

The Commemorative Water Features

For the Campbell River and
Comox hospitals

Reasons to not choose water features:

1. Patient health and safety risk
2. Too expensive, a liability not an asset
3. Lack of community input
4. Location interferes with therapeutic benefit

Health and Safety Hazards:

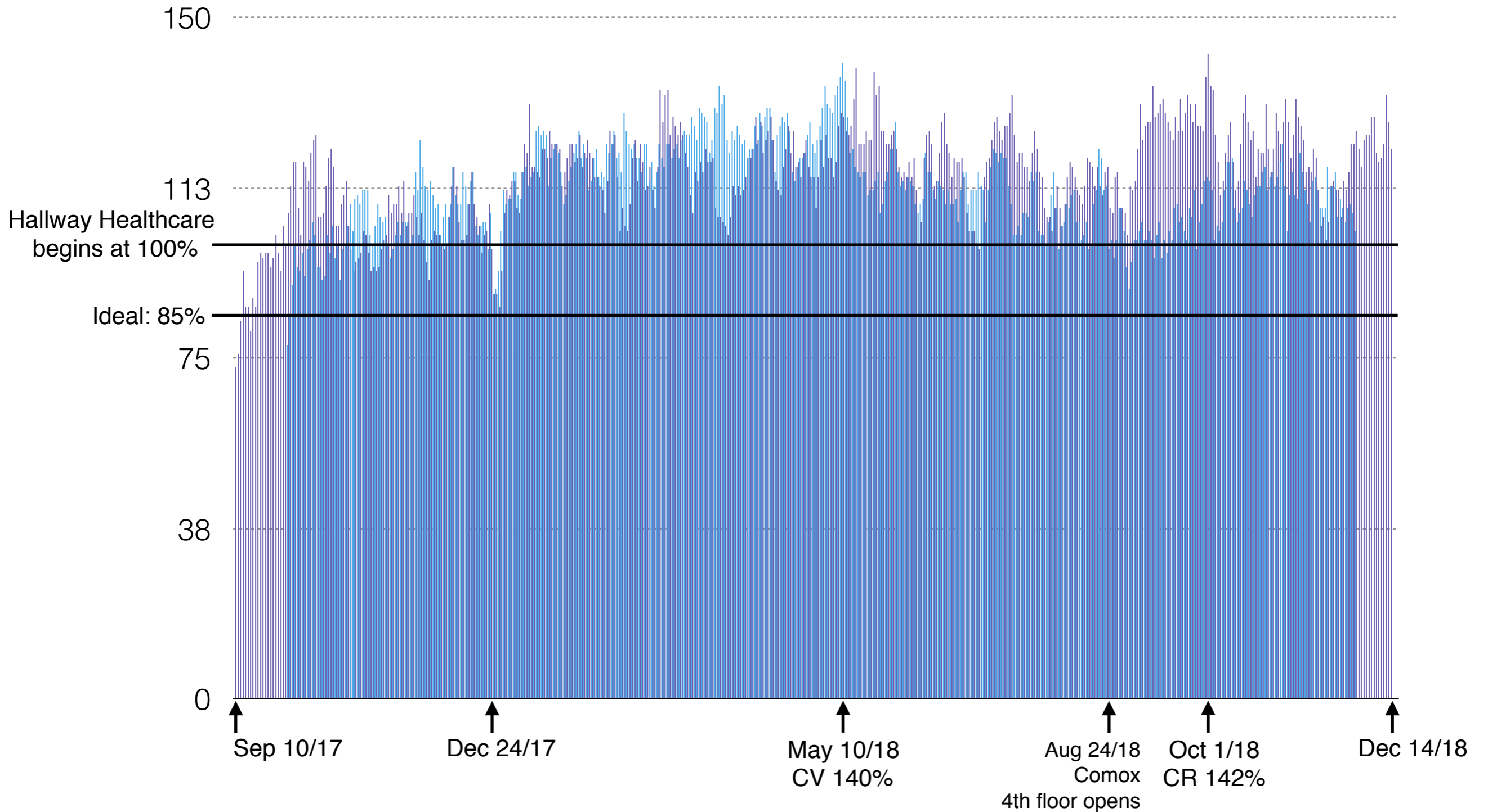
1. Toddler Drowning
2. Electrocution
3. Legionella and other bacteria
4. Chemical Exposure
5. Slipping and Falling
6. Attracting Pests

Request:

1. Do not approve \$212,092 budget.
2. Eliminate burden of maintenance costs.
3. Begin process for safer commemorative item.
4. Set \$80,000 aside for expansions and initiatives to improve care.

