

WELCOME

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Find us online at:

www.islandhealth.ca/newcdh

COWICHAN VALLEY

HEALTH & CARE

EXCEPTIONAL CARE ~ EXCEPTIONAL PEOPLE

Photo by: Cindy Lise

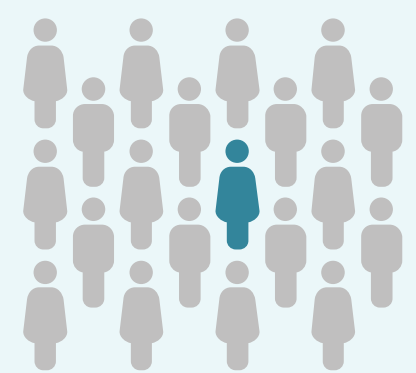
COWICHAN VALLEY HEALTH & WELLNESS

POPULATION



Cowichan's population is 86,211 and makes up 11% of Island Health's total population.

Island Health's Population: 800,132



9-12% of Cowichan's population self-identify as **Aboriginal**. This is a higher proportion of the population compared to BC (5.4%).

LIFE EXPECTANCY AT BIRTH



	Female	Male
COWICHAN	82.9-87.1	78.5-80.6
ISLAND HEALTH	84.1	80.2
BC	84.6	80.6

PROJECTED GROWTH



	Population Growth: 2012 – 2017	Projected Population Growth: 10 Years
Area Population	4 %	Cowichan: 10 % / Lake Cowichan: 2% / Ladysmith: 11%
Area Population, age 75+	12 %	70 %
Island Health	5 %	22 %
BC	6 %	28 %



HEALTH STATUS



34-38% are **staying healthy** and are non or low users of health care services.
Island Health: 38%

46-52% are living with illness and **chronic conditions**, ranging from low to complex chronic conditions and severe mental health and cancer.
Island Health: 45%

1.8-3.3% are towards **end of life**, and are **high users** of health care services.
Island Health: 2.9%

The most prevalent conditions are:



- Mood and Anxiety Disorders
- Depression
- Hypertension

OF ISLAND HEALTH'S LHAs

- Lake Cowichan has the highest prevalence of Mood and Anxiety Disorders and COPD.
- Ladysmith has the highest prevalence of Depression.

ATTACHMENT RATE

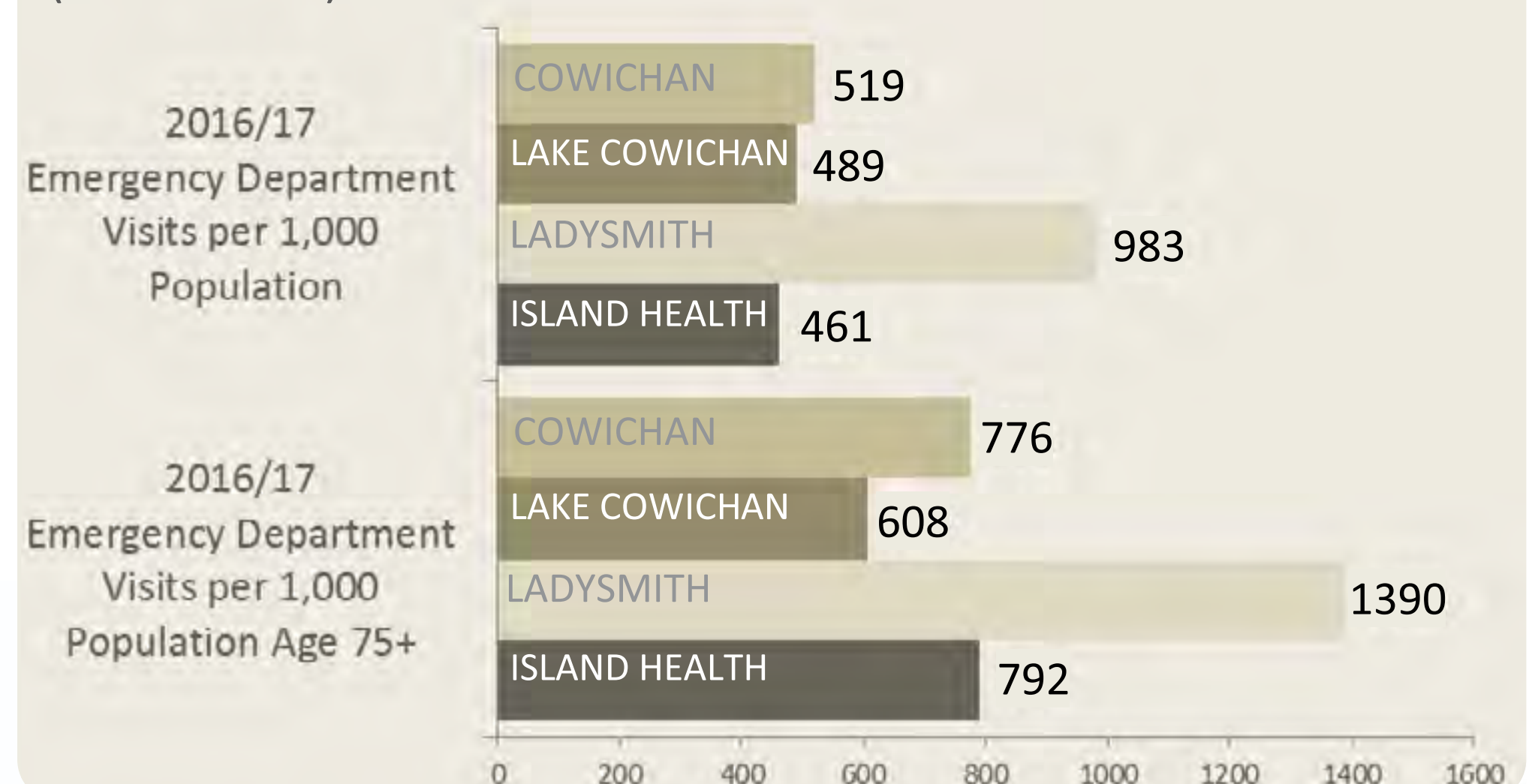
80-83% of Cowichan residents are attached to a Family Physician Practice*.
Island Health average: 79%

