



# Alberni-Clayoquot Regional Hospital District

## BOARD OF DIRECTORS MEETING WEDNESDAY, NOVEMBER 9, 2016

Regional District Board Room, 3008 Fifth Avenue, Port Alberni, BC

### AGENDA

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	PAGE #
<b>1. <u>CALL TO ORDER</u></b> <i>(immediately following the ACRD Board Meeting)</i>	
<b>Recognition of Traditional Territories.</b>	
<b>2. <u>APPROVAL OF AGENDA</u></b> <i>(motion to approve, including late items requires 2/3 majority vote)</i>	
<b>3. <u>ADOPTION OF MINUTES</u></b>	
a. <b>Board of Directors Meeting – October 12, 2016</b>	<b>3-6</b>
<i>THAT the minutes of the Alberni-Clayoquot Regional Hospital District Board of Directors held on October 12, 2016 be adopted.</i>	
<b>4. <u>PETITIONS, DELEGATIONS &amp; PRESENTATIONS (10 minute maximum)</u></b>	
<b>5. <u>CORRESPONDENCE FOR ACTION</u></b>	
a. <b>REQUEST FOR LETTER OF SUPPORT</b>	<b>7-8</b>
Alberni-Clayoquot Continuing Care Society (ACCCS), November 4, 2016 requesting a letter of support for ACCCS’s proposal to provide 12 additional residential care beds at Fir Park Village and a secured dementia unit at Echo Village.	
Possible Motion:	
<i>THAT the Alberni-Clayoquot Regional Hospital Board of Directors forward a letter of support to the Alberni-Clayoquot Continuing Care Society for their proposal to provide 12 additional residential care beds at Fir Park Village and a secured dementia unit at Echo Village.</i>	
<b>6. <u>CORRESPONDENCE FOR INFORMATION</u></b>	
<b>7. <u>REQUEST FOR DECISIONS &amp; BYLAWS</u></b>	

- a. **Request for Decision**  
Letter to Island Health – Hospice Beds

**9-24**

*THAT the Regional Hospital District Board of Directors request a meeting between the Regional Hospital District Chair, Penny Cote, and Island Health representative, Dr. Wendy Johnsen, Medical Director, regarding the End of Life Program in our region.*

- b. **Request for Decision**  
Hospital District Warrant No. 493

**25-26**

*THAT the Alberni-Clayoquot Regional Hospital District Board of Directors approve Finance Warrant Number 493 in the amount of \$82,748.26 dated October 31, 2016.*

**8. REPORTS**

- a. Bamfield Health Centre – K. Wyton
- b. Alberni-Clayoquot Continuing Care Society – J. McNabb
- c. Island Health Capital Planning Committee – P. Cote
- d. West Coast Native Health Care Society – P. Cote
- e. Tofino General Hospital – J. Osborne/D. St. Jacques
- f. Alberni-Clayoquot Health Network – P. Cote/M. Ruttan
- g. Other Reports

*THAT the Regional Hospital Board of Directors receives reports a-g.*

**9. UNFINISHED BUSINESS**

**10. LATE BUSINESS**

**11. QUESTION PERIOD**

**12. ADJOURN**



# Alberni-Clayoquot Regional Hospital District

## MINUTES OF THE BOARD OF DIRECTORS MEETING HELD ON WEDNESDAY, WEDNESDAY, OCTOBER 12, 2016

Regional District Board Room, 3008 Fifth Avenue, Port Alberni, BC

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### **DIRECTORS**

#### **PRESENT:**

Penny Cote, Chairperson, Electoral Area "D" (Sproat Lake)  
Josie Osborne, Vice-Chair, Mayor, District of Tofino  
Keith Wyton, Electoral Area "A" (Bamfield)  
Mike Kokura, Electoral Area "B" (Beaufort)  
Tony Bennett, Electoral Area "C" (Long Beach)  
Pam Craig, Alternate Director, Electoral Area "E" (Beaver Creek)  
Lucas Banton, Director, Electoral Area "F" (Cherry Creek)  
Jack McLeman, Councillor, City of Port Alberni  
Ron Paulson, Councillor, Alternate Director, City of Port Alberni  
Dianne St. Jacques, Mayor, District of Ucluelet  
Alan McCarthy, Member of Legislature, Yuułu?it?ath Government  
Wilfred Cootes, Councillor, Uchucklesaht Tribe Government  
Kirsten Johnsen, Member of Council, Toquaht Nation  
Noah Plonka, Alternate Director, Member of Council, Toquaht Nation

#### **REGRETS:**

Mayor Mike Ruttan, City of Port Alberni  
John Jack, Councillor, Huu-ay-aht First Nation  
John McNabb, Director, Electoral Area "E" (Beaver Creek)

#### **STAFF PRESENT:**

Russell Dyson, Chief Administrative Officer  
Andrew McGifford, Manager of Environmental Services  
Teri Fong, Manager of Finance  
Mike Irg, Manager of Planning and Development  
Wendy Thomson, Manager of Administrative Services

### **1. CALL TO ORDER**

The Chairperson called the meeting to order at 3:41 pm.

