April 2015 – a strategic planning session for the CSRHD is first mentioned, and the topic of rural outpatient accommodation is referred to it

September 2015 – reports on long term funding strategy and residential care funding by other RHDs forwarded to October 8, 2015 strategic planning session

October 8, 2015 – strategic planning session – notes from Lillian Bayne provide description of topics, role, mandate, legislation, definitions, vision; notes includes the following 'next steps':

> It was agreed that Board members would review this report of the discussion and determine next steps. These might include another focused meeting of the group aimed at identifying members' priorities for an "advocacy list". This list might be compiled via e-mail input prior to the meeting, using time at the meeting itself for members to answer the questions of: (a) which of these are top priorities for the group? (b) looking at the "top five" priorities, what information is needed to support discussion and decisions? (c) what partners should be involved, how and when, in exploring these further?

- Notes from Oct 8, 2015: (Appendix A) http://agendaminutes.csrhd.ca/Agenda_minutes/HospitalBoard/RHD/05-Nov-15/Bayne%20report%20strategic%20plannings%20session.pdf
- Report on survey results from other RHD funding programs: (Appendix B) http://agendaminutes.csrhd.ca/Agenda_minutes/HospitalBoard/RHD/17-Sep-15/20150904_Oakman_SR_RHD_funding_survey_results.pdf

June 16, 2016 – Follow-up to the October 2015 strategic planning session including receipt of this briefing note: (Appendix C)

- http://agendaminutes.csrhd.ca/Agenda_minutes/HospitalBoard/RHD/16-Jun-16/20160613_briefing_note_strategic_planning_session.pdf
- Briefing note identifies that most priorities from the Oct 2015 session require legislative changes before the CSRHD has authority to proceed
- Recommendation from June CSRHD board is to write Ministry of Health asking that Hospital District Act be updated and that MOH conduct CSRHD chairs and CAOs session at UBCM

June 8, 2017 – Report on making another request to MOH to update legislation (Appendix D)

- http://agendaminutes.csrhd.ca/Agenda_minutes/HospitalBoard/RHD/08-Jun-17/E_20170519_Oakman_CSRHD_legislationchanges.pdf
- Here is the response received from the MOH assistant deputy minister:

> "The Ministry recognizes that the Act and its regulation need to be updated and aligned with current practices. If the ministry receives direction from government that there is an opportunity to amend the Act, then consultations with affected partners, including Regional Hospital Districts (RHDs), will certainly be part of that amendment process. Once the Ministry has approval to proceed, it is possible that a session at a future UBCM convention may be an effective way to carry out those consultations with RHDs."

March 8, 2018 – Report on updates to Hospital District Act and consideration for strategic planning session (Appendix E)

- http://agendaminutes.csrhd.ca/Agenda_minutes/HospitalBoard/RHD/08-Mar-18/20180302_SR_Dyson_CSRHD_strategic_planning_history.pdf
- The Board approved submitting another request to update the HAD and also committed to a facilitated strategic planning session 'to refresh the goals and priorities identified in 2015'

CSRHD Strategic Planning Retreat: Notes of Meeting

Background:

The Campbell River and Comox Valley hospital project is nearing completion in the next two years and will be fully funded in the next 10 years. This occasion provides an opportunity for the CSRHD to consider what it could and should do to fulfil its future role as a co-funder in BC's healthcare system. The CSRHD Board met on October 8, 2015 to share their views on the changing context of healthcare needs and the possibilities for the regional hospital district in the future.

History and Context:

The *Hospital District Act*, passed in 1967, sets out the framework within which CSRHD operates by defining its purpose and structure (please see Appendix A for more background on Hospital Districts).

The Act defines hospitals and hospital facilities as follows (please see Appendix B for further information on the legislated scope and mandate of RHDs):

> **"hospital"** means a hospital as defined by any provision of the *Hospital Act* and includes an institution or facility in the health field designated by the minister under section 49 as a health facility for the purposes of this Act;
>
> **"hospital facilities"** includes laboratories, laundries and things, services and premises used or supplied in conjunction with a hospital
>
> Source: *Hospital District Act*. [RSBC 1996] Chapter 202

The original Letters Patent[1] for the regional hospital district were adopted in 1967 and updated periodically to reflect the expansion of the District's boundaries.

The CSRHD has historically shared costs (contributing up to 40%) of capital projects and equipment for facilities pursuant to the *Hospital District Act*. Facilities currently designated as hospitals within the CSRHD are as follows:

Hospitals:

- Campbell River & District General Hospital
- St. Joseph's Hospital

Hospital Facilities:

- Cumberland Regional Hospital Laundry Society
- Gold River Health Clinic
- Cortes Health Centre

[1] These state that the "powers, duties and obligations of the Comox-Strathcona Regional Hospital District… are those matters enumerated in the [*Hospital District*] Act, the Regulations and these Letters Patent".

- Kyuquot Health Centre
- Tahsis Health Centre
- Zeballos Health Centre
- Sayward Health Centre

CSRHD's advocacy efforts on behalf of members lead to the decision to build two new state of the art hospitals to serve the growing communities' needs, one in Comox and one in Campbell River.

In March 2006, the CSRHD adopted a capital and equipment funding policy, replaced by the financial planning policy in September 2011, and has developed annual financial plans based on this policy. In 2011, the CSRHD approved a financial strategy of establishing a sustainable tax rate with the objective of placing funds into a capital project reserve fund in order to be prepared to fund the local taxpayers' 40% contribution towards the new Campbell River and Comox Valley hospitals. The hospitals will operate as a "two hospitals, one campus" model managed and operated by the Island Health Authority.

The hospitals project took longer than expected to receive approvals and for construction to begin. The delay resulted in additional cost savings to regional taxpayers as the CSRHD was able to contribute more direct funds from reserves towards the project, reducing the overall total borrowing requirements. In addition, lower financing rates resulted in lower annual debt charges.

In 2014, staff determined that the estimated total borrowing for the hospitals project would be approximately $102.7 million with annual debt charges estimated at $13 million calculated over a 10 year repayment plan versus the original estimate of over 30 years. With the funding strategy adopted in 2011 combined with delays in the project, the borrowing for the new hospitals is proposed to be paid off in 10 years with an estimated total project cost of $271.5 million. This is approximately $162.9M less than if the entire $240M was borrowed at a rate of 4% over 30 years.

