Island Health and
Vancouver Island Regional Hospital Districts
Semi-Annual Joint Planning Meeting
Nanaimo, BC
December 6, 2019
Minutes of Meeting

In attendance from Island Health:

Leah Hollins	Kathy MacNeil
Kim Kerrone	Sharon Torgerson
Scott McCarten	Mike Lowe
Chris Sullivan	Alla Ushkaltseva

In attendance from the Regional Hospital Districts (RHDs):

Josie Osborne, Alberni-Clayoquot	Doug Holmes
Denise Blackwell, Capital	Michael Barnes, Capital
Charlie Cornfield, Comox-Strathcona	Beth Dunlop, Comox-Strathcona
Aaron Stone, Cowichan Valley	Natalie Wehner, Cowichan Valley
Andrew Hory, Mt. Waddington	Greg Fletcher, Mt. Waddington
Ian Thorpe, Nanaimo	Phyllis Carlyle, Nanaimo
	Elizabeth Hughes, Nanaimo

1. Introductions

Roundtable introductions were made by Kim Kerrone.

2. Welcoming Remarks

Leah Hollins welcomed everyone to the meeting and provided opening comments including:

- acknowledgement of the traditional territories of the Coast Salish People and the Snuneymuxw First Nation;
- welcoming back the returning RHD Chairs and the new incoming RHD Chair Aaron Stone;
- recognizing the importance of RHDs and our partnership;
- the Island Health Strategic Framework which is now being rolled out which includes:
    - Improve the experience of our patients and their families;
    - Improve the experience and wellbeing of Island Health employees and volunteers;
    - Increase health system value and ensure sustainability of health and care services; and
    - Improve the health and wellness of the population and communities we serve.

3. Approval of Agenda

There were no changes to the agenda.

4. May 3, 2019 Minutes (Semi-Annual Joint Planning Meeting)

There were six follow-up items:

Action: Island Health will discuss the involvement of the First Nations Health Authority (FNHA) in future semi-annual meetings.

FNHA was unable to attend the meeting due to schedule conflict. FNHA will be invited to provide an update at the next meeting as there are some interesting developments with their capital projects on the Island.

Action: Discuss proposed changes to the Memorandum of Understanding (MOU) at the Special Topics meeting.

Although the Special Topics meeting was cancelled due to lack of agenda items, the proposed changes to the MOU were discussed at the individual staff to staff meetings held between October and December. These changes are to be discussed later in the meeting.

Action: Share the 2019 Health Authority Mandate Letter from the Minister of Health after Island Health Board review in June.

The Mandate letter will be distributed with the December 6, 2019 meeting minutes and is available at the following website: https://www.islandhealth.ca/sites/default/files/2019-07/health-authority-mandate-letter.pdf.

Action: Island Health to propose a meeting at UBCM with RHD Chairs, Health Authority Chairs and the Ministry.

This item was brought forward for further discussion to determine RHD interest. There was discussion on how this meeting may proceed. As an initial step, Josie Osborne will connect with Island Health regarding a presentation/meeting at the Association of Vancouver Island Coastal Communities (AVICC) in April 2020.

There was also a discussion on the problems with the Hospital District Act. The Ministry does not have a plan at this time to make any amendments.

Action: Island Health to provide a description of specific programs related to the continuum of health care for information.

Descriptions of specific programs will be distributed with the December 6, 2019 meeting minutes.

5. Island Health Update

Kathy MacNeil provided an update on various items including:

- a First Nations caucus she attended which focused on First Nations led primary care initiatives;
- recognizing that in the past year RHDs have contributed over $18.7 million supporting projects across the areas we serve;
- the shift in focus from acute to community care and our appreciation for RHDs willingness to help us fund those investments;
- shifting capital priorities including the emergence of Urgent and Primary Care Centres; and
- the pressure for additional long-term care beds consistent with the recommendations of the Seniors Advocate and support from our partners to help meet the gap in demand.

Kathy also spoke about the importance of transparency. We need to hear from our partners on how we can improve process as well as how we can move outside of our traditional approaches to better position ourselves to support the health and care needs the people we serve.

There was a discussion on capital project cost escalation and the difficulty of local governments and communities being asked to carry the weight of these increases. This conversation is to be continued later in the meeting.

6. Island Health Nursing Recruitment

Sharon Torgerson and Alla Ushkaltseva provided a summary of the Canadian nursing shortage and Island Health efforts to recruit and retain nurses. The presentation is attached.

There was discussion on key challenges including availability of affordable housing and child care.

7. Memorandum of Understanding (MOU)

Given that changes to the MOU was discussed at the six meetings between Island Health and RHD staff, and the time constraints of today's meeting, there was a concensus that each RHD Board and the Island Health Board would be asked to approve the changes.

Action: Chris Sullivan to send correspondence to each RHD Board to request ratification of the changes to the MOU.

8. Capital Planning Update

Scott McCarten provided a capital update including a review of the Island Health capital funding sources, how the funds are allocated and the minor capital prioritization process.

As part of an in camera exercise, three draft lists of major capital project priorities referred to as the Major Capital Roadmap were presented. These lists represent the need for longer term planning for major projects. Participants were asked to provide a community lens on what might be missing or what needs more consideration. The comments included:

- expansion of Nanaimo Regional General Hospital to a tertiary facility for cardiac and cancer services to address population growth (ongoing conversations are underway with the Provincial Health Services Authority regarding access to these services); and
- discrepancy in funding between south and north of the Malahat (Island Health is conscious of distributing operating funds based on health status across different communities).

