Are you at Minoru reading this?

LOOK FOR RN STAFF MEMBERS WEARING "ASK ME" BUTTONS AND REQUEST FURTHER INFORMATION REGARDING THE PLANNED CHANGES.

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CHANGES PLANNED FOR THE STAFFING MODEL AT MINORU RESIDENCE

Plans are in place to implement **a new staffing mixture** at Minoru **this coming September**.

This plan, while "increasing staff numbers", **greatly decreases the number of RNs on staff,** raising very real concerns around the quality of care being delivered to residents. Increasing staff *numbers* does not compensate for the loss of skill, training, and experience that results when RNs are replaced by Licensed Practical Nurses. Similarly, greater *numbers* do not ensure LPNs the access to RN supervision and support that they require and deserve - to practice safely and within their nursing "scope".

There is a trend currently (evident throughout the BC health care system) toward making staff replacements that lower the overall skill levels of nursing staff. **These decisions are about cutting costs, not improving the quality of care to residents and patients.** The negative impacts of such changes on resident care are already well proven in other provinces.

Minoru's *current* RN staffing levels are *already* among the lowest in our health region. This risky experiment with lowering skill levels in our staffing mixture has been designed with no input from front line RN staff and concerns us greatly.

We encourage you to find out more, and express your opinion on this important matter.

PLANS TO DECREASE THE NUMBER OF RNs ON STAFF AT MINORU WILL FURTHER ADD TO THE NURSING EXPERTISE LOST IN 2002

Losing RNs means residents and their families are losing:

- **EXPERIENCE.** Many combined years of nursing knowledge and expertise will be lost when RNs are let go from Minoru. Recently graduated LPNs will replace many of the experienced and committed RNs.
- **PRACTICE.** The broader "scope" of RN practice is reflective of the more advanced levels of skill and training they have in critical areas like assessment and emergency response.
- **EDUCATION.** In addition to their extensive RN education, many of the RNs at Minoru have completed gerontology diploma courses or have registered for the upcoming CGNA diploma examination.
- **RESEARCH.** Many RNs at Minoru have research experience; the findings of these studies are applied to their ongoing work, improving their evidenced-based practice.
- **RESIDENT CARE.** Minimal increases in combined "hours of care" do not compensate for the expertise and advanced care delivery lost when RN staff are replaced by LPNs.
- **RN - RESIDENT RELATIONSHIP.** The numbers of RNs in a staff mix is lowered, their role becomes more supervisory, and the number of residents they are responsible for rises. This logically impacts the level of RN-resident contact, a critical factor to ensuring quality care and timely, accurate monitoring of residents.
- **CONTINUITY.** The plan is to **displace all RNs** at Minoru and have them reapply for the diminished number of 'new' RN positions being created. Many positions will be posted throughout the region, meaning staff continuity (and continuity of care) may be further disrupted.
- **CONTINUITY.** Changes and cuts are also being made to non-nursing staff at Minoru, further risking disruption to resident care.

Concerned?
Here's what you can do...

Email or fax Jeff Coleman, CEO of Richmond Hospital

Let him know that you are concerned with how the quality of care received by residents at Minoru will be affected by new staffing plans that seriously reduce the number of RNs in the staffing mixture.

Jeff Coleman (CEO Richmond Hospital)

7000 Westminster Hwy, Richmond BC., V6X 1A2
Email: jeff_coleman@rhss.bc.ca / Fax: 604-244-5191 / Tel: 604-244-5537
**send your letter to Jeff Coleman before July 17th if possible – RNs from Minoru meet with him on this date to discuss their concerns.*

Copy (c.c.) your letter to:

Ida Goodreau (CEO Vancouver Coastal Health Authority)
Email: ida_goodreau@vch.ca / Fax: 604-875-4388 / Tel: 604-875-4721
Colin Hansen (Minister of Health Services)
Email: colin.hansen.mla@leg.bc.ca / Fax: 250-356-9587 / Tel: 250-953-3547
Gene Durnin (Administrator Community Care)
Email: Gene_Durnin@RHSS.bc.ca / Fax: 604-244-5191 / Tel: 604-244-5213
Kathy Wong (Programme Manager, Minoru Residence)
Email: Kathy_Wong@RHSS.bc.ca / Fax: 604-244-5305 / Tel: 604-244-5300

And to:

Hon Katherine Whittred (Minister of State for Intermediate, Long Term & Home Care)
Email:katherine.whittred.mla@leg.bc.ca/Fax: 604-981-0044/Tel:604-981-0033
Hon. Greg Halsey-Brandt (MLA - Richmond Centre)
Email:greg.halsey-brandt.mla@leg.bc.ca /Fax:604-775-0898/Tel:604-775-0754
Hon. Linda Reid (MLA - Richmond East)
Email: linda.reid.mla@leg.bc.ca / Fax: 604-775-0999 / Tel: 604-775-0891
Hon. Geoff Plant (MLA Richmond-Steveston)
Email: geoff.plant@leg.bc.ca / Fax: 604-241-8493 / Tel: 604-241-8452
Joe Peschisolido (Federal MP)
Email: peschisolido.J@parl.gc.ca

Minoru Residence Extended Care
Richmond Health Services
(Vancouver Coastal Health Authority)

Registered Nurses & Licensed Practical Nurses
What is an appropriate staffing mix?

June 2003

The Registered Nurses at Minoru Residence, in accordance with the standards of practice set out by the Registered Nurses Association of British Columbia (RNABC), have professional obligations to the public we serve. As advocates for quality resident care, we feel it is our duty to express our concerns regarding management's decision to reduce the number of specialized gerontology Registered Nurses at Minoru. We believe this change will ultimately lead to a decline in both quality care and positive resident outcomes.

"Our mission is safe and appropriate nursing practice, regulated by nurses in the public interest, and achieved by promoting good practice, preventing poor practice, and intervening when practice is unacceptable."

Registered Nurses Association of British Columbia (RNA.B.C.)

Background – History and Concerns

In May of 2002, the management of Minoru Residence Extended Care Facility began to implement changes to their nursing staff 'mixture', lowering the number of Registered Nurses (RNs) at Minoru Residence by replacing some RN positions with Licensed Practical Nurse (LPN) positions.

Further proposed changes were announced in May of 2003, to take effect this September. This most recent proposal involves an almost 50% reduction in the remaining number of Registered Nurses. When combined, the staffing changes of 2002 and 2003 represent an approximate 65% reduction in the Registered Nursing staff at Minoru. Again, the new 'mix' planned for September replaces Registered Nurses with Licensed Practical Nurses, whose level of training and skills is lower than that of RNs.

While all are being assured by management that 'numbers' of overall nursing staff are to be held constant or even increased slightly, it is imperative that residents and their families recognize the issues that arise when the **overall skill level** present in the 'staff mix' is lowered. As nursing professionals, we are concerned that under the proposed model, residents will not be assured of receiving the levels of care they require and deserve.

RNs at Minoru have approached management to express their concerns regarding the proposed staffing changes. We have clearly communicated to them our professional opinion that Minoru's **already comparatively low levels of RN staffing** should not be lowered any further – we feel very strongly that doing so would jeopardize quality resident care in a variety of direct and indirect ways (discussed throughout this document).

This paper has been prepared by RNs at Minoru to communicate, to all stakeholders involved, their concerns, suggestions and recommendations related to ensuring quality resident care at our facility.

Employer Proposal

At Minoru Residence there are currently 15 full-time and 14 part-time Registered Nurses. Management's proposal seeks to drop these levels to a total of 4 full-time and 11 part-time Registered Nurses – a serious reduction in RN staffing levels.

*While staff **numbers** would be maintained by hiring more LPNs, it is essential to recognize that this does not compensate for the loss of **skills, experience,** and **knowledge** that occurs when RNs are removed from the staffing mixture.* (This issue is discussed further in following sections).

