



Hospital District Board of Directors Meeting

Wednesday, February 12, 2025

Zoom/Board Room (Hybrid) – 3008 Fifth Avenue, Port Alberni, BC
Immediately following the Board of Directors Meeting

Regular Agenda

Watch the meeting live at <https://www.acrd.bc.ca/events/12-2-2025/>

Register to participate via Zoom Webinar at: https://acrd-bc-ca.zoom.us/webinar/register/WN_q6cP5nEDSHCP1PtMn9Rv0A#/registration

PAGE #

1. **CALL TO ORDER**

(immediately following the ACRD Board Meeting)

Recognition of Territories.

Notice to attendees and delegates that this meeting is being recorded and livestreamed to YouTube on the Regional District Website.

2. **APPROVAL OF AGENDA**

(motion to approve, including late items requires 2/3 majority vote)

3. **DECLARATIONS**

(conflict of interest)

4. **ADOPTION OF MINUTES**

a. **Board of Directors Meeting – January 15, 2025**

4-7

THAT the minutes of the Alberni-Clayoquot Regional Hospital District Board of Directors held on January 15, 2025 be adopted.

5. **PETITIONS, DELEGATIONS & PRESENTATIONS (10-minute maximum)**

6. **CORRESPONDENCE FOR ACTION**

7. **CORRESPONDENCE FOR INFORMATION**

a. **Island Health**

- **Code Hack 2025: Celebrate five years of health-care innovation with Island Health** 8-9
- **Nurses go back to school to help beat HPV-related cancers** 10-11

THAT this correspondence be received for information.

8. REQUEST FOR DECISIONS & BYLAWS

- a. **Request for Decision** 12-18
Hospital District Board Meetings

THAT the Alberni-Clayoquot Regional Hospital District Board of Directors direct staff to reformat meetings and to draft a revised 2025 meeting schedule to better facilitate in-depth discussions of shared regional health priorities and to help with the coordination of regional advocacy.

- b. **Request for Decision** 19-26
Annual Budget for Years 2025 to 2029

THAT the Alberni Clayoquot Regional Hospital District Board of Directors give first reading to the bylaw cited as "Alberni-Clayoquot Regional Hospital District 2025 to 2029 Annual Budget No. 139".

9. REPORTS

- a. Bamfield Health Centre – B. Beckett
- b. Alberni-Clayoquot Continuing Care Society – V. Siga
- c. West Coast Native Health Care Society – P. Cote
- d. Tofino General Hospital – West Coast Directors
- e. Alberni-Clayoquot Health Network – P. Cote/V Siga
- f. West Coast General Hospital – Alberni Valley Directors
- g. Other Reports

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

10. UNFINISHED BUSINESS

11. LATE BUSINESS

12. QUESTION PERIOD

Questions/Comments from the public:

- **Participating in Person in the Board Room**
- **Participating in the Zoom meeting**
- **Emailed to the ACRD at responses@acrd.bc.ca**

13. ADJOURN



Alberni-Clayoquot Regional Hospital District

MINUTES OF THE BOARD OF DIRECTORS MEETING HELD ON WEDNESDAY, JANUARY 15, 2025

Hybrid - Zoom/Board Room, 3008 Fifth Avenue, Port Alberni, BC

DIRECTORS

PRESENT:

John Jack, Vice-Chairperson, Chief Councillor, Huu-ay-aht First Nations
Todd Patola, Councillor, City of Port Alberni (Alternate)
Cindy Solda, Councillor, City of Port Alberni (Alternate)
Bob Beckett, Director, Electoral Area "A" (Bamfield)
Jack McLeman, Alternate Director, Electoral Area "B" (Beaufort)
Vaida Siga, Director, Electoral Area "C" (Long Beach)
Penny Cote, Director, Electoral Area "D" (Sproat Lake)
Mike Sparrow, Director, Electoral Area "F" (Cherry Creek)
Tom Stere, Councillor, District of Tofino
Moriah Cootes, Councillor, Uchucklesaht Tribe Government

REGRETS:

Debbie Haggard, Chair, Councillor, City of Port Alberni
Sharie Minions, Mayor, City of Port Alberni
Fred Boyko, Director, Electoral Area "B" (Beaufort)
Susan Roth, Director, Electoral Area "E" (Beaver Creek)
Marilyn McEwen, Mayor, District of Ucluelet
Kirsten Johnsen, Councillor, Toquaht Nation
Levana Mastrangelo, Executive Legislator, Yuułu?if?ath Government

STAFF PRESENT:

Daniel Sailland, Chief Administrative Officer
Teri Fong, Chief Financial Officer
Mike Irg, General Manager of Planning & Development
Cynthia Dick, General Manager of Administrative Services
Heather Zenner, Manager of Administrative Services
Janice Hill, Executive Assistant

The meeting can be viewed on the Alberni-Clayoquot Regional District website at:

<https://www.acrd.bc.ca/events/15-1-2025/>

1. CALL TO ORDER

The Chairperson called the meeting to order at 4:01 pm.

