



# MOUNT WADDINGTON REGIONAL HOSPITAL DISTRICT JANUARY 21, 2020 MEETING AGENDA

Following the Regional District of Mount Waddington Board of Directors Meeting  
Board Room, RDMW Administrative Office, 2044 McNeill Road, Port McNeill, BC

Page **CALL TO ORDER**

## **A. APPROVAL OF AGENDA**

- 1 1. Adoption of January 21, 2020 MWRHD Meeting Agenda as Presented (Or amended)

## **B. DELEGATIONS & RECOGNITIONS**

## **C. ADOPTION OF MINUTES**

- 2-3 1. Minutes of the MWRHD Meeting held December 17, 2019, as Presented (Or amended)

## **D. CORRESPONDENCE - None**

## **E. REPORTS**

- 4 1. Island Health – RHD MOU Revisions  
5-7 2. Island Health – RHD MOU Final

## **F. BYLAWS – None**

## **E. COMMITTEE REPORTS – None**

## **G. HEALTH NETWORK BUSINESS - None**

**H. NEXT MEETING** – February 18, 2020 following the RDMW Board of Directors meeting.

## **I. ADJOURNMENT**



# MOUNT WADDINGTON REGIONAL HOSPITAL DISTRICT

## December 17, 2019 Minutes

Following the Regional District of Mount Waddington Board of Directors Meeting  
Board Room, RDMW Administrative Office, 2044 McNeill Road, Port McNeill, BC

Present: Andrew Hory (Chair) and Directors Sandra Daniels, James Furney, Dennis Buchanan, Dennis Dugas, Rod Sherrell, Kevin Cameron, Janet Dorward, Gaby Wickstrom  
Staff: Greg Fletcher, Nadine Weldon  
Media: None  
Public: Angela Smith - MWHN

Resolution No. **CALL TO ORDER** **Time 4:57 PM**

### A. APPROVAL OF AGENDA

1. Adoption of December 17, 2019 MWRHD Meeting Agenda.

047/2019 Moved/Seconded/**CARRIED**  
THAT the December 17, 2019 MWRHD Meeting agenda be approved as presented.

### B. DELEGATIONS – None

### C. ADOPTION OF MINUTES

1. Minutes of the MWRHD Meeting held November 19, 2019.

048/2019 Moved/Seconded/**CARRIED**  
THAT the November 19, 2019 MWRHD meeting minutes be approved as circulated.

### D. CORRESPONDENCE – None

### E. REPORTS –

1. Island Health Draft Capital Planning Report 2020-2050
  - a. Review of process of capital spending, report includes information of priority spending. Mount Waddington has a few items, which may impact taxation needs.
  - b. Projects listed with possible timelines, which assists with budgeting and future capital amounts.

049/2019 Moved/Seconded/**CARRIED**  
THAT the Island Health Draft Capital Planning Report be received and filed.

2. *MWHN Coordinator – Draft Annual Report (circulated at the meeting)*

#### *Highlights:*

- *In November, Expression of Interest application was submitted for a Foundry Facility Intergrated Youth Health Care for Port Hardy. Of 40 applications, the Health Network was one of 6 selected on a short list. Will notify successful applicant for \$6 million capital project (\$200k operating), by April.*

- *Identified Rural Issues include homelessness and house crowding, as well alcohol and substance abuse. Currently looking into the viability of a managed alcohol program*
- *Restorative Justice – This is an ongoing work, there have been a couple of meetings with RCMP and others in the communities. The Health Network has not really gone further with this as the RCMP is working on a pilot project for this.*
- *Wellness First is busy – strategy proposal deadline has been extended to January.*
- *Housing First – The Health Network would like to get some data that can live beyond the project (demographic information that can be used for other projects)*
- *Winter Housing Conference – This was a 3 Day conference which included leadership aspects, collaborative aspects, key learnings. There were a total of 1600 people from across the country.*
- *Housing Coalition: In order to streamline the process and ensure that works are moving forward, the decision was made to have the coalition act as a hub for communication, not a meeting place.*
- *Transportation Needs Assessment: slow start, but now moving along. Current work is for the sustainability for the VTN. Looking at it for a more provincial perspective to perhaps assist advocacy.*
- *Great success with senior literacy in Port Alice. Identified key issues and partnered with VIRL, and used Port Alice community centre due to hours of operation. This was done as a mentorship program. Due to success – looking at expanding to PH, Sointula, AB and pilot project running in Woss*
- *My Voice: booklet is a great tool for future planning for seniors. The initial forum had double the anticipated attendance.*
- *Food Security: towards the end of the year – decision was made to support the Food Atlas. This is a map that shows where you can get food at each community, including food banks, farmers markets, etc... The Health Network is looking to have someone put this together*
- *The Health Network is looking at changes in communications. There are currently 270 people on the master mailing list and 52 people on the mailing list for ToPP. Have been able to establish engagement with VIRL, which is new.*
- *January 8 – will be at community futures at 9:00am to select priority items for strategic planning. Leverage resources and partnerships.*

050/2019 Moved/Seconded/**CARRIED**

THAT Motion to receive and file the draft annual report from Health Network Coordinator.

**F. BYLAWS** – None

**G. COMMITTEE REPORTS** – None

**H. HEALTH NETWORK BUSINESS** – None

**I. NEXT MEETING** – January 21, 2020 following the RDMW Board of Directors meeting.

051/2019

**J. ADJOURNMENT**

**Time 5:35 PM**

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CHAIR

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SECRETARY



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

## 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”)

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:
  - 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, 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.

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
Vancouver Island Health Authority	Print name	Date