



# MOUNT WADDINGTON REGIONAL HOSPITAL DISTRICT

## AGENDA

July 19, 2016 at the Regional District Office, 2044 McNeill Road.  
Port McNeill

- CALL TO ORDER:** The meeting shall be called to order at the conclusion of the regular Board of Director's meeting.
- Adoption of Agenda:** 1. Adopt the Agenda as circulated.
- Delegations:** NONE
- Minutes:** 2. Minutes of the regular Hospital meeting held June 21, 2016 **Page 2**
- Reports:** NONE
- Bylaws:** NONE
- Correspondence:** Comox Strathcona Regional Hospital District letter dated May 18, 2016 regarding paid parking in hospitals. **Page 3**
- Health Network Business:** NONE
- Adjourn:** Motion to adjourn the meeting.



# MOUNT WADDINGTON REGIONAL HOSPITAL DISTRICT

## MINUTES

MINUTES of the regular Board meeting of the Mount Waddington Regional Hospital District held Tuesday, June 21, 2016 at the Regional District Office, 2044 McNeill Road, Port McNeill.

**Present:** Chair: D. Rushton  
Directors: J. Allen, D. Dugas, A. Hory, P. Wainwright, H. Bood, S. Ackland,  
M. Berry  
Staff: G. Fletcher-Administrator; M. Tonkin-Recording Secretary;

**CALL TO ORDER:** The meeting was called to order at 4:07 pm

**Adoption of Agenda:** 1. Adopt the Agenda

024/16 It was moved and seconded that the agenda be adopted.

**CARRIED**

**Delegation:** None

**Minutes:** 2. Minutes of the regular Hospital meeting held May 17, 2016.

025/16 It was moved and seconded that the minutes of the regular Mount Waddington Regional Hospital District meeting held May 17, 2016 be adopted.

**CARRIED**

**Bylaws:** None

**Reports:** *The Administrator provided a brief verbal report about the Time Capsule package from the Port McNeill Hospital Board in 1991.*

One of the last items uncovered in the Time Capsule was a package from The Hospital Board. Each hospital had its own board in 1991, so it will be interesting to see how they functioned as a whole. We will circulate this package at a later date.

**Adjourn:** 026/16 It was moved and seconded to adjourn the meeting at 4:08 pm.

**CARRIED**

**CERTIFIED CORRECT:**

\_\_\_\_\_  
SECRETARY

\_\_\_\_\_  
CHAIR



## Staff Report

**DATE:** May 18, 2016

**FILE:** H-MP-NIHP

**TO:** Chair and directors  
Regional Hospital District board

**FROM:** Debra Oakman, CPA, CMA  
Chief Administrative Officer

**RE:** **Option Analysis – no user pay parking system at the North Island Hospitals (one hospital – two campus model: Campbell River and Comox Valley)**

### **Purpose**

To report back to the board with the results of staff's option analysis research with regard to a no user pay parking system at the North Island hospitals (one hospital – two campus model: Campbell River and Comox Valley).

### **Policy analysis**

#### Provincial Legislation

The following excerpt from the *Hospital District Act* highlights the eligible purposes for regional hospital districts.

#### ***Hospital District Act – Part 3 – Division 1 – 20 - Purposes***

20(1) 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;

#### Local Government Policy

The Comox Strathcona Regional Hospital board (CSRHD) adopted a financial planning policy to guide its decisions with regard to local taxation contributions for hospitals and named hospital facilities (appendix A). The 2011 policy requires amending to reflect the 2016 board direction to increase grants to named hospital facilities from \$2,500.00 to \$5,000.00 per year. Should the CSRHD board determine to enter into an agreement with the Vancouver Island Health Authority (VIHA) to make an annual grant contribution towards operating and maintenance costs for a 'no-user pay' parking system, the financial planning policy would require updating.