There was further discussion regarding capital project cost escalation and exploring ideas for mitigation. Additional points raised included:

- the need to add a management reserve and better forecast escalation;
- difficulty for local governments to increase property taxes to cover increased costs given the impact on the affordability of home ownership;
- the need to look at new models which may include cost-sharing but also local governments owning the asset;
- willingness for RHDs to cost-share with Foundations rather than Ministry of Health/Island Health;
- reviewing ability for greater federal government funding;
- reviewing opportunities to combine health programs/services in the same facility as other public services;
- reducing complexity of health projects and Island Health's design and tender processes to reduce costs; and
- need for an Asset Management Plan.

To address the capital funding issues, participants were asked how this group could be engaged differently and whether there were steps that could be taken before the next semi-annual meeting. One suggestion was to meet quarterly or perhaps at the next AVICC meeting in April where other levels of the government can be asked how they can help. To move this forward, it was proposed to have a meeting at the end of February to prepare for AVICC. RHDs were asked to provide feedback to Scott McCarten and Chris Sullivan on how this meeting could be structured. An example was to identify examples such as local government providing land or incorporating health services in local government facilities (e.g. community centres).

Action: Set up meeting by end of February to discuss Island Health involvement in the AVICC. RHDs to provide feedback to Scott McCarten and Chris Sullivan on how this meeting could be structured.

9. Round Table

There was a request to discuss integration of mental health in our acute care facilities at the next semi-annual meeting.

10. Closing Remarks

Kim Kerrone thanked the meeting attendees for their participation.

Capital Management &
Finance Projects

Island Health – RHDs
Semi-Annual Meeting
December 6, 2019

6. Memorandum of Understanding (MOU)

Action: Island Health will discuss the involvement of FNHA in future semi-annual meetings.

- **Completed – FNHA was invited to the December 6, 2019 meeting.**

Action: Discuss proposed changes to the MOU at the Special Topics meeting.

- **Meeting was cancelled due to lack of agenda items.**
- **MOU changes discussed at individual staff to staff meetings held between October and December.**

7. Island Health Update

Action: Share the 2019 Health Authority Mandate Letter from the Minister of Health after Island Health Board review in June.

- https://www.islandhealth.ca/sites/default/files/2019-07/health-authority-mandate-letter.pdf

9. Future Meetings

Action: Island Health to propose a meeting at UBCM with RHD Chairs, Health Authority Chairs and the Ministry.

- **Bring forward for further discussion.**

9. Future Meetings

Action: Island Health to provide a description of specific programs related to the continuum of health care for information.

- **See separate document to be provided in meeting materials.**

Memorandum of Understanding

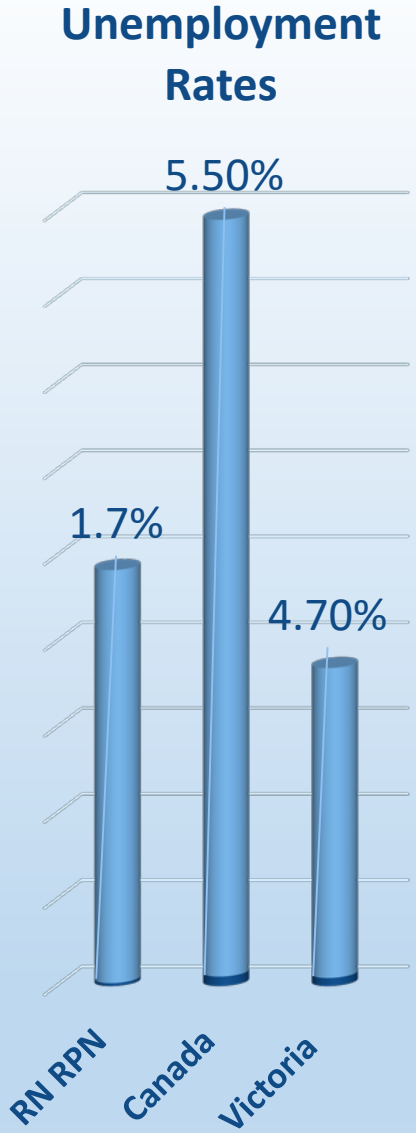
- **Initial comments received at May 3, 2019 meeting**
- **Reviewed at separate meetings with RHD staff**
- **Open for further discussion**
- **Next steps**
  - **Individual Board approvals**

Nurse Recruitment

Regional Hospital District Meeting
December 6, 2019

Excellent health and care for everyone, everywhere, every time.

