SUNSHINE COAST REGIONAL HOSPITAL DISTRICT

REGULAR BOARD MEETING TO BE HELD
IN THE BOARDROOM OF THE
SUNSHINE COAST REGIONAL DISTRICT OFFICES AT
1975 FIELD ROAD, SECHELT, B.C.
Thursday, July 20, 2023

AGENDA

CALL TO ORDER 1:00 p.m.

AGENDA

1.	Adoption of Agenda	Page 1-2

MINUTES

2.	Sunshine Coast Regional Hospital District Board Meeting Minutes of April 20, 2023	Annex A pp. 3-4

BUSINESS ARISING FROM MINUTES AND UNFINISHED BUSINESS

PRESENTATIONS and DELEGATIONS

3.	Johan Marais, Regional Director, Capital Planning Darlene Mackinnon, Vice President, Coastal Community of Care Vancouver Coastal Health Regarding: Interim Fiscal Year 2024 Capital Plan and Cost Share Request	Annex B pp. 5-34
4.	Glenn Weigel, Director of Special Projects, Vancouver Coastal Health Project Management Office Regarding: Sechelt Hospital Minor Capital Equipment Updates	Annex C pp. 35-36

REPORTS

5.	Regional Hospital Districts' (RHDs) Memorandum of Understanding *General Manager, Corporate Services / Chief Financial Officer*	Annex D pp. 37-41

COMMUNICATIONS

MOTIONS

BYLAWS

NEW BUSINESS

IN CAMERA

ADJOURNMENT

SUNSHINE COAST REGIONAL HOSPITAL DISTRICT

April 20, 2023

MINUTES OF THE MEETING OF THE BOARD OF THE SUNSHINE COAST REGIONAL HOSPITAL DISTRICT HELD IN THE BOARDROOM AT 1975 FIELD ROAD, SECHELT, B.C.

PRESENT:	Chair	Town of Gibsons	S. White
	Directors	Electoral Area E	D. McMahon
		Electoral Area A	L. Lee
		Electoral Area B	J. Gabias
		Electoral Area D	K. Backs
		Electoral Area F	K. Stamford
		District of Sechelt	A. Toth
		District of Sechelt	J. Henderson

ALSO PRESENT:	Chief Administrative Officer	D. McKinley
	GM, Corporate Services / Chief Financial Officer	T. Perreault
	Corporate Officer	S. Reid
	Area A – Alternate Director	C. Alexander
	Administrative Assistant / Recorder	T. Crosby
	Media	0
	Public	0

Directors, staff, and other attendees present for the meeting may have participated by means of electronic or other communication facilities.

CALL TO ORDER 1:05 p.m.

AGENDA **It was moved and seconded**

10/23 THAT the agenda for the meeting be adopted as presented.

CARRIED

MINUTES

Minutes **It was moved and seconded**

11/23 THAT the Sunshine Coast Regional Hospital District Board Meeting Minutes of March 23, 2023 be adopted as presented.

CARRIED

PRESENTATIONS AND DELEGATIONS

Cory Vanderhorst, Regional Assurance Partner of MNP LLP addressed the Board regarding the Sunshine Coast Regional Hospital District's Final Report – 2022 Audit Findings, Draft Independent Auditor's Report and draft audited Financial Statements for year ending December 31, 2022.

REPORTS

Financial Statements — **It was moved and seconded**

12/23 THAT the report titled Sunshine Coast Regional Hospital District (SCRHD) Draft Audited Financial Statements – Year Ended December 31, 2022 and the following documents be received for information;

- 2022 Audit Findings – Report to the Board of Directors for Year Ended December 31, 2022;
- Draft Independent Auditor's Report;
- Draft Audited Financial Statements Year Ended December 31, 2022;

AND THAT the SCRHD Draft Audited Financial Statements for Year Ended December 31, 2022 be approved as presented.

CARRIED

ADJOURNMENT **It was moved and seconded**

13/23 THAT the Sunshine Coast Regional Hospital District Board meeting be adjourned.

CARRIED

The meeting adjourned at 1:17 p.m.

