

**Island Health and
Vancouver Island Regional Hospital Districts**

**Semi-Annual Joint Planning Meeting
Regional District of Nanaimo
6300 Hammond Bay Road, Nanaimo, BC**

**October 7, 2016
Minutes of Meeting**

In attendance from Island Health

Don Hubbard
Kim Kerrone
Toni O'Keefe
Matthew O'Rae
Chris Sullivan

In attendance from the Regional Hospital Districts

Teri Fong, Alberni-Clayoquot
Penny Cote, Alberni-Clayoquot
Kevin Lorette, Capital
Jon Lefebure, Cowichan Valley
Mark Keuber, Cowichan Valley
Dave Rushton, Mt. Waddington
Greg Fletcher, Mt. Waddington
Bill Veenhof, Nanaimo
Wendy Idema, Nanaimo
Eric Eriksson, Comox-Strathcona
Beth Dunlop, Comox-Strathcona

Introductions

Roundtable introductions were made. Kim Kerrone indicated that Dr. Brendan Carr was unable to attend this meeting and sends his regrets.

1. Welcoming Remarks

Don Hubbard welcomed everyone to the meeting and provided some opening comments. This included a reference to the last Island Health Board meeting in Port McNeill. One of the major items discussed was the progress of the two new hospitals in Campbell River and Comox Valley. The hospitals will be open to the public one year from now.

2. Approval of Agenda

There were no additions to the Agenda.

3. May 6, 2016 Minutes

Action items from the previous meeting were discussed including:

- RHD regulatory requirements – A handout was provided with correspondence between Island Health and the Ministry of Health regarding amendments to the *Hospital District Act* (HDA) (see Attachment 1). There was a suggestion that a motion should be raised at the Association of Vancouver Island Municipalities convention to request the Ministry of Health begin a process to make amendments to the HDA. Comox Strathcona RHD will share correspondence with the Ministry regarding cost-sharing authority and a request for a provincial session with RHDs at UBCM (see Attachment 2).
- First Nation Treaties – Correspondence from the Ministry of Health excluding new First Nation RHD members from the responsibility to pay for debt incurred by the RHD prior to their membership. This correspondence was sent on May 30, 2016.
- End of Life strategy – This item will be discussed later in the agenda.
- Information on marijuana medical dispensaries – Information was not provided as Island Health does not have jurisdiction.

No changes were made to the Minutes circulated with the agenda.

4. Island Health Update

Kim Kerrone provided an update on various items including:

- Significant work has been done with the Ministry of Health to update the strategic priorities for health care in BC. Island Health is responsible for delivering on these priorities which can be summarized as focusing on:
 - Effective primary care services;
 - Appropriate services for frail seniors;
 - Targeted and effective mental health and substance use services;
 - Better access to, and reduced wait times for, surgery and diagnostic tests; and
 - Effective networks of services in rural and remote communities.Island Health has been increasing the number of surgeries but the wait times continue to grow. A new surgical centre in Victoria will be opening in the new year.
- Island Health is seeking proposals to increase residential care capacity in three communities - Comox Valley, Port Alberni/West Coast and in the Cowichan Valley. Request for Proposals have are underway for:
 - up to 70 new and replacement residential care beds to be located in the Comox Valley;

- 10-12 new residential care beds to be located to be located in the Port Alberni - West Coast region; and
- 40 to 60 new and replacement residential care beds to be located in the Cowichan Valley.

As well, we are on track to open 40 additional residential care beds in Campbell River prior to the opening of the new Campbell River Hospital. We anticipate 16 of these beds will open in late December with the remaining beds anticipated to open in February 2017.

- The IHealth project was activated at Nanaimo Regional General Hospital, Dufferin Place and Oceanside Health Centre in April. A high percentage of activation was successful such as the 2,000 medication alerts the system has triggered to date. Challenges have been identified in some areas. Island Health anticipates some good ideas from the Cochrane review which will make recommendations to address any workflow and patient-care quality concerns. Patient safety has been the number one priority.
- Medical Assistance in Dying is a legal, publicly-funded health care service now available in Canada and in Island Health. A few physicians within Island Health's service area have received the training needed to carry out assessments and to deliver the service if the patient meets all the legal criteria. Island Health has had on average about two cases per week since the procedure became legal.
- In April 2016, the Provincial Health Officer, Dr. Perry Kendall declared a Public Health State of Emergency in B.C regarding an alarming rash of fatal and non-fatal overdoses. Vancouver Island continues to be among one of the hardest hit communities experiencing the overdose crisis in B.C. From January to August of this year, the BC Coroner's Service reports that Island Health had the highest rate of illicit drug overdose deaths among all other health authorities. An Emergency Operations Response structure lead by Island Health's medical health officers continues to coordinate a short and medium term response to the crisis within Island Health including improving surveillance, access to the life-saving antidote Naloxone and coordination of Island Health Services. On July 27, 2016 the Premier of BC established the Joint Task Force on Overdose Response; a ground-breaking integration of the health and public safety sectors, and law enforcement efforts ensuring co-operation between the health and public safety sectors. Planning is underway for the implementation of supervised consumption services in greater Victoria.
- Other milestones we are on track to achieving include:
 - delivering 93 substance use beds as part of the provincial plan to open 500 substance use spaces throughout British Columbia (see Attachment 3);
 - improvements in surveillance data and information sharing across sectors; and
 - Island Health's harm reduction program has now trained 600 staff who have completed Take Home Naloxone training.
- There are a number of aboriginal health program highlights including:
 - Community engagement sessions have been held across Vancouver Island to seek input from our Aboriginal Partner organization and our aboriginal employees.
 - Our updated Aboriginal Health Plan will guide Island Health as we work with the First Nations Health Authority, Metis Chartered Communities and friendship centres to improve health outcomes for Aboriginal people.

- Island Health and FNHA have received funding for two new initiatives:
 - FNHA has hired three Nurse Navigators who will remove barriers and improve health outcomes by providing coordinated, culturally safe discharge planning and access to supports, services and resources for First Nations.
 - The Vancouver Island Regional Mental Wellness Project is in the initial steps of creating an inter-disciplinary team to provide prevention, intervention and follow up mental wellness services, focused on children, youth and parents that include a cultural/traditional approach.
- Island Health and FNHA have signed a Joint Crisis Protocol to improve coordination and support for communities experiencing tragedies.
- Recruitment of Aboriginal staff continues to be an Island Health focus to ensure our services reflect the populations we serve.
- Island Health's Aboriginal Employment Program received its second national award for Diversity and Inclusion this year.

Action Items:

- Share Provincial strategy on home care. (See the following website: <http://www.health.gov.bc.ca/library/publications/year/2015/primary-and-community-care-policy-paper.pdf>)
- Future agenda item: CRHD and Island Health to provide presentation on The Summit at Quadra Village project.

5. End of Life Strategy

Chris Sullivan provided a presentation regarding the End of Life strategy with particular focus on the Provincial initiative to double the number of hospice beds by 2020. Island Health plans to increase the number of hospice beds from 32 to 64. The presentation is included in Attachment 4.

