



BOARD OF DIRECTORS PUBLIC MEETING

MINUTES

October 16, 2019, 6:45 – 8:15 p.m.

Coast Tsawwassen Inn-Pacific Ballroom B&C

<u>Board</u>	<u>Staff</u>	<u>Recording Secretary</u>
Jim Sinclair (JS) Chair	Dr. Victoria Lee (VL)	Liana Kirby (LK)
Margi Blamey (MB)	Brent Kruschel (BK)	
Willie Charlie (WC)	Cameron Brine (CB)	<u>Guests</u>
Manpreet Grewal (MG)	Linda Dempster (LD)	Teresa O'Callaghan
Inderjeet Hundal (IH)	Dr. Martin Lavoie (VL)	Dr. Dan Rubin
Jessie Lehail (JL)	Laurie Leith (LL)	
Opreet Kang (OK)	Brenda Liggett (BL)	
Tom Kim (TK)	Dr. Roy Morton (RM)	
Joanne Mills (JM)	Naseem Nuraney (NN)	

Welcome

Opreet Kang welcomed members of the Public to the October 16, 2019 Public Board meeting.

A summary of the process for the public Board meeting was provided. It was acknowledged that we are conducting our business today on the unceded shared territories of the Tsawwassen and Musqueam First Nations.”

Members of the Board and Dr. Victoria Lee, President and CEO introduced themselves. MLA Ian Patton and Members of the Foundation are present.

Teresa O'Callaghan, Executive Director, Delta Hospital and Delta Health Services and Dr. Dan Rubin Site Medical Director, Delta Hospital were introduced.

3.0 PRESENTATIONS/REPORTS

3.1 Delta Community Profile

The Board received a presentation on Health Services in the Delta Community from Teresa O'Callaghan and Dr. Dan Rubin.

Highlights of the presentation included:

The Community we serve: Residents and patients from Delta and neighbouring communities. The Population of Delta is 103,675 (2017). Population of Delta is 103, 675 (2017) and expected to increase to 114,863 by 2037. An aging population (65+ years old) will be 31,229 by 2037.

Who we are: Delta Hospital supports 34, 119 emergency department visits and 3, 461 individuals with overnight care. We provide 6,500 home support hours to 190 clients at home. We support 1,762 Mental Health and Substance Use Clients and provide subsidized Assisted Living homes to 123 individuals and Long Term Care to 675 individuals.

What we're proud of: Releasing Time 2 Care, local physician engagement (quality improvement), Emergency Department model of care (patient experience), patient partners and ambulatory surgery with 4,675 procedures at Delta Hospital.

Our areas of focus: Patient centered care and patient experience, right care, right place, releasing time 2 care, surgical services, seniors care, health promotion and illness/injury prevention, youth mental wellness and primary care redesign.

Primary and Community Care: Includes 37 family doctors, 18% unattached patients, the assisted living primary care project, the primary care network and specialized community services programs.

Healthier Community Partnership: In 2019 partnerships include My Health My community, Vision Zero in November, Seniors Health Fair in October and a healthy drinking culture dialogue. 2018 included healthy schools projects in partnership with the school district and overdose community action team and community action initiative funding.

Patient-Centered Care: Examples of patient-centered care include our patient partners, music therapist, pet therapy, signage to make senior appropriate to navigate with ease.

Delta Investments: The Peter C. and Elizabeth Toigo Diagnostics Building (opening 2020), the New CT Scanner, Operating Room HVAC and Medical Device Reprocessing Expansion and medical equipment.

Our Partnerships include: Delta Hospital Auxiliary Society, Delta Hospital and Community Health Foundation, Patient Partners, Shared Care, Delta Chamber of Commerce, BC Emergency Health Services, Delta Division of Family Practice, Delta Police and Fire Rescue, City of Delta, Augustine House and Delta gymnastics.

Q: In the new diagnostic building will you have equipment you don't currently have?

A: It is massively expended space allowing us to see more people, more efficiently and there will be modernization of equipment. We will be taking over existing equipment and also adding net new. Thanks to the foundation we will also be adding a new pneumatic tube delivery system enabling faster delivery of specimens to the laboratory and Emergency Department.