The current, 2015, 10 year Financial Plan strategy is as follows:

- Requisition level $17 million per year (0.84/$1000)
- Long term borrowing 2019 $104.2 million
- Hospitals annual debt payments $13 million 10yr term
- Annual budget (capital projects/equipment) $1,850,000
- Estimated reserve balance in 2024 $25 million

The proposed 10 year Financial Plan strategy is as follows:

- Tax requisition level gradually reduced to $14 million per year

2015	2016	2017	2018	2019
$17 mill	$16 mill	$15.5 mill	$15 mill	$14 mill

- ✓ Long term borrowing 2019 $104.2 million
- ✓ Hospitals annual debt payments $13 million 10yr term
- Annual budget (capital projects/equipment) $850,000
- Estimated reserve balance in 2024 $13 million

Board decisions regarding tax rates and project payment schedules have ensured that the new North Island Hospitals Project will be fully paid off in 10 years' time while also allowing a reserve to grow in anticipation of future funding needs. Both of the current and the proposed financial strategies provide for significant reserves at current taxation levels. With the hospitals project including new technology and new equipment, it is also anticipated that the annual capital project/equipment requests should be very manageable for the next 10 years; the CSRHD has already experienced a decrease in annual capital project and equipment requests since the new hospitals were announced.

Considerations for the Future

All levels of government with roles in BC from municipalities, through regional districts, to the province and the federal government are experiencing competing demands to reduce taxes or to increase spending in multiple different areas (please see October 8, 2015, Board meeting discussion items for further information).

Some regional hospital districts are responding to emerging needs for healthcare by expanding the domains in which they are prepared to co-fund capital. Eleven (11) regional hospital districts in the province co-fund residential care facilities in their regions.

In consideration of the fact that the BC Ministry of Health goals include the key action to "work with rural communities, including First Nations, to implement a renewed approach to providing quality health services across rural and remote areas", a proposal is on the table from the Strathcona Regional District for CSRHD to consider co-funding of temporary accommodation associated with hospital-based care. Patients from smaller, rural and remote communities transported to hospitals in larger urban centres by ambulance, once discharged, may require temporary accommodation while they make other arrangements to return to their communities. A broad spectrum of patients from remote communities undergoing chemotherapy treatment, day surgery, childbirth, and the like, are also in need of temporary accommodation.

Another proposal is on the table for CSRHD to consider a reduction in the hospital tax requisition in consideration of the critical need to address the environmental public health regulations relating to the Comox Strathcona waste management service (CSWM). A 10 year CSRHD tax reduction strategy

would not impact the 10 year debt payout of the hospital borrowing and the tax relief afforded would offset some of the increased tax requirements relating to provincial regulation and community interests for the management of solid waste in the Comox Strathcona region. This would present a unique opportunity for two separate legal entities (CSRHD board and CSWM board) with two distinct purposes, representing the same voting membership and geographic area, and recognizing the principle of the "one taxpayer" concept, to work together to reduce the taxation impact on their constituency.

Given this context, CSRHD Board members were asked to share their views on what challenges and opportunities lie ahead for the regional district in the next 10 years.

Challenges and Opportunities

The following Challenges were identified by Board members:

- While the near future will see the region served by two new hospitals, there will be ongoing needs to maintain or update the capital equipment and facilities over coming years. The very size of the construction project and the time it will take to complete it means that some of the assumptions that went into its capital plan may need to be modified to reflect current state on completion.
- The RHD should take care not to duplicate, or underwrite the costs related to, others' roles in health and health service funding, including the province, Island Health, and municipal roles and responsibilities. In looking to new opportunities for project co-funding, the size and urban/rural mix of the region impose further challenges in role coordination.
- As regional hospital districts look to new areas for investment, including co-funding of privately owned and operated facilities that provide services under contract to health authorities, there remains a question of how the distribution of facility costs should be divided between public and private funding sources.
- The needs of the aging population will put pressure on the RHD for both acute care and long term care beds (please see Appendix C for CSRHD's population estimates and the proportion aged 65 and over today and in ten years' time). Existing long term care facilities are aging and replacements and renovations are needed. The aging "tsunami" is hitting the region just as provincial and federal funding sources are increasingly constrained, giving rise to questions of how to keep people out of acute and extended care beds as well as how to support them, not only in getting to the hospital, but also in returning home.
- While there is an opportunity for the CSRHD to advocate on behalf of regional needs in a wide range of areas related to health and wellness, this is a challenging role to play. Health needs and healthcare are rapidly changing, and economic fluctuations create uncertainty and financial instability. CSRHD may wish to be proactive in addressing anticipated future needs but this must be in the context of being astute and fiscally responsible.

The following opportunities were identified:

- There is an opportunity to re-purpose the St. Joseph's Hospital facility. With the completion of the new hospital project, this site will not be funded for acute care, opening up the opportunity for provision of different levels or types of care. Options include: transforming the site into a centre of excellence for orthopedic surgery or rehabilitation services; developing a care centre

for cognitively impaired elderly patients; or developing other services aimed to address the aging population, including through provision of long term care.

- Island Health is at an important juncture with a relatively new President and CEO (Dr. Brendan Carr) and is awakening to the realization of the demands an aging population will place on its facilities, programs and services. This may lead them to be more receptive to discussion of opportunities to serve the population's needs. With the completion of the new hospitals, the region could embrace a role as a centre of teaching and learning. CSRHD could also consider new roles in addressing other community concerns related to health and wellness, such as shelter and housing, the special needs of cultural groups, the needs of the off-reserve Aboriginal population, or, as noted above pre-admission and post-discharge accommodation for those rural residents who must travel to the region's urban centres for care.
- There is an opportunity for CSRHD to "dream big". The region is in an ideal geographic location, with many natural assets and relatively low costs for living and business operations. Given that high tech industries are able to locate anywhere in the world, this region's assets and advantages make it an attractive destination.
- CSRHD is a "super-region" with a growing population and population centres that are not far apart. Board members are – and are recognized as being - very connected to their communities. They know their communities' stated needs and priorities and are in a good position to advocate for what is required in the region. They are experienced in working together respectfully and are well-placed to engage with other partners such as Island Health, the First Nations Health Authority, hospital foundations, local charities and service clubs, and existing non-governmental organizations, such as YANA (You Are Not Alone) and Wheels to Wellness, that are already providing innovative niche services in some communities. Bringing multiple partners to the table, CSRHD can at the same time help to promote and grow local initiatives and businesses.