The following information outlines the details and realities of what management's proposed cuts to RN staffing levels would mean to resident care, at different times of day, throughout the facility.

Current Staffing Situation → Proposed Changes

Note: At Minoru Residence, we have five units with fifty beds on each unit.)

Day Shift

Present Staffing per Unit	Proposed Changes
1 E = 1 RNT.L. (= RN Team Leader) 1 **LPN** (= Licensed Practical Nurse)	1 E = 2 LPNs
1 W = 1 RNT.L. 1 RN	1 W = 2 LPNs
2 E = 1 RNT.L. 1 **LPN**	2 E = 2 LPNs
2 W = 1 RNT.L. 1 RN	2 W = 2 LPNs
3 W = 1 RNT.L. 1 RN	3 W = 2 LPNs
	Entire facility = 2 R.N.R.C.C.s (=RN Resident Care Coordinators) (* one R.N.R.C.C. on weekends) 2 RN Floats (part-time)

Evening Shift

Present Staffing per Unit	Proposed Changes
1 E = 1 RN	3 RN's &
1 W = 1 RN	2 LP.N.'s
2 W = 1 RN	
2 E = 1 RN	
3 W = 1 RN	

Night Shift

Present Staffing per Unit			Proposed Changes
1 E & 1 W	=	1 RN	2 RN's &
2 E & 2 W	=	1 RN	3 LP.N.'s
3 W	=	1 RN	

What would these changes mean for resident care?

On Day Shift:

All five of the 50 bed units at Minoru are to be managed by Licensed Practical Nurses – a radical change from the model in place right now. Currently, each 50 bed unit in Minoru is managed by an RN Team Leader, whose responsibility and energy is focused on the residents in this unit. This RN is supported by another RN on three units, and an LPN on two of the units. [Note: this already reflects a reduction in pre-2002 RN staffing levels (the two LPN positions indicated were originally filled by RNs).]

The proposed changes seek to eliminate these unit-focused Team Leader positions, creating in their place a *decreased* number of RN Resident Care Coordinator positions. While the job descriptions for these positions is largely similar to those of the Team Leaders, these two RNs would be responsible between them for all 250 residents in the facility.

Two additional RNs filling 'float' positions would, likewise, not be unit specific in their assignments, but rather would be dispatched to deal with situations throughout the entire facility. Between them, these four RNs would be tasked with an RN-skills-specific load (that notably includes providing standards-required support to LPNs) that RNs are finding it challenging to meet at current RN staffing levels.

It is important to note that this model not only decreases the number of RNs involved in resident care, but notably eliminates the ability for RNs to focus their attention more directly on the residents of a particular unit – an important component of maintaining strong relationships with and continuity of knowledge about particular residents. As the RNABC articulates in their paper on *Nursing Staff Mix for Safe and Appropriate Care*, "Registered nurses require a sufficient and continuous relationship with their clients so that ongoing assessment, decision-making, planning and evaluation can occur in a timely manner to meet dynamic and fluctuating client needs."[1]

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On Evening / Night Shifts:

The proposed staffing for these shifts will mean that:

On evening shift, two LPNs will be responsible for a 50 bed unit each.
On night shift, three LPNs will be responsible for a 50 bed unit each.

1. Resident Safety:

In our experience, resident safety and wellbeing depend upon the availability, and timely, effective delivery of competent, appropriate nursing care. Achieving this goal depends upon the employment of staff whose (combined) levels of nursing knowledge, skill and experience accurately match the needs of residents.

Like some other long term care facilities, there are staff members with a variety of different levels of training involved in delivering resident care at Minoru. Especially in 'staff mix' situations like this, a valuing of the unique contribution made by each of the different care providers in the team must be combined with a *responsible respect for the limitations of their training and experience levels.* The safety and well being of residents and staff alike depend upon it.