Canadian Nursing Shortage



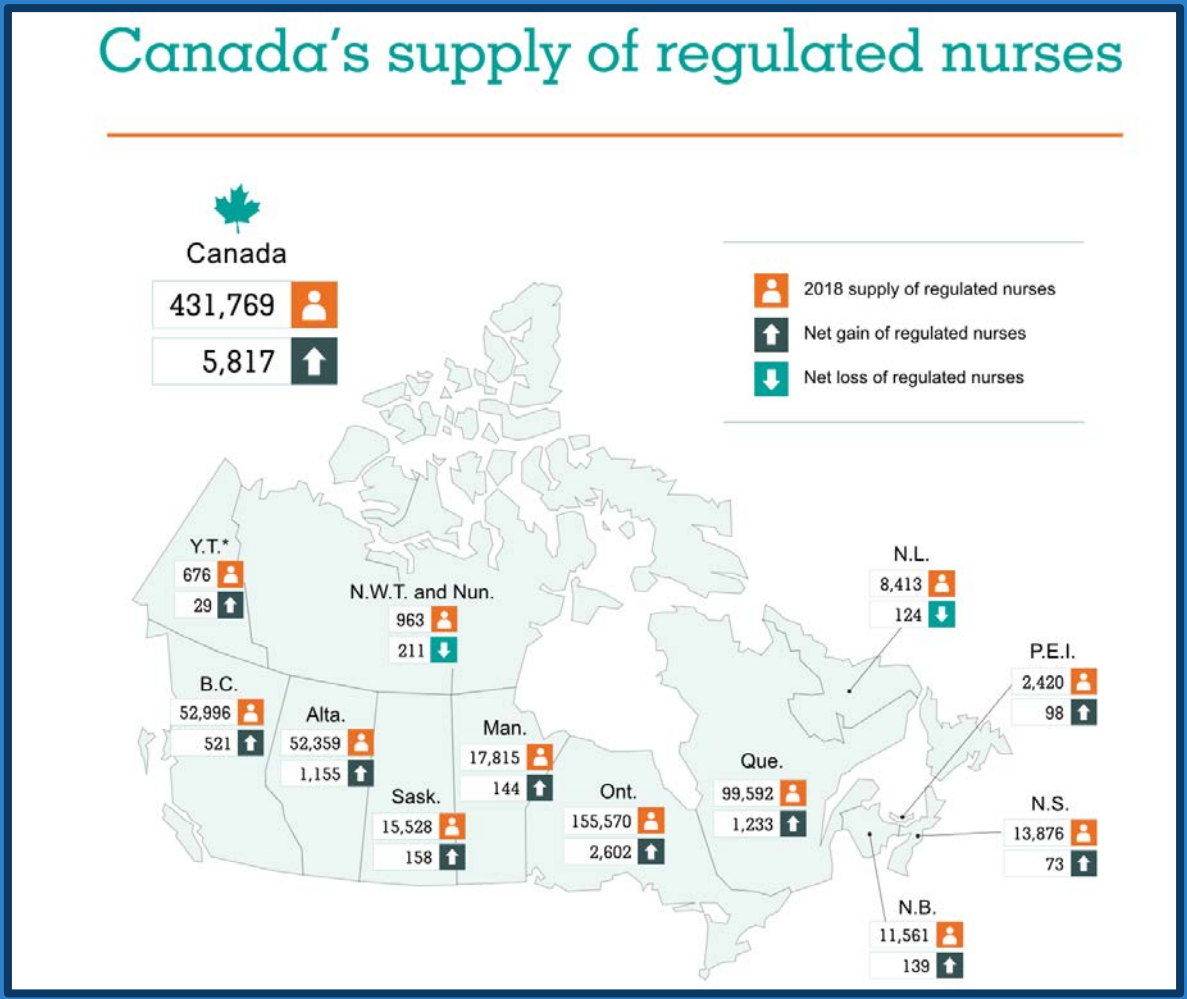
The Canadian unemployment rate for RNs/RPNs is 1.7%

- The Canadian unemployment rate (all occupations) is 5.5%
- The unemployment rate for Victoria is 4.7%

The Canadian Occupational Projection System indicates that between 2017-2026:

- New RN/RPN job openings (*expansion and replacement demand*) will be **157,100**
- Retirements are expected to account for 50% of these openings
- **143,900** new job seekers will be available to fill these openings
- Employment growth for nurses is expected to be among the highest of all occupations, accounting for more than 40% of all job openings.

Canada's Supply



Regulated nurses refers to registered nurses (including nurse practitioners), Licensed practical nurses and registered psychiatric nurses.
Source Health Workforce Database, Canadian Institute for health Information

island health

Closer Look at BC

- BC Provincial Health Workforce Strategy

Service Areas

- Primary Care
- Medically Complex and/or Frail
- Surgery
- Mental Health and Substance Use
- Cross-system services

island health

Talent Acquisition Function

island health

Island Health Largest Gap

- Registered Nurses
- Licensed Practical Nurses
- Health Care Assistant/Community health Worker
- Physiotherapists
- MRI Techs

island health

Our Strategy for Nursing

- Consolidated Single Job Posting
- Concierge Model of Recruitment
- Silver medalists
- Specialty Education Steering Committee
- Increasing our Social Media tools
  - Facebook: Careers page, Aboriginal Employment careers
  - LinkedIn
  - Twitter
  - Glass Door
  - Talent Egg
  - Indeed
  - Google

Nurse Your Senses

island health

- 178 external Nurses hired since July 1, 2019
- New Grad hiring will net ~ 250 nurses

island health

Thank You!

Capital Management

Scott McCarten – Corporate Director, Capital Management & Finance Projects

What are our various funding sources for?

- **Priority Investment: Strategic Capital**
  - 50% or more of asset replaced
  - Completely new health care facility
  - New system capacity and building footprint
  - Net new major diagnostic equipment and IM/IT infrastructure
  - Greater than 50% refurbishment of a building
    - Can be carried over year to year
    - No cash flow implications
    - Prioritized by MOH against all other provincial funding requests
    - Cannot be reallocated to routine items

- **Routine Capital: Annual Intake**
  - Asset rehabilitation, upgrade and renovation
  - Extend asset life, improve facility / asset condition
  - Modify infrastructure to meet current standards
  - Improve functional or operational efficiency
  - Replacing building systems, equipment & IM/IT infrastructure
  - Relocations or redesign of clinical programs
    - Island Health discretionary. MoH Approval only required for >$2M
    - “Use it or Lose it”
    - Can only be reallocated to PI items with MoH approval

What are our various funding sources for?

