

COMOX STRATHCONA
REGIONAL HOSPITAL DISTRICT



February 25, 2021

Today's objectives:

To report out on Board interviews

To determine the level of interest more certainly about expanding the mandate

To present IH potential “innovative financial arrangement” partnerships

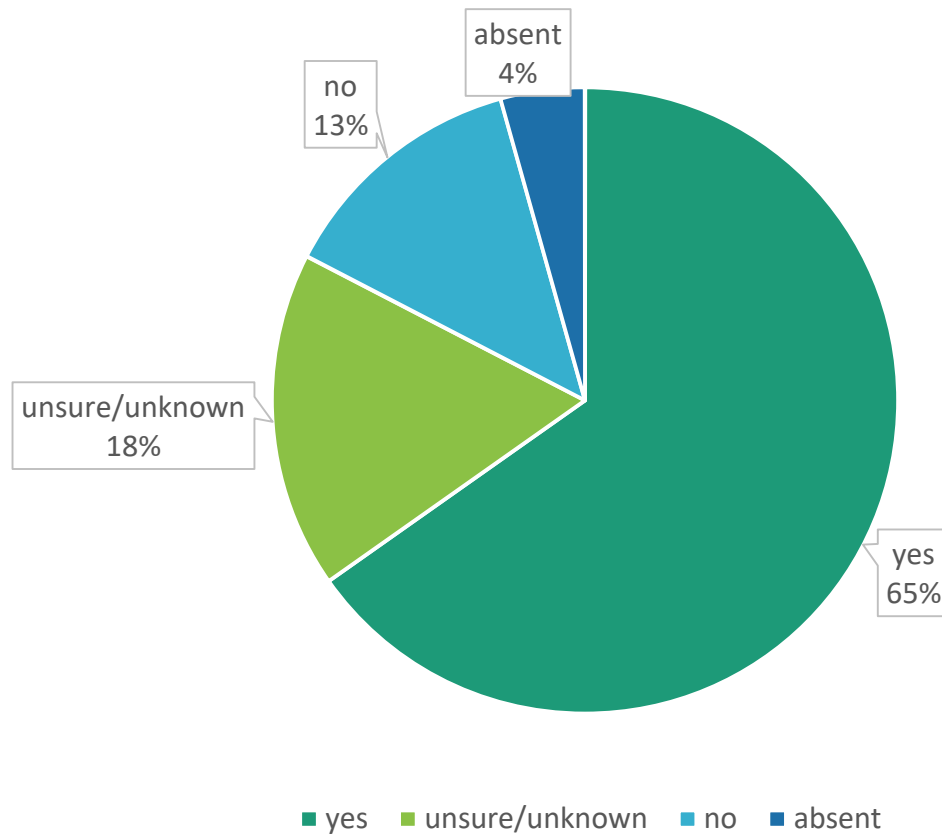
To provide examples of “innovative financial arrangements” between health authorities & RHD

A close-up, slightly blurred photograph of a spiral-bound notebook. The notebook is open, showing lined pages. A silver-colored metal spiral binding is visible on the left side. A silver-colored pen with a textured grip lies diagonally across the right side of the page. The text "Summary of interview input" is overlaid in a white, sans-serif font in the center of the image. The background shows faint horizontal lines and some numbers like "30", "18", and "19" on the page.

