WEST KOOTENAY-BOUNDARY REGIONAL HOSPITAL DISTRICT

Spotlight

February 2017

New Chair & Acting Chair

Aimee Watson, *(right)* Director of Electoral Area D (rural Kaslo/Lardeau) was elected chair of the hospital district board at the January meeting.

Marguerite Rotvold, *(left)*, the Director representing Midway, was elected to the position of Acting Chair. Director Rotvold previously served as Chair for almost a decade and has been on the Board since its inception in 1996.

Chair Watson said she considers Acting Chair Rotvold a mentor and looks forward to working with her to continue the Board's great leadership.

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Executive Decision

Each year in January the WKBHRD Directors elect a group of their peers to serve on the Executive Committee. The Committee is tasked with reviewing matters and making recommendations to the Board.

This year's Executive is:

Chair Aimee Watson
Acting Chair Marguerite Rotvold

Arrow Lakes – Slocan—Castlegar – Nakusp:
                                    Walter Popoff

Kootenay (Kaslo-Nelson-Salmo):   **Debra Kozak**

Boundary: **Roly Russell**

Greater Trail: **Mike Martin**

Eyes on Arrow

The Interior Health Authority is consulting with the physicians at the Arrow Lakes Hospital in Nakusp about the draft plans for the emergency department redesign. IHA will bring the design to the WKBHRD Board in late spring.

Time for Beds

The Interior Health Authority has put out a request for proposals to add 43 residential beds in the Nelson area.

Helping our Hospital's Health

The sustainability of our regional hospital—Kootenay Boundary Regional Hospital in Trail—has been on the WKBHRD's radar for the past few years.

The WKBRHD unanimously supports the Sustainability Project, which would ensure that quality care continues to be delivered to the 80,000 residents that KBRHD serves.

The project has also been designated a high priority by Interior Health, which points out that KBRH is the only regional hospital in IH that hasn't experienced significant change since its construction.

Interior Health has requested that the WKBHRD consider funding 100% of Phase 1 of the Sustainability Project. The Board spent considerable time debating this item, as it has never before funded 100% of a project such as this. Directors expressed concern over the impact to taxpayers.

Subsequently, the WKBHRD has sent a letter to the Minister of Health and the Interior Health Authority advising that before the hospital district will commit to fund 100% of the cost of Phase 1 of the project, which includes a redesign and expansion of the emergency department as well as an electrical transformer upgrade), that the Ministry of Health must commit to fund the total project. The WKBHRD also communicated that its net contribution for the project would be 40%, which is the typical funding portion.

To date, the WKBHRD has not received a response.

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Support for the Hospital

The KBRH Health Foundation has expressed its support for the Sustainability Project at the Trail hospital, which would see upgrades to the emergency, ambulatory care and pharmacy areas. If the Ministry of Health and the Interior Health Authority approve advancing/funding the project, the Foundation has indicated it would hold a fundraising campaign for the project.

MLAs in the Hospital

MLAs Michelle Mungall and Katrine Conroy witnessed the issues and heard the plans to upgrade Kootenay Boundary Regional Hospital District on November 15th. The WKBHRD Executive Committee and Interior Health staff hosted a meeting and a tour of the facility. Both MLAs expressed their support for the project and declared they would advocate for it in Victoria.

MLA Linda Larson will similarly tour KBRH on February 24th.

The Board thanks the MLAs for their time and support for this project, which is so important to the residents of our region.

Change in the Treasury

Stuart Horn, Secretary of the hospital district, has also been appointed the Board Treasurer.

The Rotvold Report

Former Chair Marguerite Rotvold (now Acting Chair) and members of the WKBRHD met with Ministry of Health and Interior Health staff at the UBCM Convention in Victoria in September.

Here is a summary of those meetings:

Arrow Lakes Hospital Emergency Room:
The design phase and consultation process are ongoing. Interior Health is currently considered different options for the emergency department.

KBRH Sustainability Project:
Interior Health continues to ask the Ministry of Health if it will fund this project.

The WKBRHD reiterated its support for this project to ensure residents continue to receive quality health care.

Future of Health Care in the WKBRHD:
The WKBRHD stated its desire for more long term planning on capital works and to keep working with Interior Health as a funding partner to delivery health care services to communities in our region.
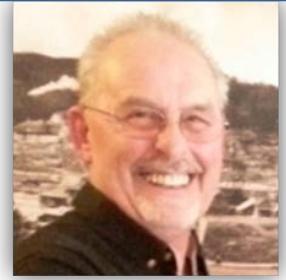
New Directors at the Table

The WKBHRD is happy to welcome two new Directors to the Board.