Certified correct _____
Secretary

Confirmed this _____day of_____

_____
Chair

Interim FY24 Capital Plan & Cost Share Request

Sunshine Coast Regional Hospital District

July 20th, 2023

Vancouver CoastalHealth | one VCH

7/12/2023 6:06 PM

Land Acknowledgement

We wish to acknowledge that the land on which we gather is the traditional and unceded territory of the Coast Salish Peoples, including the Musqueam, Squamish, and Tsleil-Waututh Nations.

Vancouver Coastal Health is committed to delivering exceptional care to 1.2 million people, including the First Nations, Métis and Inuit in our region, within the traditional territories of the Heiltsuk, Kitasoo-Xai'xais, Lil'wat, Musqueam, N'Quatqua, Nuxalk, Samahquam, shíshálh, Skatin, Squamish, Tla'amin, Tsleil-Waututh, Wuikinuxv, and Xa'xtsa.

How our capital projects align with our strategic goals

Exceptional Care

Replacing outdated infrastructure & equipment with modern facilities, tools and technology enables clinical providers to achieve better results, leading to higher quality care, better patient outcomes, and improved health care delivery.

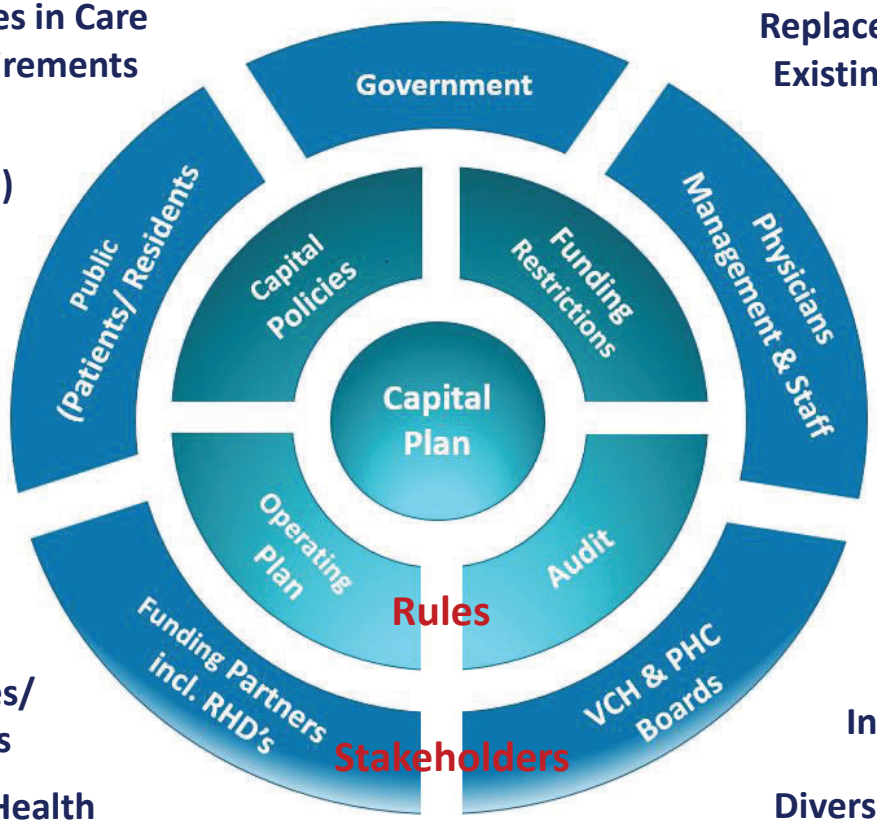
Innovation for Impact

New facilities & equipment will embrace evidence-based best practices & enable service providers to deliver care that is innovative & forward-thinking. Access to upgraded infrastructure & technology will streamline operational services, improve patient and staff safety, and enhance the patient, family, and staff experience.

Great Place to Work

New projects & facility upgrades will be designed to enable staff to do their work in an efficient, safe, and thoughtful environment. Our process incorporates input from service providers, enabling them to influence the design of the spaces where they will be working.

