



**Alberni-Clayoquot Regional Hospital District**

**Regular Board of Directors Meeting  
Wednesday, June 8, 2011**

**Time: Immediately following COW**                      **Place: Bamfield Vol. Fire Department**  
**252 Pachena Road, Bamfield, BC**

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**Agenda**

- 1. CALL TO ORDER:**
- 2. PETITION, DELEGATIONS & PRESENTATIONS:**
- 3. ADOPTION OF MINUTES:**
  - a. Meeting of May 11, 2011 ..... 1-4
- 4. COMMUNICATIONS/CORRESPONDENCE FOR ACTION:**
- 5. COMMUNICATIONS/CORRESPONDENCE FOR INFORMATION:**
  - a. Vancouver Island Health Authority  
Re: Using Your Emergency Room or  
Community Health Center ..... 5-6
- 6. ADMINISTRATION:**
  - a. Request for Decision  
Re: Terms of Reference – Alberni-Clayoquot Health  
Network & Planning Group ..... 7-16
- 7. REPORTS:**
  - a. Bamfield Outpost Hospital – S. Ochman
  - b. Alberni-Clayoquot Continuing Care Society – P. Edwards

- c. Vancouver Island Health Authority Capital Planning Committee – K. McRae, P. Edwards
- d. West Coast Native Health Care Society – P. Cote
- e. Tofino General Hospital – J. Fraser/E. Russcher

**8. FINANCES:**

- a. Administrative Memo  
Re: Finance Warrant No. 440..... 17-18

**9. UNFINISHED BUSINESS:**

**10. NEW BUSINESS:**

**11. QUESTION PERIOD:**

**12. ADJOURNMENT:**



**ALBERNI-CLAYOQUOT REGIONAL HOSPITAL DISTRICT**

**BOARD OF DIRECTORS MEETING  
MINUTES**

**WEDNESDAY, MAY 11, 2011**

**REGIONAL DISTRICT BOARD ROOM**

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Present: Chairperson: Patty Edwards, Directors: Tony Bennett, Penny Cote, John Fraser, Mike Kokura, Stefan Ochman, Eric Russcher, Glenn Wong, Alternate Director: Cindy Solda.

Regrets: Director: Hira Chopra.

Other: Carla Halvorsen, Councillor, Uchuklesah Tribe.

Staff: Russell Dyson, Chief Administrative Officer, Wendy Thomson, Manager of Administrative Services, Teri Fong, Manager of Finance, Mike Irg, Manager of Planning and Development.

1. The meeting was called to order at 2:25 p.m.

**MINUTES**

2. *Moved by S. Ochman, seconded by E. Russcher, "That the minutes from the regular Board of Directors meeting held on April 13, 2011 be adopted as circulated."*

*"Carried"*

**COMMUNICATION/CORRESPONDENCE – FOR ACTION**

3. Correspondence regarding the Rural Emergency Continuum of Care Conference, June 15<sup>th</sup> – 18<sup>th</sup>, Kelowna, BC.

*Moved by P. Edwards, seconded by P. Cote, "That this correspondence be received."*

*"Carried"*

4. Letter dated May 5, 2011 from Tsawaayuus (Rainbow Gardens) requesting representation on the Health Advisory Committee.

*Moved by G. Wong, seconded by P. Cote, "That Tsawaayuus (Rainbow Gardens) be invited to appoint a representative to sit on the Alberni-Clayoquot Regional Hospital District, Health Advisory Committee."*

*"Carried"*

**COMMUNICATION/CORRESPONDENCE – FOR INFORMATION**

5. News Release from the Vancouver Island Health Authority regarding VIHA RFP Seeks Mobile MRI Services.

*Moved by T. Bennett, seconded by S. Ochman, "That this correspondence be received and the Board of Directors forward a letter to the Vancouver Island Health Authority requested more information on Mobile MRI Services including; locations the mobile unit will visit, hours of operation and who is paying for this service."*

*"Carried"*

**REPORTS**

6. The Chairperson reported on the Alberni-Clayoquot Continuing Care Society. The Society is busy with the planned renovations of Fir Park Village. Fir Park Village celebrated their 30<sup>th</sup> Anniversary in January 2011.

