spring for up to 18 months to allow resumption of the search for a permanent replacement. As you know, there was no lack of interest in such a position on Salt Spring – the only thing lacking is a sincere effort by VIHA to offer the very modest funding required to reinstate a service that has existed on Salt Spring for decades.
- Regarding the letter signed by the 15 doctors it is important to note that in the list are 2 psychiatrists, 1 internist and part-time physicians who were not practicing at Lady Minto Hospital when the OR was functioning. The letter was not signed by the previous Chief of Staff, Dr. Don Shea, or by the two longest serving and most respected physicians, Dr. Ron Reznick and Dr. David Woodley.

Finally, we note that the Provincial Government will be finalizing it's preliminary budget over the next several months, a budget which currently includes almost \$1 billion in forecast allowances and contingencies. This would be an excellent opportunity for VIHA to include the very modest funding required to reinstate a basic general surgical service at Lady Minto Hospital, in consideration of the health, safety and comfort of the residents of Salt Spring Island. It is time to honour your commitments to our community, the wishes of its elected officials and to the majority of residents.

Yours truly,

Phyllis Bolton

Chair, Save Our Surgery Committee
Salt Spring Island

cc Graham Hill, Chair, CRHD
Don Hubbard, Chair, VIHA Board of Directors
Michael Costello, VIHA Board of Directors
Brenda Nunns-Shoemaker, VIHA Board of Directors
Hans Van de Sande, VIHA Board of Directors
Ellen Godfrey, VIHA Board of Directors
Dave Kruyt, VIHA Board of Directors
Frank Carson, VIHA Board of Directors
Shelley Garside, VIHA Board of Directors
Vern Slaney, VIHA Board of Directors
Hon. Murray Coell, MLA, Saanich North and the Islands
Hon. Mike de Jong, Minister of Health
Geoff Young, Chair, CRD
Adrian Dix, MLA, Vancouver-Kingsway
Dr. Shane Barclay, LMH Chief of Staff
Bill Relph, Area Manager, Rural Health, VIHA

Enclosure: December 10, 2008.