



BOARD OF DIRECTORS PUBLIC MEETING
MINUTES

June 13, 2018, 7:00 – 9:00 p.m.
Executive Plaza Hotel, Coquitlam

Board

Jim Sinclair (JS) Chair
John Bethel (JB)
Margi Blamey (MB)
Willie Charlie (WC)
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 June 13, 2018 Public Board meeting.

The Board Chair summarized the process for the public Board meeting, acknowledging that the communities of Tri-Cities are located on the traditional territories of the e Kwikwetlem First Nation, Tsleil-Waututh First Nation, Katzie First Nation, Musqueam First Nation and Squamish First Nations.

Members of the Board introduced themselves.

Prior to the Public Board meeting the Board travelled to Eagle Ridge Hospital for meetings with staff and various stakeholders.

3.0 PRESENTATIONS/REPORTS

3.1 Tri-Cities Health Services Community Profile

The Board received a presentation on Health Services in the Tri-Cities from Lisa Zetes-Zanatta, Executive Director, Eagle Ridge Hospital, New Westminster and Tri-Cities Health Services.

Highlights of the presentation included:

- The communities we serve, Coquitlam, Port Coquitlam and Port Moody (Anmore, Belcarra) have a population of 242, 515 (2015). 18% population growth increase is expected by 2025 and 69% growth in our aging population by 2025.
- Results from the My Health My Community 2013-14 Survey show
 - General Health (excellent/very good) 47.5%
 - Mental Health (excellent/very good) 58.8%
 - Stress (extremely/quite stressed) 18.6%
- The Tri-Cities Community Services were reviewed including service volumes and services offered.
- Community partnerships include Fraser Northwest Division of Family Practice, Kwikwetlem First Nations, 51 Non-Government Community organizations, Royal Columbian Hospital and 3030 Gordon Shelter.
- An overview of Primary Care Service

- Eagle Ridge Hospital has 175 acute care beds and 75 Fraser Health operated residential care beds (Eagle Ridge Manor).
- Service volumes include 52,817 Emergency Department visits, 6,343 Inpatient cases, 1,542 surgical acute care cases, 6,343 surgical day care cases and 76,060 ambulatory care visits in 2017/18
- Services offered include 24/7 Emergency services, General Medicine and Internal Medicine, Inpatient and Day Care surgery, Monitored Care Unit, General Rehabilitation, Mental Health and Substance Use, Family Practice, Home Health and Home Support and diagnostic services.
- The Health Care Report Card reveals we are doing well in most areas. The length of stay is longer than it should be but the hope is that as we support better in the community, length of stay will decrease.
- Successes include 12 quality metrics shifting to positive targets, reduction in number of admitted patients in the Emergency Department from 11 to 3 per day, increase in regional collaboration on chronic disease management, pain management and seniors care and \$3M shift which achieved a balanced budget
- Challenges include an increase in number of patients going to Emergency from assisted living or Independent living and challenges with psychiatry coverage.
- Mental Health and Substance Use review noted that Assertive Community Treatment Team provides services to 107 clients, psychiatrists provide consultation to patients in Emergency and on medical units at Eagle Ridge Hospital Monday to Friday. We have partnerships with Port Moody Police Department and Tri-Cities Mental Health and Substance Use. 3030 Gordon Avenue in Coquitlam serves those accessing shelter beds, and Nicola Lodge has 26 new licensed tertiary mental health beds. The Integrated Transition of care Team was launched in 2016 and there is centralized access to mental health for referrals from Fraser Northwest Division of Family Practice. The Rapid Access Clinic supports GPs with specialized psychiatric consultations. Future planning to benefit the Tri-Cities includes a new Mental Health & Substance use facility with 45 additional acute psychiatric beds, as part of Royal Columbian Hospital redevelopment, scheduled to open April 2020.
- Tri-Cities Investments 2017-19 include \$29M Emergency, Cardiology and Ambulatory Centre, creation of \$2M Primary Care Team, \$1.5M increase for Home Support and Day Program, \$500K site refresh, painting and infection control approved chairs for common seating areas.
- Eagle Ridge Hospital currently has 393 active volunteers providing over 32 diverse services.
- Eagle Ridge Hospital Foundation is campaigning to raise \$5.0M toward the Eagle Ridge Hospital expansion, with \$2.7M already raised. Recent successful campaigns totaling \$500,000 purchased a portable ultrasound, cardiac echo, transport monitor and ventilator.

3.2 President and CEO Report

The President and CEO thanked everyone for coming and provided an update.

Michael Marchbank reported that redeveloping Eagle Ridge Hospital and its surrounding lands is part of our broader vision for health care services in the Tri-Cities. Our vision includes a community health centre, expansion of residential care, expansion of outpatient services and the eventual expansion of acute care services.

A new community health centre will co-locate services to make it easier for individuals requiring these services to access them. Services would include diabetes education, chronic disease services, physiotherapy, occupational therapy, and other community services. We will also look to include public health and mental health in those services.

We are starting to expand community outpatient and cardiology services to support people to return home from hospital earlier and remain independent in their homes longer. We expect demand from outpatient services, such as IV therapy, wound care, blood and blood product administration, to grow by 58 percent in the near future and even more over time. As a result, we are planning to expand our outpatient service by 160 percent to meet this, and future demand. To help do this, we have already increased ambulatory staff by 50 percent from 8 to 16 and we will continue to expand the staff to meet the services.