Capital Planning Environment



Changes in Care Requirements

Facilities Condition Index (FCI)

Aging Infrastructure

Operational Sustainability

Facilities Maintenance

Technology Changes/ eHealth Initiatives

Planetary Health

Replacement of Existing Assets

Mandate Letter

VCH Strategic Plan

Aging Clinical Equipment

IT Infrastructure

Indigenous Health

Diversity, Equity & Inclusion

Capital Pressures & Principles

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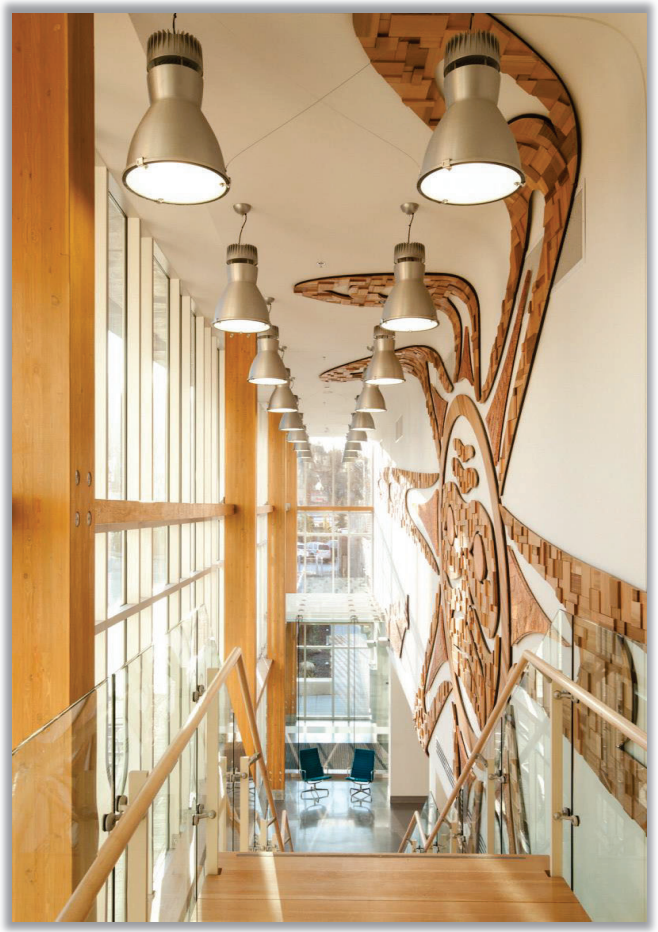
Capital Planning Principles

The following principles inform the whole facility life-cycle, from planning, design and RFP processes, through to construction, operations and building end-of-life:

- **Operational Sustainability**
  ensure our assets are maintained in a state that supports the best possible patient outcomes
- **Asset Condition**
  asset renewal strategies to improve facility condition index (FCI) and address historical deficit of investment, ensuring safe and uninterrupted services
- **Indigenous Health**
  engagement with and incorporation of the unique host Nation cultures on which our facilities are located, to create safe, sustainable spaces that support Indigenous healing practices and prioritize holistic health outcomes
- **Planetary Health**
  ensure facilities are sustainable and climate resilient, support the delivery of sustainable future-focused services such as reusables and virtual health
- **Diversity, Equity & Inclusion**
  ensuring facilities support gender equity and diversity, particularly through design of washrooms, change rooms and showers



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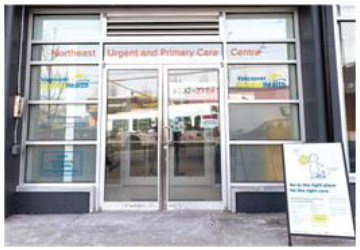
Capital Overview - Facilities

A full continuum of healthcare services are provided within facilities (capital assets) that are primarily Health Authority-owned, operated and maintained. Services are also offered within various leased spaces maintained by VCH.