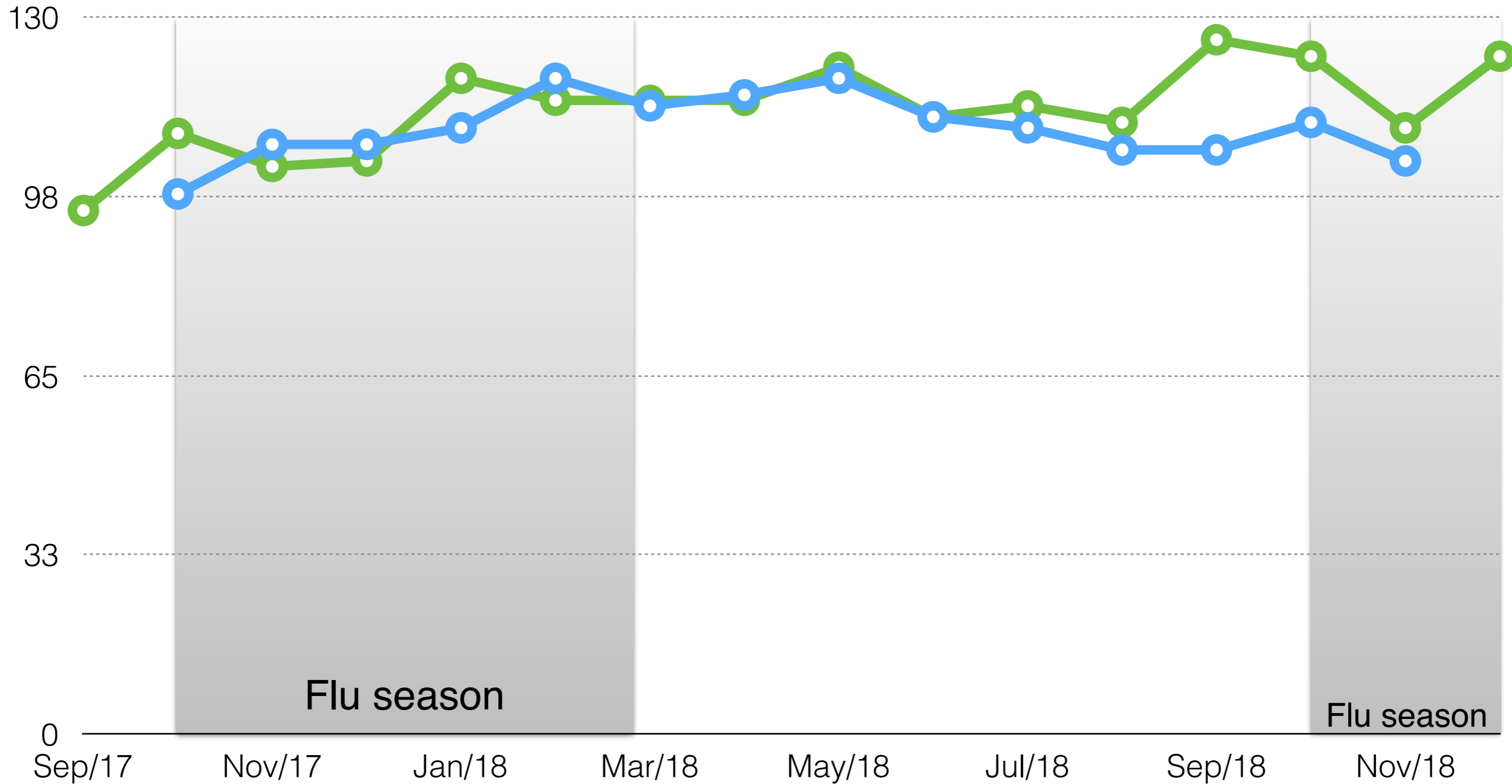
Occupancy Rates

- Comox Hospital (October 1, 2017 - November 30, 2018)
- Campbell River Hospital (September 10, 2017 - December 14, 2018)



