



Staff Report

DATE: April 1, 2021

FILE: H-G

TO: Chair and Directors
Comox Strathcona Regional Hospital District Board

FROM: Russell Dyson
Chief Administrative Officer

Supported by Russell Dyson
Chief Administrative Officer

R. DYSON

RE: CSRHD Strategic Planning - 2021

Purpose

To bring forward the strategic planning report and background materials to the Comox Strathcona Regional Hospital District (CSRHD) Board of Directors.

Recommendations from the Chief Administrative Officer

1. THAT the Comox Strathcona Regional Hospital District (CSRHD) Board Chair and Vice Chair meet with Island Health two to three times annually in order to advance the following:
 - Advocate: To influence Island Health to advance the CSRHD's strategic interests and ambitions and to foster broad support for the improvement of healthcare facilities within the region;
 - Cooperate: To seek opportunities and arrangements to build and nurture a positive working relationship with Island Health through meaningful dialogue and the identification and pursuit of mutually beneficial projects and initiatives;
 - Inform: To work to clarify roles, identify and promote ways the public can engage with Island Health, to inform both the public and Island Health, and to establish an effective two-way communications vehicle between CSRHD and Island Health; and
 - Engage: To explore and address identified issues or interests of the CSRHD concerning operational healthcare services or other matters outside of the traditional mandate of the CSRHD;

AND FURTHER THAT the Board Chair and Vice Chair regularly provide a summary of such advocacy work to the CSRHD Board.

2. THAT the Comox Strathcona Regional Hospital District Board endorse the memorandum of understanding with Island Health as provided in the staff report dated April 1, 2021.

Executive Summary

This report:

1. Presents the strategic planning report from two CSRHD Board meetings in early 2021;
2. Acknowledges the ongoing analysis required with CSRHD and Island Health for service hubs, rural clinic grants and transitional care/restorative health facilities, with one or more reports planned for subsequent CSRHD meetings;
3. Recommends advocacy with Island Health through regular dialogue with Island Health and the CSRHD Chair and Vice Chair; and

4. Recommends support for the updates to the Island Health and Regional Hospital Districts memorandum of understanding, which is a high level, nonbinding document that describes working relationships.

Prepared by:

Concurrence:

J. WARREN

Jake Martens
General Manager of Corporate
Services

James Warren
Deputy Chief Administrative
Officer

Background / Current Situation

Over the past several months the Board has engaged in a strategic planning process to consider its mandate and explore the potential for expanding its role or service levels in funding other non-acute care health facilities. At the January 21, 2021 regular meeting, the CSRHD Board conducted its first planning session, facilitated by Ms. Allison Habkirk. Aligned with the overall objective the aim for the January session was to:

- provide information to the Board on the range of Island Health services, their delivery mechanisms, and CSRHD involvement in them; and
- to identify Board priorities for services in its region.

In support of this discussion a package of short white papers was developed on each of the primary health service areas, together with a history and background on the CSRHD. These were verbally presented by Ms. Habkirk with supplementary information shared by Island Health to the entire Board and during the subsequent small group discussions. Through this facilitated session the Board identified five key service areas of priority and interest: mental health and addiction, home and community care, long term care, rural clinic needs, and acute care.

In February a series of virtual small group interviews were conducted with the Board of Directors to confirm the service priorities identified and explore levels of interest in partnerships with Island Health. The summary of these interviews, together with briefing notes on: community health and service hub, Campbell River long term care facility, and rural health clinics, then formed the basis for the second session, held February 25, 2021. Upon consideration of this and following discussion and debate amongst the members, the Board resolved to direct staff to bring forward further information concerning innovative funding options for:

- community health and service hubs
- rural clinic grants; and
- transitional care and restorative health facilities.

Ms. Habkirk has summarized this process, the key findings and outcomes, as well as four recommendations, in her report which is provided as Appendix A to this report.

