



**DISTRICT OF PORT HARDY  
AGENDA  
COMMITTEE-OF-THE-WHOLE COUNCIL MEETING  
6:00 pm TUESDAY NOVEMBER 27, 2012  
Council Chambers - Municipal Hall**

**A. CALL TO ORDER**

**Time:**

**B. APPROVAL OF AGENDA**

Motion required

1.

2.

**C. DELEGATION** - Alison Mitchell and Dr. Rick Scragg, Co-Chairs, Mt. Waddington Health Services Stabilization Working Group re: Local Working Group Recommendation Report submitted to Vancouver Island Health Authority.

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- 1           a. Alison Mitchell and Dr. Rick Scragg, Co-Chairs Mt. Waddington Health Services Stabilization Working Group (Nov 2/12) re: Request to attend Council meeting.
- 2-6         b. Copy of letter from Catherine Mackay, Exec. VP/ Chief Operating Officer VIHA and Dr. Brenden Carr, Exec VP/Chief Medical Officer, VIHA to Alison Mitchell and Dr. Rick Scragg, Co-Chairs, Mt. Waddington Health Services Stabilization Working Group re: Letter of June 25, 2012 re: Critical Recommendations and Paradigm Shift Recommendations.
- c. Previously circulated: Report to Vancouver Island Health Authority from Mt. Waddington Health Service Stabilization Working Group. Report dated April 25, 2012.
- D.** Council rises, recommendations taken to Regular Meeting of Council, 7:00 pm November 27, 2012.

November 2<sup>nd</sup>, 2012

7360 Columbia Street  
Port Hardy, BC V0N 2P0

Dear Mayor and Council:

The Mt. Waddington (MW) Health Services Stabilization Working group is pleased to present the attached Recommendation Report that was submitted to the VIHA board and executive. The Local Working Group was created as a result of the initial discussions that occurred around the critical situation at Port Hardy Hospital emergency and the resulting implications for the entire region. The group was comprised of members from the MW Health Network, municipal representation along with physicians, First Nations representation and VIHA staff. These representatives worked together to develop the recommendations identified in the report that we believe will stabilize health services in Mount Waddington. The report was submitted to VIHA Board and Executive and met with a favorable response. I have attached both the report and the response letter for your review. Based on the response, we have now begun our planning process to determine our future state of health services. Part of this process will be map out our current services and to engage communities to ask for their input into planning for the future.

This report represents a combined effort towards recommending practical ideas to address our region's health needs from basic access to primary care to recruitment and retention of staff and rethinking funding methodologies. We are now hoping to present this work to upcoming local First Nations' bands, the regional district and municipal councils in our region. We ask if we may attend a council meeting during the period of November 1<sup>st</sup> until December 31st in person to give the opportunity for feedback, and answer any questions as we move forward with planning.

There have been tremendous efforts made to stabilize health services in MW by individuals, communities, organizations and service providers. All stakeholders are encouraged to be involved in the planning and delivery of supports and services in the North Island. The success of the plan will depend on working together and uniting our leadership to ensure that the recommendations in the report become a reality.

Please feel free to e-mail or call Alison Mitchell if you need further information. [alison.mitchell@viha.ca](mailto:alison.mitchell@viha.ca) or 250-956-4461 local 66257.

Respectfully

Alison Mitchell & Dr. Rick Scragg  
Co-Chairs of the Mount Waddington Health Services Stabilization Working Group



June 25, 2012

Ref #13534

Mount Waddington Health System Stabilization Local Working Group  
c/o Alison Mitchell & Dr. Richard Scragg, Co-Chairs  
Mount Waddington Health Services Administration  
Box 548  
Port McNeill BC V0N 2R0

Dear Alison and Rick:

As promised, we are writing in follow up to your articulate and engaging group presentation to Howard Waldner and ourselves, as well as your follow-up electronic mail to Howard on May 29, 2012 in which you highlighted the health service challenges we are facing in the "true" North Island and your Report's recommendations in response to them. Please accept our apology for the delay in responding.

We would like to formally thank all members of the Mount Waddington Health System Stabilization Working Group (Local Working Group). The many meetings, the deep, sometimes difficult conversations, and the passion the members have shown for improving health services are outstanding.

As Howard indicated to you in his response to your electronic mail, we have had discussions with, and received endorsement from, our Board of Directors as to the approach we shall collaboratively undertake in response to these recommendations over the coming months.

VIHA is committed to providing resources to realize the short-term Mission Critical recommendations within your Report. In addition, VIHA is committed to dedicating resources for developing a new service model for the North Island and realizing the Paradigm Shift recommendations you have outlined.