Fund	Source	Purpose
Priority Investment	Ministry of Health Capital Budget Letter	Whole Asset Replacement & Renewal or New/Expansion
Routine Capital: Restricted Capital Grant	Ministry of Health Capital Budget Letter	>$100K Asset rehabilitation, Upgrades, Renovations
Routine Capital: Non-Restricted Capital Grant	Ministry of Health Operating Letter	<$100K Asset rehabilitation, Upgrades, Renovations
Regional Hospital District	Municipal taxes to match 40% of Ministry funds	Augments Ministry funds
Foundation	Donors	Allows previously unfunded projects & equipment to proceed
Internal Funds	Operating Surplus / Working Capital	Pay Current Liabilities or fund deficit

How are our funds broken down and how do we allocate them?

Annual Routine Capital Investment
$60M (Best Case)

Restricted $32M		Non-Restricted $28M		
MoH $19M	RHD $13M	MoH $12M	Foundation $10M	RHD $5M

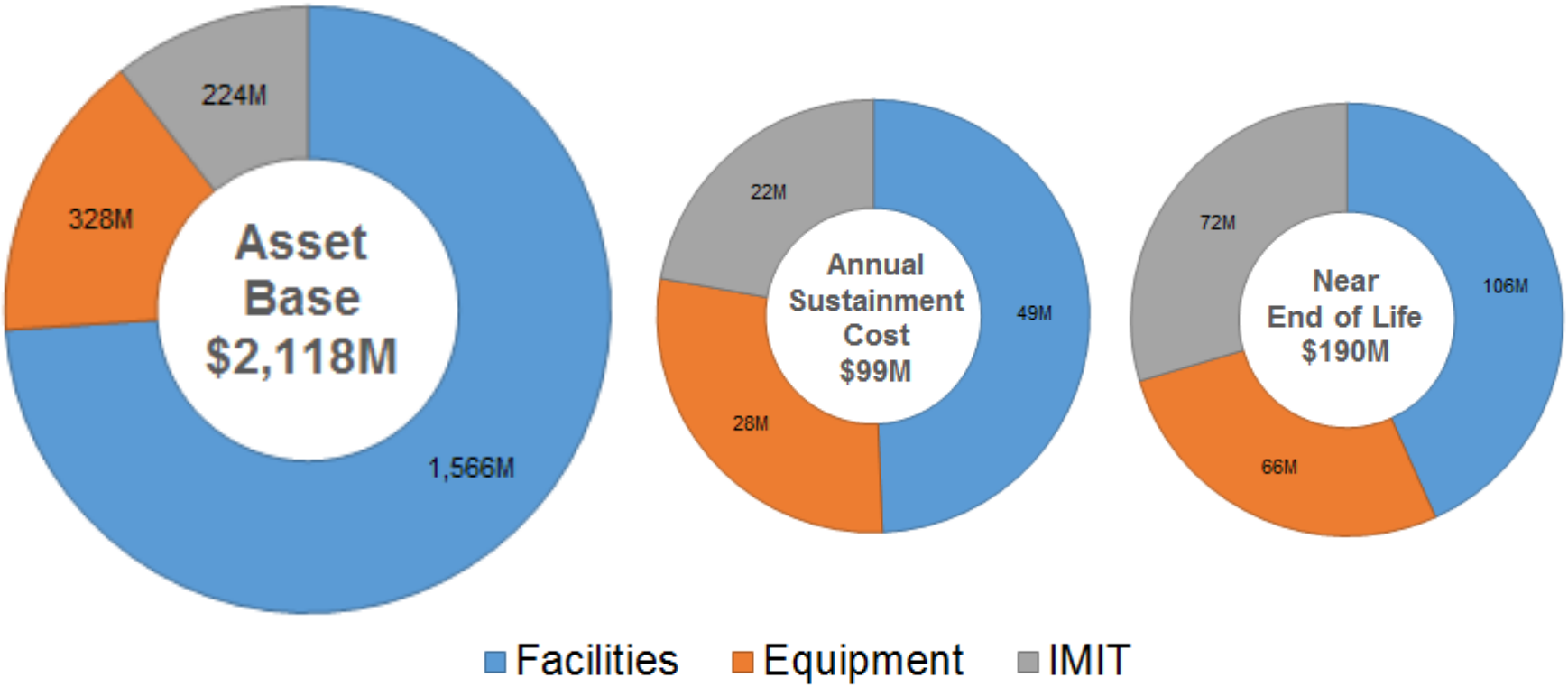
Projects $45M	Equipment $15M

Priority Investment
Timing and $ Variable (e.g. CDH Replacement)

