



**OPEN BOARD MEETING**  
**Thursday, March 29, 2018**  
**QUESTIONS & ANSWERS**

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**Q.** When is Island Health going to offer wireless internet services in the hospitals? What is the roadblock to prevent the organisation from providing this service? How can I help obtain the service for future patients?

**A.** Island Health recognizes that providing Wi-Fi services can be beneficial for patients and their families while at our facilities. In recognition of this, we have recently activated free guest Wi-Fi services in both the Comox Valley and Campbell River hospitals, and as funding becomes available, the service will be expanded to other acute care sites. And thank you for your offer to help!

**Q.** Will there be a number of Respite Beds included in this proposal (RFP for 120 beds) as well as rooms available for Adult Day Programs as both are extremely important to give Caregivers a much needed break and will help keep our loved ones with dementia home as long as possible?

**A.** Island Health recognizes the importance of providing respite care and adult day services to help ease the burden on caregivers and improve the health and quality of life for seniors and people with disabilities. Respite services may be provided at home through home support services, in community through adult day services, or on a short-term basis in a residential care facility, hospice or other community care setting.

The current RFP process provides an opportunity for proponents to include adult day programs and respite care services within their proposals. However we cannot speculate on what might be the outcome of the RFP responses.

Additional Adult Day Service spaces are being added in the Comox Valley this year, as well as opportunities for in-home respite. Options for additional respite beds are also being investigated for this year.

**Q.** Why are private rooms in the new hospital overloaded with extra patients while dozens of rooms remain empty? This is especially worrisome due to VIHA touting the private rooms being a major benefit of the new hospital to address the spread of superbugs?

**A.** The North Island Hospital was intentionally built and designed for future expansion and community needs. Combined, the campuses have capacity for 248 inpatient beds. Currently, 95 beds are in use at the Campbell River campus and 129 beds at the Comox Valley campus. The remaining 24 beds were intentionally built for future use.

Since opening in October 2017, NIH-Comox Valley has experienced high patient volumes due to a variety of factors including the impact of moving into a new facility.

While we acknowledge that this is not always ideal for patients and staff, patients can be assured they will continue to receive the safe, quality care they have come to expect from their health-care professionals.

When surges in patient volumes occur, temporary overflow patient care areas are opened and all patients are cared for in appropriate care spaces, with appropriate staffing levels and appropriate enhanced infection prevention and control measures.

**Q.** How many Operating Rooms are there in the new hospital and how many are being funded? If we have ORs standing empty with rapidly expanding wait lists, why aren't they being funded to reduce wait times?

**A.** When we build new hospitals, we build them not just for today, but in consideration of future growth. That includes expansion space for inpatient rooms and operating rooms as well. There are 10 new operating rooms in the new North Island Hospital – 4 in use at the Campbell River campus and 4 at Comox Valley.

Like other health jurisdictions in BC and across Canada, Island Health is challenged to meet the demands of surgical wait times – and we're taking action. We are adding surgical volumes to meet the government's target of no more than 5% of people waiting longer than 26 weeks.

Planning is underway to add more operating room time and inpatient beds to alleviate surgical wait times at the North Island Hospital. We are also establishing Hip & Knee Centres across the Island Health region, including at the Campbell River and Comox Valley hospitals. This will not only increase the number of surgeries that we perform, it will also see the implementation of a centralized referral and booking process, first available surgeon access, pre-surgery preparation and readiness, and increased access to post-operative support and rehabilitation.

We will also need to augment staffing to support the program. We're recruiting surgeons, anesthesiologists, nurses, physio and occupational therapists, booking clerks, etc.

The new, state-of-the-art operating rooms at the Campbell River and Comox Valley campuses of the North Island Hospital are three times bigger than the previous ones, boasting advanced technology that will attract young residents and surgeons who are eager to learn the very latest surgical techniques and use some of the best equipment available.

**Q.** Why are so many diagnostic tests wait lists also expanding so rapidly – why aren't adequate staff being funded to make this manageable for patients who cannot pay for private tests or where private sources are not available in this province?

**A.** Reducing wait times is a priority for Island Health while we strive to consistently meet clinical standards in providing care.

Island Health provides a comprehensive range of diagnostic services to the residents of the region. A **diagnostic test** is any approach used to gather clinical information for the purpose of making a clinical decision (i.e., **diagnosis**). Some **examples of diagnostic tests** include X-rays, MRI and CT Scans; biopsies; echocardiography; colonoscopy; pregnancy **tests**; medical histories, and results from physical examinations to name just a few.

Not all diagnostic tests can be completed at all sites, and the wait - and the wait time - for some examinations may vary by facility. Some diagnostic tests are categorized as emergency, urgent, semi-urgent or routine – and it is your family physician or specialist who will make this determination. For emergency tests, there are no waits.

On March 27, the Ministry of Health announced an investment of \$11million to increase the number of MRI exams across the province. For Island Health, this means 48,000 MRI scans next year (up from approximately 38,000 scans in 2017-18), with further increases planned for 2019-20.