Recognizing the difference between RNs and LPNs

The notion that RNs are easily replaced by LPNs is dangerously inaccurate. In actual fact, there is a great deal of difference in the knowledge base of a Registered Nurse who has received three to four years of nursing education and a Licensed Practical Nurse whose training is completed in 12 months. Likewise, as training levels relate, in turn, to further learning on the job, the experience-based skill level of RNs is distinct from that of LPNs.

> *Although RNs and LPNs share some of the same knowledge, the differences in expectations for practice are based on the differences in educational preparation, ongoing learning and established parameters for practice... The longer period of study for RNs allows for a greater depth and breadth of nursing knowledge in a variety of areas, including pharmacology, physiology, clinical practice, research utilization, health care delivery systems, multidisciplinary team functioning and resource management.*[2]

The claim that RN and LPN positions are easily interchangeable ("with a bit of extra training") all too often justifies a situation in which not only are RN positions essential to safe, effective care are being eliminated, but also LPNs are being placed in the horrible situation of not having access to the support they require to do their jobs safely.

While LPNs, as nursing professionals, are independently responsible for their nursing practice, their level of training and resulting 'scope' of practice is such that they require the support and mentorship of RNs. " LPNs are accountable to know the limits of their practice and to consult with RNs or physicians when client care is beyond their scope of practice or competence." [3]

Currently, there are Licensed Practical Nurses working on two different units at Minoru. These nurses rely on the Registered Nurse they work alongside in emergency situations and to assist with resident assessment. This support is ensured by a staffing structure that has this Registered Nurse on the nursing unit full-time.

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In contrast, management's new proposal has **pairs of LPNs overseeing each of the five units in the facility**, with the greatly reduced numbers of RN staff spread throughout the entire facility. Overall, this proposed model greatly undermines the level of access LPNs have to Registered Nurses. In the event of an emergency or accident, if the Licensed Practical Nurse

requires assistance and needs to page or telephone a Registered Nurse, we are concerned that residents may not receive safe and quality care in a timely manner. The risks and stresses characterizing this proposal should be of concern to RNs, LPNs, and management alike, not to mention resident and their families.

Clearly, the staffing changes proposed for Minoru would alter our current situation, in which LPNs always work alongside an RN (both focused on delivering care to residents on one unit) – a structure that assures residents of the consistent support they have the right to expect in their position. The new model proposed instead has pairs of LPNs assuming the responsibility for each unit, with floating RNs as their source of support. The realities of the workload, and dispersed facility-wide focus that all of these RNs will be dealing with in their new positions raises real questions about how timely, spontaneous, proactive, and generally effective this support can be expected to be.

In very practical terms, by structurally breaking up the relationship between RNs and-LPNs, this new model also greatly diminishes the highly-beneficial mentorship potential of RNs toward their LPN counterparts – to the detriment of the latter. LPNs have every reason to feel nervous and sold-short by a model that does not team them directly with RNs.

The mission statement of the Richmond Health Services Society pledges that Minoru Residence be "a safe, secure, comfortable place to be". We do not believe that the staffing changes proposed for the facility are consistent with this stated commitment.

2. Quality of Care:

Registered Nurses are key players in the delivery of quality health care. Quality care is achieved when nurses are able to meet their practice standards. It is essential that health care organizations empower nurses to meet their practice standards and promote quality care and maintain the public trust. Cost cutting measures that reduce the number of Registered Nurses erode the quality of care the residents will receive.

> *Findings have emerged regarding the impact of staffing on patient safety and care quality in long-term care and skilled nursing facilities... In nearly every study, researchers find distinct differences between outcomes in facilities with the highest versus the lowest levels of registered nurses... Findings also suggest that RN staffing – not levels of licensed practical nurses or unlicensed assistive personnel – drive the association between staffing and outcomes."*[4]

How does Minoru compare to other LTC facilities?

Interested to see how the staffing changes proposed for Minoru compare with levels and mixtures in place at similar facilities in the Vancouver Coastal Health Authority, we polled the staff at the Minoru, Purdy, Evergreen, Banfield, Renfrew, and Arbutus extended care facilities for this information.