*These percentages are for attachment to a Family Physician practice, not a particular family physician 2017.



SERVICE UTILIZATION

In 2016/2017, area residents had more visits to Emergency Departments and Urgent Care Centres than the Island Health average. 29% of these visits are to urgent care (49% for 75+).



Source: BC Stats, P.E.O.P.L.E. 2018 (September 2018)

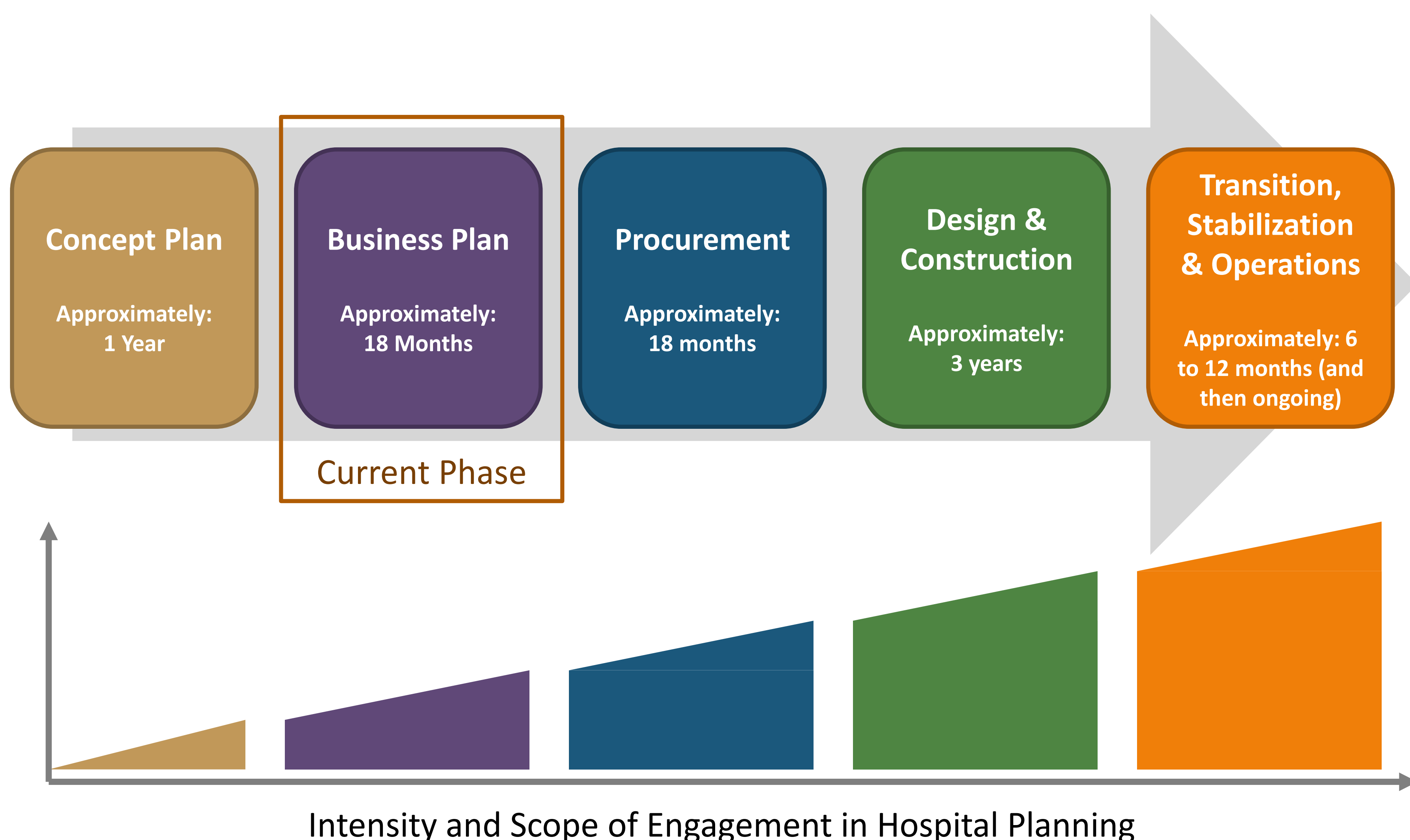
MAJOR CAPITAL PROJECT PHASES

All major capital projects in British Columbia (including hospital redevelopment projects) go through a number of phases from initial concept to implementation.