Reaching MRI targets will be achieved by:

- operating existing machines longer to accommodate additional exams;
- establishing centralized intake to reduce duplicate referrals and appointments, and prevent wasted operating time, while also offering patients the earliest appointment available in the region, as appropriate;
- installing already-planned MRI machines; and
- adding additional capacity to the public system.

In addition to increasing capacity, the Ministry of Health is working with health authorities to find ways to make sure referrals for MRI are the most appropriate diagnostic choice, and that the quality of exams are consistently high to ensure patient safety, and reduce the need to repeat the exams and take up more valuable time.

**Q.** Did the Ministry of Health or VIHA do a cost/benefit analysis of the new water regulations? Not just in dollar terms, but in health outcomes as well. While \$89/year (for the Comox Valley Water Upgrades) does not sound like a lot to people earning a good income, many in the valley do not make much money and are struggling to get by (the use of the food bank continues to grow). So even a \$60 dollar (assume they will bear less of the burden) increase per year adds to their stress. They will need to cut something, perhaps more nutritious food or less heat. These will have negative health impacts. Is our water really all that bad? Are there any documented cases of illness from our water system?

**A.** Drinking water standards and guidelines are determined and maintained by provincial and national groups that are charged with providing the evidence and rationale to protect the wellbeing of all citizens.

In British Columbia the *Drinking Water Protection Act* outlines the duties, expectations and responsibilities for water operators. The legislation is an outcome based legislation, namely that it requires the water operators to provide potable water all of the time and it is up to the water operator to determine the most appropriate way to meet that requirement. In regard to surface supplies of water (i.e. from a lake) BC also has surface water treatment objectives which outline minimum requirements that must be met to ensure a safe and sustained supply of drinking water.

The water supply for the Comox Valley is the last large water system in BC that is not in compliance with the provincially required minimum standards for drinking water from a surface

supply.

The cost referred to in the question includes the water operators projected costs for a comprehensive upgrade in water infrastructure, including conveyance, moving the water intake and treatment plant. Please connect with the water operator (the Comox Valley Regional District) for any detailed explanation of project costs and rationale for investment.

Regarding raw water quality, monitoring in the source and at the intake is routinely positive for E.coli and parasites. Over the years the trend in raw water quality is going down. It is important to add that this water supply has no watershed protection and there is a multiplicity of activities in this watershed that negatively impact on water quality. This is reflected in water borne illnesses.

The CVRD is to be congratulated for their progress towards meeting the provincial standards.

**Q.** Did you get an independent review of the seismic restraints of non-structural components (e.g. lights, sprinklers, piping, boilers, etc.) in the new hospitals or did you rely on the forms provided by the engineer who designed the restraints? These are often poorly done, which is hardly surprising as they are often selected based on low price. In previous earthquakes, the failure of these components has rendered hospitals inoperable.

**A.** The group selected through a competitive bid process to design, build, finance, maintain and perform life cycle rehabilitation on the facilities is fully responsible to ensure all constructed and installed non-structural elements are supported/anchored to resist seismic loads as per building codes, engineering direction, referenced standards and manufacturer's recommendations for a post disaster facility.

Seismic accommodations are governed by [Schedule 3](#) of our [Project Agreement](#) and have multiple requirements, including compliance reviews for non-structural seismic restraints.

**Q.** What are the plans in place to assume Home Support services in the Comox Valley has adequate staff to support the high and increasing volumes of Clients who require personal care, while we wait for the 180 LTC beds promised by 2020? Why can't Community Clients keep their standing on the LTD bed wait list if their health fails?

**A.** The goal of Home and Community Care is to help people remain in their homes in the community for as long as possible. There is a wide variety of publicly and privately funded community resources available to help people live independently. Some examples include [home support services](#), [bathing services](#), [respite](#), adult day services and [assisted living services](#).

Island Health is in the process of hiring more Community Health Workers and will soon be hiring some additional support for team-based care in the Comox Valley.

Admission to a long-term care facility is based on the urgency of the individual's care needs. If an individual has been assessed as needing long-term care, their Case Manager will work with them and their caregivers to arrange the supports that meet the person's care needs. Clients whose care needs change such that they can no longer be safely supported in the community will be

admitted to long-term care as soon as possible.

\*Note: The RFP called for 120 beds (not 180 as stated in the question). At the end of March 2018, Island Health amended the RFP to include 31 complex care beds located in the Comox Valley that are currently funded on a temporary basis. These beds will now become permanent. This means the RFP is now seeking a total of up to 151 complex care beds for the Comox Valley by 2020 from one or more providers.

**Q.** Are there any plans or directives to address the aging population in the Developmental Disability sector, particularly in regards to dementia care and their specific needs? How can we provide/ensure appropriate medical care for this sector?

**A.** The growing numbers of individuals with intellectual disabilities affected by Alzheimer’s disease and related dementias has raised new challenges for community care providers. The individual support needs of adults within this population are varied and diverse. Factors such as the age of the individual, their location, and the nature and degree of their presenting issues all impact the determination of the level of support they require.

