



Alberni-Clayoquot Regional Hospital District

BOARD OF DIRECTORS MEETING WEDNESDAY, JULY 26, 2017

Regional District Board Room, 3008 Fifth Avenue, Port Alberni, BC

AGENDA

	PAGE #
1. <u>CALL TO ORDER</u> <i>(immediately following the ACRD Board Meeting)</i>	
Recognition of Traditional Territories.	
2. <u>APPROVAL OF AGENDA</u> <i>(motion to approve, including late items requires 2/3 majority vote)</i>	
3. <u>ADOPTION OF MINUTES</u>	
a. Board of Directors Meeting – June 14, 2017	3-5
<i>THAT the minutes of the Alberni-Clayoquot Regional Hospital District Board of Directors held on June 14, 2017 be adopted.</i>	
4. <u>PETITIONS, DELEGATIONS & PRESENTATIONS (10-minute maximum)</u>	
5. <u>CORRESPONDENCE FOR ACTION</u>	
6. <u>CORRESPONDENCE FOR INFORMATION</u>	
a. COMOX STRATHCONA REGIONAL DISTRICT	6-17
Province of BC – Ministry of Health – Hospital District Act	
b. ISLAND HEALTH	
• Island Health Community Wellness Grant – Alberni-Clayoquot Health Network Report	18-21
• News Release – Island Health President and CEO Moving On	22-23
• CEO Report Regional Hospital Districts – June 2017	24-82
<i>THAT correspondence a-b be received for information.</i>	
7. <u>REQUEST FOR DECISIONS & BYLAWS</u>	
a. Request for Decision	83-85
Finance Warrant No. 500	

THAT the Alberni-Clayoquot Regional Hospital District Board of Directors approve Finance Warrant Number 500 in the amount of \$375,028.25 dated June 30, 2017.

8. REPORTS

- a. Bamfield Health Centre – K. Wyton
- b. Alberni-Clayoquot Continuing Care Society – J. McNabb
- c. Island Health Capital Planning Committee – J. Osborne
- d. West Coast Native Health Care Society – P. Cote
- e. Tofino General Hospital – J. Osborne/D. St. Jacques
- f. Alberni-Clayoquot Health Network – P. Cote/J. Osborne
- g. Other Reports
 - Vancouver Island Regional Hospital Districts Semi-Annual Joint Planning Meeting Minutes – June 9, 2017 **86-90**

THAT the Regional Hospital Board of Directors receives reports a-g.

9. UNFINISHED BUSINESS

10. LATE BUSINESS

11. QUESTION PERIOD

12. ADJOURN



Alberni-Clayoquot Regional Hospital District

MINUTES OF THE BOARD OF DIRECTORS MEETING HELD ON WEDNESDAY, JUNE 14, 2017

Uchucklesaht Tribe Government Office, 5251 Argyle Street, Port Alberni, BC

DIRECTORS PRESENT: Josie Osborne, Chairperson, Mayor, District of Tofino
Keith Wyton, Director, Electoral Area "A" (Bamfield)
Mike Kokura, Director, Electoral Area "B" (Beaufort)
Tony Bennett, Director, Electoral Area "C" (Long Beach)
Penny Cote, Director, Electoral Area "D" (Sproat Lake)
John McNabb, Director, Electoral Area "E" (Beaver Creek)
Lucas Banton, Director, Electoral Area "F" (Cherry Creek)
Jack McLeman, Councillor, City of Port Alberni
Mike Ruttan, Mayor, City of Port Alberni
Dianne St. Jacques, Mayor, District of Ucluelet
Alan McCarthy, Member of Legislature, Yuułu?if?ath Government
Wilfred Cootes, Councillor, Uchucklesaht Tribe Government
Kirsten Johnsen, Councillor, Toquaht Nation

REGRETS: John Jack, Vice-Chairperson, Councillor, Huu-ay-aht First Nation

STAFF PRESENT: Wendy Thomson, Acting Chief Administrative Officer
Andrew McGifford, Manager of Environmental Services
Mike Irg, Manager of Planning and Development
Janice Hill, Acting Manager of Administrative Services

1. CALL TO ORDER

The Chairperson called the meeting to order at 2:49 pm.

The Chairperson recognized the meeting this afternoon is being held in the Tseshaht First Nation and the Hupacasath First Nation Traditional Territories.

2. APPROVAL OF AGENDA

MOVED: Director Bennett

SECONDED: Director Wyton

THAT the agenda be approved as circulated.

CARRIED

3. ADOPTION OF MINUTES

a. **Board of Directors Meeting – May 10, 2017**

MOVED: Director Cootes

SECONDED: Director Cote

THAT the minutes of the Alberni-Clayoquot Regional Hospital District Board of Directors held on May 10, 2017 be adopted.

CARRIED

4. PETITIONS, DELEGATIONS & PRESENTATIONS

5. CORRESPONDENCE FOR ACTION

6. CORRESPONDENCE FOR INFORMATION

a. ISLAND HEALTH

Floating Helipad at the Bamfield Health Centre

b. MINISTRY OF HEALTH

Ambulance Service in Bamfield

MOVED: Director Bennett

SECONDED: Director Cote

THAT this correspondence a- b be received for information.

CARRIED

7. REQUEST FOR DECISIONS & BYLAWS

a. Request for Decision regarding Finance Warrant No. 499.

MOVED: Director Bennett

SECONDED: Director McNabb

THAT the Alberni-Clayoquot Regional Hospital District Board of Directors approve Finance Warrant Number 499 in the amount of \$5,386.87 dated May 31, 2017.

CARRIED

8. REPORTS

a. Bamfield Health Centre – K. Wyton

Director Wyton reported that the Bamfield Health Centre have been engaged with BC Emergency Health Services regarding the ongoing emergency response issue. BCEHS are reviewing service gaps and working towards a solution. Doctors have been coming out to the Bamfield Community and telehealth is available.

b. Alberni-Clayoquot Continuing Care Society – J. McNabb

No report.

c. IH Capital Planning Committee – P. Cote

Director Cote provided a verbal report from the June 9th, 2017 meeting.

d. West Coast Native Health Care Society – P. Cote

No report.

e. Tofino General Hospital – J. Osborne/D. St. Jacques

The Chair reported that the Vancouver Island Health Authority have advertised an RFP for Engineering and Architectural Services for the Tofino Hospital Heliport Upgrade Design.

f. Alberni-Clayoquot Health Network – P. Cote/J. Osborne

No report.

g. Other Reports

MOVED: Director Cote

SECONDED: Director Bennett

THAT the Regional Hospital Board of Directors receives reports a-g.

CARRIED

9. UNFINISHED BUSINESS

10. LATE BUSINESS

11. QUESTION PERIOD

12. ADJOURN

MOVED: Director Bennett

SECONDED: Director Cote

THAT this meeting be adjourned at 3:04 pm

CARRIED

Certified Correct:

Josie Osborne,
Chairperson

Wendy Thomson,
Acting Chief Administrative Officer



File: H-G

June 15, 2017

Sent via email: hlth.minister@gov.bc.ca

The Honourable Terry Lake, MLA
Minister of Health
PO Box 9050 Stn. Prov. Govt.
Victoria, BC V8W 9E2

Dear Minister:

Re: Hospital District Act

At its June 8, 2017 meeting the Comox Strathcona Regional Hospital District board of directors adopted the following resolution:

THAT a letter be sent to the Minister of Health with copies to Deputy Minister of Health, Union of BC Municipalities and all Regional Hospital District Boards requesting:

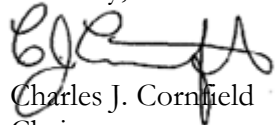
- a) alignment and modernization of the 1996 Hospital District Act and repeal of regulation B.C. Reg. 406/82 (O.C. 1635/82) as noted in the staff report dated May 19, 2017; and*
- b) that the Ministry of Health coordinate a session at the 2017 UBCM convention to discuss the alignment and modernization of the Hospital District Act.*

As way of background material, please find attached a staff report dated May 19, 2017 that was considered at the June 8, 2017 board meeting.

We respectfully request that the *Hospital District Act* be updated as outlined in the motion above and that the Ministry of Health coordinate a session at the 2017 UBCM convention to discuss the alignment and modernization of the *Hospital District Act*.

We look forward to hearing from you.

Sincerely,



Charles J. Cornfield
Chair

Enclosure: 20170519 Staff Report - Province of BC – Ministry of Health – Hospital District Act

cc: Stephen Brown, Deputy Minister of Health
Ronna-Rae Leonard, MLA, Courtenay-Comox
Scott Fraser, MLA, Mid Island-Pacific Rim
Claire Trevena, MLA, North Island
Union of BC Municipalities
British Columbia Regional Hospital Districts



Staff Report

DATE: May 19, 2017

FILE: H-G

TO: Chair and Directors
Regional Hospital District Board

FROM: Debra Oakman, CPA, CMA
Chief Administrative Officer

RE: Province of BC – Ministry of Health – Hospital District Act

Purpose

To recommend sending a letter to the Minister of Health requesting amendment of the *Hospital District Act* to align with local government funding needs and modernize language to reflect local government practice.

Policy analysis

The *Hospital District Act* (1996) is the governing legislation for local government Regional Hospital Districts (RHD). The Province of BC, Ministry of Health (MOH) in conjunction with Union of British Columbia Municipalities (UBCM) commissioned an independent review titled 'Strengthening the Capital Planning and Cost Sharing Process – Emerging Directions for Change – A Review of the 2003 Cost Sharing Review'. The final report was submitted by Corpus Sanchez December 2008.

The Comox Strathcona Regional Hospital District (CSRHD) board adopted the following motions on June 16, 2016:

'THAT a letter be sent to the Minister of Health requesting that the Hospital District Act be updated to reflect the recommendations from the 2003 Ministry of Health review and request a meeting with the Minister to discuss;

AND FURTHER THAT a letter be sent to all Regional Hospital Districts requesting them to send a letter to the Minister as well.'

'THAT the Ministry of Health be requested to host a provincial session of Regional Hospital District chairs and chief administrative officers in conjunction with the September 2016 UBCM meetings.'

Executive summary

Responses have been received from the Minister of Health, Deputy Minister of Health and various RHDs supporting both the updating of the *Hospital District Act* and participating in a MOH provincially hosted session to review proposed amendments to the *Hospital District Act*.

In discussions with Chair Cornfield, staff have been asked to prepare a report that specifically identifies amendments to the *Hospital District Act* in order for the CSRHD board to review and discuss proposed amendments. When considering amendments to the *Hospital District Act*, there are three (3) subject areas that require review, updating and modernizing:

1. Legislative policy

Appendix D to this staff report reflects current language and proposed amendments in the *Hospital District Act*.

2. Tax rate

While conducting additional background research B.C. Reg. 406/82 (O.C. 1635/82) filed September 7, 1982 was reviewed (appendix C). The *Hospital District Act, Hospital District Act Regulation* references provincially set tax rates for each RHD. In discussions with the Assistant Deputy Minister (ADM) at the Ministry of Health it was explained that this regulation was under the ‘old system’ and that it no longer applied after the 1988/89 restructure and MOH no longer sets the RHD tax rates. Subsequently the MOH no longer required annual submissions by RHDs. The Ministry of Health had moved away from the oversight role to a more modern approach of enablement to address local needs. However, the ADM determined to seek legal counsel to confirm status of the regulation and subsequently provided two letters to the CSRHD. The letter dated December 1, 2016 (appendix E) acknowledges that the regulation is out of alignment with local CSRHD sustainable tax rate and advises to ‘continue with local practice’. A recent staff review of tax rates across the province for RHDs compared with the outdated 1982 provincial regulation indicates that of the current 23 provincial RHDs, seven (7) are aligned, five (5) no longer exist and several RHD names are not reflected correctly. The key message is that the *Hospital District Act* needs to be amended to enable RHDs to set the appropriate tax rate to reflect the local hospital district funding priorities. Appendix B provides the 2016 RHDs tax rates and the outdated 1982 tax rate regulations.

3. Facilities

The CSRHD staff conducted a survey in 2016 to determine categories of facilities that are being funded (cost shared) by other regional hospital districts. The outcome (Appendix A) identifies that several RHDs are contributing funds to other related projects, a few RHDs have requested related health care clinics to be added as named facilities and many RHDs are waiting for the modernization of the *Hospital District Act* to enable funding contributions to specific local priority health care capital projects.

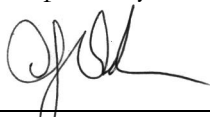
The staff report and supporting documentation will be sent to RHD Chief Administrative Officers across BC with the objective of providing an update on the request and rationale to support a provincially hosted meeting with all RHDs.

Recommendation from the Chief Administrative Officer:

THAT a letter be sent to the Minister of Health with copies to Deputy Minister of Health, Union of BC Municipalities and all Regional Hospital District Boards requesting

- a) alignment and modernization of the 1996 *Hospital District Act* and repeal of regulation B.C. Reg. 406/82 (O.C. 1635/82) as noted in the staff report dated May 19, 2017 and
- b) that the Ministry of Health coordinate a session at the 2017 UBCM convention to discuss the alignment and modernization of the *Hospital District Act*.