Q: Is there something that can be done to prevent patients being sent to Bellingham for a specialty scan?

A: I cannot answer this question. We have the same technology. An enhanced CT scanner is in the process of being installed.

Q: Concern expressed regarding no MRI in the new diagnostics building and transferring of patients for MRIs.

A: Dr. Rubin responded. We would be happy to have a MRI at the site however the calculations do not support the provision of that particular scanner. However, I would not be surprised if that changes in the not so distant future as the community grows and ages.

In terms of stroke care, CT scanning is the accepted practice for diagnosis of stroke. MRI is not generally used for diagnosis of acute stroke.

As far as the need to transfer patients who are diagnosed with acute stroke out of Delta Hospital Emergency, currently that is standard practice and patients are sent to the stroke Neurologist at Vancouver General Hospital immediately. We have found this provides good outcomes for patients.

As to whether there could be more provision of acute stroke care at Delta Hospital, that is a possibility however you need an on call neurologist 24 hours a day and that is a limitation where we are.

Q: When stroke is diagnosed, the stop at Delta Hospital wastes time. Can the patient be directly transferred to Vancouver?

A: It is not standard procedure to bypass Emergency.

A: Dr. Lee noted that if there is identification of a patient that is potential or highly likely a stroke patient, we do have current practices and processes in place to divert people to stroke centres or stroke sufficient hospitals in Fraser Health or to Vancouver. The

challenge is that it is not easily identifiable from the time the patient is picked up to the time they get to Emergency. As much as possible, we work with BCHES to move patients where stroke services are inherently available.

Q: It was mentioned in the presentation that UTI is an area of focus. What initiatives have you taken to address this?

A: We are focussing on personal hygiene for individuals, Foley catheters are not put in where they are not needed, and there is focus on diagnosis and treatment. We are finding that we are generous with what constitutes a urinary tract infection and we are potentially over treating or over diagnosing. We are doing some concentrated chart audits to determine if we have a documentation and definition issues or if we have an actual infection and clinic issue. We have teams on the front line working on this and this is a QI project that will remain a focus until we are confident our patients are not suffering from urinary tract infections and we are not causing them.

Q: What is the procedure for UTI at Care Homes?

A: At Mountainview manor it is exactly the same.

3.2 President and CEO Report

Opreet Kang introduced Dr. Victoria Lee.

The President and CEO thanked everyone for coming and presented information on the Delta community, patient centered care, partnerships, and shared information on teams that provide care to our patients.

Highlights

- Fraser Health is the second largest health authority in the country in terms of the population we serve which is 1.8 million people across the region.
- The health services we provide is wide ranging from public health to acute health services to long term care services.
- The community of people that serve our patients include 26,000 clinical staff, 6000 volunteers and almost 3000 physicians.
- 30 per cent of people who work in Delta, live in Delta (approximately 700 people) and Fraser Health is the largest employer in the community.
- Fraser Health has invested approximately \$30 million dollars in enhancements and additions. Most recently, with the Foundation's contributions of 7.5 million, the new diagnostic center is opening. Also noted is the development of the re-development master plan for the site. The auxiliary was acknowledged for their significant role.
- Examples of connected care were provided i.e. being in 30-45 minutes proximity from larger centers that can provide specific care.
- Work with the divisions, and other partners and First Nations committees around primary care networks, improving community care and providing access to specialty care.
- A patient story was shared. A 20-year veteran of the RCMP wrote in to tell us about a visit they had to the Delta Hospital Emergency Department in July. They arrived in critical condition with heart trouble and wanted to thank the staff at Delta Hospital for "saving their life... with the utmost care and professionalism." With "great respect and appreciation" to all involved, they went on to say that "we in the public service should all strive to conduct ourselves to the level of which [they] observed and received from the staff in the ER."

Stories like this remind us that people are at the heart of the health care system and are the reason why we are here today.