Monthly Average Occupancy Rates

- Comox Hospital (October 1, 2017 - November 30, 2018)
- Campbell River Hospital (September 10, 2017 - December 14, 2018)



	Campbell River (460 days)	Comox (425 days)
<ul style="list-style-type: none"> Number of days of 85% or lower capacity: 	4	2
<ul style="list-style-type: none"> Number of days people treated in hallways: 	437	393
<ul style="list-style-type: none"> Highest occupancy rate 	142%	140%
<ul style="list-style-type: none"> Highest number of people treated in hallways in a single day: 	40	51
<ul style="list-style-type: none"> Average occupancy rate: 	114%	113%
<ul style="list-style-type: none"> Average number of people treated in hallways: 	13	19

What overcapacity looks like, and feels like:



This is where they put my 82 year old mother, the common room with a little blanket for privacy and no call bell.

The overcapacity protocols, involving frequent, rushed moves during stays, made my mom feel “subhuman” and lower priority than hospital equipment.

What overcapacity looks like, and feels like:



A photo taken by Mark Sornes shows his bed in a hallway at the Campbell River hospital.

Campbell River hospital 'overcrowded,' says patient placed in hallway

Problem signals need for more funded beds as hospitals face capacity crunch – nurses' union

DAVID GORDON KOCH / Dec. 18, 2018 4:45 p.m. / LOCAL NEWS / NEWS

500 stations. 1 free app. Radioplayer CANADA

NEWS MAN SPENT NINE-DAY HOSPITAL STAY ON A STRETCHER AT THE CAMPBELL RIVER HOSPITAL

SHARE ON: TWILA AMATO, STAFF FRIDAY, JAN. 11TH, 2019



Frank Johnson spent his nine-day hospital stay on a stretcher because there were no vacant beds. He was moved to a room that only had enough space for a stretcher. Photo by Twila Amato/95.7 2Day FM/Vista Radio.

CAMPBELL RIVER, B.C. – A Campbell River couple is speaking up about overcrowding during a recent hospital stay.

Article in mycampbellrivernow.com
Photo by Twila Amato

The Campbell River and
Comox hospitals do not need
water features,
what they do need is:

**MORE ACUTE
CARE BEDS!**

From: Comox Valley Regional District [mailto:no-reply@cprdwebsite.ca]
Sent: Wednesday, December 05, 2018 1:35 PM
To: administration <administration@comoxvalleyrd.ca>
Subject: Form submission from: Request to Appear as a Delegation

Submitted on Wednesday, December 5, 2018 - 13:35

Submitted by anonymous user: 184.66.126.57

Submitted values are:

Name(s) of person(s) speaking: Liza Schmalcel

Organization Information

Organization you are representing:

Primary purpose of the organization:

Number of members:

Mailing Information

Mailing address: PO Box 77

City: Union Bay, BC

Postal code: V0R 3B0

Contact name: Liza Schmalcel

Meeting Details

Subject matter:

As a tax-paying citizen of Comox Valley and caregiver to my elderly mother who is a frequent patient of the North Island Hospital Comox Valley, I am concerned that the

CSRHD board is spending too much money on cosmetic landscape water features at the expense of much-needed items that would, as stated on the CSRHD website, “enhance quality of care for patients, especially elderly and Aboriginal populations”.

I am also concerned that the board has erroneously overlooked their obligation to protect public health and safety a water feature presents, by not having conducted a proper risk assessment. I am further concerned that Island Health is intending to misuse funds by requesting more than double the amount of money already approved for the water features, thereby undermining the heroic efforts of the Comox Valley Healthcare Foundation by potentially disillusioning generous donors.