Respectfully:



Debra Oakman, CPA, CMA
Chief Administrative Officer

Enclosures:

- Appendix A – RHD funding survey results re: residential care funding
- Appendix B – 2016 RHD tax rate comparison to 1982 Tax Regulation
- Appendix C – 1982 BC Tax Regulation
- Appendix D – Proposed updates and changes to the *Hospital District Act*
- Appendix E – December 1, 2016 letter from the Ministry of Health to the CSRHD regarding updates to the *Hospital District Act*

Appendix 'A' - Regional Hospital District funding survey results re residential care funding

Health Authority	Regional Hospital District	General Information			Facilities Funded				Notes
		Total Annual Budget 2015	2015 Population	2015 Residential tax rate	Acute Care (hospital/named facilities)	Residential Care	Health Programs	Other	
Island Health	Alberni Clayoquot	\$ 1,806,000	31,061	0.2949	Yes	No	No	No	
Island Health	Capital	\$ 29,726,450	359,991	0.3004	Yes	Yes	No	No	The three categories of capital funding include Major Capital Projects (over \$2M) which includes residential care, Minor Capital Projects (\$100,000 - \$2M) and medical equipment (greater than \$100,000). Have been funding major residential care bed replacement projects as well as minor capital/equipment.
Interior & Northern Health	Cariboo Chilcotin	\$ 7,648,736	63,466	0.7154	Yes	Yes	No	Yes	Residential care facilities are included as long as the funding is only for capital costs and as long as the facility is owned by or under long term lease to the health authority. Fund community foundations that are hospital related (projects are within a health authority facility). Have a medical staff recruitment and retention fund.
Vancouver Coastal	Central Coast		3,206	0.1234	Yes	No	No	No	
Interior Health	Central Okanagan	\$ 30,386,351	179,839	0.3567	Yes	No	No	No	Extended care (patients receiving nursing care)
Island Health	Comox Strathcona	\$ 122,009,201	106,790	0.8369	Yes	No	No	No	
Island Health	Cowichan Valley	\$ 8,539,633	80,332	0.5436	Yes	No	No	No	Information obtained from website - The sole purpose of the CVRHD is to provide funding for Hospital Capital Equipment.
Fraser Health	Fraser Valley	\$ 11,073,018	277,593	0.2234	Yes	Yes	No	No	
Northern Health	Fraser-Fort George	\$ 6,740,810	91,879	0.3512	Yes	No	No	No	
Interior Health	Kootenay East	7,451,183	56,655	0.1605	Yes	No	No	No	
Island Health	Mount Waddington	\$ 642,916	11,506	0.3205	Yes	Yes	No	No	Any capital, however reserve judgement on level of contribution
Island Health	Nanaimo	\$ 9,989,109	146,574	0.2242	Yes	Yes (if it is a designated facility)	No	No	The RDN only provides capital funding to designated facilities, this includes all capital including relatively small items, but no operating funding at this time.
Interior Health	North Okanagan/Columbia	\$ 13,263,561		0.2918					
Northern Health	North West	\$ 8,926,067	72,412	0.4558	Yes	Yes	No	No	In 2007 NWRHD funded \$6M of \$15M for renovations and building a new wing on a Terrace residential care facility. 2010 funded \$6.8 M to the \$19.5M to expand residential care beds in Prince Rupert. A general grant is given for small capital items and the Health Authority can decide which facilities to purchase items for. NWRHD does not fund anything that is not capital.
Northern Health	Northern Rockies	\$ 864,660	5,578	0.08253					
Interior Health	Okanagan-Similkameen	\$ 16,170,600	80,742	0.3156	Yes		No	No	
Northern Health	Peace River	\$ 17,293,778	60,082	0.5950	Yes	Yes		Yes	Medical recruitment, some residential care not all. Funded 40% of Rotary Manor in Dawson Creek, did not fund facilities built onto the new hospital in Fort St. John and (since they were funding \$98M for the hospital)
Vancouver Coastal	Powell River	\$ 1,975,988	19,906	0.2408	Yes	Yes	No	No	New - Complex Care connected to hospital prior to that acute care only
Vancouver Coastal	Sea to Sky	\$ 1,000,218	35,266	0.0497	Yes	No	No	No	

Health Authority	Regional Hospital District	General Information			Facilities Funded				Notes
		Total Annual Budget 2015	2015 Population	2015 Residential tax rate	Acute Care (hospital/named facilities)	Residential Care	Health Programs	Other	
Northern Health	Stuart-Nechako	\$ 3,843,000	22,941	0.5400	Yes	Yes	No	Yes	Residential care at reduced level. Other funding was identified as clinical information systems.
Vancouver Coastal	Sunshine Coast	\$ 5,373,560	28,619	0.2423	Yes	No	No	No	Budget includes current hospital expansion project. Limited capital finding provided to a care home that is considered part of the hospital compound.
Interior Health	Thompson	\$ 31,466,697	130,304	0.4684	Yes	Yes	No	No	Sample of current residential care project - handicapped washrooms at Gillis House (complex care facility).
Interior Health	West Kootenay-Boundary	\$ 7,160,668	80,000 (approx)	0.3028	Yes	Yes	No	No	Hospitals/health care centres, some residential care. Sample projects are Hardy View Lodge (operated by Interior health) Nurse call system \$280K total (40% funded), Boundary Hospital/Sunshine Manor home

Appendix 'B' - Regional Hospital District 2016 tax rate - BC Regulation 1982 tax rates

Health Authority	Regional Hospital District	2016 Net taxable assessed value - hospital purposes	2016 RHD Residential tax rate	BC Regulation 1982 tax rate	Notes
Island Health	Alberni Clayoquot	4,506,269,213	0.2894	0.4676925	
Island Health	Capital	83,292,051,289	0.2909	0.0618850	
	Cariboo			0.2052897	1982 Regulation name references 'Cariboo' only
Interior & Northern Health	Cariboo Chilcotin	7,692,907,867	0.7048	0.2052897	Assuming 1982 regulation tax rate same as 'Cariboo' tax rate.
Vancouver Coastal	Central Coast	166,196,726	0.0906	0.0433723	
Interior Health	Central Okanagan	39,940,397,150	0.3332	0.1575625	Extended care (patients receiving nursing care)
Island Health	Comox Strathcona	17,423,837,557	0.8177	0.1122445	1982 Regulation Comox Strathcona is spelled incorrectly
Island Health	Cowichan Valley	13,188,666,277	0.5867	0.1644235	
	Central Fraser Valley			0.1044510	1982 Regulation: identifies 'Central' Fraser Valley
Fraser Health	Fraser Valley	40,442,251,172	0.2089	0.1044510	Assuming same 1982 regulation tax rate as 'Central Fraser Valley'
Northern Health	Fraser-Fort George	11,679,261,052	0.4527	0.1869025	
	Fraser-Cheam			0.3420459	1982 regulation name
Interior Health	Kootenay East	16,181,513,013	0.1572	0.0498969	1982 Regulation indicates 'East Kootenay'
Island Health	Mount Waddington	1,187,073,386	0.3240	0.0519059	
Island Health	Nanaimo	27,047,636,469	0.2181	0.1036486	
	North Okanagan			0.0353586	1982 regulation has two separate RHDS, current structure is merged North Okanagan Columbia Shuswap
	Columbia Shuswap			0.4800350	1982 regulation has two separate RHDS, current structure is merged North Okanagan Columbia Shuswap
Interior Health	North Okanagan Columbia Shuswap	22,106,728,583	0.2818		Combined 1982 regulation tax rate would equal .5153936
Northern Health	North West	8,516,001,040	0.4364	0.4271226	1982 Regulation refers to this area as 'Kitimat Stikine'.
Northern Health	Northern Rockies	2,312,748,375	0.0447	0.0598032	
Interior Health	Okanagan-Similkameen	14,929,476,391	0.3181	0.1645235	
Northern Health	Peace River	14,510,952,289	0.5999	0.4109541	
Vancouver Coastal	Powell River	3,016,437,296	0.2492	0.4557523	
	Greater Vancouver			0.0356105	1982 regulation name
	Squamish-Lillooet			0.0373670	1982 regulation name
Vancouver Coastal	Sea to Sky	16,669,086,651	0.0442		Name not included in 1982 regulation
	Buckley-Nechako			0.3400706	1982 regulation name
Northern Health	Stuart-Nechako	2,127,962,034	0.5610		Not included in 1982 Regulation.
Vancouver Coastal	Sunshine Coast	8,525,119,431	0.1517	0.0345659	
	Skeena-Queen Charlotte			0.2683779	1982 regulation name
Interior Health	Thompson	21,691,340,346	0.4574	0.1262574	1982 regulation references Thompson - Nicola.
	Central Kootenay			0.0317692	1982 regulation name
Interior Health	West Kootenay-Boundary	12,571,786,188	0.2986	0.0523568	1982 regulation name is 'Kootenay-Boundary'.

B.C. Reg. 406/82
O.C. 1635/82

Deposited September 7, 1982

This consolidation is current to May 2, 2017.

Hospital District Act

HOSPITAL DISTRICT ACT REGULATION

[includes amendments up to B.C. Reg. 24/2016, April 5, 2016]

Contents

- 1 Prescribed date
- 2 Tax rate relationships
- 3 Limits on amount specified by minister
- 4 Spent
- 5 Tla'amin Nation vote under section 9 (1) of the Hospital District Act

Schedule

Prescribed date

- 1 The date prescribed for the purposes of section 23 (1) of the *Hospital District Act* is December 31, except for the 1996 budget which must be submitted by January 31, 1996.

[am. B.C. Regs. 312/87; 544/95.]

Tax rate relationships

- 2 If the council of a municipality raises a tax under section 26 of the Act, the relationships between tax rates on each property class to the tax rate on Class 1 must be the relationships in the following Schedule:

SCHEDULE	
<i>Class of Property</i>	<i>Ratio to Class 1 Rate</i>
1	1.0 : 1
2	3.5 : 1
3	1.0 : 1
4	3.4 : 1
5	3.4 : 1
6	2.45 : 1
7	3.0 : 1
8	1.0 : 1
9	1.0 : 1

[en. B.C. Reg. 336/2008, Sch. 7.]

Limits on amount specified by minister

- 3 For the purpose of section 20 (3) of the Act, the amount to be specified by the minister shall not exceed in the aggregate whichever is the greater of
- (a) \$200 000, or
 - (b) the product of the rate set out in Column 2 of the schedule opposite the regional hospital district set out in Column 1 per thousand dollars of the assessed value of land and improvements in the district.

[en. B.C. Reg. 61/85.]

Spent

- 4 Authority Repealed. [1998-30-84.]

Tla'amin Nation vote under section 9 (1) of the Hospital District Act

- 5 (1) Despite section 9 (1) of the *Hospital District Act*, the Tla'amin Nation may participate in a vote under that section by the board of the Powell River Regional Hospital District.
- (2) The number of votes to which the Tla'amin Nation is entitled is
- (a) the number obtained by dividing the population of the Tla'amin Nation by the voting unit specified in the letters patent for the Powell River Regional Hospital District, or
 - (b) if the quotient under paragraph (a) is not an integer, the next greater integer to the quotient.
- (3) A change in the population of the Tla'amin Nation established by census, for the purposes of subsection (2), takes effect in the year following the year in which that census was taken.

[en. B.C. Reg. 24/2016, Sch. s. 1.]

Schedule

[en. B.C. Reg. 120/89; see 1998-30-84; 14/2009.]

Column 1	Column 2
<i>Regional Hospital District</i>	<i>Rates for Section 20 (3) of Act</i>
Alberni-Clayoquot	.4676925
Bulkley-Nechako	.3400706
Capital	.0618850
Cariboo	.2052897
Central Coast	.0433723
Central Fraser Valley	.1044510
Central Kootenay	.0317692
Central Okanagan	.1575625
Columbia Shuswap	.4800350
Comox-Strathcona	.1122445

Cowichan Valley	.1644235
Dewdney-Alouette	.0330258
East Kootenay	.0498969
Northern Rockies	.0598032
Fraser-Cheam	.3420459
Fraser-Fort George	.1869025
Greater Vancouver	.0356105
Kitimat-Stikine	.4271226
Kootenay-Boundary	.0523568
Mount Waddington	.0519059
Nanaimo	.1036486
North Okanagan	.0353586
Okanagan-Similkameen	.1645235
Peace River	.4109541
Powell River	.4557523
Skeena-Queen Charlotte	.2683779
Squamish-Lillooet	.0373670
Sunshine Coast	.0345659
Thompson-Nicola	.1262574

[Provisions relevant to the enactment of this regulation: [Hospital District Act](#), R.S.B.C. 1996, c. 202, sections 20 (3) and 23 (1) and 51]

Hospital District Act		
Section		Review/update/modernize
Part 1 Definitions	Hospital	Hospital Act section 49
	Hospital facilities	Further define 'things'. A more complete current list would modernize the legislation ie: for the purposes of cost sharing capital equipment, projects in Acute care hospitals; diagnostic and treatment centres; complex, multi-purpose and extended care facilities; client/patient information technology projects or any other project permitted by Ministry of Health Services as defined in Ministry policy (or regulation).
	Secretary	Consider establishing a more independent organization or updating definition to reflect LGA and Community Charter 'officers'
Part 2 Hospital Districts and Boards	Division 1	Review and modernize – it is not clear on whether sections in this division are still relevant
	Division 2	
	Section 8 (1)	Add: 'and alternative directors'
	Section 17	Modernize – this section could be updated to reflect either an independent organization governance model or improve clarity with regard to appointments from regional districts.
	Section 17 (6) (b)	ADD: 'appoint'
	Division 3 and 4	Review and modernize
Part 3 Functioning of Boards	Division 1 Section 20 (1)(a)	Modernize the role of RHDs, ie: <ul style="list-style-type: none"> • Represent the RHDs interest in the capital planning process and to work with the health authority to establish capital priorities; • Determine the level of support available for capital projects sponsored by the health authority, and • Raise revenue for health capital contributions to assist the health authority. Purposes - Propose new definition ie: (a) To cost share towards the establishment, acquisition, construction, reconstruction of hospitals and hospital facilities.
	Section 20 (1) (c)	Review intent of section
	Sections 20 (1) (d);(e)	Modernize – no longer seem applicable
	Section 20 (3)	Modernize – does not align with current practice. Could delete 'an amount which must not be greater in aggregate than a prescribed amount'. Each RHD is taxing and establishing their budgets based on local needs.
	Section 20 (4)	Modernize – Align with current practice. Delete 'and must be reported to the minister'
	Section 20 (6)	Modernize – may no longer be applicable
	Section 22	Modernize – align with current practice. Delete section as RHDs establish their own policies.
	Section 23 (1)	Delete 'a prescribed date' Replace with 'December 31 st '
	Section 27 (3)	Modernize – align with current practice. Delete (a). Review all and update
Part 4 General	Section 51 (2)	Modernize – align with current practice. Delete (a). Review all and update.

HOSPITAL DISTRICT ACT – LEGISLATIVE REVIEW/MODERNIZATION

General Summary – The Hospital District Act is 35 pages in length and generally does not reflect current practice of either the Ministry of Health or Regional Hospital Districts. The Hospital District Act requires a full review and modernization.