Arlene Parkinson
Director for Warfield

Jim Nathorst
Director for Greenwood

Have Your Say!

If a community group or delegation would like to present to the WKBRHD Board at any of its meetings, please check out our delegation policy at http://www.rdck.ca/assets/WKBR~Hospital~District/Documents/POLICY-Delegation.pdf or contact Anitra Winje at awinje@rdck.bc.ca or 250.352.8166.

2017 WKBRHD meetings

Mar. 22	Castlegar Community Complex	6 p.m.
June 28	Castlegar Community Complex	6 p.m.
Oct. 25	Castlegar Community Complex	6 p.m.
Nov. 22	Castlegar Community Complex	6 p.m.

Getting their Act Together

The Ministry of Health has committed to review the *Hospital District Act,* the enabling legislation of regional hospital districts. In a January 2014 letter to the WKBRHD Board, the Assistant Deputy Minister of Health stated that "although [operate] is mentioned in the Act, historically it has not been the role of RHDs to actually administer the day-to-day operation of health facilities." Further, Mr. Sidhu advised that "the province's six health authorities are the organizations responsible for health service delivery and daily operation of their health facilities." He declared that as "the mandate of RHDs does not include operating health facilities or participation in health authorities' decisions regarding delivery of health services…the word 'operate' in…the Act should be removed" and would be omitted when the Act is reviewed by the Ministry.

The Executive Committee of the WKBHRD Board will review the Act and make recommendations to the Minister of Health on other amendments to consider.

To read the Act, visit: http://www.bclaws.ca/civix/document/id/complete/statreg/96202_01

Time to Budget

Wonder where your hospital tax dollars could go? See the capital funding request from Interior Health below.

The Board resolved not to fund the Columbia View Lodge resident bus. The Board will read the bylaws for these projects at the March 22nd meeting.

Facility	Location	Equipment/Project Description	Total Budget	RHD Share
		Construction Projects over $100,000		
Slocan Community Health Centre	New Denver	Generator Replacement	$861,000	$344,400
Kootenay Boundary Regional Hospital	Trail	Steam and Condensate Line Replacement	523,000	209,200
		Construction Projects under $100,000		
Boundary Hospital	Grand Forks	Washroom Renovations, Wheelchair Access	95,000	38,000
Boundary Hospital	Grand Forks	Medical Air Systems	80,000	32,000
Victorian Community Health Centre of Kaslo	Kaslo	Building Management System Replacement	75,000	30,000
Nelson Jubilee Manor	Nelson	Replacement of Condensing Units	65,000	26,000
Kootenay Boundary Regional Hospital	Trail	Repair Fire Separation Penetrations	52,000	20,800
		IMIT over $100,000		
Regional		Corporate Projects	415,000	166,000
Various Facilities		Specialized Services - Surgical Services	107,000	42,800
		IMIT under $100,000		
Regional		Corporate Projects	210,000	84,000
Columbia View Lodge	Trail	Vocera Expansion and Integration	99,000	39,600
Various Facilities		Telehealth Expansion	50,000	20,000
Various Facilities		Telehealth Infrastructure Refresh	30,000	12,000
		Equipment over $100,000		
Kootenay Boundary Regional Hospital	Trail	SPECT CT	1,623,000	649,200
Kootenay Boundary Regional Hospital	Trail	Urology Imaging System	623,000	249,200
Kootenay Boundary Regional Hospital	Trail	Integrated Chemistry/Immunochemistry Analyzer	322,000	128,800
Columbia View Lodge	Trail	Resident Bus	117,000	46,800
		Equipment Under $100,000 (Global Grant)		
All Facilities		Equipment between $5,000 and $100,000	943,500	377,400
		TOTAL	$ 6,290,500	$ 2,516,200

MRI—Do you need one?

Have you or someone you know ever used an MRI?
Magnetic Resonance Imaging is a non-invasive technique used to generate images of the interior of the body, showing organs, muscles, bone, tissue and most structures. MRI is important for medical diagnosis and treatment. Residents in our region are serviced by one of three MRI's in the Interior Health Authority. Our machine is a mobile unit. According to Interior Health, MRI exams have increased by 24% at Kootenay Boundary Regional Hospital. Current wait times for an MRI at the hospital are 16 weeks for urgent and 51 weeks for an elective exam. When the Cranbrook hospital receives its new MRI, the mobile unit will be able to serve other areas in the region, including the Kootenay Boundary. The province has a strategy to increase access to these exams.