Innovative Funding Options

In follow up to the Board's direction staff have initiated research on the three general topic areas as directed. Given their role as the primary health service provider concerning these topics, this work relies on a partnership approach with Island Health staff. CSRHD and Island Health staff have been working through the general topic areas to obtain more concrete information to present a service level and funding level report to the Board to inform future service delivery. This includes updated

cost projections for the lifecycle management and replacement costs for the North Island Hospitals to ensure any decisions respecting the CSRHD service levels or mandate are not made in isolation from future projected obligations associated with the acute care facilities. To ensure that a comprehensive and complete report is provided to the Board, the planned presentation of this update is late spring or summer following the Island Health pandemic vaccine rollout and CSRHD and CVRD year-end and budget wrap up timelines to provide adequate time to complete this detailed analysis.

Advocacy

The final recommendation contained within Ms. Habkirk's report concerns the advocacy role of the CSRHD. The large geographic area of the CSRHD, the unique role and relationship between the CSRHD and Island Health, as well as the large number of directors on the Board, creates some unique challenges concerning advocacy on health related matters. A strict interpretation of the Board's mandate could conclude that the Board's purview should only concern capital funding of named health facilities while a more broad view would be that the Board may use its role to advocate on many issues concerning health care services and facilities.

It is recognized that defining the scope of advocacy could be a divisive and challenging decision for the Board and therefore staff support Ms. Habkirk's recommendation to utilize the Chair and Vice Chair roles to work to build the relationship and improve communication generally through regular meetings with Island Health. In this regard, this report recommends that the Chair and Vice Chair meetings be focused around four central components: advocate, cooperate, inform and engage. With regular reporting back to the Board this approach is being suggested to help build the relationship and perhaps eventually identify a more defined policy framework for advocacy and cooperation.

Alternatively the CSRHD Board could rely solely on its member municipalities and regional districts to advocate for community interests.

Island Health – Regional Hospital District Memorandum of Understanding (MOU)

Connected to the Board's interests regarding cooperation with Island Health, in January of 2020 an update and renewal of the 2003 Island Health – Regional Hospital District (RHD) Memorandum of Understanding (MOU) was proposed by Island Health. The Board resolved to defer consideration of the MOU until after a strategic planning process was conducted. While the process has not been concluded, progress to date has outlined interests and approaches for cooperation between the parties and the MOU is viewed as being in alignment with these. The correspondence from Island Health together with a draft copy and proposed final copy are provided as Appendix B to this report.

As the Board will note, the primary revision relates to information management/information technology (IMIT) in clause four of the MOU. Island Health has advised that IMIT was discussed at a number of the semi-annual meetings between Island Health and regional RHD chairs. This led to the reference in the 2015 MOU that "In some cases, RHDs have also provided funding for IMIT projects". Over the last few years, the Island Health annual capital funding requests to RHDs included a few patient care related IMIT projects and the proposed revision in the MOU more accurately describes the existing situation.

As further background, the inclusion of IMIT in the definition of capital was discussed at a provincial level in 2003 with Sierra Systems being contracted to prepare a report on the appropriate role for RHDs in the capital planning and contribution decisions of health authorities. Following consultation with all RHDs Sierra Systems recommended that client/patient information technology

projects be eligible for RHD cost sharing (Section 3.1, page 19) as modern health care “relies heavily on information technology such as remote evaluation of diagnostic imaging, data transfer to improve rural access to specialists [and] BC Telehealth Program” (Section 2.3.2, page 13).

The Sierra Systems report is available online for review through the [UBCM website](#).

Beyond the changes to the IMIT, the MOU serves as valuable framework aligned with the Board’s interest to build upon the relationship and better cooperate on key issues for both Island Health and RHDs. As such this report recommends the endorsement of the revised MOU.

Government Partners and Stakeholder Distribution

Island Health	✓
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Attachments: Appendix A – CSRHD Strategic Planning Report prepared by Allison Habkirk
Appendix B – January 13, 2020 correspondence re: Island Health/RHD MOU



CSRHD Strategic Planning

March 16, 2021
Report prepared by:
Allison Habkirk BA MA MPARPP MCIP

Report of the CSRHD Strategic Planning

March 16, 2021

Conclusions and Recommendations

At the conclusion of the February 25, 2021 CSRHD Strategic Planning Workshop the Board passed two motions:

THAT staff prepare a report with information on innovative funding options: community health and service hubs and rural clinic grants, to be presented at the March 18, 2021 board meeting.

