

**CAPITAL REGIONAL DISTRICT**  
**STAFF REPORT TO THE HEALTH FACILITIES PLANNING COMMITTEE**  
**MEETING OF WEDNESDAY, OCTOBER 20, 2004**

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**TITLE:**

Vancouver Island Regional Hospital Districts (VI-RHDs)/Vancouver Island Health Authority (VIHA) Annual Joint Planning Meeting.

**SUBJECT:**

The Vancouver Island Regional Hospital Districts/VIHA Annual Joint Planning Meeting in Nanaimo October 6, 2004. This report outlines pre-meeting issues as well as a summary of the meeting.

**BACKGROUND:**

The annual joint planning meeting between VIHA and VI-RHDs took place on October 6, 2004 in Nanaimo.

**1. Pre-meeting issues**

Great difficulties were encountered by the District in trying to obtain capital planning information from VIHA. The purpose of the semi-annual fall meeting is to review the Five Year Capital Plan. Follow-up meetings occur in each of the three sub-regional areas (South, Central and Northern Vancouver Island) in November but the regional meeting sets the stage for the sub-regional meetings. It is an important opportunity for sharing information, outlining the context of health care provision, discussing individual projects, reviewing VIHA's capital project ranking criteria and generally working together on the health facility capital needs for Vancouver Island.

In late August when CRD staff started planning the meeting agenda, a request was made to VIHA for the release of their Five Year Capital Plan (called the Capital Asset Management Plan or CAMP). This Plan had been submitted to the Ministry of Health Services in July. VIHA's original position was that they could not release the report because it was incomplete and subject to interpretation. VIHA intended to present a version of the Plan at the meeting.

Staff objected to VIHA's unwillingness to release the Plan with the position that all RHDs were entitled to receive the document and to receive it at least two weeks ahead of the meeting. The failure to release the Plan contravened the recommendations of the Regional Hospital District Cost Sharing Review, adopted by UBCM, the Minister of Health Services and all Health Authorities in 2003.

Following further negotiation, VIHA advised they would release an abridged version of the Plan. District staff continued to object to VIHA's position because the abridged Plan would exclude important detail and summary information.

Other Vancouver Island RHDs who had been consulted throughout decided to accept the abridged Plan and present their objections at the meeting.

District staff contacted VIHA on September 27<sup>th</sup> to find out why the Plan had not been released at which time VIHA staff advised that they may not be able to release the abridged report ahead of the meeting and it may have to be presented directly at the fall meeting. Staff objected this time with the position that if the Plan was not released the meeting could be cancelled with future RHD capital funding contributions subject to reconsideration by all VI-RHD Boards.

In latter discussion with VIHA it became clear that the Ministry of Health Services was behind the decision to withhold the Plan. On September 30<sup>th</sup>, after no further advice from VIHA and an earlier unsuccessful attempt to phone a senior Ministry of Health Services official, staff emailed the same official repeating claims to the entitlement to receive the Plan and the consequences if it was not received. On October 1<sup>st</sup>, the full Five Year Plan was made available to the Districts - two working days ahead of the October meeting.

Good organizational relations are based on openness and trust. Notwithstanding recommendations of the 2003 Regional Hospital District Review (see Attachment 1) and VIHA's expectation of \$118M in Regional Hospital District funding, the Five Year Plan was not going to be made available to the Districts.

The process of negotiating the release of the Plan was unnecessary, time consuming and harmful to the relationship between the organizations. In the final analysis, the Plan contained information that, for the most part, was already known to the Districts.

## **2. VI-RHD Meeting**

Regional Hospital Districts' elected officials and staff met before the VIHA meeting and there were two outcomes.

Firstly, Regional District Chief Executives agreed to send an expression of concern to VIHA's incoming Chief Executive Officer about VIHA's failure to voluntarily provide the Five Year Capital Plan and RHDs' expectations of what VIHA has to provide in the future in order to maintain a good working relationship between the two organizations.

Secondly, elected officials from two of the Regional Hospital Districts (Nanaimo and Alberni-Clayoquot) indicated their objection to engaging in these types of meeting without VIHA board members in attendance. The objections about the unavailability of VIHA Board members were registered at the start of the meeting with VIHA and the elected officials from Nanaimo and Alberni-Clayoquot left the room. Elected officials from Nanaimo also indicated that they would be communicating with the VIHA Board Chair to formally express these objections and to seek regular two-way discussion.

## **3. VIHA/VI-RHD Meeting**

The meeting with VIHA centered on the Five Year Plan. The key points of the Five Year Plan are summarized in Attachment 2. The minutes of the meeting taken by Nanaimo Regional Hospital District were not available at the writing of this report.

#### **4. VIHA Capital Asset Management Plan 2004/05 to 2008/09**

The 2004/05 to 2008/09 Capital Asset Management Plan is summarized in Attachment 3.

#### **RECOMMENDATION:**

1. That this report be accepted as information with further review in the November Five Year Capital Plan Report.

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Jeremy Tate, Director  
Health Facilities Planning