What we Want to be Known For

Given the challenges and opportunities that lie ahead for CSRHD, members were asked to identify the keywords that reflect their vision of the organization ten years into the future. A wide range of terms were identified but they clustered under eight major themes:

We want to be known as:

- **Effective advocates** for our communities by being **responsive and results-oriented** and **ensuring access to high quality**, "top notch" services for our communities

We want to be known to be:

- **Compassionate and caring**;
- **Innovative and forward thinking**; and
- **Culturally sensitive and culturally representative**; but also
- **Fiscally responsible, efficient** and **focused on roles defined by provincial legislation.**

With these, potentially contradictory, ambitions in mind, Board members explored what they might consider taking on in the future. Board members expressed concerns on the one hand with keeping up with technological changes and anticipated demands in the CSRHD's traditional domain of hospital capital: acute care facilities and major capital equipment; and on the other with how to support people

living independently for as long as possible in the community by filling in service/care gaps and helping to better integrate the range of services offered. Board members are close to their communities and so while they are aware of the aging population and associated needs for hospital-based care, they are also aware of other concerns such as homelessness, or the needs of different cultural communities across a continuum from prevention through intervention and rehabilitation to supported living or extended care. While some Board members do not support a broadening of the funding or partnership role CSRHD plays now, others see the necessity of expanding the regional hospital district's role in order to remain responsive to changing community needs.

A changing role for CSRHD may not necessarily involve a change in the aspects of programs and services funded: this may still be focused on the capital component (physical plant or major capital equipment), but it could see a more active role for the CSRHD as an advocate on community-identified issues and as a "convener" of dialogues aimed at ensuring services are provided by those responsible, and better integrating available services. Others see the potential for the CSRHD to go further in these partnership relationships by filling gaps, within the regional hospital district's funding ability and agreed-to scope – even a revised conception of scope - where they are identified.

Differences of opinion were expressed regarding the degree of understanding that Board members now have of community needs. Some Board members felt they were aware of community needs, certainly sufficiently aware to develop a "short list" of issues on which CSRHD could agree to collect more information/evidence or conduct needs assessments with a view to selecting those on which CSRHD would advocate and/or convene dialogues. This "short list" would enumerate priority areas in response to the question of "what do we want to see done or done differently to promote health and wellness". Information collection could help to identify possible partners in realizing desired changes and "movable leverage points". Others felt more deliberate and formalized engagement or and consultation with communities was necessary to determine their priorities - be these lower taxes, continued focus on acute care needs, or expanded opportunities.

Some Board members took the opportunity at the meeting to put forward ideas for areas to address including: meeting needs for "rural accommodation" pre- and post-admission; developing an orthopedic surgical centre or a specialized centre to meet the needs of cognitively impaired elderly people; funding social housing; expanding services like Wheels to Meal and YANA; addressing the needs of the off-reserve Aboriginal population; and addressing the hospital paid parking concerns of hospital users and visitors.
What was agreed was that the Board needs to develop consensus on next steps; that "unanimity of voice" was critical to success in moving forward; and that additional partners or potential partners need to be engaged relatively early on to determine the degree of – or potential for - alignment in priorities and agendas.

Next Steps

It was agreed that Board members would review this report of the discussion and determine next steps. These might include another focused meeting of the group aimed at identifying members' priorities for an "advocacy list". This list might be compiled via e-mail input prior to the meeting, using time at the meeting itself for members to answer the questions of: (a) which of these are top priorities for the group?

(b) looking at the "top five" priorities, what information is needed to support discussion and decisions?
(c) what partners should be involved, how and when, in exploring these further?

APPENDIX A: Background on BC's Hospital Districts

BC's Regional Hospital Districts were introduced in 1967 with the passage of the *Hospital District Act*. As explained in the *Primer on Regional Districts in British Columbia*, like Regional Districts, their role was to help to manage issues that extended beyond and, in the case of hospitals, the costs of providing services that benefitted residents living beyond the boundaries of a single municipality.

The purposes of a regional hospital district are the following:

(a) to establish, acquire, construct, reconstruct, enlarge, operate and maintain hospitals and hospital facilities;

(b) to grant aid for the establishment, acquisition, reconstruction, enlargement, operation and maintenance of hospitals and hospital facilities;

(c) to assume obligations of any member municipality, or any improvement district not within the definition "municipality", or any hospital corporation, or any member treaty first nation, with respect to the repayment of money borrowed and provided for the financing of hospital projects and interest on it, or to provide reimbursement to a municipality, improvement district , hospital corporation or member treaty first nation for money provided for financing hospital projects that were raised or obtained otherwise than by borrowing;

(d) to act as the agent of the government in receiving and disbursing money granted out of the hospital insurance fund;

(e) to act as the agent of a hospital for receiving and applying all money paid to or for the hospital by the government of Canada;

(f) to exercise and perform the other powers and duties prescribed under this Act as and when required.

Source: *Hospital District Act*. [RSBC 1996] s.20(1)

In 1967, through the adoption of the *Hospital District Act*, regional districts were given responsibility for regional hospital capital financing, in large part, to introduce badly needed fairness in access to health services. For example, until that time, the City of Prince George paid for all of the capital costs of the Prince George Hospital which benefited the Central Interior. Similarly, small rural hospitals or diagnostic and treatment centers had to be financed by local improvement districts which varied greatly in terms of their financial capacity.

