



Alberni-Clayoquot Regional Hospital District

BOARD OF DIRECTORS MEETING WEDNESDAY, SEPTEMBER 12 , 2012

Dogwood Room, Echo Centre 4255 Wallace Street, Port Alberni, BC

AGENDA

	PAGE #
1. <u>CALL TO ORDER</u> <i>(immediately following the ACRD Board Meeting)</i>	
2. <u>APPROVAL OF AGENDA</u> <i>(motion to approve, including late times)</i>	
3. <u>ADOPTION OF MINUTES</u>	
a. Board of Directors Meeting – August 8, 2012	1-3
<i>THAT the minutes of the Alberni-Clayoquot Regional Hospital District Board of Directors held on August 8, 2012 be adopted.</i>	
5. <u>CORRESPONDENCE FOR ACTION</u>	
6. <u>CORRESPONDENCE FOR INFORMATION</u>	
a. Correspondence from the City of Port Alberni to the Berwick Retirement Communities regarding long term housing for seniors.	4
b. Correspondence from the UBCM regarding Consultation on the Ministry of Health's Public Health Plan.	5-22
<i>THAT the above noted correspondence be received.</i>	
7. <u>REQUEST FOR DECISIONS & BYLAWS</u>	
a. Administrative Memo Finance Warrant 454	23-24
<i>That the Regional Hospital District Board of Directors approves Finance Warrant Number 454 in the amount of \$48,047.34 dated August 31, 2012.</i>	
8. <u>REPORTS</u>	
a. Bamfield Outpost Hospital – E. Geall	

- b. Alberni-Clayoquot Continuing Care Society – J. McNabb
- c. VIHA Capital Planning Committee – C. Solda/G. Wong
- d. West Coast Native Health Care Society – P. Cote
- e. Tofino General Hospital – P. Schmunk/B. Irving
- f. Alberni-Clayoquot Health Network – C. Solda
- g. Meeting with Ellen Brown, Site Administrator, WCGH - G. Wong/
C. Solda
- h. Other Reports

THAT the Regional Hospital Board of Directors receives the September 12, 2012 Reports.

9. UNFINISHED BUSINESS

10. LATE BUSINESS
(requires 2/3 majority vote)

11. QUESTION PERIOD

12. ADJOURN



Alberni-Clayoquot Regional Hospital District

MINUTES OF THE BOARD OF DIRECTORS MEETING

HELD ON WEDNESDAY, AUGUST 8, 2012

Char's Landing, 4815 Argyle Street, Port Alberni, BC

DIRECTORS

Cindy Solda, Chairperson, City of Port Alberni

PRESENT:

Glenn Wong, Vice-Chairperson Electoral Area "F" (Cherry Creek)

Eric Geall, Electoral Area "A" (Bamfield)

Wayne Crowley, Alternate, Electoral Area "B" (Beaufort)

Penny Cote, Electoral Area "D" (Sproat Lake)

John McNabb, Electoral Area "E" (Beaver Creek)

John Jack, Councilor, Huu-ay-aht First Nation

John Douglas, Mayor, City of Port Alberni

Perry Schmunk, Mayor, District of Tofino

Bill Irving, Mayor, District of Ucluelet

Alan McCarthy, Member of Legislature, Yuułu?iŋ?ath Government

REGRETS:

Tony Bennett, Director, Electoral Area "C" (Long Beach)

STAFF PRESENT:

Russell Dyson, Chief Administrative Officer

Andy Daniel, Manager of Environmental Services

Andrew McGifford, Assistant Accountant

Wendy Thomson, Manager of Administrative Services

Shelli Lyle, Secretary

1. CALL TO ORDER

The Chairperson called the meeting to order at 3:30 pm.

2. APPROVAL OF AGENDA

MOVED: Director Douglas

SECONDED: Director McNabb

THAT the agenda be approved as circulated.

CARRIED

3. ADOPTION OF MINUTES

a. **Board of Directors Meeting – July 11, 2012**

MOVED: Director Geall

SECONDED: Director Irving

THAT the minutes of the Alberni-Clayoquot Regional Hospital District held on July 11, 2012 be adopted.

CARRIED

4. PETITIONS, DELEGATIONS & PRESENTATIONS

5. CORRESPONDENCE FOR ACTION

6. CORRESPONDENCE FOR INFORMATION

- a. **Correspondence from Vancouver Island Health Authority to the City of Port Alberni regarding the agreement with Returning the Favour Care Home**

MOVED: Director Jack

SECONDED: Director Cote

THAT this correspondence be received.

CARRIED

7. REQUEST FOR DECISIONS & BYLAWS

- a. **Memorandum regarding Finance Warrant No. 453**

MOVED: Director Douglas

SECONDED: Director McNabb

THAT the Regional Hospital District Board of Directors approves Finance Warrant Number 453 in the amount of \$62,704.38 dated July 31, 2012.

CARRIED

8 REPORTS

- a. Bamfield Outpost – Director Geall reported on a meeting with Katherine Kilpatrick and Dr. Hassleback, VIHA regarding the lack of an ambulance in Bamfield.
- b. Alberni-Clayoquot Continuing Care Society – No Report
- c. VIHA Capital Planning Committee - No report
- d. West Coast Native Health Care Society – Director Cote reported that the Society held their AGM last month. The Societies financials are good.
- e. Tofino General Hospital – No Report
- f. Alberni-Clayoquot Health Network – No Report

g. Other Reports – No other reports

MOVED: Director McNabb

SECONDED: Director Douglas

THAT the Regional Hospital Board of Directors receives the verbal reports.

