



**BOARD OF DIRECTORS  
GENERAL BOARD MEETING  
WEDNESDAY, APRIL 1, 2009  
AUDITORIUM, QUEEN ALEXANDRA CENTRE FOR  
CHILDREN'S HEALTH  
2400 ARUBUTUS ROAD, VICTORIA, BC**

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

**Staff**             Mike Conroy  
**Present:**       Owen Heisler  
                     Lynn Stevenson  
                     Georgina MacDonald  
                     Neil Sweeney  
                     Bill Boomer  
                     Janet Shute, Recorder

**Regrets:**       Vern Slaney

1. Call to Order

Chair Kreut called the meeting to order at 1:30 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. Chair Kreut noted that the format of the meetings has changed slightly, and there will be brief committee reports, followed by presentations, and then a question and answer session, including questions from the floor.

The minutes of January 28, 2009 were adopted as circulated.

2. Health Quality Committee

Director Nunns Shoemaker noted that the committee met on Tuesday, March 31<sup>st</sup> for six hours, as well as having a dinner meeting with physicians. Some of the key items discussed at the regular committee meeting included:

- The Medicine, Community Hospitals, and Staffing Services portfolio provided an annual update on their key activities and initiatives for improvement, and gave an excellent presentation on renal services.
- At each meeting the committee reviews issues impacting VIHA's ability to provide accessible, timely, safe, and high-quality healthcare services. There was an update on the recent cases of tuberculosis that have been identified outside of

Port Alberni, as well as the Resident Assessment Instrument, which provides validated, reliable data to VIHA and allows for consistency in service, access, referral and delivery in the home and community care sector. The committee was also very pleased to learn that there have been significant positive improvements in VIHA's wait lists and wait times for hip and knee replacements, and VIHA is currently the best-performing health authority in BC.

- C.difficile is an antibiotic resistant pathogen found in both the hospitals and the community. The committee received an overview of the proposed action plan to ensure VIHA has best evidence based practices in place to address outbreaks, including C.difficile, at all of our facilities. I would like to note hand washing remains a key factor in the prevention and control of all infections in health care.
- In addition to the regular work going on in VIHA, there is a significant amount of work underway, within VIHA, provincially, and nationally, focused on improving patient safety and quality of care. During the past couple of days we met with VIHA's new Patient Advisory Council to learn more about their role in helping our organization better meet the needs of patients and improve the quality of care. We also had a presentation from Dr. Doug Cochrane, Officer and Chair of the BC Patient Safety and Quality Council, to learn more about provincial activities with respect to innovation and a patient-centred approach to patient safety and quality improvement. We also received the first reports from the Provincial Patient Care Quality Review Board. While there is much work to be done, these are a few examples of some of the good work underway, and we look forward to seeing system improvements as we move forward.

### 3. Governance & Human Resources Committee

Director Costello reported that the committee met on Tuesday, March 31st. This meeting focused on governance work, including a review of some policies from the Governance Manual, to determine if changes were required, and looking at draft goals and objectives for the organization for the 2009/10 fiscal year. The next meeting will be heavily focused on human resources.

### 4. Finance & Audit Committee

Director Robinson noted that the committee met on Monday, March 30<sup>th</sup>, and key items discussed included:

- The financial results for period 11 were reviewed. Like every sector in today's economy, VIHA has, and continues to face, budget pressures. Despite these challenges, I'm pleased to advise that VIHA is working toward, and is anticipating achieving, a balanced position by year-end.
- The committee received an update from our External Auditor, the Office of the Auditor General of BC, on the audit work that has been completed to date for our fiscal year end, March 31, 2009. All seems to be going well with the year-end audit.
- Each meeting the committee reviews the status of major capital projects. VIHA currently has two major capital projects underway, the Emergency Department

Redevelopment at Victoria General Hospital and the new Patient Care Centre at Royal Jubilee Hospital. Both projects are currently on-time and on-budget, and there will be a presentation later in the meeting regarding the new Patient Care Centre.

- Each meeting the committee reviews the status of Major Information Management/Information Technology 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.
- Finally, on an annual basis, the committee reviews the process for approving the CEO's expenses to ensure appropriate processes are in place. We determined that there has been full compliance with the policy and procedures.

## 5. Committee of the Whole

Director Garside 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.