Comox Valley Regional District

RECEIVED

File:

DEC 05 2016

To:

CC: 1073943

DEC 01 2016

Ms. Debra Oakman
Chief Administrative Officer
Comox Strathcona Regional Hospital District
600 Comox Road
Courtenay, BC V9N 3P6

Dear Ms. Oakman:

This letter is further to my letter of October 20, 2016, regarding the *Hospital District Act* (HDA) Regulation implementation.

The Ministry of Health (the Ministry) recognizes that the HDA Regulation has not been amended since its enactment in 1982 and is in need of updating to reflect current practices. The Ministry is working with the Ministry of Justice to determine the best mechanism for updating the HDA regulation and will be recommending that changes be made to the Regulation at the earliest opportunity. In the meantime, there is no expectation that regional hospital districts change their current practices with respect to the setting of tax rates.

If you require any further information, please contact Joel Palmer, Executive Director, Capital Services Branch, at 250-952-1102 or Joel.Palmer@gov.bc.ca.

I appreciate the opportunity to respond.

Yours truly,

Manjit Sidhu, CPA, CA
Assistant Deputy Minister
Finance and Corporate Services

pc: Mr. Joel Palmer, Executive Director, Capital Services, Ministry of Health

ISLAND HEALTH COMMUNITY WELLNESS GRANT – ACHN REPORT

BACKGROUND

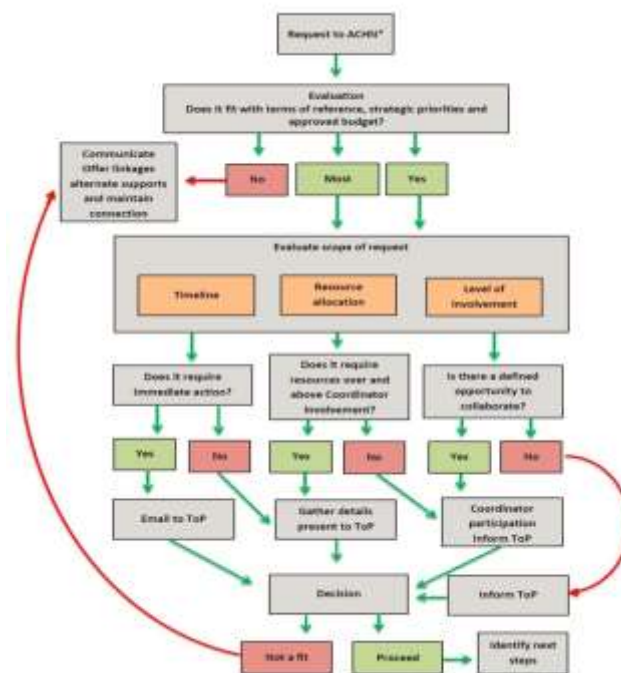
Island Health will be forming a Community Wellness Granting Opportunity, in the interim funds have been distributed to regional districts to develop and support population level interventions. The ACHN Table of Partners has been approached by the ACRD to provide recommendations as per usage of these funds.

The ACHN Coordinator outreached to community partners and networks to gather information and recommendations to present to the Table of Partners to inform a project proposal presented at April 20th meeting. Projects were selected using the ACHN decision making framework and Island Health identified purpose for funds as benchmarks for project activities.

ISLAND HEALTH GRANT PURPOSE

\$31,733.39 to be used for the purpose of developing population level interventions that address the five modifiable risk factors (unhealthy weight/obesity, physical inactivity, unhealthy eating, tobacco use, and harmful alcohol use) as well as frail seniors, and mental health and substance abuse, either directly or in partnership with other local community organizations, including Community Health Networks.

ACHN DECISION MAKING FRAMEWORK AND PRIORITIES



ACHN PRIORITIES

- Network Development
- Healthy Children and Youth
- Affordable and Attainable Transportation
- Affordable and Attainable Housing
- Health Literacy

FUNDED PROJECTS

Project Title	Summary	Amount Funded	Impact
West Coast Wheels for Wellness – Capital Purchase ACHN West Coast Working Group	<p>The opportunity to pilot the Wheels for Wellness program on the west coast was brought forward fall 2015. The first two months of the pilot, running Jan 2016 to April 2016, has been successful in expediting the recruitment of volunteer drivers, provided preliminary ridership data and has allowed communities to be better connected to appointments within the Alberni Valley and beyond. This service interlocks with the current Wheels for Wellness service on Vancouver Island providing consistent and reliable access to medical appointments to rural and remote community members. Pilot project has yielded successful uptake in communities and program usage continues to grow as this service becomes better known.</p> <p>In order to provide sustained and seamless service to west coast communities the working group will be sourcing partner commitments to assist with a onetime \$34 000 cost to purchase a Wheels for Wellness van after the completion of the winter 2016 pilot.</p>	\$10000	<p>\$34,000 total leveraged from community partnerships</p> <p>Program adopted and now a regular service in West Coast communities</p> <p>Average of 29 rides/month for patients requiring assistance to access confirmed medical appointments in Port Alberni and beyond since program adoption.</p>
Physical Literacy Working Group	Support PL working group, next community engagement activity as well as teen mentorship project. Teens mentoring and modelling healthy lifestyles for other teens.	\$4000	<p>Ongoing – report expected July 2017</p> <p>Youth engagement and mentoring a primary focus of activities</p>
Elders Living in Balance Program Port Alberni Friendship Center	<p>The broad goal of this project is to provide Aboriginal Elders opportunities where they can gather to build social supports reduce isolation, improve health outcomes, increase connection to community, revitalize traditional health models through language and culture and for Elders and Seniors to become strong role models for Youth, their families, community and future generations.</p> <p>Objectives:</p> <ul style="list-style-type: none"> • To improve food security, nutritional knowledge and food preparation skills for Elders/Seniors. • Assist Elders/Seniors in accessing support and health services and ensuring their needs are addressed. • Increase health and support service providers awareness of Elders/ Seniors barriers to health care, social opportunities and community support within the Aboriginal community 	\$5000	<p>Ongoing – Report expected July 2017</p> <p>To date: Elders engaged in multi generational activities</p> <p>Meals and traditional foods shared between elders, youth and early years program participants</p>
Seniors tool Kit Long Beach Chapter of the Division of	Through engagement with Pacific Rim Hospice Society, GPs were provided information around services offered by Hospice that could support their elderly patients in multiple ways, of which they were previously unaware.	\$3500	In development

Family Practice	<p>This led to considering the collection of these services along with others available to seniors, and relevant health information, into a toolkit for seniors as an attempt to address the aforementioned gaps. Further investigation suggests that the Alberni Valley would welcome such a tool and that a Regional Template would be of benefit to the broader LHA 70.</p> <p>We are requesting \$3500 through the Community Wellness Grants to support a project that would:</p> <p>a) Produce a Regional Template for a Seniors' Toolkit that could be shared with all areas within the ACRD; and,</p> <p>b) Implement the toolkit on the west coast, using the Regional Template completed with our local and applicable regionally shared resources. (This could be considered a prototype for other areas or could be implemented concurrently with the Alberni Valley's implementation but the costs of production for AV were not included in this proposed budget.)</p> <p>The health information portion would be standard across the region and we would aim to work with Island Health's Integrated Health Network and Seniors' Outreach team, First Nations Health Authority, local First Nations, as well as Nuuchahnulth service providers, so as to include both relevant and culturally appropriate information.</p>		
PA Hospice – Advance Care Planning	<p>We believe that providing regular monthly workshops to the Alberni Valley is of outmost importance. Connecting with the Integrated health network, NTC, Dr's and local community groups have given us the opportunity to mix up the Venue each month and touch as many demographics as possible. Our next workshop is on May9th at the Echo center with the Sunshine Club.</p> <p>In order to run our ACP program successfully we require a small amount of materials, advertising (we are pretty creative), as well as training for our lead volunteers and staff. Any opportunity to further our training and increase staff hours would be gratefully appreciated. We are committed to giving our community exceptional two part workshops monthly.</p> <p>We have successfully put together a team of four that seems to be a very good fit in the delivery of the workshops and we are excited with the feedback thus far.</p>	\$3000	<p>11 workshops held with 12 to 22 participants each</p> <p>3 lead volunteers trained in ACP training</p> <p>Local health care professionals have provided positive feedback on sessions. Including local GP's and other healthcare professionals.</p> <p>Doctors have been so supportive that they have donated an extra \$1800</p> <p>Word of mouth support through community outreach has increased invites to other programs</p> <p>Invited to elders lunches and wellness fair at Friendship Centre.</p>
Better At Home – Resource	We have identified the need to revise and reprint our information brochure which assists to provide accurate	\$1500	Brochure updated, printed and distributed.

Update	<p>and timely information to seniors in our communities in a hardcopy format which is most accessible to the population which we serve. Recent changes in our program and regional services are no longer reflected in our resource brochure. Grant funding of \$1500 to cover these costs will greatly assist us in continuing to deliver services to our community. Funds requested will be utilized to:</p> <ul style="list-style-type: none"> • Update resource information - \$500, research and coordination time • Graphic Design services - \$500 revise and update brochure • Printing – \$500, 1000 + Colour copies of resource for partners and clients 		<p>Increased communication and up to date info has placed org in a better place to participate in Provincial Raising the Profile Project</p> <p>PA Better at Home project will be leading the RPP consultation with current information as the template for initial planning.</p>
2017 Growers Guide - Alberni Valley Agricultural Committee	<p>The 2017 West Coast Growers' Guide was published and distributed in the January 19th edition of the Alberni Valley News and Westerly newspaper. It is also available online and at various local events and outlets, such as the Spirit Square Farmers' Market.</p> <p>This 24 page, full colour document showcases local farmers and resources for healthy food within the Alberni-Clayoquot Regional District. It's features include; listings and maps for local farmers, farmers' markets, and community kitchens; a variety of educational articles on topics such as nutrition, teaching children about gardening, preserving the harvest, growing herbs, rainwater harvesting, and the importance of local food; and a What's in Season guide and Crop Planting Timeline.</p>	\$2000	<p>The guide was co-sponsored by the Alberni Valley News, the Alberni-Clayoquot Regional District, and the Alberni-Clayoquot Health Network. The Alberni Valley News required \$5000 minimum for printing costs to produce a 24 page document that would include the significant editorial and educational articles. They were able to solicit about \$3500 in advertising, and received another \$1500 through the donation of the ACHN. ACRD Agricultural Support Workers solicited and edited the editorial content at a cost of \$1087.50, of which \$500 was funded by the ACHN's contribution</p> <p>Decreased cost to local farmers and increase participation</p> <p>Increased information distribution of local food resources in the region</p>
REMAINING: Admin and Health Literacy Communications	Admin and communications for grants	\$2733	
Totals		\$31733.33	

From: Island Health Info <VIslandHealth.Info@viha.ca>

Subject: Island Health News: CEO announcement

Date: June 14, 2017 at 11:01:09 AM PDT

To: Island Health Info <VIslandHealth.Info@viha.ca>

viha.ca/news



NEWS RELEASE

FOR IMMEDIATE RELEASE

June 14, 2017

Island Health President and CEO moving on

VANCOUVER ISLAND - Don Hubbard, Board Chair for the Vancouver Island Health Authority (Island Health) announced today that Dr. Brendan Carr has advised the Board of his decision to leave his role as President and CEO of Island Health.

Dr. Carr will take on the role of President and CEO at the William Osler Health System (Osler) in Ontario, a move that enables him to be closer to his family. Dr. Carr is also eager to bring his skills and experience into such a highly regarded, dynamic and forward leaning organization as Osler, one of the largest hospital systems in Ontario.

“Dr. Carr leaves a proud legacy in Island Health, having developed a strong leadership team and a record of innovation and achievement,” said Hubbard. “He has led the team in delivering strong operational programs and placed renewed focus on our quality and patient safety agenda.”

Dr. Carr joined Island Health in 2012 as Executive Vice-President and Chief Medical Officer, moving to the role of President and CEO one year later. Prior to joining the health authority, he served as Vice-President of Medicine with the Capital District Health Authority in Halifax and as an assistant professor with Dalhousie University. Dr. Carr specialized in emergency and family medicine, receiving his medical degree from Dalhousie University, where he also earned his master’s degree in business administration.

“Dr. Carr’s vision to build Island Health’s reputation as one that is engaged with its patients, employees, and communities has been instrumental in ensuring that these key partners are involved in influencing and shaping the delivery of health and health care services,” said Hubbard.

Until a new leader is in place, the Board has named Kathy MacNeil as interim President and CEO. Ms. MacNeil currently serves as Island Health’s Executive Vice-President, Quality, Safety and Experience.

“We will miss Dr. Carr’s leadership, passion for quality and excellence in patient safety. We all wish him and his family the very best for the future. On behalf of the Board of Directors I extend a heartfelt thank you to Brendan for his service to our organization and the communities we serve,” concluded Hubbard.

-30-

South Island media inquiries:

Meribeth Burton

Media Relations

250.519.1815

Meribeth.burton@viha.ca

Central/North Island media inquiries

Adrienne Breen

Media Relations

250.740.6980

Adrienne.breen@viha.ca

This Island Health notice has been sent to media, MPs, MLAs, mayors, Island Health leaders, foundations and regional hospital district chairs on Vancouver Island. View online at viha.ca/news.