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This research, presented in **Appendix 1**, indicates the following:

- Out of all the facilities polled, **no facility has a Registered Nurse to resident ratio lower than Minoru Residence for evening or night shifts.**

- Like Minoru, Purdy, Evergreen, and Banfield are attached to a hospital – **all of these facilities have more staff per resident than Minoru Residence in the day, evening, and night shifts.**
- **None of the five listed facilities employ Licensed Practical Nurses.**

Reviewing this information, **we are led to question why Minoru's already comparatively lower level of staff skills mix is being further 'de-skilled' through the proposed changes at our facility.**

Considering the broad trend toward RN replacement with LPNs – a popular cost-cutting solution being applied throughout the provincial health authorities – we are doubly concerned that the kinds of changes being 'tested' at Minoru are in fact designed to pilot a de-skilled model that will in turn be applied at other facilities throughout the region. In effect, that the stated regional goal of establishing 'equalized levels of staffing' will not mean equally good staffing levels, but rather lowest common denominator staffing at all long term care facilities. Such changes may well facilitate meeting budget goals, but only at the price of good resident care.

3. Liability:

As mentioned in Section 1, Licensed Practical Nurses are accountable to know the limits of their practice and to consult with a Registered Nurse when resident care is beyond their scope of competency or practice. **This issue of practice quality is also an issue of safety and liability.**

Our concerns around liabilities are twofold:

a) What is the liability of a Registered Nurse who is unable to address a resident concern in a timely manner, when asked to do so by a Licensed Practical Nurse who requires help with an emergency situation?

   This is a very real possibility if the Registered Nurse is already dealing with a resident emergency on another unit. Responsible staffing levels must reflect a concern that Registered Nurses be available when needed and be able to respond emergency situations before they become disastrous ones.

b) At the same time as we note with concern the question of our own liability in the scenario of reduced levels of RN staffing, we anticipate that Richmond Health Services would share a similar concern with respect to their own legal risk-management responsibilities to residents.

4. Considering the Real Costs

As the trend toward 'RN replacement' as a cost-savings measure has increased, numerous research studies have sought to assess the 'real costs' of this model. In other words, to consider the various short- and long-term impacts of decreasing nursing team skills levels, and assess the associated costs to the system.

> *Recent studies in Canada and the United States demonstrate that higher registered nurse (RN) staffing levels are consistently associated with higher quality care, lower morbidity and mortality rates, better client outcomes and reduced adverse occurrences in acute,* ***long term care*** *and community settings. (author's emphasis)* [5]

High quality care and good outcomes logically translate into good dollars and sense:

> *Research... indicates that higher costs associated with employing RNs are offset by productivity gains, as well as cost savings... While immediate cost savings may be realized with fewer RNs, longer-term costs are higher.*[6]

Considered through our own experience as practicing RNs, these research conclusions make a great deal of sense – when you consider the costs associated with RN tasks like assessment and emergency response not being covered effectively. Stated in the positive, it is easy to imagine how a high RN to resident ratio links to a reduction in long-term costs. For example:

a) Accurate diagnosis and quick intervention reduces the number of residents being admitted to acute care, reduces the length of stay in acute care and rates of readmission to acute care. This results in a considerable cost saving.

b) Positive outcomes associated with direct nursing care include lower rates of pressure ulcers, pneumonia, fractures, disruptive or aggressive behaviors, contractures, and urinary tract infections. These all reduce supply costs, resident injuries and staff injuries.

5. Unmanageable Workload:

As management at Minoru is well aware, **workload is *already* a long-standing issue of concern at our facility**. According to our workload assessment tool completed every three months, there has been a steady increase in workload at Minoru Residence yearly. One element contributing to this trend has been a **consistent rise in acuity levels (the level of serious conditions needing more care) in long term care facilities** – Minoru among them. For the past three years, RNs have been advocating for more staff to adequately manage the increased workload.

