



AGENDA ITEM SUMMARY

TO: Chair and Directors, CCRHD Committee of the Whole

FROM: Janis Bell, Chief Administrative Officer DATE: September 7, 2011

DATE OF MEETING: September 15, 2011

SHORT SUMMARY: Cariboo Chilcotin Regional Hospital District Policies

VOTING: Corporate – Unweighted

MEMORANDUM: The 2011 business plan for the Cariboo Chilcotin Regional Hospital District (CCRHD) includes the following goals:

- 1) Document procedures for approving the access of funds through the Recruitment & Retention Policy
- 2) Review and update the CCRHD policies.

In accordance with the above, attached are updated policy proposals for the CCRHD and to a lesser extent the Cariboo Regional Hospital District. It is proposed that these policies will replace all existing policies which would be rescinded and replaced as follows:

- H1.1 – Minor Capital Improvement Projects - delete
- H1.2 – Capital Construction Funding - delete
- H2.1 – 100 Mile District Hospital Society - delete
- H2.2 – Financial (Cheque) Signing Authorities (CRHD) - replace with new
- H3.1 – Procedures Bylaw CRHD – delete policy and update bylaw at next CRHD meeting
- H4.1 – Funding Restrictions - delete
- H4.2 – Capital Planning Policy - replace with new
- H5.1 – Procedures Bylaw CCRHD – delete policy and update bylaw at next CCRHD meeting
- H6.1 – Financial (Cheque) Signing Authorities (CCRHD) - replace with new
- H7.1 – Recruitment & Retention - replace with new

The existing policies are also attached for the Committee's convenient referral.

ATTACHMENT: 1) Proposed new policies for the CCRHD and CRHD
 2) Existing policies for the CCRHD and CRHD

POLICY IMPLICATIONS: If adopted, the proposed policies will replace all existing policies and will more accurately reflect the role of the Regional Hospital District.

FINANCIAL IMPLICATIONS: N/A

Reviewed by CFO:

OPTIONS:

1. Receipt
2. Receipt and endorsement.
3. Receipt and further action at the discretion of the Board.

RECOMMENDATION: That the agenda item summary dated September 7, 2011, from Janis Bell, Chief Administrative Officer, regarding Cariboo Chilcotin Regional Hospital District policies, be received. Further, that the existing policies for the Cariboo Chilcotin Regional Hospital District and the Cariboo Regional Hospital District be rescinded and the proposed new policies be adopted as presented. Further, that staff bring forward updated procedure bylaws to upcoming CRHD and CCRHD meetings.

Respectfully submitted,


Chief Administrative Officer

CARIBOO CHILCOTIN REGIONAL HOSPITAL DISTRICT/

CARIBOO REGIONAL HOSPITAL DISTRICT

PROPOSED POLICY UPDATE

SEPTEMBER 2011

Financial Policies

The Province of British Columbia, through the Health Authorities, is responsible for the delivery of all health care services within the province.

The CCRHD will consider providing funding towards health care infrastructure that best meets the health care needs of residents of the Cariboo Chilcotin. In order to achieve its objectives of ensuring an enhanced level of health care services, the Regional Hospital District has created a number of funding envelopes aimed at maximizing partnerships and ensuring the effective, efficient and accountable use of local funds.

Funds will be used to enhance the health care services available to residents of the Cariboo Chilcotin and not to replace funding responsibilities of the Health Authorities to provide an adequate level of health care within the region. The RHD will not consider requests to fund routine maintenance or operational expenditures.

In general, the RHD will consider funding requests within the following broad categories:

Annual Allocations

- **Global Grants** – are intended to assist approved hospitals and health care facilities operated by the Health Authorities within the boundaries of the Regional Hospital District to purchase minor building and/or equipment improvements valued at less than \$100,000 per item. It is intended that a consistent, reliable level of funding will be provided on an annual basis to facilitate such purchases without necessitating a formal pre-approval process. The annual amount of the Global Grants will be evaluated periodically by the Regional Hospital District. It is not required that the purchases be cost-shared with the Health Authority.
 - o while it is intended that, to the degree possible, the amount of the global grant for each facility will be consistent from year to year, the final amount will be established annually by the RHD Board of Directors and included within the annual budget.
 - o prior approval of the specific items to be purchased through the use of Global Grants need not be sought, however, the Health Authority must submit copies of

appropriate invoices for each item purchased when requesting release of the annual Global Grant.

- Global Grants must be used to fund qualifying expenditures in the calendar year for which the grants are budgeted, or in the immediately following calendar year. Funds will not be carried forward for more than one calendar year.

- **Recruitment and Retention Fund** – intended to assist the Health Authorities and communities within the Regional Hospital District in their efforts to recruit and retain medical staff within the region as well as to provide an annual contribution to the Northern Medical Program Trust.