6. Community Engagement

Toni O'Keefe provided an update on various community engagement initiatives (see Attachment 5).

- A survey was conducted of 1,000 residents between August 11 – 25, 2016 to canvas public opinion on various questions such as the most important health issues:
 - Supporting vulnerable populations (mental health and addiction) (34%);
 - Access to physicians (34%);
 - Water quality (12%);
 - Lifestyle behaviour modifications (8%); and
 - Air quality (4%).
- A communications and engagement strategy has been prepared for the four Geographies.
- A summary of Geographic Community Advisory Councils was presented along with a comparison to Community Health Networks

There was also discussion regarding:

- Grant funding for wellness in communities; it was suggested that RHD administrators can provide Island Health with advice regarding the grant application and review process.
- Tapping into non-profit community groups and volunteers.

Action Items:

- Provide an executive summary of the public opinion survey (see Attachment 6).

7. Capital Planning Update

Matt O’Rae and Chris Sullivan provided an update on capital planning process including the 2017/18 capital process and the status of major capital priorities. The presentation is included in Attachment 4.

8. First Nations Treaties – Funding for RHDs

This is a standing item for RHDs to share information regarding First Nation treaties and representation on RHD Boards.

9. Breakout Sessions

Meeting participants were separated into two groups to discuss two questions:

Question #1: Are there any ideas to improve our semi-annual meeting? e.g. do we have the right format and agenda?

- The existing format works well - semi-annual meetings in Nanaimo on a Friday from 11 – 2.
- Request RHDs to provide topical questions for the agenda. The agendas should also be shared with staff and Chairs at the same time.
- Island Health presenting information to the RHDs works well with the occasional RHD led discussion such as the CRHD’s update on their Healthy Communities Initiative or the Summit Residential Care project.

Question #2: What improvements can we make in our engagement with RHDs?

- A suggestion to have a staff level meeting with each RHD in early September to share information regarding capital planning and finance may be helpful. Any information that could be useful for other RHDs could be summarized at the following semi-annual meeting.
- Once a year provide an opportunity for new meeting participants to have an orientation regarding Memorandum of Understanding, meeting purpose, etc.

10. Round Table – Questions and Answers

Jon Lefebure provided an update on discussions with the Minister of Health at UBCM regarding Cowichan District Hospital replacement. A positive response was provided to proceed with a Concept Plan.

Penny Cote asked about integration between the First Nation Health Authority and Island Health. Toni O’Keefe indicated there is engagement at various levels. It was suggested that a FNHA representative be invited to a future meeting.

Kevin Lorette provided a brief update on the status of the Summit residential care project in Victoria. A presentation on this project will be brought forward at the next semi-annual meeting.

Erik Eriksson asked a question about parking at hospital sites. There was a brief discussion on pay parking including how it helps to expedite traffic flow.

Penny Cote advised that the Alberni-Clayoquot Health Network conducted a study on transportation services in the Regional District. (See the following website for additional information: <http://www.acrd.bc.ca/376>)

11. Closing Remarks

Kim Kerrone thanked the meeting attendees for their participation.

12. Future Meeting

The next meeting will be in May 2017.

Wambolt, Annabelle

From: Wambolt, Annabelle on behalf of Kerrone, Kim
Sent: Thursday, April 14, 2016 3:15 PM
To: 'Sidhu, Manjit HLTH:EX'
Subject: Revisions to update the Hospital District Act (HDA)

Hello Manjit,

At the March 3, 2016 Standing Committee on Finance and Corporate Issues, Island Health shared some recent concerns raised by our Regional Hospital Districts (RHDs) regarding the HDA legislation.

It was decided that Island Health would provide an email outlining the concerns and you would work with your legal advisors to provide a letter of interpretation. Three specific concerns raised by RHDs are:

- Eliminating the need for Ministry sign off on designation of facilities that can be cost-shared by RHDs;
- Eliminating the need for consultation with the Ministry on capital bylaws; and
- Providing RHD Boards with the power to designate signing authority to staff, similar to Regional District legislation.

Two general concerns regarding the outdated nature of the Act, but which do not require a letter of interpretation, are:

- The HDA creates confusion around what types of projects and operations needs are eligible for funding. As specified in the Act, hospital projects include the establishment, acquisition, reconstruction, enlargement, operation and maintenance of a hospital or hospital facilities. This description does not match current practice; and
- The need to move away from the restrictive language of "hospitals and hospital facilities". A broader definition of projects which could be cost-shared would include residential care facilities and Information Management/Information Technology projects.

Thank you for your assistance. Please let me know if you have any questions.

Kim

Sent via Email

June 13, 2016

Kim Kerrone
Vice-President, Corporate Services
and Chief Financial Officer
Vancouver Island Health Authority
Kim.kerrone@viha.ca

Dear Ms. Kerrone:

I am writing in response to your email of April 14, 2016, in which you request a letter of interpretation with respect to three specific concerns and two general concerns raised by regional hospital districts regarding the *Hospital District Act* (HDA).

The first two specific concerns raised in your email appear to be suggestions for amendments to the HDA, rather than matters requiring interpretation. Ministry of Health (Ministry) approval for facility designation is an important authority and to my knowledge no changes to this provision are being contemplated. However, the requirement for consultation with the Ministry on capital bylaws is something that may warrant further discussion the next time there is an opportunity to make amendments to the HDA.

Regarding the third specific concern about providing RHD Boards with the power to designate signing authority to staff, similar to Regional District legislation, it is not clear what is specifically being proposed here. Perhaps you could clarify this suggestion.

As for the two general concerns you have raised, these are issues that would have to be addressed next time the HDA is open for amendments. The Ministry will certainly consult with regional hospital districts and health authorities the next time there is an opportunity to make amendments to the HDA.

Thank you for sharing your thoughts and concerns on the HDA.

If you require further information, please contact Joel Palmer, Executive Director, Capital Services Branch, at Joel.Palmer@gov.bc.ca.

I appreciate the opportunity to respond.

Yours truly,
Manjit Sidhu, CA
Assistant Deputy Minister
Finance and Corporate Services

pc: Joel Palmer, Executive Director, Capital Services Branch, Ministry of Health

Attachment 2



Comox Valley Regional District

RECEIVED

File: H-BO

AUG 10 2016

To C. Cornfield / Web

cc D. Oakman

1058276

AUG 05 2016

Mr. Charles J. Cornfield
Chair, Comox Strathcona
Regional Hospital District
600 Comox Rd
Courtenay BC V9N 3P6

Dear Mr. Cornfield:

Thank you for your letter of June 28, 2016, regarding a request for the Ministry of Health (the Ministry) to host a provincial session with regional hospital districts at the September 2016 UBCM meetings.

I agree that the *Regional Hospital District Act* is in need of changes to bring it into closer alignment with current practices and policies. I also agree that consultation between government and regional hospital districts (RHDs) will be essential in order to identify the specific amendments that are necessary. However there is not sufficient time for us to plan a provincial session on this topic at the 2016 UBCM Conference in September.