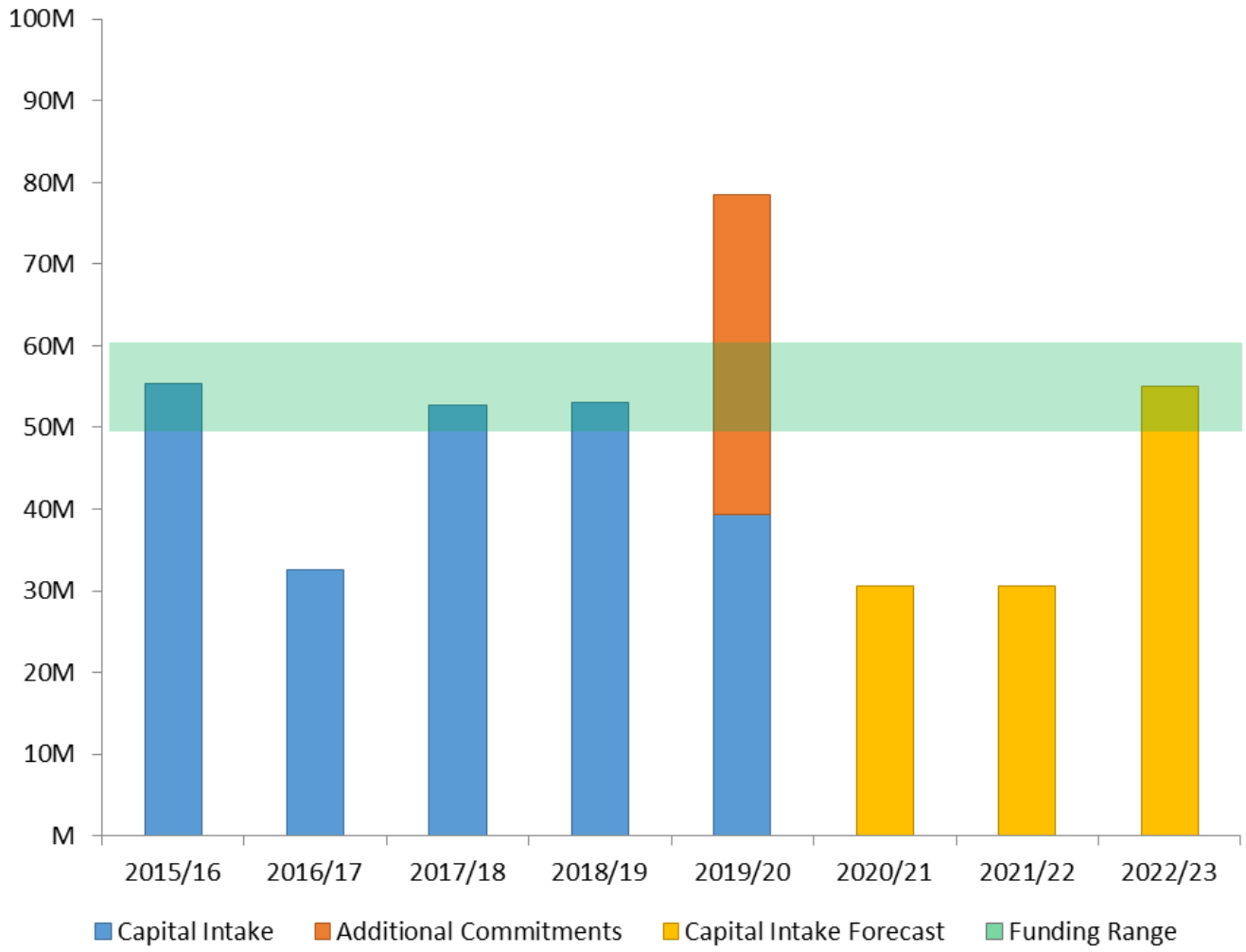
Other Funding Sources
Operating Surplus/Working Capital
Federal Funding
Estates
Universities
Auxiliaries

Buckets of funds come with restrictions that limit ability to optimize spend

How many assets do we have and How much will it cost to sustain them?



What does our capital intake look like?



Minor Capital Prioritization Process

May

Program Prioritization

- Front Line Leadership submits requests through electronic database
- Program Directors & Medical Directors prioritize submissions

June

Portfolio Prioritization

- ED/EMD Dyads determine priorities for their portfolio and submit
- Non Clinical VPs review and further prioritize for their portfolios
- Items sent to purchasing for pricing

October

Clinical Services Prioritization

- ED/EMDs from all clinical portfolios collectively prioritize one list for Clinical Services
- VP Clinical Services reviews and submits priorities

November

Cross Portfolio Prioritization

- Finance creates draft priorities list based on scoring and available funding
- Reps from all portfolios perform marginal analysis to trade items up or down the list (Patient rep to be included)

December

Executive Prioritization

- Executive Capital Committee reviews recommended list

February

Cost Sharing

- Capital Plan sent to RHDs for consideration of cost-sharing and to Foundations and Auxiliaries for their funding consideration

March

Board Approval

- Final Plan submitted to the Board for final approval

April

Funding Released

Capital Finance & Treasury monitor cash flows on approved projects

Major Capital Roadmap

- Recognize need for longer term planning, so developing a 10 year Routine capital roadmap and 30 year Priority Investment roadmap
- Represents a reflection of Operational, Strategic, and Sustainment prioritization at an Organizational level. Major focus on:
    - Primary Care
    - Community Care
    - Long Term Care
    - Technology enablement
    - Infrastructure Sustainment

What are some of the key challenges and risks?

- Capital allocation is inconsistent and uncertain, which makes planning challenging
- Planning horizon is too short, but long term planning requires long term funding certainty
- Many assets at or past end of life
- Asset base continues to grow, driven by new services and technology, placing pressure on future years sustainment budget
- Capital budget has not grown in line with operating budget
- Escalation in cost around construction projects placing significant strain on capital budget
- Inability to action projects quickly creates cash flow lag, cost escalation, and potential for lost funding, but funding challenges often result in project delays

What are some ways to ease pressure on capital budget?