Acute Care

Hospitals:
Vancouver General
St. Paul's
UBC
Mount St. Joseph's
Lions Gate
Richmond
GF Strong
Sechelt
Squamish
qathet
Heiltsuk
Bella Coola

Primary Care



Urgent Primary Care Centres:
Downtown Vancouver
Richmond
North Vancouver
Northeast Vancouver
Southeast Vancouver

Mental Health & Substance Use

Joseph & Rosalie Segal Family Health Centre
Withdrawal Management
HOpe Centre
Detwiller Pavilion
Willow Pavilion
Sumac Place Gibsons

Long Term & Complex Care

Dogwood
Richmond Lions Manor
Pearson Complex Care
Evergreen Lions Gate
Evergreen - qathet
Berkley Care Home
Shorncliffe
Banfield Pavilion
Purdy Pavilion
Totem Lodge
Hilltop House
Willingdon Creek Village

Community Supports

Health Centres:
Pemberton
Whistler
Alderbridge Richmond
South Vancouver
Raven Song
Three Bridges
Robert & Lily Lee Family CHC
Pacific Spirit
Evergreen

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6

Information above represents only a sampling of the many facilities across the region

Capital Overview - Facilities

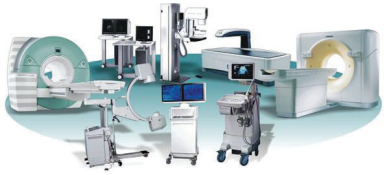
- 12 Hospitals, 6 Mental Health & Substance Use Facilities, and several Long-Term & Complex Care and Primary Care & Community Support Facilities
- Developing deferred maintenance strategies to address large-scale asset categories such as elevators, piping, roofs, etc.
- Major facilities projects seeking approval within the next 2 years:
  - Hilltop House LTC Expansion
  - Evergreen (North Shore) LTC Replacement
  - qathet Evergreen LTC Replacement & Expansion
  - Banfield LTC Replacement
  - Downtown East Side Community Health Centre (46 West Hastings)
- Other Emerging Initiatives:
  - Sechelt Mental Health & Substance Use
  - Heiltsuk Hospital & Long Term Care Replacement
  - Sea to Sky Master Planning
  - Rural Housing Initiatives

Government focus has been on large-scale projects.
Investment in other/smaller capital requirements has not kept pace with escalating infrastructure deficits and risks.

Capital Overview - Equipment

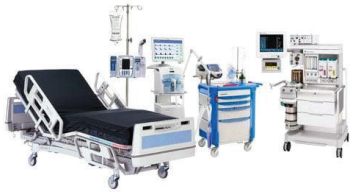
VCH has an extensive inventory of both major and minor medical equipment including Diagnostic, Surgical, Life Support, Monitoring & Treatment, Laboratory, Pharmacy, Medical Device Reprocessing (MDRD), Food Services and Minor Equipment.

Diagnostic Equipment (Major)



10 MRIs
7 Biplane Angiography Systems
17 CT Scanners
20 Fluoroscopy / Multipurpose Fluoro
5 Cardiac Catheterization Labs
35 X-Ray Rooms

Life Support



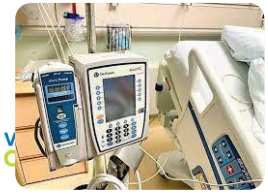
Pharmacy

Surgical

Medical Device Reprocessing (MDRD)