I can assure you that amending the Act is a priority for the Ministry when there is an opportunity to do so in the legislative calendar. Although that opportunity may not be until later in 2017 or 2018, this will allow time for the Ministry to work closely with RHDs to identify the amendments that are desired and required.

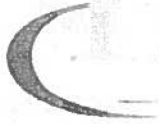
Thank you again for writing. I look forward to continuing the strong relationship between the Ministry and RHDs in providing health care infrastructure for British Columbia.

Sincerely,

A handwritten signature in black ink, appearing to be "Steve Brown".

Steve Brown
Deputy Minister

COMOX STRATHCONA
REGIONAL HOSPITAL DISTRICT



June 28, 2016

File: NIHP

Chair and Directors
Alberni-Clayoquot Regional Hospital District
3008-5th Ave
Port Alberni, BC
V9Y 2E3

sent
to all
RHD's

Sent via email: coteart@shaw.ca

Dear Chair and Directors

Re: Hospital District Act - cost sharing authority

At its June 16, 2016 meeting the Comox Strathcona Regional Hospital District board of directors adopted the following resolution:

“THAT a letter be sent to the Minister of Health requesting that the *Hospital District Act* be updated to reflect the recommendations from the 2003 Ministry of Health review and request a meeting with the Minister to discuss;

AND THAT a letter be sent to all Regional Hospital Districts requesting them to send a letter to the Minister as well.”

The report to the Ministry of Health Services Regional Hospital District Cost Sharing Review can be accessed through the link below:

http://www.health.gov.bc.ca/library/publications/year/2003/rhd_costreview.pdf

Attached please find a copy of the letter to the Minister of Health from the CSRHD board. It would be appreciated if the Alberni-Clayoquot Regional Hospital District could consider sending a similar letter to the Minister of Health requesting that the *Hospital District Act* be updated as noted in the motion above.

Sincerely,

C. J. Cornfield
Charles J. Cornfield
Chair

Enclosure: CSRHD letter to Minister of Health

600 Comox Road, Courtenay, BC V9N 3P6
Tel: 250-334-6000 • Fax: 250-334-4358 • Toll-free: 1-800-331-6007

COMOX STRATHCONA
REGIONAL HOSPITAL DISTRICT



June 28, 2016

File: NIHP

Honourable Terry Lake
Minister of Health
PO Box 9050 Stn. Prov. Govt.
Victoria, BC V8W 9E2

Sent via email: hlth.minister@gov.bc.ca

Dear Minister:

Re: Hospital District Act - cost sharing authority

The North Island hospitals project in the Comox Valley and Campbell River is nearing completion in the next two years, which provides an opportunity for the Comox Strathcona Regional Hospital District (CSRHD) to consider whether to expand its cost sharing to other health care initiatives.

The Comox Strathcona Regional Hospital District (CSRHD) board adopted the following resolution at its June 16, 2016 the meeting:

THAT a letter be sent to the Minister of Health requesting that the Hospital District Act be updated to reflect the recommendations from the 2003 Ministry of Health review and request a meeting with the Minister to discuss.

The Vancouver Island regional hospital district chairs and Island Health have been discussing their shared interest that the Ministry of Health implement the 2003 recommendations with regard to modernizing the *Hospital District Act*. The need for implementing changes to the Act is also supported across the province by administration and financial staff.

To enable the CSRHD to fully consider its future options and possibilities, we respectfully request that the *Hospital District Act* be updated to reflect the recommendations from the 2003 Ministry of Health review. Further to this, we request a meeting with the Minister of Health to discuss this matter.

We look forward to hearing from you.

Sincerely,

C. J. Cornfield

Charles J. Cornfield
Chair

cc. D. McRae, MLA
Claire Trevena, North Island MLA
D. Oakman, CAO, CSRHD
Regional Hospital Districts

400 Comox Road, Courtenay, BC V9N 3P6
Tel: 250-334-6000 • Fax: 250-334-4358 • Toll-free: 1-800-331-6007

COMOX STRATHCONA
REGIONAL HOSPITAL DISTRICT



File: NIHP

June 28, 2016

Sent via email: hlth.dmoffice@gov.bc.ca

Stephen Brown
Deputy Minister
Ministry of Health
PO Box 9644 Stn Prov Govt
Victoria, BC V9W 9P1

Dear Mr. Brown

Re: Request to host a provincial session with regional hospital districts

The Comox Strathcona Regional Hospital District (CSRHD) board adopted a resolution at its June 16, 2016 meeting that the Ministry of Health be requested to host a provincial session of Regional Hospital District chairs and chief administrative officers in conjunction with the September 2016 UBCM meetings.

As the North Island hospitals project in the Comox Valley and Campbell River is nearing completion in the next two years, the CSRHD board participated in strategic planning sessions on October 8, 2015 and June 16, 2016 to consider the possibilities for the CSRHD in the future as a co-funder in BC's healthcare system.

The Vancouver Island regional hospital district chairs and Island Health have been discussing their shared interest that the Ministry of Health implement the 2003 recommendations with regard to modernizing the *Hospital District Act*. The need for implementing changes to the Act is also supported across the province by administration and financial staff.

In light of the above, we respectfully request that the Ministry of Health host a provincial session of Regional Hospital District chairs and administrative officers in conjunction with the September 2016 UBCM meetings. A variety of topics could be considered at such a session and I am sure you would find many elected officials are interested in understanding the Ministry of Health's strategic direction for regional hospital districts.

We look forward to hearing from you.

Sincerely,

C. J. Cornfield

Charles J. Cornfield
Chair

cc: Chair Al Richmond, UBCM President
Gary MacIsaac, Executive Director, UBCM
D. Oakman, CAO, CSRHD
BC Regional Hospital Districts

COMOX STRATHCONA
REGIONAL HOSPITAL DISTRICT



July 20, 2016

BRIEFING NOTE: Hospital District – cost sharing authority

ISSUE

- The North Island hospitals project in the Comox Valley and Campbell River is nearing completion in the next two years, which provides an opportunity for the Comox Strathcona Regional Hospital District (CSRHD) to consider whether to expand its cost sharing to other health care initiatives.

BACKGROUND

- In 2003, the Ministry of Health engaged a consultant to conduct a review of the cost sharing processes between the Ministry of Health, health authorities, and the regional hospital districts (RHD's).
- The Vancouver Island regional hospital districts and Island Health have been discussing their shared interest that the Ministry of Health implement the 2003 recommendations with regard to modernizing the *Hospital Districts Act*.
- The need for implementing changes to the Act is supported across the province by administration and financial staff.

KEY POINTS

- Enable the CSRHD to fully consider its future options and possibilities, request the Hospital District Act be updated to reflect the recommendations from the 2003 Ministry of Health review.
- Legislation should be amended to reflect the role of the RHD under the new model proposed in 2003 review, which is to:
 - Represent the RHD's interest in the capital planning process and to work with the health authority to establish capital projects;
 - Determine the level of support available for capital projects sponsored by the health authority, and
 - Raise revenue for health capital contributions to assist the health authority.
- Legislation should be revised to provide a cost-sharing model that reflects the modern delivery of health services and is consistent with the definition of capital provided under Section 3.1 of the 2003 report from Sierra Systems entitled "Report to Ministry of Health Services Regional Hospital District Cost Sharing Review".
- Specific references to "hospitals and hospital facilities" should be replaced with a broader definition of what is eligible for cost sharing.
- Legislation needs to be modernized in respect to the Act and restrictions removed.