The Chairperson recognized this meeting is being held throughout the Nuu-chah-nulth territories.

The Chairperson reported this meeting is being recorded and livestreamed to YouTube on the Regional District website.

2. APPROVAL OF AGENDA

MOVED: Director Cootes

SECONDED: Director Stere

THAT the agenda be approved as circulated.

CARRIED

3. DECLARATIONS

4. ADOPTION OF MINUTES

a. Board of Directors Meeting – December 11, 2024

MOVED: Director Stere

SECONDED: Director Solda

THAT the minutes of the Alberni-Clayoquot Regional Hospital District meeting held on December 11, 2024 be adopted.

CARRIED

5. PETITIONS, DELEGATIONS & PRESENTATIONS

6. CORRESPONDENCE FOR ACTION

7. CORRESPONDENCE FOR INFORMATION

a. Island Health

West Coast General Hospital Invests in State-of-the-art X-ray Technology for Enhanced Imaging

MOVED: Director Stere

SECONDED: Director Sparrow

THAT this correspondence be received for information.

CARRIED

8. REQUEST FOR DECISIONS & BYLAWS

9. REPORTS

a. Bamfield Health Centre – B. Beckett. No report.

- b. **Alberni-Clayoquot Continuing Care Society – V.Siga.** No report.
- c. **West Coast Native Health Care Society – P. Cote.** As of January 14, 2025 Rainbow Gardens is under new management.
- d. **Tofino General Hospital – T. Stere.** New rewiring and internet at the Tofino Hospital. February 17 renovations will be complete on elevator in the Tofino Hospital. April 1 renovations will be complete to patient room number five (safe room for patients and staff). On track for Ucluelet Health Centre, opening August 2025. Tofino Hospital Foundation convening a meeting to discuss potential site locations for the potential new Tofino Hospital.
- e. **Alberni-Clayoquot Health Network – P. Cote/ V.Siga.** Had a meeting today and met two new Table of Partners (Sam and Sasha). Completed a Request for Proposal process for hiring a Health-Network Coordinator which will be reported at the January 29th Board meeting.
- f. **West Coast General Hospital – Alberni Valley Directors.** No report.
- g. **Other Reports - D. Sailland.** Recently held the Hospital Board Strategic Planning session, helped to prioritize initiatives to support. Recently received draft report from this session and will bring report to the Board for approval in February.

MOVED: Director Cootes

SECONDED: Director Stere

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

CARRIED

10. UNFINISHED BUSINESS

11. LATE BUSINESS

12. QUESTION PERIOD

Questions/Comments from the public. The Manager of Administrative Services advised there were no questions or comments respecting an agenda topic from public:

- Participating in Person in the ACRD Board Room
- Participating in the Zoom webinar
- Submissions received by email at responses@acrd.bc.ca.

13. ADJOURN

MOVED: Director Stere

SECONDED: Director Sparrow

THAT this meeting be adjourned at 4:07 pm.

CARRIED

Certified Correct:

John Jack,
Vice-Chairperson

Heather Zenner,
Manager of Administrative Services

From: [Island Health Communication \[ISLH\]](#)
To: [Island Health Communication \[ISLH\]](#)
Subject: Island Health news release: Code Hack 2025: Celebrate five years of health-care innovation with Island Health
Date: January 16, 2025 9:48:07 AM
Attachments: [image001.png](#)
[image002.png](#)

[CAUTION] This email originated from outside of the ACRD



NEWS RELEASE

FOR IMMEDIATE RELEASE
January 16, 2025

Code Hack 2025: Celebrate five years of health-care innovation with Island Health

VICTORIA – Attention innovators throughout the Island Health region: are you ready for an exciting challenge that could help shape the future of health care? Then check out Code Hack 2025, which takes place March 7-9 at Royal Jubilee Hospital – and help us celebrate our five-year milestone.

Health care features several different “codes” to deal with different situations. For example, you may have heard of Code Red, which addresses fire safety; or Code Green, which provides guidance for evacuations.

Code Hack is all about talented, passionate people coming together to innovate for health care! An initiative of Island Health’s [Innovation Lab](#), the event first launched in 2019 to help translate creativity, innovation and energy into real-world solutions. Code Hack brings together patients, Island Health staff, physician partners, industry experts, coders, builders, designers and students who put on their thinking caps and compete against the clock – and each other – to find innovative ways to solve health-care challenges.

Island Health is looking for 100 people to participate in a hackathon and generate fresh ideas and approaches. Once participants have formed small working groups and made their pitches, they have 24 hours to create and design innovative solutions. This may result in an app, a care pathway, signage, a website or a resource for a treatment room. Anything goes – the participants get to decide!