- Eligible expenditures include:

- Retaining a Host within the community whose duties include:
 - Welcoming professional and family upon arrival
 - Investigating job opportunities for spouses and family members
 - Connecting professional and family to others with similar interests
 - Gathering unique local incentives to provide gift baskets during the course of the first year. For example: skating rink passes, ski passes, access to arts and cultural events, community celebrations, etc. It is recognized that corporate sponsorship will be encouraged for incentive items.
 - Making links with realtors for temporary or permanent accommodations.
- Out-of-pocket expenses of the host and community, that are not covered by the Province of BC, Northern Health or Interior Health policies.
- Out of pocket expenses for candidates visiting the area will be considered on a case by case basis for those candidates requiring financial assistance.
- Development of promotional material such as CDs and brochures to promote the community which can be provided to candidates for their use in selecting a potential community.
- Preparing educational materials to promote health care professions for use in local schools
- Contributions to the Northern Medical Program Trust.

- Process:

- Funds may be accessed by the Health Authority, member municipalities or Electoral Area Directors on behalf of unincorporated communities that provide health services
- All requests for funding under the Recruitment and Retention policy shall be submitted in writing to the Cariboo Chilcotin Regional Hospital District by the Health Authority, municipality or electoral area requesting the funds.
- Requests shall outline the purpose for which the funds will be used and will specifically identify how the request meets the terms of the policy and how it will enhance recruitment and retention efforts.
- Where it is deemed to be beneficial, the Regional Hospital District may request the applicant to make a formal presentation to the Board.

- If approved, a contract between the parties will be executed outlining the deliverables, time frame and maximum contribution from the Regional Hospital District.
 - Invoices shall be submitted upon completion of all approved expenditures together with a report to the Regional Hospital District indicating project completion and demonstrating how objectives were achieved.
 - As an exception, in the case of an application representing an unincorporated community, consideration may be given to providing funding in advance of expenditures being incurred.
 - While applications will be considered on a first come, first serve basis, attempts will be made to achieve equitable distribution of the funds across the region or to support broad initiatives that benefit the region as a whole.
 - Funds allocated to the recruitment and retention program will not accumulate except with the prior approval of the Board.
 - The Recruitment and Retention policy will be reviewed in 2012 to evaluate its effectiveness and continued appropriateness.
- **Foundation Partnership Grants** – are intended to partner with community foundations to achieve objectives of the residents of the Cariboo Chilcotin that may lie beyond the immediate priority constraints of Health Authority funding. The Cariboo Chilcotin Regional Hospital District will allocate an annual sum within the budget to partner with foundations.
- Proposals to access funds must be submitted in writing outlining the project details, benefits, budget and timeframe.
 - Projects within a hospital or health care facility operated by a Health Authority must be approved by the Health Authority prior to submission to the RHD.
 - Projects should not replace the responsibilities of the Health Authority.
 - A maximum of 40% of the total cost of the project will be funded by the RHD.
 - While applications will be considered on a first come, first serve basis, attempts will be made to achieve equitable distribution of the funds across the region or to support broad initiatives that benefit the region as a whole.
 - Funds allocated to the foundation partnership program will not accumulate except with the prior authorization of the Board to accumulate multi-year allocations for a specific project.

Minor and Major Capital Funding

Funding applications will be considered for Minor and Major Capital projects within the boundaries of the Cariboo Chilcotin Regional Hospital District. Capital may include new construction or renovation of existing buildings owned by, or under a long term lease, to the Health Authority, equipment purchases/upgrades, clinical information technology, or such other capital projects as the Regional Hospital District may approve from time to time.

- Minor Capital Projects – Building/Equipment/Improvements greater than \$100,000 but less than \$2 million
- Major Capital Projects – Building/Equipment/Improvements over \$2 million
 - o It is anticipated that the Health Authority will provide the RHD with a 5 year plan for minor and major capital projects.
 - o When a project is ready to proceed and has all other funding in place, the Health Authority will submit a written request to the RHD detailing the proposed project identifying the benefits of the project, the time frame, the total capital costs and the requested funding contribution.
 - o When funding is approved, such funding will be limited to a maximum of 40% of the approved capital cost.
 - o If approved in principle by the RHD Board, an expenditure bylaw will be brought forward for the formal consideration of the RHD Board. Until the bylaw is adopted by the Board, the Health Authority should not consider the project approved.
 - o For projects with an implementation timeframe of 3 months or more, the Health Authority will provide quarterly reports to the RHD on the status of the project, the targeted completion date, the budget status, and any other details affecting the project.
 - o All invoices submitted to the RHD will include sufficient supporting material. The RHD may request additional backup information at any time.
 - o The RHD will not be responsible for any cost overruns.

Communication

Media releases for all capital expenditures for which the RHD is a funding partner will be produced jointly with the Health Authority, featuring both corporate logos and if appropriate, quotes from both bodies.