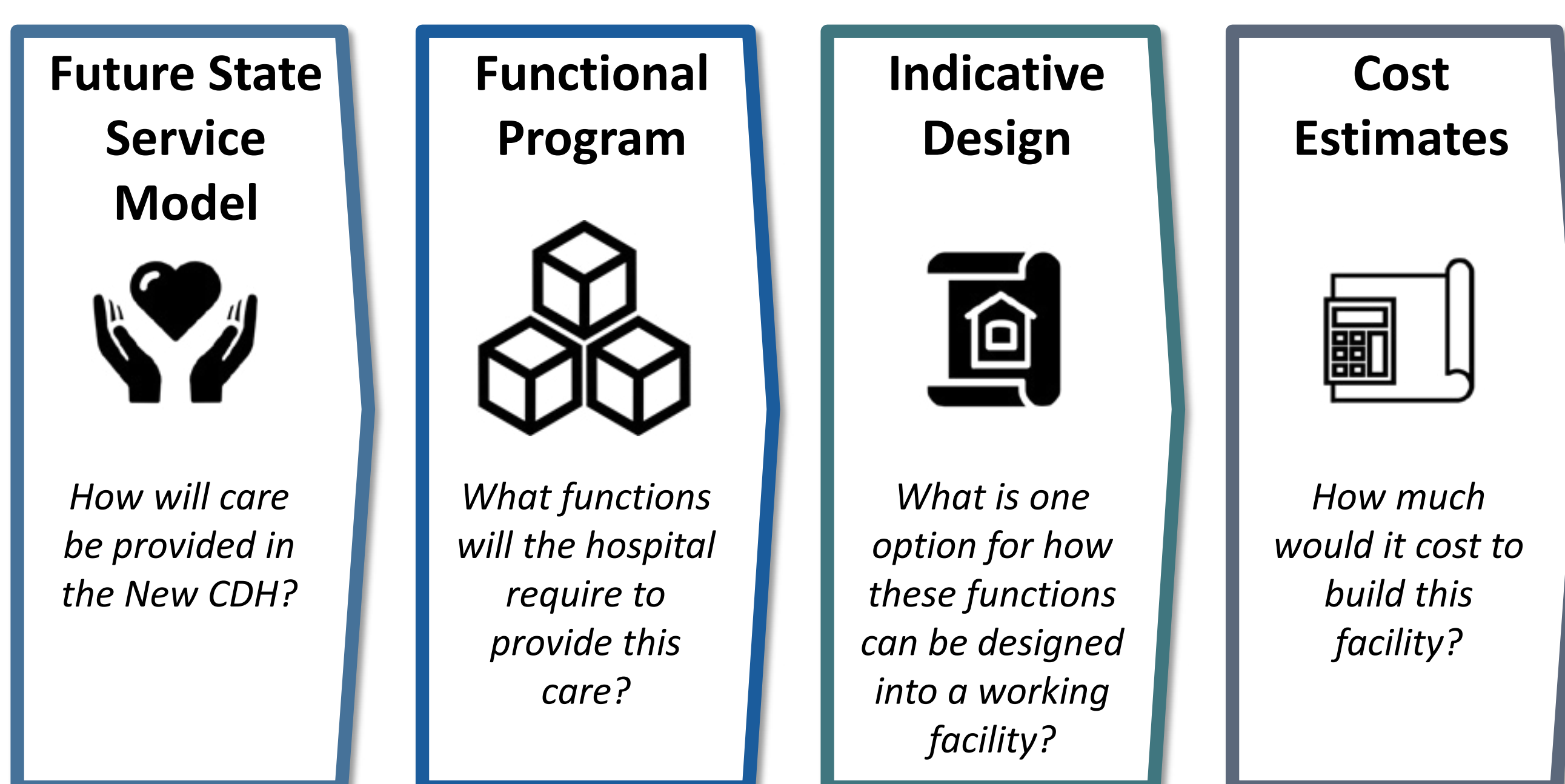
- **Concept Plan:** establishing the need to replace CDH - *Completed*
- **Business Plan:** determining how to replace CDH - *Current*
- **Procurement:** decide who will build it and how
- **Design & Construction:** final architecture, engineering and construction
- **Operations:** transfer of completed building to Island Health to run (Island Health's two North Island Hospitals reached this phase last year)

As we move through each phase, you will see a greater level of detail and specifics around what the proposed replacement hospital will look like.