The Chairperson recognized the meeting this afternoon is being held in the Tseshaht First Nation and the Hupacasath First Nation Traditional Territories.

### **2. APPROVAL OF AGENDA**

*MOVED: Director Bennett*

*SECONDED: Director McCarthy*

*THAT the agenda be approved as circulated.*

**CARRIED**

**3. ADOPTION OF MINUTES**

**a. Board of Directors Meeting – September 14, 2016**

*MOVED: Director Kokura*  
*SECONDED: Director Bennett*

*THAT the minutes of the Alberni-Clayoquot Regional Hospital District meeting held on September 14, 2016 be adopted.*

**CARRIED**

**4. PETITIONS, DELEGATIONS & PRESENTATIONS**

**5. CORRESPONDENCE FOR ACTION**

**6. CORRESPONDENCE FOR INFORMATION**

**a. Island Health**

News Release – Request for Proposals issued for Port Alberni – West Coast residential care beds.

*MOVED: Director Bennett*  
*SECONDED: Director McLeman*

*THAT this correspondence be received for information.*

**CARRIED**

**7. REQUEST FOR DECISIONS & BYLAWS**

**a. Request for Decision regarding Finance Warrant No. 492.**

*MOVED: Director Bennett*  
*SECONDED: Director St. Jacques*

*THAT the Alberni-Clayoquot Regional Hospital District Board of Directors approves Finance Warrant Number 492 in the amount of \$81,031.62 dated September 30, 2016.*

**CARRIED**

**8. REPORTS**

**a. Bamfield Health Centre – K. Wyton**

Director Wyton reported on a meeting held at UBCM with Ministry of Health representatives regarding the proposed location of the heli-pad in Bamfield.

**b. Alberni-Clayoquot Continuing Care Society – J. McNabb – No Report**

**c. IH Capital Planning Committee – P. Cote**

- October 7, 2016 Meeting

The Chairperson reported on the IH Capital Planning meeting held on October 7<sup>th</sup> in Nanaimo.

*MOVED: Director Bennet*

*SECONDED: Director McLeman*

*THAT the ACRHD Board of Directors forward a letter to Island Health asking why the Alberni-Clayoquot Region is not being considered for additional hospice beds given the need in the region.*

**CARRIED**

**d. West Coast Native Health Care Society – P. Cote**

The Chairperson reported an open house was held recently on their expansion project.

**e. Tofino General Hospital – J. Osborne/D. St. Jacques**

Director Osborne reported that Island Health is coming to Tofino next week to conduct a community meeting regarding re-establishment of helipad.

**f. Alberni-Clayoquot Health Network – P. Cote/M. Ruttan**

They provided a brief update on the Network. They have a meeting next week and will be putting out a request for table of partner applicants within next few weeks.

*MOVED: Director McLeman*

*SECONDED: Director Craig*

*THAT the Regional Hospital Board of Directors receives reports a-f.*

**CARRIED**

**9. UNFINISHED BUSINESS**

**10. LATE BUSINESS**

**11. QUESTION PERIOD**

**12. ADJOURN**

*MOVED: Director McLeman*

*SECONDED: Director Craig*

*THAT this meeting be adjourned at 3:57 pm*

**CARRIED**

Certified Correct:

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Penny Cote,  
Chairperson

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Russell Dyson,  
Chief Administrative Officer

**From:** john mcnabb [<mailto:pard54@hotmail.ca>]  
**Sent:** Friday, November 04, 2016 10:26 AM  
**To:** Wendy Thomson <[wthomson@acrd.bc.ca](mailto:wthomson@acrd.bc.ca)>  
**Subject:** Fwd: ACRD support for the addition of 12 long term care beds to Alberni West Coast area

Hi Wendy  
Can you please find a way to get this in front of board..Wednesday.  
John McNabb

Begin forwarded message:

**From:** Joe McQuaid <[jmcquaid@acccs.ca](mailto:jmcquaid@acccs.ca)>  
**Date:** November 4, 2016 at 10:12:36 AM PDT  
**To:** john mcnabb <[pard54@hotmail.ca](mailto:pard54@hotmail.ca)>  
**Subject:** **ACRD support for the addition of 12 long term care beds to Alberni West Coast area**

Hi John,

Would you please endorse or forward the attached document to the ACRD Board?  
We would like the signed document returned as soon as possible as we're finalizing our RFP response to Island Health.  
The attached document is a template; feel free to edit and change the content. Thank you once more for your support.

Regards,

*Joe*

Attn: Joe McQuaid  
Executive Director  
Alberni-Clayoquot Continuing Care Society  
4411 Wallace Street  
Port Alberni, B.C.  
V9Y 7Y5

**RE: Residential Care Beds per Request for Proposals**

As \_\_\_\_\_, I am writing a letter of support for the Alberni-Clayoquot Continuing Care Society's (ACCCS) proposal to provide 12 additional residential care beds at Fir Park Village and a secured dementia unit at Echo Village. This proposal is ACCCS's response to an Island Health's Request for Proposals.