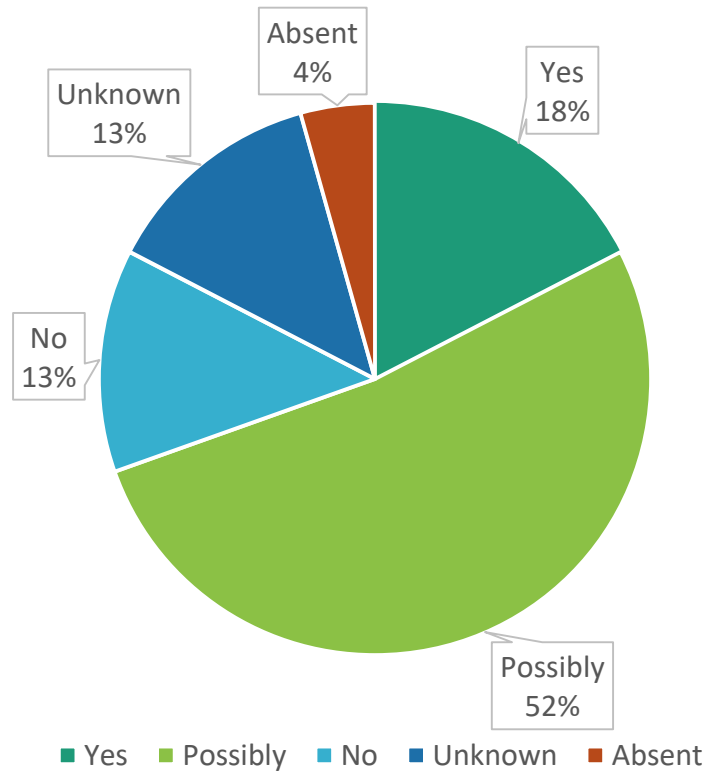
Summary of interview input

Do you agree with the five priorities identified by the CSRHD Board of February

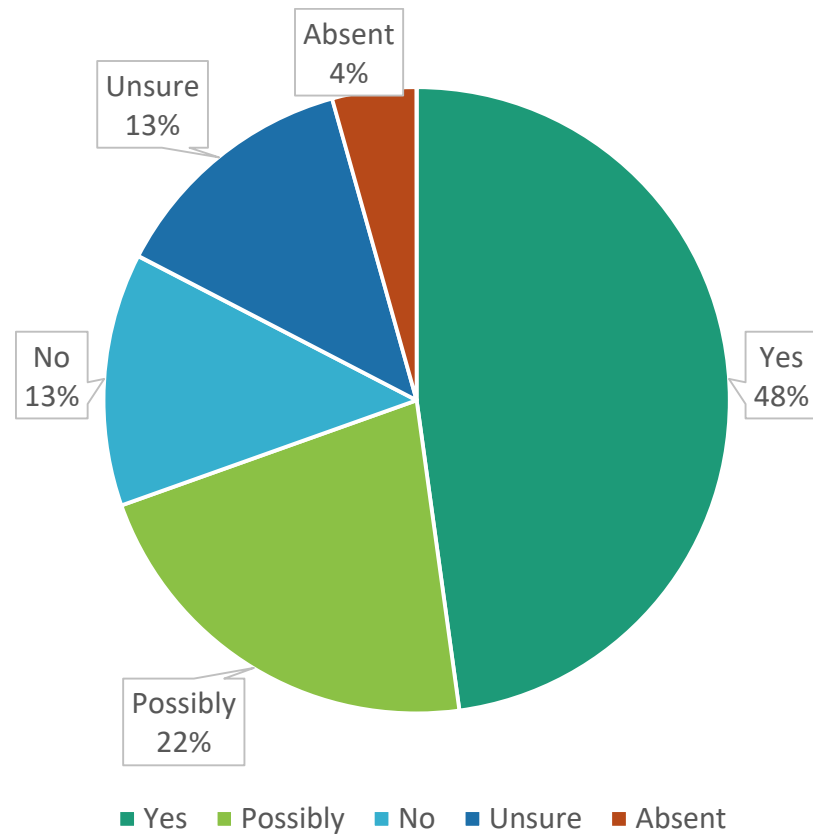
- Mental health and addictions
- Homecare
- Long term care
- Rural needs
- Acute care



Are you open to looking at expanding the CSRHD mandate?



Are you interested in looking at “innovative financing arrangements” with Island Health?



Key takeaways

Priorities

- Significant agreement on the five priorities

Mandate

- The majority of the Board is open to at least looking at options outside of the current mandate (yes & possibly 70%)
- The majority of the Board expressed interest in looking at “innovative financial arrangements” (yes & possibly 70%)

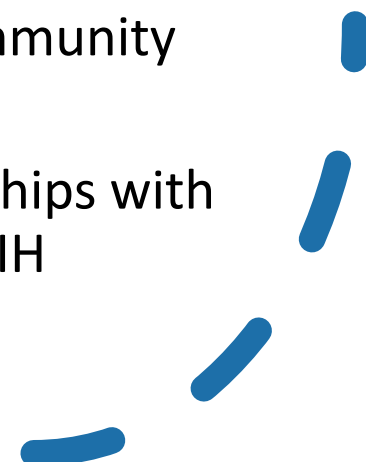
CSRHD role

- There is strong interest in the advocacy role of the Board – some expressed a keen interest in formalizing & developing a plan for advocacy.