This is a long process, and we are committed to working closely with the public, our partners in the Cowichan region, clinical teams and professional consultants to guide the project. There will be many opportunities in the coming months and years to help shape the vision for a new CDH.



BUSINESS PLANNING PROCESS



We are currently working on completing the Business Plan to replace CDH. This includes the development of several key building blocks that will be the foundation for a solid plan to successfully complete the CDH Replacement Project.

Key foundational building blocks include:

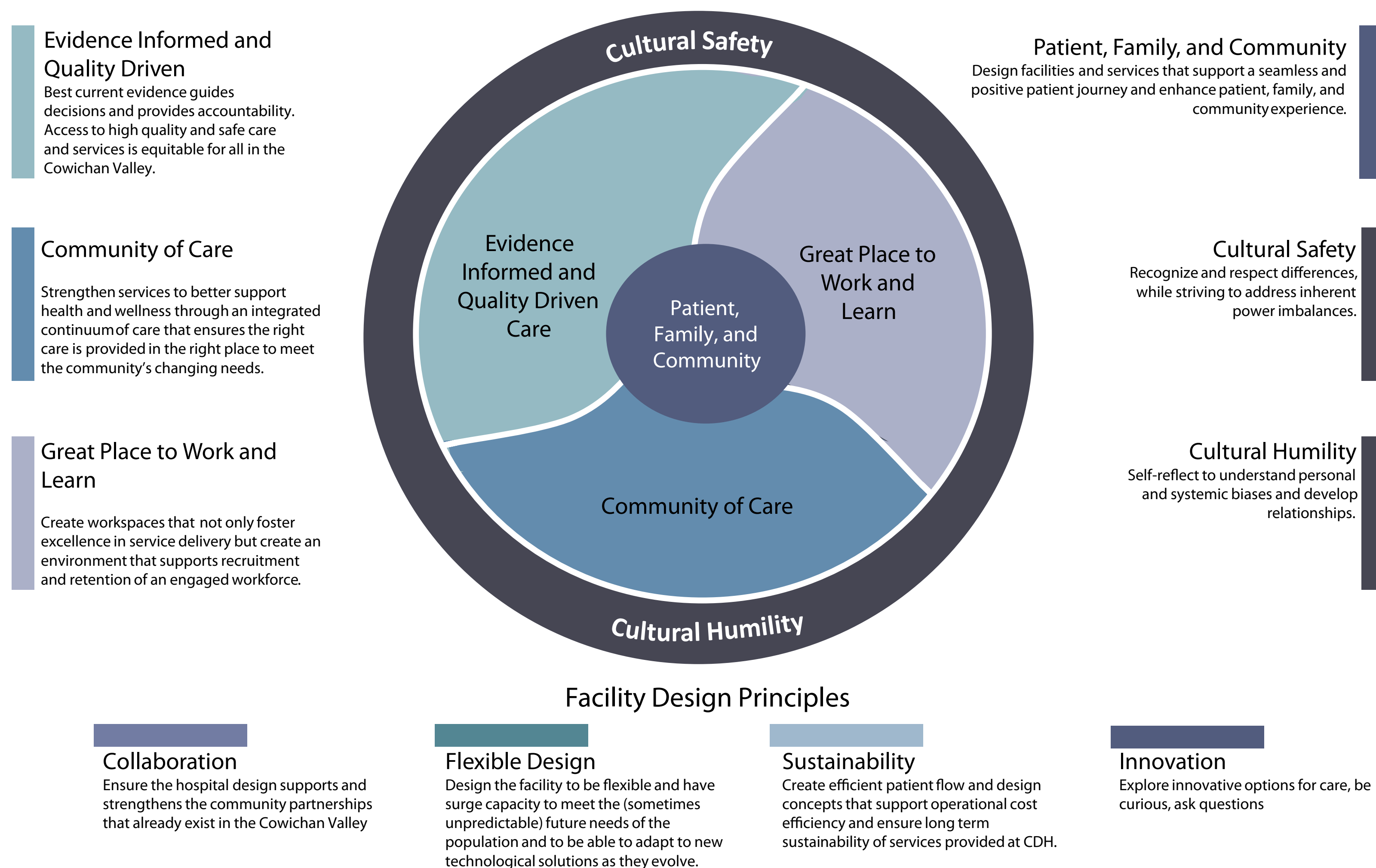
- **Future State Service Model:** Determining what services will look like in the new CDH, and how we expect to provide these services.
- **Functional Program:** Determining what components or elements of space a hospital would require in order to enable the desired care model in the future.
- **Indicative Design:** Early architectural and engineering designs that provide a proof-of-concept for how the new CDH could be designed. These will be further refined in later stages of the project.
- **Cost Estimates:** Detailed financial analysis and modelling to determine the capital construction costs and operating costs required by the proposed facility.