During the hackathon, teams will have access to many resources to bring their pitch to life – including a 3-D printer, programmable Wi-Fi-enabled microchips and Island Health’s simulation lab, which includes mannequins powered by wireless technology to replicate real-life medical situations.

If you aren’t tech savvy, don’t worry – Code Hack is designed for people of all abilities who share a common goal of improving health care. Applicants don’t have to work in health care and there is no cost to participate. Applications are now open at [//islandhealth.ca/codehack](https://islandhealth.ca/codehack). [Code Hack 2024’s](#) first-place project focused on preventing blindness among vulnerable populations, including First Nations, with treatable conditions such as diabetic retinopathy by developing easy-to-use “eyeHealth” kits. This project also received the People’s Choice award, which is voted on by Code Hack participants.

Other winning efforts included a discrete, user-friendly device that rapidly detects fentanyl in substances and a project to improve communications between care providers and patients in emergency departments. Watch the [video](#) from 2024 to see what Code Hack is all about and how fun this event is!

Once again, we need your ideas, inspiration and collaboration. Winning teams will get the opportunity to continue to work on their Code Hack prototype with Island Health’s Innovation Lab and other community partners.

The deadline to register is **Feb. 2, 2025**. For more information and to register, please visit [//islandhealth.ca/codehack](https://islandhealth.ca/codehack).

Volunteer opportunities

Volunteers, mentors and coaches are crucial to Code Hack’s success! The event requires about 20 volunteers to register participants when they arrive, help people find their way around, set up rooms, hand out supplies, and ensure that coffee, water, and snacks are in ready supply.

We are also looking for mentors who can offer their expertise and experience as a health-care provider, designer, developer or patient. They

circulate from team to team during the event and offer insights, ideas and real-world tips to hacker teams based on the challenges. Coaches are like mentors, but offer dedicated 15-minute sessions with teams for more focused feedback. Coaches provide teams with an invaluable opportunity to test their solution with real-world experts. Ideally we would like to recruit three types of coaches for the event: one with a clinical focus, one with a business focus and one with a patient perspective. To volunteer for any of these positions, please email codehack@islandhealth.ca by **Feb. 2, 2025**.

Innovation is a key priority for Island Health and involves translating the input and ingenuity of our staff, physicians, partners and patients into new ideas and solutions that address health-care challenges and improve people's lives. Examples of innovation in action include [Code Hack](#), [sensor trials at Island Health washrooms](#) that monitor for toxic drug poisonings, [enhanced accessibility features](#) for the future Cowichan District Hospital and the [Cognitive Health Initiative](#), a visionary project focused on research and care for patients living with cognitive health issues.

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Media inquiries:

Andrew Leyne

250-370-8908

Andrew.Leyne@islandhealth.ca

View online at [//www.islandhealth.ca/news](http://www.islandhealth.ca/news). If you no longer wish to receive Island Health news, please [click here](#) to request you be removed from the distribution list.

From: [Island Health Communication \[ISLH\]](#)
To: [Island Health Communication \[ISLH\]](#)
Subject: [SUSPECTED SPAM] Island Health news release: Nurses go back to school to help beat HPV-related cancers
Date: January 17, 2025 12:12:05 PM
Attachments: [image001.png](#)
[image002.png](#)

[CAUTION] This email originated from outside of the ACRD



NEWS RELEASE

FOR IMMEDIATE RELEASE
January 17, 2025

Nurses go back to school to help beat HPV-related cancers

ISLAND HEALTH-WIDE – Island Health nurses are visiting schools across the region in the coming weeks to offer the human papillomavirus (HPV) vaccine to grade 11 and 12 students.

The vaccine helps protect against types of HPV that can cause cancers of the cervix, anus, mouth and throat, penis, vagina, and vulva, as well as genital warts. The vaccine benefits everyone, no matter their sex, gender, sexual orientation, or sexual activity status.

“Nurses continue to routinely visit students in grade 6 to offer the HPV vaccine and now we are offering this to students who may have missed it in the past,” says medical health officer Dr. Christina Kay. “When given at a young age, the HPV vaccine is nearly 100 per cent effective at preventing infection of the most common types of HPV that can cause cervical cancer, other cancers, and genital warts.”

Across Island Health in 2023, an average 55 per cent of children in grade 6 were immunized for HPV (North Island 47 per cent, Central Vancouver Island 53.9 per cent, South Vancouver Island 65 per cent).

Sasha Henyk, a grade 12 student, moved to Courtenay from Ukraine two years ago. After talking to her parents, family doctor and a counsellor she decided getting the vaccine could protect her health in the future. “I got my HPV vaccine this summer and I’m really glad I did,” she said. “As a teenager it’s easy to forget about your health because there’s a lot to think about. And that’s why I got my HPV vaccine done, so there would be one less thing to worry about.”