THAT staff prepare a report on opportunities to collaborate with Island Health (IH) on transitional care and restorative health facilities.

Both motions passed with three of the twenty three Board members dissenting.

As the motions indicate there is interest by the Board in continuing to explore ways by which the CSRHD can further support health care services throughout the CSRHD region.

The Board has also expressed its desire to build a more constructive relationship with Island Health to enable the Board to get better information about community health needs, Island Health's decision making process, and to work more constructively with Island Health to meet identified community health needs.

It is the consultant's conclusion that building a constructive relationship with Island Health will not be an easy or quick process. There is a history of challenging relations between the CSRHD Board and Island Health, and trust will need to be built incrementally over time through commitment to good communication practices and successfully working in partnership to achieve the common goal of providing health services to communities. Both the CSRHD and Island Health will have to adapt to build trust and renew a constructive working relationship.

Recommendations:

1. As outlined in the February Board motions additional information regarding innovative funding options for community health and service hubs and rural clinic grants, and on opportunities to collaborate with Island Health on transitional care and restorative health facilities should be provided. This information should include the two examples from the Powell River Regional Hospital District and the Capital Region health District not discussed at the February Board meeting due to time constraints.

Appendix A

2. As there seems to be significant Board agreement on support for the rural health centres, this may be a low risk and achievable first step towards enhancing the CSRHD – Island Health relationship. The Board should consider how it can further support the needs of the current small named facilities throughout the Comox Valley and Strathcona Regional Districts: Cortes Health Centre, Gold River Health Centre, Kyuquot Health Centre, Sayward Primary Health Care Clinic, Tahsis Health Centre, and Zeballos Health Centre. Further, the Board should explore other rural facilities that are not named and consider the possibility of including them in CSRHD capital and grant decisions. This would serve to meet some of the needs in rural communities as well as approaching equity in the use of CSRHD funds beyond the funding for acute care facilities at the two urban hospital campuses.
3. As the February motions also indicate there is initial interest in exploring community health hubs. The potential to build/lease presents a very real opportunity for the CSRHD to develop a partnership with Island Health where it does not have to transfer funds but invests in an asset the CSRHD holds. This would enable the CSRHD to retain some control while making positive contributions to health services in its region. The CSRHD should continue to explore this innovative arrangement to gauge the comfort level of Board members and the potential to meet health needs. It should be noted that potential for CSRHD involvement in community health hubs is likely time limited as Island Health is currently examining their leases and should they undertake their lease consolidation independent of the CSRHD, the window may close and the opportunity for CSRHD involvement will pass.
4. The size of the CSRHD makes it very difficult to discuss complex issues. It is thus recommended that the Chair and Vice Chair meet with Island Health 2-3 times annually to work to clarify roles, identify ways the public can engage with Island Health, to inform both the public and Island Health, and to establish a two-way communications vehicle between CSRHD and Island Health. This would serve the need expressed by the Board for advocacy, obtaining quality information regarding Island Health planning, and relationship building.

The accompanying information outlines the CSRHD Strategic Planning Process and outcomes from the 2021 strategic planning initiative.

Appendix A

Background

The Comox Strathcona Regional Hospital District (CSRHD) provides funding for capital equipment and capital projects for the two main hospitals and small named facilities throughout the Comox Valley and Strathcona Regional Districts in accordance with its financial planning policy.

The CSRHD has considered its funding policy on numerous occasions in the recent past. Most recently at its 2019 February 7, meeting the CSRHD Board resolved “...to provide capital funding support to Island Health for acute care facilities; AND FURTHER THAT the Comox Strathcona Regional Hospital District Board recognize the important role for communities and regions to advocate for health care services and programs through local municipalities and regional districts.”

Anticipating the 2021 Island Health funding requests the CSRHD undertook a process to again consider its funding mandate as noted above.

The objectives of the 2021 CSRHD discussion were to:

- explore its mandate through a strategic planning process and to explore a broader range of capital funding for health care facilities for CSRHD and Island Health partnerships.

Process & Findings

The 2021 strategic planning process undertaken by the CSRHD involved four steps:

- Information gathering,
- January 21, 2021 Workshop,
- Board Interviews, and
- February 25, 2021 Workshop.