CONTACT

Charles Cornfield, Chair CSRHD
600 Comox Road, Courtenay, BC, V9N 3P6
Tel: 250-334-6000

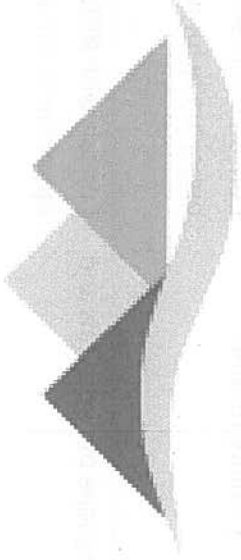
backgrounder



Mental Health and Substance Use Bed Expansion – Island Health

- In 2014, the Ministry of Health committed to opening 500 additional substance use beds in British Columbia by 2017.
- Based on population size and demographics, Island Health's portion of this bed expansion is to operationalize 93 additional beds by March 31, 2017.
- These beds are in addition to approximately 100 substance use beds already in place in Island Health.
- As of December 2016, Island Health had opened 61 of the 93 beds; the remaining 32 beds will be open by March 31, 2017 or earlier.
- Decisions on the location and type of beds were a result of community consultations, recognized needs in communities, age groups, client needs and other data analysis.

Geographic Area	Bed Type	Target Population	Number of Beds	Opened/Opening
South Island	Transitional Supportive Recovery Beds	Adults/Seniors	14	April 2015
South Island	Family Care Home Model	Youth	4	June 2015
South Island	Supportive Recovery	Adults/Seniors	10	Oct 2015
South Island	Youth Supportive Recovery	Youth	2	Sept 2015
South Island	Withdrawal Management/Stabilization	Adults	5	Nov 2015
South Island	Regional Stabilization/Supportive Recovery	Adults	10	March 2017
Cowichan Valley	Sobering and Assessment	Adults	4	Dec 2016
Nanaimo	Concurrent MHSU and Crisis Stabilization	Youth	4	June 2015
Nanaimo	Sobering and Assessment	Adults	5	Dec 2016
Nanaimo	Supportive Recovery for Concurrent Disorders	Adults	4	Nov 2016
Port Alberni	Stabilization/Supportive Recovery	Adults	5	Feb 2016
Port Alberni	Sobering and Assessment	Adults	2	Dec 2016
Comox Valley	Supportive Recovery	Adults/Women	6	Aug 2015
Campbell River	Sobering and Assessment	Adult	6	March 2017
Port Hardy	Withdrawal Management/Community Detox	Adults	5	Nov 2015
Port Hardy	Sobering and Assessment	Adults/Seniors	6	Nov 2016
North Island	Family Care Home Model	Youth	1	March 2017



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Island Health – RHDs Semi-Annual Meeting

October 7, 2016

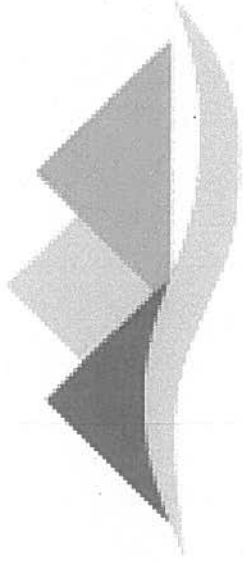
Action Items

- Concerns with *Hospital District Act*
 - Follow-up from Ministry of Health has been received

Concerns Raised	Ministry Response
Eliminate Ministry sign-off on facility designation that can be cost-shared by RHDs	Ministry approval is an important authority and no change is contemplated
Eliminate need for consultation with Ministry on capital bylaws	May warrant further discussion next time there is an opportunity for amendments
Provide RHD Boards power to designate signing authority to staff	Further information requested (Island Health is following up)
HDA does not match current practice (e.g. ability to fund operation of a hospital)	Consult with RHDs and health authorities next time there is an opportunity for amendments
Need to move away from restrictive language of "hospitals and hospital facilities"	Consult with RHDs and health authorities next time there is an opportunity for amendments

Action Items

- **First Nation Treaties**
 - ACRHD to share letter from Ministry of Health
 - Sent May 30, 2016 via email
- **End of Life strategy presentation**
- **Information on medical dispensaries**



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End of Life Strategy

**Doubling the number of
community hospice beds**

Chris Sullivan, Director, Capital Planning

October¹², 2016

EOL Program

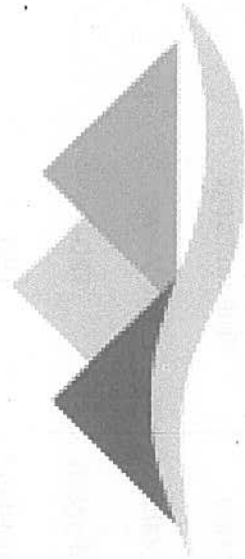
- Focus is on comfort, rather than curing an illness
- Accessible services and supports
- Partner with Hospice Societies and others
- Range of programs and services available including:
 - Physician led community based palliative consult services
 - Tele-health/Tele-hospice supports for rural and remote areas
 - Caregiver supports such as day hospices, in-home support respite beds
 - Bereavement support services with Hospice Societies
 - Improved education and awareness
 - e.g. Advance Care Planning, EOL education plan
 - Medical Assistance in Dying

Double the number of hospice beds

- Double beds from 32 to 64
- Planning based on:
 - Population projections
 - Geographical areas which currently have none
 - Consider the need for a “critical mass” of beds
 - Best efforts to not impact on existing community care beds

Double the number of hospice beds

	Community	Facility	Added Beds	Target Opening Date
2014/15	Comox Valley	The Views	4	Complete
2015/16	Oceanside	Trillium Lodge	4	Complete
2016/17	Campbell River	Yuculta Lodge	4	Feb-17
	Sooke	Ayre Manor	2	Mar-17
2017/18	Oceanside	Trillium Lodge	1	Apr-17
	Comox Valley	The Views	2	Mar-18
	Mt Waddington	TBD	1	TBD
2018/19	Salt Spring Island	TBD	1	TBD
	Cowichan Valley	Cairnsmore Place	5	TBD
2019/20	Greater Victoria	Victoria Hospice Society	3	TBD
2020	Greater Victoria	Victoria Hospice Society	5	TBD
		TOTAL	32	