CARRIED

9. UNFINISHED BUSINESS

10. LATE BUSINESS

11. QUESTION PERIOD

12. ADJOURN

MOVED: Director Irving

SECONDED: Director Douglas

THAT this meeting be adjourned at 3:29 pm.

CARRIED

Certified Correct:

Cindy Solda,
Chairperson

Russell Dyson,
Chief Administrative Officer



CITY OF PORT ALBERNI

Office of the Mayor
Office phone: 250-720-2822
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Email: john_douglas@portalberni.ca

City Hall
4850 Argyle Street
Port Alberni BC V9Y 9E3
www.portalberni.ca

VIA email (mail@berwickrc.com) and regular mail

August 21, 2012

Gordon Denford, CEO
Berwick Retirement Communities
1162 Fort Street
Victoria BC V8V 3K8

Dear Gordon:

As you may be aware, the City of Port Alberni is diversifying into new economies, including Seniors' Community Living. Other economies we are targeting are Health, Recreational Tourism and Post-Secondary Education. To this end we are inviting leaders in these fields, of which you are one. We are willing to consider any incentives which will make our goals more achievable.

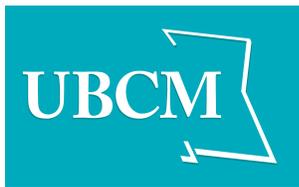
One of our wishes is to free up space in our hospital, as well as to provide more long term housing to local and out of town seniors. In this regard, we are very interested in hearing from your company about plans for our area. I am in Victoria on Provincial Ministry business on Tuesday, August 28 and would be pleased to meet with you between 1:00 and 3:00 pm, if you are available. If you are unavailable on the 28th, we welcome a visit from you to our community to discuss this issue.

We invite your participation in this and hope to hear from you at your earliest convenience.

Sincerely
CITY OF PORT ALBERNI

John Douglas
Mayor

c: Pat Deakin, Economic Development Manager



MEMBER RELEASE

August 30, 2012

TO: Mayor & Council | Chair & Board | Senior Staff
FROM: UBCM Secretariat
RE: **Consultation on the Ministry of Health's Public Health Plan**

The Ministry of Health is requesting local government feedback on their Public Health Plan for BC.

This Plan aims to improve the health and wellness of British Columbians by:

- Creating a long-term vision for the public health system which incorporates all major public health strategies;
- Formalizing a collaborative process to identify future public health priorities;
- Reinforcing core public health functions as a foundation for public health services;
- Supporting a population health approach and the public health role in health equity; and
- Supporting Primary Care, Clinical Prevention and Self Care.

Attached is the Public Health Plan discussion guide and an overview document called At a Glance.

Please review the following two documents, and provide any comments to **Deanna Bekker**, Project Manager, Business Operations & Surveillance, Population & Public Health, Ministry of Health at deanna.bekker@gov.bc.ca. Please carbon copy your comments to Marylyn Chiang, staff support for the Healthy Communities Committee, as the Committee will be reviewing the Public Health Plan and the feedback from local governments at the November meeting. Her email is mchiang@ubcm.ca.

The deadline for submitting comments is **September 21, 2012**.

Thank you for participating in this consultation.

UBCM Contact

Marylyn Chiang

Email: mchiang@ubcm.ca

Tel: 604-270-8226 ext. 110



*A PUBLIC HEALTH PLAN FOR
BC*

CONSULTATION DISCUSSION GUIDE

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Discussion Guide

OVERVIEW & INTRODUCTION

KEY MESSAGES

1. We are seeking to develop a Public Health Plan for BC that aims to improve the health and wellness of British Columbians by:
 - Creating a long-term vision for the public health system which incorporates all major public health strategies;
 - Formalizing a collaborative process to identify future public health priorities;
 - Reinforcing core public health functions as a foundation for public health services;
 - Supporting a population health approach and the public health role in health equity; and
 - Supporting Primary Care, Clinical Prevention and Self Care.
2. This plan is intended to be a guiding document for the public health system.
3. Reducing health inequities by addressing their underlying determinants is a priority and is being addressed more broadly within and beyond the health system through cross-government action.
 - A key function of public health is to engage with other policy sectors and promoting 'health equity in all policies' approaches and increasing the resource base for health promotion.
 - Surveillance and the generation and analysis of population health data (particularly around health inequities) also supports a broader social determinants approach to improving the health of the population.
4. The Plan will be the result of comprehensive and broad consultation designed to identify the top public health priorities in BC. It is not intended to be used alone but in conjunction with other resources developed to support the systems and functions of public health and improve health outcomes in BC.

PURPOSE OF CONSULTATION

Communication and stakeholder involvement enable productive interaction among diverse groups.

This process is intended to:

- Seek feedback on various topics from a wide range of stakeholders
- Deepen understanding, focus on shared values and create buy-in for the plan
- Identify and mitigate potential risks to ensure the maximum impact and success

The consultation process is intended to be as broad and inclusive as possible. It will run from May to October 2012. The feedback received will be compiled and considered as part of a broader process that will inform the development and implementation of the Plan.

THE DISCUSSION GUIDE

This document is intended to help guide consultation discussions. It provides a brief introduction to the principles and high level concepts that form the foundation of the Plan and offers initial questions for consideration and discussion.

