



BOARD OF DIRECTORS PUBLIC MEETING

MINUTES

April 11, 2018, 10:00 to 11:30 a.m.

Hampton Inn, Chilliwack

Board

Jim Sinclair (JS) Chair
John Bethel (JB)
Margi Blamey (MB)
Willie Charlie (WC) - regrets
Markus Delves (MD)
Inderjeet Hundal (IH)
Jessie Lehail (JL)
Opreet Kang (OK)
Tom Kim (TK)

Staff

Michael Marchbank (MM)

Recording Secretary

Liana Kirby (LK)

Welcome

The Board Chair welcomed members of the public to the April 11, 2018 Public Board meeting and introduced...

The Board Chair summarized the process for the public Board meeting, acknowledging that this will be the last meeting to be held in the day. As of June 2018 public board meetings will be held in the evenings to allow more access for people to attend.

Members of the Board introduced themselves.

3.0 PRESENTATIONS/REPORTS

3.1 Chilliwack Health Services Community Profile

The Board received a presentation on Health Services in Chilliwack from Petra Pardy, Executive Director, Chilliwack, Hope and Agassiz Health Services; and Dr. Jennifer Wilson, Site Medical Director, Chilliwack General Hospital.

Highlights of the presentation included:

- The City of Chilliwack has a population of 102,003 people (2018). 18.4% population growth is expected by 2028 (120,754) and 32.2% growth in our aging population by 2028.
- Highlights from the My Health My Community 2013-14 survey (self-reported)
 - General Health (excellent/very good) 48.6%
 - Mental Health (excellent/very good) 61.9%
 - Stress – extremely/quite stressed 17.5%
- Community partnerships include Chilliwack Division of Family Practice, Chilliwack Fraser Cascade Aboriginal Wellness Advisory Committee, Overdose local Action Team, Salvation Army/Ruth and Naomi's Mission, COPD Planning Service, Elder care committee, Chilliwack Healthier Community, Mini-med school, Neighborhood Learning Centre and Sto:lo Nation
- Primary and community care integration and current challenges. Change will include simplifying the health care journey, creating a

consistent team, transitioning into the new model and collaborating with 26 GPs. The improvement will be in building teams and relationships, team-based care, health outcomes and early evaluation and results.

- Chilliwack General Hospital opened in 1911 with 12 beds. Presently Chilliwack General Hospital has 143 funded acute care beds. Service volumes include 61,000 Emergency Department visits, 8,874 Inpatient cases, 2,022 Surgical Day Care Cases, and 23,250 Ambulatory Care Visits. Services offered were reviewed with note that they have an Elder in Residence who supports aboriginal patients and a transportation nurse for when patients need to be transferred to a higher level of care a critical care nurse will accompany the patient.
- The Health Care report card reveals we are doing well in most areas. We've seen a decrease in C.difficile, improvements in alternate level of care and an improving number of visits in Emergency by home health clients.
- Challenges include Hand Hygiene audits, C. difficile infection incidents, recruitment and retention and in-hospital care program. Initiatives are in place to address these challenges.
- There was 24 Overdose deaths in 2017 (100 percent increase from 2016). Expansion of harm reduction includes Naloxone supply distribution, needle recovery, expansion of treatment, and awareness campaigns.
- Chilliwack Mental Health and Substance Use Services reviewed including regional services, local services, enhancement to services and partnerships. Looking ahead plans include establishing an Intensive Case Management Team, CALM waiting room space for children and youth with Mental Health needs coming to Emergency and a Youth Addiction Facility.
- Chilliwack Investments (2017-2019) include 3.9M in Direct Care and 6.2M in building infrastructure.
- Volunteer Resources has 345 volunteers that provide over 29,000 hours of service per year. Volunteers perform diverse services and activities to improve the patient experience.
- The Auxiliary and Service League have been fundraising equipment and patient programs at the hospital for over 50 years through the Community Thrift Shop, Knitting Case, Bursary for Grade 12 students, Hospital Gift Shop, 50/50 weekly draw and bake sales. 2017 Contributions included Hypo/Hyperthermia, Blanket warmer, cystoscope/endoscope, crash carts, chest compressor and a Bariatric patient bed.
- Chilliwack Hospital Foundation raised money to purchase a laparoscopic video system (\$234K), Ambulatory care scoping equipment (\$213K), Endoscopy Cart (\$80K) and Transport Defibrillator (\$35K).
- The Fraser Valley Health Care Foundation raised (600K with the Regional Eye Centre Campaign, Echocardiogram (\$150K), Stretcher Beds (\$110K), and Bradley Centre Chairs (\$12K).