At the February 11, 2016 board meeting the following motion was adopted:

*“THAT staff be directed to meet with Island Health to provide the Comox Strathcona Regional Hospital District board with options to provide free parking at the Campbell River and the Comox Valley hospitals and that staff bring a report to the June 16, 2016 CSRHD board meeting.”*

At the September 17, 2015 board meeting the following motions were adopted:

*“THAT the Comox Strathcona Regional Hospital District write to Island Health to request that all on-site parking at our new hospitals sites be provided “free of charge” to patients and family members, thereby allowing patients and visitors throughout our very large geographic service area to have easy and open access to our hospitals and would enhance positive health outcomes for the people of our service area.”*

*“THAT Island Health be invited to a future Comox Strathcona Regional Hospital District board meeting to present information on and hold a discussion regarding the proposed paid parking model at the new hospital sites.”*

VIHA provided a response letter dated October 22, 2015 (appendix B) and Mr. Joe Murphy, vice president, planning and operations support, attended the CSRHD board meeting on November 15<sup>th</sup>, 2015 to present additional information (appendix C).

### **Executive summary**

With regards to the option analysis research conducted for a ‘no-user’ pay parking system at the North Island hospitals, staff reviewed the information provided from VIHA, letters to and from the Minister of Health as well as The Corporation of Delta (Delta) zoning amendment bylaw regarding prohibition of pay parking at hospital facilities. In addition, staff met with Joe Murphy, VIHA vice president, planning and operations support, to review additional information provided and had a follow-up meeting with both Mr. Manjit Sidhu, Ministry of Health (MoH) assistant deputy minister, corporate and finance and Mr. Murphy on May 2, 2016. This research has been carefully considered and staff have identified some options for board discussion. The major concern from a long-term sustainable MoH operations perspective is the need for the estimated parking revenue of between \$900k to \$1M to offset the costs of the operations and maintenance of the North Island hospitals facilities.

It is clear that any option the CSRHD board wants to advance will need to consider funding impacts on health care if user pay parking is eliminated, as this would result in VIHA diverting health care funds to meet the annual facility maintenance and operations costs of approximately \$8.9M.

Both VIHA and the MoH recommend the CSRHD board consider supporting the ‘user pay parking system’ to partially fund the annual operations and maintenance costs of the North Island hospital facilities recognizing that Minister Lake’s letter dated April 4, 2016 identifies several exemptions, a system for financial hardship, emergency parking and parking permit in-hospital system.

Any other option would require a commitment from local government to provide a grant for assistance to offset the loss of revenue from the user pay parking system.

Four options have been identified for board discussion.

### **Recommendation from the chief administrative officer:**

None – Report presents findings from research and options as requested by the board.

Respectfully:

*D. Oakman*

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Debra Oakman, CPA, CMA  
Chief Administrative Officer

### **History/background factors**

The CSRHD has funded 40 per cent of the capital cost of the North Island hospitals that serve the catchment area of Mount Waddington and Powell River regional hospital districts. There has been no funding contributions from these two other North Island hospital districts towards the Campbell River and Comox Valley \$600M capital hospitals project.

The Mayor of The District of Port Hardy has requested the Minister of Health to implement free parking at the Campbell River hospital facility (appendix F). MoH is clear on the provincial practice with regard to user pay parking at hospital facilities (MoH's response to Mayor of Port Hardy's correspondence included in appendix F). VIHA is clear on their intent to implement pay parking at all VIHA hospital facilities (attached letter from Mr. Joe Murphy (appendix G).

The parking fee rates are anticipated to be the lower of the Nanaimo Regional General Hospital and the Capital Regional Hospital (Royal Jubilee). The Nanaimo Regional Hospital District and the Capital Regional Hospital District do not contribute funding towards reducing or eliminating parking fees. Parking fees are established in most hospitals in BC.

The City of Campbell River has directed staff to research how Delta regulated no cost parking at the hospital located within their municipality. Staff's preliminary research indicates that Delta introduced a zoning bylaw amendment in 2004 that prohibits the charging for parking at hospitals. It should be noted that the 2004 staff report indicates that pay parking may be appropriate where there has been an expenditure of capital funds for multi-level parking structure; this is not the case in Delta.

