

ORGANIZATIONAL RENEWAL EVOLVES WITH NEW RECRUITMENT PROCESS

The hiring process for the Directors, Medical Directors (MDs) and Medical Director/Department Heads (MD/DHs) is almost complete. A large number of *Expressions of Interest* were received in response to the job posting.

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Connections^{VI} is the Vancouver Island Health Authority's monthly electronic newsletter for staff, physicians, health partners and members of our community.

Read Connections^{VI} for current news on VIHA programs, services and broader organizational directions, as well as informative discussion of issues related to the health and wellness of our island population.

Visit www.viha.ca to find out more about our organization, to see what's in the news, or to access previous copies of Connections^{VI}.

"We were pleased to see there was so much interest in these positions. The sheer talent and skill these applicants bring to the table makes the decision process more difficult, but ultimately ensures a healthy competition," said **John Johnston, Vice President, Human Resources and Organizational Development.**

Because the Director, MD and MD/DH roles will have island-wide responsibility for specific programs and services, successful applicants will be selected based on their skills, abilities and experience, not where they work or practice.

Where more than one qualified applicant has applied for a specific role, an interview process will follow, however, it is expected that some of the positions will be direct appointments. Interviews are being finalized this week and position announcements will be made at the end of June.

"It is very exciting to see the organization evolve closer to becoming a fully integrated service network," said **Howard Waldner, President and Chief Executive Officer.** "Selecting the best leadership is the first step towards this goal."

Once in place, the Directors, MDs and MD/DHs will work with the Executive Directors and Executive Medical Directors to identify a managerial structure to support the new model. Any new or significantly changed management positions will be posted. Keep watching Connections^{VI} for more information. ▲

KEY VIHA LEADERSHIP POSITIONS UPDATE

Following the resignation of **John Heath, Vice President, Corporate Services & Chief Financial Officer**, an opportunity became available to review the non-clinical Vice-President roles for program fit and service alignment.

Several functions have been redistributed among the portfolios. Key changes to note are the transfer of Enterprise Strategic Planning and Capital Planning to the Planning portfolio (previously titled *Service Planning & Development*); Risk Management and Legal Affairs have moved under the Human Resources portfolio reporting to John Johnston; Foundation Liaison has moved to Operations & Support under Joe Murphy; and the Chief Information Officer will report directly to the President and CEO on an interim basis. A full outline is available on the Corporate and Strategic Services organizational chart (*see page 3*).

Following the VP service realignment, it is a pleasure to announce **Bill Boomer** has accepted the role of **Vice-President, Finance and Chief Financial Officer** effective July 25, 2005.

Bill joined health care eight years ago, after nineteen years in public sector financial administration with the Province of BC. Bill has been an effective leader of the financial function in VIHA and prior to that in the former Capital Health Region. In 2002, Bill assumed the role of Regional Director, Finance for VIHA, and has led the consolidation of financial systems, personnel, policies and practices. He is a valued member on a number of Ministry and health industry working groups and advisory committees.

As VP, Finance and CFO, Bill will be responsible for the following functions: Finance, Performance Monitoring &

Improvement, Decision Support, Contract Management & Policy Development, shared responsibility for Physician Compensation, and Information Management.

“With his experience and expertise I am confident Bill will continue to help the organization move forward with its goals and meet the many challenges that face healthcare today,” said **Howard Waldner, President and CEO**.

Also worth noting, on June 20, 2005, the position of **Vice President, Planning** was reposted on the VIHA website. This position was posted in February under the title *Vice President, Service Planning & Development*, however recruitment was put on hold pending a review of the portfolios.