HPV is one of the most common sexually transmitted infections that can be transmitted both sexually and through skin-to-skin contact. About 75 per cent of sexually active people who have not received their HPV vaccination will get an HPV infection at some point in their lives, according to the Canadian Cancer Society. Sexual intercourse is not necessary to get infected; anyone who has any kind of oral, genital or anal sexual contact can get HPV. While most infections will go away on their own, some will not and can become cancerous over time.

“The HPV vaccine is safe,” says Dr. Kay. “More than 200 million doses of the HPV vaccine have been given worldwide. Over 15 years of monitoring continues to show that the vaccine is safe and effective.”

Parents, caregivers and students will receive a letter from Island Health through their schools in January and February informing them of the upcoming immunization clinics.

The vaccine is free for youth in B.C. ages nine to 18. Students who miss the immunization clinics in school can get immunized at participating pharmacies, public health units, primary care providers and community health centres. Two doses of vaccine are currently recommended for nine to 14-year-olds and three doses are recommended for ages 15 and older.

HPV vaccine is also recommended by the National Advisory Committee on Immunization (NACI), but not provided free in B.C., for individuals ages 19 to 45 years and males 19 years and older who have sex with men. HPV vaccine is available for purchase at pharmacies and travel clinics.

Learn more by visiting the Immunize BC and HealthLinkBC websites
[Human papillomavirus \(HPV9\) vaccine | Immunize BC](#)
[Human papillomavirus \(HPV\) vaccines | HealthLink BC](#)

Check you or your child's immunization records through the Health Gateway <https://www.healthgateway.gov.bc.ca/>

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About Island Health:

Island Health provides health and care services to more than 930,000 people on Vancouver Island, the islands in the Salish Sea and the Johnstone Strait, and mainland communities north of Powell River. With more than 31,000 health care professionals – including more than 3,000 doctors, nurse practitioners midwives and dentists that make up our Medical Staff – as well as 1,500 volunteers, and the dedicated support of 12 foundations and 19 active auxiliaries, Island Health delivers a broad range of health services, including: public health services, primary health care, home and community care, mental health and substance use services, acute care in hospitals, and much more across a huge and geographically diverse region.

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Central/North Island media inquiries

Dominic Abassi

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Cowichan/South Island media inquiries:

Andrew Leyne

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To: ACRD Hospital District Board of Directors

From: Daniel Sailland, CAO

Meeting Date: February 12, 2025

Subject: Hospital District Board Meetings

Recommendation:

THAT the Alberni-Clayoquot Regional Hospital District Board of Directors direct staff to reformat meetings and to draft a revised 2025 meeting schedule to better facilitate in-depth discussions of shared regional health priorities and to help with the coordination of regional advocacy.

Desired Outcome:

To improve the efficacy of Regional Hospital District Board meetings per the discussion of the Regional Hospital District Board in December 2024.

Summary:

The Alberni-Clayoquot Regional Hospital District (ACRHD) met for a workshop on December 12, 2024 to discuss areas of strategic interest with regard to the provision of health services across the region. The discussion was facilitated by Rockandel & Associates and helped identify strategic themes for actioning in 2025 and beyond. The minutes from the workshop are attached as Appendix A. There was consensus that there are numerous localized priorities that link to common regional themes, and these all represent substantive investment in both physical infrastructure and/or personnel for service provision. This makes it challenging for the ACRHD to address or to be an effective partner for those who are advancing solutions, including the province. This noted, there was also acknowledgement that communication between the members of the ACRHD, First Nations communities and the province were not as effective as they could be and this was something (low cost) for us to focus on.

In line with the above noted, it was recommended that the ACRHD revisit the current agenda process to support in depth discussion around community and shared regional issues to advance shared advocacy issues in a coordinated way. This would include an option to change our ACRHD meeting schedule to add additional meeting dates for structured, in-depth strategic dialogue at the Board table. These could be via additional quarterly meetings that would have a specified:

- Meeting Purpose,
- Focus Question, and
- Desired outcome

It would likely include the participation of key service partners that are relevant to the discussion, such as but not limited to Island Health, First Nations Health and local community service agencies.

Creating space for better dialogue would contribute to a better alignment around what topic should be the priority for a given year. This would subsequently help advance coordinated solutions that range from harmonised group UBCM meetings, lobbying efforts, and fund-raising campaigns, through to coordinated capital investments over a 5-to-10-year window.

If the ACRHD wishes to advance with this change for 2025 they could direct staff to come back with a revised ACRHD meeting schedule. The revised schedule would include regular ACRHD Board meetings and targeted regional discussion meetings. It would also include a list of possible discussion priorities to schedule for the specified dates.

Time Requirements – Staff & Elected Officials:

Approximately 30 hours of staff time was involved in the facilitated discussions of December 2024. An additional 10 hours will be required to adjust meeting schedules and format.

Financial:

This initiative may increase administrative staff support time requirements but are not anticipated to result in sufficient change to warrant a notable budget impact.

Policy or Legislation:

The Hospital District Act governs the ACRHD.