Useful Information

This year the Interior Health Authority has asked the WKBRHD to fund IMIT projects, which stand for "Information Management Information Technology." These projects are corporate-wide and will benefit all facilities in the Interior Health Authority. For example, according to IH, a technology known as PICIS SmarTrack will allow staff "to track the status and location of patients through the perioperative process, which will enhance surgical patient flow. The system improves communication between departments and clinicians and will significantly reduce the number of phone calls," for instance. That system will cost $535,000. The WKBHRD's share is $107,000.

Over $100,000 Projects	
Advanced Clinicals Downtime Solution	Implement processes/software solution to provide clinicians and future paperless sites with better historical patient information when Meditech (IH's primary business and clinical information system) is unavailable.
Citizen Access 2020 (Patient Portal Expansion)	Expansion of the portal to enable patients to be able to access their own laboratory data and personal information from their computer or mobile device.
Clinical Document Exchange (between facility and primary care)	Clinical Document Exchange (CDX) ensures every clinician has the most recent clinical data on their patient, regardless of system of use. This project will increase content and electronic medical record participation in the CDX initiative. Improve on IH's ability to better share information with physicians in their private offices.
Mental Health Substance Use Specialized Care Program	Implement Order/Referral management to exchange information between internal and external entities (primary care providers, home health, community programs and services, chronic disease management specialists, acute and diagnostic services, etc.). This improves communication as well as provides statistical information on wait times (based on referrals) and referral patterns.
Pulmonary Function Test Raw Data in Meditech	This project is to implement a software solution to allow pulmonary function testing information to be brought into Meditech automatically. This will improve efficiency and care for respiratory patients being served by referring physicians, respiratory specialists, specialists, primary care providers and frontline clinicians.
Specialized Services - Complex Medical Patients and Frail Elderly	Development and implementation of electronic referrals and full electronic clinical documentation for Geriatric Wellness Centers/programs supporting Complex Medical Patients and Frail Elderly.
Storage Area Network for Disaster Recovery	This will replace the existing backup and recovery solution with new hardware and technology for IH's primary electronic health record system which is used to store electronic patient health records.
Vacation Planning System	Provide a more streamlined, automated solution for the BC Nurses Union Annual Vacation Planning Process. This solution will provide the ability for nurses to request their annual vacation entitlement, culminating with the final approval and scheduling of vacation. Business and collective agreement rules will be applied throughout the process, including vacation smoothing. The completed vacation plan for nurses will be interfaced or scripted into ESP (IH's Scheduling System).
Under $100,000 Projects	**Total (Over $100,00 Projects)**
McKesson Load Balancer	The current hardware, which is part of the system being used for storage and management of patient images for diagnostic purposes, needs to be replaced.
McKesson PACS Study License	IH requires a McKesson study license for every new study (X-ray, CT, MRI etc.) stored annually through the McKesson Imaging Picture Archiving and Communication System solution. At our current rate of 2% annual growth, IH is required to purchase additional licensing to meet incremental storage needs.
Network Infrastructure Refresh	This project is to refresh aging network infrastructure e.g. network switches and routers to ensure the network is operationally maintained and running efficiently to support critical business and clinical applications.
Network Storage for Sleep Studies, EMG Studies and EEG Studies	This will introduce additional storage capacity for specific clinical areas to ensure data is properly stored on IH's networked storage systems providing secure, reliable, high availability and backup/recovery requirements.
Server Infrastructure Expansion	Increase capacity to support growing demands for data storage and power requirements by various critical business and clinical applications.
Storage/Backup/Archive	Replace hardware that is part of the solution used to backup critical patient and business information. The data back up is also copied to a remote location in case the original copy requires restoration after a data loss event (e.g. equipment failure, human or natural catastrophe).
Unified Communications - Telephony (includes voice mail servers)	The investment for 2017/18 is to support voice mail servers across IH. This will ensure IH has a new centralized, integrated, unified system for collaboration e.g. voice, video, and instant messaging capability.
Virtual Desktop Infrastructure (VDI) Operation Management Solution	This project is for the upgrade and expansion of the VDI/Remote Access (IH Anywhere) technology which allows clinical/support/leadership staff to securely access the IH system from outside locations. This will ensure system availability and support for current and expanded use in all environments. Use of this remote access technology is increasing.
Video Conferencing Infrastructure Refresh	Video Conferencing is a technology used by all leaders and staff in order to communicate effectively between facilities. This technology is widely used as it greatly reduces the need for staff to travel. This investment is to refresh the existing video conferencing system in a data centre which will ensure continued support of the technology from the manufacturer.
	Total (Under $100,00 Projects)