- We received some general information on the five categories of recognition used by Accreditation Canada.
- We looked at the performance indicators that are presented to the various Board committees to determine what changes are required at this time, for the next reporting cycle in May 2009.
- One of the three recommendations for the Board arising from the recent Community Relations and Communications Review was to review the Board's community relations activities to further increase contact with key stakeholders and improve access for the general public. The Board is looking at a number of ways to do this, including the revised format for today's meeting.
- We also talked about North Island Acute Care Services, and the recent motions put forward by the Comox-Strathcona Regional Hospital District. While the District approved a motion for financial support for the new proposed model, the CSRHD was unable to reach consensus on the details of the model as proposed by VIHA. The Board has requested that the CEO seek further clarification on these issues with the RHD and report back.

## 6. Public Presentations

### Ad Hoc Save Our Surgery Committee – Phyllis Bolton & Jim Ganderton

Ms. Bolton noted that the purpose of this presentation is to make the Board aware of the urgent need to recruit a resident surgeon for Lady Minto Hospital. There have been eight expressions of interest in this position, but none have come to fruition. One of the candidates, Dr. Ray Dykstra, was extremely interested in relocating, and proposed a number of options to make this viable for him, but the increase in operating and capital budgets that was required was not acceptable to VIHA.

Mr. Ganderton advised that a briefing note was distributed to Board members. The current population of Salt Spring Island is over 10,000, and is forecasted to reach 18,000 in the relatively near future. This population requires surgical services. What is needed to make this viable is an increase in the operating budget from two half-days of surgery per week to three half-days of surgery per week.

The Honourable Murray Coell has suggested that as an interim measure, a retired surgeon, who provides locum services, be hired for a six-month period while active recruitment for a permanent surgeon continues. The concern if the operating room doesn't open again soon is that the Anesthetists will require retraining if they don't resume working in the next few months, and then the community will be back to square one.

The Lady Minto Hospital Foundation has agreed to put in writing that they will provide \$250,000 so VIHA can purchase the necessary equipment required to allow a visiting ophthalmologist to perform cataract surgery on Salt Spring Island. In addition, the Midwifery group is very concerned about the lack of a surgeon.

Everyone seems to be on side with respect to the need for surgical services on Salt Spring Island. Let's work together to get this resolved.

Chair Kreut thanked Ms. Bolton and Mr. Ganderton for their presentation. It is the Board's intention and desire to continue to provide surgical services on Salt Spring Island. Unfortunately, it has been a challenge to recruit a surgeon. VIHA wants to provide the highest quality of services for the community, and to ensure that the services are safe. Chair Kreut invited Dr. Owen Heisler, Chief Medical Officer for VIHA, to provide some additional comments.

Dr. Heisler noted that it has been a challenge to recruit a surgeon. As the Board Chair stated, VIHA wants to provide the highest quality of service for the community, and to provide safe services. Dr. Dykstra was very interested in relocating, but when he looked into it, he wanted more OR time and a commitment from the community. VIHA has advertised specifically for the position on Salt Spring Island, and we do believe there is a need for surgical services. One of the key things we would like to provide is endoscopy services, and we are looking at options for doing that, including bringing someone into the community on a part-time basis.

Dr. Heisler expressed appreciation for the willingness to work together.

#### Students for Harm Reduction, UVic – Emily Beinhauer

Emily thanked the Board for the opportunity to speak today and noted her presentation was focused on ten key reasons why Victoria needs a fixed site needle exchange. In the 1980's there were two needle exchanges in Victoria and there is a new petition to demonstrate that there is community support for a fixed needle exchange. Fixed sites can be more cost effective than mobile sites and allow for

easy access because they are not mobile, have regular hours and can accommodate larger supply orders than mobile units.

Fixed site needle exchanges provide safe, non-judgmental environments where clients can access clean supplies without being scrutinized by the general public, and they are often the only point of contact between clients and health care providers. Needle exchange programs are part of a harm reduction strategy, which is proclaimed to be a human right.

Many studies have shown that needle exchange programs reduce the spread of HIV, HBV, HBC and bacterial infections among intravenous drug users. A fixed site would serve to enhance the prevention strategy already in place. It is much less expensive to prevent HIV/AIDS than it is to treat these diseases.

Intravenous drug users come from a variety of socio-economic and cultural backgrounds and have diverse needs within the realm of harm reduction. Therefore, a diverse needle exchange program, with both fixed and mobile services, is necessary. VIHA is on record supporting harm reduction strategies, including needle exchange programs.

Victoria should have multiple fixed needle exchange sites so that no one site is overwhelmed, and the city should also have a supervised consumption site so that clients have a clean and safe environment in which to inject, thereby avoiding disease transmission, overdose and public drug use.