Submitted by: *Daniel Sailland*
Daniel Sailland, Chief Administrative Officer

Reviewed by: *Cynthia Dick*
Cynthia Dick, General Manager of Administrative Services

ROCKANDEL&ASSOCIATES

To: Daniel Sailland, CAO, Alberni- Clayoquot-Regional District (ACRD)
 3008 Fifth Avenue, Port Alberni, V9Y 2E3
 T: 250.720-2705 E: dsailand@acrd.bc.ca

From: Catherine Rockandel, IAF Certified Professional Facilitator, Rockandel & Associates
 T: 604-898-4614 E: cat@growpartnerships.com

Re: **ACRD Regional Hospital District Board Workshop**

Date: December 16, 2024 **Pages:** 5

WORKSHOP OVERVIEW

On Thursday, December 12, 2024 the ACRD Regional District Hospital Board hosted a workshop from 9:30am to 4:00pm to have a strategic discussion about current challenges and opportunities to inform the strategic directions in the year ahead. The following people were in attendance:

- Debbie Haggard, Chair of the RHD
- Sharie Minions, Mayor, City of Port Alberni
- Tom Stere, Councillor, District of Tofino
- Fred Boyko, Director, Electoral Area “B”
- Penny Cote, Director, Electoral Area “D”
- Mike Sparrow, Director, Electoral Area “F”
- Harley Wylie, Tseshah First Nation
- Kirstin Johnsen, Member of Council, Toquaht Nation
- Marie Dewitt, Coordinator, ACRD Health Network
- James Hanson, Vice President – Clinical Services, Acute Care North Island and Community Services, Island Health
- Max Jajszczok, Executive Director, Centre & North Island Community Hospitals and Rural Remote Operations and Strategy, Island Health
- Dave Boychuck, Executive Director of Capital Management Financial Projects and Public-Private Partnerships, Island Health
- Daniel Sailland, Chief Administrative Officer
- Teri Fong, Chief Financial Officer
- Janice Hill, Executive Assistant

The discussion was informed by three presentations in the morning.

- Marcie Dewitt, Network Coordinator, Alberni-Clayoquot Health Network. Marcie shared strategic directions and Network successes
- Max Jajszczok, Executive Director, Centre & North Island Community Hospitals and Rural Remote Operations and Strategy; and James Hanson, Vice President – Clinical Services, Acute Care North Island and Community Services shared information on the Island Health Strategic Plan and upcoming capital investment projects.
- Teri Fong, CFO, ACRD Public Health Act and Implications for Existing Services

This was followed by a facilitated discussion on questions of clarity and comments on the presentations and to identify themes from the presentations, implications for leveraging opportunities, issues and barriers that exist or may emerge as we move forward.

The afternoon facilitated discussion focused on clarifying the goal, identifying blocks and obstacles and strategies to support moving forward together.

FACILITATED DISCUSSION: Questions and Comments about the Presentations

Questions and comments related to the Health Network presentation included:

- The Health Network’s use of the term foundry is confusing in the Alberni Valley because there is an active foundry here. Marcie shared that the Foundry BC is a province-wide network of integrated health and wellness services for young people ages 12-24. There are 17 Foundry centres across BC. They provide online tools and resources as well as representing community agencies, government, donors, youth and young adults, and families coming together to improve the wellness of BC’s young people.
- Does the Health Network’s poverty reduction work include employment and training? Yes, it provides income support, food security and access to other services
- Enhance participation on tables to support faster resourcing
- For the strategic plan toolkit, could explore how Local Government could support implementation tools
- There is a gap in services for seniors that are socially isolated and need more wellness check ins through home care.

Questions and comments related to the Island Health presentation included:

- The Rainbow Gardens is a good example of long-term care partnership that is funded by Province
- There are gaps and challenges in the transitions between Assisted Living, Supportive and Long-Term Care services. This is a provincial challenge
- There is a workforce scarcity that is impacting service providers
- Island Health is investing in this region (Walk in Clinic)
- Recruitment, Retention and Housing are issues
- First Nations Health Authority triad of services partnership framework, engage in conversation
- Involve in strategy and engagement on structures
- Also focus on the The Nuu-chah-nulth Tribal Council (NTC) state of emergency declaration in all 14 Nuu-chah-nulth Nations over the opioid crisis and for how drugs and mental health are affecting its communities.