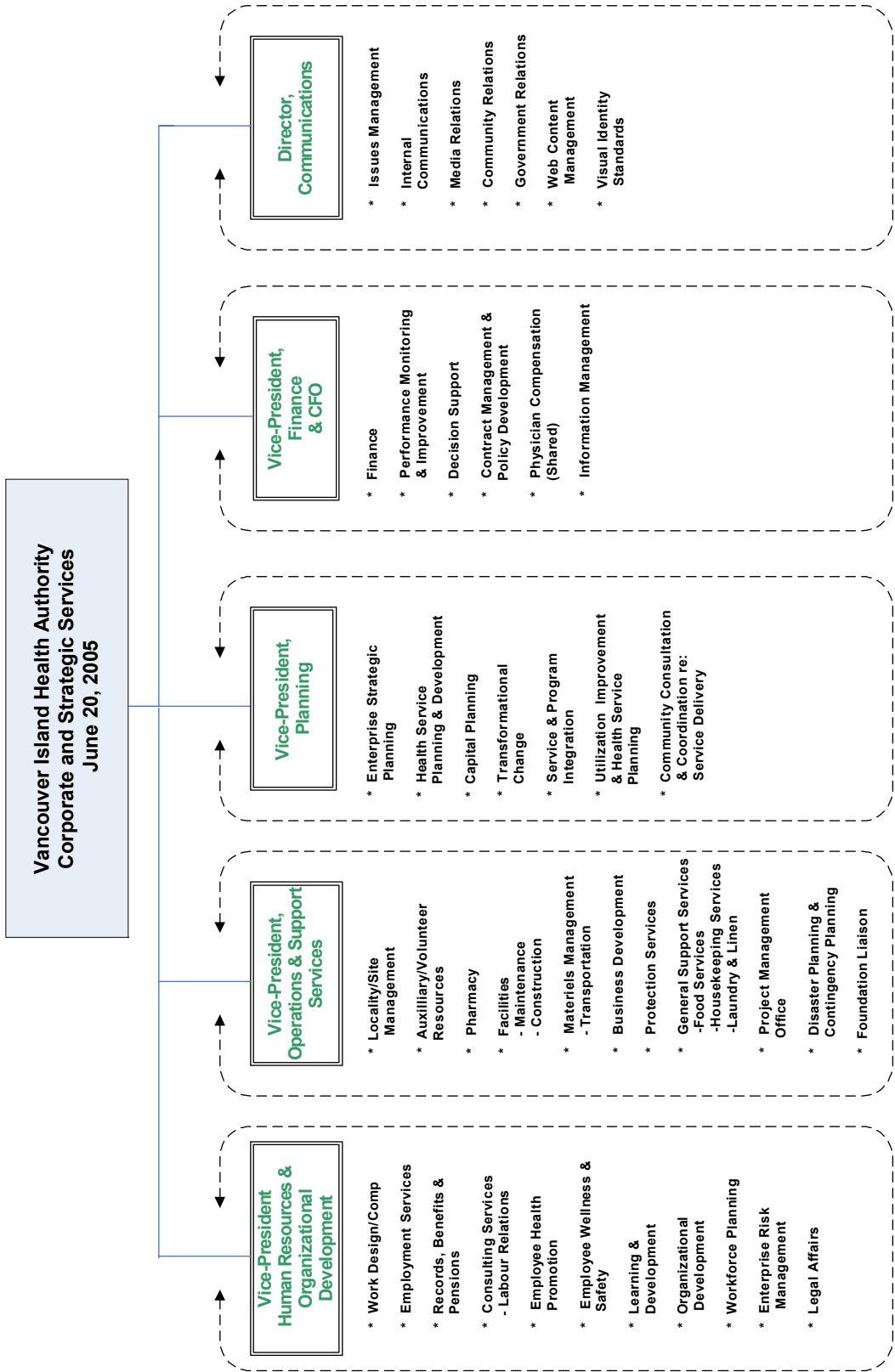
The VP, Planning will be responsible for the following functions and services: Enterprise Strategic Planning; Health Service Planning & Development; Capital Planning; Transformational Change; Service & Program Integration; Utilization Improvement & Health Service Planning; and Community Consultation & Coordination re: Service Delivery.

Interested applicants may submit an Expression of Interest until Friday, June 24th, by e-mail to Human Resources. Please visit: www.viha.ca/jobs for a full job description and more information.