- **Financial engineering to divert capital costs to operating budgets**
  - Managed Equipment Services
  - Summit Long Term care model expansion

- **Private equity infusions**
  - Partner with private developer to build, own, and operate an asset
  - Issue RFP for developers to purchase a strategic land asset from Island Health, but require that their future development include assets of use to Island Health with right of first refusal to lease the asset

- **Unlock value held in strategic capital assets**
  - Rezone and sell land to developer
  - Issue 99 year lease either through a trust or arms length organization to private developers who pay an annual fee for the right to develop and sell leasehold interests on the land asset

- **Increase asset base through donation**
  - Solicit donation of marginally profitable land/buildings to foundation in exchange for tax benefits. Island Health to retrofit buildings for health care delivery

Cost Sharing with Foundations

Funder	Project X: Island Health Budget = $4			
	No Foundation	Foundation @ $2	Foundation @ $2.5	RHD Cost Share with Foundation @ $2
Island Health	$ 6.0	$ 4.8	$ 4.5	$ 4.0
RHD	**$ 4.0**	$ 3.2	$ 3.0	**$ 4.0**
Foundation	$ -	$ 2.0	$ 2.5	$ 2.0
Total	$ 10	$ 10	$ 10	$ 10
Project Approved?	No	No	No	Yes

- **Cost sharing with the foundation:**
  - Does not result in an increased cost to the RHD (Unless explicitly decided by RHD)
  - Is not in contravention of any legislative act
  - Would enable more projects to proceed

Non Acute Sites

- Major focus on Primary/Community/Long Term Care
- Many of these facilities are non acute leased locations
- Successes in getting MoH to designate non acute sites under the Hospital Act in order to enable cost sharing
- Thankful to RHDs that have already agreed to help fund cross continuum initiatives in community
- Looking forward to working with other RHDs on future opportunities such as:
  - Community Health & Mental Health Leased sites
  - Net New Long Term Care beds across the Island
  - Primary Care Networks and Urgent & Primary Care Centres

Thank You!

Questions?

BRITISH COLUMBIA

1129703

Ms. Leah Hollins
Board Chair
Vancouver Island Health Authority
1952 Bay St
Victoria BC V8R 1J8

Dear Ms. Hollins:
I would like to extend appreciation on behalf of Premier Horgan and the Executive Council for your dedication, and that of your board members, in serving the public interest. Crown agencies play a key role in delivering important services that benefit British Columbians in every region of our province.

Government's three priorities remain unchanged: make life more affordable, deliver the services people count on, and build a strong and sustainable economy that supports jobs throughout the province. Across government ministries and in strong partnership with Crown agencies, our emphasis is on raising the standard of living for all British Columbians, delivering quality programs and services that are practical and realistic in a BC context and in our fiscal environment, and judiciously managing affordability pressures – both for citizens and for our business community.

Our government has also made important commitments to reconciliation with Indigenous Peoples, taking action against climate change, and working to ensure that our public service and public sector institutions are representative and inclusive of all our diverse society:

- Government is adopting and implementing the *United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP), and the *Calls to Action of the Truth and Reconciliation Commission* (TRC), demonstrating our support for true and lasting reconciliation with Indigenous Peoples. All public sector organizations are expected to incorporate the UNDRIP and TRC within their specific mandate and context. Additionally, in May 2018, government released *Draft Principles that Guide the Province of British Columbia's Relationship with Indigenous Peoples*, which serves as a guide for all public sector organizations as we continue to build relationships with Indigenous communities based on respect and recognition of inherent rights.
- While government has already taken steps towards achieving our legislated carbon reduction targets, much remains to be done. Our new climate strategy will outline significant GHG reduction measures in 2019/20 while supporting our program and service objectives through economic growth powered by clean, renewable energy, supported by technological innovation. Please ensure your organization's operations align with government's new climate plan.

…2

Ministry of Health
Office of the Minister
Mailing Address:
PO Box 9050 Stn Prov Govt
Victoria BC V8W 9E2
Location:
Parliament Buildings
Victoria

- Over the coming fiscal year, I look forward to working with your leadership team to provide effective, citizen-centred governance, through strong public sector boards that represent the diversity of British Columbia. The Crown Agency and Board Resourcing Office (CABRO) at the Ministry of Finance provides leadership for the appointment process to fill positions on the boards of Crown agencies. As your board is renewed over time, I encourage you to work with CABRO to actively seek out women, visible minorities, Indigenous Peoples, persons with disabilities, LGBTQ2S+ individuals, and others who may contribute to diversity to add to the CABRO candidate pool to fill open positions. My expectation is that candidates from all regions of our province will be invited to apply to help renew BC's public sector boards, including individuals with a broad range of backgrounds in community, labour and business environments.

Having Canada's Digital Supercluster located in British Columbia creates an opportunity for industries, government ministries, crown agencies, public institutions and non-governmental organizations to collaborate in digital research and development projects. Should Vancouver Island Health Authority intend to participate in or be a funding partner for Digital Supercluster projects, you are asked to work closely with Ministry of Health (Ministry) staff to ensure that investments are aligned with Government's priorities and wherever possible, undertaken collectively with partner ministries and organizations. The Ministry will work with the recently-established Deputy Minister's Committee on the Digital Supercluster to ensure that all projects are coordinated effectively across government.

Regional health authorities are accountable for delivering a full continuum of health services to meet the needs of the population within their respective geographic regions, in alignment with the *Health Sector Performance Management Framework to Drive Continuous Improvement and Innovation.* The *Framework* illustrates how an understanding of health needs at an individual and population level can inform service delivery design, enabled by effective supports (including HHR, IMIT, governance, funding), to achieve meaningful health outcomes for patients and populations. The *Framework* provides the parameters for data collection needs and is the basis for monitoring, analysis, evaluation and reporting of how the system is performing.

