



**BOARD OF DIRECTORS PUBLIC MEETING**  
**MINUTES**

**October 3, 2018, 7:00 – 9:00 p.m.**

Coast Langley Hotel & Convention Centre, Langley

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<b><u>Board</u></b>	<b><u>Staff</u></b>	<b><u>Recording Secretary</u></b>
Jim Sinclair (JS) Chair	Michael Marchbank (MM)	Liana Kirby (LK)
John Bethel (JB) regrets	Philip Barker (PB)	
Margi Blamey (MB)	Cameron Brine (CB)	<u>Guests</u>
Willie Charlie (WC) - regrets	Linda Dempster (LD)	Jason Cook
Markus Delves (MD)	Dr. Victoria Lee (VL)	Dr. Mitra Maharaj
Inderjeet Hundal (IH)	Laurie Leith (LL)	
Jessie Lehail (JL)	Brenda Liggett (BL)	
Opreet Kang (OK)	Dr. Roy Morton (RM)	
Tom Kim (TK)	Naseem Nuraney (NN)	
	David Thompson (DT)	

Welcome

The Board Chair welcomed members of the public to the October 3, 2018 Public Board meeting.

The Board Chair summarized the process for the public Board meeting, acknowledging that we are conducting our business today on the unceded, shared territories of the Kwantlen (**Kwantlen**), Matsqui (**Mat-squee**) and Katzie (**KUT-zee**) First Nations and acknowledged their historical and present day use of this land.

Langley Heritage Society was acknowledged and thanked for their display here this evening.

The Board Chair acknowledged Michael Marchbank noting he started in the role as CEO 4 years ago and personally thanked him for the work he has done and making a valuable contribution to the public health care system for 30 years. He thanked Michael for a job well done on behalf of the Board and for the people of the community.

Jason Cook, Executive Director, Langley Health Services and Langley Memorial Hospital and Dr. Mitra Maharaj, Site Medical Director, Langley Memorial Hospital were introduced.

Members of the Board introduced themselves and the Executive Team and new CEO Dr. Victoria Lee were introduced.

**3.0 PRESENTATIONS/REPORTS**

**3.1 Langley Community Profile**

The Board received a presentation on Health Services in the Langley Community from Jason Cook, Executive Director, Langley Memorial Hospital and Langley Health Services and Dr. Mitra Maharaj, Site Medical Director, Langley Memorial Hospital.

Highlights of the presentation included:

- The communities we serve, Township of Langley and Langley City have a population of 151, 261 (2016). 17% population growth increase is expected by 2025 and 42% growth in our aging population by 2025.
- Results from the My Health My Community 2013-14 Survey show
  - General Health (excellent/very good)
  - Mental Health (excellent/very good)

- Doing well with blood pressure, chronic conditions and stress
- The Langley Community Services were reviewed including service volumes and services offered.
- Community Partnerships include Langley Hospital Foundation, Langley Division of Family Practice, Langley Healthier Community Partnerships, Opioid Overdose response – Local Action Team (Multi-agency partnerships), Salvation Army, BC Emergency Health Services, RCMP and Langley Fire Department liaisons, Ministry of Child and Family Development, BC Housing, Community Engagement Summits, Greater Langley Chamber of Commerce, Langley School District, and Post Secondary including KPU, TWU, SFU, UFV, UBC.
- Langley Memorial is celebrating 70 years of service.
- Langley Memorial Hospital has 217 acute care beds and 220 residential beds and 10 hospice beds.
- Service volumes include 47,749 Emergency Department visits, 11,993 Inpatient cases, 7524 surgical acute care cases, 10,786 surgical day care cases and 86,859 ambulatory care visits and 1418 newborn deliveries.
- Services offered include 24/7 Emergency services, Critical Care and Cardiac Care, General and Internal Medicine, General and Specialty Surgery, Obstetrics and Paediatrics, Geriatric Services, Adult Inpatient Psychiatry Care, Regional Mental Health and Substance Use Tertiary Care Unit, Home Health and Home Support, Diagnostic services and outpatient services.
- The Health Care Report Card reveals 19 metrics and hand hygiene has done very well, C.diff was the most challenging metrics and we continue to excel in providing safe care for our patients. Our infection rates have been really good over the last four years as well as our surgical demands.
- Successes include Four years of sustaining quality metrics on acute patient care, better than Fraser Health average length of stay, endoscopy lead for Fraser Health, hired an Anaesthesiologist and Orthopaedic Surgeon, 'Move to Improve' Initiative, National Surgery Quality Improvement Program (NSQIP) international recognition, increase in geriatric resources, integrated case management focus for addictions, integrated Network of Care for seniors.
- Challenges include staff overtime, vacancies in specialty nursing and allied health, recruitment challenges in emergency physicians, surgeons, anaesthesiologists, psychiatrists and family physicians, family physicians retiring.
- Mental Health and Substance Use services in Langley include Langley Mental Health Centre individual and group services, Rapid Access Clinic to support Family Physicians with specialized psychiatric consultations, Psychiatric Emergency Liaison Nurses, Inpatient Psychiatry Unit, Group Therapy Services, Acute Home Treatment Program, Opioid Agonist Treatment Service (Fall 2018), Intensive Case Management in partnership with contracted provider, Outpatient Substance Use Services through contracted provider, Mental Health Clubhouse through contracted provider and partnership with RCMP Mental Health Liaison Officers
- Langley Investments 2017-2020 include Emergency Redevelopment (\$39M), Hospice New Build (\$10M), South Tower Seismic Upgrade and Fireproofing (\$8.9M), Pharmacy Expansion (\$8.8M), MRI (\$8.75M), New Energy Centre (\$7M), New Nurse Call System (\$5M), Home Support Services - Operational Lift (\$900K), Critical Care Unit renovation (\$160K), Morgue Expansion (7 to 22 crypts - \$150k), Residential Care Upgrades (\$105K), Enhancement for Acute Care - End of Life Rooms (\$100K), Ambulatory Care Renovation (\$88K), Mammography Centre Renovation (\$50K), Technology advancements: Residential Care WiFi, Clinical/Guest WiFi, Secured Texting, Porters Tracking System, Virtual Rounding pilot
- Langley Memorial Hospital has 439 active volunteers providing support to patients, visitors and staff in a variety of roles .
- Langley Memorial Hospital Auxiliary Since 1947 has been fundraising for equipment and patient programs at LMH. Contributions include \$10M Medical

