

**Network Minutes**

**Thursday February 11, 2016 CVRD Board Room- 5:30 pm**

**Present:**, Jennifer Jones Chair, Denise Williams Co- Chair, Cindy Lise Regional Facilitator, Laura Court, Leslie Welin, Valorie Masuda, Bob Day, Gretchen Hartley, Sheila Service, Jane Hope, Michelle Staples, Denise McKinlay, Rhoda Taylor, Linda Roseneck, Val Masuda, Douglas Hardie, Gus Williams, Jan Tatlock, David Robertson, Dave Ehle, Aimee Sherwood, Diane Pope, Robin Routledge, Robert Calnan, Colleen Fuller

**Regrets:** Rob Hutchins, Tom Walker, Alison Nicholson, Amy Trippe Brophy, Jane Osborne, Travis Peterson, Kate Marsh, Melie De Champlain, Victor Nowoselski

**Absent:** Lori Iannidinardo

**Guest:** Holly Arbinault, Karen Schogel

**On Leave:** Joanna Nielson, Gerry Giles, Grant Waldman

1. **Welcome and introductions.**
2. **Adoption of Agenda- Moved/second Approved**
3. **Celebrating Network Members –**
	1. **Douglas Hardie-** Discovery Youth Addictions Services provides services for youth across Vancouver Island with two central administration locations with counsellors based in Victoria and Nanaimo as well as other communities. We have 2 counsellors here in Duncan who serve youth aged 12 to 19 and their families. Detox services are provided in Victoria which is where our youth requiring those services go. There are 16 care home beds which function like foster homes. Discovery is closely connected to residential programs on the mainland as well as high schools across the Island. Our two local counsellors are Tasha Chamberlin and Sarah Duncan who have office space near Harmony Yoga. Discovery has a harm reduction philosophy.
4. **Delegation-** no delegation
5. **Spotlight Speaker -**Dr David RobertsonMedical Director for Island Health Geography 3. David provided an update on Cowichan District Hospital and our current challenges with specialists in particular the specialty services of urology and opthamology.
	1. Our emergency room sees an average of 100 people a day and 35,000.00 per year
	2. We have an average of 130 patients in a hospital with capacity for 110
	3. An average of 31 of those admitted are seniors waiting for complex care/ residential care beds
	4. We have approximately 550 residential care beds for our region. We know that the need will far exceed our capacity to build new spaces. It is the intent of Island Health to support seniors to remain at home and be cared for at home versus residential care.
	5. A new hospital is the number one priority for Island Health at this time. It is anticipated that the hospital will be a similar size to the new Comox Hospital. The Ministry of Health has requested a letter from Island Health regarding the condition of CDH as well as a business plan for the new CDH. The approval process for a capital expenditure such as this can take up to two years. In the mean time we are asked to consider what we can offer outside of a hospital in our community. Now is the time to dream about options for community based health care.
	6. Opthamology and Urology specialties are facing challenges. The Cowichan region only has one urologist who is serving a population of over 81,000 people many of them aging and requiring his services. The challenges with recruiting a second specialist fall short due to the inability of increasing operating room time in addition to the lack of inpatient beds. The operating rooms significantly impact our ability to recruit specialists. Our Ophthalmologists are also reaching retirement age. Strategies to support specialists are difficult as we require community based clinical care as well as hospital based care and the ability to perform surgeries. We are currently able to manage the needs within the region but cannot recruit until vacancies occur because specialties will not come here without the ability to operate. These challenges will continue to exist until the aging OR can be addressed and their capacity to increase the number of surgical procedures is changed.
	7. The public needs to change how it thinks about hospitals. Our Cowichan can play a role in educating and consulting with the public. What services can we provide in the community?
6. **Minutes from January 14 OCCHN meeting Carried**
7. **Correspondence:**  Letter from Dr David Robertson and Alice Gelpke re: presenting at February meeting
8. **Business Arising from Minutes**: None
9. **OCCHN Committee Reports**
	1. **Business Arising from Admin Committee-**
		1. The admin committee is currently reviewing the recommendations made by the membership task force. These recommendations will be brought forward in the March meeting.
	2. **Budget- Admin** – The budget as reported is based on the CVRD fiscal year which runs from January 1 to December 31. Our budget aligns with the Island Health fiscal year which runs April 1st to March 31. As a result of the two fiscal years overlapping it may report that some of our budget line items have surpassed their limits. The admin committee monitors these budget line items and we are on track. If anyone has questions regarding the budget please contact Denise for further clarification.
	3. **Granting**-
		1. OCCHN will be applying for a BC Healthy Communities Leadership Grant to support the community stream of EPIC. OCCHN along with the physical literacy team and the Cowichan Regional Airshed Roundtable will be applying in hopes that any one of these great projects may receive funding.
	4. **Membership**-
		1. We welcome Diane Pope who will be replacing Val Crossley from Arbutus Ridge Ratepayers Association and Colleen Fuller from the Cowichan Valley Basket Society who is replacing Bonnie Thompson
	5. **Asset Mapping and Data Collection**- FETCH is live and will continue to be under development in 2016. In order to ensure that we can administer the resource Cindy asked that some members also come forward who will be interested in some administration training.
	6. **Website**- no report
10. **OCCHN Liaisons:**
	1. **Collaborative Services Committee**: The Cowichan District Medical Society has been founded and is in the process of being registered as a society. Dr. Bob Anderson will be the president, and all physicians with privileges in Cowichan will be members. The society will develop positive and effective alliances with members through the triple aim of effective care, financially stable care, and better experience of care.
	2. An in depth review is underway to identify gaps in the Surgical Services Department at CDH. The review is detailing the surgical efficiencies and services in terms of operations from a nursing prospective.
	3. There has been a change in leadership at CDH including a new site director, Vanessa Swanson, and a new site manager, Janeen Kidd. There is also a current posting for another site manger that is expected to close shortly.
11. **Integration and Attachment Committee:** No Report
12. **Cowichan Valley Hospice project-** Val Masuda reported that the task force continues to meet on a weekly basis and that they are currently seeking the engagement of Island Health for the project. A concept design has been completed which will provide excellence in Palliative Care within the Cowichan Region. A public education strategy is currently being developed prior to a fundraising campaign. 2017 is quickly approaching so it is hoped that significant progress will be made in the coming months.
13. **New Business:**
14. **Smoking Cessation-**In reviewing our strategic plan it was determined that we would update previous presentations and follow through on progress. With the explosion of Vaping shops across the valley and statistics reporting that over 500,000 residents in BC continue to smoke a recommendation was put forward for OCCHN to continue find strategies to reduce smoking and now vaping in the Cowichan Region. A small task force was set up to look at our research, communities who do not have smoking policies in place as well as the arrival of new vaping businesses. Rob Calnan, Rhoda, Sheila, Cindy and Jennifer have agreed to work on this project.
15. **Elections:** OCCHN election has been deferred to March
16. **Asset Mapping and Research Committee Task Force Recommendations**- The **recommendations are as follows:**