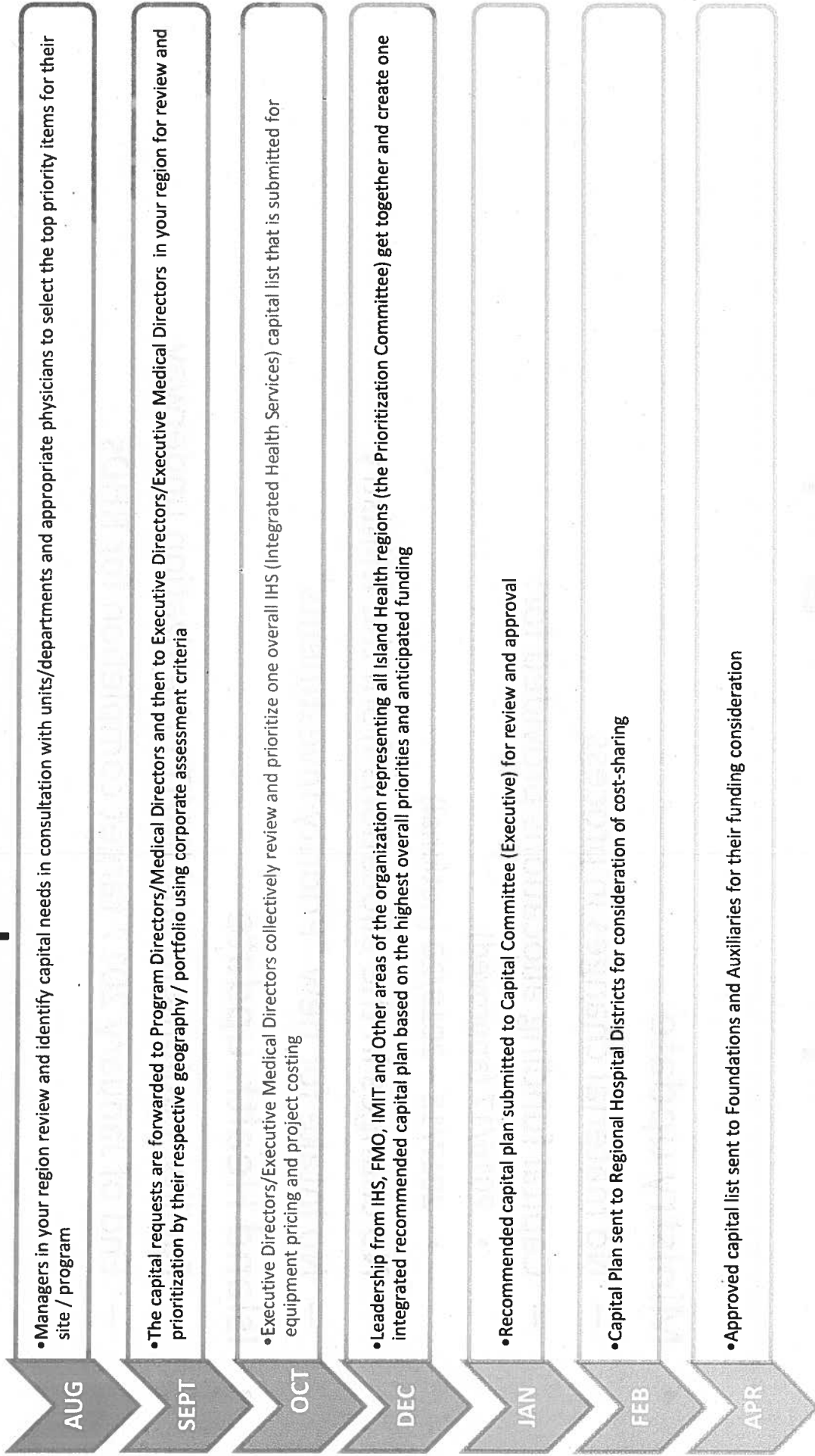
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Don't let the principles of hobbies pass

Capital Planning Update

- **Ministry update**
 - No material changes in process
 - Capital funding allocations provided for:
 - 2016/17 (approved)
 - 2017/18 – 2019/20 (notional)
 - No changes in the allocations from the Ministry
 - No intake for new “Priority Investments”
- **Island Health update**
 - Facility, equipment and IM/IT prioritization underway
 - End of January 2017 target completion for RHDs

Annual Capital Process Timelines



Major Capital Priorities

- Capital projects underway
 - North Island Hospitals Projects
 - Electronic Health Record (IHealth)
 - Unit Dose Medication Distribution
 - Thermal (Boiler) Energy Plant (RJH)
 - Electrical Energy Plant (NRGH)
- Capital projects scheduled to proceed within next three years
 - Thermal (Boiler) Energy Plant (NRGH)
 - Intensive Care Unit Redevelopment (NRGH)

Major Capital Priorities

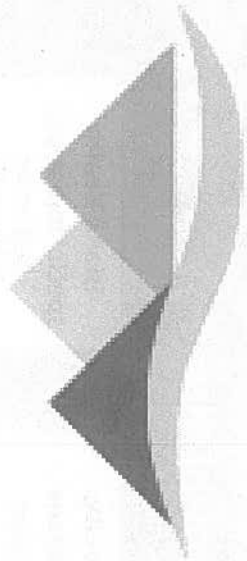
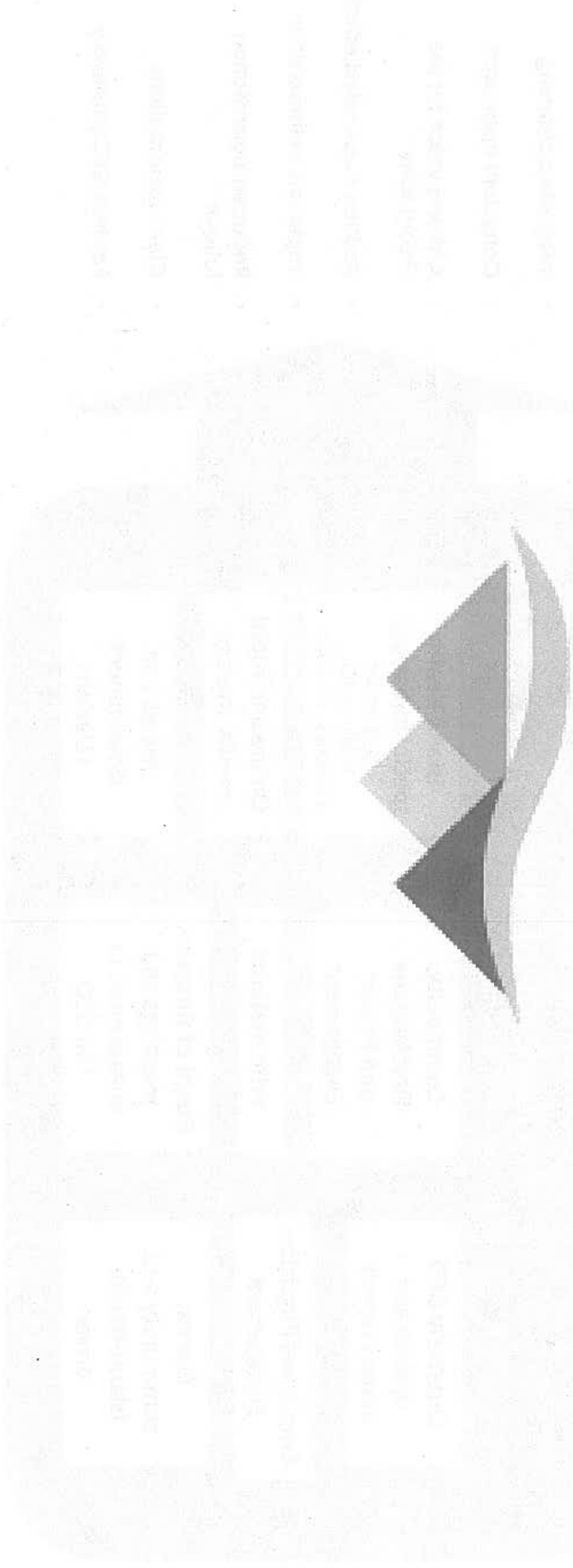
- Next major capital project priority
 - Cowichan District Hospital Redevelopment
- Other major capital project priorities identified but not yet prioritized include:
 - NRGH Patient Care Centre Redevelopment
 - NRGH Ambulatory Services Facility
 - VGH Electrical Energy Plant
 - VGH Women and Children's Health
 - Tofino General Hospital Redevelopment
 - Lady Minto Hospital Redevelopment