Past and present documentation (Professional Responsibility Forms) have consistently indicated to management that our workplace environment fails to provide us with conditions in which we are able to consistently meet the professional requirements set forth in our Registered Nurses' Association of B.C. practice standards. If Registered Nurses, who have a greater knowledge base, experience, and specialized education in gerontology than a Licensed Practical Nurse, are having difficulties managing the workload, it is unlikely that a less skilled and experienced LPN will be able to cope.

This issue will only get worse under a model that lowers the overall skill levels in our nursing staff, and forces RNs to distribute their energies between greater numbers of residents and put more time into supervising other staff.

Conclusion:

While Minoru's management team claims to be working toward goals like: "being regarded in the highest esteem for our ability to model excellence." (quoted from the goals of Minoru's H.O.M.E. Team Committee), their current plans for staffing changes would appear to indicate the opposite.

Our decision to be vocal about these proposed changes is motivated by a number of very strong factors:

- Our deep concern for the residents at Minoru Residence, who have the right to receive high quality, appropriate, and timely care.

- Our concern for, and sense of responsibility to the families of residents, who entrust us with the care of their loved ones on a daily basis.

- Our concern for ourselves and all our co-workers (RNs and others alike), who all deserve working conditions and staffing levels that enable us to practice professionally within our different roles and scopes, thereby enabling us to meet the obligations we have (and feel) to our residents and their families.

We believe that the staffing changes – in particular the drastic decrease in RN numbers – planned for Minoru place all three of these goals in jeopardy. We feel strongly that they should not proceed, for the reasons outlined in this paper and more.

Recommendations:

Given the realities of issues already experienced with our current RN staffing levels at Minoru, and especially in light of the comparative picture of our facility to other similar facilities, we strongly believe that the staffing changes proposed amount should not proceed. In particular, we strongly advocate that any proposed changes, now or in the future, recognize and value the relationship between adequate levels of training, experience and the maintenance of quality resident care.

Residents at Minoru Residence, like LTC residents throughout the region, deserve the staffing levels and mixtures that guarantee safe, timely, and effective nursing care.

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We hope that others who share our concerns will raise their voices alongside ours.

"Human life always comes above everything else, including making money." 242

Director of Canada Health

Appendix # 1: Minoru Staffing Levels Compared With Other Long Term Care Facilities in the VCHA

* Resident & Staffing Numbers in these tables reflect a Per Unit breakdown

Other LTCs	Purdy UBC	Evergreen Lion's Gate Hospital	Banfield Vancouver General Hospital	Renfrew 2nd floor extended care	Arbutus Care Centre
Number of Residents	54	58	36	26	80
Day Shift	3 RN FT 8 PCA (4 FT, 4 PT)	3 RN FT 9 PCA (6 FT, 3 PT)	2 RN FT 4 PCA FT	1 RN FT 4 PCA FT	3 RN FT 8 PCA FT
Evening Shift	2 RN FT 6 PCA (3 FT, 3 PT)	2 RN FT 7 PCA (4 FT, 3 PT)	1 RN FT 2 PCA FT 1 PCA (1200 hr TO 2000 hr)	1 RN FT 3 PCA FT	2 RN FT 7 PCA FT
Night Shift	1 RN FT 2 PCA FT	1 RN FT 1 PCA FT	1 RN FT 1 PCA FT	1 RN FT 1 PCA FT	1 RN FT 2 PCA FT

FT: Full Time RN: Registered Nurse LPN: Licences Practical Nurse
PT: Part Time PCA: Personal Care Aide