In the context of the health sector, the Province of BC has established a health governance partnership with BC First Nations. Through the First Nations health governance structure, First Nations are involved in decision-making regarding the design and delivery of health services accessed by their people, and the Perspective of Health and Wellness is reflected in health sector planning and design. The health authority must develop and maintain an effective working relationship with the First Nations Health Authority (FNHA), directly with Nations as appropriate, and Métis Nation BC to ensure a high quality, culturally safe, integrated, and well-coordinated system of care for First Nations and Indigenous people in BC.

…3

The health authority will also work with the FNHA and Indigenous partners to:

- Support shared decision-making with First Nations people into service planning and delivery activities, including the health authority's Indigenous Health Plan, and to implement priority actions to support the achievement of measures, goals and objectives articulated in the *Tripartite First Nations Health Plan*, the *BC Tripartite Framework Agreement on First Nation Health Governance*, the Ministry of Health – FNHA Letter of Mutual Accountability, the First Nations' Regional Health and Wellness Plans, and Partnership Accords.
- Participate in planning cross-sectoral work to address and support the mental health and wellness and social determinants of health in First Nations communities, pursuant to the commitment in the *Memorandum of Understanding - Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness* (July 2018).
- Prioritize key initiatives to create a climate for change to improve the patient experience for this population and systematically embed cultural safety and humility as part of quality health services and administration, as set out in the *Declaration of Commitment on Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in BC.*

As the Minister Responsible for the Vancouver Island Health Authority, I expect that you will make substantive progress on the following priorities in collaboration with the Ministry and incorporate them in the goals, objectives and performance measures included in your Service Plan:

1. Health Sector Strategic Priorities

Ensure a strong public health care system in your region that provides timely, responsive and stable quality care meeting the needs of a diverse patient population.

As part of achieving this key priority, in 2019/20 you will:

- In collaboration with the Ministry of Health, continue to implement integrated **Team-Based Primary Care** as set out in policy through supporting the establishment of urgent primary care centres, full service primary care clinics, and community health centres to ensure that people have better access to the type of care they need including access to services from physicians, nurse practitioners, midwives, pharmacists, mental health and substance use care providers, and other health professionals. You will work together as part of primary care networks in collaboration with divisions of family practice, community based primary care providers and their associations across your Community Health Service Areas to provide integrated and well-coordinated care to patients.

…4

- In collaboration with the Ministry of Health continue a strong focus on improving care for **Seniors** with complex medical conditions and/or frailty (including dementia) by developing integrated, team- and community-based health services ensuring those services improve access and are both well-planned and well-coordinated to better meet the individual needs of seniors. Key areas of focus will be increasing access and improving the quality of home support and community based professional service; improving access and the quality of support to caregivers, including access to adult day programs; improving palliative care; and improving the range of supports to clients in assisted living. You will also continue to improve and strengthen long-term care services to ensure seniors receive dignified and quality care with a focus on achieving an average of 3.36 direct care hours per resident day across the health authority by the end of 2020/21. You will work with care providers to embed person-centred respect and compassion in all service delivery.
- Continue to improve Team-Based Care for **Mental Health and Addiction Patients** through both primary care and specialized services ensuring improved access and care co-ordination across services through interdisciplinary teams to better meet the needs of clients and their families. With the Ministry of Health, continue to support the Ministry of Mental Health and Addictions in implementing the mental health and addictions strategy as it rolls out in 2019/20 which will include a focus on improving access and quality, early prevention, child and youth mental health services, and mental wellness in Indigenous communities. Work in partnership with the Ministry to continue to support the continuing response to the ongoing opioid overdose public health emergency.
- Continue to make substantive progress in improving timely access and reducing wait times to **Scheduled Surgery** and **MRIs** building on the 2018/2019 base using net new funding and through implementing more efficient and better coordinated, patient-centred surgical and MRI processes and systems.
- Proactively plan, recruit and manage health human resources to effectively deliver established and net new health services. Aligned with the passing of Bill 47, the *Health Sector Statutes Repeal Act*, and working closely with the Ministry of Health, ensure health authority service changes and practices provide stability and respect for workers, and continuity of care for patients and clients.

2. Provincial Health Services

Regional health authorities will effectively collaborate with the Provincial Health Services Authority (PHSA) and its agencies, programs and services to:

- Support PHSA's province-wide responsibility for provincial clinical policy, delivery of provincial clinical services, provincial commercial services, and provincial digital and information technology; and,
- Ensure effective referral pathways and service linkages for patients between regional health services and provincial specialized services and programs provided by the PHSA.

...5

3. Health Service Improvement Initiatives

Patient-Centred Care

- Work with clinicians and service programs to ensure patients are treated with respect and compassion, with cultural safety and humility, have a voice in the quality of care they are receiving, and are full partners in their own health care. As well, address patient concerns, including working closely with the Ministry's Patients as Partners Initiative, the BC Patient Safety & Quality Council, and Patient Care Quality Review Offices and Review Boards.

Population Health, Health Promotion and Prevention

Leverage spending on public health; health promotion; and illness and injury prevention services to promote population health and wellness and reduce long term health system costs:

- With a focus on key actions as directed by the Ministry, continue to implement *Promote, Protect, Prevent: Our Health Begins Here. BC's Guiding Framework for Public Health*, the provincial framework for supporting the overall health and well-being of British Columbians.
- Ensure long-term health promotion and illness and injury prevention initiatives and services are in place at a Local Health Area level including the delivery of screening as identified in the Lifetime Prevention Schedule.

Primary and Community Care

- Continue to improve clinical chronic pain management services in collaboration with PHSA for people living with chronic pain.
- Ensure a consistent, standardized approach in assessing care needs and goals for care for Community Living BC clients, including aging individuals with developmental disabilities.
- Continue to increase access to both community-based hospice care and the number of hospice spaces in the province in line with regional population health needs.

