NANAIMO REGIONAL HOSPITAL DISTRICT

REGULAR BOARD MEETING
TUESDAY, JUNE 11, 2013
7:00 PM

(RDN Board Chambers)

A G E N D A

PAGES

CALL TO ORDER

DELEGATIONS

MINUTES

3-4 Minutes of the Regular Hospital Board meeting held Tuesday, May 14, 2013 (All Directors – One Vote).

BUSINESS ARISING FROM THE MINUTES

UNFINISHED BUSINESS

COMMISSION, ADVISORY & SELECT COMMITTEE

Nanaimo Regional Hospital District Select Committee

5-9 Minutes of the Nanaimo Regional Hospital District Select Committee meeting held Tuesday, May 28, 2013 (for information) (All Directors – One Vote).

Request for Cost Sharing on Capital Equipment (All Directors – Weighted Vote)

1. *That the request for funding from the Vancouver Island Health Authority for $1,120,000 representing the Nanaimo Regional Hospital District's 40% cost share towards the purchase of a replacement MRI at the Nanaimo Regional General Hospital be approved.*

2. *That the request from the Vancouver Island Health Authority for reallocation of unused annual capital grant funding from the 2007/08 and 2008/09 funding years in the amount of $176,550 toward the cost of a replacement Cardiac Telemetry system at Nanaimo Regional General Hospital be approved.*

ADDENDUM

NEW BUSINESS

ADJOURNMENT

REGIONAL DISTRICT OF NANAIMO

MINUTES OF THE NANAIMO REGIONAL HOSPITAL DISTRICT MEETING
HELD ON TUESDAY, MAY 14, 2013 AT 7:00 PM IN THE
RDN BOARD CHAMBERS

In Attendance:

Director J. Stanhope	Chairperson
Director D. Brennan	Deputy Chairperson
Director A. McPherson	Electoral Area A
Director H. Houle	Electoral Area B
Director M. Young	Electoral Area C
Director G. Holme	Electoral Area E
Director J. Fell	Electoral Area F
Director B. Veenhof	Electoral Area H
Director B. Dempsey	District of Lantzville
Director J. Ruttan	City of Nanaimo
Director G. Anderson	City of Nanaimo
Director B. Bestwick	City of Nanaimo
Director T. Greves	City of Nanaimo
Director D. Johnstone	City of Nanaimo
Director J. Kipp	City of Nanaimo
Director M. Lefebvre	City of Parksville
Director D. Willie	Town of Qualicum Beach

Also in Attendance:

P. Thorkelsson	Chief Administrative Officer
W. Idema	Director of Finance
T. Osborne	Gen. Mgr. Recreation & Parks
D. Trudeau	Gen. Mgr. Transportation & Solid Waste
G. Garbutt	Gen. Mgr. Strategic & Community Development
R. Alexander	Gen. Mgr. Regional & Community Utilities
J. Hill	Mgr. Administrative Services
N. Tonn	Recording Secretary

CALL TO ORDER

The Chairperson called the meeting to order.

MINUTES

Minutes of the Regular Hospital Board meeting held Tuesday, March 26, 2013.

MOVED by Director Holme, SECONDED by Director Johnstone, that the minutes of the Regular Hospital Board meeting held Tuesday, March 26, 2013 be adopted.

CARRIED

ADMINISTRATOR'S REPORTS

2012 Audited Financial Statements and Audit Findings Report.

MOVED Director Johnstone, SECONDED Director Brennan, that the Audit Findings Report and the financial statements of the Nanaimo Regional Hospital District for the year ended December 31, 2012 be received.

CARRIED

MOVED Director Kipp, SECONDED Director Lefebvre, that the consolidated financial statements of the Nanaimo Regional Hospital District for the year ended December 31, 2012 be approved as presented.

CARRIED

ADJOURNMENT

MOVED Director Holme, SECONDED Director Brennan, that the meeting terminate.