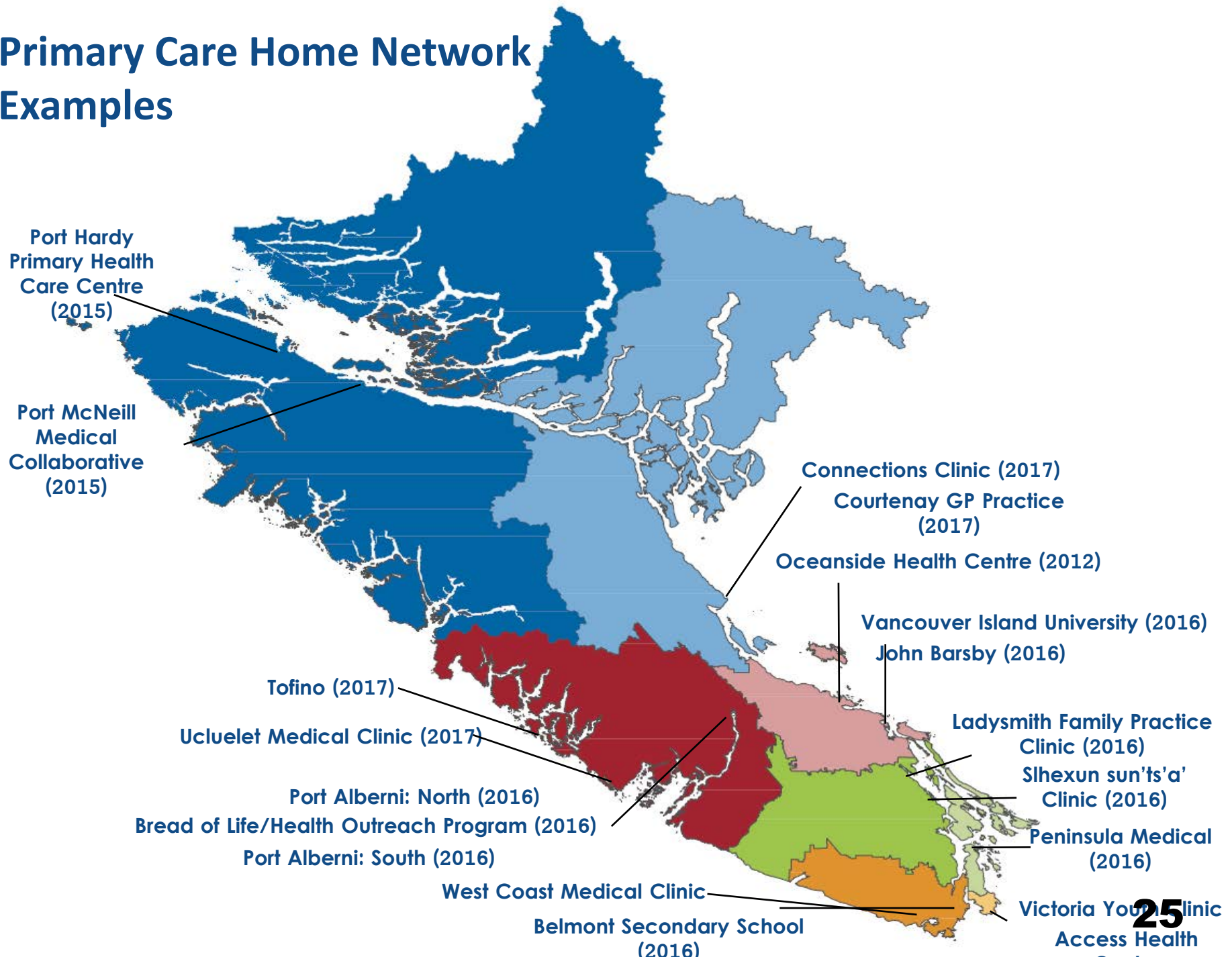
If you no longer wish to receive Island Health news, please [click here](#) to request you be removed from the distribution list.

CEO Report Regional Hospital Districts

June 2017

Excellent health and care for everyone, everywhere, every time.

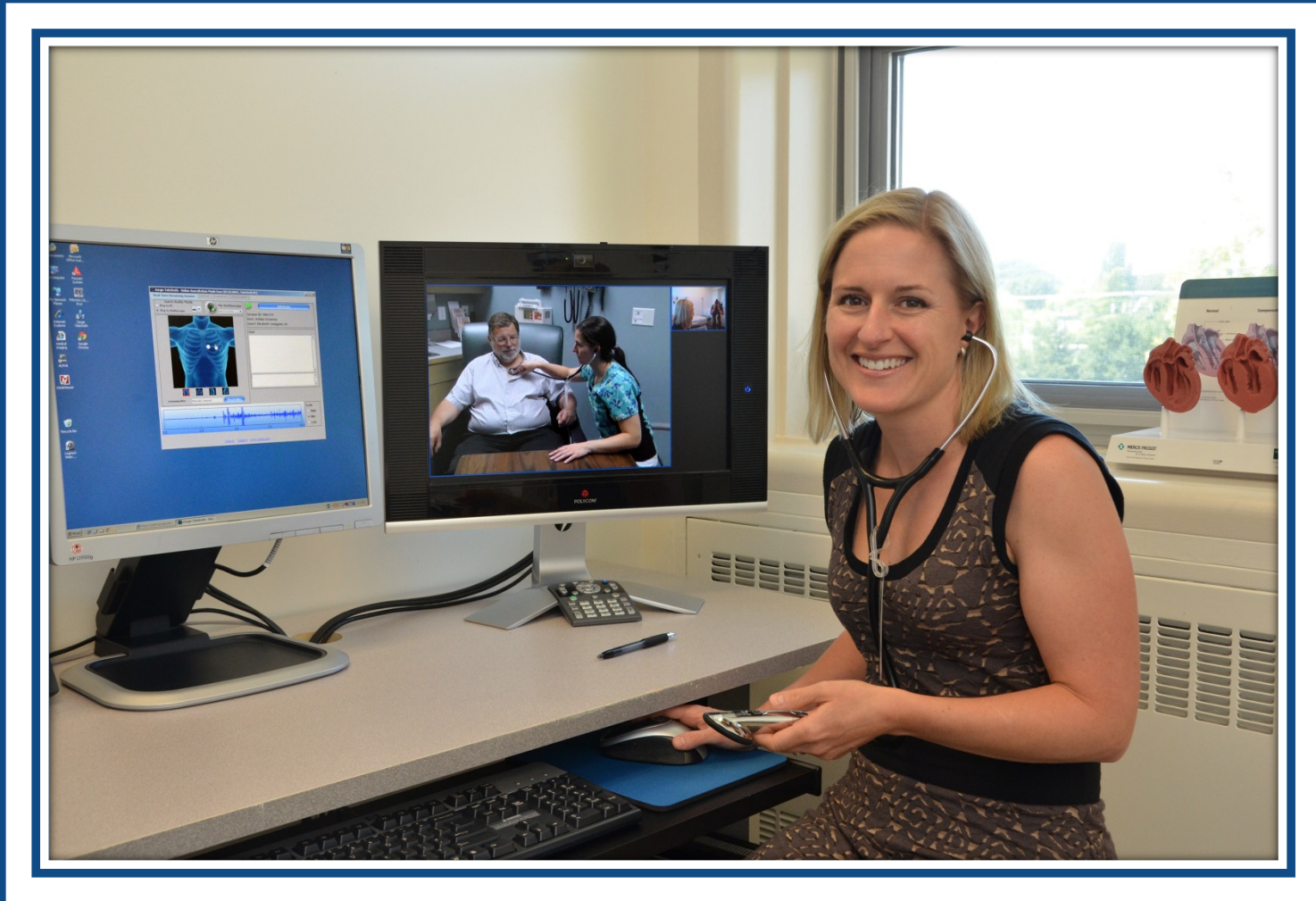
Primary Care Home Network Examples



Surgical Wait Times

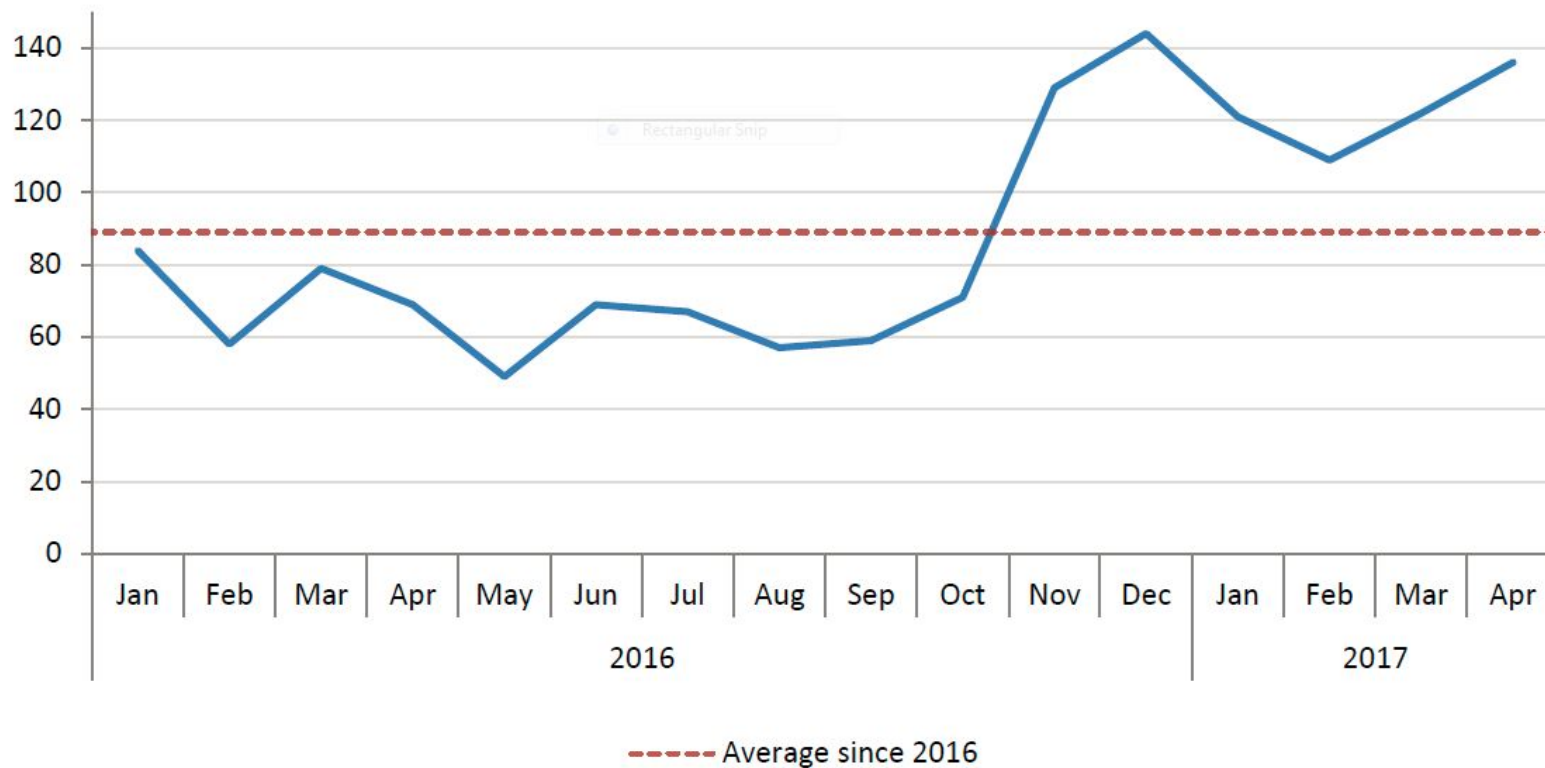


Rural and Remote Health



Opioids Crisis

Illicit Drug Overdose Deaths by Month, 2016-2017^[2]



Opioid Crisis Response



Aboriginal Health



MRI Update



Residential Services



IHealth



North Island Hospital



Cowichan District Hospital



CEO Report Regional Hospital Districts

June 2017

Excellent health and care for everyone, everywhere, every time.



Quality Systems @ island health

IMIT in the Modern Healthcare System

Catherine Claiter-Larsen

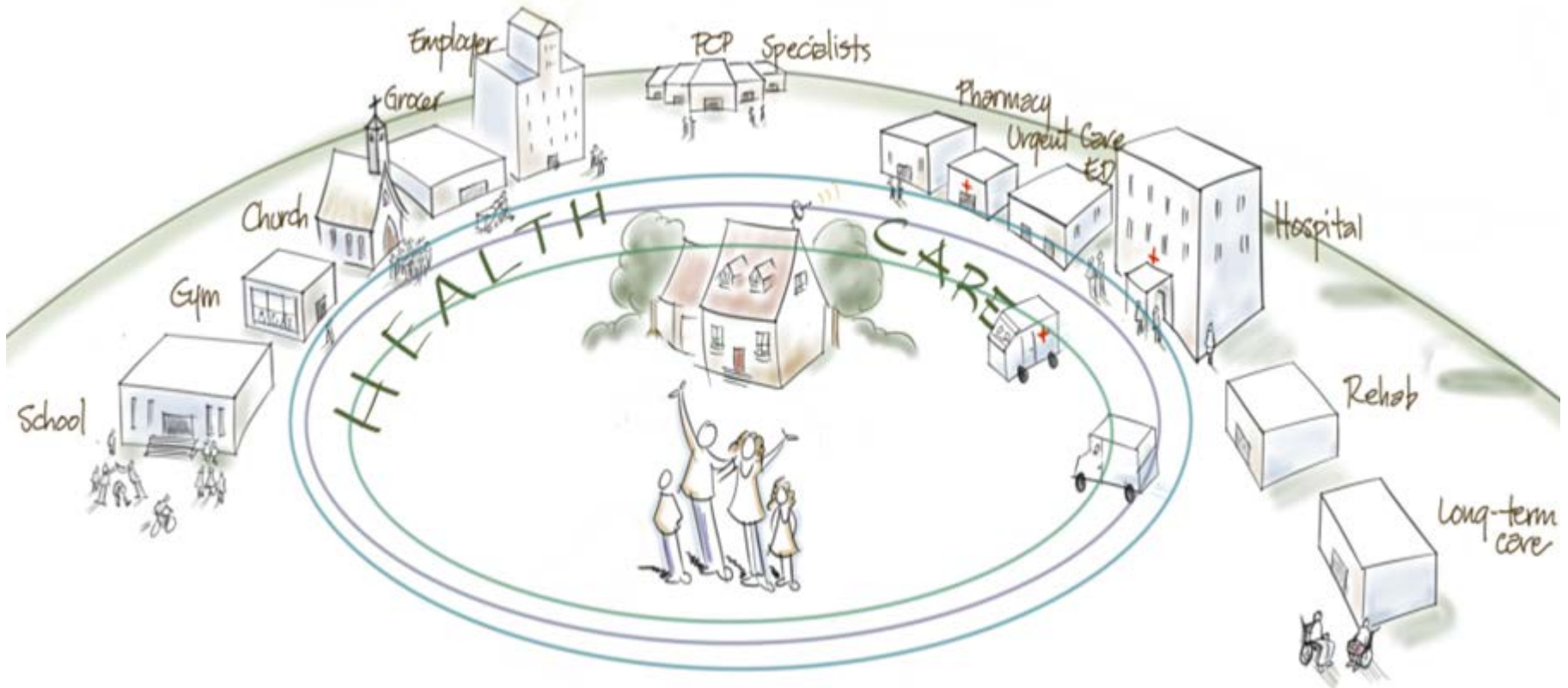
Vice President, Quality Systems and Chief Information Officer