These elements will be compiled into a final Business Plan for the replacement of CDH, which will then be submitted to the Provincial Government of BC for approval. If approved, the project would proceed to the Procurement phase.

COWICHAN DISTRICT HOSPITAL REPLACEMENT PROJECT

Draft vision and facility design principles:

- Projects of this size and scope require thousands of individual decisions to be made. Strong guiding principles will ensure that these decisions are made towards common objectives which reflect the needs of the people we serve.
- The following principles describe how we want the broader health system in the Cowichan region to look in the future and will guide our decision-making within the Cowichan District Hospital (CDH) Replacement Project.
- Along the bottom are our four Facility Design Principles, which describe the elements that are key to the success of the new CDH facility.
- Please review these principles and let us know your thoughts. We are interested in learning what is most important to you for the future of health services in the Cowichan Valley and for the new CDH.



Exceptional Care... Exceptional People

BUSINESS PLANNING PROCESS

Questions for our community:

What principles should we consider to guide our decision-making throughout this project? (e.g., ensure sustainability in design, respect cultural safety & humility, etc.)

Where are the greatest opportunities to keep people healthy and well in their communities and homes and what are the greatest challenges to achieving that?

Knowing we are at the beginning of a 5-step planning process, what do you want the planning team to keep in mind as we build a Business Plan for the replacement of CDH?

What positive things do you see within the health system in Cowichan (including Cowichan District Hospital) that we should keep and build on for the future?

How would you like to be kept up-to-date on the new CDH project as it advances? (e.g., emailed newsletters, social media posts, public events, PlaceSpeak, etc.)

STANDARD CONSIDERATIONS FOR NEW HOSPITALS

Examples from the North Island Hospital Project

Single-patient rooms:

- Natural light with energy conserving windows & built-in, motorized blinds
- Ceiling-mounted lift systems to assist patients in moving to other parts of the room
- Adjustable “smart” beds that allow for better patient positioning, easier movement and reduced risk of falls.
- Private bathroom and shower
- Locking wardrobe
- Night light and handrails
- Sleeper couches for family members to stay with patients



Operating Rooms (OR) and Intensive Care Units (ICU):

- Larger ORs and ICU with latest technology
- Designed for best infection control practices

Gathering places:

- Flexible, sound-proof space with independent ventilation able accommodate larger groups for quiet reflection or a variety of ceremonies for any culture

COWICHAN VALLEY HEALTH & CARE PLAN

- A hospital is a critical component of health and care services within a community – but it is only one part. There is a wide range of primary care, community care, health promotion and long-term care services available to support your health and wellness.
- As we plan for a replacement hospital in the Cowichan Valley, we are looking at the overall system of health and care, both now, and into the future. We know there is more that can be done to help keep people healthy in their homes and with family.
- Island Health is committed to strengthening our community-based health supports so you and your loved ones can avoid a hospital stay whenever possible.
- Technology is also changing the landscape of health care and enabling more services to be safely delivered in locations beyond the hospital campus and even in your home. These options for patients and families will continue to evolve and expand well into the future. We want to ensure the design of the new CDH takes this into consideration, and supports the entire system of health and care, in whatever form that takes.



COWICHAN DISTRICT HOSPITAL

Cowichan District Hospital is a 51-year-old facility, built in 1967. It was originally built to accommodate 95 inpatient beds. CDH has 134 funded inpatient beds.

Current service streams at CDH include:

Service	Description
Emergency Services	General Emergency Treatment and Primary Trauma Centre (Level 4 Trauma capacity)
Critical Care	7 bed Intensive Care Unit with telemetry and critical care outreach team
Medical Services*	78 Medical Beds
Surgical Services*	4 Operating Theatres, 1 Endo/Colposcopy Room 24 Medical/Surgical Beds
Mental Health & Substance Use Svcs.	15 Bed Acute Adult Psychiatry unit Psychiatric Seclusion (in Emergency Department) Crisis Response Team
Pediatrics*	4 Bed Pediatric Unit
Perinatal Services	Labour/Delivery/Recovery Care 6 Obstetrics Beds Antepartum/Postpartum Care
Ambulatory Services	Outpatient chemotherapy; ortho/cast clinic; pediatric respiratory clinic; pre-anesthesia clinic; outpatient physiotherapy/occupational therapy; UV light therapy (off-site) and community dialysis (off-site)
Ancillary Services	Medical Imaging (CT, echocardiography, fluoro/X-Ray, ultrasound and electrocardiography) Mobile MRI (available 3 weeks/month) Core Laboratory Services Pharmacy
Teaching & Education	UBC Medical School sends students and residents to CDH for part of their training through Island Medical Program

* Note the Medical, Surgical and Pediatric beds are used flexibly between these services based on patient needs. They are broken down here by how they are allocated, although they are more typically treated as a single block of common beds.