Information Gathering

Collecting information regarding Island Health’s current service delivery in the CSRHD area was carried out through discussions with Island Health staff and the development of eight briefing notes describing the significant areas of IH service delivery, methods of service delivery, facilities and equipment involved in the service, extent of CSRHD involvement in the service, and potential opportunities for partnership with Island Health in the service. These briefing notes were provided to the CSRHD Board in advance of its January 21 meeting and were intended to provide foundational information for Board discussions.

January 21 CSRHD Workshop

The objectives of the January 21 meeting were to:

- provide information to the Board on the range of Island Health services, their delivery mechanisms, and CSRHD involvement in them, and
- to identify Board priorities for services in its region.

Appendix A

The workshop enabled the Board to receive the Briefing Notes and to discuss the information in small groups.

Findings:

A number of themes were expressed at the workshop the most significant of which included:

- *The Board identified 5 key service areas of priority and interest: mental health and addiction, home and community care, long term care, rural needs, and acute care.*
- *The Board expressed reticence regarding expanding its mandate but also expressed interest in receiving more information from Island Health on community needs, rationale for decision making, and opportunities for partnerships.*
- *The Board also indicated there is need for the Board to build its relationship and improve communication with Island Health.*

February Board Interviews During the second week of February virtual interviews were held with small groups of CSRHD Board members.

The objectives of the interviews were to:

- confirm the service priorities identified by the Board at the January meeting, and
- explore levels of interest in partnerships with Island Health.

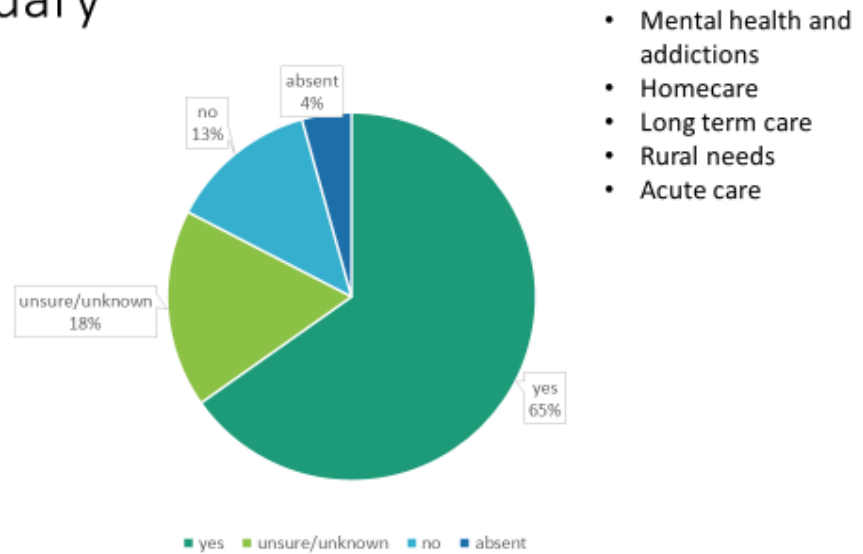
The findings of the Board interviews are summarized below.

Appendix A

Findings

The majority of the Board (65%) affirmed the 5 service area priorities identified by the Board at the January workshop.

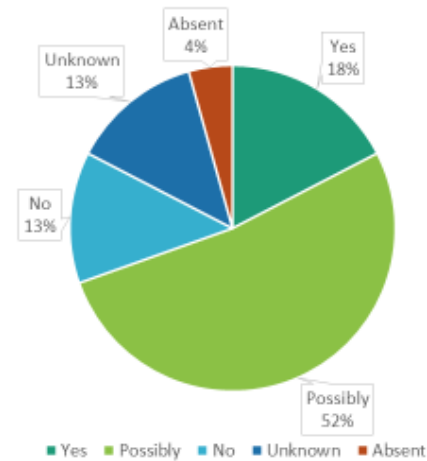
Do you agree with the five priorities identified by the CSRHD Board of February



Appendix A

When asked if open to expanding the CSRHD mandate 18% indicated yes and 52% indicated possibly for a total of 70% of the Board being open to exploring possibilities beyond its current mandate.