The number of seniors in the Alberni Valley is growing, as is the need for more spaces that serve the most fragile members of our society. The ACCCS's proposal to increase its accessibility to the surrounding community endeavors to meet these issues, thereby lessening demands on the health services i.e. West Coast General Hospital by providing more services for those in need of long-term care.

This proposal follows the ACCCS's legacy of caring for the Alberni Valley's seniors. Increasing the Society's bed capacity will allow more residents to continue living in their community near their families as they advance in years. In summary, I applaud the plans to outfit Echo Village with a Dementia Care Unit and to expand Fir Park Village's care capacity. I would hope that ACCCS garners VIHA support for the initiatives.

Yours Truly,



3008 Fifth Avenue, Port Alberni, B.C. CANADA V9Y 2E3

Telephone (250) 720-2700 FAX: (250) 723-1327

**To:** Regional Hospital District Board of Directors

**From:** Teri Fong, CPA, CGA, Manager of Finance

**Meeting Date:** November 9, 2016

**Subject:** Letter to Island Health – Hospice Beds

**Recommendation:**

That the Regional Hospital District Board of Directors request a meeting between the Regional Hospital District Chair, Penny Cote, and Island Health representative, Dr. Wendy Johnsen, Medical Director, regarding the End of Life Program in our region.

**Summary:**

At the October 12, 2016 Regional Hospital District Meeting Director Cote provided a verbal report of the Island Health Capital Planning meeting that was held on October 7, 2016. The report included Island Health's plan to enhance End of Life services by increasing the number of hospice beds on the island but that none of the new beds are located within our Regional Hospital District. At the Hospital District meeting the following motion was passed:

*THAT the ACRHD Board of Directors forward a letter to Island Health asking why the Alberni-Clayoquot Region is not being considered for additional hospice beds given the need in the region.*

Attached to this memo is an Island Health's press release dated August 8, 2014 that outlines their plan of increasing the number of hospice beds as well as a related End of Life Program Priorities Update from June 2014. The release explains the different considerations in developing the plan and also shows that the location of the 11 hospice beds to be added in 2019/20 has yet to be determined.

Staff recommend that the Regional Hospital District Chair meet with local Island Health representative, Dr. Wendy Johnsen, to discuss the shortage of hospice beds in the area and the rationale for their plan. Then a letter can be sent to Island Health based on their present policy and plans.

Submitted by: \_\_\_\_\_

Teri Fong, CPA, CGA, Manager of Finance

Approved by: \_\_\_\_\_

Russell Dyson, Chief Administrative Officer


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[Island Health's updated plan further enhances End of Life services](#)

## Island Health's updated plan further enhances End of Life services

August 8, 2014

ISLAND WIDE – Updated end-of-life priorities, developed by Island Health in collaboration with hospice societies and other community partners, will bring a range of high-quality services and supports to individuals and families dealing with end-of-life care and issues.

"When a loved one is nearing the end of their life's journey, our government wants to ensure compassionate care supports are in place," said Health Minister Terry Lake. "This includes a range of community and facility-based services, delivered in partnership by health care professionals, hospice societies and community organizations as well as our government's commitment to double the number of hospice spaces in B.C. by 2020."

[Island Health's updated end-of-life priorities](#) outline a variety of enhanced services that are designed to meet the different medical, psycho-social, emotional and spiritual needs that clients and their families face when dealing with, and planning for, end-of-life care.

"The ability to deliver compassionate, timely and appropriate services to patients with a variety of medical needs and personal preferences is a key priority for Island Health," said Dr. Leah MacDonald, Medical Director for the End of Life program. "We are extremely pleased to be partnering with community organizations including hospice societies, physicians and other clinical experts to expand and improve our end-of-life care services."

Hospice societies across Vancouver Island are working with their communities to develop quality care now and into the future, according to Gretchen Hartley, Regional Director of the BC Hospice Palliative Care Association.

"We are excited to be working as part of the team that includes Island Health, physicians and community care teams to deliver holistic palliative care to patients and their families," said Hartley. "These programs and services will allow patients and their families more choices about how and where they receive end of life care."

Island Health's updated priorities outline a hospice bed plan that will double the number of hospice beds from the current 32 to a total of 64 by 2020, as part of the provincial plan.

Island Health's End of Life program will be working closely with community partners, physician groups and the community hospice societies to open hospice beds across Vancouver Island between 2015 and 2019, including:

- Six beds in the Comox Valley
- Five beds in Oceanside
- Two beds in Sooke
- Three beds in Campbell River
- Four beds in Cowichan Valley
- One bed in Mt. Waddington
- A further 11 beds will be implemented in 2019/20 with Nanaimo, the Gulf Islands and Victoria as priority areas.

"The hospice bed plan is a significant investment in end of life care services," said Don Hubbard, Island Health Board Chair. "A number of considerations – including demographic projections, where hospice services are currently available and access to regional hospital-based palliative services – went in to developing this plan."

Work will continue to enhance the range of end-of-life services in partnership with the provincial government, other health authorities, hospice societies, Divisions of Family Practice and other partners.

For more information on Island Health's end of life program, go to [http://www.viha.ca/pal\\_eol/](http://www.viha.ca/pal_eol/).