And finally, in the May edition of *Connections*^{VI} we discussed the existing openings for the newly titled **Chief of Professional Practice and Nursing** and the **Chief Information Officer**. The recruitment process for these two roles is ongoing and announcements will be made soon. ▲

CORPORATE & STRATEGIC SERVICES ORGANIZATIONAL CHART

As discussed on the previous page, several of the functions and services have been redistributed among the various non-clinical portfolios. The following organizational chart outlines the current portfolio responsibilities.



A WORLD-CLASS AUDIO/VISUAL TEAM - LOOKING BACK AT ACCOMPLISHMENTS

As Regional Manager of the Vancouver Island Health Authority's Multi-media Services (formerly called Audio/Visual Services, **Ron Thomson** is used to a diverse and varied workday - to say the least.

A typical day might look like this: helping famous Hollywood producers, directors and actors use VIHA locations in their movie shoots; filming an unusual surgical procedure; documenting a patient's injuries in the ER for a domestic violence charge; and then working on an educational film about an important medical issue.

It is a job that has garnered international acclaim for Thomson and his team, including two "Freddie Awards" for short films on prostate cancer and childhood diabetes. The Freddie is the Oscar of the medical filmmaking world and the awards to VIHA's band of filmmakers in 1999 and 2001 beat out heavyweight competitors like HBO, Discovery Channel, the BBC, and ABC's 20/20.

Now films on menopause and a new film on crystal meth addiction are also earning international recognition, playing on TV stations, and being sold around the world, earning some \$50,000 in royalties to VIHA last year.

"It's a very interesting job," says Thomson with casual understatement.

Thomson is in a reflective mood these days. After 29 years working in health care he is now taking early retirement this fall at the age of 56. He is going on to new challenges, particularly making full-length documentaries, however his exit is bittersweet. Thomson is eager for new opportunities, yet sorry to leave all that he has built over the last two decades.

Thomson is particularly pleased that the department is expanding this summer to have

a satellite office with a single "jack of all trades" videographer/ filmmaker in Nanaimo that will provide services for all of Central and North Island, including movie set liaison, documenting various medical procedures and autopsies as well as video production.

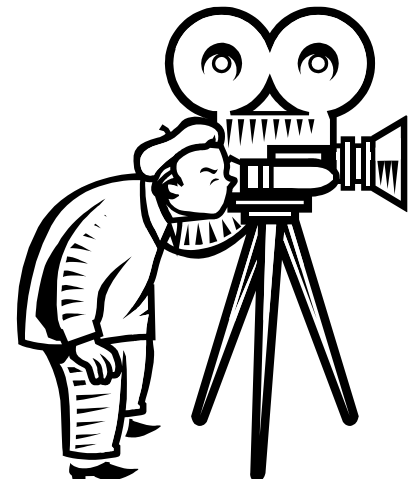
"It will be a very exciting, challenging job and we are combing the media world in British Columbia to find the right person," said Thomson.

While the Nanaimo expansion has been a long-term goal for Thomson, of particular importance for him is the future of the award winning Centre of Excellence for Video Production and its continuing ability to make relevant, honest productions that educate patients and help them cope with a particular ailment.

The video productions are the work of Thomson and his team including director **Manu Ronse**; videographer **Gordon Moore**, scriptwriter **Sherry LePage**, and computer animator **Judy Somers**.

Videographer and editor **Flemming Sorvin** "did a masterful job" said Thomson of editing the new film on Crystal Meth, called "Reduce Speed."

At the end of May, Sorvin presented the film in Belfast at the International Harm Reduction Association's annual conference. More than 1,000 delegates from 60 different countries attended the conference and had the chance to see VIHA new 20-minute film that follows the lives of teens and young adults with crystal meth addiction.



AUDIO/VISUAL ACCOMPLISHMENTS CONTINUED...

Rounding out the team and lending their artistic flair to the organization are **Chris Bushell** and **Bill Blair**, as well as the technical and administrative expertise of **Amanda Insley** and **Helen Thorne**.