HOW TO OBTAIN MORE INFORMATION

For further information or to provide additional feedback please contact:

Tom Gregory, Executive Director, Population & Public Health - ✉ Tom.Gregory@gov.bc.ca ☎ 250-952-1467

PART 1 – PRIMARY FOCUS

The Public Health (PH) Plan will be looking primarily at how the public health system can improve health and well-being.

The body of the Plan will set the context of broader population health approach and acknowledge the contextual factors (determinants) that affect health. We are working to address those in a number of ways (e.g., Cross Government Work).

We will also identify things other partners can do to support priorities identified within the Public health plan.

Scope Statement

- The PH Plan is intended to be a guiding document for the public health system
- It will address fundamental components within the realm of public health to provide information, context and guidance for public health decision-making
- While recognizing there are a broad range of factors and conditions that affect health, the primary focus at this time will be on what public health can do
- While some of these conditions are influenced directly through public health,

some need to be addressed in other processes involving stakeholders from other sectors

Question?
What do you think about this as a primary focus?

Question?
Is there anything we could do to enhance or better articulate the primary focus?

Question?
Do you know of any resources that might be useful to inform our section on the population health approach?

Other Questions/Notes:

PART 2 – VISION STATEMENT

DRAFT VISION STATEMENTS

Thriving communities in which all people achieve health and well-being where they live, work, learn & play

Other options:

1. Healthy People, Healthy Communities
2. The best health and well-being for all British Columbians

VISION

Some considerations used to craft the Vision Statement:

- Does the vision statement adequately describe the desired future
- Does the vision statement fit within the scope
- Will the vision statement inspire action
- What do we like/not like about other Vision statements

Vision Statement Definition:

Vivid idealized description of desired outcome that inspires, energizes and helps create a mental picture of your target.

The “what we hope to achieve” component.

Question?

Which statement do you like most, and why?

Question?

Is there any way the statements can be enhanced or improved?

Question?

Is there any way we can rephrase them to be more inclusive, inspiring or descriptive of our long term target?

Other Examples:

Saskatchewan Health Promotion Strategy: “Healthier Places to Live, Work and Play”

Public Health Agency of Canada: “Healthy Canadians and communities in a healthier world”

Other Questions/Notes:

PART 3 – MISSION STATEMENT

DRAFT MISSION STATEMENTS:

We promote, improve and protect health and well-being of British Columbians through leadership, partnership, innovation action in the following areas:

- *Gathering, analysing and presenting data on the health status of the population to inform decision making and action*
- *Providing access to public health services that are culturally sensitive and contribute positively to social, physical, mental, spiritual, economic, and emotional well-being*
- *Working with partners within and across the health sector to encourage health-enhancing policy (or to influence the complex interactions that determine health)*
- *Contributing to continuous performance improvement for the overall strength and sustainability of the public health system*

Other Options

1. *To lead ongoing health improvement through collaboration, proactive education and strong public health intervention*
 2. *To improve health by providing public health leadership, partnership, proactive education, advocacy and intervention*
-

Mission Statement Definition:

Statement of the purpose of a company or organization. The mission statement should guide the actions of the organization, spell out its overall goal, provide a path, and guide decision-making. It provides "the framework or context within which the company's strategies are formulated.

Communicates the essence of your organization to your stakeholders and to the public.

Focuses on the present (versus the vision, which focuses on the ideal future). Can be considered the "how we do it" component.

Public Health Agency of Canada:

"To promote and protect the health of Canadians through leadership, partnership, innovation and action in public health"

Question?

Which statement do you like most and why??

Question?

Is there any way the statements can be enhanced or improved?

Question?

Do they fit within our scope and appropriately describe what the public health system is presently doing to achieve our Vision?

Other Examples:

Nova Scotia Health Promotion and Protection:
"Leading the collaborative effort to promote and protect health, prevent illness and injury, and reduce disparities in health status"