COWICHAN DISTRICT HOSPITAL

CDH usage trends by service, 2016/17:

Hospital Volumes by Service	2016/17
Population Growth in CDH Catchment	
Total Population of Cowichan Valley	84,686
Population age 75 and older	8,158
Total Volumes for CDH	
Total Patient Days	48,772
Obstetrics	
Total Patient Days	1,245
Total Births	488
Emergency Services	
Total Visits	33,393

Working to improve access and quality health care and services for our community:

- **Collaborating with community partners** (patients, physicians, local First Nations and other service partners) to bridge the gaps in care transitions between home and hospital.
- **Rapid Response General Practitioner** provides in-home visits for at-risk/high risk clients to support people following a hospital stay and facilitate care planning with their regular care provider.

COWICHAN DISTRICT HOSPITAL

Questions for our community:

Of the current services at CDH, which would you want to continue to be delivered in the hospital?

Of the current services at CDH, are there any that you would wish to see delivered in the community?

PRIMARY CARE & COMMUNITY SERVICES

Did you know that 80% of health care services and supports that people receive are delivered in the community and not in hospitals?

Primary and Community Care are vital and key components of a well-functioning, connected system of health care services.

Primary Care:

The first point of entry to the health care system and where the majority of health problems are treated. Usually, primary care is delivered by a family doctor or nurse practitioner in a physician's office or nurse practitioner clinic.

Community Care:

Services and supports delivered by Island Health, or funded and contracted by Island Health and delivered by community agencies in community settings.



PRIMARY CARE & COMMUNITY SERVICES

Cowichan Valley Primary Care services*:

- Approximately 85 General Practitioners and five Nurse Practitioners across 18 clinics
- Maternity clinic and family practice hospital support programs
- Urgent Care services (Chemainus and Ladysmith)

Community-delivered Island Health services*:

- Home Support, Geriatric Speciality Services, Case Management, Home Care Nursing, Occupational Therapy, Physiotherapy, Social Work, Wound Clinic, Intravenous Clinic, Adult Day Program, Respite Care, Palliative and End-of-Life Care
- Rapid Response General Practitioner provides in-home visits for at-risk/high risk clients
- Home Health Monitoring for clients with chronic obstructive pulmonary disease and heart failure
- Public Health Services
- Telehealth

Partnered and other health services*:

- Laboratory Services,
- Medical Imaging (e.g. x-ray)
- Our Cowichan Community Health Network
- Family Caregivers, Cowichan Better at Home, Cowichan Seniors Community Foundation, Community Paramedics, Canadian Mental Health Association



* not an exhaustive listing of services

PRIMARY CARE & COMMUNITY SERVICES

Future Primary Care and community service priorities include:

- **Development of a Primary Care Network**, in partnership with the Cowichan Valley Division of Family Practice and supported by the Ministry of Health
 - A Primary Care Network brings together primary care services in a community to ensure comprehensive, timely and coordinated care. Teams of health care professionals including doctors, nurse practitioners and other health care providers (e.g. nurses, social workers, mental health and substance use clinicians, occupational therapists, pharmacists, etc.) work together as a team to deliver this care.
- **Improving access to a regular, ongoing care provider** (i.e. attach people to a regular family doctor or nurse practitioner)
- **Improving access to primary care**, especially during evenings and weekends to help people avoid a trip to the hospital Emergency Department for less serious concerns.
- **Strengthening linkages between primary care services and community care programs** for improved care planning and care coordination
- **Addressing gaps** in care
- **Increasing primary health care services in First Nations** communities
- **Improving access to End-of-Life Care**, including hospice care beds
- **Strengthening Long Term Care services and Adult Day Programs**
- **Working with community partners to enhance the social determinates of health** such as housing, social isolation, transportation, education, employment and information about being healthy and staying healthy

PRIMARY CARE & COMMUNITY SERVICES

Questions for our community:

How do you think Primary Care and Community Services could be offered differently in the community?

What proactive health services would support you to achieve greater wellness and reduce your need for a hospital stay?

