

## Coburn, Lindsay HLTH:EX

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**From:** Coburn, Lindsay HLTH:EX  
**Sent:** Wednesday, September 26, 2012 9:55 AM  
**To:** Whitmarsh, Graham HLTH:EX  
**Subject:** FW: s.22

Hi Graham,

Here is another letter that I was asked to pass along to you.

Thanks,  
Lindsay

s.22

## Coburn, Lindsay HLTH:EX

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**From:** Lindsay Coburn s.22 [mailto:~@hotmail.com]  
**Sent:** Wednesday, September 26, 2012 9:54 AM  
**To:** Coburn, Lindsay HLTH:EX  
**Subject:** FW: s.22

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**Subject:** Fw: s.22  
**To:** s.22 [mailto:~@hotmail.com]  
**From:** s.22  
**Date:** Tue, 25 Sep 2012 22:19:19 +0000

Hi

Last one for today I promise. s.22 has asked me 5 times today to send this to you. If it appropriate pass on otherwise delete it.

We thank you for your support. s.22  
Sent on the TELUS Mobility network with BlackBerry

s.22

Pages 3 through 4 redacted for the following reasons:

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s.22

## Coburn, Lindsay HLTH:EX

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**From:** Lindsay Coburn s.22 @hotmail.com]  
**Sent:** Wednesday, September 26, 2012 9:44 AM  
**To:** Coburn, Lindsay HLTH:EX  
**Subject:** FW: Letter for Graham Whitmarsh  
**Attachments:** s.22

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**Date:** Tue, 25 Sep 2012 14:04:16 -0700  
**Subject:** Letter for Graham Whitmarsh  
**From:** s.22  
**To:** s.22 @hotmail.com

Hi Lindsay

I have included the emails and the attached letter. If you would be kind enough to give these to Mr. Graham Whitmarsh I would appreciate it.

Thank you,

## Coburn, Lindsay HLTH:EX

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**From:** Coburn, Lindsay HLTH:EX  
**Sent:** Wednesday, September 26, 2012 9:52 AM  
**To:** Whitmarsh, Graham HLTH:EX  
**Subject:** FW: Letter for Graham Whitmarsh  
**Attachments:** s.22

Hi Graham,

Here is a letter addressed to you from

s.22

Please call me with any questions.

Thanks,  
Lindsay

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Date: Tue, 25 Sep 2012 14:04:16 -0700  
Subject: Letter for Graham Whitmarsh  
From: s.22

Hi Lindsay

I have included the emails and the attached letter. If you would be kind enough to give these to Mr. Graham Whitmarsh I would appreciate it.

Thank you,

s.22

Pages 7 through 17 redacted for the following reasons:

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s.22

Dear Graham Whitmarsh  
Deputy Minister of Health

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1.) Clostridium difficile issue: In their own report "Infection Prevention and Control: Engaging Stakeholders-2010/11" it shows that the Clostridium Difficile Incidence (CDI) at BH in 2008/09 was 2.6, 2009/10 was 2.2, 2010/11 1.9 which was higher over the 3 years than any other FHA site and the Canadian average of 0.6. Despite this nothing was done for over 4 years until the doctors of BH in desperation ( Dr. Shane Kirby's report) sent a report to

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It was only after the press discovered Dr. Kirby's report and was reported in the legislature that any effort was made to correct the situation.

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initiating "program team management" allowing the deterioration of monitoring infection control within the hospital.

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that the cleaning resources provided in that contract with Aramark were inadequate. It should not have required a crisis to get FHA to clean BH appropriately.

2.) The buildings and physical plant at the hospital are 50 and 60 years old.

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The site

is unsafe and decrepit yet no improvements have been done by and FHA into the site since the renovations of the ER 7 years ago. Yet during this time

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3.) Presently the wait list for cataract surgery on the provincial waitlist for FHA is 29.9 weeks. At RMH it is 27.7 and SMH 29.8 weeks. Yet at BH it is 38.0 weeks, almost 2 months longer. The only facility in FHA which has a longer wait time for cataract surgery is Peach Arch hospital which serves a small percentage of the population BH serves. FHA has done many things to artificially reduce the waitlists such as allowing only booking one side at a time. The real wait times of Ophthalmology in BH are approaching 14 months. Patients whom have written letters to complain to have received a response from S22 office suggesting they drive 1 1/2 hours to Chilliwack where they can get the surgery sooner.