We want seniors to have access to services to meet their needs. To support the growing seniors' population in the Tri-Cities, we have increased geriatric support at Eagle Ridge Hospital by adding a new geriatrician and geriatric psychology. We are also creating a PATH unit to provide seniors with additional time as they transition from hospital care to home. And when seniors can no longer remain at home, we want to ensure they have residential care options within or as close to their community as possible. In 2016, we opened 212 residential care beds at Nicola Lodge and we'd like to add to that by enhancing, improving and expanding residential care services at Eagle Ridge Manor. We plan to replace and expand the current building in 2030 to ensure the standard of care for our patients is met.

Our vision for health care in the Tri-Cities builds on work already being done to expand the hospital's emergency department. We are more than doubling the number of treatment spaces to 39 from 19. We are adding four new isolation rooms to support improved infection-control measures, adding two new trauma resuscitation bays and a decontamination area. This is a 27 million dollar project funded by Fraser Health and I would like to acknowledge the Eagle Ridge Hospital Foundation for generously donating \$5 million to help making this possible. We will be selling a portion of the land surrounding the hospital to help finance this expansion and allows us to expand other services as well. With this plan we are able to expand the hospital even more, rebuild and expand Eagle Ridge Manor and add community services to the site. Our goal is to ensure Tri-Cities residents not only have access to care services today, but also decades from now.

We have begun community consultation piece around the official community plan amendment and that process is continuing.

In conclusion, I would like to say that I see a bright future for Eagle Ridge Hospital with expansions coming in many different areas as well as expansions in residential care and in community programs. We are fortunate in Fraser Health, we have many growing communities and we need to grow with them to meet the needs of our patients, residents and clients.

Thank you very much.



**PUBLIC PRESENTATION/QUESTION AND ANSWER PERIOD
OF FRASER HEALTH PUBLIC BOARD MEETING
June 13, 2018**

PRESENTATIONS

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

QUESTION AND ANSWER PERIOD

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

Q: With respect to the health care report card, Port Coquitlam is reporting worse off especially compared to Port Moody on health outcomes. Why is there such disparity in results?

A: We notice that the services are the same yet the uptake of these services seems to be lower. There is a need for more outreach. We have requested our business analytics team to look at specific neighborhoods so we can engage in our planning with the Division of Family Practice to target work to prevent worse outcomes.

Q: Do we have a commitment from Fraser Health that any sale of land around Eagle Ridge Hospital will be used to finance infrastructure and programs only in the Tri-Cities.

A: I cannot give you that commitment. We are a Health Authority that looks after communities from Burnaby to Boston Bar. We make many investments across the entire continuum and if we were only to use the resources in one community we would actually run into significant problems as a Health Authority. There are times when Eagle Ridge Hospital has benefited tremendously from other Resources from across Fraser Health so it is not just looked at in a single community, we look at it from across the region. Our commitment as a Health Authority is to try to do the best we can with the resources we have to ensure the best level of overall services in each community and therefore the Health Authority.

Q Can we do away with paid parking for patients in Emergency and outpatients.

A: The Board has had many discussions around parking and we cannot do away with fees but we do look at different programs to assist people. For example Renal Dialysis patients are exempt from paying for parking. We have programs in place for people who have difficulties. We are going to begin to install new services which will make it easier for people because we do hear the anxieties around this. At this point, we can't stop asking people to pay for parking.

Q: Why is there only credit card options. Elderly and youth do not have credit cards

A: The Board talked a lot about parking this evening but not this specific issue so I will take this back and ask this question. We cannot assume everyone has a credit card, nor should we assume that everyone has a phone and can pay for it on their phone. We need to improve communication on services to assist with parking. Of note, there is one cash meter at the front of Eagle Ridge Hospital and a sign is currently on order to inform patients and families of this option.

We did recommend that hospitals put up signs regarding parking where people could see them. There is the ability to apply to not pay or to get your free parking pass depending on your income and circumstances. We do this quite regularly but not everyone knows about this service. We will ensure people are aware. Parking will likely not be free in any of the communities as parking lots would be full of people parking for other reasons.

Finally, we collect about 14M dollars and put it into healthcare. It is a source of funds that people do use however it needs to be measured by making sure everyone can pay and if they can't we need to provide the ability to get the parking they need and we will do that.

Ms. Maire Kirwan, HEU Coordinator, regarding Mass layoffs at Madison Care Centre and Lakeshore Care Centre

Marie Kirwan, HEU Coordinator and resident of the Fraser Health Region shared concerns and provided information regarding mass layoffs at Madison Care Centre and Lakeshore Care Centre in Coquitlam and urged the health authority to act to prevent these mass layoffs.

Front line care staff and family members of residents from both facilities shared their concerns about the impact of impending mass staff layoffs on the quality and continuity of care for residents, and on impacted employees.

Background: Madison and Lakeshore Care homes in Coquitlam together provide care for 131 subsidized and 62 private residential care clients. For over ten years, they have subcontracted care aides and support staff services from two companies which are owned by the same individual. On May 22, 2018, the subcontractor gave notice that she was retiring and ending her companies, and provided her staff with notice of employment termination effective September 12, 2018 at Madison and August 15, 2018 at Lakeshore. In previous weeks, staff voted to unionize with the Hospital Employee's Union.

JS responded by thanking everyone for speaking. He noted that the seniors advocate made a decision that in 80 percent of care homes the level of care was inadequate and they recommended that the level be raised to 3.36 per person in the home as an average and the Government has funded over \$30m dollars in our region to go to that fact.

It was noted that what is happening now is not good for patient care and action in some form needs to take place to try and make this better. There is a commitment from the Health Authority to look at fixing the short term problem and to stop this from happening again.