- Fraser Health Teams were acknowledged for providing care to the best of their ability every day. We look for opportunities to celebrate our people by getting to know them and what inspires them.

People like Brian Sung, a Clinical Practice Leader for Audiology who helps identify hearing loss in children. Brian speaks English as a second language and as a child had a stutter. He overcame that with the help of a speech language pathologist and the experience inspired him to get into the field himself. Now Brian lives in North Delta and helps children and youth in our community. He says the best part of his job is the moment a baby or child starts looking around for sounds after getting hearing aids.

Marilyn Chan, a Spiritual Health Practitioner at Delta Hospital. Marilyn was a pastor for 20 years and defines spirituality as anything that brings your life meaning. When someone is facing a health crisis, Marilyn helps them access spiritual resources so they feel empowered and hopeful.

We receive a lot of wonderful feedback from patients and families that have been taken care of by our care teams and these notes and comments mean so much to all of us. We read them, we share them and we appreciate it. It's a testament to the incredible work that is taking place.

Executive Team, Dr. Rubin, and Teresa were acknowledged for their Leadership and commitment in this community as well as staff, volunteers and community partners.

**PUBLIC PRESENTATION/QUESTION AND ANSWER PERIOD
OF FRASER HEALTH PUBLIC BOARD MEETING
October 16, 2019**

PRESENTATIONS

The Public Board meeting provides a forum for members of the public to make presentations 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.

Members of BCGEU: Scott De Long, Florentina Kelly and Rick Consalvi presented statements regarding the repatriation of community health workers.

Mr. De Long applauded the Fraser Health Authority regarding the repatriation of community health workers who provide care to seniors. Fraser Health Authority are absorbing these workers through a transfer agreement. Excitement was expressed for delivering a new model of care and noted efficiencies in scheduling will be phenomenal. The transfer means better care in conditions for seniors, Jan Stockford of Fraser Health Authority was recognized for being collaborative and informative. Thanks you, keep up the honorable, transparent and inclusive work with us.

Florentina Kelly is a community health worker and noted that most community health workers have 2 to 3 jobs. This transition will give us better scheduling, guaranteed paid hours. Thank you.

Rick Consalvi is the Provincial Executive Member for the BCGEU representing the community health services. We stand in unwavering support in regard of this transfer of home support workers from the private sector to the health authority. We hope to obtain the delivery of team based care to patients, improved scheduling efficiencies, address the impact of recruitment retention concerns, the regularization of home care workers, increasing benefitable positions for workers, and reduction of cost to the tax payers. I would like to thank Fraser Health Authority for opening up this forum for us to share our success and we thank you for your support.

Opreet Kang responded. Thank you. It's a rare occasion and is certainly nice to receive praise Our leadership teams have put in a lot of work with respect to this and it would not be possible without teamwork. We have a shared goal to ensure the patients are taken care of and that will certainly continue to be the case. It is important that those that care for our patients are also cared for. Thank you for the presentation and thank you to everyone who is ensuring this is a smooth transition.

Q: Robin Gardner provided a presentation regarding a proposed memorial fund. Mr. Gardner shared a personal story and medical history for both himself and his wife at Delta Hospital. He noted that the MRI he required was done at Royal Columbian Hospital because this capability does not exist at Delta Hospital and unfortunately, the new diagnostic center will also lack an MRI. This was not supported despite the aging population, frail elderly and most recently, considerable growth in the community. With noted personal connection to Delta Hospital it was proposed to the Delta Hospital Foundation that we establish the Marion Price and Betty Gardner Memorial Fund after both of our mothers who were remarkable pioneering woman.

A: Dr. Lee responded: Thank you for your thoughtful commentary and proposal. We enjoy hearing perspectives on what are the necessary services in the community. In terms of MRIs we have gone from having 7 MRI's in the whole of Fraser Health Region to 12. We have added 5 additional MRIs in the last couple of years. With that, we have decreased our wait times by 48 per cent and have added additional scans each additional year of 10, 000 and 12, 000. A great amount of focus and targeted effort has gone into expanding access to MRIs with extended hours in the evenings and over weekends, as well as a central process for improving wait times. There is significant work in that area and I'm happy to look at what more we can do. I suggest you have a conversation with Brenda Liggett, and we can follow-up with some of the opportunities.