Questions and comments related to the Public Health Act and Implications for Existing Services presentation included:

- This presentation highlights the issue of who pays for what
- The issue of taxation, cost sharing model, and differences in Regional Tax Rates is going to put a higher burden/responsibility on tax payers because of rising assessed values
- The Local Government Act is focused on primary care but issues are beyond that. The Hospital District Act was written in 1965. It needs to be updated. It does not have any role for advocacy
- To address some of these gaps we need a strategic plan governance structure that transcends election cycles

FACILITATED DISCUSSION: Takeaways and themes from the presentations

A whole group discussion on what people heard from the presentations. Some themes included:

- Prioritize our community health and wellness
- Importance of hosting community conversations and listening to people on the ground and ensuring this information filters up to decision makers
- Looking at fiscal responsibility issue and property tax payer
- Existing structures, tools and frameworks don't foster collaboration
- There are some missing tools, bylaws and service agreement
- Foundational understanding and coordination of information – who is doing what
- Bridge jurisdictional issues
- Involve and utilize Health Officer's guidance and advice (ie: alcohol issues)
- Explore prevention-based approaches and policies
- Have a scope discussion around what does the word health care mean in this context? The health system is in transition and the scope and meaning has shifted
- Who is missing in the conversations we are having? Who is not here from different sectors:
 - First Nations Government, Province, Regional Local Government (funders)
 - Community hospitals, health centres, non-profit organizations, advocates
 - Businesses that rely on quality of life, health and well being to attract people
 - People with lived experience of issues (cancer, poverty reduction, transportation support, etc)

FACILITATED DISCUSSION: What do we want to achieve together?

Given our discussion, what is our goal? Some of the ideas that emerged included:

- Connect and collaborate on mutual projects to leverage resources, existing strengths and structures
- Wellness First (projects and activities that focus on prevention)
- Partnerships in the west coast communities related to medical personal
- Provide a continuum of service for the region (explore a larger conversation from Nanaimo to mid island)
- Define what we mean by advocacy, what would we be doing, not doing?

The consensus that emerged is that the goal is:

To support the well-being of the communities and region

FACILITATED DISCUSSION: What is getting in our way

The whole group brainstormed issues and challenges that are getting in the way and could block achieving the goal. These were clustered into similar themes in terms of underlying obstacles including:

Operational Delivery and Access to Services

- Highway closures and condition
- Where do people (families etc) stay when family and friends are in hospital
- Transportation issues and gaps
- Divisions of Family Practice (Oceanside vs Alberni)
- We have second highest child poverty rate in Province

Regional Coordination and Cooperation

- Competition for funding applying for same grants. Need to collaborate
- Inter-regional competition between operators, for infrastructure, attraction of people. Everyone is advertising to attract people and everyone is applying for the same grants
- Regional responsibility differences. Competing roles, responsibilities (FNHA, Interior Health, Tribal Councils) who is doing what
- Bureaucracy makes it challenging to solve issues across organizations
- Effective use of the structure and process of Regional District Hospital Board meetings. Current model of representation does not support where we are talking about going

Taxation Discrepancy

- Funding \$
- City versus Rural divide, conflict is a barrier to collaboration
- Getting to a common voice is difficult
- How we fund capital projects 60/40 split for Bricks and Mortar

Service and Resources Alignment

- Staff capacity (ACRD) to implement ideas How do we manage everything that is out of scope?
- Reputational challenges in Alberni impact recruitment
- Differences in recruitment across communities
- Existing health and physical wellness of people
- Low recreational investments that support health and wellness (see vital signs report)

STRATEGIC DIRECTION: Moving Forward Together

The group brainstormed ideas to address the obstacles identified. This included a discussion about roles, who would be responsible, what are gaps and overlap. What can we do to support a coordinated approach to solving some of the issues we have been discussing? In addition discussing strategies that would strengthen relationships, specifically what are we currently doing and what could we do differently.

Start with the WHY – The purpose of supporting effective collaboration and cooperation is to have better conversations and to coordinate our actions to advocate for regional priorities.

To Support Regional Collaboration and Cooperation

Given that the current agenda process does not support in depth discussion and we need space in our agenda to discuss advocacy issues, community and regional issues, proposal is to:

- Meet quarterly or more often when needed throughout year
- Create structure to support in depth continuous strategic dialogue at the Board
- Implement meeting agenda framework: Meeting Purpose, Focus Question, Presentation on Topic, Discussion
- Example: Interior Health and Regional Health Board need to have a longer conversation to support how we can work together. Regular attendance by Island Health at Hospital District Board meetings would support strategic discussions about how we unite different projects to achieve efficiencies

Other topics for conversations include:

- Responding to the Opioid Crisis. Discuss two documents submitted to Island Health from Community Action Team
- Co-development and cost sharing and investing \$ on infrastructure
- Co-governance – look at non-voting seats
- Identifying who are champions/ leaders
- Involve other organizations and people (elected leaders, School Districts, Health, Business leaders, etc)
- Clarify advocacy role – what is the impact, what is the common agenda that we are focused on
- Discuss and review committee Terms of Reference (there is not real terms of reference for committees) and look at who/ what sectors/ organizations are missing?
- Explore what can we do, what would be the proper tool, do we need to have a separate meeting outside of the current Hospital Board meeting process
- Advocacy could focus on operational grants for designated facilities
- Discuss expanding the scope of what the Regional Health Board can do
- Need to have better understanding Interior Health process for capital projects. In terms of Island Health's planning timeline, the best time to surface projects for capital is June and July. That being said for projects in the high digital millions there is no specific time frame as the concept case for these projects has to be developed, submitted and approved by the Province.