Taxation

The CCRHD established a long term capital financing plan in 2000 aimed at ensuring a stable level of taxation for residents and funding for health care initiatives. The plan endorsed a residential tax rate of \$75 per \$100,000 of assessed value to be maintained for a period of ten years. As a result of significant growth in assessed values, the residential tax rate was permitted to fall in 2009 to approximately \$68 per \$100,000 prior to its formal review in 2010.

A new taxation policy was established in 2010 for the period 2011-2020 to allow the tax rate to continue to drop by approximately \$2 annually. The policy also notes that the CRHD debt will be retired in 2014 following which taxation will only be collected for the CCRHD. Following retirement of the CRHD debt, the target is to establish a residential tax rate of \$50 per \$100,000 of assessed values. The goal is to achieve a sustainable tax rate that continues to deliver the quality of health care facilities and services available in the region at an affordable cost to local taxpayers. Health care needs of the region and priorities of the Health Authorities will continue to be monitored to ensure that a \$50 tax rate will meet the long term goals of the region.

The taxation policy and capital plan will be reviewed and updated annually by the Board to ensure that Health Authority projects approved by the Board are able to be accomplished within desired time frames and to reflect changing priorities. The review will include consideration of the policy to reduce the tax rate and its impacts on achieving the objectives of the Regional Hospital District. The annual budget will be presented to the public for consultation purposes through the town hall meeting process.

A full review of all policies will be carried out in 2020 and each 10 years thereafter, unless otherwise stipulated by the Board.

Financial (Cheque) Signing Authorities

That the signing authorities for the CRHD be as follows:

(one signatory from each group is required)

Group 1 – Chair - CRHD, Vice Chair – CRHD, Chair – CRD, Vice Chair – CRD

Group 2 – Chief Financial Officer, Chief Administrative Officer

Financial (Cheque) Signing Authorities

That the signing authorities for the CCRHD be as follows:

(one signatory from each group is required)

Group 1 – Chair - CCRHD, Vice Chair – CCRHD, Chair – CRD, Vice Chair – CRD

Group 2 – Chief Financial Officer, Chief Administrative Officer

Existing Policies

H1.1 – delete

H1.2 – delete

H2.1 – delete

H2.2 – replace with new

H3.1 – replace with new at next CRHD meeting

H4.1 – delete

H4.2 – replace with new

H5.1 – replace with new at next CCRHD meeting

H6.1 – replace with new

H7.1 – replace with new

SECTION I – HOSPITAL

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Hospital (Cariboo) Funding Requests

H1.1 Minor Capital Improvement Projects

Policy No. 91-4-4(cc)

That the three hospitals within the Cariboo Regional Hospital District be requested to submit their minor capital improvement project requests by October 31st of each year for the upcoming budget year.

(Resolution No. 91-4-4)

H1.2 Capital Construction Funding

Policy No. 92-7-2(2)

That the Board will consider funding of the planning and construction or renovation of capital projects that are classified as acute care facilities. Further, that the Board will also consider funding of the planning, construction, and/or renovation of capital projects that are classified as extended care facilities, provided they are located on the same property as are acute care facilities. Further, that funding for all other capital projects will be considered the responsibility of the Ministry of Health.

(Resolution No. 92-7-2(2))

Hospital (Cariboo) Appointments

H2.1 100 Mile District Hospital Society

Policy No. H-91-4-4(dd)

That recommendations be received from the South Cariboo Committee with regard to appointments to the 100 Mile District General Hospital Board of Trustees, for the consideration of the Cariboo Regional Hospital District Board.

(Resolution No. H-91-4-4)

H2.2 Financial (Cheque) Signing Authorities

Policy No. H-99-6-5

That the financial (cheque) signing authorities for the Cariboo Regional Hospital District be as follows:

One signatory from each of Group A and Group B is required:

- GROUP A: Chairman, Cariboo Regional District
Vice-Chairman, Cariboo Regional District
Chairman, Cariboo-Chilcotin Regional Hospital District
Vice-Chairman, Cariboo-Chilcotin Regional Hospital District
- GROUP B: Treasurer
Assistant Treasurer
Administrator

(Resolution No. H-99-6-5)

Hospital (Cariboo) Procedures Bylaw

H3.1 Cariboo Regional Hospital District Procedures Bylaw No. 84, 1994

Policy No. H-94-2-7

The Cariboo Regional Hospital District Procedures Bylaw No. 84, 1994 was adopted by the Cariboo Regional Hospital District Board on February 18, 1994. Said bylaw provides for the procedure that is to be followed for the conduct of the Board's business.