Source: *Primer on Regional Districts in British Columbia*. BC Ministry of Community Services. 2006. p7

Like Regional Districts, Hospital Districts are subject to six key principles:

Key Principles underlying the Regional District System

Principle	Explanation
Federal/confederal	Part of, not apart from, the municipal system
voluntary	Write your own ticket
consensual	Borrowed power
flexible	Freedom to choose from the menu
Fiscal equivalence	Pay for what you get
Soft boundaries	Choose your geography

Adapted from: *Primer on Regional Districts in British Columbia*. BC Ministry of Community Services. 2006. p8

APPENDIX B: Legislated Scope and Mandate of Regional Hospital Districts

The definition of what may be deemed a "hospital" appears to be very broad. While the *Hospital District Act* defines hospitals and hospital facilities as follows:

> **"hospital"** means a hospital as defined by any provision of the *Hospital Act* and includes an institution or facility in the health field designated by the minister under section 49 as a health facility for the purposes of this Act;
>
> **"hospital facilities"** includes laboratories, laundries and things, services and premises used or supplied in conjunction with a hospital
>
> Source: *Hospital District Act*. [RSBC 1996] Chapter 202

…the complementary *Hospital Act* referred to in the *Hospital District Act* allows the Minister of Health to determine what constitutes a "hospital" within the following broad definitions and provisions in the definitions section and in section 50:

> **"hospital"**, except in Parts 2 and 2.1, means a nonprofit institution that has been designated as a hospital by the minister and is operated primarily for the reception and treatment of persons
>
> (a) suffering from the acute phase of illness or disability,
>
> (b) convalescing from or being rehabilitated after acute illness or injury, or
>
> (c) requiring extended care at a higher level than that generally provided in a private hospital licensed under Part 2
>
> Source: *Hospital Act*. [RSBC 1996] Chapter 200

> The minister may designate as a hospital for the purposes of section 48 [conditions applicable to a hospital receiving financial assistance] any community care facility, as defined in the *Community Care and Assisted Living Act*, which
>
> (a) is licensed under that Act,
>
> (b) is owned or operated by a corporation incorporated or registered under the *Society Act*, and
>
> (c) receives financial assistance from the government including financial assistance for the retirement of debt arising out of the planning, constructing, reconstructing, equipping or acquiring land or buildings for the purposes of the facility.
>
> Source: *Hospital Act*. [RSBC 1996] s.50(1)

The 2002 *Community Care and Assisted Living Act* defines a community care facility as follows:

> **"community care facility"** means a premises or part of a premises

(a) in which a person provides care to 3 or more persons who are not related by blood or marriage to the person and includes any other premises or part of a premises that, in the opinion of the medical health officer, is used in conjunction with the community care facility for the purpose of providing care, or

(b) designated by the Lieutenant Governor in Council to be a community care facility;

Source: *Community Care and Assisted Living Act.* [SBC 2002]

APPENDIX C: Regional District Population 2015 and 2025

According to BC Stats' population projections, the current population of the CSRHD is 110,531 with 23% of the population aged 65 and over, compared with 17% for the province overall. This percentage is expected to increase to 29% of the total population in ten years' time, compared to 22% for the province overall.

	2015			2025		
Regional District	**Total**	**65+**	**%**	**Total**	**65+**	**%**
Comox Valley	65,356	15,982	24%	73,341	20,975	29%
Strathcona	45,175	9,476	21%	48,348	13,757	28%
Total	110,531	25,458	23%	121,689	34,732	29%

COMOX STRATHCONA
REGIONAL HOSPITAL DISTRICT

Staff Report

DATE: September 4, 2015

FILE: H-CWG

TO: Chair and Directors
Regional Hospital District Board

FROM: Debra Oakman, CPA, CMA
Chief Administrative Officer

RE: **Survey results - residential care funding by regional hospital districts**

Purpose

To respond to the request from the Comox Strathcona Regional Hospital District (CSRHD) board for staff to research and provide examples of other regional hospital districts that fund capital projects for residential care.

Policy analysis

On February 12, 2015 the CSRHD board adopted the following motion:

> "THAT staff provide a report to the board on examples of other regional hospital districts funding capital projects for residential care."

Executive summary

In response to the request from the CSRHD board for staff to research and provide a report on examples of other regional hospital districts that fund capital projects for residential care, a survey was sent to all regional hospital districts within British Columbia requesting information on their policies and practices. The attached appendix A summarizes the survey responses received from the regional hospital districts as well as data collected from their respective websites. Information regarding the health authority, population served, annual budget and taxation rates has also been included in the appendix to put into perspective the size of the responding organizations.

Recommendation from the chief administrative officer:

For information purposes.

Respectfully:

D. Oakman

Debra Oakman, CPA, CMA
Chief Administrative Officer

Prepared by:	Concurrence:	Concurrence:
		B. Dunlop
Cheryl Sellers Sr. Financial Accounting Technician	Wendy Byrne Manager of Financial Planning	Beth Dunlop Corporate Financial Officer

Attachments: Appendix A – "RHD Survey Results re Residential Care Funding"

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

		General Information					Facilities Funded				
Health Authority	**Regional Hospital District**	**Total Annual Budget 2015**	**Population**	**Net taxable assessed value - hospital purposes**	**2015 Residential tax rate**	**2014 Residential tax rate**	**Acute Care (hospital/named facilities)**	**Residential Care**	**Health Programs**	**Other**	**Notes**
Island Health	Alberni Clayoquot	$ 1,806,000	31,061	4,427,002,676	0.2949	0.3540	Yes	No	No	No	
Island Health	Capital	$ 29,726,450	359,991	79,669,094,910	0.3004	0.3104	Yes	Yes	No	No	The three categories of capital funding include Major Capital Projects (over $2M) which includes residential care, Minor Capital Projects ($100,000 - $2M) and medical equipment (greater than $100,000). Have been funding major residential care bed replacement projects as well as minor capital/equipment.
Island Health	Comox Strathcona	$ 122,009,201	106,790	16,983,349,617	0.8369	0.8399	Yes	No	No	No	
Island Health	Cowichan Valley	$ 8,539,633	80,332	12,665,612,365	0.5436	0.5083	Yes	No	No	No	Information obtained from website - The sole purpose of the CVRHD is to provide funding for Hospital Capital Equipment.
Island Health	Mount Waddington	$ 642,916	11,506	1,187,582,086	0.3205	0.3313	Yes	Yes	No	No	Any capital, however reserve judgement on level of contribution
Island Health	Nanaimo	$ 9,989,109	146,574	25,739,014,361	0.2242	0.2257	Yes	Yes (if it is a designated facility)	No	No	The RDN only provides capital funding to designated facilities, this includes all capital including relatively small items, but no operating funding at this time.
Fraser Health	Fraser Valley	$ 11,073,018	277,593	38,006,062,460	0.2234	0.2310	Yes	Yes	No	No	
Interior Health	Central Okanagan	$ 30,386,351	179,839	36,979,221,438	0.3567	0.3590	Yes	No	No	No	Extended care (patients receiving nursing care)
Interior Health	North Okanagan/Columbia Shuswap	$ 13,263,561		21,047,072,776	0.2918	0.2961					

