



## Staff Report

**DATE:** March 16, 2020

**FILE:** H-CW

**TO:** Chair and Directors  
Regional Hospital District Board

**FROM:** Russell Dyson  
Chief Administrative Officer

Supported by Russell Dyson  
Chief Administrative Officer

*R. Dyson*

**RE:** 2019 Community Grant Reports

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### **Purpose**

To provide the Board with the named facility community grant report submissions for 2019.

### **Recommendation from the Chief Administrative Officer**

That the 2019 community grant reports be received.

### **Executive Summary**

- According to the CSRHD financial planning policy, the following named facilities each receive an annual grant of \$5,000:
  - Gold River Health Centre
  - Tahsis Health Centre
  - Cortes Island Health Centre
  - Kyuquot Health Clinic
  - Zeballos Health Centre
  - Sayward Primary Medical Health Care Centre
- The attached reports have been prepared by the recipient facilities to provide information on the use of the 2019 funding and any plans for future proposed funding.

Prepared by:

***B. Dunlop***

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Beth Dunlop, CPPB, CPA, CGA  
Corporate Financial Officer



**Named Health Facility  
Community  
Grant Report**

**REPORTING FORM for Calendar Year 2019/2020**

*Please complete, sign and return this form to the Comox Strathcona Regional Hospital District (CSRHD) no later than December 15 of the year in which the grant was received. Attach additional pages if required. (Please do not complete by hand.)*

**Facility Name: CORTES COMMUNITY HEALTH ASSOCIATION**

**Report completed by: Marilyn Fitzmaurice**

**Phone: 250-935-6608**

**Position: Administrator**

**Email: ccha@twincomm.ca**

**1. FUNDING GOALS & OBJECTIVES**

Outline the goals and objectives for the CSRHD funding for the reporting period.

Medical goal 2019

- Purchase a portable general diagnostic ultrasound imaging (POCUS)

**2. SUMMARY OF PROJECTS OR CAPITAL FUNDED WITH THE CURRENT YEAR GRANT**

Include main accomplishments or projects in progress for the reporting period and how the funding assisted in furthering the project.

Funds received in August 2019 were used to purchase a new Vscan Extend Handheld Ultrasound. This allows us to do some basic bedside imaging (ie help with IV lines, locating/visualizing abscesses, lungs for pneumothorax, FAST scan, eye for retinal detachment, IUD placement, bladder fullness, etc). This is useful for triaging some patients and making decisions on who needs to go to Campbell River, etc.

**3. PROPOSED PLAN FOR NEXT YEAR'S CSRHD GRANT FUNDING**

Attach additional pages if necessary to describe planned projects, estimated costs and timing.

**2020 Conversion from OSLER EMR to MED ACCESS EMR**

Purchase computers, related equipment and training is necessary to  
Comply with MED ACCESS EMR recommendations.

**4. ADDITIONAL COMMENTS**

Attach additional pages if required to provide comments.

**5. CERTIFICATION by FINANCIAL OFFICER**

<p><u>Julia Rendall</u> Signature</p>		<p><u>Dec 12 2019</u> Date</p>
<p>Name: Julia Rendall – Treasurer CCHA</p>		



**REPORTING FORM for Calendar Year 2020**

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Facility Name: <u>Gold River</u>	
Report completed by: <u>Enid O'Hara</u>	Phone: <u>250-283-2626</u>
Position: <u>Manager of Rural Services</u>	Email: <u>enid.ohara@viha.ca</u>

**1. FUNDING GOALS & OBJECTIVES**

Outline the goals and objectives for the CSRHD funding for the reporting period.

The goal is to provide service as close to home as possible. The purchase of the 24BP monitoring Service allows consistent measurement of BP, which assist in early diagnoses of hypertension.

**2. SUMMARY OF PROJECTS OR CAPITAL FUNDED WITH THE CURRENT YEAR GRANT**


Include main accomplishments or projects in progress for the reporting period and how the funding assisted in furthering the project.