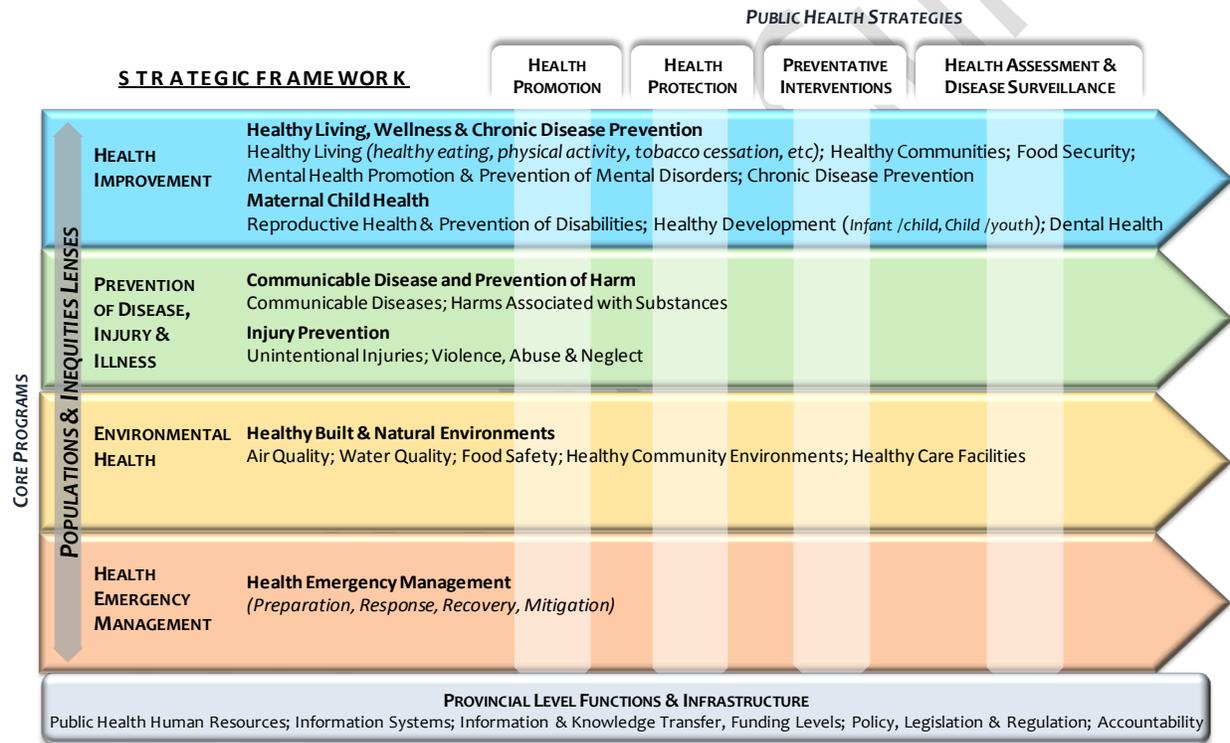
PART 4 - STRATEGIC FRAMEWORK

The Public Health Strategic Framework is modeled after the Ministry of Health approved Core Public Health Functions Framework (and Key Result Area 2 in the Ministry's Innovation and Change Agenda):

- 4 Pillars (Health Improvement; Prevention of Disease, Injury and Illness; Environmental Health; Health Emergency Management)
- Provincial Level elements (stewardship function)

This was intended to reinforce Core Public Health Functions as the overall strategic direction for public health service delivery in the province

- Provides a strong foundation for all of our public health efforts and includes fundamental elements that are necessary to consider when identifying new priorities for the future



Question?
 What do you think about using Core Functions as the strategic framework?

Question?
 Is there enough / too much detail??

PART 5 - PUBLIC HEALTH VISIONARY GOAL STATEMENTS & GUIDING PRINCIPLES

The goal areas were identified by reviewing existing provincial strategies within the context of our Vision, Mission, the Strategic Framework, the impact on the burden of disease, and what exists in other jurisdictions (e.g., Alberta Health, US National Prevention Strategy, Saskatchewan Health Promotion Strategy, etc).

- Some key themes arose, and we filled in some gaps
- Goal statements were drafted for each of the major themes – they are action-oriented statements that are lofty but enabling
- Even though for planning purposes we have expressed these as separate visionary goals, the very nature of public health requires integration between programs - across the life course, between populations, and within multiple settings

Goal Statements Definition:

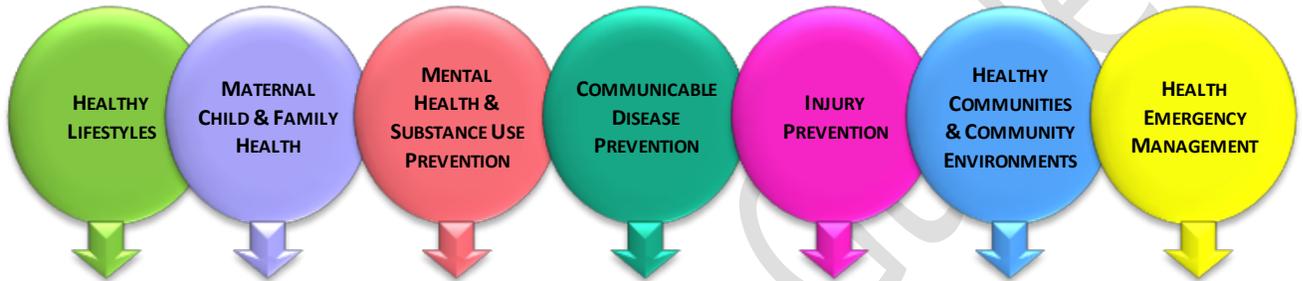
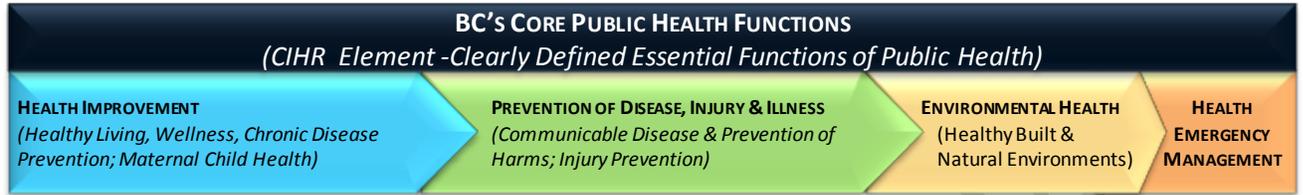
Define the organization's desired outcomes that are required to achieve the long-term vision. Usually tied to a set of strategic initiatives that create material changes – this represents a roadmap for charting direction for the next number of years

- All statements are in draft form



MAPPING THE VISIONARY GOALS FOR THE PUBLIC HEALTH SYSTEM

THRIVING COMMUNITIES IN WHICH ALL PEOPLE ACHIEVE HEALTH AND WELL-BEING WHERE THEY LIVE, WORK, LEARN & PLAY



PROVINCIAL LEVEL FUNCTIONS & INFRASTRUCTURE (Other CIHR Elements)
Public Health Human Resources; Information Systems; Information & Knowledge Transfer, Funding Levels; Policy, Legislation & Regulation; Accountability

SURVEILLANCE - EDUCATION - COLLABORATION



Question?

