### Late Agenda Item

### Regular Council Agenda March 5, 2024

### **Recommendation:**

That Council amend the agenda to add the following item, received after publication of the agenda:

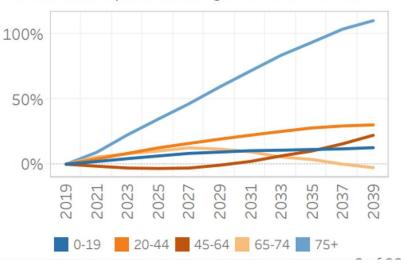
7.1. Andrea Rosata-Taylor, Fair Health for All Initiative 2-17
Add presentation.

# Fair Healthcare for All Vancouver Island

North of the Malahat shouldn't be South of the Standard of Care.

## Central + North Island Growth By the Numbers

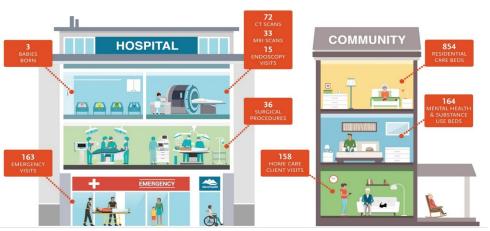
### Estimated Population Change - Greater Nanaimo



- 460,000 (vs 445,000 in South Island)
- Nanaimo is 2nd fastest growing city in BC
- Nanaimo is 5th fastest growing city in
   Canada
- The greater Nanaimo population
   expected to grow by 13.4% to 134,504 by
   2028
- Oceanside 75+ population expected to double to 16,235 over the next 20 years
- 80% of First Nations communities reside here

## Central + North Island By the Numbers

Yet our Healthcare System Is Not Prepared for This Growth



 NRGH is the busiest ER on the island regularly seeing 450 inpatients in a 346 bed facility.

- We are not meeting the Canadian care standard of door to needle in 90 min for cardiac care.
- We don't have a cath lab, our hospital is 60 + years old and has failed every seismic test.
- We don't have close to enough beds to service those most in need.

## **Our Current Healthcare Reality**

Fewest Critical Care beds in Canada per capita

Hospital is 61 years old and fails every seismic test to date

1 internist for 400+ patients hospital - the only hospital in Canada to have only 1.

2 Cardiologists at NRGH vs. 22 in Victoria.

Largest population over 400,000 without a Catheterization lab

Patients with heart disease can't get access to the care they need and suffering fatal outcomes.

## Report on State of NRGH

In 2010 a 386 page report by VIHA shared the following results

**Grossly Inadequate and Outdated Inpatient Care Units.** The existing inpatient care unit designs are now over 50 years old in the original 1963 nursing tower. They are extremely outdated in supporting and addressing today's care programs, patient safety, and infection control issues due to the high number of multi-bedded rooms. They contain grossly undersized, totally inaccessible two fixture washrooms, sometimes shared between two rooms. The units require long staff in-flight travel distances from care stations to patients. In addition, the units have totally inadequate support space, which results in hallways that are lined with linen carts, housekeeping carts and medication carts.

## **An Island of Haves and Have Nots**

Services that should be in Nanaimo but are not or are incomplete at present:

Pediatric Psychiatry, Critical Care HAU, General Internal Medicine, Cardiology, Gastroenterology, Oncology, Infectious disease, Hematology, Palliative Care, Endocrinology/Pediatric Endocrinology, Neurology, General Pediatrics, Geriatrics, Wound Care, Vascular Surgery, Interventional Radiology, Trauma.

We have one complete tertiary program at present – Nephrology.

	Hospital size	IR RAD	Nephrol.	GI.	Cardiologists/ Cath Lab	ID.	Neuro.	Endo.
Nanaimo Total CI/NI	350-400	0	7	1 4	2/No	4	3	1 2
Victoria	RJH – 500 VGH – 344	5	8	16	22/Yes 2	8	15	9
Kamloops	254		3	5	6	2	4	0
Kelowna	400		4	10	14	6	9	2
Penticton	140		3	2	0	0	2	0
Trail	200		2	0	0	0	0	0
Prince George	208		3	3 8	1	2	3	0

	Ped. Psych	Adult Psych	Geriatrics	Resp.	Hem	Vas Sx	Thor Sx.	Oncologists	Rehab	Internal Medicine
NRGH	1	10	1	4	1	0	0	0	6	10
Total CI/NI		18	3	5				4		0 Teams
Victoria	13	80	7	10	6	7	4	40	10	26 3 Teams 4/Team

Category	South Island	North and Central Island (NI/CI)			
Tertiary Healthcare Services Absent or Incomplete	SI has all the services noted (right)	<ol> <li>Pediatric Psychiatry</li> <li>Critical Care</li> <li>General Internal Medicine</li> <li>Cardiology</li> <li>Gastroenterology</li> <li>Oncology</li> <li>Adult Psychiatry</li> <li>Infectious disease</li> <li>Hematology</li> <li>Pediatric Endocrinology</li> <li>General Pediatrics</li> <li>Geriatrics</li> <li>In House Surgical</li> <li>Subspecialties</li> <li>Wound Care</li> <li>Hematology</li> <li>Palliative Care</li> <li>Interventional</li> <li>Radiology</li> </ol>			
Burden of Cardiac Disease (Figure 3)	Much Lower Prevalence	Higher Prevalence in CI/NI			
STEMI (Cardiac Emergency) All Hospitals	184 (2020 Forecast)	227 ( <u>2020 Forecast</u> )			
Category	South Island	North and Central Island (NI/CI)			
Number of Oncologists	40	0			
New Cancer Diagnoses/Year (2023)	3215	3630			
Total Patients Living with Cancer (2021)	2,192	2,472			
Projected Cancer Diagnoses (2035)	10 4290	4150			

## What We Need Now - A Full Service Hospital Tower

Commitment for a New Patient Tower serving as both a diagnostic and treatment centre adding approximately 255 beds, bringing NRGH up to 600 beds.