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### South Island Media Inquiries

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**island health**

*END OF LIFE*

*PROGRAM*

*PRIORITIES UPDATE*

June 2014

## Background:

Every year, approximately 6,000 people die of natural causes on Vancouver Island. How people who are dying choose to spend their last few weeks or days is a deeply personal choice as well as a factor of their care needs. Based on 2011 data, within Island Health's service area people die in the following locations:

- Home with support from Home and Community Care: 19%
- Residential Services: 27%
- Acute Care (Hospital): 45%
- Palliative/Hospice: 7%
- Other: 2%

High quality End of Life care is important to everyone dealing with End of Life, including individuals and their families living with end stage cancer, dementia, and significant chronic diseases. Dying within the region served by Island Health mirrors the patterns of how and where people die across Canada in that, generally, access to care and the type of care received, depends on where you live. Unfortunately, many people who are dying may end up in acute care during the last weeks of life when that is neither their care preference, nor their care need. Ensuring that clients have access to a full range of End of Life (EOL) services, including hospice palliative care, can ensure that clients and families coping with EOL issues and care have the appropriate and preferred choice of supports and services available to them. It also reduces trips to hospital and health care expenditures.

The population within Island Health is both [increasing and aging](http://www.viha.ca/mho/stats/lha_profiles.htm) (see [www.viha.ca/mho/stats/lha\\_profiles.htm](http://www.viha.ca/mho/stats/lha_profiles.htm)). As part of this, Island Health has recognized the EOL Program as a strategic priority since 2005. The first EOL Program plan for the Vancouver Island Health Authority (VIHA) – now referred to as Island Health – was developed in 2007 and reviewed and updated in 2011. Since the first plan was developed, the plans and strategies have evolved to reflect changing priorities, demographic shifts, capacity and resources, among other things.

Since 2005, Island Health's strategies have demonstrated some successes, although Island Health recognizes progress in providing comprehensive Island -wide services has been limited. This document, our updated priorities for 2014, recognizes this reality.

Island Health's EOL Program priorities align with the Province of British Columbia's End of Life Strategy in that it:

- Redesigns health services to deliver timely coordinated End of Life care;
- Provides individuals, caregivers and health care providers with palliative care information, education, tools and resources;
- Commits to doubling the number of hospice bed spaces in BC as part of a continuum (or range) of service enhancements for End of Life care;

- Strengthens health system accountability and efficiency;
- Strengthens community partnerships in the delivery of end of life care programs and services.

Both the Province's and Island Health's EOL priorities are intended to address EOL requirements in Island Health from 2014 and beyond. Key actions will result in a quality, best practice EOL Program that supports the needs of the people on Vancouver Island for years to come. They are based on Island Health's four emerging focus areas:

- Patient Experience
- Quality and Safety
- Workplace Environment and Learning Opportunities
- Community-based Health and Care

This 2014 EOL Program priorities update is based on the program purpose statements that guided Island Health's 2011 EOL review. These purpose statements, which were validated during focus group sessions in 2011, are:

- To provide leadership for an integrated End of Life program;
- To promote a continuum of End of Life services in the community, hospice, residential and acute care settings;
- To promote End of Life education and the use of evidence-based approaches to End of Life care.

The 2011 work involved extensive stakeholder input from interested parties across Island Health. Two key informant interviews and four focus group sessions were conducted. Approximately 60 people participated in the focus groups representing areas from nursing, medicine, social work, home and community care, hospice societies, spiritual care, acute care and palliative units. In addition, a literature review was conducted with a focus on models, frameworks and leading practices in End of Life and hospice palliative care. Finally, the planning for End of Life Beds specifically – as part of the continuum of EOL services – was done in collaboration with Island Health's Department of Operations Research and Advanced Analytics.

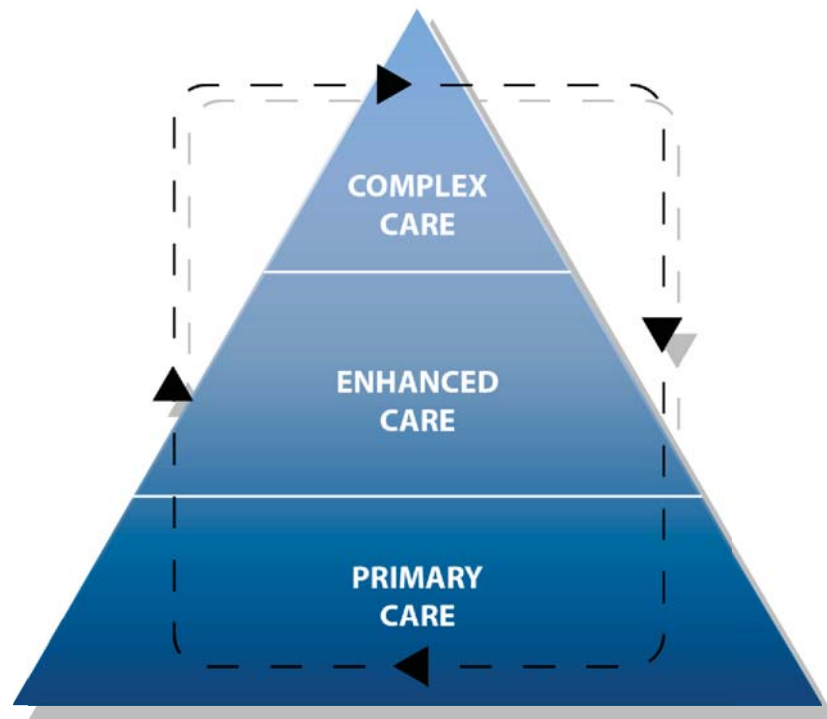
Our 2014 EOL Program priorities update has been updated to reflect new data from the [Province of BC \(PEOPLE 2013\)](#) as well as input and themes that emerged from Island Health's engagement process in the fall and winter of 2013. This was part of the development of our new Strategic Plan, expected to be released in the summer 2014 (see: [www.viha.ca/about\\_viha/strategic\\_plan](http://www.viha.ca/about_viha/strategic_plan)).