Are there any areas we've missed in terms of public health goals?

Draft Principles/Values around the inner circle – further highlight the importance of equity, life course, evidence, partnerships, etc.

Guiding Principles Definition

The concepts that guide an organization throughout its life in all circumstances, irrespective of changes in its goals, strategies, type of work, or the top management.

**Note – paragraphs describing each guiding principle/value will be included in the Public Health Plan to add further meaning and clarify exactly what each is intended to cover.*

Question?

Are there any key pieces missing from the guiding principles?

As part of the Public Health Plan, we are seeking to improve integration and arrive at a more coordinated set of provincial prevention strategies built on past and current efforts

The mapping model demonstrates how our Visionary Goals are mapped from the Strategic Framework back to existing Public Health Strategies. At the top is the vision for the public health system, and everything within is supported by the Provincial Level Functions & Infrastructure. In addition, the bottom section represents public health's role in supporting a population health approach – a priority function of the public health system in order to achieve the Vision.

Question?

Can you see how everything fits together within the mapping model??

Question?

Does the map do an appropriate job of demonstrating how the Visionary Goals map back to other strategies within the public health system?

Question?

Are there any elements we've missed?

Other Questions/Notes:

PART 6 - DECISION MAKING LOGIC MODEL

The intent is to develop a rational and regular process for identifying key prevention priorities:

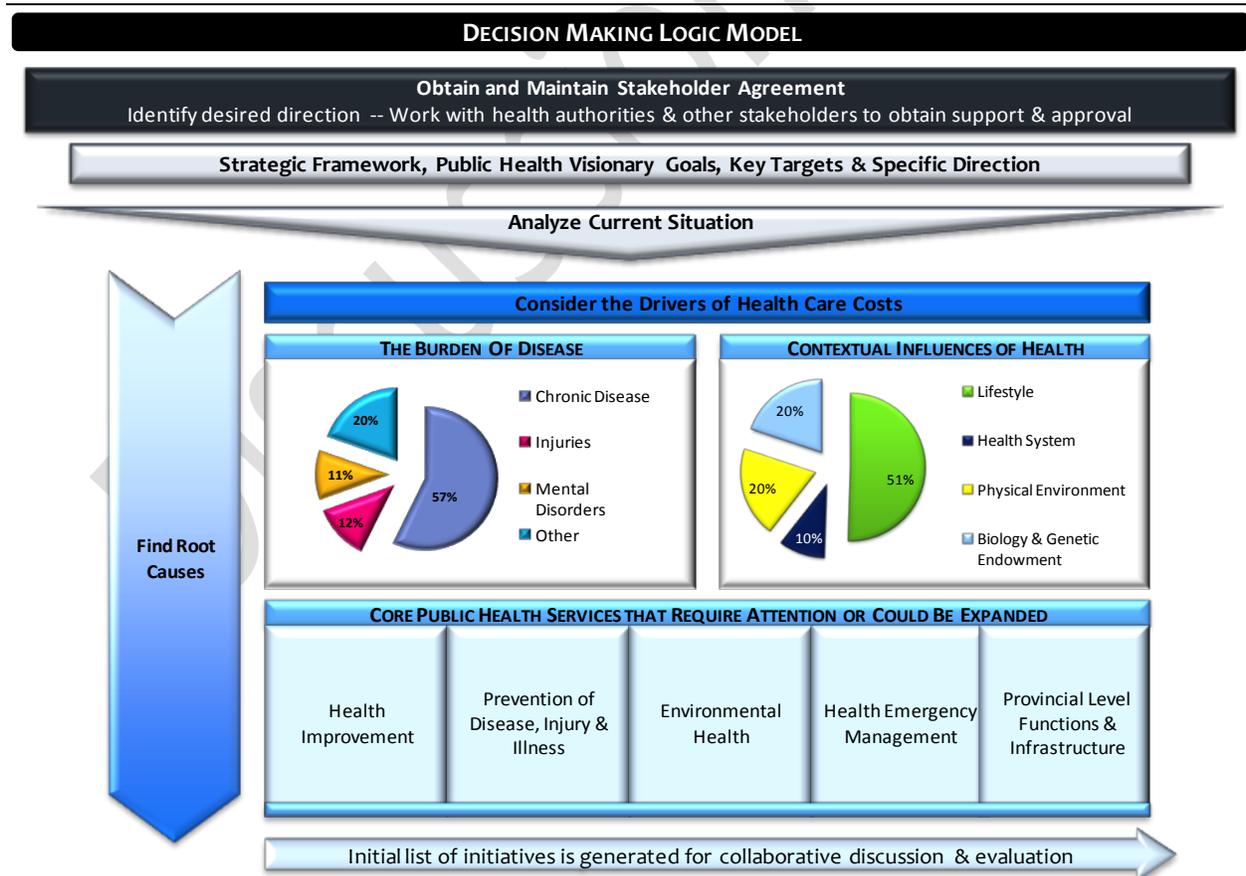
- Responding to the call for rational and regular process for identifying key prevention priorities – we started by looking back at the processes we went through for Healthy Families BC
- Working group discussions identified components that needed to be more explicitly stated/acknowledged to improve the process
- The resulting decision-making logic model works step-by-step to identify potential initiatives and make decisions for key prevention priorities

The process begins initially with obtaining stakeholder support, considering any direction received, aligning our strategic framework & visionary goals, and analyzing the current situation (what are we doing, where do we want to go, where is the need the greatest, what gaps exist, etc)

Phase 1 represents the initial consideration to influence the key drivers of health and health care costs (initial questions to ask)

- What are the biggest contributors to the burden of disease?
- What are the key contextual factors of health (determinants) and can we influence them?
- Are there any underdeveloped Core services or programs or those that could be expanded/enhanced?

