MINUTES OF MEETING

Joint Regional Hospital District – Interior Health Meeting

Wednesday April 11, 2018

REGIONAL HOSPITAL DISTRICT ATTENDEES:

Cariboo Chilcotin Regional Hospital District (CCRHD)

Bob, Simpson Chair

Central Okanagan Regional Hospital District (CORHD)

Gail Given, Chair, Marilyn Rilkoff, Director of Financial Services

Kootenay East Regional Hospital District (KERHD)

Dean McKerracher, Chair, Shawn Tomlin, Chief Administrative Officer (via video)

North Okanagan / Columbia Shuswap Regional Hospital District (NOCSRHD)

Rhona Martin, Chair, Charles Hamilton, Chief Administrative Officer

Okanagan Similkameen Regional Hospital District (OSRHD)

Michael Brydon, Chair, Judy Sentes, Vice-Chair

Thompson Regional Hospital District (TRHD)

Ken Christian, Chair, Sukh Gill, Chief Administrative Officer

West Kootenay Boundary Regional Hospital District (WKBRHD)

No representative attended

INTERIOR HEALTH ATTENDEES:

Doug Cochrane, Board Chair

Chris Mazurkewich, President & CEO

Jenn Goodwin, VP Communications & Public Affairs

Norma Malanowich, VP Clinical Support Services & Chief Information Officer

Anne Marie Visockas, VP Health System Planning, MHSU & Residential Services

Brent Kruschel, Chief Project Officer & Corporate Director Capital Planning

Lorne Sisley, Director Capital Projects

James Kinakin, Director, Business Support, MHSU, Res Care, HSP & SIM

Darold Sturgeon, Corporate Director, Financial Services

Dan Goughnour, Director, Business Support - Clinical Operations (Central)

Todd Mastel, Director, Business Support, Clinical Support/Medicine (present via video)

Carmen Gudljek, Board Resource Officer (Recorder)

INTERIOR HEALTH GUESTS:

Rae Samson, Administrator, Practice, Quality and Substance Use Services

Jason Giesbrecht, Executive Director, Primary & Community Care Transformation

	Item	Discussion	Action
1.0	Approval of Agenda	The agenda was approved as presented.	
1.1	Approval of Minutes	The meeting minutes of October 18, 2017 were approved as presented.	
2.1	Introductions	IH Board Chair Doug Cochrane introduced himself and welcomed attendees to the meeting.	
2.2	Interior Health Update	IH CEO Chris Mazurkewich provided an update on activities since the Fall IH-RHD meeting. Highlights included: <u>Interior Health's Strategic Direction and Update on the 6 Key Strategies</u> 1. Primary & Community Care Transformation (refer to item 2.6) 2. Mental Health & Substance Use Care: - 73 beds, plus 15 day treatment beds – many staff were needed to be recruited. IH is having difficulty hiring MHSU skilled professionals given the expansion of services over the past few years for example. - Overdose deaths were 4 times higher in 2017 than in 2015. Overdose deaths continue to grow in the Okanagan however in Thompson Nicola saw a leveling off. Discussion points (refer to item 2.5). 3. Complex and Frail Older Adult Care - Seniors Centres have opened in Kelowna and Kamloops. - Spikes in ALOS days are related to the seniors' population. At Royal Inland Hospital for example, the average length of stay is 12 days, where other sites the average length of stay is 7 days. IH needs to better understand why this is happening. 4. Surgical Services - We are making progress in the right direction on waitlist reduction. - A new OR is opening in Vernon.	.

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		Discussion points included: - J. Sentes noted that in Penticton, some of their residents are waiting 2 years for a concurrent bilateral hip replacement surgery. How can we address this and can services be accessed in Calgary if there is capacity? She further noted she attended a presentation by Dr. Bell who indicated that he needs more training to do concurrent bilateral hip replacement surgery. - C. Mazurkewich noted that we are measuring individual specialist's procedure specific wait times and managing the waitlist. Specialists should be referring patients if they cannot perform a procedure. It would be unusual for Calgary to accept our patients for elective scheduled operations. 5. Aboriginal Health IH is working on a number of initiatives related to the health and wellness of our Aboriginal population. 6. Health & Safety in the Workplace IH has made a number of investments to mitigate violence in the workplace. Some examples include hiring of additional security personnel and implementation of the Client Services Ambassador program at Kelowna General, Royal Inland and Vernon Jubilee Hospitals. <u>Board of Directors Update</u> IH is at a historical complement of 9 board members, with new board members that were appointed within the last 6 months. The nine board members have a mixed skill set, with broad levels of knowledge and backgrounds, and come from different communities from across the Interior. <u>Wildfires 2017 – Recommendations</u> As a result of the wildfires in 2017, a number of recommendations came forward from the 2017 BC Health System Wildfire Response – After Action Report. The draft report will provide insight not only to wildfires but other environmental issues such as mudslides and floods. Discussion points included:	