Equipment and Residential Care Bus, \$1.5M Emergency Campaign (2018), Bingo Program, Comfort kits and items

- Langley Memorial Hospital Foundation is currently campaigning \$15M for New Emergency Department and MRI Suite and a Maternity Department Expansion 2014 - \$5M. Equipment Purchases in 2017-18 include 25 beds for residential care, Phacoemulsification unit, pediatric ventilator, CPR and wound care simulators and Critical Care recliners. Staff Education and Special Projects include Whatever It Takes (WIT) Fund, Spiritual Care Fund, Staff Education Fund and Iris Mooney Grant.

### **3.2 President and CEO Report**

The President and CEO thanked everyone for coming noting that he and the Board greatly appreciate hearing from the communities.

Three topics were touched on, the first one being Primary Care. As mentioned in the community presentation, investments are being made in the community. People in hospitals could potentially be cared for in the community. Or, if they had received better primary care services they may not need to be in the hospital in the first place and we are collectively working with the Division to try and improve that situation. The key to a good system is Primary Care. We are pleased to be working in the community and working with our partners including the Division and other organizations to improve those services. We are adding nurse practitioners, increasing home support services and home care nursing. This trend will continue over the next few years and you will see improvements in the Primary Care System.

Secondly, Langley Memorial Hospital was touched on noting a number of investments that have been made to improve Langley, including the expansion of the Emergency Department. We have over 47,000 visits in a facility that was designed for much less than that. The Emergency Department will expand increasing from 29 to 49 treatment spaces and building in facilities to provide care to specific populations including mental health and substance use patients, pediatric patients and seniors. Once this expansion is in place, there will be a noticeable improvement in the care we are able to provide. The Foundation is contributing \$10M to this \$29M expansion so without them, it would not have been possible.

Thirdly, MRI's are an essential part of the diagnostic system. In Fraser Health, our waiting lists have grown too long. We don't have enough MRI machines in Fraser Health and over the last year working with the provincial government we have made significant investments in MRI's. We will be opening 4 new MRI facilities, one of which will be in Langley. We have purchased two community MRI's, one of which is the Surrey MRI which is quite close to Langley. There will be approximately a 40 per cent expansion of MRI services in Fraser Health.

As this is the last meeting as CEO, Michael noted he has always been impressed with the staff in healthcare noting they are all absolutely committed to providing the best possible care and that it has been a privilege and honor to work with them. Victoria Lee was congratulated on her new role and will have the same privilege in terms of working with very talented and dedicated staff.

The Board were recognized as an essential part of the Healthcare system. They bring a different perspective and valuable input and without them we would not be as successful. Jim Sinclair was acknowledged as a terrific Board Chair, noting his dedication to his role is truly remarkable and his commitment to the public health care system is admirable.

In closing, Michael extended thanks to Jim and the rest of the Board.

**PUBLIC PRESENTATION/QUESTION AND ANSWER PERIOD  
OF FRASER HEALTH PUBLIC BOARD MEETING  
October 3, 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.

**Leslie Ann Gaudette, Langley Seniors Community Action Table (LSCAT)**

Ms. Leslie Ann Gaudette presented findings and recommendations regarding co-housing supportive housing clients of Fraser Health with vulnerable seniors.