		General Information					Facilities Funded				
Health Authority	**Regional Hospital District**	**Total Annual Budget 2015**	**Population**	**Net taxable assessed value - hospital purposes**	**2015 Residential tax rate**	**2014 Residential tax rate**	**Acute Care (hospital/named facilities)**	**Residential Care**	**Health Programs**	**Other**	**Notes**
Interior Health	Kootenay East	7,451,183	56,655	15,552,595,965	0.1605	0.1615	Yes	No	No	No	
Interior Health	Okanagan-Similkameen	$ 16,170,600	80,742	14,255,994,376	0.3156	0.3042	Yes		No	No	
Interior Health	Thompson	$ 31,466,697	130,304	21,164,406,476	0.4684	0.4722	Yes	Yes	No	No	Sample of current residential care project - handicapped washrooms at Gillis House (complex care facility).
Interior Health	West Kootenay-Boundary	$ 7,160,668	80,000 (approx)	12,383,352,108	0.3028	0.2912	Yes	Yes	No	No	Hospitals/health care centres, some residential care. Sample projects are Hardy View Lodge (operated by Interior health) Nurse call system $280K total (40% funded), Boundary Hospital/Sunshine Manor home and community care renovation.
Interior & Northern Health	Cariboo Chilcotin	$ 7,648,736	63,466	7,528,009,372	0.7154	0.7159	Yes	Yes	No	Yes	Residential care facilities are included as long as the funding is only for capital costs and as long as the facility is owned by or under long term lease to the health authority. Fund community foundations that are hospital related (projects are within a health authority facility). Have a medical staff recruitment and retention fund.
Northern Health	Fraser-Fort George	$ 6,740,810	91,879	11,098,835,113	0.3512	0.3562	Yes	No	No	No	
Northern Health	Northern Rockies	$ 864,660	5,578	2,377,940,133	0.08253	0.0828					

		General Information					Facilities Funded				
Health Authority	**Regional Hospital District**	**Total Annual Budget 2015**	**Population**	**Net taxable assessed value - hospital purposes**	**2015 Residential tax rate**	**2014 Residential tax rate**	**Acute Care (hospital/named facilities)**	**Residential Care**	**Health Programs**	**Other**	**Notes**
Northern Health	North West	$ 8,926,067	72,412	8,249,683,423	0.4558	0.5620	Yes	Yes	No	No	In 2007 NWRHD funded $6M of $15Mfor renovations and building a new wing on a Terrace residential care facility. 2010 funded $6.8 M to the $19.5M to expand residential care beds in Prince Rupert. A general grant is given for small capital items and the Health Authority can decide which facilities to purchase items for. NWRHD does not fund anything that is not capital.
Northern Health	Peace River	$ 17,293,778	60,082	13,614,051,888	0.5950	0.5947	Yes	Yes		Yes	Medical recruitment, some residential care not all. Funded 40% of Rotary Manor in Dawson Creek, did not fund facilities built onto the new hospital in Fort St. John and (since they were funding $98M for the hospital)
Northern Health	Stuart-Nechako	$ 3,843,000	22,941	2,158,529,046	0.5400	0.5341	Yes	Yes	No	Yes	Residential care at reduced level. Other funding was identifed as clinical information systems.
Vancouver Coastal	Central Coast		3,206	146,043,218	0.1234	0.1110	Yes	No	No	No	
Vancouver Coastal	Powell River	$ 1,975,988	19,906	2,940,478,155	0.2408	0.5057	Yes	Yes	No	No	New - Complex Care connected to hospital prior to that acute care only
Vancouver Coastal	Sea to Sky	$ 1,000,218	35,266	14,738,327,045	0.0497	0.0477	Yes	No	No	No	
Vancouver Coastal	Sunshine Coast	$ 5,373,560	28,619	8,135,650,572	0.2423	0.1983	Yes	No	No	No	Budget includes current hospital expansion project. Limited capital finding provided to a care home that is considered part of the hospital compound.

COMOX STRATHCONA
REGIONAL HOSPITAL DISTRICT

JUNE 2016 CSRHD BRIEFING NOTE:
STRATEGIC PRIORITIES DISCUSSION RE: REGIONAL HOSPITAL DISTRICT ACT – COST SHARING AUTHORITY

BACKGROUND

The Comox Strathcona Regional Hospital District (CSRHD) operates under the framework set out in the *Hospital District Act* (the Act), passed in 1967, which defines the CSRHD's purpose and structure.
The Act defines hospitals and hospital facilities as follows:

> "hospital" means a hospital as defined by any provision of the *Hospital Act* and includes an institution or facility in the health field designated by the minister under section 49 as a health facility for the purposes of this Act;
> "hospital facilities" includes laboratories, laundries and things, services and premises used or supplied in conjunction with a hospital

The original Letters Patent for the regional hospital district were adopted in 1967 and updated periodically to reflect the expansion of the hospital district's boundaries.

In accordance with the CSRHD's financial planning policy, the CSRHD provides capital funding, cost shared with the provincial government on a 60/40 basis, with the hospital district portion being 40 per cent, with the exception of the Cumberland Regional Hospital Laundry Society which is 20 per cent.

Facilities currently designated as hospitals within the CSRHD are as follows:

Hospitals:

- Campbell River & District General Hospital
- St. Joseph's Hospital

Hospital Facilities:

- Cumberland Regional Hospital Laundry Society
- Gold River Health Clinic
- Cortes Health Centre
- Kyuquot Health Centre
- Tahsis Health Centre
- Zeballos Health Centre
- Sayward Health Centre

CSRHD worked closely with the Vancouver Island Health Authority (Island Heath), the provincial government and surrounding communities to build two new state of the art hospitals to serve the growing communities' needs, one in the Comox Valley and one in Campbell River.

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In March 2006, the CSRHD adopted a capital and equipment funding policy, replaced by the financial planning policy in September 2011 (appendix A), and has developed annual financial plans based on this policy. In 2011, the CSRHD approved a financial strategy of establishing a sustainable tax rate with the objective of placing funds into a capital project reserve fund in order to be prepared to fund the local taxpayers' 40 per cent contribution towards the new Campbell River and Comox Valley hospitals. The hospitals will be managed as a "two hospitals, one campus" model by the Island Health.