Key takeaways

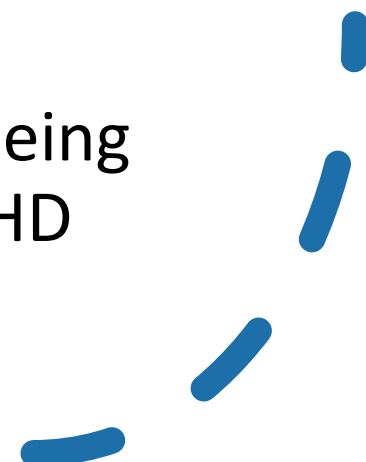
Ways to work with IH

- Concerns were expressed regarding erosion and loss of services previously committed to by IH
 - Concerns were expressed about the challenges of working with a large bureaucracy like IH & the power imbalance
 - Concerns expressed about the disconnect between communities and Island Health – would like to see better community input
 - Interest expressed in partnerships with not for profit organizations & IH
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Key takeaways

Needed information

- Need expressed for better information on how IH makes decisions – the rationale and information used – business cases
 - Interest expressed in the Board having better information and advice regarding decisions they have to make
 - Interest expressed in seeing examples from other RHD
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Island Health Innovative Funding Options

Community lease
consolidation for community
health and service hubs

Long term care

Rural clinic grants

Community lease consolidation for community health and service hubs

- Bring together several community health services
- integrated community, health and even housing supports have proven to have positive effects on populations served through an integrated and holistic approach
- need is for 15,000 to 30,000 square feet
- Order of magnitude costs for options (excluding land value):
 - 15,000 SF of leased space: \$5.25M
 - 30,000 SF of leased space: \$10.5M
 - 15,000 SF of built space: \$10.5M
 - 30,000 SF of built space: \$21M



Campbell River Long Term Care

- Island Health is currently completing a business plan for the development of a 150 bed LTC facility on the Campbell River Hospital Campus.
 - North Island has 10% fewer LTC beds per 1,000 population than the Island average (56.0 vs 63.5)
 - Campbell River has LTC demand per 1,000 population 35% higher than the Island average-highest of any community on the Island
 - Last year, the percent of patients in the North Island Hospitals that could have been cared for in LTC ranged from 17% to 33%.
 - On the low end, there were ~51 hospital beds (17% of existing hospital capacity) that could have been freed up through investment in the LTC and on the high end ~77 beds (33% of hospital capacity) could have been freed up.
- Order of magnitude estimates indicate a cost of approximately \$60M
- Potential 40% cost sharing or Transitional Care and/or Restorative health (acute care)



Rural Health Clinics

CSRHD provides unconditional grant funding of \$5,000 to each of six rural health centres across the CS region as follows:

- Cortes Health Centre
- Gold River Health Clinic
- Kyuquot Health Centre
- Sayward Health Centre
- Tahsis Health Centre
- Zeballos Health Centre

Separately, capital improvement requests are submitted through the CSRHD's \$1.85 million allocation to Island Health.

Recent examples of capital requests:

- 2019 Kyuquot for dock repairs
- 2018 Zeballos Health Centre for a backup generator
- 2016 Gold River Health Centre for an x-ray machine with PACs capability and again in 2017 for a wheelchair accessible main entrance door

Potential to partner with Island Health to provide additional funding to support these rural health clinics - annual grants have not increased since 2016.



Examples
from
other
Hospital
Districts

Capital Region
Hospital District
(CRHD)

Powell River
Hospital District
(PRHD)



Willingdon Creek Village (PRHD)

- 102 bed Complex Care home with all private rooms with en suite shower.
- Total cost \$25 million
- PRHD contribution \$4 million from reserves \$20 million borrowed
- VCH contributes 64% of \$26 million
- Annual debt approximately \$1.5 million (\$1.1 million from VCH & PRHD \$400,000
- 4% goes to reserves annually for asset management/maintenance
- VCH was responsible for design, tendering and construction
- VCH is fully responsible for operations

Summit at Quadra Village

- 320 unit complex residential and dementia care facility.
- \$86 million total cost
- The land and building are owned by the CRHD.
- Island Health operates the facility (provides residential care services)
- Through a financing agreement Island Health will lease the building for 25 years and CRHD will recover its costs this way.