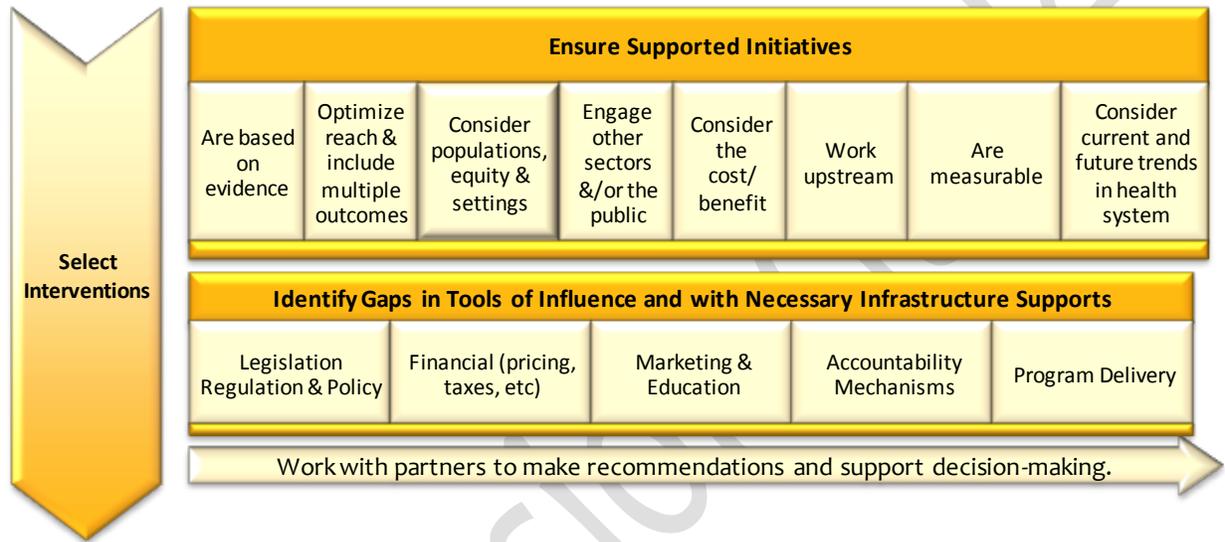
Generates an initial list of potential initiatives for first round of decision making



Phase 2 represent a set of screens to apply to help identify initiatives that may be better candidates based on a range of factors (evidence base, reach, cost/benefit, what other agencies are doing, etc) - this helps us short-list the potential initiatives

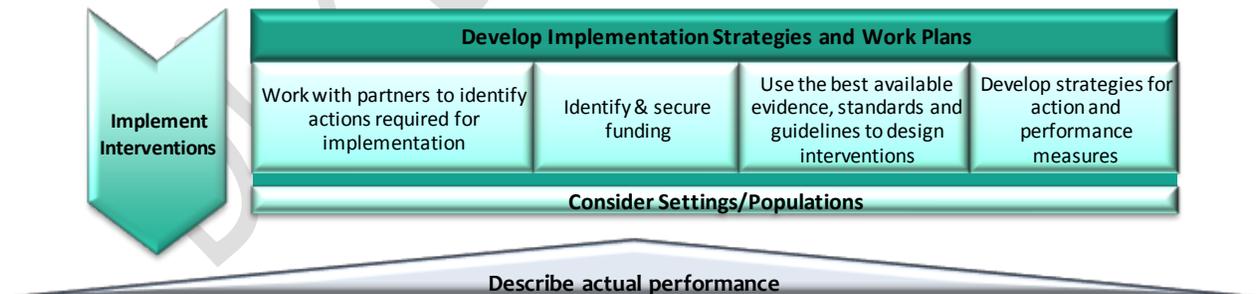
- The short list would also go through a screen to identify whether the selected interventions are serving to help fill in gaps in service delivery (i.e., what is left to do)
- Implementation paper development – initial process to identify the supporting evidence, stating the potential actions required for implementation, resource requirements, etc
- Functions like a business case for each initiative
- Initiatives can be given weighted score based on strengths and weaknesses in each area

At this point, a set of recommendations are prepared and sent for approval/decisions



Phase 3 represents the more in-depth work -planning after key initiatives have been selected

- This includes consideration of evaluation and assessment components that can influence decision making and identify issues for course correction



Evaluation & decision making as the process narrows– Assess, monitor & course correct to help inform process

This process will come full circle. For the initiatives identified at the end of this decision-making process, we will be able to identify things other ministries/organizations can do to provide additional support. This will help to feedback to the determinants of health and help to ensure a/ whole system approach is considered.

Questions for Discussion

Question?

What would help enhance this model or the process in general?

Question?

What are your thoughts about going through this process to identify key priorities?

Question?