Diagnostic and Pharmaceutical Services

- Work collaboratively with PHSA to implement its mandate for pathology and laboratory medicine services to ensure patients have timely access to high-quality, appropriate and culturally safe laboratory services.
- Work collaboratively with the Ministry of Health's Pharmaceutical Services Division and PHSA to ensure patients have timely access to high-quality, appropriate and cost-effective pharmaceutical therapies and services.

…6

Hospital Services

- Provide high quality hospital services that meet the needs of your population.

4. Health Human Resources Initiatives:

- Strengthen relationships between health authorities and physicians practicing in health authority facilities and programs (as outlined in the April 1, 2014, *Memorandum of Understanding on Regional and Local Engagement*). Specifically:
    - Support the improvement of medical staff engagement within health authorities through existing local medical staff association structures, or where mutually agreed to by the parties at the local level, through new local structures so that medical staff:
        - views are more effectively represented;
        - contribute to the development and achievement of health authority plans and initiatives, with respect to matters directly affecting physicians;
        - prioritize issues significantly affecting physicians and patient care; and,
        - have meaningful interactions with health authority leaders, including physicians in formal health authority medical leadership roles.
    - Improve processes locally within health authority programs and facilities as well as provide physicians with appropriate information to allow for more effective engagement and consultation between physicians and health authority operational leaders.
    - Support physicians to acquire, with continued or expanded Joint Clinical Committee funding support, the leadership and other skills required to participate effectively in discussions regarding issues and matters directly affecting physicians and their role in the health care system.
- Ensure staffing models, including any contracted services, provide stable, consistent high quality care for patients.
- Establish effective working relationships with health sector unions and ensure compliance with collective agreement provisions.
- Consistent with the Workplace Violence Prevention Framework and Policy improve measures to protect the health and safety of health care workers.
- Collaborate with partners to identify gaps and develop strategies to support Indigenous student participation in health sciences, and recruit and retain Indigenous employees to health authority career opportunities.

…7

5. Digital/Information Management and Information Technology, and Infrastructure Initiatives:

- Support the Ministry and PHSA in the development and advancement of the Provincial Digital and IMIT Health Strategy, and work with the Ministry and PHSA to ensure all procurements and investments in IMIT align to the Digital and IMIT Health Strategy.
- Continue to strengthen and enhance capital infrastructure processes and management.

6. Improvement of Operational Governance, Leadership, Management, Policy, Funding, Monitoring and Reporting and Evaluation:

- Ensure effective review and continuous improvement of regional health authority governance.
- Support initiatives underway to increase the use of research evidence in your operational policy, planning, and practice, including the Strategy for Patient-Oriented Research Support Unit and the Academic Health Sciences Network, and the Ministry's "*Putting Our Minds Together: Research and Knowledge Management Strategy*".
- Ensure that a gender-based analysis plus (GBA+) lens is applied to all operational policies, programs and services.
- Ensure that a cultural safety and humility perspective is applied to all operational policies, programs and services.
- Manage within budget allocation and continuously improve productivity while maintaining a strong focus on quality service attributes.
- Provide regular performance reports on the performance of your organization as requested by the Ministry.

Each board member is required to sign the Mandate Letter to acknowledge government's direction to your organization. The Mandate Letter is to be posted publicly on your organization's website after Budget Day on February 19, 2019, to coincide with the release of your organization's Service Plan.

I look forward to ongoing collaboration with your Board as we work together to deliver improved service and better outcomes for British Columbians.

Sincerely,

Date: March 26, 2019

Honourable Adrian Dix
Minister of Health

pc: Distribution List Follows

…8

pc: Honourable John Horgan, Premier
Mr. Don Wright, Deputy Minister to the Premier and Cabinet Secretary
Ms. Lori Wanamaker, Deputy Minister, Ministry of Finance
Ms. Heather Wood, Associate Deputy Minister and Secretary to Treasury Board, Ministry of Finance
Mr. Stephen Brown, Deputy Minister, Ministry of Health
Ms. Diane Brennan, Board Member, Vancouver Island Health Authority
Ms. Anne Davis, Board Member, Vancouver Island Health Authority
Mr. Ron Mattson, Board Member, Vancouver Island Health Authority
Ms. Anne McFarlane, Board Member, Vancouver Island Health Authority
Ms. Claire Moglove, Board Member, Vancouver Island Health Authority
Ms. Alana Nast, Board Member, Vancouver Island Health Authority
Ms. Robina Thomas, Board Member, Vancouver Island Health Authority
Mr. Kenneth Watts, Board Member, Vancouver Island Health Authority
Ms. M.J. Whitemarsh, Board Member, Vancouver Island Health Authority
Ms. Kathy MacNeil, President and Chief Executive Officer, Vancouver Island Health Authority

Leah Hollins
Board Chair
Vancouver Island Health Authority

Diane Brennan
Board Member
Vancouver Island Health Authority

Anne Davis
Board Member
Vancouver Island Health Authority

Ron Mattson
Board Member
Vancouver Island Health Authority

Anne McFarlane
Board Member
Vancouver Island Health Authority

Claire Moglove
Board Member
Vancouver Island Health Authority

Alana Nast
Board Member
Vancouver Island Health Authority

Robina Thomas
Board Member
Vancouver Island Health Authority

Kenneth Watts
Board Member
Vancouver Island Health Authority

M.J. Whitemarsh
Board Member
Vancouver Island Health Authority