Community Living BC, provincial health authorities, the Ministry of Health and the Ministry of Social Development and Poverty Reduction conduct joint reviews, as necessary, to consider issues such as the appropriateness of service levels to ensure the health and safety of the population of people with developmental disabilities.

**Q.** The last Guidelines for Collaborative Service Delivery for Adults with Development Disabilities between CLBC, the Regional and Provincial Health Authorities, Ministry of Health Services and Ministry of Housing and Social Development was created and signed in 2010—Are there any plans to update this in the near future?

**A.** [The Guidelines for Collaborative Service Delivery for Adults with Development Disabilities](#) was jointly developed and endorsed by the Ministry of Health, Community Living BC and the Ministry of Housing and Social Development. As the Ministry of Health is the lead agency on these guidelines, your question has been forwarded to that Ministry for further information.

**Q.** Given that the new complex care beds will not be open until 2020 at best, and given that the new hospital is operating at overload, with 40 to 50 Alternative Level of Care Beds at a bare minimum cost of over \$8.7 million a year (Difference between residential care and hospital @\$600 x 40 x 365) could it be possible to temporarily re-open the wards at St. Joe’s until more residential care access is available? Yes, it would have to be staffed and refurnished, but the boiler and kitchen are still running and the space is better for ALC.

**A.** Island Health has no plan to reopen capacity at St. Joseph’s General Hospital. Our focus is on making additional investment in the community to support individuals at home.

**Q.** The RFP calls for up to 120 new beds and discusses replacement beds. Does that mean that the Comox Valley is not going to get a full 120 additional beds?

- A.** The intent of the RFP is to add up to 120 new complex care beds. The final number will not be known until proposals are reviewed to determine what is most efficient and affordable. The RFP also includes 6 community hospice beds that are in addition to the 120 complex care beds. It is regular practice to re-develop older facilities as they become unable to support the care needs of residents. It is not yet known if a redevelopment will be awarded as part of this RFP.

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- Q.** What is being done to address the crisis of overcapacity at the Comox Valley Hospital? The hospital is only staffed and operationally funded for 129 patients but consistently has over 153 patients and as high as 171. This is obviously seriously inadequate as the OCP statistics show. Chronic overcapacity means chronic overtime, understaffing, stress, burnout and compromised patient care.

- A.** Since opening in October 2017, NIH-Comox Valley has experienced high patient volumes due to a variety of factors including the impact of moving into a new facility.

While we acknowledge that this is not always ideal for patients and staff, patients can be assured they will continue to receive the safe, quality care they have come to expect from their health-care professionals.

When surges in patient volumes occur, temporary overflow patient care areas are opened and all patients are cared for in appropriate care spaces, with appropriate staffing levels.

A number of measures are underway on site and in the community to help us manage patient flow efficiently and reduce capacity, including:

- Ensuring staffing levels are appropriate for the number of admitted patients
- Enhancing community supports through additional Liaison and Social Work support for early discharges and to prevent hospital admissions where appropriate
- Continuing to ensure timely assessment of alternative level of care patients and timely placement in residential care as beds become available with our Access and Community Care Teams
- Increased community supports to help people live in their own homes longer and avoid hospital admissions when appropriate. Last year home care visits totaled 38,306 and we are projecting to exceed 40,000 visits this year. Home support hours are also increasing – from 226,585 in 2014/15 to approximately 250,000 hours by the close of the current fiscal year.
- Last fiscal year, adult day programs in the Comox Valley delivered 4,075 client days and by the end of the current fiscal year, adult day program client days will total about 4,275.

- Q.** I have been told our new hospital is full because people who need to be in a long term care facility are staying there waiting for a bed to open up in a Care Home. I do not want to go to The Views at St Joe's because they do not support MAiD. Island Health has said I can pick another place but

with the long waiting list it is not that simply as one gets the first bed that is available. What happens to me if I have no choice but to go to The Views where MAiD is not available because all other facilities are full?

- A.** The majority of people admitted to long-term care have cognitive decline due to dementia. One of the eligibility criteria for medical assistance in dying is that a person must be able to give informed consent throughout the process, including at the final moment when medical assistance in dying is to be provided.

For the small number of people who qualify for subsidized long-term care and would be eligible for MAiD, Island Health will facilitate admission to a facility where MAiD can be provided. If an urgent placement is required and the only appropriate bed is in a site that does not provide MAiD, the admission would be offered and the resident can request a transfer to a preferred site.

- Q.** Why are you even considering allowing a faith based organization the opportunity to bid on the new beds if they are not MAiD friendly when taxpayers are paying for this? Why did you not say all providers need to be MAiD friendly?

- A.** Faith-based not-for-profit health care providers have a long history of providing excellent care in BC and continue to be some of the best providers of long-term care. The Province of BC has an agreement with the Denominational Health Association that clearly supports their ability to decline providing services that are inconsistent with their faith values.

Island Health is committed to providing reasonable access to medical assistance in dying, and after this RFP is awarded there will be four long-term care sites in the Comox Valley that allow that end of life option.