CARRIED

TIME: 7:02 PM

CHAIRPERSON

CORPORATE OFFICER

REGIONAL DISTRICT OF NANAIMO

MINUTES OF THE NANAIMO REGIONAL HOSPITAL DISTRICT SELECT COMMITTEE MEETING HELD ON TUESDAY, MAY 28, 2013 AT 5:30 PM IN THE RDN COMMITTEE ROOM

In Attendance:

Director J. Stanhope	Chairperson
Director A. McPherson	Electoral Area A
Director B. Veenhof	Electoral Area H
Director D. Johnstone	City of Nanaimo
Director M. Lefebvre	City of Parksville
Director D. Willie	Town of Qualicum Beach

Regrets:

Director J. Kipp	City of Nanaimo

Also in Attendance:

P. Thorkelsson	Chief Administrative Officer
W. Idema	Director of Finance
J. Harrison	Director of Corporate Services
N. Tonn	Recording Secretary
C. Sullivan	Director, Capital Planning VIHA
K. Daniel	Manager, Capital Planning, VIHA

CALL TO ORDER

The Chairperson welcomed the Directors to the Nanaimo Regional Hospital District Select Committee meeting.

MINUTES

MOVED Director Lefebvre, SECONDED Director Willie, that the minutes of the Nanaimo Regional Hospital District Select Committee meeting held February 26, 2013 be adopted.

CARRIED

COMMUNICATIONS/CORRESPONDENCE

VIHA Presentation, re Capital Project Performance Reports.

Mr. Sullivan and Mr. Daniel provided a verbal and visual overview of the completed Emergency Services area including the psychiatric emergency and psychiatric intensive care areas of Nanaimo Regional General Hospital which were completed in September 2012. A Post Construction Evaluation spreadsheet was distributed to the Committee members for their information.

REPORTS

Request for Cost Sharing on Capital Equipment.

MOVED Director Willie, SECONDED Director Lefebvre, that the request for funding from the Vancouver Island Health Authority for $1,120,000 representing the Nanaimo Regional Hospital District's 40% cost share towards the purchase of a replacement MRI at Nanaimo Regional General Hospital be approved.

CARRIED

MOVED Director Willie, SECONDED Director Lefebvre, that the request from the Vancouver Island Health Authority for reallocation of unused annual capital grant funding from the 2007/08 and 2008/09 funding years in the amount of $176,550 toward the cost of a replacement Cardiac Telemetry system at Nanaimo Regional General Hospital be approved.

CARRIED

ADJOURNMENT

MOVED Director Lefebvre, SECONDED Director Johnstone, that this meeting terminate.

CARRIED

TIME: 6:04 p.m.

CHAIRPERSON

CORPORATE OFFICER

Post-Construction Evaluation
Nanaimo Regional General Hospital – Emergency, Psychiatric Emergency Service, Psychiatric Intensive Care
October 2012

VANCOUVER ISLAND health authority

	Business Case Objective	Post-Construction Evaluation	Indicator
1.	Innovation		
1.1	Specialty treatment rooms		
1.1.1	Sexual assault/OB-Gyne	A separate private treatment room is available.	
1.1.2	Pediatric friendly	A child play area is available – previously there was none.	
1.1.3	Secure room	Nine secure rooms are available – previously one was available that did not meet current standards.	
1.1.4	Isolation rooms	Two isolation rooms are available that are fully code compliant – previously only one isolation room was available and it did not meet current standards.	
1.1.5	Other	Other innovations include: there are washrooms in several treatment rooms making it easier for non-ambulatory patients; there are no curtains, rather switchable glass is used in the glass doors; and a decontamination room is now available with a separate entrance.	
1.2	Six stretcher Clinical Decision Unit or short term observation to eliminate inpatient admission or transfer to inappropriate location	Eight care stations are to be built for short term observation.	
1.3	Patient Streaming area where mobile patients are triaged into ambulatory area with internal waiting area, rather than waiting in a stretcher bay	Now referred to as the ambulatory area, this area is set up for mobile patients who do not require a stretcher bay. In the first week of operation, there was one four-hour period when 70 patients were treated in this area.	
1.4	Advanced technology to support enhanced care delivery to patients and staff efficiency	A number of innovative technologies have been incorporated including: electronic patient record cardiac monitor and vital sign devices in each treatment room that record straight to the patient chart (eliminates transcription errors); hands free voice communication between all care staff; state of the art nurse call system; and automated code blue, red and white switches.	
1.5	Designed to Lean design principles	All operational practices were scrutinized by care teams with a view to making changes to improve performance (e.g. less time, better results). These methods of care have been turned into practice. Wait times will be assessed against other similar facilities.	
1.6	Other facility innovations	Numerous innovations related to the building sustainability including: water is pre-heated or cooled (depending on season) in a geothermal earth tube before it reaches the HVAC system; non-potable water from renal dialysis osmosis system is used to irrigate courtyards; solar shades installed to address heat gain in building; and utility costs are expected to be reduced by 54% compared to similar sized buildings.	