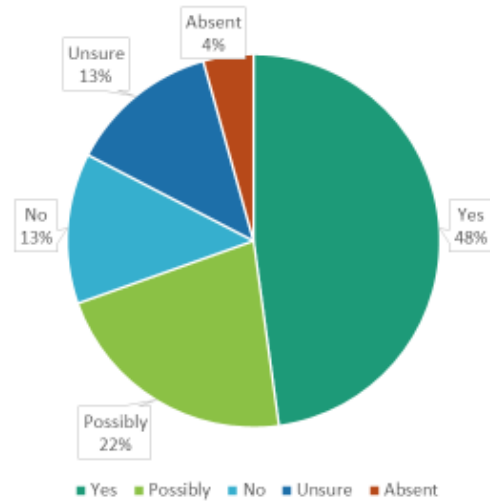
Are you open to looking at expanding the CSRHD mandate?



Appendix A

When asked if interested in looking at “innovative financing arrangements” with Island Health 48% indicated yes and 22% indicated possibly for a total of 70% of the Board being open to looking at “innovative financial arrangements.”.

Are you interested in looking at
“innovative financing arrangements”
with Island Health?



Appendix A

Key Takeaways from the Board Interviews:

Priorities

- There is significant Board agreement on the five service priorities.

Mandate

- The majority of the Board is open to at least looking at options outside of the current mandate (yes & possibly 70%).
- The majority of the Board expressed interest in looking at “innovative financial arrangements” (yes & possibly 70%).

CSRHD role

- There is strong interest in the advocacy role of the Board – some expressed a keen interest in formalizing & developing a plan for advocacy.

Ways to work with IH

- Concerns were expressed regarding erosion and loss of services previously committed to by IH.
- Concerns were expressed about the challenges of working with a large bureaucracy like IH & the power imbalance between Island Health and the CSRHD.
- Concerns were expressed about the disconnect between communities and Island Health – would like to see better community input.
- Interest was expressed in partnerships with not for profit organizations & IH.

Needed information

- Need was expressed for better information on how IH makes decisions – the rationale and information used e.g. business cases.
- Interest was expressed in the Board having better information and advice regarding decisions they have to make.
- Interest was expressed in seeing examples from other RHD.

February 25 Workshop

The objectives of the February Workshop were to:

- report out on interviews – summary, key points of agreement, key points of division;
- determine the level of interest more certainly about expanding the mandate;
- present IH potential projects: Community lease consolidation for community health and service hubs, Long term care, & rural clinic grants; and
- provide examples of “innovative financial arrangements” between health authorities & CRHD Summit & Powell River Hospital District.

Appendix A

Findings:

A lively discussion took place regarding the information presented including members of the Board that expressed concern regarding the credibility of both the interview process and the findings.

The meeting concluded with two motions as follows:

THAT staff prepare a report with information on innovative funding options: community health and service hubs and rural clinic grants, to be presented at the March 18, 2021 board meeting.

THAT staff prepare a report on opportunities to collaborate with Island Health on transitional care and restorative health facilities.

Excellent care, for everyone,
everywhere, every time.



January 13, 2020

Douglas Holmes, Chief Administrative Officer, Alberni-Clayoquot Regional Hospital District
Robert Lapham, Chief Administrative Officer, Capital Regional Hospital District
Russell Dyson, Chief Administrative Officer, Comox Strathcona Regional Hospital District
Brian Carruthers, Chief Administrative Officer, Cowichan Valley Regional Hospital District
Greg Fletcher, Chief Administrative Officer, Mount Waddington Regional Hospital District
Phyllis Carlyle, Chief Administrative Officer, Nanaimo Regional Hospital District

Re: Island Health – Regional Hospital District Memorandum of Understanding

Dear RHD Chief Administrative Officer:

Island Health and its six Regional Hospital Districts (RHDs) signed a Memorandum of Understanding (MOU) in 2003 that describes their working relationships. The MOU is routinely reviewed at the semi-annual meeting between Island Health and RHD representatives immediately following local government elections. The MOU was last revised in 2015 and ratified by the Island Health and RHD Boards.

At the May 3, 2019 semi-annual meeting, the 2015 MOU was discussed and proposed changes identified (see Attachment 1). At the December 6, 2019 semi-annual meeting, there was a consensus that each RHD Board and the Island Health Board would be asked to ratify the changes and execute a revised MOU (see Attachment 2).