First Nations Treaties

- Standing agenda item
- Information sharing

Breakout Sessions

- Question #1: Are there any ideas to improve our semi-annual meeting? e.g. do we have the right format and agenda?
- Question #2: What improvements can we make in our engagement with RHDs?



island health

Jersey is a small island with a population of 100,000. It is a beautiful island with a rich history and a vibrant culture. The island is known for its stunning scenery, including its coastline and the Jersey Alps. The island is also known for its excellent food and drink, including its famous Jersey lamb. The island is a great place to visit and enjoy.

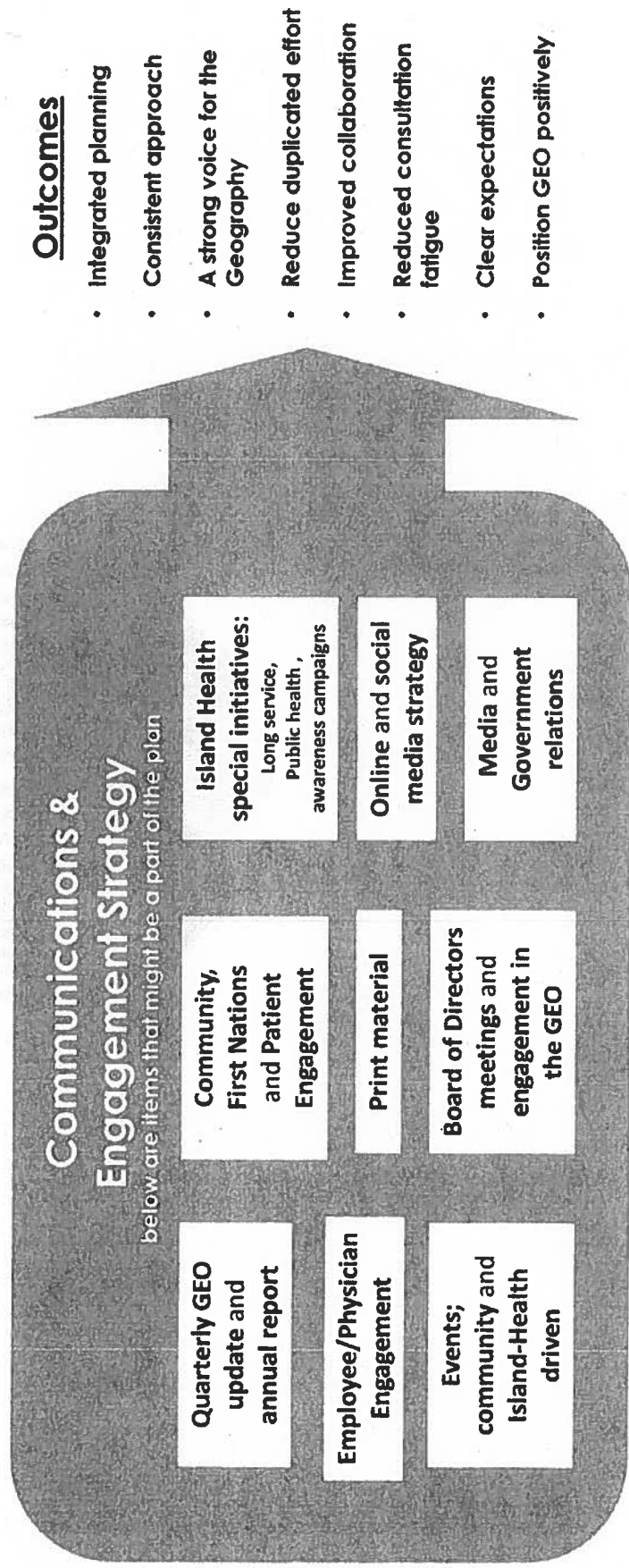
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Strategic Communications and Engagement For Geos

GEO Leadership / Operations Team

The strategic focus of the GEO leadership team will inform the goals of the communications and engagement strategy. This will include ALL key initiatives related to the GEO, such as NIHP transition, IHealth, primary care homes, Aboriginal Health, Access, Surgical Services, Labour Relations, Island-Wide initiatives and the work of the GEO.



COMMUNITY ADVISORY COUNCIL	COMMUNITY HEALTH NETWORK
Represents the entire geography	Generally represents community hubs within a geography
Focus is on community collaboration, engagement and relationships building	Focus on health outcomes, health programs and services
Promotes, manages and is accountable for the Community Health Granting Program	May apply to the Council for funding
Coordinates geography wide events and health promotion – “manages who is coming into the geo” – and coordinates and integrates consultation processes	Connects health partners within a hub area
Launch point for major initiatives	Plans health programs and services in partnership with community health partners
Establishes an evaluation process and standards to apply to Island Health’s engagement framework and activities	Establishes process and standards to apply to Island Health’s programs and services within a community
Facilitates a sharing of best engagement and health promotion best practices across the geography	Facilitates a sharing of best health programs and services
Participants may include: Island Health geo leads, Directors of Community, large geo wide employers, school districts, post secondary partners, agencies involved in Island/geography wide planning (<i>may invite funding agencies in from time to time</i>)	Participants may include; Clinical leads, health partners, community agencies delivering health programs and services
Facilitates partnership and granting opportunities across the geography	
Participates in social responsibility initiatives to promote healthy living and strengthen community partnerships	
Other	Other

Geographic Community Advisory Councils

Draft Goals:

- » To create a common table within, and across, the four geographies that will allow Island Health and our partners to coordinate planning, share resources, engage in joint advocacy, share data.
- » To create new partnership opportunities.
- » To build and steward new relationships.
- » To create learning opportunities.
- » To seek out innovative solutions to improve health conditions in communities and entire geographies.
- » To conduct joint research.
- » To create new communication and engagement channels.
- » To become more aware of community planning processes.
- » To share best practices.
- » Reduce duplication of effort.
- » Make the best use of financial resources committed to engagement.
- » Coordinate investments through the Community Development Granting Program

Suggested meeting schedule twice per year

DIMENSIONS OF ENGAGEMENT



SATISFACTION
Learning about our employees through employee feedback, focus groups, retention rates, exit surveys, employee data and an employee advisory network.