June 9, 2017

Background

- Opened dialogue last year (May 2016) on role of information management and technology (IMIT) in delivering patient care
- Discussed the role of IM/IT enablers as critical components of island Health's strategy and capital expenditure
- Discussed value and benefit of RHD's funding capital initiatives with the highest priority, which include:
 - 'Smart' or integrated IM/IT equipment
 - The IM/IT infrastructure necessary to enable increased functionality in what used-to-be traditional capital equipment
 - Leveraging available clinical content in new views and access points (such as the patient portal)

Our Shared Vision: Person-Centred Health and Care



Current State: Healthcare Remains Predominately Paper-Based

- **Fragmented** – paper-based health records are created and stored by provider, in different formats, in separate locations
- **Inaccessible** – paper is available in one location at a time, and is often not accessible (or even known to exist)
- **Inefficient** – care providers spend a significant amount of time ‘searching’ for relevant information
- **Error-prone** – the quality of manual documentation is not validated and there is no feedback provided to care givers



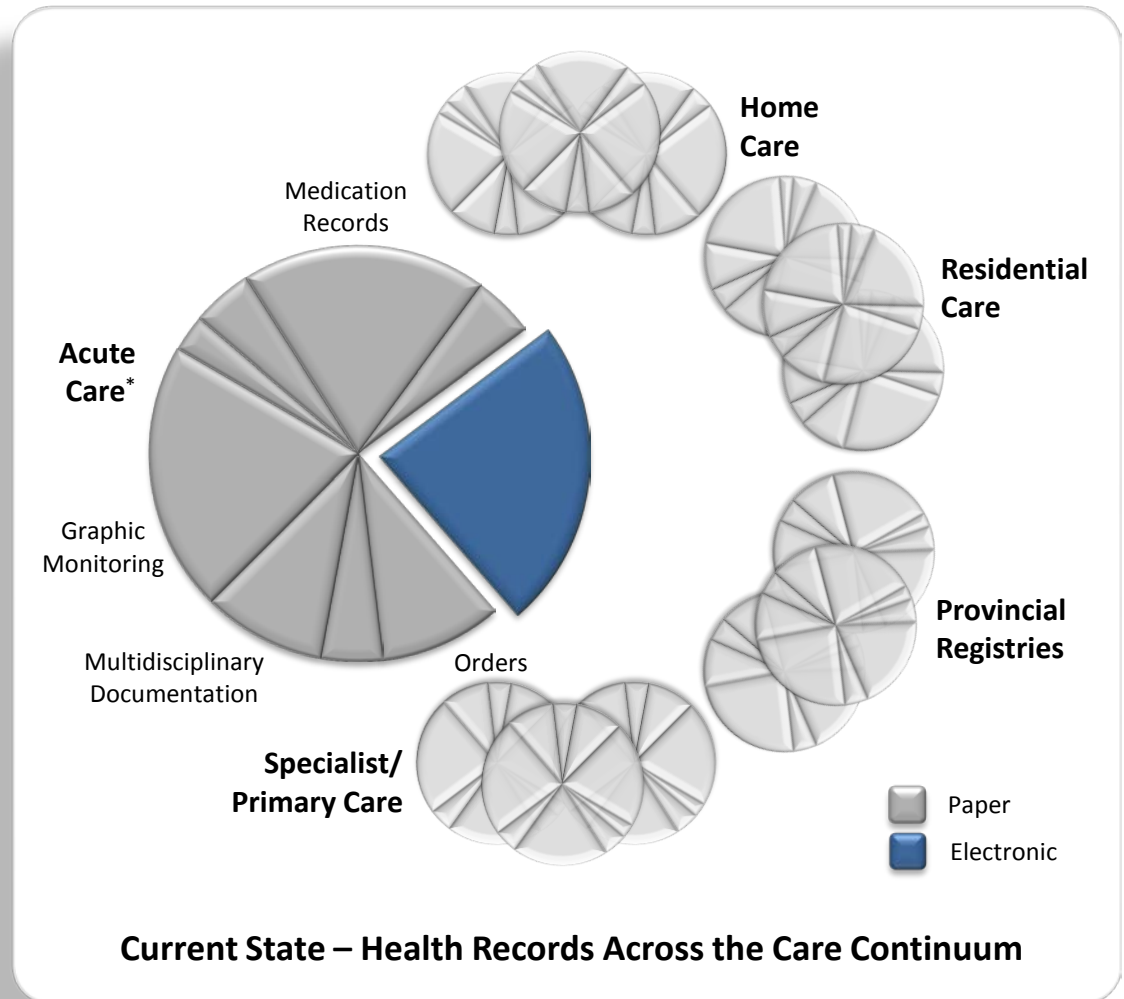
“

...errors are caused by faulty systems, processes, and conditions that lead people to make mistakes or fail to prevent them.”

”

Current State: The Hybrid Health Record

- Only 30% of the acute care record has been automated to-date
- The hybrid paper/electronic health record is replicated across care settings
- The hybrid record results in manual, fragmented communication and sub-optimal care delivery



Current State: Shared Challenges

In Canada, for every 1000¹...

Hospital Admissions

75

people will suffer an adverse event

Patients Discharged from Hospital

90

people will suffer a serious adverse drug event with the drugs received on discharge

Laboratory Tests Performed

up to
150

will be unnecessary

Patients Post Myocardial Infarction

up to
460

don't receive recommended Beta-blocker therapy

Women at Risk for Cervical Cancer

up to
400

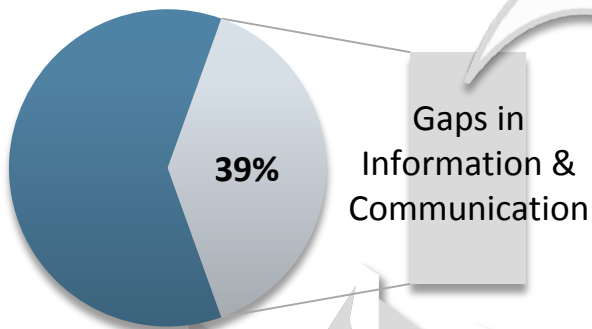
are not screened

Emergency Department Visits

320

had an information gap identified, resulting in an average increased stay of 1.2 hours

Current State: Our Patient's Voices

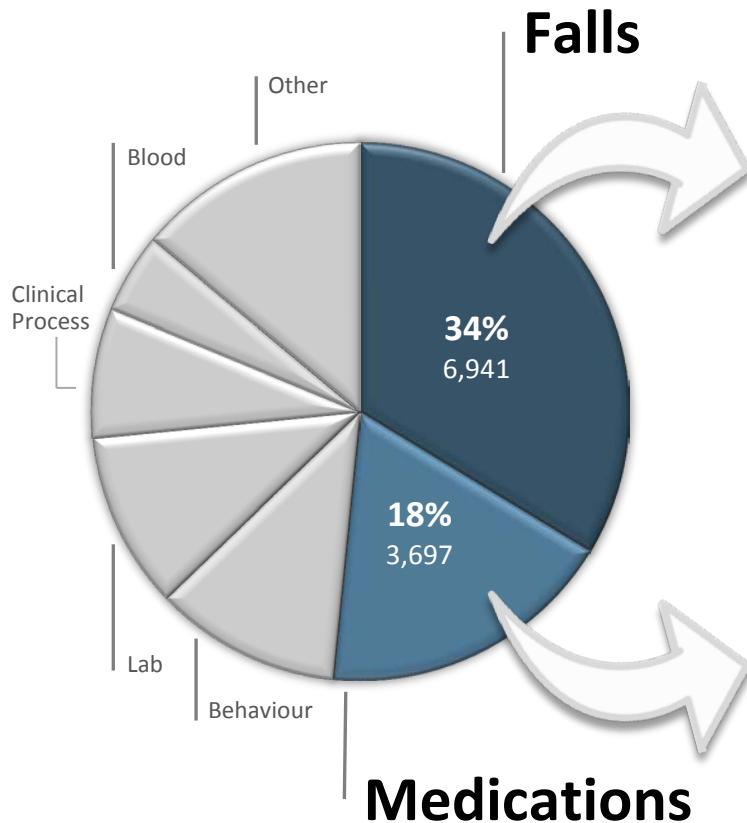


Patient Care Quality Office Cases

Information and Communication Gaps – Top Ten Categories¹

1.	Inadequate or incorrect information	162
2.	Medication-related issues	113
3.	Inadequate assessment	81
4.	Inappropriate type/level of care	79
5.	Delayed or disruptive care or service	46
6.	Incorrect application of process or procedure	43
7.	Inadequate infection prevention and control	42
8.	Miscommunication	36
9.	Premature discharge	31
10.	Failure to diagnose or delayed diagnosis	27

Current State: Self Reported Safety Events



20%
of Level 4 and 5 Fall Events had no fall risk assessment documented

- 330 to 1,400 falls with injury (25 to 300 with serious harm)
- Cost of \$172K-\$2.1M /yr. for serious falls

75%
of reported medication events would have been prevented with a closed loop medication system

- 480,000 medication errors
- 4,800 *preventable* adverse drug events (ADEs)
- Cost of \$4M+ due to additional length of stay

Reported Events

Island Health Patient Safety Learning System

Estimated Actuals¹

External Evidence Applied to Island Health Data

¹ Wong CA et al. **44** Cost of Serious Fall-Related Injuries At Three MidWestern Hospitals. Jt Comm J Qual Patient Saf 2011 Feb: 37(2).

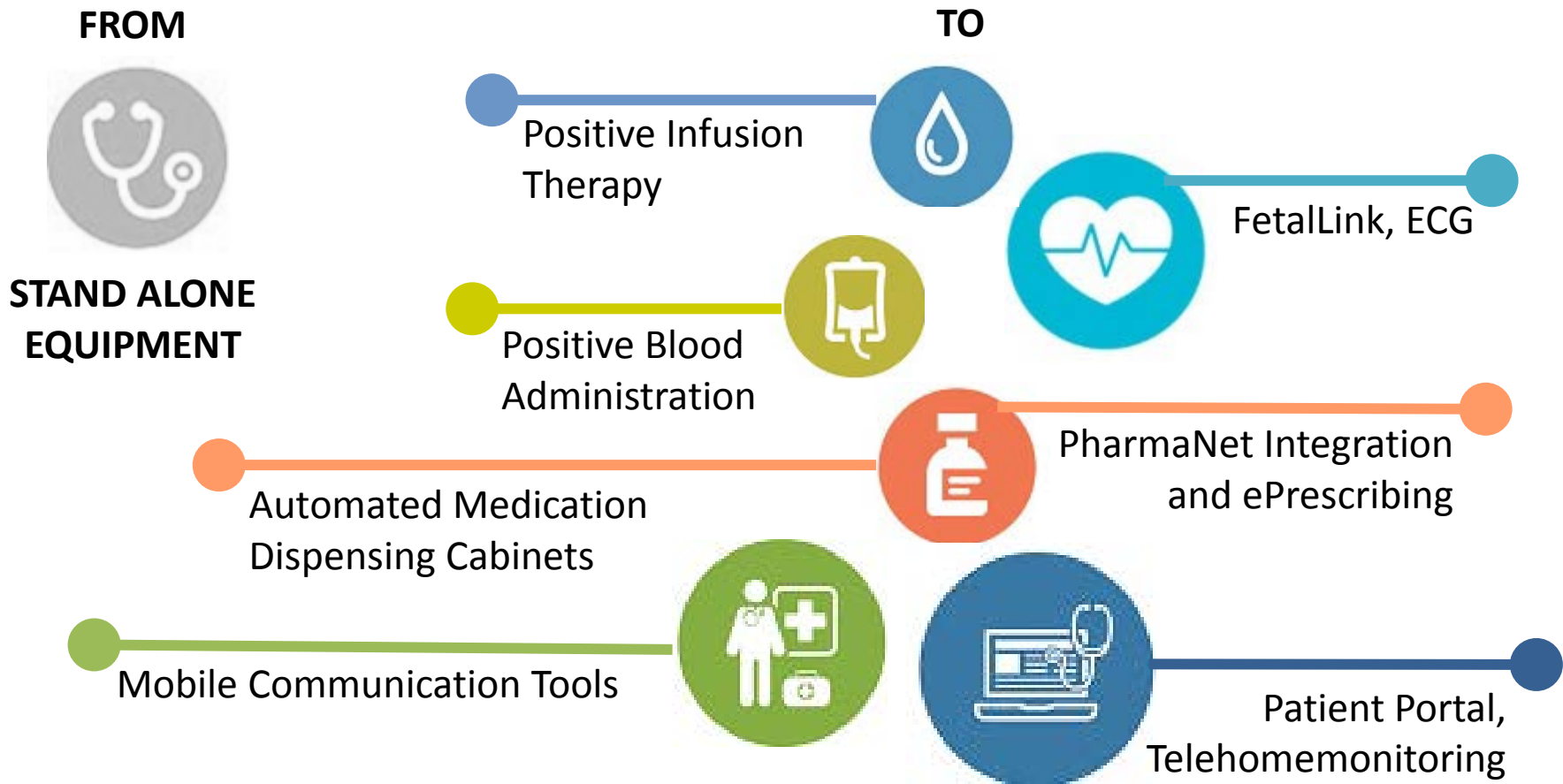
Aspen et al. Preventing Medication Errors: Quality Chasm Series, 2007. Available from: <http://www.nap.edu/catalog/11623.html>

Closing the Gap - IHealth

Stage	Cumulative Capabilities	US	Canada	Island Health
Stage 7	Complete electronic health record (EHR), data flows across continuum as byproduct of EHR	4.2%	0.2%	
Stage 6	Structured physician documentation, full complement of electronic images	27.1%	0.9%	
Stage 5	Closed loop medication administration, including positive patient identification	35.9%	3.4%	
Stage 4	Computerized practitioner/physician order entry, evidence based protocols	10.0%	1.6%	
Stage 3	Basic clinical documentation and decision support for errors (drug/drug, drug/lab, etc.)	16.4%	31.2%	
Stage 2	Clinicians access results from data repository, rudimentary conflict checking	2.6%	31.5%	
Stage 1	Laboratory, pharmacy and radiology systems all installed	1.7%	13.9%	
Stage 0	Laboratory, pharmacy and radiology systems not installed	2.7%	17.3%	
		n=5,460	n=641	

The chart illustrates the adoption of EHR stages for two entities: NRGH Campus and Island Health. NRGH Campus, represented by a blue bar, has reached Stage 6 with 27.1% adoption. Island Health, represented by a brown bar, has only reached Stage 1 with 1.7% adoption. The Island Health bar is segmented into four care settings: Acute Care, Residential Care, Ambulatory & Specialty Care, and Integrated Primary & Community Care. An orange oval highlights the 'Health' logo on the NRGH Campus bar.