*Moved by T. Bennett, seconded by P. Cote, "That this verbal report be received."*

*"Carried"*

7. *Moved by E. Russcher, seconded by C. Solda, "That the minutes from the Health Advisory Committee meeting held on April 6, 2011 be adopted as circulated."*

*"Carried"*

**FINANCES**

8. Administrative Memo regarding Finance Warrant No. 439.

*Moved by M. Kokura, seconded by S. Ochman, "That the Regional Hospital District Board of Directors approve Finance Warrant No. 439 in the amount of \$15,589.72 dated April 30, 201."*

*"Carried"*

9. *Moved by T. Bennett, seconded by P. Cote, "That the Alberni-Clayoquot Regional Hospital District Audited Financial Statements as of December 31, 2010 be approved."*

*"Carried"*

ALBERNI-CLAYOQUOT REGIONAL HOSPITAL DISTRICT  
BOARD OF DIRECTORS MEETING – WEDNESDAY, MAY 11, 2011

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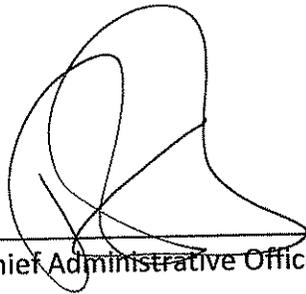
10. *Moved by C. Solda, seconded by S. Ochman, "That this meeting now stand adjourned."*

*"Carried"*

11. The meeting adjourned at 2:40 p.m.

Certified Correct:

\_\_\_\_\_  
Chairperson

  
\_\_\_\_\_  
Chief Administrative Officer



**Wendy Thomson**

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**From:** V Island Health [VIslandHealth.Info@viha.ca]  
**Sent:** Wednesday, May 18, 2011 11:51 AM  
**To:** V Island Health  
**Subject:** VIHA PSA and Fact Sheet: Using Your Emergency Room or Community Health Centre  
**Attachments:** emergency dept use\_18may2011.pdf

*The following VIHA PSA and fact sheet have been sent to all Vancouver Island media, members of parliament, MLAs, mayors, VIHA directors, foundations and regional hospital district chairs on Vancouver Island.*

View online at [http://www.viha.ca/about\\_viha/news](http://www.viha.ca/about_viha/news)



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## PUBLIC SERVICE ANNOUNCEMENT

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FOR IMMEDIATE RELEASE  
May 18, 2011

### **Using Your Emergency Room or Community Health Centre**

ISLAND WIDE – Emergency Departments at acute care hospitals and community health centres on Vancouver Island combined saw more than 290,000 patient visits in 2010-11.

While everyone who presents at a VIHA emergency department or community health centre will be seen by a medical professional, some patients may wait longer than others. Protocols are in place in emergency departments and at community health centres that ensure presenting patients are first assessed by a triage nurse to determine the severity of their illness. Patients are then seen by an emergency physician based on their assessed acuity level and not necessarily in the order they arrive at the department.

Should a patient's medical condition change at any stage during the emergency room visit, for example increased pain or shortness of breath, the patient should advise a care provider immediately who will ensure the patient's acuity level is reassessed.

"Emergency staff is committed to providing high-quality emergency care as quickly as possible to all patients," said Dr. Robert Burns, VIHA's Executive Medical Director Emergency and Trauma. "While some patients who present with non-urgent issues may have to endure longer waits, physicians, nurses and staff in emergency departments work hard to make sure that the sickest patients are seen first and that all patients are seen in a timely manner."

Emergency department patients who require diagnostic tests may experience a longer emergency room visit while waiting for test results. Longer visits may also occur should the physician need to consult with other medical specialists, if the patient needs to be admitted to hospital or if the patient needs to be transferred to an alternate facility for treatment.