EMPLOYEE



PATIENT



COMMUNITY

SATISFACTION

Considers both clinical information and interaction with the health care system, learning about our patients through feedback mechanisms, direct feedback island Health info line, patient advisory group feedback.

INFORMED CHOICE

Options to shape the work place, creating opportunity to express ideas and innovates, encouraging risk taking.

INFORMED CHOICE

Treatment options for patients at the right time and right place. Provide options relevant to patient's lifestyle, beliefs and culture, and provide relevant information to help patients choose.

SATISFACTION

Becoming active partners in the community to learn about community needs, culture, capacity and assets, learning about the community's satisfaction with Island Health through participation in community processes.

SHARED DECISION MAKING

Enable employees to help us lead the way forward through task force and operational work, policy review, operational and systems review and other processes.

SHARED DECISION MAKING

Help patients understand how the system works, so they can help us solve and transform. Patient advisory councils.

SHARED DECISION MAKING

Creating integrated options of care that fit the needs of communities and the mission of Community Health Networks.

PARTNERING FOR SUCCESS

Celebrating joint innovation within communities, such as the work of Health Networks, and sharing our data with community partners.

ADVOCATES FOR HEALTH

Ownership of their personal behaviours and health.

ADVOCATES FOR HEALTH

Ownership of quality, safety program delivery, helping others navigate the system.

ADVOCATES FOR HEALTH

Ownership of population health, community decision making, focused on population health and health outcomes.

ENGAGED IN POPULATION HEALTH

Making decisions to policy making at Island Health, enhancing health equity through active participation.

ENGAGED IN POPULATION HEALTH

Influencing public policy to improve health outcomes in communities.

← IMPROVED POPULATION HEALTH →

← ENGAGEMENT TO EXPERIENCE →

← E-2-E →

Communications & Engagement Strategy

PRINTED MATERIALS:	GEO REPORTING:	ONLINE & SOCIAL MEDIA	MEDIA & GOV. RELATIONS	COMMUNITY LINKS	EMPLOYEE/Physician LINKS	SPECIAL INITIATIVES	EVENTS	BOARD & CEO SUPPORT
<p>Templates and products to inform patients, partners, staff</p> <p>Award-winning <i>Island Health</i> magazine</p> <p>Information tools</p> <p>Posters</p> <p>Brochures</p> <p>Rack Cards</p>	<p>Keeping community partners up-to-date on GEO work</p> <p><i>NEW:</i> Quarterly <i>Community Connections</i> update</p> <p><i>NEW:</i> Annual report</p> <p>Recognize and celebrate our community partnerships</p> <p>Build awareness</p> <p>Print and web-based design and distribution</p>	<p>modern tools to share information and build connections</p> <p><i>NEW:</i> Updated website</p> <p><i>NEW:</i> Video blogs</p> <p><i>NEW:</i> Streaming local news</p> <p>Connecting communities with resources</p> <p>Health promotion</p> <p>Staff resources (<i>Currents, The Weekly</i>)</p>	<p>Enhance government relationships; manage issues</p> <p>Strategic planning</p> <p>Proactive media releases</p> <p>Issues response</p> <p>Material development</p>	<p>Engaging with communities, First nations, patients & partners</p> <p>Strategic planning</p> <p><i>NEW:</i> Semi-annual <i>Community Connections</i> meetings</p> <p><i>NEW:</i> Community advisory councils</p> <p>Patient voices</p> <p>Foundations</p>	<p>Engaging with & recognizing Island Health employees</p> <p><i>NEW:</i> Employee advisory groups</p> <p><i>NEW:</i> Semi-annual <i>Staff Connections</i> newsletter</p> <p>Leaders' GEO tour/site visits</p> <p>Celebration of Excellence and service awards</p> <p>Milestone celebrations</p>	<p>Awareness campaigns, public health, projects</p> <p>Strategic planning</p> <p>Campaigns</p> <p>Public health promotion</p> <p>IHealth</p>	<p>Community-based and Island Health</p> <p>Strategic planning and coordination</p> <p>Community events, as needed</p> <p>Island Health events</p>	<p>Community-based and Island Health</p> <p>Community-based board meetings planning and support</p> <p>Board engagement planning and support</p> <p>Support for ED/EMD presentations</p>

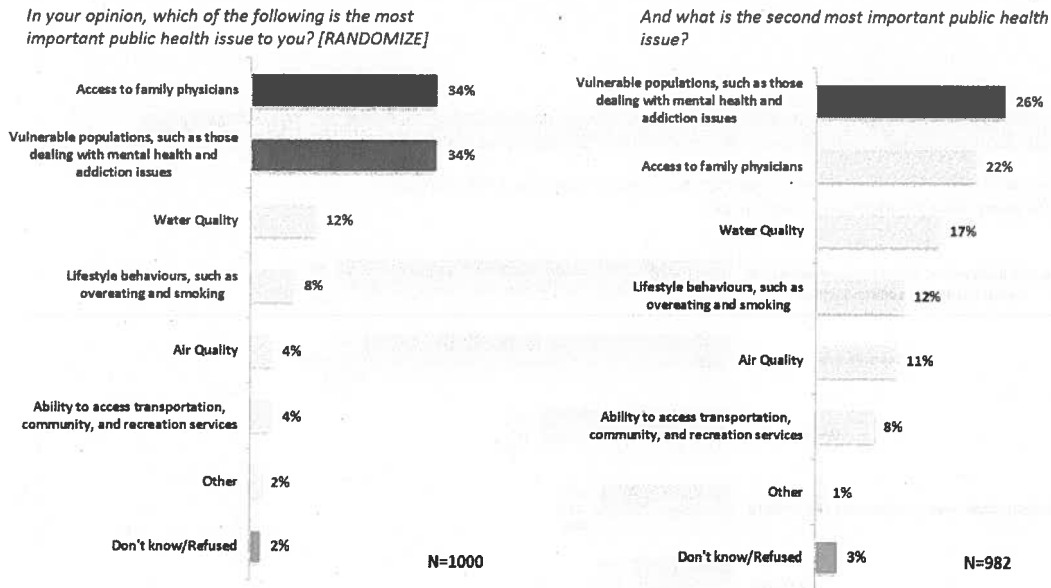
NRG Research Group – Vancouver Island Health Survey

Survey Overview:

- Part of an omnibus telephone (landline and wireless) survey conducted by NRG Research Group August 2016
- Island Health-specific questions were part of a broad-ranging survey on a variety of topics and issues
- The confidence interval of the study are accurate +/- 3.1%, 19 times out of 20
- Survey involved 1,000 people representing the Vancouver Island