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Some of the ophthalmologist in Burnaby have made numerous attempts to have some attempt at correcting the situation. S22

that the hospital was already over budget for cataract surgery and the quota for eye and cataract surgery as dictated by FHA. S22

S22  
S22 their concerns back to  
FHA. Once every two months S22 invites doctors to come to an office in BH where they can voice  
their concerns about issues to both S22 . Ophthalmologists have taken part in this  
exercise on several occasions where they were advised to discuss the issue with S22  
Just recently s.22 at an open forum meeting on Sept 6th when asked about this serious inequity  
S22 response was that cataract surgery should not be done in a hospital. S22  
S22

4.) Throughout the surgical waitlists the people of Burnaby are waiting significantly longer than the other citizens of FHA due to the underfunding of BH OR. At SMH the OR receives 18 million dollars as a yearly budget. BH receives only 9 million though doing a very similar case load excluding thoracic surgery. This results in a long wait time such as uterine surgery which has 24.9 weeks wait at FHA but 35.2 at BH. Cholecystectomies average at 18.1 weeks at FHA yet they are 30.1 at BH. Hernia repair are 21.7 at FHA average yet are 35.7 at BH. Hand surgery at BH is 52.4 weeks (OVER 1 FULL YEAR) whereas it is 12.9 at SMH, 26.8 at RCH, and only 20.3 weeks at ERH. Breast reduction is 20.5 at SMH but is 48.9 weeks at BH. Breast reconstruction at BH is almost nonexistent. S22

S22  
S22 This was done in frustration after getting no response through FHA's  
program team management. Despite all of these emails nothing yet has changed and patients are still  
waiting over a year at BH for hand surgery and very few breast reconstructions are enabled to be  
performed.

4.) The endoscopy wait times are significantly larger at BH than RCH and SMH. S22 and FHA  
have had reports for over a year to indicate that this is so yet did nothing. s.22  
S22 had been requesting data regarding this information since  
December 2011. It was not until S22 realized that the s.22  
s.22 FHA said in May that  
more resources for endoscopy will be given to BH but nothing yet has happened.

5.) Capital expenditure on equipment at Burnaby Hospital is deficient throughout the hospital. The most blatant case in point is that BH has one flexible high definition cytoscope where SMH/JPOC has 102 purchased within the last year. Unfortunately BH has been left the old technology of the rigid scopes. When FHA was approached with this inequity their response was to have SMH send their old and outdated scopes to BH. This typifies the response FHA has given to BH's concerns.

6.) It is common knowledge that BH has the second largest mortality rate in all of Canada but FHA over



the last 5 years has shown little interest in improving the conditions at BH until the recent publicity. People are still kept in the main hallway of the hospital attended by ambulance crews awaiting care.

Over many years, over many issues, FHA has failed to meet the needs of the citizens of Burnaby. It is time the people of Burnaby receive the care they deserve and taxes pay for!

Sincerely yours,

S22

**From:** DMOFFICE, HLTH HLTH:EX  
**Sent:** Friday, October 26, 2012 9:14 AM  
**To:** s.22  
**Subject:** Ministry of Health Response - 945165

945165

s.22

Thank you for your email of September 25, 2012, outlining your concerns about the distribution of resources at Burnaby Hospital.

The role of the Ministry of Health (the Ministry) is to provide stewardship for the health care system through policies, guidelines and ongoing monitoring and evaluation of health authority performance against defined expectations. Within this framework, regional health authorities are responsible for planning, managing and delivering publicly funded health care services in their jurisdictions. This government is committed to building a flexible, responsive and sustainable health care system to serve the residents of British Columbia.

In order to ensure sustainability of the system, innovation and fresh thinking in service delivery are required. This approach will make health care resources stretch further and ensure that British Columbians continue to receive value for their tax dollars. While this approach may require some changes, these changes will be monitored and evaluated by the Ministry to ensure that they have the desired outcome. The priority for the Ministry is patient safety and quality of care.

I understand that you have been interviewed by Ms. Lillian Bayne, an experienced health sector facilitator, whose services were retained by the Ministry. I hope you found the interviews with Ms. Bayne useful. Your opinions and thoughts shared with Ms. Bayne will form part of the input to any next steps which will be discussed in a special focus group scheduled for November 1, 2012. Out of this process we will look at options to ensure that the best possible services are provided at Burnaby Hospital.

I appreciate your comments on this matter.

Sincerely,

Graham Whitmarsh  
Deputy Minister

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