While emergencies are unavoidable, there are some things people can do to prevent visits to an emergency room including:

- If you need non-urgent care, schedule an appointment with your family doctor.
- If you are unaware of the services you require, you may wish to call Health Link BC at 811 to get advice from a registered nurse on whether you should attend an emergency room for treatment.
- Note weekend and holiday hours for your local pharmacy, and ensure prescription medications are up to date.
- Get a flu shot and wash your hands frequently to avoid spreading and contracting virus and bacteria.
- Take basic safety precautions: Wear a seatbelt, don't drink and drive, wear weather appropriate footwear, for example, non-slip footwear in winter.

-30-

For more information about coming to a hospital, please visit:

[http://www.viha.ca/finding\\_care/hospital/](http://www.viha.ca/finding_care/hospital/)

**Fact Sheet (1):** [When should you go to an Emergency Room? \(PDF\)](#)

**Media contact:**

Shannon Marshall

VIHA Communications, 250-370-8270



## REQUEST FOR DECISION

**To:** Regional Hospital District Board of Directors

**From:** Wendy Thomson, Manager of Administrative Services

**Meeting Date:** June 8, 2011

**Subject:** Terms of Reference – Alberni-Clayoquot Health Network & Planning Group

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### Recommendation:

That the Alberni-Clayoquot Regional Hospital District Board of Directors approve the Terms of Reference for the Alberni-Clayoquot Health Network and Alberni-Clayoquot Health Network Planning Group as presented.

### Desired Outcome:

To adopt a Terms of Reference for the Alberni-Clayoquot Health Network and Planning Group.

### Background:

The Alberni-Clayoquot Regional Hospital District has authorized the Health Advisory Committee to be the lead agency in developing and operating a Community Health Network in the Alberni-Clayoquot Region.

The Alberni-Clayoquot Health Network is a public forum with open membership. The mandate of the Health Network is to improve the health and wellbeing of the communities and residents in the Alberni-Clayoquot region. A Planning Group is required to facilitate, organize and provide leadership to the Health Network. Attached for your consideration are the proposed Terms of Reference for the Health Network and Planning Group.

The first meeting of the Health Network Planning Group is scheduled for **Wednesday, June 15<sup>th</sup>, 10:00 am** at the **Barclay Hotel, Arrowsmith Room**. VIHA representatives will be making a presentation on their Health Review in the region. The Group will commence the planning process for the first Health Network meeting in the fall of 2011.

### Time Requirements – Staff & Elected Officials:

Some staff and elected officials time required. The Planning Group will meet approximately once per month.

**Request for Decision - Alberni-Clayoquot Health Network and Planning Group**

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**Financial:**

VIHA will fund the resources required for the Network and Planning Group meetings, this includes funding for a part-time clerical staff person.

Submitted by:



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Wendy Thomson, Manager of Administrative Services



Alberni-Clayoquot Regional Hospital District

## Alberni-Clayoquot Health Network Terms of Reference

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### **Background**

The Alberni-Clayoquot Regional Hospital District (ACRHD) has identified the need to improve the health of the communities and people living in the Alberni-Clayoquot region. To achieve this, the ACRHD has formed the Alberni-Clayoquot Health Network.

The ACHN will serve as a public forum for discussion on: determinants of health, the identification of health priorities, community health services planning and development, and other issues related to the health status of citizens in the Alberni-Clayoquot region.

### **Membership**

- The ACHN has an open membership, meaning that any person or organization can participate.

### **Guiding Principles**

The Alberni-Clayoquot Health Network:

- Is a collaborative of organizations, communities, interested citizens that share a strong desire to improve the health and wellbeing of all in the Alberni-Clayoquot region.
- Community-based and directed;
- Will focus on outcome-based solutions and opportunities that:
  - Are respectful of and accommodate the unique needs of each community and culture; and
  - Build on existing community assets and strengths

**Mandate**

The mandate of the Alberni-Clayoquot Health Network is to:

- Address the factors and issues that affect health, including; emotional, physical and mental health, of the residents of the Alberni-Clayoquot region;
- Provide a voice for Alberni-Clayoquot residents regarding health issues and advise communities, organizations and VIHA of needed changes in policies or programs;
- Connect communities to the health system and care provider;
- Build community partnerships and create and implement strategies together to improve health;
- Establish a model for community involvement;
- Take feedback from the community and report back on progress made and make recommendations for improvement;