Laboratory

Monitoring & Treatment



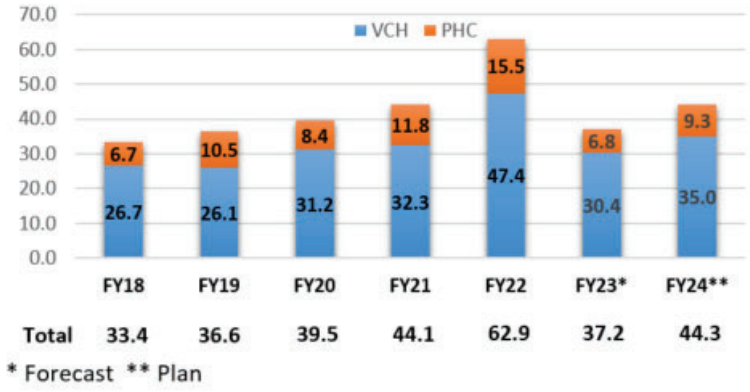
Food Services

Minor Equipment

Capital Overview - Equipment

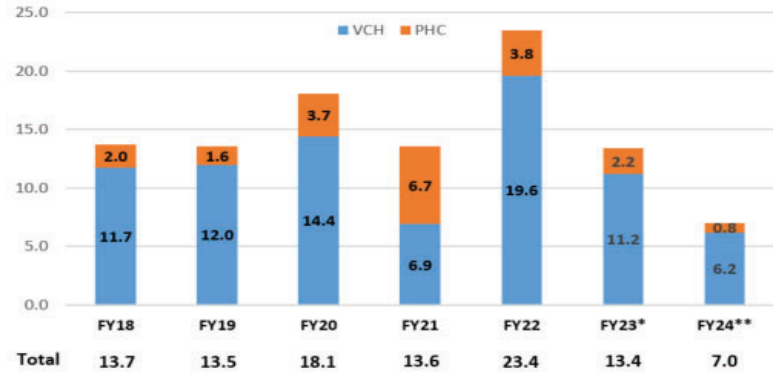
- Average spend ~$42M
- Highly dependent on contributions from Hospital Foundations to address gap in Government funding. Average ~40% annually
- Historical lack of capital spending has resulted in material equipment deficits
- VCH is in a state of “break-fix” and is not always able to consider emerging or innovative technologies
- Prioritized major clinical equipment seeking Board approval in FY24 (>$2M):
  - Digital Radiology Room Replacement, UBCH
  - Inpatient General X-Ray Room Replacement, VCH

Equipment Capital Investment
FY18 through FY24



* Forecast ** Plan

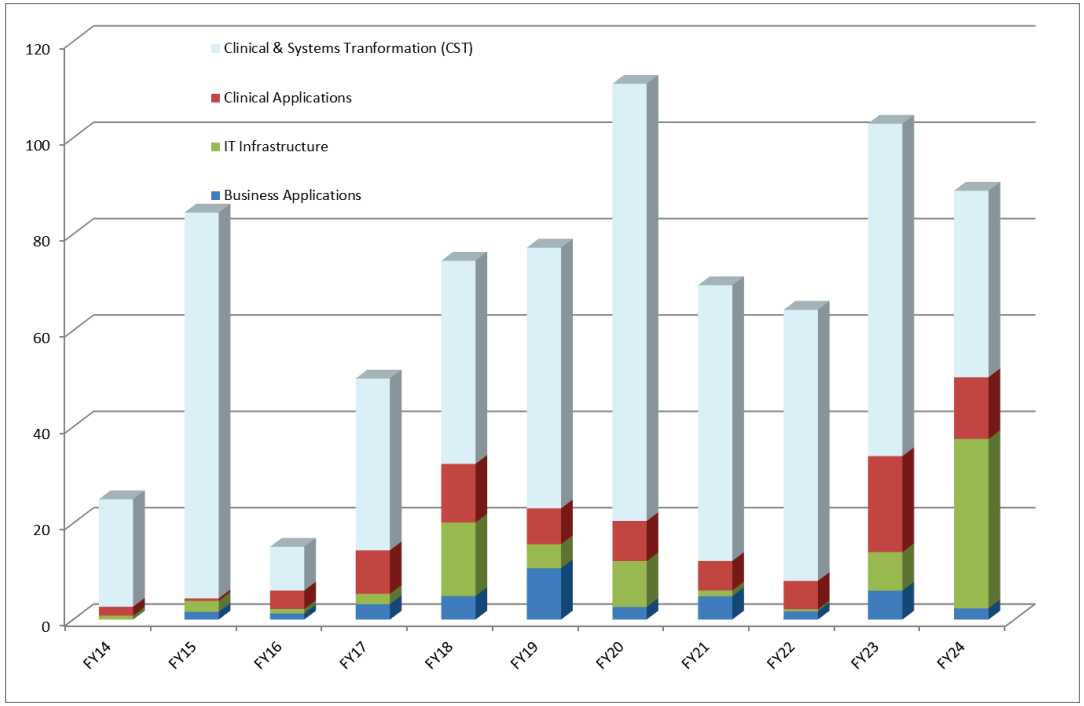
Foundation Capital Equipment Contributions
FY18 through FY24



* Forecast **Plan

VCH has a $1B equipment in historical costs. A conservative estimate of annual investment required will be in a $100M range based on an average 10 year life cycle.