The ABI machine we were unable to purchased, as the cost was too high. The infrared thermometers were purchased, as was a CPAP apparatus that allows patient to receive clinical therapy before and during transport.

**3. PROPOSED PLAN FOR NEXT YEAR'S CSRHD GRANT FUNDING**  
 Attach additional pages if necessary to describe planned projects, estimated costs and timing.

Purchase of a 24 BP machine will identify those who have functioning episodes of hypertension. These people need timely treatment.

**4. ADDITIONAL COMMENTS**  
 Attach additional pages if required to provide comments.

<b>5. CERTIFICATION by FINANCIAL OFFICER</b>		
		<u>FEB 7, 2020</u>
Signature		Date
Name: Enid O'Hara		



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Facility Name: <u>Kyuquot</u>	
Report completed by: <u>Enid O'Hara</u>	Phone: <u>250-283-2626</u>
Position: <u>Manager of Rural Services</u>	Email: <u>enid.ohara@viha.ca</u>

**1. FUNDING GOALS & OBJECTIVES**

Outline the goals and objectives for the CSRHD funding for the reporting period.

New Audiometer for hearing screening in the past public health speech and language were able to visit. This have not happened with the loss of the SLP given the shortage of SLP workers it is unlikely to be filled soon.

**2. SUMMARY OF PROJECTS OR CAPITAL FUNDED WITH THE CURRENT YEAR GRANT**

Include main accomplishments or projects in progress for the reporting period and how the funding assisted in furthering the project.

The AED purchased with last years funding has not had to be used but it is very reassuring to know it is there if needed. The vitals monitor is used almost daily and had been a huge benefit to both patients and nurses.

**3. PROPOSED PLAN FOR NEXT YEAR'S CSRHD GRANT FUNDING**

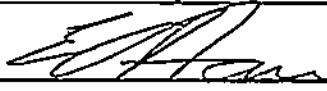
Attach additional pages if necessary to describe planned projects, estimated costs and timing.

The lack of hearing screening in both Adults and children means that those with heavy loss go undiagnosed and therefore untreated. This leads to an unstably to lean and interact socially and ultimately a decline in coagulation.

**4. ADDITIONAL COMMENTS**

Attach additional pages if required to provide comments.

**5. CERTIFICATION by FINANCIAL OFFICER**

 Signature		FEB 7, 2020 Date
Name: Enid O'Hara		



## REPORTING FORM for Calendar Year 2019

*Please complete, sign and return this form to the Comox Strathcona Regional Hospital District (CSRHD) no later than December 15 of the year in which the grant was received. Attach additional pages if required. (Please do not complete by hand.)*

**Facility Name: \_Sayward Community Health Society**

**Report completed by: Joyce Ellis**

**Phone: 250-282-3863**

**Position: President**

**Email: schs.clinic@gmail.com**

### 1. FUNDING GOALS & OBJECTIVES

Outline the goals and objectives for the CSRHD funding for the reporting period.

To change our operating system to match that of Island Health, in order to be able to keep pace with the increasing reliance of the Healthcare sector on technology.

### 2. SUMMARY OF PROJECTS OR CAPITAL FUNDED WITH THE CURRENT YEAR GRANT

Include main accomplishments or projects in progress for the reporting period and how the funding assisted in furthering the project.

We changed our entire operating system to a Windows based system, and also increased our usable terminals from 2 to 3. This has enabled us to use the same equipment and back up services that Island Health use, thus enabling us to serve our patients better. Also, we can now have our GP, lab techs, or other visiting physicians, all able to access the system at the same time.

Telehealth is now up and running, which means that local residents don't always have to go down island, or even to Vancouver, for follow up appointments.



**3. PROPOSED PLAN FOR NEXT YEAR’S CSRHD GRANT FUNDING**

Attach additional pages if necessary to describe planned projects, estimated costs and timing.