The CSRHD financial planning policy supports funding contributions towards acute care hospitals and hospital facilities capital projects and equipment. The *Hospital District Act* supports CSRHDs grant-in-aid towards operating and maintenance of hospitals and named facilities.

### **Options**

Options analysis with regard to 'user pay' and 'no-user pay' parking system:

1. The Comox Strathcona, Mt Waddington and Powell River regional hospital districts could consider a cost sharing agreement with VIHA to provide \$1M in annual funding for the purposes of implementing 'no-user' pay parking at the North Island hospitals, the agreement could be reviewed every five years.
2. The Strathcona Regional District and the Comox Valley Regional District could independently consider establishing a community health care service and enter into individual agreements with VIHA to fund specific regional interests such as a 'no user pay parking system at the hospital in the region.
3. Municipalities could consider establishing regulations for a no user pay parking system within their jurisdictions.
4. Support the MoH and VIHA user pay parking system at hospitals recognizing that the policy includes several exemptions.

In summary, option one identifies the three primary regional hospital district catchment areas that the North Island hospitals serve and acknowledges the pay parking concerns raised by the Mayor of Port Hardy and the resolution presented by the Village of Tahsis at the Association of Vancouver Island and Coastal Communities (AVICC) with regard to unique demographic needs of the North Island area (AVICC resolution that was not endorsed appendix H).

Option two identifies an alternative for regional districts to consider specific funding of community health needs within their region. This alternative provides flexibility for regional areas to determine individual priorities and how best to apply tax collected.

Option three may provide for individual municipalities to consider regulating pay parking through zoning. To staffs knowledge there are no municipalities on the island that have zoning in place that prohibits the implementation of user pay parking. The City of Campbell River is investigating this option.

Option four is preferred by MoH and VIHA as it directly offsets the annual costs of facility maintenance and operations and includes exemptions

Other factors to consider include:

- Implementation difficulty, eg: additional administration, VIHA has identified that implementing any partial type of system eg: ‘no-user’ pay for patients and ‘user’ pay for staff will only create an additional administrative burden such as increased staff cost to monitor and enforce.
- Sustainable funding source for hospital maintenance and operations.

### **Financial factors**

VIHA has identified that annual revenue from user pay parking is estimated between \$900,000 and \$1M dollars. The MoH and VIHA have implemented user pay parking across the island health service areas and have confirmed (appendix G) the revenue from user pay parking is required to fund facility maintenance and repairs. Staff have been advised that the annual facilities maintenance cost to maintain and operate the North Island hospitals is approximately \$8.9M.

Should the North Island wish to provide a local tax revenue grant for operating and maintenance of the North Island hospitals, a formal letter would be required requesting VIHA to enter into an agreement to provide a grant for assistance for hospitals operating and maintenance in exchange for establishing a no-user pay parking system.

### **Parking stall analysis:**

Staff have prepared ‘parking revenue estimates’ (appendix I) based on parking space information provided by VIHA and estimates of parking revenue to assist the board with their discussions on whether to pursue a no-user pay parking system grant agreement.

Joe Murphy, vice president, planning and operations support, Island Health, has reviewed staff’s parking revenue estimates (appendix I) and has advised that Island Health anticipates “no greater than 80% compliance in the parking program by 2019 year end and as such we estimate “gross” revenues between \$900,000 and \$1,200,000 annually depending on fluctuating compliance, specifically in the first two years of operations. Our calculations also suggest “net” revenues no greater than \$850,000 compared to your calculations of \$1,000,000. Therefore our assumption is that your estimates assume 100% compliance in the parking program.”

Mr. Murphy further advised that Island Health has “yet to determine the exact parking rates at each location. That said we are committed, as previously communicated, to providing the lowest of the rates at either St. Josephs or Nanaimo hospital. At this time our estimates reflect our lived experience at NRGH based on our standard of 70% Staff and 30% Public parking stall split. Our estimates also do not currently include ancillary expenses such as Island Health’s

contribution to BC Transit Propass, which at the moment is \$17.50 per period or \$455 per year per employee enrolled.”