Closing the Gap – Looking Ahead





FetaLink

Current State

- Fetal monitoring through standalone devices and paper-based documentation, monitoring data is viewed and stored separately from the EHR
- Clinicians are unable to view tracings remotely, paper-based tracings are printed and sent by mail or distributed to hospital mailboxes
- Comparisons and trending of paper-based tracings is challenging and unreliable

Opportunity

- Implement new fetal monitoring equipment and Integrate monitoring data into the EHR
- Create a unified record of care through integrated views of monitoring data and clinical information in the EHR
- Provide Immediate access to monitoring data and annotations in support care decisions, independent of location
- Enable comparative analysis , access to historical tracings



ECG

Current State

- ECG waveforms are captured through standalone processes and paper-based documentation
- Physicians await waveforms in a physical mailbox; interpretations are transcribed manually
- Paper copies must be mailed manually to ordering providers
- Serial comparisons require paper charts containing previous waveforms
- Billing is manually completed in separate system

Opportunity

- Integrate clinical workflow, documentation, interpretation and distribution of results within a single solution
- Immediate and remote availability of ECG waveforms in the EHR; interpretations are completed electronically
- Serial comparison completed electronically through visual incorporation of prior results
- Automate report distribution and billing processes



Positive Blood Administration

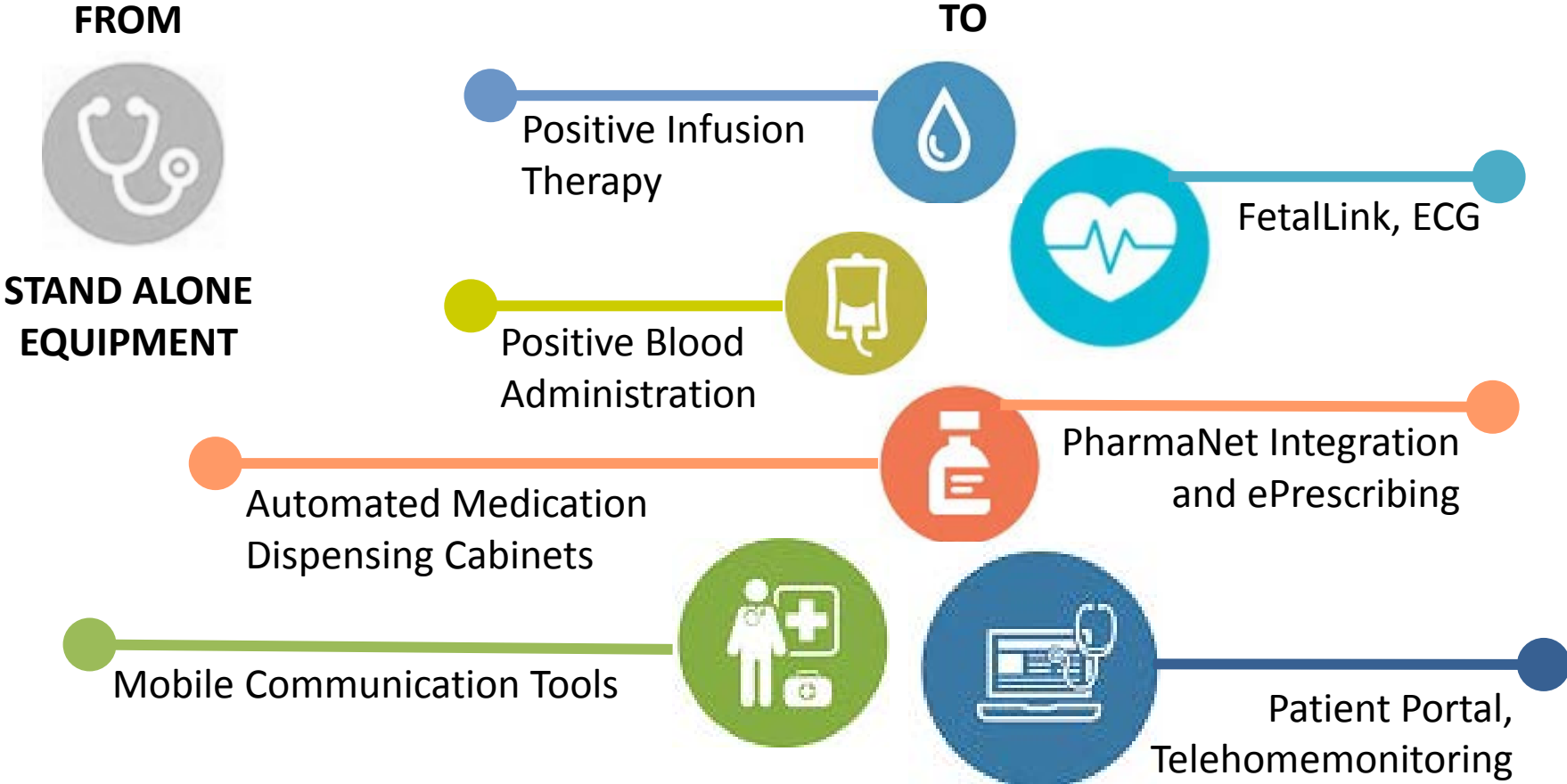
Current State

- High potential for human error during patient identification and administration processes
- Manual transfusion documentation of 'start' and 'end' times; risk of error or inaccuracy
- Transfusion laboratory is unable to accurately monitor product status; product identified as 'presumed transfused' if not returned to lab within defined timeframe

Opportunity

- Implement a 'closed loop' blood administration system that maintains positive patient identification throughout the transfusion process and automates accurate documentation
- Bar code scanning technology maintains positive patient identification; potential for human error or 'workarounds' in identification process is eliminated
- Automated and accurate documentation of 'start' and 'end' time
- Visible product status provided to confirm transfusion

Looking Ahead – Closing the Gap





Island Health

Medical Staff Recruitment

Regional Hospital Districts
June 9, 2017

Kelly Murphy, Corporate Director, Medical and Academic Affairs
&
Eva Vincent, Lead Medical Staff Recruitment
Island Health

Medical Staff Recruitment Team



Sheila Leversidge



Sara Murtagh

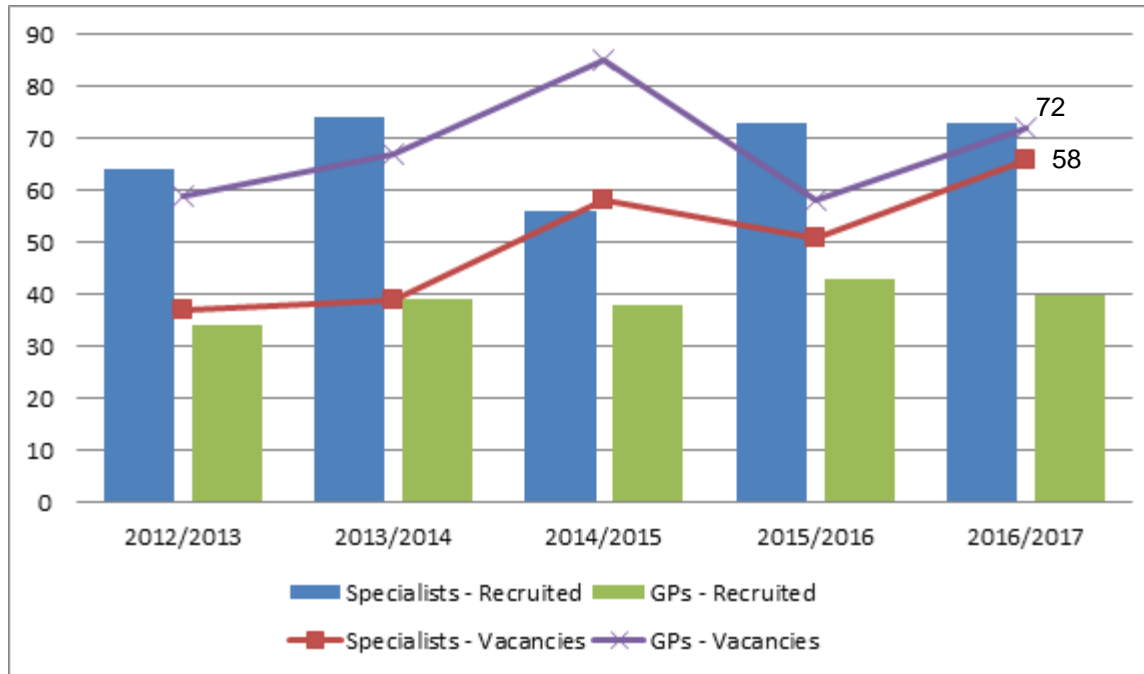


Melissa Allen



Eva Vincent

Island Health Physician Recruitment and Vacancies Trends (2011/12 to 2016/17)



Successes

- ◆ Recruitment of Child & Adolescent Psychiatrist to Nanaimo and a Psychiatrist to the Developmental Disability Mental Health Team, vacancies which have existed for \geq two years.
- ◆ In partnership with the Divisions of Family Practice developed a *Vancouver Island Family Practice Recruitment & Retention Strategy* including collaborative marketing, joint participation at recruitment conferences and development of the 'Islanddocs.com' website

Recruitment Strategies

- ▶ Post all opportunities on VIHA & Health Match BC websites

Health Match BC:

- Provincial recruitment agency established in 1999
- National & international marketing (print, conferences & social media)
- Screen for licensure and refer to CPSBC for assessment
- ▶ Print and online professional journal advertising
- ▶ Work collaboratively with BC and national physician recruiters
- ▶ Exhibit at Medical Conferences
- ▶ Social Media – Twitter and Facebook
- ▶ Reach out with Learners
 - Island Medical Program Medical Students & National Medical School Residency programs

National/Provincial/Island Health Comparison

Discipline	Number of Vacancies			% of Canadian Post Grads entering discipline
	Canada	BC	Island Health	
Family Practice	1543	399	62	41.7
Psychiatry	152	43	7	4.6
General Internal Medicine	95	16	10	2.9
Pediatrics	83	24	5	6.4
Emergency Medicine	69	24	6	1.6
Anesthesiology	65	7	1	4.3
Dermatology	63	29	7	0.9
Geriatric Medicine	59	4	2	0.4

Family Practice: The Greatest Challenge

- ◆ Baby Boomer Effect: 200 vacancies next 3-5 years
- ◆ Generational Effect: > 200 FTE required to replace retirees
- ◆ Graduating Family Physicians:
 - ▶ Seldom seek full-time, full-service longitudinal practice models
 - ▶ Take multiple years to settle into long term practice
 - ▶ Seek life/work balance

Recruitment Challenges

- ◆ The Ministry of Health Identifies difficult as vacancies in excess 6 months

Specialty	# of vacancies	Time vacant
Family Practice	62	some >2 years
Dermatology	2	> 3 years
Geriatrics	2	some > 1.2 years
Psychiatry	7	some > 1 year
Pediatrics	5	some > 1.2 years
Internal Medicine	10	some > 6 months

Return of Service Programs supporting Family Practice Recruitment

- ◆ The two provincial return-of-service programs (ROS), *Practice Ready Assessment Program BC* and *UBC International Medical Graduate Family Practice Program*, are having a significant positive impact on filling family physician vacancies in our rural and semi-rural communities. Focus is shifting from filling urgent vacancies to matching to communities of choice to enhance retention rates.
- ◆ Rural communities and regions benefiting from recent return-of-service recruitments include: Port McNeill, Port Hardy, Comox Valley, Campbell River, and the Cowichan Valley

	2013/14	2014/15	2015/16	2016/17	2017/18
UBC-FP 2 yr ROS	1	4	8	8	13
PRA-BC 3 yr ROS	N/A	N/A	3	8	9
Totals	1	4	11	16	22

Rural Recruitment Incentives

The Rural Practice Subsidiary Agreement (RSA) provides recruitment support funding to enhance patient care and availability of physician services in rural and remote communities.

Financial incentives (subject to eligibility) include:

- Sponsored site visits
- Advertising cost support
- Up to \$20,000 recruitment incentive,
- Fee-for-service premiums,
- Annual retention payment and rural CME funding,
- Up to \$15000 relocation assistance.

Community Recruitment Partnership

- ◆ Support Family in Assessing Community Compatibility
 - ▶ Lifestyle
 - ▶ Housing
 - ▶ Educational Needs
 - ▶ Extracurricular Activities
 - ▶ Employment for Spouse
- ◆ Community Ambassador During Site Visit
- ◆ Support Family in Settling into Community

“Recruit the Physician Retain the Family”

Questions?