Please call me at (250) 370-8912 if you have any questions.

Yours truly,

Chris Sullivan
Director, Capital Planning & Leasing

Attachment 1: 2015 MOU Mark Up
Attachment 2: 2019 MOU Final

20159 Memorandum of Understanding

BETWEEN:

VANCOUVER ISLAND HEALTH AUTHORITY
(hereafter called “VIHA”)

OF THE FIRST PART

AND:

**ALBERNI-CLAYOQUOT REGIONAL HOSPITAL DISTRICT
CAPITAL REGIONAL HOSPITAL DISTRICT
COMOX-STRATHCONA REGIONAL HOSPITAL DISTRICT
COWICHAN VALLEY REGIONAL HOSPITAL DISTRICT
MOUNT WADDINGTON REGIONAL HOSPITAL DISTRICT
NANAIMO REGIONAL HOSPITAL DISTRICT**
(hereafter called the “RHDs”)

OF THE SECOND PART

WHEREAS:

1. VIHA is responsible for health service delivery on Vancouver Island, the islands of the Georgia Strait, and in the mainland communities north of Powell River and south of Rivers Inlet.
2. RHDs are responsible for providing the local share of capital expenditures as defined in the *Hospital District Act*.
3. All parties recognize the benefits of coordinating their activities through formal and informal processes within the bounds of their respective legislative and regulatory obligations.

THEREFORE:

VIHA and RHDS agree to the following:

1. That semi-annual meetings between representatives of the VIHA and RHD Boards [are](#) to:

Appendix B

- enable communication of key strategic and operational initiatives that are underway within VIHA as they relate to capital planning and development;
- provide a forum to support a joint dialogue on key issues for both VIHA and the RHDs;
- offer the RHDs an ability to identify specific questions or concerns they have regarding health care delivery in their communities; and
- discuss potential capital priorities.

Both VIHA and RHDs should have the opportunity to influence the agenda for these meetings and adequate time should be planned to allow for both formal and informal discussions.

These meetings will typically occur in October and late Spring.

2. That VIHA and RHDs will have regular meetings between RHD staff and the appropriate staff from VIHA. These should be viewed as “working meetings”.
3. That ad hoc updates outside of regularly scheduled meetings can be arranged to ensure timely communication of issues occurs between staff (and possibly the Boards).
4. To provide increased predictability of RHD funding to VIHA and in recognition of the requirement of each RHD Board to approve expenditures on an annual basis, that minor capital commitments be made on a rolling three-year planning cycle as follows:
 - That a maximum contribution for minor projects be set annually by each RHD in advance of year one of each planning cycle; and
 - That RHDs identify notional contributions for years two and three.

Capital expenditures include facility, ~~and~~ equipment and information management/information technology projects. ~~In some cases, RHDs have also provided funding for Information Management/Information Technology projects.~~

5. That VIHA will develop a draft capital plan and identify which initiatives they intend to support using the RHD fixed share. The plan will be forwarded to RHDs on or about January 31 each year enabling the RHDs to approve their current year budgets no later than March 31.

Island Health will endeavour to provide increased predictability regarding the capital plan from year to year and from the provisional budget to final budget. Updates to ~~this~~ capital plan as well as planned and actual use of funds should be part of the regular reporting at scheduled meetings.

6. That a post-occupancy performance measure evaluation be completed for projects greater than \$5 million and shared with the respective RHD within six to 12 months of project completion (timing to be determined based on the specific project).

Appendix B

7. That media releases for capital expenditures for which RHD funding is supplied be jointly produced and released by VIHA and the participating RHD.
8. That the parties agree to work together in full co-operation to best meet the needs for the required quantity and quality of health facilities for VIHA residents.
9. That a review of this Memorandum of Understanding will occur at the semi-annual meeting between representatives of the VIHA and RHD Boards immediately following local government elections.
10. That this Memorandum of Understanding may be executed in any number of counterparts each of which will be deemed to be an original, and all of which taken together will be deemed to constitute one and the same instrument. This Memorandum of Understanding may be executed and delivered by electronic means and each of the Parties may rely on such electronic execution as though it were an original hand-written signature.