### Local tax levy analysis:

Staff have prepared ‘CSRHD requisition calculation for raising \$1M through taxation’ (appendix J) to assist the board with their discussion on whether to pursue funding a no-user pay parking system.

### CSRHD financial analysis:

The CSRHD taxation revenue is currently applied to fund the long-term borrowing (10 years) for the North Island hospital facilities. In addition there is an annual allocation of \$1.8M for capital projects and equipment. With the new hospitals being commissioned in fall 2017, there is the potential of allocating up to \$1M of this annual funding towards the operating and maintenance of the north island hospital facilities in exchange for VIHA to implement a no-user pay parking system.

### Legal factors

The CSRHD financial planning policy supports funding contributions towards acute care hospitals and hospital facilities capital projects and equipment. The *Hospital District Act* supports CSRHD’s grant-in-aid towards operating and maintenance of hospitals and named facilities.

The CSRHD board financial planning policy would require an amendment in order to reflect the expanded funding role from capital equipment and projects to include operating and maintenance of hospitals and named hospital facilities.

2016/17 Hospitals and Named Facilities	2018 Hospitals and Named Facilities
Campbell River and District General Hospital	North Island Hospitals – one hospital – two campus model: <ul style="list-style-type: none"> <li>✓ Campbell River Hospital</li> <li>✓ Comox Valley Hospital</li> </ul>
St Joseph’s General Hospital	
Cumberland Regional Hospital Laundry	Cumberland Regional Hospital Laundry
Cortes Health Centre	Cortes Health Centre
Gold River Health Clinic	Gold River Health Clinic
Kyuquot Health Centre	Kyuquot Health Centre
Tahsis Health Centre	Tahsis Health Centre
Zeballos Health Centre	Zeballos Health Centre
Sayward Health Centre	Sayward Health Centre

### Sustainability implications

Should the CSRHD board determine to ask VIHA to consider entering into an agreement for a no-user pay parking system, the agreement should include an annual reporting of parking analysis with a review of the agreement in a three to five year period.

### Intergovernmental factors

The request by the Village of Tahsis to AVICC for a special resolution regarding free parking at the new North Island hospitals was not supported by the membership. Additional hospital pay parking research is provided for information as appendix K.

### Interdepartmental involvement

The CVRD administration and financial department staff provide support services to the CSRHD.

**Citizen/public relations**

Pay parking at hospital facilities is of interest to the public, it is unclear whether the tax payers of the CSRHD support local tax revenue being diverted from hospital capital equipment and projects towards hospital operating and maintenance costs with the objective of requesting VIHA to implement a system of no-user pay parking system. The CSRHD board could consider a referendum on the matter.

Prepared by:

*D. Oakman*

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Debra Oakman  
Chief Administrative Officer

**Attachments:**

- Appendix A – CSRHD Financial Planning, Policy, 2011
- Appendix B – Correspondence from VIHA to CSRHD dated October 22, 2015 in response to CSRHD correspondence dated September 28, 2015
- Appendix C – Presentation from VIHA to November 15, 2015 CSRHD board meeting
- Appendix D – Correspondence from Ministry of Health to MLA, North Island dated November 26, 2015 in response to MLA's letter to Vancouver Island Health Authority dated September 30, 2015
- Appendix E – Correspondence from Ministry of Health dated April 4, 2016 in response to SRD letter dated January 19, 2016
- Appendix F – Correspondence from Ministry of Health dated April 4, 2016 in response to District of Port Hardy letter dated January 14, 2016
- Appendix G – Correspondence from Island VIHA to CSRHD dated March 24, 2016
- Appendix H – Resolution considered and defeated at AVICC 2016 conference
- Appendix I – Parking revenue estimates
- Appendix J – CSRHD requisition calculation for raising \$1,000,000 through taxation
- Appendix K – Hospital pay parking research