**Objectives**

The Alberni-Clayoquot Health Network will achieve its mandate by accomplishing the following objectives:

- Actively listen and directly involve all Alberni-Clayoquot communities and residents to build a community-based Health Network;
- Develop a vision and guiding principles to improve the health of Alberni-Clayoquot communities and residents and share with the community;
- Bring people together to collaborate and achieve a shared vision;
- Make change by continually listening to the health needs of the communities and residents;
- Collaborate to develop and implement strategies and resources to better meet the needs;
- Be adaptable by continually assessing its mandate and the changing needs of our communities.
- Organize community health education and awareness where needed;

## Alberni-Clayoquot Health Network – Terms of Reference

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### Decision-Making

- The Alberni-Clayoquot Health Network will function as an advisory committee that provides recommendations to communities and organizations as needed;
- A consensus approach will be applied in addressing issues.

### Leadership

- The ACHN will be organized and managed by a Health Planning Network, established by the ACRHD;
- The ACHN will be co-chaired by the Chairperson of the Alberni-Clayoquot Regional Hospital District and a representative of the Nuu-chan-nulth Tribal Council;
- The responsibilities of the Co-Chair include:
  - Providing leadership in ACHN activities;
  - Represent the Health Network to the public;

### Network Meetings

- All Network meetings will be at the call of the Chair;
- Network meetings will be held in Port Alberni. Satellite meetings will be held in other communities in the Alberni-Clayoquot region.

### Resources

The Vancouver Island Health Authority will fund the resources required for the Network Meetings including:

- Facilitation
- Clerical support
- Office and facility costs

### Review

The Alberni-Clayoquot Health Network will review their Terms of Reference annually.

## Alberni-Clayoquot Health Network Planning Group Terms of Reference

### Background

The Alberni-Clayoquot Regional Hospital District has established the Health Network Planning Group to plan, operate and manage the Alberni-Clayoquot Health Network.

### Roles & Responsibilities

The roles and responsibilities of the Health Network Planning Group include:

- Planning and organization of all ACHN meetings;
- Facilitate and provide leadership to the ACHN;
- Actively listen and directly involve all Alberni-Clayoquot communities and residents to build a community-based Health Network;
- Identify and review health-related issues to be brought to the ACHN;
- Disseminate relevant information to the ACHN, media and public as required;
- Ensure the mandate/objectives of the ACHN are being met;
- Facilitate and provide strategic direction for public participation processes for ACHN meetings;
- Accurate and timely communication with the public;
- Liaise with Health Service Providers and other groups;
- Take recommendations/solutions from the ACHN to VIHA, health services providers and other appropriate agencies;
- Following up on all recommendations and solutions from the ACHN;
- Draft Agendas for ACHN meetings;
- Logistical support.

### Members

Members of the Health Network Planning Group will serve at the appointment of the Alberni-Clayoquot Regional Hospital District Board of Directors. Members of the Health Network include:

## Alberni-Clayoquot Health Network – Terms of Reference

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- Chair of the Alberni-Clayoquot Regional Hospital District
- Chair of the Alberni-Clayoquot Regional District
- ACRHD Health Advisory Committee (Appendix A)
- Representatives from the following:
  - First Nations
  - Education
  - Municipalities
  - Aboriginal Health
  - Social Services Agencies
  - Youth
  - Senior/Elder
  - VIHA
  - Non-Profit Agencies
  - RCMP

All members appointed to the Health Network Planning Group are volunteers and shall serve without remuneration.

### Meetings

The Health Network Planning Group will meet monthly or at the call of the Chair.

### Support and Resources

- CAO and/or Manager of Administrative Services, ACRD
- Clerical support, ACRD
- Health Network Facilitator
- VIHA

### Chairperson's Key Responsibilities

The Chairperson of the Alberni-Clayoquot Regional Hospital District is the Chairperson of the Health Network Planning Group.