Thomson makes no secret that one of his major concerns is about the future funding of new productions, as now movie rental revenue is going into general revenue to assist with direct patient care. In the past, the projects, which have modest budgets of about \$16,000 to \$20,000, have all been funded from the revenue received from the rental of VIHA property to movie crews. Lots of film and TV productions want realistic hospital settings and are willing to pay for it.

“I can understand the rationale,” he said, “we’ll just have to get creative, which is what we’re really good at.”

Thomson is no shrinking violet when it comes to stating his views and standing up for them. He once stood up to a furious Richard Gere who wanted the timing of a MRI scene changed so he could fly home to New York. Thomson refused to budge because the change would bump patients, violating Thomson’s cardinal rule that filmmaking must never disrupt patient care. A few days later, Gere apologized for his outburst, sending Thomson, as an olive branch, an expensive Italian leather jacket. Thomson donated it to the Hospital Foundation where it raised thousands of dollars in a celebrity auction.

Despite his concern where the money will come from for the funding of the center’s video productions, there is nothing that will change his mind about retiring early. “It really is time for something completely different,” he said. Until then, though, there are video productions to make, producers’ calls to take, and shoots to coordinate. ▲

FAST TREATMENT FOR STROKES & MINI STROKES IS AIM OF VIHA’S NEW UNIT

Do you know the warning signs and symptoms of a stroke or a mini-stroke? If you do, you might be instrumental in saving the life or preventing the severe disability of a family member, friend or patient. In fact, you may even save your own life.

Unfortunately, unlike the signs of a heart attack, most people don’t know the signs of strokes or mini strokes, also called transient ischemic attacks or TIAs. As a result many people wait too long to seek medical help when it is important that they get to hospital right away.

“When dealing with stroke or TIA, time is of the essence. We have to get the word out - even to health care staff and medical professionals. The more people who know the signs and symptoms the better,” said **Dr. Andrew Penn**, a **Victoria Neurologist** and one of the **Consulting Neurologists** at VIHA’s new **Stroke Rapid Assessment Unit (SRAU)**.

This June is Stroke Awareness Month. VIHA is strongly committed to making stroke prevention and evidence based care a priority, as witnessed by the recent opening of the SRAU at the Royal Jubilee Hospital. It provides urgent assessment and follow-up of persons experiencing mild stroke or TIAs.

Stroke is the leading cause of disability in Canada, often robbing from those who survive the ability to walk, talk, think, or live independently. The lasting effects cost the health system \$2.7 billion a year and for both survivors and their caregivers exact an untold emotional and physical toll.

Every 10 minutes in Canada, someone has a stroke. With the aging of the population, the incidence of stroke is expected to increase dramatically - by as much as 32 per cent in the next four years alone. However, current research indicates that more than 50 per cent

SRAU FAST HELP FOR STROKES CONTINUED...

of strokes are preventable through primary and secondary prevention. Stroke prevention includes the management of high blood pressure, abnormal heart rhythm, high cholesterol, and diabetes and taking such action as quitting smoking, losing weight or reducing alcohol consumption.

Treatment with the clot-busting drug t-PA may be possible, but only in the first 3 hours of a stroke. A recent Canadian study, published in the Canadian Association Medical Journal, found that fast treatment with t-PA can dramatically reduce the amount of brain damage from a stroke but only a tiny number of patients actually get the treatment in time. New experimental treatments are also underway in VIHA including clot busting with angiographic catheters threaded up into the brain, and new agents which may be used up to 5 hours or even longer in some instances.

The need for the SRAU in VIHA was identified from a number of sources, including current stroke research that shows that some 30 per cent of all people experiencing TIAs will go on to have a major stroke, about 5 per cent within the next 48 hours, and 8 per cent within the next week. Patients who have TIAs because of unstable carotid arteries in the neck need urgent surgery. Operating within 2 weeks of a TIA is 25 times more effective than waiting 12 weeks.