Is there anything missing from the process (keeping in mind we'll be able to articulate/go in to more detail in the actual Paper)

Other Questions/Notes:

PART 7 - KEY STAKEHOLDERS & CONSULTATION PLAN

Consultation will take place from May through October as the body of the Plan is developed, with a target goal for completion late Fall 2012.

An internal PPH working group has been developed to help develop the strategy and support consultation activities

The objectives of consultation are to:

- Inform key stakeholders of the PH Plan and seek their engagement and support;
• Ensure that key stakeholders with a responsibility for the system of public health have an opportunity to shape the plan
• Engage a broad array of stakeholders in creating linkages, collaboration and partnerships

The Provincial Public Health Committee will act as an Advisory Council.

3 Key Categories are being used to organize stakeholder groups.

- Planning & Development - extensive consultation to determine overall support for the plan with respect to strategic directions, priorities, strategies, infrastructure, inconsistencies, gaps.
• Opportunity to Contribute - Consultation and information
• Primarily Information- informed that the process is occurring, and given the near final document

Direction/Decision making and Approvers - primarily within the Ministry

Process will include a combination of techniques, depending on the group needs

- Facilitated group sessions, electronic consultation/engagement, teleconference, etc.

Phase 1 (High-level overview and consultation questions)

- The At-A-Glance will be used to communicate overall big picture and lead high-level discussions.

Phase 2 (draft development)

- Drafts of the PH Plan will be developed and iterated to stakeholder groups, with an opportunity to comment on the content

Question? Do you have any ideas on how we can make the consultation process most successful?

Question? As people who know the "system" well, what are the risks and obstacles to getting support and buy in for this process and what advice can you provide to help us to mitigate these?

Question? How can we ensure that the public health plan meets the objectives and interests of all parties?

Question? What do you think is the most effective way to gain feedback on the draft of the written plan?

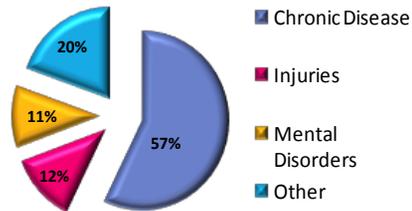
Other Questions/Notes:

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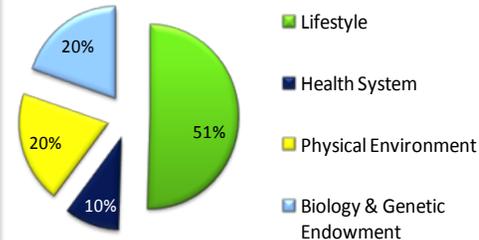
Analyze Current Situation

Consider the Drivers of Health Care Costs

THE BURDEN OF DISEASE



CONTEXTUAL INFLUENCES OF HEALTH

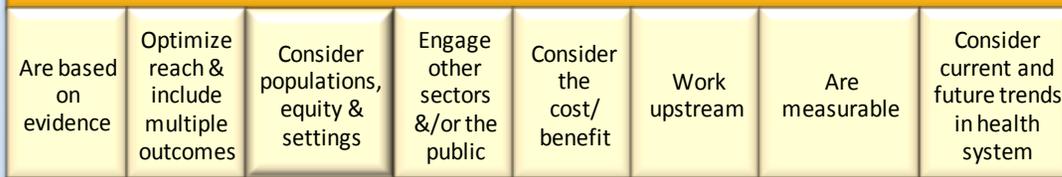


CORE PUBLIC HEALTH SERVICES THAT REQUIRE ATTENTION OR COULD BE EXPANDED



Initial list of initiatives is generated for collaborative discussion & evaluation

Ensure Supported Initiatives



Identify Gaps in Tools of Influence and with Necessary Infrastructure Supports



Work with partners to make recommendations and support decision-making.

Develop Implementation Strategies and Work Plans



Find Root Causes

Assess, Monitor, Course Correct

Select Interventions

Evaluation and Decision Making

British Columbians have
 • Improved innovation, pro

Thriving c

We promote, improve and
 the following areas:

- Gathering, analysing an
- Providing access to pub
- Working with partners
- Contributing to continu

DEVELOP A PUBLIC HEALTH PLA AND WELLNESS OF BRITISH COI

1. CREATING A LONG-TERM V INCORPORATES ALL MAJOR
2. FORMALIZING A COLLABOR HEALTH PRIORITIES;
3. REINFORCING CORE PUBLIC PUBLIC HEALTH SERVICES;
4. SUPPORTING A POPULATIO ROLE IN HEALTH EQUITY; A
5. SUPPORTING PRIMARY CA

STRATEGIC



BC'S CORE PUBLIC HEALTH FUNCTIONS

(CIHR Element - Clearly Defined Essential Functions of Public Health)

HEALTH IMPROVEMENT

(Healthy Living, Wellness, Chronic Disease Prevention; Maternal Child Health)