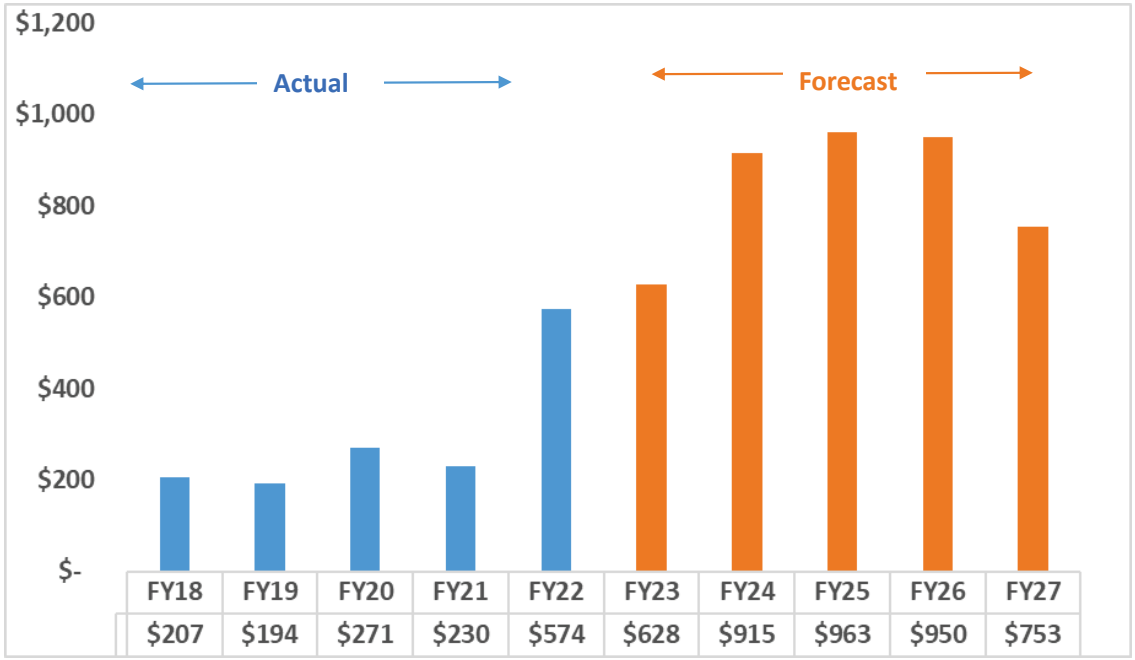
Capital Overview - IMITS



- The 2008/09 financial crisis resulted in a funding claw-back from the MoH, resulting in projects being canceled / wrapped-up
- IMIT systems and infrastructure have been identified as extreme/high risks
- Since FY14, increased investment in IT Infrastructure focused on the Clinical & Systems Transformation (CST) project
- More recently, the investment in Clinical & Business applications focused on aging and unsupported technologies, and the expansion of Clinical applications across acute sites

FY24 - $90M of new project requests submitted (including $40M one-time operating costs)
Adoption of cloud computing shifts costs and funding pressures to operating
No dedicated MOH funding to address IMITS requirements

Ten-Year Capital Expenditure Trend



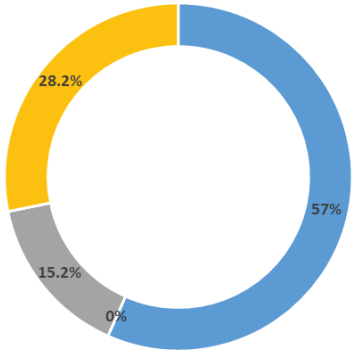
Significant increase FY22 through FY27 due to major redevelopment projects:

- New St. Paul's Hospital
- LGH Tower
- Richmond Tower
- VGH OR Renewal Phase 2

Excluding the large scale projects,
MOH funding for other capital requirements has been steady at ~ $80M annually

FY24 Capital Plan

Additions to Multi-Year Capital Project Budget: $100.8 million



Facilities	$	57.1	57%
IMITS - TBD	$	-	0%
Minor Capital Improvement Projects (minor equipment/reno)	$	15.3	15%
Major Equipment	$	28.4	28%
Total	$	100.8	