As Island Health continues to develop and implement a comprehensive End of Life strategy, integration and strong collaboration with communities will be important, including community hospice societies and the Divisions of Family Practice.

## Island Health End of Life Service Delivery Framework:

Island Health's End of Life Program service delivery approach aligns with the Province of BC direction and approach to End of Life care, as well as with the [Australian palliative approach](http://www.palliativecare.org.au/portals/46/resources/palliativecareservicedevelopment.pdf) (see: [www.palliativecare.org.au/portals/46/resources/palliativecareservicedevelopment.pdf](http://www.palliativecare.org.au/portals/46/resources/palliativecareservicedevelopment.pdf)). This is an internationally recognized framework for End of Life care that is designed to ensure that services are directed to support the right patient at the right time. This is a population-based framework with three levels of care delivery to address the varied needs of people at End of Life and their families. The model is based on a strong primary care foundation, with specialist palliative consultant services and hospice beds and services available to support patients and caregivers when needed. Care is supported through all transitions and is based on collaboration among health providers, patients and family.

Island Health's EOL service framework is guiding the development and provision of EOL services within our service area, and promotes greater collaboration with primary care and integration in the community.



## Current Island Health End of Life Care Services:

### North Island:

**Primary Care:** End of Life care is provided by family physicians, Island Health's End of Life Program Palliative Care Coordinator, and Home and Community Care services throughout the region, along with a continuum of support services offered by Community Hospice Societies in Campbell River and Comox Valley.

**Enhanced Care:** Palliative Physician Consultants (see definition Page 13) provide episodic consultation to assist local family physicians with patients requiring a higher level of care. These consultations can occur in the hospital, home or clinic. In Campbell River there is a Palliative Symptom Management Clinic run by the Palliative Physician Consultants and an Island Health Palliative Care Coordinator. Island Health Home and Community Care and Community Hospice volunteers and staff support primary caregivers and End of Life clients at home.

**Complex Care:** Palliative Physician Consultants and the Palliative Care Coordinator are involved on a more ongoing basis for patients with the most complex of symptom issues.

**Advance Care Planning & Community Education:** Community Hospice Societies provide education and resources on End of Life Care and Advance Care Planning.

### West Coast/Central Island:

**Primary Care:** End of Life care is provided by family physicians, Island Health's End of Life Program Palliative Care Coordinators in Port Alberni, Nanaimo and the Cowichan Valley, as well as by Home and Community care services throughout the region, including within the Oceanside Health Centre. Additionally, Community Hospice Societies in Tofino/Ucluelet, Port Alberni, Oceanside, Nanaimo, Cowichan Valley and Salt Spring Island provide a continuum of support services that support patients and family facing a variety of end of life issues.

**Enhanced Care:** Palliative Physician Consultants (see definition below) provide episodic consultation to other physicians with patients requiring a higher level of care. These consultations can occur in the hospital, home or clinic. There is a Palliative Symptom Management clinic in Nanaimo provided by Palliative Physician Consultants and an Island Health Palliative Care Coordinator. Primary caregivers and End of Life clients are also supported at home by Island Health Home and Community Care services and Community Hospice volunteers and staff.

**Complex Care:** Patients with the most complex needs are supported on a more ongoing basis by Palliative Physician Consultants and the multidisciplinary team associated with the NRGH Palliative Unit. The pain clinic at NRGH has anaesthetic support for complex pain management.



**Advance Care Planning & Community Education:** Community Hospice Societies provide education and resources on End of Life Care and Advance Care Planning.

**South Island:**

**Primary Care:** End of Life care is provided by family physicians linked to Island Health's Home and Community Care services and supported by Victoria Hospice Society and the Community Hospice Society in Sooke.

**Enhanced Care:** Palliative Physician Consultants (see definition below) provide episodic consultation to assist other physicians with patients requiring a higher level of care. These consultations can occur in the hospital, home or residential care setting. In-patient hospice care is available on the Saanich Peninsula Palliative Unit and at Victoria Hospice. The Victoria Hospice Community Palliative Response Team can provide urgent symptom management, counselling and bereavement services to a large part of the South Island region.