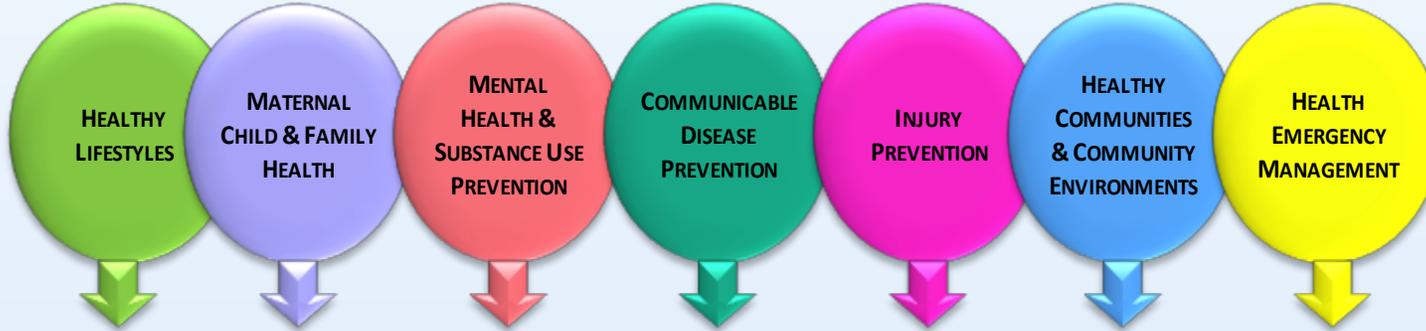
PREVENTION OF DISEASE, INJURY & ILLNESS

(Communicable Disease & Prevention of Harms; Injury Prevention)

ENVIRONMENTAL HEALTH

(Healthy Built & Natural Environments)

HEALTH EMERGENCY MANAGEMENT



KEY PUBLIC HEALTH STRATEGIES

HEALTHY FAMILIES BC	PROVINCIAL PERINATAL DEPRESSION FRAMEWORK	HEALTHY MINDS, HEALTHY PEOPLE	SENIOR'S ACTION PLAN	PUBLIC HEALTH LEGISLATION & REGULATIONS (PUBLIC HEALTH ACT, MEAT INSPECTION REGULATIONS, DRINKING WATER PROTECTION ACT, ETC)	PANDEMIC PLAN
TOBACCO CONTROL STRATEGY	FASD STRATEGY	HEALTHY PATHWAYS FORWARD	SENIOR'S HEALTHY LIVING FRAMEWORK		
	WOMEN'S HEALTH PLAN	IMMUNIZE BC	TUBERCULOSIS STRATEGY		
TRIPARTITE FIRST NATIONS HEALTH PLAN		PROVINCIAL HEALTH OFFICER REPORTS			

HEALTH PROMOTION

HEALTH PROTECTION

PREVENTATIVE INITIATIVES

HEALTH ASSESSMENT & DISEASE SURVEILLANCE

PROVINCIAL LEVEL FUNCTIONS & INFRASTRUCTURE (Other CIHR Elements)

Public Health Human Resources; Information Systems; Information & Knowledge Transfer, Funding Levels; Policy, Legislation & Regulation; Accountability

SURVEILLANCE - EDUCATION - COLLABORATION



P
HEALTHY LIFESTYLE
MATERNAL CHILD
MENTAL HEALTH
COMMUNICABLE



MEMORANDUM

TO: Regional Hospital District Board of Directors
FROM: Teri Fong, CGA, Manager of Finance
DATE: September 4, 2012
RE: Finance Warrant No.454

Recommendation:

That the Regional Hospital District Board of Directors approves Finance Warrant Number 454 in the amount of \$48,047.34 dated August 31, 2012.

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 Hospital District's financial affairs.

6. **COMMUNICATIONS ISSUES** - none

Submitted by: Teri Fong, CGA, Manager of Finance





AP5100 **Page : 1**
Date : Sep 04, 2012 **Time :** 11:58 am
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-Aug-2012 To 31-Aug-2012
Cheque Date : 01-Aug-2012 To 31-Aug-2012
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-24	23-Aug-2012	Issued	19	E		1925.49
620-2/12	01-4-6030-000	ACCOUNTS PAYABLE		1925.49		
Invoice Description --> DEBENTURE DEBT						
Total :					1925.49	0.00
						1925.49
EFT-25	23-Aug-2012	Issued	19	E		2939.52
612-2/12	01-4-6030-000	ACCOUNTS PAYABLE		2939.52		
Invoice Description --> DEBENTURE DEBT						
Total :					2939.52	0.00
						2939.52
EFT-26	23-Aug-2012	Issued	19	E		10297.86
613-2/12	01-4-6030-000	ACCOUNTS PAYABLE		10297.86		
Invoice Description --> DEBENTURE DEBT						
Total :					10297.86	0.00
						10297.86
EFT-27	23-Aug-2012	Issued	19	E		14846.00
514-2/12	01-4-6030-000	ACCOUNTS PAYABLE		14846.00		
Invoice Description --> DEBENTURE DEBT						
Total :					14846.00	0.00
						14846.00
EFT-28	23-Aug-2012	Issued	19	E		15001.72
619-2/12	01-4-6030-000	ACCOUNTS PAYABLE		15001.72		
Invoice Description --> DEBENTURE DEBT						
Total :					15001.72	0.00
						15001.72
Supplier Total :					45010.59	0.00
						45010.59

1850	VANCOUVER ISLAND HEALTH AUTHORITY					
77	02-Aug-2012	Issued	21	M		3036.75
AUG2/12	01-4-6030-000	ACCOUNTS PAYABLE		3036.75		
Invoice Description --> P050						
Total :					3036.75	0.00
						3036.75
Supplier Total :					3036.75	0.00
						3036.75

Total Computer Paid :	<u>0.00</u>	Total EFT PAP :	<u>45,010.59</u>	Total Paid :	<u>48,047.34</u>
Total Manually Paid :	<u>3,036.75</u>	Total EFT File Transfer :	<u>0.00</u>		