**RECOMMENDATION –** That OCCHN continues to enhance and add to FETCH in 2016. And that FETCH be promoted widely throughout the region and through membership. **Carried**

**RECOMMENDATION**- That a new section be created within the Health Matters Newsletter to share new and older reports and research with OCCHN members until such a time as they can be included in the Cowichan Communities Health Profile update if identified as important to do so. **Carried**

**RECOMMENDATION**- That the Cowichan Communities Health Profile be updated in line with the larger release of census data. (Every 4-5 years). If possible specific sections of the profile are updated when larger portions of data are accessible such as the release of LHA data; and that OCCHN request the support of Island Health with this aspect of the update. That specific sections of the report be enhanced or updated based on identified priority areas identified by OCCHN including, children pre birth to age 6, Frail and isolated seniors, chronic health including substance use, poverty and economic status and health promotion. Additional focus for data collection could also support established Collective Impact initiatives underway in the Cowichan Region. OCCHN will seek options for funding of up to $50,000.00 for this work. **Carried**

**RECOMMENDATION-** OCCHN will not purchase the Baragar Software and instead partner with Island Health expertise for specific data collection requests. In the event that there are costs associated with the request to Island Health for support that OCCHN seek funds in order to do so. **Carried**

**RECOMMENDATION**- That OCCHN explores the opportunity to create a bi annual Cowichan version of a community health report. This could include working with our community partners such as Social Planning Cowichan to explore options on how to undertake this process to supplement the Cowichan Communities Health Profile in years where the larger report is not being revised. The survey developed for the Cowichan Communities Health Profile could be reviewed and adapted to support our version of Vitals. **Carried**

**RECOMMENDATION-** That OCCHN ensures that the Cowichan Communities Health Profile, Data Collection and research continues to look at the bigger picture of poverty **Carried**

**NEXT MEETING THURSDAY March 10 6:00 PM- Dinner served at 5:30**

Minutes taken by Cindy Lise- Meeting adjourned at 7:55 pm