To: Regional Hospital District Board of Directors

From: Teri Fong, CPA, CGA, Chief Financial Officer

Meeting Date: February 12, 2025

Subject: Annual Budget for Years 2025 to 2029

Recommendation:

THAT the Alberni Clayoquot Regional Hospital District Board of Directors give first reading to the bylaw cited as "Alberni-Clayoquot Regional Hospital District 2025 to 2029 Annual Budget No. 139".

Desired Outcome:

To give first reading to the ACRHD's 2025 to 2029 Annual Budget.

Summary:

The Regional Hospital District paid for 40% of the West Coast General Hospital (WCGH) construction using long term debt secured through the Municipal Finance Authority of BC (MFA). The balance of the debt outstanding is approximately \$5,500 at the end of 2024 with most of the debt already been paid in full.

Island Health annual equipment and project contributions

Attached to this report is Island Health's 2025/26 Capital Projects and Equipment letter outlining their plans for the region for their fiscal year of April 1, 2025, to March 31, 2026. This year's request is for a contribution of \$550,000 for minor capital project and equipment, this is the routine funding amount that is provided in most years. There is no request for contribution towards major capital projects currently.

Reserve fund contributions

A reserve fund for the Tofino General Hospital (TGH) was implemented in 2020 as the TGH is beyond its useful life and will require replacement in the coming years. Island Health has confirmed that the project is on their priority and this investment would reduce the amount of borrowing required when the project is completed. The reserve fund had approximately \$3.4 million at the end of 2024. The draft 2025-2029 Annual Budget indicates that the reserve will accumulate to approximately \$11.3 million by the end of 2029 if the tax requisition remains at \$1.836 million and no additional Island Health projects are funded. Island Health officials have confirmed that whether the ACRHD Board accumulates cash or funds the ACRHD share by debt does not affect the timing of the TGH construction.

Background:

Regional Hospital District's provide the local share of 40% for funding of capital costs associated with the construction, acquisition and maintenance of hospital facilities and major equipment within the boundaries. The ACRHD does not operate any facilities, it only provides capital funding. Island Health, with funding from the Province, pays the other 60% of the capital funding requirements and operates the facilities within the ACRHD's boundaries.

The following funding amounts have been committed to Island Health for projects but have not been distributed, as the projects are not complete:

Year	Amount
2015	\$2,243
2016	\$18,110
2017	\$88,957
2018	\$156,945
2019	\$222,236
2020	\$220,038
2021	\$135,749
2022	\$618,339
2023	\$1,153,300
2024	\$484,457
WCGH Emergency Room Upgrade	\$103,505
Total	\$3,203,879

This outstanding amount is consistent with prior years and is not a concern of staff but instead just presented for information purposes.

Time Requirements – Staff & Elected Officials:

Finance staff estimate approximately 20 hours of staff time to draft the annual budget and discuss current as well as upcoming projects with Island Health.

Financial:

The 2025 tax requisition is \$1,836,000 same as in the prior year. The residential tax rate for 2025 is \$0.128 per \$1,000 of assessed value.

Policy or Legislation:

The Alberni-Clayoquot Regional Hospital District is required by Section 23 of the Hospital District Act to adopt an annual budget by March 31st of each year. Hospital District Act Section 20(4) provides the ACRHD the ability to maintain a reserve account for specified purposes.

Order in Council 811/15 excludes the Maa-nulth First Nation members from the responsibility to pay for debt incurred by the Hospital District prior to their membership.

Submitted by: *Teri Fong*
Teri Fong, CPA, CGA, Chief Financial Officer

Reviewed by: *Cynthia Dick*
Cynthia Dick, General Manager of Administrative Services

Approved by: *Daniel Sailland*
Daniel Sailland, MBA, Chief Administrative Officer

February 5, 2025

Ms. Teri Fong
Chief Financial Officer
Alberni-Clayoquot Regional District
3008 5th Avenue
Port Alberni, BC V9Y 2E3

Dear Teri:

Re: 2025/26 Capital Projects and Equipment

Island Health is requesting Alberni-Clayoquot Regional Hospital District (ACRHD) cost-sharing on our 2025/26 capital project and equipment requirements.

This year, the total amount of our project and equipment lists exceeds the \$550,000 ACRHD annual provisional budget amount and therefore have been cash flowed over multiple fiscal periods to remain within the annual provisional budget amount.

The total cost of the 2025-26 lists, broken down by projects and equipment, are as follows:

Minor Capital Projects	\$550,000.00
Equipment	0
2024/25 Minor Capital List Costs	\$550,000.00

Major Capital Projects:

The Port Alberni and Tofino Road to Recovery Stabilization projects are in the early development stage, with an estimated total cost of \$25 million. As these projects continue to move through planning, we will meet with you to discuss how we approach cost sharing on these projects.