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		- B. Simpson noted issues with the Northern fires and the evacuations that impacted the frail seniors' population. C. Mazurkewich added that there were learnings as a result, particularly around protocols and who makes the call to evacuate. There were also issues with the evacuation process for First Nations communities. - K. Christian reported that Kamloops and Prince George accepted evacuees and some did not return to their communities but stayed in Kamloops. We would need the province to track how this has impacted the utilization of health and social services. - D. McKerracher noted we need to be able to track or have lists of people living in the community who will/could need help in a disaster, for example some are living on their own and need oxygen and medications. An updated list would be helpful during an evacuation.	
2.3	Capital Planning Update	Brent Kruschel outlined Interior Health's Capital Planning Objectives. Highlights included: - Capital Planning and alignment with the Ministry of Health (MoH). - Major Capital Approval steps and process to get MoH approval to proceed with a business plan. - Funding and allocations. - Procurement options and clarification on DBFM (Design, Build, Partially Finance, Maintain), and DB (Design, Build). - Key risks and making the right investments for tomorrow. - Key drivers for capital investment. - Review of Priority A and B lists. Discussion points included: - How the decision is made at the provincial level including Treasury Board and how community lobbying can assist in moving a project forward. A unified approach (IH and community) is important to move project requests forward. - B. Simpson noted continuing issues of health capital funding in the lower mainland compared to	

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		the rest of the province, as well the North West Regional Hospital District only committed 30% to the proposed new hospital. C. Mazurkewich responded that there continue to be concerns with this funding allocation. The funding was negotiated by the government, not the health authorities. The primary difference in the Lower Mainland is that municipalities don't contribute to capital health care costs, instead they are supposed to contribute 100% to transportation infrastructure. In the Interior, the taxpayer through the RHD contributes 40% towards capital and other health care costs. B. Simpson further noted that their hospital board has submitted a letter to Minister Dix re: funding requirements for health capital. - M. Brydon asked if IH is seeing efficiencies in access to services with more investments in IMIT. C. Mazurkewich noted Telehealth as a prime example of where we are seeing efficiencies. With Telehealth we can effectively provide outreach services to rural areas such as in Lillooet. Our Thoracic surgery team will be providing an update to our Board on April 17 on their Telemedicine Program. IMIT projects are difficult to fund and we need to create opportunities for the Districts to have input into these discussions. - D. McKerracher requested clarification related to maintenance costs for procurement option DBFM. B. Kruschel noted that provisions are built into the contract as part of the life cycle schedule providing cost certainty. - Designing facilities to meet the needs of communities and the population in those communities.	
2.4	Upcoming Municipal Election & Fall Meeting	The next RHD-IH joint meeting will take place after the municipal elections.	C. Gudljek to canvass for a date after October 20.
2.5	Addiction Service Continuum to Meet Population	Rae Samson provided an overview of the Addiction Service Continuum to meet population needs. Highlights included:	

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	Needs	- Overview of substance use disorders. Rates of substance use disorders are higher than the rates of mood disorders. - Three Pillars approach to MHSU include reducing stigma, accessibility of services, and integrating services across the continuum. - The treatment continuum has 5 tiers and highlights that IH and communities need to understand how services and supports along the continuum of care are organized and relate to one another. - Innovations include: (a) prototyping a 7 day/week service at the Royal Inland Hospital Emergency Department, (b) Car 40 - an RCMP/Nurse ride along program, (c) working with the BC Centre for Substance Use and the Ministry of Health on implementing drug checking services in communities. Drug checking for Fentanyl will be available to target specific events such as music festivals, safe injections sites, etc. Discussion points included: - Harm reduction is it doing more harm than good? R. Samson explains that there are misconceptions around harm reduction. The IH mandate is to provide a health and engagement service, we cannot impose anything broader such as law enforcement. Patients that use supervised consumption sites are part of the community. There is no correlation between those with predatory behaviours and drug dependency. We need to determine what the problems are and how best to respond. - K. Christian noted that the harm reduction approach was first introduced as a form of communicable disease control, and we need to look at this again in its entirety. Are we aiding and abetting unacceptable behavior. The police are telling us that users are looking for Fentanyl specifically. He further noted that the Coroner's report also tells us that contributing to the issues are those that are leaving corrections facilities without the proper supports in place. Accidental needle stick injuries are occasionally happening in communities as a result of user	