During a VIHA pilot project called the *Stroke Treatment and Education Program (STEP)* it was discovered that most patients presenting with stroke symptoms at VIHA's acute care hospitals had TIA or resolving stroke, less arrived with full blown stroke. This finding from the pilot, which was co-sponsored by the BC Heart and Stroke Foundation, showed the huge opportunity to intervene following a TIA to prevent more severe strokes.

In the past, individuals with TIAs might wait weeks or months to see a neurologist and have specialized diagnostic tests such as

carotid ultrasound or MRI. Now they are rapidly assessed by a rotating team of neurologists and a full time stroke nurse at the new clinic. Four to six patients are seen each day in the unit where they remain in the comfortable surroundings for between two and eight hours while they undergo assessment. Referrals to the SRAU began within a day of opening.

"We saw more than 100 patients in the first three months alone, far beyond our wildest dreams" said **Noreen Lerch, Clinical Nurse Specialist and Coordinator, Regional Stroke Program**, who has an article this month of about stroke awareness in the Victoria magazine Platinum.

The principles of rapid stroke assessment and treatment are being addressed across all areas of VIHA. The Stroke Rapid Assessment Unit is open Monday to Friday 0830 - 1630. Referrals are made through the on-call Neurologist. For further information, contact Noreen Lerch at: 727-4274 or Norm Kelly at: 727-4304. ▲

Did you know...

The signs of major strokes or mini strokes (TIAs) are the same:

- **Weakness:** Sudden weakness, numbness or tingling in the face, arm or leg.
- **Speech:** Sudden temporary loss of speech or ability to understand speech.
- **Vision:** Sudden loss of vision, particularly in one eye, or double vision.
- **Headache:** Sudden severe or unusual headache.
- **Dizziness:** Sudden loss of balance, especially combined with any of the above.

If you or someone you know experiences any of these symptoms call 911 immediately.

TOP NOTCH TEAM ACROSS VIHA TRACKING PROGRESS OF WEST NILE VIRUS

In a small clearing among thick green woods, off the chip trails of Swan Lake Nature Sanctuary in Victoria, biologist Amanda Anderson hangs up a mosquito trap from the branch of a tree.

The trap looks like a small-lamp-cum-bug-zapper equipped with an ultraviolet light to lure mosquitoes and a small fan to suck them into the trap once they get close. On

the bottom is a large white basket made of mesh netting that will keep the mosquitoes captive. Nearby, Anderson hangs an open thermos holding a piece of dry ice. Its carbon dioxide vapor will mimic the respiration of a mammal and act as another enticement to the bloodthirsty bugs to approach the trap.

The odd contraption is one of a number of steps VIHA is taking this summer, including trapping and testing mosquitoes from locations all across the island, testing dead crows, and monitoring potential human infections, to ensure that the alarm is sounded if and when the West Nile virus finally shows up on Vancouver Island.

“With the surveillance systems we have in place, we will be able to know as soon as it arrives,” says Dr. Murray Fyfe, VIHA’s Medical Health Officer for Communicable Diseases.

West Nile virus is passed from birds to mosquitoes to humans. It causes fever and flu-like symptoms in about 20 per cent of people who are infected, of whom about 1 per cent may develop severe complications such as encephalitis, paralysis and even death. In 2003, the worst year to date, 263 people died in the US from West Nile infection.

The virus was first identified in Uganda in 1937 and showed up in North America in an outbreak in New York State in 1999. In each of the summers since it has moved west, although cooler summer weather in 2004 helped slow its spread. Still by the end of October 2004, Washington State and British Columbia were the only regions in western North America where the virus had not yet been found.

“Last summer it crossed the Rockies, and got into California, Arizona and into the centre of Oregon so we expect that once the warm weather begins it will begin moving north again,” said Fyfe. “There is no reason why it wouldn’t get as far as BC this year.”