The Tofino General Hospital Replacement Concept Plan, which requires Ministry approval before proceeding to the Business Plan Development stage, was submitted in May 2024. A response is anticipated in 2025.

Thank you for your consideration of this request.

If you have any questions, please don't hesitate to contact us.

Yours truly,

A handwritten signature in blue ink that reads "Jesse Tarbotton". The signature is written in a cursive style with a long horizontal line extending from the end.

Jesse Tarbotton
Director, Capital Planning, Real Estate and Leasing

Attachments.

cc: Dave Boychuk, Executive Director, Capital Management, Finance Projects and Public Private Partnerships, Island Health
Jeremy Bruce, Lead Financial Projects
Devin Marlowe, Program Director, Long Term and Strategic Capital Planning
Kevin Daniel, Manager, Capital Planning, Central and North Island, Island Health
Julie Wong, Manager, Capital Finance and Treasury, Island Health

Capital Planning

Located at: 1952 Bay Street | Victoria, BC V8R 1J8 Canada

Mailing address: 1952 Bay Street | Victoria, BC V8R 1J8 Canada

Tel: 250-519-1726 | Fax: 250-370-8689



Alberni-Clayoquot Regional Hospital District

Bylaw No. 139

A bylaw to adopt the Annual Budget for the Years 2025 to 2029

The Board of Directors for the Alberni-Clayoquot Regional Hospital District in open meeting assembled enacts as follows:

1. This Bylaw may be cited as the ***“Alberni-Clayoquot Regional Hospital District 2025 to 2029 Annual Budget Bylaw No. 139”***.
2. Schedule “A” attached hereto and forming part of this Bylaw is the Annual Budget for the Alberni-Clayoquot Regional Hospital District for the years ending December 31, 2025 to 2029.

Read a first time this day of , 2025.

Read a second time this day of , 2025.

Read a third time this day of , 2025.

Adopted this day of , 2025.

Chairperson

Corporate Officer



ALBERNI-CLAYOQUOT REGIONAL HOSPITAL DISTRICT



2025 to 2029 Annual Budget

Schedule 'A' of Bylaw No. 139
As presented for first reading
on February 12, 2025



**ALBERNI-CLAYOQUOT REGIONAL HOSPITAL DISTRICT
2025 TO 2029 ANNUAL BUDGET
SCHEDULE A - BYLAW NO. 139**

ALBERNI-CLAYOQUOT REGIONAL HOSPITAL DISTRICT	2024 Actual	2024 Budget	2025 Budget	2026 Budget	2027 Budget	2028 Budget	2029 Budget
REVENUE							
Surplus (deficit) from prior years	291,035	291,532	141,493	-	-	-	-
Tax requisition	1,836,001	1,836,000	1,836,000	1,836,000	1,836,000	1,836,000	1,836,000
Grants in lieu of taxes	12,201	7,000	7,000	7,000	7,000	7,000	7,000
Investment income & refunds	318,955	100,000	100,000	100,000	100,000	100,000	100,000
TOTAL REVENUE	\$ 2,458,192	\$ 2,234,532	\$ 2,084,493	\$ 1,943,000	\$ 1,943,000	\$ 1,943,000	1,943,000
EXPENDITURES							
Administration costs	\$ 46,225	\$ 46,200	\$ 45,000	\$ 45,900	\$ 46,900	\$ 47,900	\$ 48,900
Debenture - interest	353	1,000	1,000	-	-	-	-
Debenture - principal	5,370	6,000	6,000	-	-	-	-
Annual equipment grant	550,000	550,000	550,000	550,000	550,000	550,000	550,000
Major capital project contributions	-	-	-	-	-	-	-
Reserve fund contribution	1,714,751	1,631,332	1,482,493	1,347,100	1,346,100	1,345,100	1,344,100
TOTAL EXPENDITURES	\$ 2,316,699	\$ 2,234,532	\$ 2,084,493	\$ 1,943,000	\$ 1,943,000	\$ 1,943,000	1,943,000
TOFINO GENERAL HOSPITAL RESERVE							
Balance, beginning of year	\$ 1,697,115	\$ 1,697,115	\$ 3,403,847	\$ 5,010,740	\$ 6,528,340	\$ 8,090,440	9,698,440
Contribution from operating fund	1,631,332	1,631,332	1,482,493	1,347,100	1,346,100	1,345,100	1,344,100
Grants and other contributions	-	-	-	-	-	-	-
Interest earnings	83,419	75,400	124,400	170,500	216,000	262,900	311,100
<i>Less - capital expenditures</i>							
Tofino General Hospital	-	-	-	-	-	-	-
Total capital expenditures	-	-	-	-	-	-	-
BALANCE, END OF YEAR	\$ 3,411,866	\$ 3,403,847	\$ 5,010,740	\$ 6,528,340	\$ 8,090,440	\$ 9,698,440	11,353,640