

**APPENDIX A: ANALYSIS OF UBCM COST SHARING REVIEW RECOMMENDATIONS  
STAFF REPORT TO THE PLANNING & TRANSPORTATION COMMITTEE - MARCH 25, 2009**

**Recommendation 1: The Provincial Government, through the MOHS, is asked to commit to the development of a long range health infrastructure capital plan no later than the 2010/2011 fiscal year. The plan should provide for a minimum planning horizon of three years, with a long term goal of five- to ten-year plans.**

*◆ CRHD has consistently maintained the need for a long-range capital plan emanating from VIHA/MoHS. To address multiple long-term infrastructure priorities, CRHD staff develop a Ten Year Capital Plan for the Hospital District annually. The plan, developed in collaboration with VIHA, identifies capital expenditures for the ten-year period and the financial implications for the current and future CRHD requisition.*

**Recommendation 2: The RHDs and HAs are asked to define fixed funding amount that will provide increased predictability of the funding obligations of the RHDs for the majority of all capital initiatives including minor equipment, major equipment, facility renovations and routine capital development projects. This fixed amount should be confirmed for an initial period of three years and then updated in three year cycles based on the long range plans established by Government.**

*◆ CRHD provides fixed funding to VIHA for equipment and minor capital projects. The agreement is typically set for three years to enable VIHA to effectively manage the capital planning process. The 2008 Funding Options Review revised funding guidelines for both categories.*

**Recommendation 3: HAs are asked to develop draft capital plans and identify which initiatives it intends to support using the RHD fixed share. Updates to those plans as well as planned and actual use of funds should be part of the regular reporting at scheduled meetings.**

*◆ CRHD Ten Year Capital Plan establishes the projects cost shared by the CRHD and is updated annually.*

**Recommendation 4: The MOHS is asked to work with the HAs and RHDs to update/confirm the definition of capital. This definition should identify a dollar value for large building projects that will be considered outside of the fixed funding model contemplated in Recommendation #2.**

*◆ 2008 Funding Options Review identifies all capital projects over \$3.0 M as major health infrastructure projects. Funding for these types of projects is beyond the fixed annual minor capital funding envelope.*

**Recommendation 5: The MOHS and HAs are asked to develop educational materials to define the P3 alternate financing model more clearly to all parties, ensuring that any such material addresses concerned noted previously in this report.**

*◆ Staff work closely with VIHA's project office for the RJH Patient Care Centre and VIHA Capital Finance to ensure accountability on CRHD's share of funding for this project. Staff receive ongoing information such as the project agreement and regular status updates.*

**Recommendation 6: The MOHS, RHDs and HAs are asked to clarify principles and mechanisms required to improve communication and enable a more robust process for joint dialogue on key issues related to the overall context within which capital planning decisions are being made.**

**Recommendation 7: HAs and RHDs are asked to continue with the development of processes to ensure regular meetings are scheduled between representatives of the Boards of the HAs (e.g. Board Chair) and the RHDs to:**

- **Enable communication of key strategic and operational initiatives that are underway within the HA as they relate to capital planning and development;**

*Recommendation 7 continued:*

- **Provide a forum to support a joint dialogue on key issues for both the HAs and 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 HA and RHD 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.**

◆ *Vancouver Island RHDs and VIHA meet annually in Nanaimo. The meeting is attended by the CRHD Board Chair, accompanied by CRHD staff. Staff is currently working on ways to further enhance and improve communications with VIHA at the Board and Senior Executive level. Renewed commitment to partnerships and working relationships between both Boards will demonstrate a mutually forward-looking perspective toward the renewal and sustainment of health facilities infrastructure in the Region.*

**Recommendation 8: HAs and RHDs are asked to schedule semi annual meetings between RHD staff and the appropriate staff from the HA. These should be viewed as “working meetings” and could be co scheduled with the formal Board dialogue sessions suggested above. In this model, the RHD must be willing to accept the HAs authority to designate the most appropriate person(s) to represent them at these meetings.**

**Recommendation 9: HAs and RHDs are asked to define mechanisms to allow for ad hoc updates outside of regularly scheduled meetings to ensure timely communication of issues occurs between staff (and possibly the Boards).**

◆ *The CRHD/VIHA Coordinating Committee meeting occurs every month at the staff level. This meeting helps to maintain an effective working relationship with VIHA Capital Planning and Finance staff to streamline the capital planning/funding process. The meeting also provides an opportunity for VIHA staff to provide project updates, collaborate on development of capital plans, and address other related issues.*

**Recommendation 10: The RHDs and HAs are asked to share current templates and tools to be used to support improved communication, project management and cost updates. The intent is to create a toolkit to increase consistency of tools used across all HAs and RHDs.**

◆ *Staff works collaboratively with senior VIHA staff on various key issues. VIHA and CRHD staff share a cordial and trustworthy relationship and regularly collaborate and share information for the purpose creating accurate staff reports, capital plans and/or presentations.*

**Recommendation 11: The MOHS is asked to update the legislation to reflect a new definition of capital.**

◆ *2008 Funding Options Review aligns our funding policies with the Provincial funding guidelines within existing legislations. We will continue to monitor legislation and work with VIHA to implement applicable updates.*

**Recommendation 12: The MOHS is asked to take the lead implementation role, to ensure that a detailed implementation work plan is developed jointly with UBCM, the HAs and RHDs.**

◆ *CRHD participated on the steering committee for the 2003 and 2008 reviews and will actively participate in its implementation.*

**Recommendation 13: The UBCM is asked to monitor implementation progress on a semi annual basis and request explanation of any variances to the work plan.**