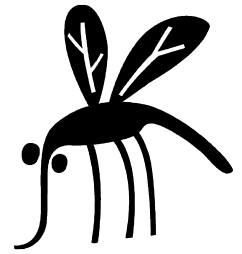
Fight the bite!

All VIHA employees can do their part to reduce the chance the West Nile virus will become a problem on the island.

- Remove all sources of standing water on your property. Dump water from wheelbarrows, tires, pots, wading pools, and gutters. Change water in birdbaths every three to four days. Have a pump or fish in any ornamental ponds. Drill holes to let water drain from tire swings. Cover rain barrels with mosquito-proof screening. Don’t allow any water to sit for more than a week.
- Talk to your neighbors and point out mosquito breeding grounds on their properties.
- Have good screens on all doors and windows.
- Once West Nile virus arrives, wear DEET-based mosquito repellent, avoid being outside at dawn and dusk, and wear loose-fitting, long pants and long sleeves to avoid being bitten.

If you find a dead crow or jay, call VIHA’s West Nile hotline: Victoria 370-8120 or 1-866-WNV-VIHA

VIHA TRACKS WEST NILE VIRUS CONTINUED...



It will most likely appear first in the valleys in the Interior of BC, where hotter summer weather favors the mosquito's spread. But if and when it arrives on Vancouver Island, VIHA will be ready for it. VIHA has put in place a surveillance and prevention team across the Island.

VIHA's mosquito testing is part of province-wide surveillance coordinated by the BC Centre for Disease Control (BCCDC). Each Monday and Tuesday this summer, Anderson and two other summer students will hang mosquito traps in 12 locations across Vancouver Island, returning 24 hours later to collect the mosquitoes in the trap, categorize them, and send them on to the BCCDC where they will be tested for the virus. Last year, 52,657 mosquitoes were trapped and tested from 145 locations around the province. This year at least as many mosquitoes will be tested.

The virus has been detected in 49 different species of mosquitoes, but two species in particular are the most effective carriers - *Culex tarsalis* (the prairie mosquito) and *Culex pipiens* (the northern house mosquito.) Both those mosquito species are found on Vancouver Island.

"We are lucky - our generally cooler weather and almost constant ocean winds, particularly in South Island, make mosquitoes less bothersome here than in other places in BC," notes **Alan Kerr, VIHA Regional Environmental Health Consultant, Health Protection and Environmental Services**, who is part of the West Nile prevention team.

The West Nile virus, called *arbovirus*, infects a large number of bird species, but the corvid family of crows, ravens and jays is particularly susceptible, often dying within a few days of being infected.

"Experience in other regions shows that a large crow die off often precedes reports of human infection by at least two weeks, so they are an important early warning," says Fyfe.

VIHA has contracted with the Centre for Coastal Health (CCH), an independent, non-profit organization in Nanaimo on the Malaspina campus, whose mission is to identify and understand the interactions of human, animal and environmental health. CCH has hired Anderson and the two other summer students to do mosquito surveillance and also field calls from the public who are reporting dead crows, ravens, magpies and jays. CCH will determine which calls to pursue, selecting crow samples to package to send for testing to the BCCDC.

In the northern region of the Island, the selection of crows for testing is being assisted by Mountaire Avian Rescue Society, a Courtenay-based bird sanctuary.

"It is wonderful to have their expertise. Not all corvids are worth testing - birds can die of bird pox, which can look awful, or be killed by trauma or prey and we don't want those. Bird experts can take one look and know whether it should be sent," notes **Dr. Charmaine Enns, VIHA Medical Health Officer** based in Courtenay.

Drs. Enns and Fyfe, as well as other members of the West Nile team, are personally removing standing water from their own property and talking to their neighbours about removing water on their property to reduce mosquito breeding areas.

"When West Nile is identified in BC, that is when I will start wearing the DEET," said Dr. Fyfe. ▲

Have you visited the **Lunchroom** lately? It's e-news for internal staff and talks about people, events and general info that you need to know about. Visit: <http://intranet.viha.ca/lunchroom/> from any internal computer.