Key results and recommendations were presented from an in-depth report authored by the seniors-led volunteer community group (LSCAT) to assess the impact of *co-housing Housing First clients (who may require supportive housing for mental health and substance use issues) together with vulnerable, frail low-income seniors* at the 600-unit, non-profit Langley Lions Senior Citizens Housing Society complex in the City of Langley, and to *recommend steps that can be taken to avert a public health tragedy*. We focus particularly on tenants who are accepted into this complex under the requirements of the Residential Tenancy Act and who are expected to be able to live independently without disturbing others. These include Housing First clients recommended by Fraser Health's Mental Health and Substance Use Unit (MHSU), which we have discerned *do not receive the psycho-social supports they may need to successfully live independently* in a social housing setting. We provide evidence of the toxic impact of the mixed tenancy housing model on the health and well-being of seniors when layered on top of their already profound issues of social isolation, poor health and poverty. We document this situation with a view to engaging community partners in finding and implementing solutions. We share these findings with the fervent hope they will serve as a catalyst for much-needed policy changes.

**Don Sterns, Member of board Langley Lions Housing Society.**

Mr. Sterns expressed concerns regarding are misconceptions about Langley Lions Housing and felt there were several errors in the presentation from the Langley Lions Seniors Community Action Table.

Mr. Sterns spoke to the bed bug issue, provided an overview of the Board, Janette's role, and mandate of the board including an internal subsidy to guarantee no one pays more than 33% of their income.

JS Response: The Board Chair acknowledged both as being very valuable and appreciated the comments noting both are challenging. The challenge is how to make this work better and the challenge for all of us is how to deal with Mental Health issues. We've had years and years of stigmatism, isolation and poverty that people with Mental Health issues are facing. There is still a lot of stigmatism in the system today and issues on how we house people.

The Board Chair recognized that as health authority we have some responsibility and is committed to sitting down with the people involved and talking through the issues and the new CEO will be part of this conversation.

Both speakers were thanked and the Board Chair commented that this is what public health care is all about. Having a public conversation about the people in our communities.

**Ingrid Mendez, Waturi Counselling & Support Services**

Q: Community Health Centres are being proposed for British Columbia. How can we make sure that these centres are going to provide health care to non status people with precarious immigration status, especially those living in the Fraser Valley? How can we work together to make this happen?

A: MM responded – Ms. Mendez was thanked for her comments. MM explained that what happens in the lower mainland is new Canadians come in to Vancouver and within one to two years, 80 per cent of refugees and 40 per cent of new immigrants end up moving to Fraser Health. We have not received the funding to be able to address this well. We are aware of this now; we have the community health centre concept in place and the Board who is very actively involved in the development of community health centres. The newcomers and other vulnerable populations are the patient populations we want to concentrate on. Concrete steps are being taken to begin to address this issue because it is quite significant.

**Dr. Majid Hussain, ROOTS CHC**

Dr. Hussain addressed the board regarding Refugee and new immigrant health services to inform and advocate for funding as CHC. Background information was provided. In summary, Roots CHC was established to provide team-based health care in the community of Surrey. It started in July 2018 as a part-time centre. Roots works closely with the Muslim community; community service organizations providing services to immigrants and FH new Canadian Clinic to receive referrals.

JS responded: Thank you for making lives better in the community.

**Byron Cruz, Sanctuary Health**

Mr. Cruz addressed the Board regarding Agricultural Migrant Workers Health. Having mobile services are important for access to health care for Migrant workers. Rural CHC's are the answer for it. The use of the current models can help.

Q: How can we coordinate access for Migrant workers?

A: JS responded. We are committed and we need to be strategic in putting money where it does the most good. The board created a Community Transition Team that meets regularly to talk about what our contribution to the community can be. Everyone brings to the table what is important. It was noted that not everyone has the same access or rights. Healthcare is not working if people don't have accessibility. It is a challenge when people come here as temporary farm workers for 6-10 months of the year and are denied healthcare. It was acknowledged that it is not fair or right and it needs to be changed.

**Zarghoona Wakil, Mosaic Settlement Organization**

Addressed the board regarding the healthcare needs of cultural and newcomer communities. Described what the needs are, how a CHC model may address the issues, the role of settlement organizations and the role of cross-cultural health brokers play to address the social determination of health.

A: JS responded: Thank you for the work you do. Simon Fraser has a fairly active Health Care sector in their Health sciences area and at the last Board meeting one of the founders of REACH came and presented their theory as well as a SFU professor. We are educating ourselves on Community Health Centres, how they work, who should be involved and how should we involve people. These are all important principles for us to work through with our community partners.

Appreciation was expressed for all the comments this evening and the public was thanked for being present.