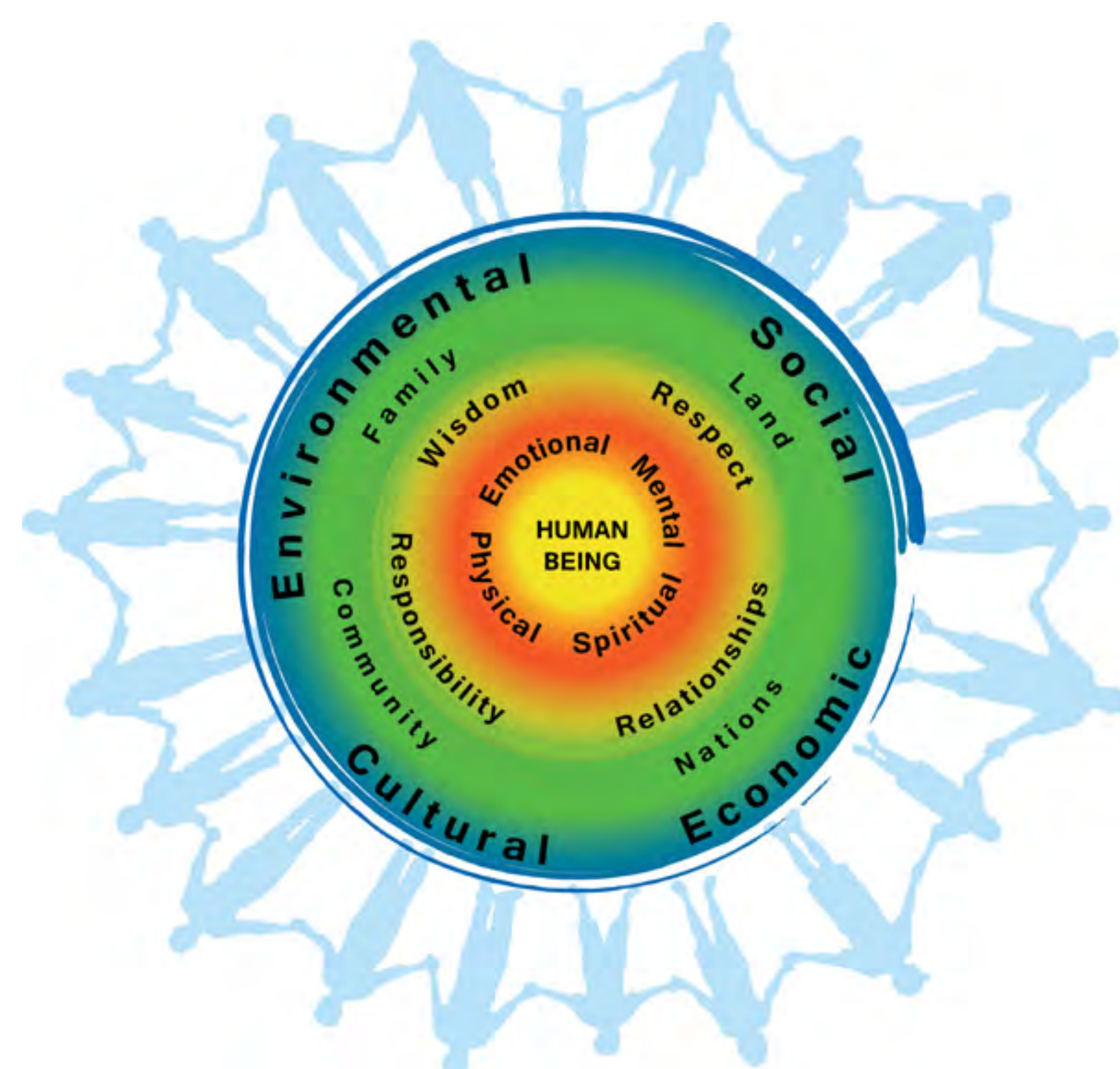
IMPROVING INDIGENOUS PEOPLE'S HEALTH

Current State: local First Nations services summary

Community	Primary Care Services On-Reserve
Cowichan Tribes	Health services provided by Ts'ewultun Health Centre
Ditidaht	Health station, Health services provided by Nuu-chah-nulth Tribal Council, GP and Nurse Practitioner (NP) clinics once monthly
Halalt	Health services provided by H'ulh-etun Health Society, GP sessions
Lake Cowichan	Health office
Lyackson	Health services provided by H'ulh-etun Health Society
Malahat	GP sessions
Penelakut	Health centre, GP and NP clinics
Stz'uminus	Health station, GP and NP clinics

Other services:

- **Aboriginal Liaison Nurse(s)**
- **Nurse Navigators**
- **Nurse Practitioners**
- **Promoting Cultural Safety and Humility,** including resources and education:
 - o PHSA's San'yas Indigenous Cultural Safety Online Training Program: www.sanyas.ca
- **Engaging local First Nations communities and First Nations Health Authority** in Primary Care Network establishment, ensuring that cultural safety and humility is embedded into the work
- **Ensuring care is culturally safe and appropriate**



First Nation Perspective on Wellness
© First Nations Health Authority

NORTH ISLAND HOSPITAL ABORIGINAL WORKING GROUP

Embedding Cultural Safety and Humility into care:

The North Island Hospital Aboriginal Working Group provided invaluable input on a variety of service delivery and design elements in the new hospitals to ensure local First Nations culture, community history and values were represented.

Examples of their contributions include:

- Traditional medicinal garden
- Welcoming palette for the majority of public areas
- Gathering places: welcoming, inclusive areas to accommodate large groups, ceremonies, music, drumming, ventilation for smudging ceremonies and a kitchenette for food sharing
- Traditional language in signage
- Longhouse design of the main hospital corridors
- Aboriginal maternal care
- Larger spaces to enable family to be part of wellness/healing journey
- Indigenous recipes in the hospital menu such as salmon patties, baked salmon and fish soup



Cultural Safety & Cultural Humility Definitions:

Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.