To provide more detailed information, we have listed your defined "Mission Critical" as well as "Paradigm Shift" recommendations as well as our proposed approach moving forward with you:

**Mission – Critical Recommendations**

***Recommendation 1:*** *We have presented in this report our mission-critical recommendations for which funding needs to be committed now if we have any hope of stabilizing the system. We also need commitments that planning can commence on our other recommendations and that VIHA and partners are committed to support these activities going forward. We are prepared, as a group, to continue to work on this important initiative if a VIHA commitment of new resources is extended to address our immediate needs.*

We acknowledge and appreciate your ongoing commitment to improve the health of residents of northern Vancouver Island. To that end VIHA commits \$100,000 in 2012/13 for the Local Working Group to develop an implementation plan for the mission-critical recommendations, to include the development of integrated primary and community care service models and sites in Port Hardy and Port McNeill. We will also be looking for additional staffing support opportunities through provincial funds as they become available (e.g. provincial Accelerated Integrated Primary and Community Care initiative).

**Executive Office**

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Timelines for this service model planning are key to leveraging additional resources from other partners. Given this, we would suggest having the service model complete within the next six months.

**Recommendation 3:** *VIHA, partners represented at the LWG table and others that share the LWG's goal commit to develop a renewed, targeted recruitment and retention strategy for medical professionals for the Mt. Waddington Region.*

VIHA acknowledges and commits to working with local physicians and community members to actively recruit physicians into Mount Waddington. VIHA Medical Affairs has identified the need to develop a long-term strategy for recruitment and retention of rural and remote physicians as part of its Physician Engagement Strategy.

As an interim strategy VIHA will commit \$30,000 to engage with expert recruiters to hire up to an additional three family physicians for Mount Waddington. VIHA also recommends that the physicians in Mount Waddington work to build a flexible Community of Practice through its emerging Division of Family Practice.

**Recommendation 14:** *VIHA contract dedicated regional ER physicians – to address the current ER crisis and to address gaps in coverage in both the Port Hardy and Port McNeill hospitals. Contract commitments should extend to a minimum of one year and be seen as a transitional measure that will help evolve the change required to support a more sustainable system.*

VIHA commits to continue to assist in the recruitment of emergency room locums. As mentioned at our meeting, this current model seems to be providing some relief in Port Hardy at present.

VIHA also recommends local physicians look at creative ways of utilizing REEF funding at the three emergency department sites. VIHA would strongly endorse a further "paradigm shift" recommendation involving co-location of practices. For example, with the upcoming known departure of physicians in Port Hardy all remaining physicians could co-locate into a single practice with the Nurse Practitioners to improve practice coverage during emergency department on-call.

**Recommendation 23:** *The LWG recommends for VIHA to support the blended-care model and proceed with the recruitment of two Nurse Practitioners in Port Hardy to meet current health care needs. The Nurse Practitioner placements should preferably be established in the community, within existing physician practices. The Nurse Practitioners should have separate patient rosters of appropriate complexity. Also, VIHA should provide funding to cover additional Medical Office Assistant support and overhead costs associated with Nurse Practitioners.*

VIHA has posted these two positions for Port Hardy to include standardized overhead contributions. We expect to have recruited successful candidates and have them begin work by mid-summer 2012. We anticipate these positions, along with the two existing Nurse Practitioners in Port Hardy, will increase access to primary health care services and reduce reliance on emergency departments for primary health care needs (almost 70% of current visits).

**Recommendation 24:** *Two further Nurse Practitioner positions should be hired and instated in the region. These roles would assume a call duty of 1:6, with options for physician backup – i.e. through phone consultation to the on-call doctor in the next closest community or via patient transfers for direct consultation with GPs.*

VIHA fully supports the addition of Nurse Practitioner positions for Port McNeill and Cormorant Island. We will be submitting a funding request to the Ministry of Health for these positions.

Recommendation 45: *VIHA, together with the Mt. Waddington Health Network and partners, should expand its public education efforts in the region to promote a better understanding of how the regional health care system works and can be more effectively utilized. Begin now to profile immediate challenges and solutions and continue to support fundamental systems changes as they are planned, readied and introduced.*

VIHA commits a part-time dedicated Communications Advisor to work with the Local Working Group to develop a public communications strategy that would reflect local knowledge and communications infrastructure. We would seek the guidance of the Local Working Group as to when this work should commence, with early thinking being we wait for the service model design completion.

Recommendation 47: *First Nations and Community Engagement: Under the aegis of the VIHA-First Nations Health Council Partnership Accord, VIHA should share the LWG's recommendations at the earliest possibility, and in an ongoing process, so that both partners can get to work on implementing and subsequently on continuing the solutions the LWG is recommending.*

VIHA commits to building relationships through interim First Nations Health Authority and our existing First Nations Health Council through living the deliverables in our new Accord. Our VIHA Aboriginal Health Plan lays out specific actions we are undertaking over the next three years.