I am deeply disturbed that Island Health has such little regard for patient safety and health by not only requesting a water feature that is a health and safety hazard, but also requesting a very large sum of money (with ongoing maintenance costs and \$4,000 - \$8000/year interest charges) that the public is led to believe is being spent on actual healthcare. I am also worried that an extreme disconnect has occurred between patient’s safety and quality care needs and CSRHD aesthetic visions for an acute care facility.

I am eager to help the board with research, collected public opinion, and data from my mother’s 15 month-long hospital experiences to illustrate that funds as large as \$100,000 - \$214,000 should be used for healthcare improvement, and the public be protected from the health hazard of a water feature and to consider a safer, community-enhancing commemorative project with a smaller price tag and little-to-none ongoing maintenance costs.

Specific request of the regional district, if any (i.e. letter of support, funding):

I ask the board to not approve \$214,000 for the water feature and withdraw approval for the \$100,000 water features. I also ask the board to consider a simple plaque, park bench, or a special tree, as a pleasant, safe, and less expensive alternative to the water features.

Since the hospital has \$100,000 for a cosmetic project that is a health hazard, I request the money be wisely spent on all or a selection of the following:

1. Infection Prevention protection equipment; masks, masks with visors, gloves of all sizes, and gowns, stationed at the entrance of the ER, the 2 ER waiting rooms, and the front entrance. For some reason these areas are overlooked in the Comox hospital, and this would be the most effective placement of protective wear and would significantly reduce hospital acquired infections and spread of contagious diseases.
2. Call bell systems and medical equipment units installed in common rooms where they place elderly patients when operating at overcapacity and attempting to reduce wait times for surgeries, thereby placing elderly patients in harm's way of falls and IV accidents.
3. A wireless call bell system for patients, especially disabled, elderly patients, that are placed on stretchers in hallways or out-of-sight equipment nooks, also a dangerous fall risk and IV accident risk.
4. Real potatoes, fresh fruits and vegetables, homemade broths made from real chicken and beef without additives, available for patients allergic to ingredients in canned fruits

and vegetables, broths, and instant mashed potatoes. Hire a food service worker to plan and prepare proper nutrition for patients with food allergies. This would have prevented my mother from suffering early stages of starvation, re-feeding syndrome, extreme weightloss, and malnutrition as the Comox hospital claimed they didn't have funds for fresh vegetables, real potatoes and real broths or staff to prepare it.

5. Repair the Infection Prevention and Control software malfunction in the out-patient unit. On four separate occasions of my mother's year-long treatments, the 48-hour droplet precaution protocols weren't showing up on the computer when they should have and needlessly exposed several elderly, and ill patients to antibiotic-resistant pseudomonas pneumonia which CDC AR threat report listed as a serious threat causing most deaths in hospital and nursing home settings. This measure alone would reduce costs of treatments and needless deaths. When I mentioned the lack of droplet precautions to a nurse, and cautioned that my mom should be under droplet precautions, the nurse flat-out refused because "it's not showing up on the computer so I'm not doing it".

7. Provide, even one pharmacist on the first floor to accommodate patients in the emergency department, overflow units, and out-patient unit, informing patients about any new drugs they administer, to obtain informed consent, and raise the standard of care to what patients receive in any drugstore. Currently the Super Store pharmacy provides a higher standard of care for patients.

8. A washroom, with a shower located near the nurses station in the medical overflow unit for patients with lengthy stays to provide the necessities of life, safely.

9. A retrofitted shower in the washroom of CD4 unit, also an overflow unit, next to Emergency, for patients with lengthy stays.

10. Begin official planning for expanding the hospital to serve the rapidly growing and aging population in the area. Development has already begun in Union Bay, bringing an additional 10,000 people over the next 5 - 10 years that will need hospital services. There are currently several developments all over Comox Valley and Campbell River.

Requested meeting date: January 10, 2018

Audio-visual equipment needed: photo copies of research materials

Information for contact purposes only

Telephone number: 250-218-2246

Email address: liza@geekculture.com

The results of this submission may be viewed at:

<https://www.comoxvalleyrd.ca/node/1746/submission/1843>