FY24 Capital Expenditure Budget by Category: $915.5 million

Includes $876.8M of previously approved projects and $38.6M for FY24 expenditures on additions to the Multi-Year Capital Project Budget ($100.8 million)

New St. Paul's	$	479.7
Clinical Support & Research Centre - New St. Paul's	$	39.0
LGH Acute Care Facility	$	99.6
Richmond Hospital Redevelopment	$	13.6
VGH OR Renewal Phase 2	$	49.0
St. Vincent's Long Term Care	$	5.0
Dogwood Long Term Care	$	12.4
Clinical Systems Transformation (CST)	$	38.7
Facilities	$	71.4
Equipment	$	44.3
IMITS	$	47.5
Minor Capital Improvement Projects	$	15.3
Total	$	915.5

Interim FY24 Capital Plan

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FY24 Capital Plan Detail - Revenue

($ millions)	Life to Date Spend 2023-03-31 [1]	FY24	FY25	FY26	FY27	FY28	FY29+	Total
Revenue								
Ministry of Health	753.3	466.2	765.2	791.3	755.3	271.0	88.8	**3,891.1**
Priority Investment	596.1	251.4	659.9	707.3	679.9	271.0	88.8	**3,254.3**
Routine Capital Investment	86.3	74.2	45.6	33.3	30.8	-	-	**270.3**
Unallocated Routine Capital Investment	-	-	14.7	30.1	29.4	-	-	**74.2**
Restricted Global Operating Fund	46.3	70.4	17.8	1.0	-	-	-	**135.4**
Minor Capital Improvement Allocation	-	15.3	15.3	15.3	15.3	-	-	**61.2**
Deferred from prior yrs	24.5	55.0	11.9	4.3	-	-	-	**95.7**
Land Sale								
Providence	407.0	358.6	47.2	0.5	0.5	34.7	-	**848.5**
Dogwood-Pearson	135.5	3.5	-	-	-	-	30.0	**169.0**
Other	189.0	87.2	150.1	158.4	(2.5)	30.3	25.0	**637.7**
Foundation/Auxillaries	33.2	54.4	69.2	74.3	114.2	26.2	25.0	**396.5**
Regional Hospital Districts	2.5	2.1	1.8	0.9	0.3	-	-	**7.6**
Research	6.3	0.5	0.3	0.3	0.3	-	-	**7.6**
DBF Financing New SPH	146.9	25.4	-	-	(171.2)	-	-	**1.1**
Other 3rd Party - SPH	-	-	76.2	79.0	49.9	4.1	-	**209.3**
Other	0.1	4.8	2.6	4.0	4.0	-	-	**15.5**
Total Revenue	**1,484.8**	**915.5**	**962.7**	**950.2**	**753.4**	**336.0**	**143.8**	**5,546.4**