Minoru	before proposed changes	with proposed changes	
Number of Residents	50	50	
Day Shift 243	2 RN FT 6 PCA (2 FT, 4 PT) OR 1 RN FT 1 LPN FT 6 PCA (2 FT, 4 PT)	2 LPN FT 6 PCA (3 FT, 3 PT) 1 PCA PT (Bath position)	RN Staffing for the entire 250 residents: On day shifts, there will be one FT care coordinator, one part time care coordinator and 2 RN part time floats. These positions will be responsible for 250 residents.
Evening Shift	1 RN FT 6 PCA (2 FT, 4 PT)	1 RN FT 5 PCA (3 FT, 2 PT) OR 1 LPN FT 5 PCA (3 FT, 2 PT)	
Night Shift	1 RN FT 3 PCA FT (FOR 100 Residents)	1 RN FT 1 PCA FT OR 1 LPN FT 1 PCA FT	

Endnotes:

[1] Registered Nurses Association of BC. (2001). *Nursing Staff Mix for Safe and Appropriate Care.* (policy statement) Vancouver: Laurel Brunke.

[2] Ottem. P. & Overton. C. (2000). RN and LPN accountabilities and responsibilities. *Nursing BC.* 32(3), p.21.

[3] ibid.

[4] Clarke, Sean P. (2003). Balancing staffing and safety. *Nursing Management.* 34(6): p.45.

[5] Sibbald, Barbara. (1997). Delegating Away Patient Safety. *The Canadian Nurse.* p.23.

[6] Registered Nurses Association of BC. (2001). *Nursing Staff Mix for Safe and Appropriate Care.* (policy statement) Vancouver: Laurel Brunke.

July 23/03

Hi Richard,

Please kindly forward this copy to the Mayor and the Councillors to pre-read. We will have the presentation on July 28 at 7pm.

Thank you.

Virginia Chiu
Michell Jackson
R.N. in Minoru Residence

V. Chiu Tel # (604) 275-8150

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3000-01

City of Richmond
6911 No.3 Road, Richmond, BC V6Y 2C1
Telephone (604) 276-4000
www.city.richmond.bc.ca

FAXED

July 8th, 2003
File: 0155-03-02

VIA FAX NO. 604-542-1309

Ms. Marnie Hewlett RN
2245 180th Street
RR#3 Surrey, BC V3S 9V2

Dear Ms. Hewlett:

Re: Changes to Richmond Hospital

In response to your letter dated July 7th, 2003, this is to confirm your appearance as a delegation to Council regarding the proposed changes to the Minoru Residence component of Richmond Hospital at the Council Meeting scheduled for Monday, July 14th, 2003, at 7:00 p.m. in the Council Chambers, Richmond City Hall. Because this item is not on the agenda you will be heard at or near the end of the Council meeting.

As you are aware, Council procedures allow five minutes for you to make your presentation, not including any questions which Council members may ask. This five-minute limit is strictly enforced to ensure that all business for the meeting is dealt with.

Please conclude your presentation with a specific request on what you are seeking by appearing before Council as a delegation.

With regard to your request to speak at a subsequent Council Meeting on the privatization of the Operating Room services at Richmond Hospital, this is to advise that Council Meetings are held on the second and fourth Monday of each month, and you will need to advise as to which meeting you wish to address this matter with Council. Please note that the Monday, August 11th meeting of Council has been cancelled.

Yours truly,

J. Richard McKenna
City Clerk

fja

Deferred to July 28th, 2003

RICHMOND
Island City, by Nature

1033310/2270-01

		INT
	JBM	
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July 7, 2003
2245 180th Street
RR#3 Surrey, BC
V3S 9V2

Mayor Brodie and City Councillors;
City of Richmond

0155-03-02

Ladies and Gentlemen:

I am writing to request some time at your earliest possible convenience to do a presentation on some of the changes at Richmond Hospital that would concern the community of Richmond.

The proposed changes include Minoru Residence and the privatization of the Operating Room services at Richmond Hospital.

I would ask that we talk about the Minoru Residence at the next possible City Council meeting and the Privatization at a subsequent meeting if that is agreeable to you.

Thank-you for your prompt attention in this matter.

Sincerely;

M Hewlett RN

Marnie Hewlett RN

CITY OF RICHMOND
DATE
- 7 JUL 2003
RECEIVED
CITY CLERK'S OFFICE