**Complex Care:** Palliative Physician Consultants and the multidisciplinary teams at Victoria Hospice and the Saanich Peninsula Palliative Unit provide ongoing support for patients with the most complex medical and psychosocial issues. Assistance with interventional pain management is provided by Island Health's Anesthesia Department.

**Advance Care Planning & Community Education:** Community Hospice Societies provide education and resources on End of Life Care and Advance Care Planning. An Island Health Advance Care Planning registered nurse provides community and professional workshops and education.

## Island Health End of Life Program Priorities and Update 2014:

***Priority Area 1: Redesign Health Services to deliver timely coordinated EOL care and provide leadership and infrastructure for the delivery of coordinated EOL across the care continuum.***

Focus Area:	Actions To Date (2014):
<p><b>1. Plan and implement a strong integrated model for Island Health EOL across the care continuum based on provincial priorities.</b></p>	<p>Planning for community-based End of Life services in alignment with the development of the community-based Integrated Care Team, and in collaboration with Divisions of Family Practice and Community Hospice Societies is underway and ongoing.</p>
<p><b>In partnership with General Practice Divisions, implement Palliative Consult Teams throughout Island Health's service area to provide Specialist Palliative support for acute, community and residential care.</b></p>	<p>A pilot Victoria Hospice Palliative Physician consult service began in select residential care sites in Victoria May 2014. Nanaimo Palliative Physicians provide acute consult services along with a Palliative Clinical Nurse Leader who provides inpatient palliative nurse consultation. Campbell River and Nanaimo Palliative Symptom Clinics and Community Palliative Physician consult teams have been in operation since September 2013. Cowichan Valley Symptom Clinic is under development, with implementation targeted for September 2014.</p>
<p><b>2. Develop Telehealth and Tele-hospice options for provision of EOL services in smaller communities and rural/remote locations.</b></p>	<p>Planning to explore future opportunities for outreach EOL consults and clinical services in collaboration with Island Health Telehealth partners.</p>
<p><b>3. Enhance caregiver supports such as day hospices, in-home support and respite and respite beds.</b></p>	<p>A caregiver strategy is under development, led by Island Health's Seniors Health. Collaboration with Caregiver Support Societies and Hospice Societies to enhance caregiver programs and supports</p>
<p><b>4. Ensure bereavement support services are available across Island Health.</b></p>	<p>Ongoing collaboration with community Hospice Societies to support the excellence in bereavement support and counseling across these groups provide across the region.</p>
<p><b>5. Provide leadership, operational support and coordination for development and implementation of EOL priorities.</b></p>	<p>A regional EOL manager began in May 2012. The Palliative Coordinator Team and the EOL Clinical Nurse Specialist moved into the EOL program in January 2013. In September 2013, the NRGH Palliative Care Unit moved into the EOL program under the leadership of the EOL manager.</p>
<p><b>6. Implement an End of Life bed plan that reflects the provincial commitment to double the number of hospice beds in</b></p>	<p>There is ongoing work with the Province to implement the commitment to double the number of hospice beds in BC with an Island Health specific focus. As part of this, Island</p>

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BC by 2020.

Health has developed a bed plan that aligns with the continuum of services, community needs, other priorities and available capacity. More information about the bed plan to date is provided in the next section.

***Priority Area 2: Develop and distribute palliative care information, education, tools and resources for caregivers, health care providers and the public across the care continuum.***

**7. Establish an EOL education plan and coordinate educational activities.**

A yearly plan has been developed in collaboration with clinical leads in acute, residential and home and community care.

Facilitation of LEAP (Learning Essential Approaches to Palliative and End of Life Care) and CHW (Community Health Worker) training modules occur several times a year.

Island Health collaborates with Victoria Hospice to offer the EOL education series Island-wide, as well as with the Vancouver Island Federation of Hospices' bi-annual Education Conference

Psycho-social education for staff of hospitals, LTC facilities and other residences (e.g., Independent Living facilities) provided by Island Health Palliative Care Coordinators in collaboration with Community Hospice Societies.

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**8. Strengthen academic partnerships with the University of Victoria, Vancouver Island University and the Island Medical Program.**

Island Health is an active participant in the IPANEL (Initiative for a Palliative Approach in Nursing; Evidence and Leadership) as practice and academic members. Island Health also participates as co-investigators in the CSNAT (Caregiver Support Tool) study through the University of Victoria Centre for Aging.

**9. Advance the use of EOL care pathways, assessment tools and clinical order sets.**

Through 2014/2015, Island Health will be developing and implementing a plan to use the Palliative Performance Scale (PPS) and the Edmonton Symptom Assessment Scale (ESAS) across program settings.

**10. Implement Advance Care Planning aligned with the Provincial Advance Care Planning initiative in collaboration with the Federation of Hospice Societies.**

Island Health's Advance Care Planning Working Group meets regularly to plan Island-wide education and awareness events for the public and staff of Island Health. The Island Health Advanced Care planning hub was launched in 2013.