3.2 President and CEO Report

The Board received an update from the President and CEO.

MM reported that many of the positives in the community regarding Mental Health and Addictions have been covered very well by Petra, therefore will not be reviewed again however it is important to note that they are an example of when a Health Authority works in partnership with a community, a lot can be accomplished. Without the advocacy and data we wouldn't be seeing some of the services we are seeing today particularly the ICM Team and the Regional Facility for Youth. The Health Authority works very hard to ensure services are distributed across the Health Authority. The Youth Treatment Facility is a regional facility in in Chilliwack. Another example is the Regional Eye Centre in the eastern part of the valley which is the main centre. We are fortunate to have as many communities as we do and we distribute the services as best we can to ensure all people are well served by them. Without all of the hard work from the staff this all wouldn't be possible and the staff work tirelessly to provide high quality care with everyone they come in contact with. As the CEO I am extremely proud of that. I would like to echo my thanks to the volunteers and to the Foundations who raise money for us. Without these partnerships we wouldn't be as far ahead as we are today.



**PUBLIC PRESENTATION/QUESTION AND ANSWER PERIOD
OF FRASER HEALTH PUBLIC BOARD MEETING
April 11, 2018**

PRESENTATIONS

The public Board meeting provides a forum for members of the public to make presentations to the Board. Four groups made application in advance to present to the Board.

Ms. Joette Heuft, Executive Director, Square Peg Society regarding Autism Spectrum Disorder (ASD) & Mental Health

Joette Heuft provided information on Autism Spectrum Disorder and Mental Health to promote awareness as April is Autism awareness month. The presentation highlighted the incidence of co-occurring mental health conditions, the implications for adults on the Spectrum, and the barriers to appropriate treatment.

Ms. Sheila Denis, Constituency Assistant, representative for Laurie Throness, MLA

Ms. Sheila Denis read a statement on behalf of Laurie Throness, MLA Chilliwack-Kent regarding two specific concerns. The first concern was regarding the shortage of physicians in Chilliwack. Almost 25% of the residents of the city do not have access to a family physician and with physicians approaching retirement this will get worse. Support is requested from the Board, including financial support to find more doctors for Chilliwack now and in the future.

The second concern relates to the provision of Medical Assistance in Dying in palliative care in Chilliwack and shared concerns from many constituents regarding this. A letter was sent to the Minister of Health with copies to the CEO and the Board Chair expressing concerns and asking that MAiD not be imposed on any palliative care facility in British Columbia, and that alternative arrangements be made for patients who wish to choose the option of MAiD.

Discussion:

MM noted that the shortage of GP's in Chilliwack has been recognized by the Health Authority. It is also an issue across the Fraser Health Authority with many patients who are unattached meaning they do not have a primary care provider. We are actively working with the Division of Family Practice to address these issues. In a recent meeting with the local Division of Family Practice in Chilliwack regarding the provision of services in hospital, we agreed to move forward jointly on a plan to address the issue of unattached patients in the hospital. We are actively working to address the issues and to provide better care in the community.

Ms. Cheryl Rostek, Chilliwack Resident

Ms. Cheryl Rostek, a Chilliwack resident diagnosed with terminal brain cancer voiced personal concern that the provision of MAiD should be segregated from hospice/palliative care and urged Fraser Health to safe-guard a palliative environment of vulnerability, openness and whole-hearted support by excluding hospice programs and services from the provision of MAiD.