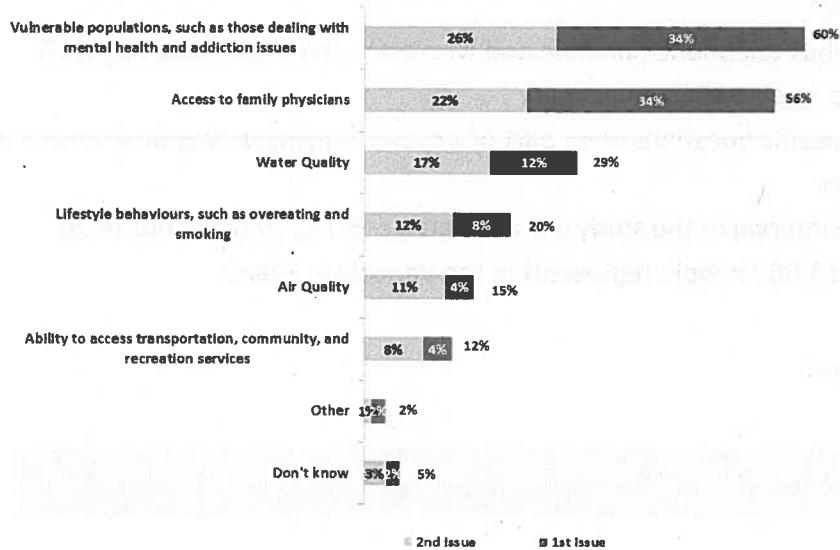
Results Overview:

Most important public health issue to you – Access to family physicians and vulnerable populations top the list



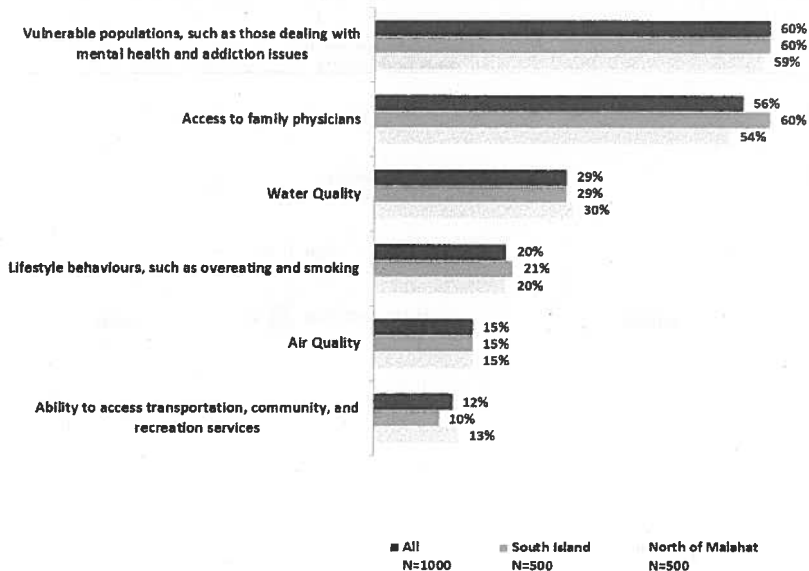
Most important public health issue to you – 1st and 2nd most important issue

In your opinion, which of the following is the most important public health issue to you? [RANDOMIZE]
And what is the second most important public health issue?



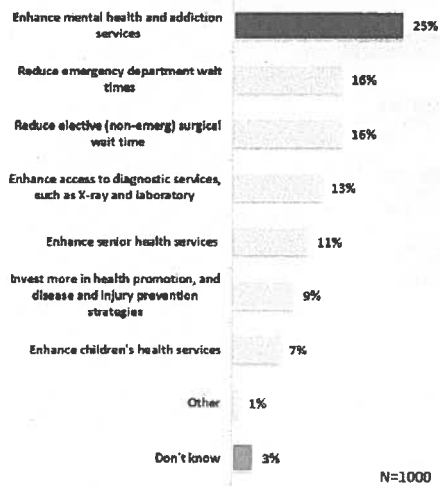
Most important public health issue to you – Consistency between the regions

In your opinion, which of the following is the most important public health issue to you? [RANDOMIZE]
And what is the second most important public health issue?

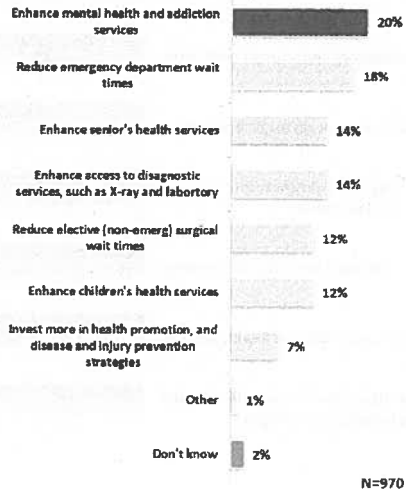


Where Island Health should focus – mental health and addictions leads

In your opinion, which of the following should Island Health focus on as it moves forward to create more resilient and sustainable services.



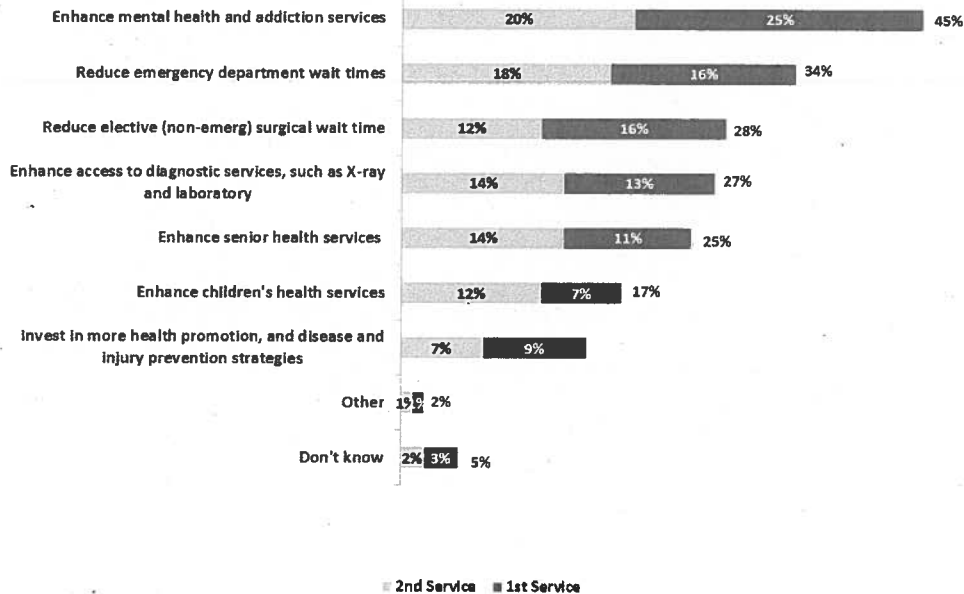
And what is the second most important health service to focus?



Where Island Health should focus – 1st and 2nd most important services

In your opinion, which of the following should Island Health focus on as it moves forward to create more resilient and sustainable services.

And what is the second most important health service to focus?



Where Island Health should focus – Consistency between the regions

In your opinion, which of the following should **Island Health** focus on as it moves forward to create more resilient and sustainable services.

And what is the second most important health service to focus?