#### Paradigm Shift Recommendations

Recommendation 2: *VIHA work with system funding partners to recalibrate the service funding formula for remote communities such as Mt. Waddington so that funding can be targeted on the basis of local need, acuity and circumstances rather than through per capita allocations based on populations.*

VIHA is interested in modeling a population health needs funding approach. We commit to undertaking this work and sharing it with the Local Working Group.

Recommendation 8: *VIHA work with system funding and delivery partners to create a new classification for support and subsidy programs that distinguishes Mt Waddington as a "remote" region rather than a "rural" region, to ensure that remote communities have access to the most advantageous subsidy and support rates.*

VIHA commits to write a letter of support in this regard to both the British Columbia Medical Association and provincial Ministry of Health by fall 2012. We will be in touch shortly with physician members of the Local Working Group to ensure our messaging is aligned with the intent of this recommendation.

Recommendation 9: *Develop new ways of supporting and funding professional education and development.*

VIHA commits to providing a part-time dedicated Professional Practice Office resource to work with all VIHA Rural Health Managers to develop a rural/remote professional education and development approach. Initial discussions have already occurred with Managers in May and work will be brought to the LWG for further discussion. In addition, VIHA has also committed \$76,000 for clinical professional development in 2012/13 for Rural Health Services.

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**Recommendation 12:** *The LWG encourages VIHA to reduce the impact of distance and advance local care delivery capability. Serve as a working pilot for VIHA's efforts to deploy technology solutions such as Telehealth and mobile diagnostic and laboratory equipment to improve service to patients and reduce pressure on the existing system.*

VIHA has made significant infrastructure investments in the area of Telehealth on the North Island. That being said, we also understand the infrastructure (equipment) is not being used to its full capacity. Therefore, VIHA commits to developing a strategy to expand Telehealth opportunities in the rural and remote areas within our geography.

**Recommendation 13:** *Ultimately, recruitment efforts must focus on attraction and selection of fully qualified, deployment-ready practitioners in all fields and move away from the current model of part-time transfers, locums, or under prepared practitioners - which shores up immediate needs rather than contribute to predictable, high-quality services.*

VIHA commits to a part-time dedicated resource from our Human Resources department to work with Rural Health Managers and the LWG to develop a rural/remote recruitment and retention approach by March 31, 2013. As well, we commit to enacting the subsequent recommendations that arise from this work.

**Recommendation 15:** *VIHA work with local physicians and explore the introduction of an Alternative Payment Model (APP) in the region.*

VIHA Medical Affairs has started exploratory discussions with physicians in both Port McNeill and Port Hardy in May. VIHA will advocate for more flexible, population-based remuneration models through the Ministry of Health.

**Recommendation 32:** *The LWG recommends for VIHA to support the creation of two Integrated Community Care Facilities in the region, starting with Port Hardy, in order to meet present and future health care needs, and possibly other such facilities subsequently. Commit to working with LWG members to assess the model, take it to the next level of facility design and work with local representatives and prospective private sector contractors to develop a "business case" to attract support required to make these facilities an economically-viable reality.*

As per our response to Recommendation 1, VIHA wholeheartedly endorses this recommendation and has committed \$100,000 in 2012/13 to begin facility planning in earnest. We anticipate using additional provincial Integrated Primary and Community Care as well as provincial Nurse Practitioner investments to start the creation of virtual teams even prior to a new integrated site being realized.

**Recommendation 33:** *Review the issues and adopt recommendations for improvement specified in the concurrent, parallel review of mental health and addictions services in order to align efforts between the two initiatives. (Mt. Waddington Addiction and Recovery Services Plan – MWARSP)*

VIHA recognizes the health disparities and service gaps for this population, especially in rural and remote communities. We are building a VIHA Mental Health and Addiction Services (MHAS) plan that will focus on making investments to close these gaps in care.

To augment the existing MHAS resources in the Mount Waddington area, we have developed a formal proposal through the provincial Integrated Primary and Community Care initiative. The proposal seeks funding for additional intensive case management and community supports specific to the Mount Waddington area. We anticipate receiving all necessary approvals to proceed by the end of July.

As outlined above, VIHA is fully committed to working with all partners that comprise the LWG. Our commitments, both financial and in-kind, speak to the commitment we experienced in your passionate presentation to us in May.

Thanks again to the members of the Local Working Group for collaborating on this thoughtful road map to stabilize services in the North Island. Together we can build a more responsive health care system for our populations.

Sincerely,



Catherine Mackay  
Executive Vice-President/  
Chief Operating Officer

Sincerely,



Dr. Brendan Carr  
Executive Vice-President/  
Chief Medical Officer