In Witness of this Agreement the parties have executed this Memorandum of Understanding on the dates set out below.

Alberni Clayoquot RHD	Print name	Date
Capital RHD	Print name	Date
Comox-Strathcona RHD	Print name	Date
Cowichan Valley RHD	Print name	Date
Mount Waddington RHD	Print name	Date
Nanaimo RHD	Print name	Date

Appendix B

Vancouver Island Health Authority

Print name

Date

2019 Memorandum of Understanding

BETWEEN:

VANCOUVER ISLAND HEALTH AUTHORITY
(hereafter called “VIHA”)

OF THE FIRST PART

AND:

ALBERNI-CLAYOQUOT REGIONAL HOSPITAL DISTRICT
CAPITAL REGIONAL HOSPITAL DISTRICT
COMOX-STRATHCONA REGIONAL HOSPITAL DISTRICT
COWICHAN VALLEY REGIONAL HOSPITAL DISTRICT
MOUNT WADDINGTON REGIONAL HOSPITAL DISTRICT
NANAIMO REGIONAL HOSPITAL DISTRICT
(hereafter called the “RHDs”)

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1. VIHA is responsible for health service delivery on Vancouver Island, the islands of the Georgia Strait, and in the mainland communities north of Powell River and south of Rivers Inlet.
2. RHDs are responsible for providing the local share of capital expenditures as defined in the *Hospital District Act*.
3. All parties recognize the benefits of coordinating their activities through formal and informal processes within the bounds of their respective legislative and regulatory obligations.

THEREFORE:

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1. That semi-annual meetings between representatives of the VIHA and RHD Boards are to:
 - enable communication of key strategic and operational initiatives that are underway within VIHA as they relate to capital planning and development;

Appendix B

- provide a forum to support a joint dialogue on key issues for both VIHA and the RHDs;
- offer the RHDs an ability to identify specific questions or concerns they have regarding health care delivery in their communities; and
- discuss potential capital priorities.

Both VIHA and RHDs should have the opportunity to influence the agenda for these meetings and adequate time should be planned to allow for both formal and informal discussions.

These meetings will typically occur in October and late Spring.

2. That VIHA and RHDs will have regular meetings between RHD staff and the appropriate staff from VIHA. These should be viewed as “working meetings”.
3. That ad hoc updates outside of regularly scheduled meetings can be arranged to ensure timely communication of issues occurs between staff (and possibly the Boards).
4. To provide increased predictability of RHD funding to VIHA and in recognition of the requirement of each RHD Board to approve expenditures on an annual basis, that minor capital commitments be made on a rolling three-year planning cycle as follows:
 - That a maximum contribution for minor projects be set annually by each RHD in advance of year one of each planning cycle; and
 - That RHDs identify notional contributions for years two and three.

Capital expenditures include facility, equipment and information management/information technology projects.

5. That VIHA will develop a draft capital plan and identify which initiatives they intend to support using the RHD fixed share. The plan will be forwarded to RHDs on or about January 31 each year enabling the RHDs to approve their current year budgets no later than March 31.

Island Health will endeavour to provide increased predictability regarding the capital plan from year to year and from the provisional budget to final budget. Updates to the capital plan as well as planned and actual use of funds should be part of the regular reporting at scheduled meetings.

6. That a post-occupancy performance measure evaluation be completed for projects greater than \$5 million and shared with the respective RHD within six to 12 months of project completion (timing to be determined based on the specific project).
7. That media releases for capital expenditures for which RHD funding is supplied be jointly produced and released by VIHA and the participating RHD.

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8. That the parties agree to work together in full co-operation to best meet the needs for the required quantity and quality of health facilities for VIHA residents.
9. That a review of this Memorandum of Understanding will occur at the semi-annual meeting between representatives of the VIHA and RHD Boards immediately following local government elections.
10. That this Memorandum of Understanding may be executed in any number of counterparts each of which will be deemed to be an original, and all of which taken together will be deemed to constitute one and the same instrument. This Memorandum of Understanding may be executed and delivered by electronic means and each of the Parties may rely on such electronic execution as though it were an original hand-written signature.

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Vancouver Island Health Authority	Print name	Date