(Adopted by: Resolution No. H-94-2-7)

Hospital (Cariboo-Chilcotin) Capital Funding

H4.1 Funding Restrictions

Policy No. 96-1-12

That capital funding cover only acute care and extended care facilities located on hospital property and be restricted to the new Cariboo Regional Hospital District boundaries, not including the Central Coast Regional District.

(CCRHD Resolution No. 96-1-12)

H4.2 Capital Planning Policy

Policy No. H.00-5-7(2)

In 1999 the Hospital District did extensive public consultation on the issue of long term capital planning, presenting two options: continue existing borrowing for hospitals' capital needs or accumulate surplus funds to meet the ten-year capital needs and pay cash for capital expenditures. The public clearly chooses to warehouse cash resources (85%) to meet their ten-year capital needs. The Cariboo-Chilcotin Regional Hospital District (CCRHD) therefore started taxing to deliver this program in 2000.

The program consists of the CCRHD providing two funding opportunities for acute and extended care capital and equipment purchases to the three Community Health Councils: Quesnel & District Community Health Council; Central Cariboo Community Health Council; and South Cariboo Community Health Council.

Global Grant

The first funding opportunity will be through a global grant. The amount will be determined annually by the Board of Directors. These funds can only be used for equipment purchased and copies of invoices must be submitted to the CCRHD for reimbursement.

Capital Over \$100,000

The second funding opportunity will be through a ten-year capital plan. Each community health council will identify their needs for purchases as capital and equipment purchases in excess of \$100,000. In order for a project to be included on the ten-year capital plan, consensus among the health councils must be reached, with endorsement from the Cariboo Health Services Society (CHSS).

(Resolution No. H.00-5-7(2))

Hospital (Cariboo-Chilcotin) Procedures Bylaw

H5.1 Cariboo-Chilcotin Regional Hospital District Procedures

Bylaw No. 6, 1998

Policy No. 98-12-10

The Cariboo-Chilcotin Regional Hospital District Procedures Bylaw No. 6, 1998 was adopted by the Cariboo-Chilcotin Regional Hospital District Board on December 18, 1998. Said bylaw provides for the procedure that is to be followed for the conduct of the Board's business.

(Resolution No. 98-12-10)

Hospital (Cariboo-Chilcotin) Appointments

H6.1 Financial (Cheque) Signing Authorities

Policy No. H.99-6-4

That the financial (cheque) signing authorities for the Cariboo Regional Hospital District be as follows:

One signatory from each of Group A and Group B is required:

- GROUP A: Chairman, Cariboo-Chilcotin Regional Hospital District
Vice-Chairman, Cariboo-Chilcotin Regional Hospital District
Chairman, Cariboo Regional District
Vice-Chairman, Cariboo Regional District
- GROUP B: Treasurer
Assistant Treasurer
Administrator

(Resolution No. H.99-6-4)

Hospital (Cariboo-Chilcotin) Recruitment and Retention

H7.1 Recruitment and Retention Policy

Policy No. H.09-07A-4

WHEREAS, the Cariboo Chilcotin Regional Hospital District Board wants to ensure that medical/health personnel are available to provide service in communities within the region;

AND, the Province of BC, Northern Health and Interior Health have policies and recruitment programs in place to assist the efforts to recruit and retain medical/health personnel;

AND, communities have a specific role and vested interest in recruiting medical/health personnel to their communities;

THEREFORE, be it resolved that the Cariboo Chilcotin Regional Hospital District allocate up to \$100,000 annually to strengthen the community efforts for the recruitment and retention of medical/health personnel in the region.

Funding may be used for the following initiatives:

- Retaining a Host in each municipality who's duties include:
 - Welcoming professional and family upon arrival
 - Investigating job opportunities for spouses and family members
 - Connecting professional and family to others with similar interests
 - Gathering unique local incentives to provide gift baskets during the course of the first year. For example: skating rink passes, Mt. Timothy ski pass, Studio Theatre season pass, Millionaire hockey tickets, VIP pass to Billy Barker Days, Williams Lake Stampede, 100 Mile House Garlic Festival, etc. Further, that corporate sponsorship be encouraged.
 - Making links with realtors for temporary or permanent accommodations
- Out-of-pocket expenses of host, municipalities, recruiters and candidates that are not covered by the Province of BC, Northern Health or Interior Health policies.
- Development of promotional material such as CDs and brochures to promote the community which can be provided to candidates for their use in selecting a potential community.
- Preparing educational materials to promote health care professional for use in local schools.
- \$30,000.00 annual contribution to the Northern Medical Program Trust.

Funds may be accessed by the Health Authority, member municipalities or CRD Director on behalf of unincorporated communities which provide health services, by submitting a written application detailing the specific purpose and plan. A cap of \$30,000.00 per application will apply.

This policy will be reviewed in 2012 to determine effectiveness and continued appropriateness.

(Resolution No. H09.07A.4)

(Amended by Resolution No. H.09-09A-08)