We need to pay for the replacement of our old propane tank, and source some more strong, lockable cabinets for secure storage of equipment and some consumables.

We would also like to purchase some higher seating for the waiting room, as we have noticed that seniors and those recently out of hospital, can sometimes have difficulty in getting in and out of the current seats. They are also usually larger, so will complement our one existing bariatric chair.

**4. ADDITIONAL COMMENTS**

Attach additional pages if required to provide comments.

The Board of Directors would once again like to express our gratitude for the CSRHD grant, which is a very great help to our Community Clinic.

**5. CERTIFICATION by FINANCIAL OFFICER**

<p><i>A.M. Hibbert.</i></p> <hr/> <p>Signature</p>		<p>19<sup>th</sup> December 2019</p> <hr/> <p>Date</p>
<p>Name: A.M.Hibbert</p>		



**REPORTING FORM for Calendar Year 2020**

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Facility Name: <u>Tahsis</u>	
Report completed by: Enid O'Hara	Phone: 250-283-2626
Position: Manager of Rural Services	Email: enid.ohara@viha.ca

**1. FUNDING GOALS & OBJECTIVES**

Outline the goals and objectives for the CSRHD funding for the reporting period.

To provide foot care for medically compromised patients. This help keep patients safe reduces that risk of falls and infections in feet

**2. SUMMARY OF PROJECTS OR CAPITAL FUNDED WITH THE CURRENT YEAR GRANT**

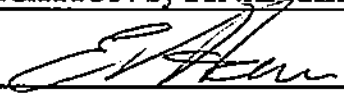
Include main accomplishments or projects in progress for the reporting period and how the funding assisted in furthering the project.

The bariatric chair purchased with last years funds have made the clinic much more accesable to gelatine patients who can now sit in the waiting for clinic rooms.

**3. PROPOSED PLAN FOR NEXT YEAR'S CSRHD GRANT FUNDING**  
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The lack of hearing screening in both Adults and children means that those with heavy loss go undiagnosed and therefore untreated. This leads to an unstably to lean and interact socially and ultimately a decline in coagulation.

**4. ADDITIONAL COMMENTS**  
 Attach additional pages if required to provide comments.

<b>5. CERTIFICATION by FINANCIAL OFFICER</b>		
Signature 		Date <u>FEB 7, 2020</u>
Name: Enid O'Hara		



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Facility Name: <u>Zeballos</u>	
Report completed by: <u>Enid O'Hara</u>	Phone: <u>250-283-2626</u>
Position: <u>Manager of Rural Services</u>	Email: <u>enid.ohara@viha.ca</u>

**1. FUNDING GOALS & OBJECTIVES**

Outline the goals and objectives for the CSRHD funding for the reporting period.

The funding was, utilized to provide a Nitrous Oxide delivery system and tanks, which allows patients to receive short term, analgesics for procedures.

Vaccine fridge was old and was failing to maintain temperatures required for Vaccines

**2. SUMMARY OF PROJECTS OR CAPITAL FUNDED WITH THE CURRENT YEAR GRANT**

Include main accomplishments or projects in progress for the reporting period and how the funding assisted in furthering the project.

Nitrous Oxide demand valve and regulator and hoses with masks

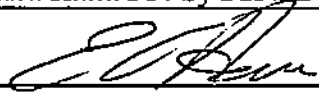
New Vaccine fridge which can be monitored

**3. PROPOSED PLAN FOR NEXT YEAR'S CSRHD GRANT FUNDING**  
 Attach additional pages if necessary to describe planned projects, estimated costs and timing.

Possible acquisition of an istat machine, which will allow point of care testing to perform Electrolytes, Troponin and possible IUR.

**4. ADDITIONAL COMMENTS**  
 Attach additional pages if required to provide comments.

**5. CERTIFICATION by FINANCIAL OFFICER**

Signature 		Date <u>FEB 7, 2020</u>
Name: Enid O'Hara		