The Vancouver Island Federation of Hospices' Advance Care Planning website was launched in 2013

Through the support of Island Health, Community Hospice Societies across the region have developed and facilitated

	a variety of public workshops and education sessions to broaden the public's awareness of the importance of Advance Care Planning.
11. Develop and maintain public and intranet websites to provide resources and clinical information to the public and health care providers.	There is ongoing development of public and intranet websites to ensure up-to-date EOL resources are available.
<b>Priority Area 3: <i>Promote continuous quality improvement while strengthening health system accountability and efficiency and improving system performance.</i></b>	
12. Continue to meet Accreditation Canada Hospice Palliative Care standards, including clinical indicators.	End of Life Program achieved full 2014 Accreditation with no recommendations. The program continues to review Accreditation Canada standards and identify opportunities for improvement.
13. Develop EOL quality and performance indicators and an EOL scorecard for regular review by End of Life Quality Council.	Monitoring of quality and performance indicators occurs regularly by Quality Councils.
14. Participation in the IHealth initiative	Documentation across the care continuum including identification of patient goals of care is in development.

## Island Health End of Life Bed Planning:

- Island Health understands that the bed component of our overall End of Life strategy is of significant focus and interest to local communities, health care providers, community organizations and individuals. Island Health is committed to providing community-based End of Life beds as a component of our overall strategies and priorities to deliver wide-ranging and comprehensive EOL services that meet the range of needs of patients and their families. Bed planning aligns in terms of numbers and implementation time lines with the Province of BC's commitment to double the number of hospice spaces by 2020. While bed planning considers two types of beds/care — Regional Acute Palliative and Hospice beds — this document focuses solely on the expansion of hospice beds (see definitions Page 12).

In collaboration with hospice societies, these hospice beds will include access to clinical and psychosocial supports provided by the program and community partners.

In developing its plan, Island Health applied the following principles:

- Hospice beds will be located in clusters within residential care settings. In some remote/rural areas, hospice beds will exist as a solitary designated bed within residential care. Benefits of clustered hospice beds within residential care settings include:
  - Availability of specialized hospice staff within the facility will help build capacity among residential care staff to enhance end of life care overall within the facility
  - Maximize opportunity to add enhanced services
  - Cost-effective approach to care through the utilization of existing infrastructure and facility resources.
- Freestanding hospices are not part of the hospice bed planning for the future.
- Bed planning occurs within the context of broader Island Health planning.
- Bed planning addresses the needs of the population 19 years and older outside residential care, persons with cancer and non-cancer (including advanced chronic health disorders/organ failure, dementia). It does not address the needs of sudden death, perinatal and trauma.
- Bed planning will be periodically reviewed as we learn from system changes and impacts on resource requirements.

Island Health's hospice bed planning was updated in March 2014, based on new BC Stats PEOPLE 2013 population projections and the province-wide goal to double the number of hospice beds by 2020. Currently Island Health has 32 hospice beds located in the following regions: Victoria (10), Saanich (10), Cowichan Valley (3), Nanaimo (4), Oceanside(1), Port Alberni (4). Island Health's current plan is to double the number of hospice beds on Vancouver Island.

HOSPICE BED PLANNING 2014-2020				
	Community	Existing Beds	Additional Beds	Total Beds in Health Region <i>Starting total: 32</i>
2014/15	Comox Valley	0	4	36
2015/16	Oceanside	1	4	40
2016/17	Campbell River	0	3	45
	Sooke	0	2	
2017/18	Cowichan Valley	3	4	50
	Mt. Waddington	0	1	
2018/19	Comox Valley	4	2	53
	Oceanside	5	1	
2019/20	TBD		TBD	<i>11 beds will be added for a total of 64</i>
2020	TBD		TBD	<b>2020 Total: 64</b>

In alignment with the Provincial End-of-Life Care Action Plan for British Columbia, the Province and Health Authorities, through the Provincial End of Life Care Working Group, have undertaken a project that will create a provincial lens on the palliative and end of life populations and support the development of strategies to address their needs. The allocation of the remaining eleven hospice beds within Island Health by 2020 is still to be finalized and will be determined based on future planning and the palliative and End of Life population information identified through the provincial project; priority however will be on locating these beds within Victoria, Nanaimo and the outer Gulf Islands. Similarly, decisions around changes to regional acute palliative beds will occur in future phases of planning.

Island Health recognizes each community's desire for hospice beds. We also recognize that most communities would like to see these beds open faster than what this strategy outlines. The opening of additional hospice beds on Vancouver Island is a staggered strategy: Island Health is currently working with clinical specialists, The Views residential care facility in Comox, St. Joseph's Hospital in Comox and the Comox Valley Hospice Society to open four new hospice beds in a hospice bed cluster at The Views by early 2015. This hospice service will serve as a model for the other hospice clusters on Vancouver Island in terms of developing a service, staffing and partnership model of care that can be applied to other communities as new hospice clusters open.

## Appendix: Glossary of Terms

**End of Life:** That part of life where a person is living with, and impaired by, a terminal illness, even though the prognosis may be ambiguous or unknown.

**End of Life Care:** End of Life Care is the term used for the range of clinical and support services appropriate for dying people and their families. The goal of End of Life care is the same regardless of the setting – to ensure the best possible quality of life for dying people and their families.