The Chairperson will:

- Provide Leadership in planning ACHN and Health Network Planning Group activities;

- Co-Chair all ACHN meetings;
- Facilitate the business of the Health Network Planning Group and ACHN between meetings;
- Finalize agendas for the Health Network Planning Group and ACHN meetings.

DRAFT

## Appendix A

**Alberni-Clayoquot Regional Hospital District  
Health Advisory Committee  
2011**

- Patty Edwards, Chair, Alberni-Clayoquot Regional Hospital District & Health Advisory Committee
- Glenn Wong, Chair, Alberni-Clayoquot Regional District
- Mayor Ken McRae, City of Port Alberni
- Mayor Eric Russcher, District of Ucluelet
- Ellen Brown, Site Administrator, West Coast General Hospital
- Gillian Trumper, Member at Large
- Sandi Lightfoot/Linda Dolan, West Coast General Hospital Foundation
- Barbara Simmons, Port Alberni Home & Community Care Services
- Bev Denning, Pacific Rim Health Care Cooperative
- Elaine Higgins, West Coast General Hospital Auxiliary
- NTC Representative
- Stefan Ochman, Director for Bamfield Electoral Area





## MEMORANDUM

**TO:** Regional Hospital District  
**FROM:** Andrew McGifford, Assistant Accountant  
**DATE:** June 1, 2011  
**RE:** Finance Warrant No.440

### Recommendation:

That the Regional Hospital District approves the Regional Hospital District Finance Warrant Number 440 in the amount of \$ 578,127.83 dated May 31, 2011.

### Chief Administrative Officer Comments:

Concur

## IMPLICATIONS OF THE RECOMMENDATION

1. GENERAL

That 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.

2. TIME REQUIREMENT – STAFF AND ELECTED OFFICIALS – none

3. FINANCIAL – none

4. POLICY OR LEGISLATIVE – none

5. RELEVANCE TO THE STRATEGIC PLAN AND CURRENT WORK PLAN

Improve financial controls by increasing the transparency of the Regional Hospital District's financial affairs.

6. COMMUNICATIONS ISSUES - none

Submitted by: Andrew McGifford

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



AP5100

Date : Jun 01, 2011

Page : 1

Time : 2:13 pm

Supplier : 0050 To 912  
 Trans. Date : 01-May-2011 To 31-May-2011  
 Cheque Date : 01-May-2011 To 31-May-2011  
 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	Chq/Ref #	Cheque Date	Status	Batch	Medium	Amount
Invoice No.	Account No.	Account Description	Debit	Credit			
<b>1125</b>	<b>MUNICIPAL FINANCE AUTHORITY</b>						
EFT-12			Issued	12	E	22013.13	22013.13
537-1/2011	01-3-5010-000	CASH IN BANK				22013.13	
	Invoice Description --> DEBENTURE DEBT						
		<b>Total :</b>				22013.13	0.00 22013.13
EFT-13			Issued	12	E	8647.40	8647.40
624-1/2011	01-3-5010-000	CASH IN BANK				8647.40	
	Invoice Description --> DEBENTURE DEBT						
		<b>Total :</b>				8647.40	0.00 8647.40
EFT-14			Issued	12	E	5785.91	5785.91
517-1/2011	01-3-5010-000	CASH IN BANK				5785.91	
	Invoice Description --> DEBENTURE DEBT						
		<b>Total :</b>				5785.91	0.00 5785.91
		<b>Supplier Total :</b>				36446.44	0.00 36446.44
<b>1850</b>	<b>VANCOUVER ISLAND HEALTH AUTHORITY</b>						
EFT-1			Issued	12	E	541681.39	541681.39
MINCAPMAY24/11	01-3-5010-000	CASH IN BANK				541681.39	
	Invoice Description --> MINOR CAPITAL						
		<b>Total :</b>				541681.39	0.00 541681.39
		<b>Supplier Total :</b>				541681.39	0.00 541681.39
<b>Total Computer Paid :</b>		0.00	<b>Total EFT PAP :</b>		578,127.83	<b>Total Paid :</b> 578,127.83	
<b>Total Manually Paid :</b>		0.00	<b>Total EFT File Transfer :</b>		0.00		