Between initiating the strategy to establish a sustainable tax rate and hospital construction, the CSRHD was able to contribute more direct funds from reserves towards the project, reducing the overall total borrowing requirements. In addition, lower financing rates resulted in lower annual debt charges.

In 2014, staff determined that the estimated total borrowing for the CSRHD's share of the North Island hospitals project would be approximately $102.7M with annual debt charges estimated at $13M calculated over a 10 year repayment plan versus the original estimate of over 30 years. With the funding strategy adopted in 2011 combined with delays in the project, the borrowing for the new hospitals is proposed to be paid off in 10 years with an estimated total project cost of $271.5M This is approximately $162.9M less than if the entire $240M was borrowed at a rate of four per cent over 30 years.

The 10 year financial plan strategy in 2015 was as follows:

- Requisition level $17M per year ($0.84/$1,000)
- Long term borrowing of $102.7M to occur in 2019
- Annual debt payments of $13M per year for 10 years for the new hospitals
- Annual budget (capital projects/equipment/grants) $1,885,500
- Estimated reserve balance in 2024 of $25M

At its November 5, 2015 board meeting, the board supported maintaining the 2016 tax requisition at $17M.

The 2016 annual capital funding allocated to hospitals and named hospital facilities is outlined in appendix B.

In October 2015, the CSRHD board participated in a strategic planning exercise with facilitator Lillian Bayne. With the Campbell River and Comox Valley hospitals project nearing completion, the board took this opportunity to consider its role as a healthcare co-funder and to consider future challenges and opportunities. A number of areas of interest were identified by the board for further consideration which are identified in table 1.

In June 2016, the CSRHD board will continue this strategic planning process through stakeholder consultation whom have been invited to participate including Ministry of Health, Intertribal Health Authority and Island Health regarding the areas identified above.

The *Hospital District Act* was adopted in 1967 and was amended in 2003 to remove ministerial control over regional hospital districts. In 2003 the Ministry of Health engaged a consultant to conduct a review of the cost sharing processes between the Ministry of Health Services, health authorities, and the regional hospital districts (RHDs). The review considered the following questions:

1. What is the appropriate role for RHDs in capital planning and contribution decisions?
   What is required to implement the appropriate role?

2. What are the capital process concerns of the RHDs, health authorities, and the Ministry? What is required to simplify the processes and address the concerns? (Link to report provided here)

Below is an excerpt from the report with respect to recommended legislative amendments:

"3.3.1. Legislative Amendment
The *Hospital District Act* was amended in spring 2003 to remove ministerial control over RHDs. The initiative was narrow in scope and the exercise needs to be completed. Further legislative amendment will also be required to modernize the legislation from an administrative perspective and to support the processes outlined in the recommended cost-sharing model. Legislation should be amended to reflect the role of the RHD under the new model, which is to:

- Represent the RHDs interests in the capital planning process and to work with the health authority to establish capital priorities;
- Determine the level of support available for capital projects sponsored by the health authority, and
- Raise revenue for health capital contributions to assist the health authority.

The purposes of RHDs are outlined in Section 20 of the *Hospital District Act* which created RHDs to provide funding for the establishment, acquisition, construction, reconstruction, enlargement, operation and maintenance of hospitals and hospital facilities defined under the *Hospital Act*. Legislation should be revised to provide a cost-sharing model that reflects the modern delivery of health services and is consistent with the definition of capital provided in Section 3.1 of this report.

Specific reference to "*hospitals and hospital facilities*" should be replaced with a broader definition of what is eligible for cost sharing. RHDs should be given broad legislative authority to choose to contribute capital funding to any equipment or facility deemed necessary by the health authority. Ministry policy should then define capital for the purposes of cost sharing. This definition would include, for illustrative purposes, equipment and facilities such as:
- Acute care hospitals;
- Diagnostic and treatment centres;
- Complex, multi-purpose and extended care facilities;
- Client/patient information technology projects; or
- Any other project permitted by Ministry of Health Services as defined in Ministry policy.

Some functions described in this section are no longer relevant, including subsections (d) and (e), which involve "*acting for the agent of the government in receiving and disbursing money granted by the hospital insurance fund*" or "*acting as the agent of the hospital in receiving and applying money paid to the hospital by the government of Canada*."

Legislation currently restricts health authorities from undertaking capital projects if an RHD is unable or unwilling to cost share. Health authorities must be unfettered in their ability to provide required health services regardless of the capacity of the region's revenue base. To ensure the health authority is able to fulfill its mandate, this restriction should be removed from the legislation.

Both the *Hospital District Act* and the Regulations to the *Hospital Insurance Act* should be amended so that it does not restrict the Ministry (and by implication the health authorities) in terms of a predetermined cost-share ratio for capital projects, with the possible exception of large projects in urban centers or facilities being acquired through

public private partnerships. Other reference to specific percentages in the *Hospital District Act* and the regulations to the *Hospital Insurance Act* should be deleted and replaced with more flexible language.

The recommended model is based on a 5-year capital plan for the RHD, which would supplant the requirement for the RHD to submit a provisional budget to the Ministry. Section 23 of the *Hospital District Act* requiring that the RHD submit a provisional budget should be amended to be consistent with the legislated requirements for the financial administration of regional districts. It is suggested that legislative requirements for regional districts be considered when reviewing the RHD financial administration requirements. Where feasible and practical, the objective should be to achieve consistency between the regional district and RHD processes."

On the following page is a table listing the potential initiatives identified by the CSRHD board during its strategic planning exercise in October 2015. The table identifies which initiatives are permitted under the current legislation, but would require a board policy to implement and those which would require legislative changes to the *Hospital District Act* in order to implement.

End of excerpt.

The Vancouver Island regional hospital district chairs and Island Health have been discussing their mutual interest of requesting the Ministry of Health to implement the 2003 recommendations with regard to modernizing the *Hospital District Act*. The need for implementing changes to the Act is also supported across the province by administration and financial staff.