Chair Kreut thanked Emily for her presentation, and confirmed that VIHA does have an on-going interest in having a fixed needle exchange service in Victoria. He asked Mike Conroy, Chief Operating Officer, to make a few comments.

Mike Conroy stated that VIHA is very supportive of a fixed needle exchange site. An attempt was made to open one on Pandora Street, but the location was not publicly acceptable, and community and stakeholder acceptance is a vitally important condition for success. Discussions with the City of Victoria, the Victoria Police Department, and other community stakeholders are on-going to identify a possible site or sites for a fixed needle exchange.

#### 7. Presentation by Executive Vice President & Chief Operation Officer, Mike Conroy

Mike Conroy gave a brief presentation, which included:

- An overview of a day in the life of VIHA
- The recent opening of Selkirk Place in Victoria, which is a 258 unit residential care and assisted living facility.
- The \$18.8 million Victoria Emergency Department Expansion Project, which is scheduled for completion in the fall, and will accommodate up to 43,000 visits annually. This is a huge increase in capacity from the current emergency department, which was built in 1983, and was designed for 10,000 annual visits.

- The expansion of detox services in Victoria, with the opening of 21 additional medical detox and stabilization beds. In total, VIHA operates 108 beds for adult addictions treatment across the Island, including detox, stabilization, sobering and supportive recovery/residential treatment.
- \$3.35 million has been invested in Assertive Community Treatment (ACT) Teams to target high needs, high risk individuals, many of whom are homeless. The result has been a decrease in emergency department visits, and the police also report a significant drop in interactions with these clients.
- VIHA has undertaken a waitlist management project, which has resulted in significant benefits and virtually eliminated the waitlist for hip and knee surgery in the South Island.
- 11 new additional residential care beds have been approved for development in Port Hardy. Construction is beginning immediately, and is expected to be complete early in 2010.

#### 8. Presentation on Royal Jubilee Hospital Patient Care Centre

Rudi van den Brook and Robyn Maxwell gave a presentation on the new Patient Care Centre at Royal Jubilee Hospital. This is a \$348.6 million capital project for a 500-bed inpatient building that will be LEED Gold certified, and also includes parking relocation, and upgrades to utilities and the energy centre.

Construction for this world-class hospital is on schedule. It will be the most elder friendly hospital in North America, and will help us retain current, and attract new staff, in addition to being a green investment that restores the environment.

More detailed information on the project is available on the VIHA website at [www.viha.ca/patient\\_care\\_centre](http://www.viha.ca/patient_care_centre)

#### 9. Questions & Answers

Chair Kreut noted that in addition to the written questions and answers, which were precirculated with the agenda, the Board will also be taking 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.

- Does the Health Authority have any influence on expanding the number of spaces for medical student? While we know there has been some increase, there remains a huge shortage, particularly for general surgeons and general internists.

Chair Kreut advised that the VIHA Board has been very involved in the additional medical school spaces that have been created in BC. The provincial government has doubled the number of spaces for medical training, as well as providing additional training spaces for nurses and other health care professionals. VIHA has also taken the initiative to offer employment to all graduates on Vancouver Island,

which has been a very successful program. In addition, VIHA is currently doing work to ensure that our nursing staff are working to their full scope so we can maximize their skills.

Dr. Heisler noted that the more we train physicians and nurses locally, the more likely it is that they will remain on Vancouver Island, so VIHA will start seeing the benefits of the Island Medical Program in the next couple of years, as the first class of medical students graduated last year, but they are still required to complete at least two years of a residency program. VIHA does advocate with both the Island Medical Program and UBC about the need for more general specialists, however, today we see most people choosing to specialize.

Dr. Stevenson noted that in British Columbia the number of seats for nursing students has more than doubled, but that is still not sufficient. VIHA has a 95% recruitment rate of graduating nurses on the Island, and we are also focused on retention. The new patient care centre will be a real opportunity for both recruitment and retention.

- There was no mention of hospice services in the presentation today. Will they remain in the Richmond Pavilion?

Mike Conroy noted that we've been in active discussion with the Victoria Hospice Society. The current plan is that they will remain in Richmond Pavilion. It was also noted that VIHA has an End of Life Plan to enhance care across the Island, and we are working with the Victoria Hospice Society to build on their expertise.

- Where will the new parking be and when will it be started?

Development of additional parking is on-going as the site develops.

## 10. Adjournment

There being no further questions, the meeting was adjourned at 2:45 pm and members of the public were invited to join the Board and senior management for refreshments at the open house.