Discussion:

JS noted this is a controversial issue with strong views on both sides including those who view it as a fundamental right and those who are strongly opposed. Medical Assistance in Dying was mandated by the courts of the country. Fraser Health decided that MAiD would be provided by the public health care system in our region. Where this service would take place was a decision based on what was best for the patient not on personal beliefs. People in hospice have the right to exercise their rights under the law.

Three questions have come forward Regarding MAiD.

Q. Are we are forcing people in hospices or hospitals to provide MAiD services?

A. Categorically we are not forcing anyone, regardless of their role in the health care system to participate in MAiD. A fundamental principal is that we are not forcing anyone to participate against their will. There are highly trained professionals in the system who have agreed to provide their service to help those requesting this service.

Q. The second question is around are people being forced into this for economical or political gain.

A. The system in place that takes 2 to 3 weeks to make a decision involves 2 independent reviews to ensure the patient is competent to make the decision, is not being pressured to make the decision and is capable of making the decision. These must be reviewed to ensure there is no pressure for patients to take their own life sooner than they wish.

In terms of hospice care, we need more hospice care. We are building a new hospice in New West, Langley and Peace Arch. This decision does not reflect any desire to have less hospice care in our communities.

In terms of where it happens, we will provide the provision of Medical Assistance in Dying in Hospices run by Fraser Health for people who request the service in that setting. For contracted hospices such as Delta Hospice Society, our position is that we are waiting for a decision from the provincial government to see if they should provide it as well. The third group are religious groups that are financed by the public and are free not to provide MAiD Services. This decision was made due to their religious beliefs.

We are in process of meeting with the Hospice Societies and talking about the issues and implementation.

QUESTION AND ANSWER PERIOD

Members of the public were provided an opportunity to ask questions of the Board in writing and verbally.

Q: Emma Hillard

A recent study in "The British Journal of Cancer" has found that more than one in ten deaths (10.4%) were from euthanasia or physician assisted suicide. Findings showed doctors reported euthanizing without consent. How will the Board prevent involuntary euthanasia when allowing it in hospices and provide reassurance regarding fear of doctors hiding behind the principle of Double Effect of medication. Will Fraser Health provide a MAiD free environment for palliative care or 24/7 palliative care nursing in home for patients?

A: The protection against abuse of the system needs to be dealt with by medical practices. Patients make the decision to have MAiD services and a certain amount of respect also needs to be given to patients who make the decision to end their life.

In terms of creating a new institution for those who want to live the remainder of their life in a MAiD free environment. We are committed to providing MAiD in palliative care and committed to improving the provision of MAiD. As we evolve our program we need to look at issues raised in terms of nursing care in homes. We are not there yet and need to continue to investigate. We are committed to improving palliative care in all of its forms and we are in fact one of the leaders in the province in that.

Q: Lise T. – Cascades Volunteer

Will there be designated MAiD free hospices or palliative care with the guarantee that this service is not provided in that unit?

A: I can't answer that question directly as there is still some question about some of the hospices and how the government policy will affect them. It is difficult to make that decision when it is a right people have. We have decided at this time, that within the confines of the hospice if you choose to use MAiD services, it will be made available to you in a way that that does not disrupt the other patients or involve them. There may be hospices that do not at the end of this process but at this point that is not clear.

Discussion regarding have two hospices with one that provides MAiD and one that does not and the challenges with that in terms of the health care budget. Further discussion regarding the number of hospice beds in Chilliwack, capacity and discussion about opting in and out of organ donation.

Q: Madeleine McPherson, retired physician

Provided a statement regarding Medical Assistance in Dying and Abortion Services.

A: Jim Sinclair, Fraser Health Board Chair.

Q: Heather Van Leipsig,

Concerns regarding scheduling for Fraser Health Home Health. There is no consistency in schedules for care aids resulting in care aids needing to diffuse situations with clients and families. Several examples were provided of why a proper logistics system is required.

A: MM noted that when we talk to clients we hear the same messages. We have heard the concern and are decentralizing scheduling which will go a long way to address these issues. This change is coming in the next few months.