Q: Marg Kenneth. Thank you for this opportunity. My Mother in long term care for 17 months and saw the deficits there. When are shovels going in the ground for residential complex care? I understood that Mountain View manor was going to be expanded imminently.

A: We have engaged in conversation to develop a business plan of having long term care redevelopment. We have also engaged with the Ministry on priority capital and operating projects. In terms of timeline to actually break ground, we are still going through approvals before we can commit to that. We certainly commit to doing more in long term care as fast as we can but also need to secure the funds to do so.

There is a growing need for long term care, assisted living facilities as well as a growing seniors population that we need to be prepared for. One option is building but another area that we have expanded is supporting people longer in the community.

Q: Mr. Ernie Tobin: Mountainview home project has been going on for years and we never get anything concrete from any government level to tell us when it's going to happen?

A: Dr. Lee responded: I certainly appreciate your frustration. We feel the same way sometimes in terms of some of the projects and priorities. There is a process we undergo when there are needs in the community, which begins with developing a business case and going through our own process as well as Government process to get approval for resources. The step we are at is to access funding through provincial approvals to ensure we can move forward. I don't have a specific timeline but I am committed to following up on the status with the Ministry.

Q: Dr. Jennifer Rogerson, Family Physician in Ladner for 17 years and Vice Chair for the Division of Family Practice in Delta. With the increasing population and ongoing transportation challenges, I wonder what the Board's plans are for providing patients with equitable and locally accessible services to medical care and speciality care. South Delta is desperately lacking specialty care. Frail elderly are having to be transferred and this is becoming unrealistic. The burden on families is getting out of control. You need to look at how you build a community and community of services that will attract speciality physicians. I think it's a big picture issue that is important for the Board to look at.

A: Dr. Lee responded: We are working on the specialty services with SCSP. This is one of the opportunities to better connect primary care and community care and specialized services in specific areas. There is also quite a bit of work on what we can do virtually. Prohibitive factors include getting a speciality physician relocated for a number of days. There are similar concerns in Chilliwack and Hope. When we are faced with challenges, it's often the Local leads that come together for solutions.

A: Opreet Kang responded: Thank you for your input. The Board does need that big picture lens for both community and region wide.

Q: Gail Bell: What the Board is able to do when the values the patient has don't mesh with the values the system is expressing as it relates to liability or insurance. Surrey Memorial has a pain clinic with a 3 year waiting list. There is an office based clinic run by a semi-retired physician performing ultrasound guided injections. Going forward, physicians may not be able to continue this office based practice because procedures are required to be done in a hospital setting. At least one study has shown that outcomes are identical and infection rates are lower in an office setting. What can you do when patient values and system values conflict?

A: Laurie Leith, VP responded noting that there is Ministry legislation to review pain clinics and we are currently in process of determining how many service providers there are and better understand the volume.

A: Victoria Lee noted that we certainly don't want to limit or prohibit service. There probably is concern around quality or accreditation but we need to ensure we balance this with access to care. We will take your feedback to the Ministry and ensure we are not impacting access negatively.

Q: Mr. Ed Gilbert: Expressed concerns regarding access to the Cardiac Rehab Program. Personal story was shared. It was noted a letter was written to Dr. Lee however a response has not yet been received. There has been very little, if any, communication to participants about the program. Mr. Gilberts understanding is that the participants fund the program directly. It was noted that this is a referred program by a physician and is part of the prescription. We have had no contact from Fraser Health. Please task someone to work with us.

A: Dr. Lee apologized not realizing a letter had not been responded to. Thank you for expressing your concerns and I assure you I take them seriously and will connect you with Teresa O'Callaghan who has been leading some of the background work in the area you've mentioned. I will follow-up to ensure I close the loop with a letter as well.

Appreciation was expressed for all the comments this evening and the public was thanked for being present. The next public meeting will be in February and information is on our website.