In summary, the CSRHD board have several options that may be considered:

- coulddetermine to take on a more substantial advocacy role on a strategic priority basis; or
- continue to work within the existing legislative framework of named hospitals and health facilities and the cost sharing policy framework of 40% capital projects and equipment; or
- could send a letter to the Minister of Health requesting that the *Hospital District Act* be updated to reflect the recommendations from the 2003 Ministry of Health review and requesting a meeting with the Minister to discuss Should the CSRHD board decide to request the legislation be amended it is also recommended that a letter be sent to all RHDs requesting them to send a letter to the Minister as well.
- could request the Ministry of Health to host a provincial session of RHD chairs and CAOs in conjunction with the September 2016 UBCM meetings. This format was previously used and was considered quite beneficial in particular during the review of the Hospital District Act legislation.

CSRHD - JUNE 2016 BRIEFING NOTE:

CSRHD STRATEGIC PRIORITIES DISCUSSION RE: REGIONAL HOSPITAL DISTRICT ACT – COST SHARING AUTHORITY

Table 1: October 2015 CSRHD board strategic planning session outcome - community health areas of interest

Strategic Initiatives Identified by Board	**CSRHD financial policy amendment would be required**	**Legislative changes would be required to implement**
Rural out-patient accommodation (See appendix A)	✓	√
Co-funding of privately owned and operated facilities that provide service under contract to Island Health	✓	√
• Repurposing the St. Joseph's hospital facility, including o transforming the site into a centre of excellence for orthopedic surgery; o developing a care centre for cognitively impaired elderly patients; or, o developing other services aimed at addressing the aging population including through the provision of long-term care.	✓	√
Hospitals as centres of teaching and learning	✓	√
Addressing community concerns related to o health and wellness; o shelter and housing; o special needs of cultural groups; o needs of the off-reserve Aboriginal population; and, o pay parking at hospitals	✓ including pay parking grant at hospital facilities	√ excluding pay parking grant at hospital facilities
Acting as a "convener" of dialogues association with health care programs and services	n/a	√
Funding social housing	✓	√
Supporting services such as Meals on Wheels and Y.A.N.A (You Are Not Alone)	✓	√

Appendix A

Resolution from 2015 Association of Vancouver Island and Coastal Communities Conference

R12 Rural Out-Patient Accommodation **Village of Tahsis**

WHEREAS health care services for smaller, rural and remote communities witness the transportation of patients to hospitals in larger urban centres by ambulance and those patients, once discharged, must make other arrangements to return to their communities and therefore require temporary accommodation.

AND WHEREAS a broad spectrum of patients from remote communities undergoing chemotherapy treatment, day surgery, child birth, and the like, are also in need of temporary accommodation; and given that BC Ministry of Health goals include the key action to "work with rural communities, including First Nations, to implement a renewed approach to providing quality health care services across rural and remote areas."

THEREFORE IT BE RESOLVED that the Union of BC Municipalities appeal to the provincial government to make every effort in providing support, whether through direct funding, initiatives or policy, to organizations that are undertaking the development of lands and other hard assets in the establishment of rural out-patient accommodation.

ON MOTION, was ENDORSED

Appendix D

COMOX STRATHCONA
REGIONAL HOSPITAL DISTRICT

Staff Report

DATE: May 19, 2017

FILE: H-G

TO: Chair and Directors
Regional Hospital District Board

FROM: Debra Oakman, CPA, CMA
Chief Administrative Officer

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

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

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

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

> *'THAT a letter be sent to the Minister of Health requesting that the Hospital District Act be updated to reflect the recommendations from the 2003 Ministry of Health review and request a meeting with the Minister to discuss;*
> *AND FURTHER THAT a letter be sent to all Regional Hospital Districts requesting them to send a letter to the Minister as well.'*
>
> *'THAT the Ministry of Health be requested to host a provincial session of Regional Hospital District chairs and chief administrative officers in conjunction with the September 2016 UBCM meetings.*

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

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

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

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

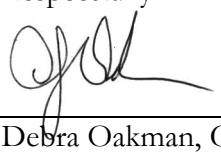
3. Facilities
   The CSRHD staff conducted a survey in 2016 to determine categories of facilities that are being funded (cost shared) by other regional hospital districts. The outcome (Appendix A) identifies that several RHDs are contributing funds to other related projects, a few RHDs have requested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

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

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

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

Respectfully:



Debra Oakman, CPA, CMA
Chief Administrative Officer

Enclosures:

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

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

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

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

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

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

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

Deposited September 7, 1982

This consolidation is current to May 2, 2017.

Hospital District Act

HOSPITAL DISTRICT ACT REGULATION

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

Contents

Prescribed date

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

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

Tax rate relationships

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

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

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

Limits on amount specified by minister

3 For the purpose of section 20 (3) of the Act, the amount to be specified by the minister shall not exceed in the aggregate whichever is the greater of

(a) $200 000, or

(b) the product of the rate set out in Column 2 of the schedule opposite the regional hospital district set out in Column 1 per thousand dollars of the assessed value of land and improvements in the district.

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

Spent

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

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

5 (1) Despite section 9 (1) of the *Hospital District Act*, the Tla'amin Nation may participate in a vote under that section by the board of the Powell River Regional Hospital District.

(2) The number of votes to which the Tla'amin Nation is entitled is

(a) the number obtained by dividing the population of the Tla'amin Nation by the voting unit specified in the letters patent for the Powell River Regional Hospital District, or

(b) if the quotient under paragraph (a) is not an integer, the next greater integer to the quotient.

(3) A change in the population of the Tla'amin Nation established by census, for the purposes of subsection (2), takes effect in the year following the year in which that census was taken.