Island Health – RHDs Semi-Annual Meeting June 9, 2017

Action Items from October 2016

- Information to be shared
 - Provincial strategy on home care
 - Public opinion survey summary
- Breakout session items
 - Request meeting agenda items
 - Staff level meeting with each RHD in September (to be booked)
 - Orientation session for new members

Action Items

- Invite First Nation Health Authority to next meeting
- The Summit at Quadra Village (future agenda)

Capital Planning Update

- Island Health update
 - 2016/17 capital funding uses (unaudited)
 - Projects \$37m (excludes \$162m NIHP)
 - Equipment \$17m
 - IM/IT \$20m
 - Total \$74m
 - 2017/18 capital funding uses budget
 - Total \$85m (excludes \$101m NIHP)
 - 2018/19 capital prioritization process

Capital Planning Update

- Ministry update
 - Budget letter to be sent
 - Management and project reserves

Major Project Update

- IHealth – Next Generation Electronic Health Record
- Unit Dose Medication Distribution Project
- Residential Care projects
 - Campbell River, Nanaimo, Victoria – completed/underway
 - Comox Valley, Alberni-Clayoquot, Cowichan Valley – RFP stage
- North Island Hospital Project

Major Project Update

- West Coast General Hospital
 - Endoscopy renovation (new 2017/18)
 - Pharmacy renovation (new 2017/18)
- Nanaimo Regional General Hospital
 - Electrical Energy Plant – under construction
 - New MRI – in planning
- Cowichan Valley Hospital –
 - Concept Plan underway

Major Project Update

- Saanich Peninsula Hospital
 - Medical Device Reprocessing Department – construction
- Victoria General Hospital
 - Endoscopy Redevelopment - completed
- Royal Jubilee Hospital
 - Boiler Plant Replacement – completed
 - MRI – replacement with 3T - planning
- 941 Pandora
 - Supervised Consumption Site – tender

First Nations Treaties

- Standing agenda item
- Information sharing

On motion, duly moved and seconded, that the resolution titled "National Strategy for Abandoned Vessels" distributed to all members in attendance be admitted for discussion was endorsed.

OF2) National Strategy for Abandoned Vessels

**City of Victoria,
District of Oak Bay, Town of Ladysmith**

WHEREAS the AVICC and UBCM have passed a number of motions with regard to the removal of derelict vessels;

AND WHEREAS in Parliament this coming week an Act to amend the Canada Shipping Act, 2001 and to provide for the development of a national strategy (abandonment of vessels) is being introduced;

THEREFORE BE IT RESOLVED that the AVICC membership endorse the Act to amend the Canada Shipping Act 2001 and to provide for the development of a national strategy for abandoned vessels.

ON MOTION, was ENDORSED

On motion, duly moved and seconded, that the resolution titled "Health Services Planning" distributed to all members in attendance be admitted for discussion was endorsed.

OF3) Health Services Planning

Township of Esquimalt

WHEREAS the social determinants of health include housing, transportation, and built environment, which are directly influenced by local government decision making;

AND WHEREAS there is no mandated direct process for coordination of integrated planning between health authorities and local government;

THEREFORE BE IT RESOLVED that AVICC and UBCM petition the provincial government to establish formal mechanisms for including local government consultation in health services planning by health authorities.

ON MOTION, was ENDORSED

1st Vice President Marcotte thanked Parliamentarian, Ian Izard for his advice and assistance; the scrutineers for their service; and delegates for their enthusiasm. The Third Resolutions Session was adjourned.

MUNICIPAL FINANCE AUTHORITY

Past President Stanhope spoke as a trustee of the Municipal Finance Authority. He gave an overview on the role of the MFA and how it has assisted local governments in BC with financing.

WHAT IS PHYSICAL LITERACY AND WHY IS IT IMPORTANT?

Drew Mitchell, Director of Physical Literacy, Canadian Sport for Life spoke on physical literacy. Physical literacy is being recognized as an important component of best practices in the sport, recreation, health and education sectors within Canada. This session provided an overview of how physical literacy can be a key component in getting a community more physically active and healthier.

PRESIDENT ELECT'S REMARKS

President Elect Marcotte thanked the assembly for electing her, saying she was very honoured and was excited to work with her fellow executive. She especially acknowledged President Price and Past President Stanhope for their mentoring and advice.

THEREFORE BE IT RESOLVED that the Association of Vancouver Island and Coastal Communities call upon the Provincial Government to restore funding for the public library system to a level of 21 per cent of the core annual budget required to operate the library system in an efficient, effective and equitable manner for the municipal taxpayer.

ON MOTION, was ENDORSED

L4) Provincial Assistance to Attract Doctors to BC

City of Colwood

WHEREAS British Columbians are facing a critical shortage of primary care physicians in BC communities and unable to provide vital services to residents because BC is not competitive for a number of reasons, such as trained physicians choosing to practice in other provinces where opportunities are more economically attractive, the average gross clinical payments to BC physicians being one of the lowest in Canada and almost \$100,000 less than Ontario, and new graduates with substantial student debt accepting positions in other provinces, such as Alberta, where the average physician salary is the highest in the country at \$366,000 from billings;

AND WHEREAS too many highly qualified undergraduates are denied admission to UBC's 288 seat four-year medical degree program where only about 15% of the applicants are accepted compared to Alberta's 332 seats for first year medical students in a province with a population 12% smaller than BC's, forcing students to look elsewhere for their medical training, compounded by BC doctors who go abroad to get their medical education and must annually compete with up to 160 graduates from foreign medical schools for the handful of international residency training spots because there is no preferential treatment for BC born applicants who want to set up practices in BC in order to be closer to family and friends;

THEREFORE BE IT RESOLVED that the communities of British Columbia—a strong and flourishing Province, who want BC to be the greatest Province in Canada by providing the full, holistic and complete communities that our residents expect and deserve—work together to open the doors for communities to attract doctors back to BC communities;

AND BE IT FURTHER RESOLVED that the Association of Vancouver Island and Coastal Communities send a letter to the Minister of Health and Premier of British Columbia requesting that the Province of British Columbia take definitive action to put in place the necessary framework, tools, and incentives to make us competitive with the other Provinces and attract physicians back into BC communities.

ON MOTION, was ENDORSED

RESOLUTIONS OFF THE FLOOR

On motion, duly moved and seconded, that the resolution titled "Regional Level Input" distributed to all members in attendance be admitted for discussion was endorsed.

OF1) Regional Level Input

WHEREAS the establishment of provincial road maintenance contract standards and asset management strategies directly impact rural residents; and

WHEREAS regional district elected officials are well-positioned to convey the expectations and concerns of communities in relation to road maintenance and upkeep;

THEREFORE BE IT RESOLVED that the Ministry of Transportation and Infrastructure be requested to establish a formal process for a select committee of AVICC elected officials to provide regional level input during the establishment of highway maintenance contract standards and asset management strategies.

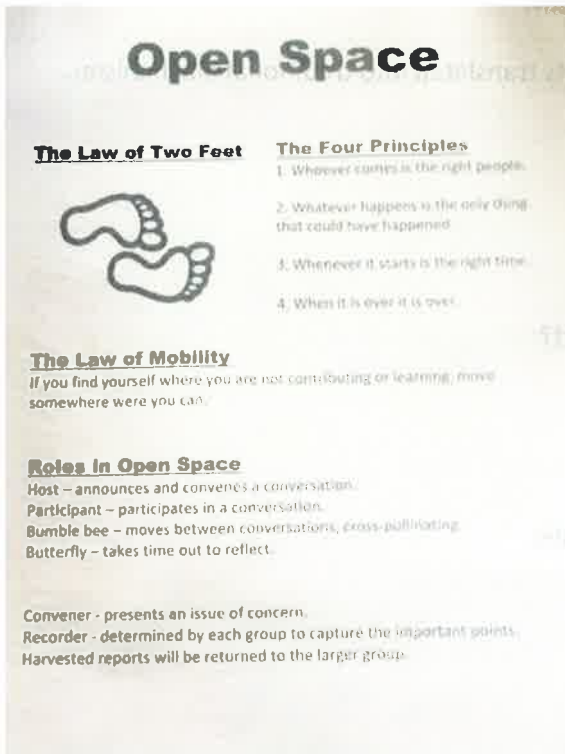
ON MOTION, was ENDORSED

HEALTHY COMMUNITIES OPEN SPACE WORKSHOP

AVICC April 8th 1:30 pm to 3:00 pm

Penny Cote, Alberni Clayoquot Regional District Director and Chair for the Alberni Clayoquot Health Network (ACHN) called the Open Space Workshop together with the intent of exploring questions around how local government can support health networks and build healthy communities. Marcie DeWitt, Coordinator for the ACHN supported the facilitation of the workshop with support from Libby King, Coordinator for the Strathcona Community Health Network.

Participants made introductions around the circle and key concepts for Open Space were introduced. Participants were then invited to pose questions to the group for discussion. Eight questions were put forward, and seven table discussions were facilitated by participants in locations identified by letters around the room, one table combined questions due to similarity.



A: What can Health Network Coordinators do to make local leaders comfortable with system change and alternative government structures?

B: How Can Communities support Primary and Secondary Health Care in our Local Community? Capital Planning

C: SAFE INJECTOR SITES: How? What? Where? Why? When?

D: How do local governments get Island Health to come and engage with us?

E: Post High School Mental Health Community Education & Supports 18 – 25

F: How Does Island Health Obtain & Implement the Priorities of the Geographic Community They Serve?

G: What can Local Communities Do, To Encourage an Increase in Family Physicians?

H: What is the (true) Cost of Inadequate/Unaffordable Housing to the Health Care System?

The following notes were collected from each table. Participants formed a circle to check out, providing a brief summary of their discussion to close the session.

REPORT OUT FORMS

Session Title: A: What can Health Network Coordinators do to make local leaders comfortable with system change and alternative government structures?

Convener: Marcie DeWitt

Participants: Dorothy Baert, Diane Mason, Brenda Bail, Michelle Staples

Summary of Discussion:

- Community forums to educate on work & frameworks Collective Impact.
- Information provision to councils,
- HN's are still part of the systemic issue
 - o How do you remove HN's from system?
- Process that allows for engagement that gets translated into traditional mechanisms.
Set priorities
- Sounds like social policy - *Board voices.

What will we do now? What needs to happen next?

- Develop social policy
 - o Another lens – too many lenses!
- Utilizing new techniques to facilitate, educate,
 - o eg. Art of Hosting

Session Title: B: How Can Communities support Primary and Secondary Health Care in our Local Community? Capital Planning

Convener: Cynthia

Participants: Megan, Barb, Penny

Summary of Discussion: No clinic – no mental health

-Travel time – problem in urban/rural areas

- Nurse practitioner

- Provide Housing? Zeballos does

- Share resources

* EQ Virtual App – EQ Virtual Dr. visit

* Telehealth – referral – lab work

What will we do now? What needs to happen next?

- Regional Hospital Board needs to recognize another component of health care
- Local government needs to work on provisions for community health
- VAST Shortage – Ambulance, Drs, Nurses

Session Title: C: SAFE INJECTION SITES: How? What? Where? Why? When?

Response to Narcotics

Convener: Maeve Maguire/Rob Southcott

Participants:

Summary of Discussion:

Communities that are dealing with an increase in narcotic use/addiction may need to consider establishing harm-reduction programs, like safe injection sites.

What will we do now? What needs to happen next?

1. Become informed – BC Ambulance – other community – public health
for example: UBCM Conference tour of Insite in Vancouver.
2. Strengthen links with Island Health
3. Ask province how municipalities are supposed to find these prevention & reduction & intervention services.



Session Title: D: How do local governments get Island Health to come and engage with us?

Convener: Susan Low, Township of Esquimalt

Participants: Cardyne Austin, Lake Cowichan - Brenda Overton, Tahsis

Marc Lefebvre, Parksville

- Libby King, Coordinator Strathcona Community Health Network

Summary of Discussion:

- We want Island Health to listen and make decisions from bottom-up (Community needs) rather than top-down.
- Parksville developed an Oceanside Health Association
 - o Working on housing facility for mental health, addictions
 - o Oceanside local governments bought land for facility
 - o Started with seniors advocacy, then broadened to general health issues
- Doctor shortage is affecting access to care services
- Knowledge of nurse practitioners growing & could fill the gap

But Island Health has to provide funding to create the jobs.

(full time jobs, backup coverage).

What will we do now? What needs to happen next?

- Local governments need to be able to speak to Island Health.
- Many health “projects” like Better at Home are short-term funded with grants, not sustainable funded.

Session Title: E: Post High School Mental Health Community Education & Supports 18 - 25

Convener: Randy Oliwa, District of Ucluelet

Participants: Ucluelet – Duncan – Port Hardy – Comox – Victoria – 2 x School Trustees

Summary of Discussion: Program Work Program & Supports

What will we do now? What needs to happen next?

Work Program – with supports

Community / School work program

Transition Program

Youth Crisis Centre 24/7

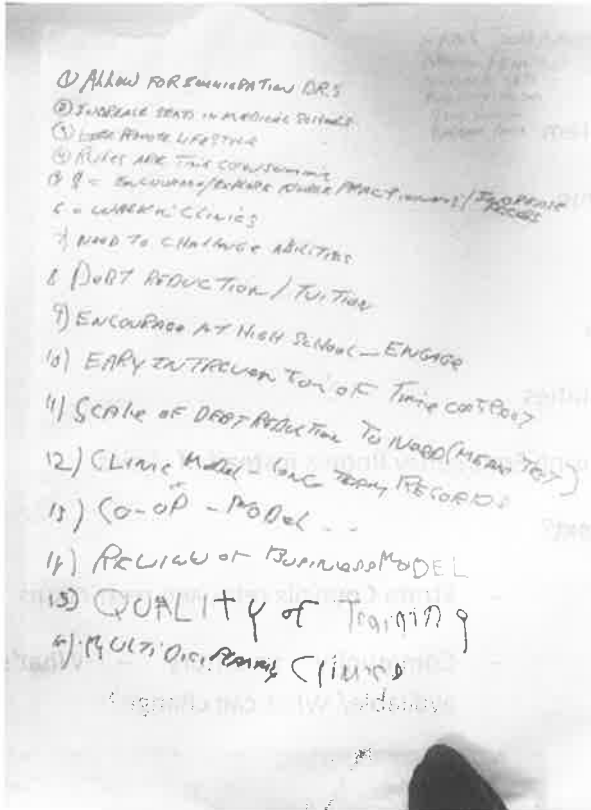
Session Title: G: What can Local Communities Do, To Encourage an Increase in Family Physicians?