### **End of Life Bed Definitions:**

**Regional Acute Palliative Care Beds:** Regional acute beds are always located in or adjacent to an acute care hospital. Patients in these beds may be clinically unstable with complex needs, requiring direct daily involvement by palliative physician specialists and other palliative team members. Care requirements involve complex decision-making and medical interventions. Access to acute care services with lab and diagnostics and procedures (such as chest tubes and intrathecal administration of medications) is required.

**Hospice Beds:** Hospice beds do not need to be located in or adjacent to an acute care hospital and will be located within residential care facilities. However, where cluster numbers are able to support it, they will be serviced by a staffing model distinct from the residential beds. Patients in these beds are relatively stable clinically. Their pain and symptoms are usually met through application of relevant clinical guidelines. Admissions may also be for support through to death, and/or respite due to caregiver exhaustion. These patients are typically managed well by their primary health care professional on a daily or weekly basis, with occasional consultation to a palliative specialist physician or team when required.

**Hospice Palliative Care:** Whole person care that aims to relieve suffering and improve the quality of living and dying (Canadian Hospice Palliative Care Association).

**Palliative Approach:** A palliative approach describes care that aims to improve the quality of life for individuals with an eventually fatal condition, and their families, by reducing their suffering through early identification, assessment and treatment of pain, physical, psychological, social, cultural and spiritual needs.

**Palliative Care Coordinator:** The role of the Palliative Coordinator within Island Health is to plan, coordinate, educate, demonstrate, promote and evaluate Best Practice for palliative care services in accordance with standards, policies, procedures and guidelines within home and community care, residential and acute care settings.

**Palliative Physician Consultant:** These are physicians who have a recognized expertise in palliative medicine. This expertise can come from an officially recognized training program or gained through experience and courses. They are often family physicians (but not always) who may or may not continue to practice full-scope family medicine.

**Primary Care:** Care provided primarily by community caregivers such as family physicians, Nurse Practitioners and Home and Community care services.

**Specialized Palliative Care Services:** Specialized services are provided by an interdisciplinary team of specialist palliative care professionals whose substantive work is with patients who have an eventually fatal condition. Specialist palliative care services can be provided, often by means of consultation, in all care settings, including home, residential care settings, hospitals and hospice palliative care units.

**Unit of Care:** The unit of care is the patient, caregivers and family members as defined by the patient.



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Telephone (250) 720-2700 FAX: (250) 723-1327

**To:** Regional Hospital District Board of Directors

**From:** Teri Fong, CPA, CGA, Manager of Finance

**Meeting Date:** November 9, 2016

**Subject:** Finance Warrant No. 493

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**Recommendation:**

That the Alberni-Clayoquot Regional Hospital District Board of Directors approve Finance Warrant Number 493 in the amount of \$82,748.26 dated October 31, 2016

**Desired Outcome:**

To provide transparency of the Regional Hospital District's financial affairs.

**Summary:**

The Regional Hospital District Board of Directors reviews the details of the expenditures made in the previous month and when satisfied, approves the finance warrant.

**Time Requirements – Staff & Elected Officials:**

Minimal.



Submitted by: \_\_\_\_\_  
Teri Fong, CPA, CGA, Manager of Finance

**Alberni-Clayoquot Regional Hospital**  
**Cheque Register - Detail - Supp.**



AP5100

Date : Nov 01, 2016

Page : 1

Time : 2:54 pm

Supplier : 0050 To 912  
 Trans. Date : 01-Oct-2016 To 31-Oct-2016  
 Cheque Date : 01-Oct-2016 To 31-Oct-2016  
 Cheque No. : All  
 Batch No. : All

Bank : 1 To 1  
 Status : All  
 Medium :  
 M=Manual C=Computer R=Credit E=EFT-PAP T=EFT-File

Supplier	Supplier Name		Status	Batch	Medium	Amount	
Chq/Ref #	Cheque Date						
Invoice No.	Account No.	Account Description			Debit	Credit	
<b>1125</b>	<b>MUNICIPAL FINANCE AUTHORITY</b>						
EFT-11	06-Oct-2016		Issued	27	E	1145.18	
93-2/2016	01-4-6030-000	ACCOUNTS PAYABLE			1145.18		
Invoice Description -->		DEBENTURE DEBT					
<b>Total :</b>					1145.18	0.00	1145.18
<b>Supplier Total :</b>					1145.18	0.00	1145.18

<b>1850</b>	<b>VANCOUVER ISLAND HEALTH AUTHORITY</b>						
1038	24-Oct-2016		Issued	29	C	81603.08	
OCT24/16	01-4-6030-000	ACCOUNTS PAYABLE			81603.08		
Invoice Description -->		E1-460, P-432, P-433, P-434, P-435, P-436					
<b>Total :</b>					81603.08	0.00	81603.08
<b>Supplier Total :</b>					81603.08	0.00	81603.08

<b>Total Computer Paid :</b>	<u>81,603.08</u>	<b>Total EFT PAP :</b>	<u>1,145.18</u>	<b>Total Paid :</b>	<u>82,748.26</u>
<b>Total Manually Paid :</b>	<u>0.00</u>	<b>Total EFT File Transfer :</b>	<u>0.00</u>		