	Business Case Objective	Post-Construction Evaluation	Indicator
2.	Human Resources		
2.1	Effective design to ensure staff efficiencies (e.g. improved visibility and grouping of functions) and improve access to equipment and supplies	Staff travel is reduced as support space is located between care stations and similar functions are grouped together. The time looking for supplies has been reduced as drawers are located in the same places in the units and the supplies in each drawer are placed in identical locations (e.g. tongue depressor in same place in each treatment room).	
2.2	Improved working conditions (retainment) and enables new staff to be recruited	Working conditions are improved in a number of ways including: design related efficiencies as identified above making it easier for staff to provide care; there are two types of staff breakout rooms (i.e. one quiet and one is typical lunch room); daylight wells, courtyards and water features are designed to be calming for staff; and chairs and desks are ergonomically designed. Research has shown that the use of daylight wells can reduce medication errors and staff sick time.	
3.	Safety and Risk Management		
3.1	Appropriate number and type of treatment rooms to reduce overcrowding and result in better patient results and higher staff morale	Emergency department is designed for 80,000 patient visits per year compared to current 60,000 patient visits (note that old emergency department was built for 15,000 patients). As described above, the facility includes specialty treatment rooms and separates ambulatory and stretcher patients. Medical imaging and the lab are physically present in the department which reduces the need to porter.	
3.2	Improved infection control measures and patient privacy	Infection control measures include: availability of negative pressure rooms; switchable glass rather than curtains; each treatment room has a holder on door to identify patient treatment condition (e.g. routine, airborne, contact precautions), waterless hand washing stations throughout department; and signage to encourage hand washing. Patient privacy measures include: individual patient rooms with doors than have switchable glass privacy curtains built into them.	
3.3	Meet OHS standards and separation of patients into appropriate specialty rooms	Occupational health and safety standards have been thoroughly reviewed and achieved. This includes: patient lifts in every room; bariatric chairs; high chairs for elderly patients; and anti-ligature standards for secure areas.	
3.4	Meets treatment demands of an aging, growing and currently underserved population base	The facility is elder friendly – way finding is simple, there are no drastic colour changes on floor. Design features assist those with visual impairments through use of handrails and grab bars. Some treatment rooms have a washroom.	
3.5	Barrier free access	The department has no step; everything is barrier free.	
3.6	Post-disaster centre suitable for dealing with catastrophes (e.g. earthquakes) generating mass casualties, as well as other accidents associated with severe chemical contamination	The department has been built to operate as an Emergency Operations Centre. The space is constructed to meet seismic standards and includes every modality to manage catastrophes generating mass casualties such as earthquakes or severe chemical contamination. This ability did not exist in the previous department to this extent.	

	Business Case Objective	Post-Construction Evaluation	Indicator
4.	Urgency		
4.1	Addresses lack of appropriate facilities for patients presenting with urgent and emergent conditions including treatment rooms and waiting areas	This has been addressed through increased size and type of specialty treatment rooms available. One example is the Psychiatric Emergency Services area that did not previously exist. This area will significantly improve patient care and reduce the need to transfer patients to another facility. Wait times will also be reduced through Lean efforts.	

Legend	
No issue	
Minor issue	
Significant issue	