Convener: Frank Johnson

Participants: Kevin Pearson, Norma Sealy, Bill Luchtmeijer, Doug Hillian, Barbara Fallot

Summary of Discussion:

What will we do now? What needs to happen next?



1. Allow for Immigration Drs
2. Increase Seats in Medical Schools
3. Promote Life skills
4. Rules are Time Consuming

5. Encourage/Explore Nurse Practitioners/Increase Access
6. Walk in Clinics
7. Need to Challenge Abilities
8. Debt Reduction/Tuition
9. Encourage at High School – Engage
10. Early Intervention of Time Contract
11. Scale of Debt Reduction to Need (Mean Test)
12. Clinic Model – Long Term Records
13. Co-op Model
14. Review of business model
15. Quality of Training
16. Multi OC (Official Community) Planning Clinics

Session Title: H: What is the (true) Cost of Inadequate/Unaffordable Housing to the Health Care System?

Convener: Al Anderson

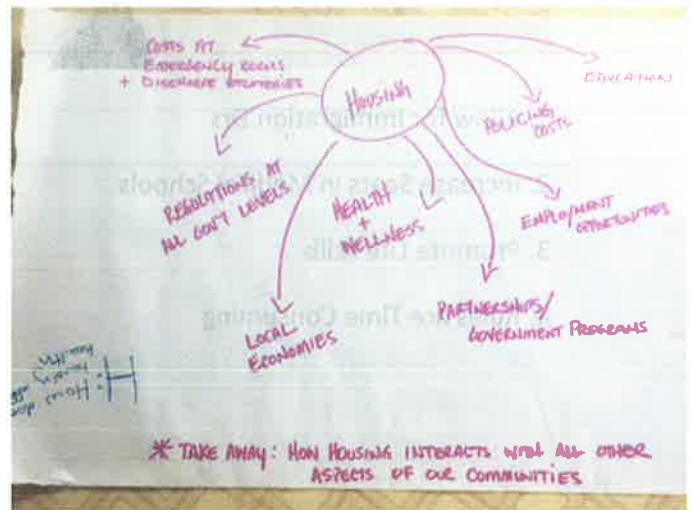
Participants: Evan Mitchell, Kate Marsh, Marilyn McEwen, Analisa Blake, Randy Oliwa, Lucas Banton

Summary of Discussion:

- Black mould due to poor construction
- Policing
- \$100,000 cost to health system, court system
- Longer hospital stays if patient has no home
- Increased education costs/supports
- Increased substance abuse for depression
- Reduced economic/employment opportunities
- Increased cost to Health Care System by using Emergency Rooms instead of clinics.

What will we do now? What needs to happen next?

- Partnerships/Grants
- Waiving fees
- Donate Land
- NGO Causes
- AHOP Housing (Federal initiatives)
- Hero work program
- Staff Housing/Dorm Housing created by Big Employers
- Chance regulatory environment – zoning
- BC Assessment give Carriage Houses a Break
- Strata Councils relax age restrictions
- Community inventory – What’s available/ What can change?





REQUEST FOR DECISION

To: Hospital District Board of Directors
From: Teri Fong, CPA, CGA, Manager of Finance
Meeting Date: July 26, 2017
Subject: Finance Warrant No. 500

Recommendation:

That the Alberni-Clayoquot Regional Hospital District Board of Directors approve Finance Warrant Number 500 in the amount of \$375,028.25 dated June 30, 2017.

Desired Outcome:

To provide transparency of the Regional Hospital District's financial affairs.

Summary:

The Regional Hospital District Board of Directors reviews the details of the expenditures made in the previous month and when satisfied, approves the finance warrant.

Time Requirements – Staff & Elected Officials:

Minimal.

Submitted by: _____
Teri Fong, CPA, CGA, Manager of Finance



AP5100
Date : Jul 04, 2017
Page : 1
Time : 2:51 pm
Bank : 1 To 1
Status : All
Medium :
 M=Manual C=Computer R=Credit E=EFT-PAP T=EFT-File

Supplier : 0050 To 912
Trans. Date : 01-Jun-2017 To 30-Jun-2017
Cheque Date : 01-Jun-2017 To 30-Jun-2017
Cheque No. : All
Batch No. : All

Supplier	Supplier Name					
Chq/Ref #	Cheque Date	Status	Batch	Medium	Amount	
Invoice No.	Account No.	Account Description		Debit	Credit	
1125	MUNICIPAL FINANCE AUTHORITY					
EFT-2	01-Jun-2017	Issued	18	E		13060.64
71-1/2017	01-4-6030-000	ACCOUNTS PAYABLE		13060.64		
Invoice Description --> DEBENTURE DEBT						
Total :				13060.64	0.00	13060.64
EFT-3	01-Jun-2017	Issued	18	E		39515.28
75-1/2017	01-4-6030-000	ACCOUNTS PAYABLE		39515.28		
Invoice Description --> DEBENTURE DEBT						
Total :				39515.28	0.00	39515.28
EFT-4	01-Jun-2017	Issued	18	E		43442.75
73-1/2017	01-4-6030-000	ACCOUNTS PAYABLE		43442.75		
Invoice Description --> DEBENTURE DEBT						
Total :				43442.75	0.00	43442.75
EFT-5	01-Jun-2017	Issued	18	E		62830.28
77-1/2017	01-4-6030-000	ACCOUNTS PAYABLE		62830.28		
Invoice Description --> DEBENTURE DEBT						
Total :				62830.28	0.00	62830.28
EFT-6	01-Jun-2017	Issued	18	E		133058.26
72-1/2017	01-4-6030-000	ACCOUNTS PAYABLE		133058.26		
Invoice Description --> DEBENTURE DEBT						
Total :				133058.26	0.00	133058.26
EFT-7	05-Jun-2017	Issued	18	E		4609.14
78-1/2017	01-4-6030-000	ACCOUNTS PAYABLE		4609.14		
Invoice Description --> DEBENTURE DEBT						
Total :				4609.14	0.00	4609.14
EFT-8	05-Jun-2017	Issued	18	E		13663.47
79-1/2017	01-4-6030-000	ACCOUNTS PAYABLE		13663.47		
Invoice Description --> DEBENTURE DEBT						
Total :				13663.47	0.00	13663.47
Supplier Total :				310179.82	0.00	310179.82
1850	VANCOUVER ISLAND HEALTH AUTHORITY					
1049	05-Jun-2017	Issued	16	C		64848.43
JUN5/17	01-4-6030-000	ACCOUNTS PAYABLE		64848.43		
Invoice Description --> P-064 & P-065						
Total :				64848.43	0.00	64848.43
Supplier Total :				64848.43	0.00	64848.43

Alberni-Clayoquot Regional Hospital
Cheque Register - Detail - Supp.



AP5100
 Date : Jul 04, 2017

Page : 2
 Time : 2:51 pm

Supplier : 0050 To 912
 Trans. Date : 01-Jun-2017 To 30-Jun-2017
 Cheque Date : 01-Jun-2017 To 30-Jun-2017
 Cheque No. : All
 Batch No. : All

Bank : 1 To 1
 Status : All
 Medium :
 M=Manual C=Computer R=Credit E=EFT-PAP T=EFT-File

Supplier	Supplier Name		Status	Batch	Medium	Amount
Chq/Ref #	Cheque Date					
Invoice No.	Account No.	Account Description			Debit	Credit
Total Computer Paid :	<u>64,848.43</u>	Total EFT PAP :	<u>310,179.82</u>		Total Paid :	<u>375,028.25</u>
Total Manually Paid :	<u>0.00</u>	Total EFT File Transfer :	<u>0.00</u>			

**Island Health and
Vancouver Island Regional Hospital Districts
Semi-Annual Joint Planning Meeting
Regional District of Nanaimo
6300 Hammond Bay Road, Nanaimo, BC
June 09, 2017
Minutes of Meeting**

In attendance from Island Health:

Don Hubbard
Dr. Brendan Carr
Kim Kerrone

Matthew O’Rae
Chris Sullivan
Jamie Braman

In attendance from the Regional Hospital Districts:

Teri Fong, Alberni-Clayoquot
Penny Cote, Alberni-Clayoquot
Kevin Lorette, Capital
Phyllis Carlyle, Nanaimo
Charlie Cornfield, Comox-Strathcona
Beth Dunlop, Comox-Strathcona

Greg Fletcher, Mt. Waddington
Ian Thorpe, Nanaimo
Marianne Alto, Capital
Jon Lefebure, Cowichan Valley
Mark Kueber, Cowichan Valley

Regrets:

Andrew Hory, Mt. Waddington
Wendy Idema, Nanaimo

Guests:

Catherine Claiter-Larsen
Kelly Murphy
Dr. Becky Palmer

Eva Vincent
Brennan MacDonald

1. Introductions

Roundtable introductions were made by Kim Kerrone.

2. Welcoming Remarks

Don Hubbard welcomed everyone to the meeting and recognized the new RHD attendees including:

Ian Thorpe - Nanaimo
Marianne Alto – Capital
Jamie Braman – Island Health

Don also welcomed Brennan MacDonald and Dr. Becky Palmer from FNHA and provided some opening comments.

3. Approval of Agenda

There were no additions to the Agenda.

4. October 07, 2016 Minutes

Chris Sullivan provided a summary of the action items from the October 2016 meeting.

No changes were made to the Minutes circulated with the Agenda.

5. Island Health Update

Brendan Carr started by thanking the RHDs for their support towards capital projects and equipment. In 2016/17, the total funding from RHDs was \$79 million.

Brendan also provided an update on various items including:

- Island Health's alignment with the Province's strategic priority of providing integrated community-based health services such as Primary Care Homes in partnership with our physician colleagues;
- Improvements underway to improve surgical wait times including an affiliate surgical services provider just outside Victoria;
- Expansion of virtual care and telehealth options in support of Rural and Remote Care including services to Zeballos and Sointula from our teams that are based in Port McNeill;
- Various strategies underway to address the opioid crisis such as overdose prevention sites;
- Updates on aboriginal health, in particular the Regional Partnership Accord and an Aboriginal Health Strategic Plan;
- Improvements to MRI access across Island Health;
- New residential care projects that have opened in Campbell River and Nanaimo;
- Implementation and ongoing learnings around IHealth; and
- Updates on completion of the North Island Hospital project and concept planning underway for a new Cowichan District Hospital.

The update was followed by questions and comments such as the opportunity for Island Health to partner with local governments on the opioid crisis response through the AVICC conference next year.

6. Quality Systems (IM/IT) Update

Catherine Claiter-Larsen provided the attached presentation titled IM/IT in the Modern Healthcare System. This was a follow-up to discussions at the previous meeting where it was proposed that RHDs consider funding high priority IM/IT capital projects that will improve

outcomes for Island Health residents. This includes “smart” or integrated IM/IT equipment and IM/IT infrastructure to enable increased functionality in equipment.

Catherine’s presentation included the Island Health vision for how IM/IT will support a quality system for health and care, with our patients and their families at the centre. All healthcare services will be coordinated around the person, with information flowing seamlessly within, and across each venue of care - capturing the context, goals and preferences for each person and ensuring the highest levels of quality and safety.

The update was followed with questions and comments such as:

- Privacy concerns delaying the implementation of IHealth;
- Pharmacists playing a significant role in areas affecting their areas;
- When is IM/IT a capital expense versus an operating expense; and
- Implementation of IHealth at Nanaimo Regional General Hospital and steps to improve confidence (Catherine Claiter-Larsen to follow-up with Ian Thorpe).

7. First Nation Health Authority Update

Brennan MacDonald and Dr. Becky Palmer provided a presentation on the FNHA. The FNHA is a province-wide health authority that has assumed the programs, services and responsibilities formerly handled by Health Canada. The FNHA vision is to improve the health and well-being of BC’s First Nations and Aboriginal people.

One of the areas discussed was the importance of providing health care in a culturally safe way. This includes the creation of 10 cultural safety committees across Island Health to build relationships between First Nations and Island Health staff.

The 2017/2018 FNHA Summary Service Plan was distributed to meeting participants.

The update was followed with questions and comments regarding:

- Treaty Nations are part of the FNHA; and
- Invitation for FNHA to attend a CSRHD Board meeting.

8. Physician Recruitment Strategy

Kelly Murphy and Eva Vincent provided the attached presentation on medical staff recruitment. This included information on recruitment successes, strategies and challenges.

The update was followed with questions and comments regarding:

- Writing letters to local governments and Chambers of Commerce asking for support from, for example, the Economic Development Officer or Community Ambassador;
- An Association of Vancouver Island and Coastal Communities Motion to request Provincial assistance to attract doctors to BC (attached); and
- A partnership implemented in Quesnel that has achieved extraordinary results.

9. Island Medical Program

This item was deferred to the next meeting.

10. Capital Planning Update

Matt O’Rae and Chris Sullivan provided the attached presentation on capital planning including:

- Island Health capital expenditures in 2016/17 and forecast 2017/18 funding;
- Ministry of Health capital process update including a request to add a management and project reserve onto major capital project budgets; and
- A brief update on major projects underway.

11. Island Health 2017/18 Operating Budget Update

Kim Kerrone gave an update on Island Health’s operating budget. For 2016/17, Island Health balanced its budget. The 2017/18 fiscal year is expected to be a challenging year.

12. First Nations Treaties – Funding for RHDs

This is a standing item for RHDs to share information regarding First Nation treaties and representation on RHD Boards.

Teri Fong indicated that Toquaht First Nation is the fourth treaty member with the ACRHD and the Chair of the Regional District is a representative of the Huu-ay-aht First Nations.

13. Round Table – Questions and Answers

During the Round Table questions and comments were raised regarding:

- Clarity around what maintenance for parking structures is included in the P3 Annual Service Payment;
- Development of hospice beds in Cowichan;
- Need to develop services in growing regions such as Sooke;
- Association of Vancouver Island and Coastal Communities discussion on “Healthy Communities Open Space Workshop and two health care related motions (see attached); and
- Adding physician recruitment as a standing item for future meetings.

Jamie Braman also commented on the Interior Health process with RHDs and he looks forward to working with everyone to strengthen our relationships.

14. Closing Remarks

Kim Kerrone thanked the meeting attendees for their participation.

15. Future Meeting

The next meeting is to be scheduled – tentative date will be October 2017.