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		discarded supplies. It was expressed that our efforts are losing the confidence of communities and the public R. Samson noted that we need to have multiple approaches, and there are successes with the Kamloops model. Evidence tells us that providing needles is the right approach to reduce harm. - R. Martin added to the comments around correctional facilities and that the people being released are dropped off at the bus depot. This allows users to access drugs and increase relapse and the risk of fatal overdose. The correctional facilities need to look at this practice further, and ensure supports are in place prior to release. There is also the issue of centralized services. Without the proper services in each community, those with addiction issues will not be able to continue on to a path of success if they aren't able to get to the larger centres where most of the services are centralized. R. Samson noted that it is important to have corrections representatives on community action teams. Additional resources have been put into rural communities where there has been an increase in overdose deaths. - G. Given reported that the City of Kelowna is experiencing significant individual behavioral challenges related to opioid use and homelessness, particularly in the downtown core. The BC Housing temporary emergency shelter has led to the significant challenges which will increase if the shelter becomes permanent. The City has put processes into place and nothing seems to be working to manage the situation. There are people in the downtown core, particularly on Leon Avenue and at the bus station displaying aggressive behaviours, which is impacting public safety. Community tolerance is waning and the City is expecting businesses will leave which will have a negative impact on the community. She pleads on behalf of the City that a more effective approach is needed.	

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		K. Christian reported that in Kamloops they had 6 overdose deaths in one week. He added to G. Given's comments about waning community tolerance that is resulting in "compassion fatigue". C. Mazurkewich noted that many treatment facilities do not follow evidence based practice for opioid addiction. Many of the overdose deaths are not homeless related as per the recent Coroner's report. The majority of deaths are occurring in private residences, not amongst the homeless population. The homeless problem is an issue that BC Housing needs to deal with. The behaviors that put public safety at risk need other approaches. - R. Martin referenced the UBCM meeting last fall where a presentation was made on the direct connection between individual (often early childhood) trauma and addiction.	C. Mazurkewich to circulate the Coroner's Report.
2.6	Primary & Community Care Transformation	Jason Giesbrecht provided an overview of Primary & Community Care Transformation. Discussion points included: - The reasons for transformation are due to: fragmented care delivery, need for increased efficiency, changing workforce, population needs. - The Ministry of Health is working on developing policies to help us guide this work. There are 24 policies in total. - Proof of concept initiatives include: • Kamloops – North Shore Science Centre which includes primary care and specialized services; and the Northhills Centre which focuses on frail seniors that have complex medical programs. • Central Okanagan Mental Wellness Centre located at the Kelowna CHSC. This is an integrated wellness clinic for adults that include both primary care and mental health and substance use care. • Grand Forks – Kettle Valley – investments have been made in hiring additional staff in primary care practices to improve access. A co-op has been established between local GPs, Divisions of Family Practice and	

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		IH to hold funds and hire staff. • Seniors Health and Wellness Centres have been established in Kamloops and Kelowna, with the development of Centres in Revelstoke and Salmon Arm underway. - System Transformation: Wave One includes Summerland and Penticton and Wave Two includes the Kootenay Boundary area. - Next steps – bring an update to the RHD. Discussion points included: - New fee codes are coming to support team based care. The physicians are paid fee for service and pay a percentage for overhead costs, while other staff is paid a salary. - How we shift from the current state to the future? The focus is on local communities and there will be opportunities for governments at the local level to be involved.	J. Giesbrecht to bring forward an update to the group at the fall meeting.
2.7	A Digital Wave is Coming. How Do we Prepare?	This presentation was deferred.	
3.0	Items for Information	Included in the package for information.	
4.0	Roundtable	The RHDs acknowledged Chris Mazurkewich for his significant contributions to Interior Health and the residents of the Interior region. Mr. Mazurkewich is retiring at the end of October.	