A new patient tower WILL address the multiple deficiencies in our 1963 building.

Currently our hospital is structurally unsafe and we cannot deliver care safely or efficiently.

Patients will get the proper care, at the proper time, from the proper people, in the right place.

"As someone who has personally dealt with heart problems, I cannot stress enough the urgency of addressing the critical lack of cardiac care in Central and North Island, Lives are at risk due to the absence of a Cath Lab, leaving patients vulnerable and families burdened with the financial strain,"

Snuneymuxw Chief Mike Wyse.

### What We Need Now - A Cath Lab

The population served by NRGH (over 450,000 people between Mill Bay to the Northern tip of the Island) is the largest in Canada without a cardiac catheterization lab.

Currently Central and North Island cardiac patients must travel to Victoria, or further, for cardiac catheterization, which puts them at significantly increased risk of death or poorer outcomes.

The proposed cardiac catheterization lab in NRGH would serve over half the Island's population.

## A Highway is Not a Waiting Room

"We need to be able to properly look after our acutely ill patients or we have failed in our main duty of care and we need the people resources and facilities to do so. With our growth and demographic we will see many more very ill patients at NRGH in the future at our current standard of care."

### **NRGH Medical Team Lead**

### Demanding

the Standard of Care

Change NOW for

People residing North

of the Malahat

## What We Are Doing

Enrolling and educating our entire community on this issue.

Executing a multifaceted campaign that will include:

- Newspaper, radio and billboard ads
- Public rallies including our doctors, patients, political leaders and all citizens.
- Social media content that is easily shareable
- We have already enrolled the media and they are behind us in sharing our advocacy efforts.

Having more conversions like these....many times over

Compiling the signatures of every medical practitioner, political leader, first nation chief, councillor, and resident to showcase the government Nanaimo can't be ignored anymore.

## What Happens When We Demand Change

**OTV** NEWS

NEWS OPINION EVENTS LIFE & ARTS FEATURES CLASSIFIEDS OBIT VANCOUVER ISLAND

VANCOUVER ISLAND News

**PLAN YOUR SPRING** 

Doctors and community leaders decry

lack of cardiac care in central and

TRIP TO OSOYOOS

ADVERTISEMENT

NANAIMO NEWS BULLETIN f X ◎ | NEWSLETTER SIGNUP 5.3 °C More Contests Shop E-Editions Classifieds Autos Jobs Obituaries

Home · Local News

#### Stakeholders make plea to B.C. government for cardiac cath lab in Nanaimo

Better cardiology care needed to serve aging population in central and north Island, advocates say



Aug 8, 2023 3:20 PM Updated Aug 8, 2023 3:27 PM





Dr. Hesam Keshmiri, Nanaimo Regional General Hospital lead cardiologist, front, addresses the media on Tuesday, Aug. 8. He is flanked by Dr. David Coupland, NRGH medical staff president, left, Donna Hais, community health care advocate. and Nanaimo Mayor Leonard Krog. (Karl Yu/News Bulletin)

Stakeholders are pleading to the B.C. government for assistance in establishing a hospital unit to aid people in the Nanaimo region who suffer heart attacks.

An advocacy group, including doctors, community leaders and concerned citizens, held a press conference in Nanaimo Tuesday, Aug. 8, stating that a cardiac catheterization lab and cardiology services for the central and north Island are needed, especially given aging demographics. The nearest such facility is in Victoria.

People suffering heart attack up-Island are getting substandard care, doctors say

For patients in central and north Island, there is no catheterization laboratory where doctors can perform procedures common since the



E-EDITION







northern Vancouver Island

4702 Spectators in awe as

killer whale surfaces in



Watch



YOUR VOTE MATTERS

Archives >

Looks like you have voted in all of

links to some of the most recent:

Are you hopeful financial pressure on Canadians will be eased in

our community polls. Here are

Part of the cardiac unit at Royal Jubilee Hospital. ADRIAN LAM, TIMES COLONIST



Listen to this article



\$106 E60



HEALTH

HOME Nanaimo urgently needs cardiac unit, stakeholders say: 'The inequality is obvious'

Health-care workers raise cardiac care inequity on Vancouver Island

## How You Can Help Make Healthcare Fair for All

- Set up community talks to share this presentation
- Talk to your neighbors, friends, entire community to make them aware of this!
- Share on social media once website is live!
- Share advertisements once they are in the community!
- Be vocal politically
- Ask candidates about healthcare issues and the new hospital
- Volunteer
- Donate to the advocacy effort via the Nanaimo Community Foundation