Cultural humility is a process of self-reflection to understand personal and systemic conditioned biases, and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a life-long learner when it comes to understanding another's experience.

IMPROVING INDIGENOUS PEOPLE'S HEALTH

Questions for our community:

MENTAL HEALTH & SUBSTANCE USE SERVICES

Mental Health & Substance Use (MHSU) offers a wide range of services depending on people's mental health and substance use needs. These services are available in a variety of settings, from community based counselling through to hospital inpatient programs. There are services for people living with significant and persistent MHSU challenges as well as groups for those living with anxiety and depression.

Before people can receive specialized mental health and substance use services in the community, an assessment is required to determine their needs and urgency. This assessment is done by a mental health and substance use clinician through scheduled appointments, which can be arranged through your primary care provider. Additionally, as of October 1, 2018, same-day (walk-in) MHSU services are available Monday—Friday from 10AM-2PM at the Rapid Access Clinic.

Local Mental Health & Substance Use services are provided by:

- Mental health clinicians
- Nurses
- Social Worker
- Psychiatrists
- Counsellors
- Occupational Therapists



It takes a village to raise a child, it takes a village, a community, to save our children. We can all be part of the solution. - Nancy Murphy, mother

MENTAL HEALTH & SUBSTANCE USE SERVICES

Services are available based on each individual's assessed needs and may include:

- Assertive community treatment
- Intensive case management
- Adult short-term assessment and treatment
- Crisis response
- Counselling
- Early psychosis intervention
- Inpatient psychiatric beds at CDH
- Day program
- High risk substance use outreach
- Rapid access clinic
- Sobering and assessment beds
- Supportive housing program
- Overdose prevention site

MENTAL HEALTH & SUBSTANCE USE SERVICES

Regional services (Cowichan Lodge):

- Transitional, facility-based services for adults with complex mental health needs
- Transitional, facility-based services for seniors with complex mental health and/or dementia care needs

Partnering to improve access and services:

There is a great deal of work underway to support people living with MHSU needs or concerns in our community. This includes services for those living with substance use such as the Sobering and Assessment beds, Overdose Prevention Site, Community Action Team to respond to the opioid crisis, and substance use outreach services.



Cowichan RCMP reports the addition of community-based Sobering and Assessment beds has helped avoid approximately 200 incarcerations over the past year, and feedback from clients and community partners has been positive.

The MHSU team also works in partnership with primary care providers and other community service organizations to improve access and care for those persons with mild to moderate MHSU needs.

MENTAL HEALTH & SUBSTANCE USE SERVICES

Questions for our community:

How do you think mental health and substance use services could be offered differently in the community?

Do you think stigma plays a role in how people access mental health and substance use services?

LONG TERM CARE & ASSISTED LIVING

Assisted Living:

Publicly subsidized Assisted Living is for seniors and people with disabilities who need a safe environment to live and help with daily care.

Services include:

- Rental accommodation
- Hospitality services (meals, housekeeping, recreation supports, emergency response)
- Personal care assistance
- Residents must be able to direct their own care

Long Term Care:

Long Term Care facilities provide 24-hour professional care and supervision to adults in a supportive and secure environment. Publicly subsidized Long Term Care Services are available to adults with complex medical and cognitive care needs and an assessed and urgent need for 24-hour care.

Services are designed to meet complex health needs of people admitted to Long Term Care and include:

- Accommodation
- 24-hour nursing care
- Other professional services such as nursing, physical therapy, social work and nutritional support
- Hospitality services (meals, housekeeping, recreational activity programs, emergency response)
- Personal care assistance
- End-of-life care

LONG TERM CARE, ASSISTED LIVING & END-OF-LIFE CARE

Current services/facilities in the Cowichan Valley:

- 132 Assisted Living beds distributed between four (4) facilities
- 522 Long Term Care beds distributed between six (6) facilities
- 20 Activation* beds at Cairnsmore Place
** short-stay rehabilitation for those unable to access rehabilitation in the community, or people needing longer recovery after a surgery due to frailty*
- Four (4) Hospice beds at Oyster Harbour Seniors Community and one (1) Hospice bed at Chemainus Health Care Centre
- Five (5) Respite beds distributed between Cairnsmore Place, Chemainus Health Care Centre and Oyster Harbour Seniors Community

Future services in the Cowichan Valley:

- 2020: 88-bed facility to open in Duncan—80 subsidized by Island Health and eight (8) private pay
- Planning for Cowichan Hospice at Cairnsmore Place:
 - o Cowichan Hospice providing capital funding
 - o Island Health providing operational funding for seven (7) beds

LONG TERM CARE, ASSISTED LIVING & END-OF-LIFE CARE

Questions for our community:

What would a quality Long Term Care or Assisted Living experience look like to you?

What would a quality Hospice or End-of-Life care experience look like to you?

What questions do you have about Long Term Care, Assisted Living, or End-of-Life care?