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

Schedule

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

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

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

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

Hospital District Act		
Section		**Review/update/modernize**
Part 1 Definitions	Hospital	Hospital Act section 49
	Hospital facilities	Further define 'things'. A more complete current list would modernize the legislation ie: for the purposes of cost sharing capital equipment, projects in Acute care hospitals; diagnostic and treatment centres; complex, multi-purpose and extended care facilities; client/patient information technology projects or any other project permitted by Ministry of Health Services as defined in Ministry policy (or regulation).
	Secretary	Consider establishing a more independent organization or updating definition to reflect LGA and Community Charter 'officers'
Part 2 Hospital Districts and Boards	Division 1	Review and modernize – it is not clear on whether sections in this division are still relevant
	Division 2	
	Section 8 (1)	Add: 'and alternative directors'
	Section 17	Modernize – this section could be updated to reflect either an independent organization governance model or improve clarity with regard to appointments from regional districts.
	Section 17 (6) (b)	ADD: 'appoint'
	Division 3 and 4	Review and modernize
Part 3 Functioning of Boards	Division 1 Section 20 (1)(a)	Modernize the role of RHDs, ie: • Represent the RHDs interest in the capital planning process and to work with the health authority to establish capital priorities; • Determine the level of support available for capital projects sponsored by the health authority, and • Raise revenue for health capital contributions to assist the health authority. Purposes - Propose new definition ie: (a) To cost share towards the establishment, acquisition, construction, reconstruction of hospitals and hospital facilities.
	Section 20 (1) (c)	Review intent of section
	Sections 20 (1) (d);(e)	Modernize – no longer seem applicable
	Section 20 (3)	Modernize – does not align with current practice. Could delete 'an amount which must not be greater in aggregate than a prescribed amount'. Each RHD is taxing and establishing their budgets based on local needs.
	Section 20 (4)	Modernize – Align with current practice. Delete 'and must be reported to the minister'
	Section 20 (6)	Modernize – may no longer be applicable
	Section 22	Modernize – align with current practice. Delete section as RHDs establish their own policies.
	Section 23 (1)	Delete 'a prescribed date' Replace with 'December 31st'
	Section 27 (3)	Modernize – align with current practice. Delete (a). Review all and update
Part 4 General	Section 51 (2)	Modernize – align with current practice. Delete (a). Review all and update.

HOSPITAL DISTRICT ACT – LEGISLATIVE REVIEW/MODERNIZATION

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

BRITISH COLUMBIA

DEC 0 1 2016

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

Dear Ms. Oakman:

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

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

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

I appreciate the opportunity to respond.

Yours truly,

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

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

Ministry of Health
Office of the Assistant Deputy Minister
Finance and Corporate Services
PO Box 9647 Stn Prov Govt
Victoria BC V8W 9P4
Facsimile: 250 952-1573

Appendix E

COMOX STRATHCONA
REGIONAL HOSPITAL DISTRICT

Staff Report

DATE: March 2, 2018

FILE: H-G

TO: Chair and Directors
Regional Hospital District Board

FROM: Russell Dyson
Chief Administrative Officer

Supported by Russell Dyson
Chief Administrative Officer

R. DYSON

RE: **Strategic Planning History**

Purpose
To recommend that the Comox Strathcona Regional Hospital District (CSRHD) Board pursue updates to the Hospital District Act and also consider holding a strategic planning session to refresh itself on the goals and priorities identified in 2015.

Recommendation from the Chief Administrative Officer
THAT the Minister of Health and the Province of British Columbia be requested to direct that the *Hospital District Act* be aligned and modernized with the operational realities and priorities of regional hospital districts, as described in the staff report dated March 2, 2018;

AND FURTHER THAT the Minister of Health be requested to host a meeting as soon as possible with health authority and regional hospital district representatives to discuss the alignment and modernization of the *Hospital District Act*.

Executive Summary
The following is a brief summary of CSRHD strategic planning:

April 2015 – A strategic planning session for the CSRHD is first mentioned, and the topic of rural out patient accommodation is referred to it.

September 2015 – Reports on long term funding strategy and residential care funding by other regional hospital districts are forwarded to the October 8, 2015 strategic planning session.

October 8, 2015 – strategic planning session

- Notes from facilitator Lillian Bayne provide description of topics, role, mandate, legislation, definitions, vision. The notes include the following 'next steps':

  "It was agreed that Board members would review this report of the discussion and determine next steps. These might include another focused meeting of the group aimed at identifying members' priorities for an "advocacy list". This list might be compiled via e-mail input prior to the meeting, using time at the meeting itself for members to answer the questions of: (a) which of these are top priorities for the group? (b) looking at the "top five" priorities, what information is needed to support discussion and decisions? (c) what partners should be involved, how and when, in exploring these further?"

- Notes from Oct 8, 2015: http://agendaminutes.csrhd.ca/Agenda_minutes/HospitalBoard/RHD/05-Nov-15/Bayne%20report%20strategic%20plannings%20session.pdf

June 16, 2016 – Follow-up to the October 2015 strategic planning session including receipt of this briefing note:

- http://agendaminutes.csrhd.ca/Agenda_minutes/HospitalBoard/RHD/16-Jun-16/20160613_briefing_note_strategic_planning_session.pdf
- Briefing note identifies that most priorities from the October 2015 session require legislative changes before the CSRHD has authority to proceed.
- Recommendation from June CSRHD board is to write Ministry of Health (MOH) asking that *Hospital District Act* be updated and that MOH conduct CSRHD chairs and CAOs session at UBCM.
- No meeting was held at the 2016 UBCM convention.

June 8, 2017 – Report on making another request to MOH to update legislation (includes specific changes to the Act in appendix D of the report).

- http://agendaminutes.csrhd.ca/Agenda_minutes/HospitalBoard/RHD/08-Jun-17/E_20170519_Oakman_CSRHD_legislationchanges.pdf
- The MOH Assistant Deputy Minister responded to the CSRHD Board's request:

> "The Ministry recognizes that the Act and its regulation need to be updated and aligned with current practices. If the ministry receives direction from government that there is an opportunity to amend the Act, then consultations with affected partners, including Regional Hospital Districts (RHDs), will certainly be part of that amendment process. Once the Ministry has approval to proceed, it is possible that a session at a future UBCM convention may be an effective way to carry out those consultations with RHDs."

The recommendation in this staff report is to continue pursuing legislative updates to enable regional hospital districts to pursue their interests associated with service delivery. Alternatively, the CSRHD Board may want to not approve the recommendation and maintain the current level and type of service delivery, specifically related to providing funds to Island Health for capital purposes associated with acute care.

A second course of action the Board may consider is to refresh its interests associated with strategic planning by hosting a facilitated session with Lillian Bayne this spring. While local government elections are being held in October 2018, the CSRHD Board may consider adopting a resolution that provides direction to host a facilitated strategic planning session and review the challenges and opportunities that are part of the October 2015 strategic planning session notes.

Prepared by:

J. WARREN

James Warren
General Manager of Corporate Services