[1] Projected spend to date by 2023-03-31. Will be revised after year-end

FY24 Capital Plan Detail - Expenditures

($ millions)	Life to Date Spend 2023-03-31 [1]	FY24	FY25	FY26	FY27	FY28	FY29+	Total
Expenditures								
Total Priority Investment	**1,306.5**	**737.0**	**842.4**	**852.3**	**667.3**	**336.0**	**143.8**	**4,885.2**
New St. Paul's	611.8	479.7	491.6	417.3	173.6	-	-	**2,174.0**
Clinical Support & Research Centre - New St. Paul's	-	39.0	123.5	79.5	90.4	48.8	-	**381.2**
LGH Acute Care Facility	115.2	99.6	78.3	17.0	-	-	-	**310.1**
Richmond Hospital Redevelopment	3.8	13.6	24.9	178.6	265.6	240.7	133.7	**860.8**
VGH OR Renewal Phase 2	5.5	49.0	94.0	88.0	65.8	20.8	9.1	**332.2**
Dogwood Long Term Care	52.6	12.4	-	-	-	-	-	**65.0**
St. Vincent's Long Term Care	1.0	5.0	30.0	72.0	72.0	25.8	1.0	**206.8**
Clinical Systems Transformation (CST)	516.6	38.7	-	-	-	-	-	**555.3**
Sub-Total Priority Investment	**1,306.5**	**737.0**	**842.4**	**852.3**	**667.3**	**336.0**	**143.8**	**4,885.2**
Other Capital Projects [2]								
Underway:								
Facilities	81.1	62.5	23.0	12.7	18.0	-	-	**197.3**
Equipment	61.3	29.8	24.2	15.9	10.6	-	-	**141.8**
IMITS	36.0	47.5	16.6	1.0	-	-	-	**101.1**
Minor Capital Improvement Allocation [3]	-	-	-	-	-	-	-	**-**
New FY24 Requests								
Facilities	-	8.9	19.9	18.6	9.8	-	-	**57.1**
Equipment	-	14.5	6.6	4.3	3.0	-	-	**28.4**
IMITS [4]	-	-	-	-	-	-	-	**-**
Minor Capital Improvement Allocation [3]	-	15.3	15.3	15.3	15.3	-	-	**61.2**
Sub-Total Other Capital Projects	**178.4**	**178.5**	**105.6**	**67.8**	**56.7**	**-**	**-**	**586.9**
Unallocated RCI	-	-	14.7	30.1	29.4	**-**	**-**	**74.2**
Total Expenditures	**1,484.8**	**915.5**	**962.7**	**950.2**	**753.4**	**336.0**	**143.8**	**5,546.4**

[1] Projected spend to date by 2023-03-31. Will be revised after year-end
[2] Other Capital Projects have a 4-year funding commitment
[3] MCIP Represents the allocation only
[4] Funding for new IMITS projects is TBD

- Addressing clinical and structural needs, VCH has a 10-year plan that includes **$5.5B** in approved and funded projects in progress that will be completed through FY32
- The interim FY24 Capital Expenditure budget equals **$915.5M**, including an addition of **$100.8M** in prioritized new capital projects to the FY24 – FY29 multi-year capital plan

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Sunshine Coast Active Capital Projects

FY24: New Coastal Capital Projects

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FY23 Facilities Projects underway (P03 – 2023-06-22)
Sunshine Coast

Project ID & Name (as at June 22, 2023)	SCRHD Cost Share	Ministry of Health	Project Cost Estimate	By Funding Source
301348 - Shorncliffe Cooling Upgrade			98,820	
301349 - Totem Lodge Cooling Upgrade			50,454	
Federal HVAC Grant				**149,274**
301291 - Repl 3x20 Tonne Chillers	130,000	1,163,713	1,293,713	
301293 - Repl MCC,Switch & Emerg Generator	640,800	961,200	1,602,000	
301309 - Window Replacement, S. Wing	240,000	360,000	600,000	
301372 - Replace Delayed Vital Power 4	440,000	660,000	1,100,000	
301320 - Replace Heat Exchange DHW	40,000	60,000	100,000	
Ministry of Health & Sunshine Coast RHD	1,490,800	3,204,913		**4,695,713**
301355 - Lab Renovation			375,000	
Sechelt Hospital Foundation				**375,000**
301332 - MDRD Renovation			84,000	
301373 - Piping Replacement Shorncliffe			65,053	
Coastal Minor Capital				**149,053**
301381 - Office Space Reconfiguration			124,243	
Corporate				**124,243**
Total FY24 Active Facilities Projects				**5,493,283**

- *Includes:*
  - *Federal HVAC Initiative (Long Term Care)*
  - *Minor facilities projects under $100K*
  - *Projects from all funding sources*

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FY24 Minor & Major Equipment Projects underway (P03 – 2023-06-22)
Sunshine Coast

Project ID & Name (as at June 22, 2023)	Project Cost Estimate	By Funding Source
351741 - Lab Plasma Freezer 4.9CUFT	6,965	
352096 - Port Fiber Rhino laryngoscope (4)	41,738	
Sunshine Coast Healthcare Auxiliary		**48,703**
352188 - ACL TOP 350 CTS	37,748	
352135 - Rees Temperature Monitor Sys	11,467	
352142 - Single Side ICU Doors	18,485	
Ministry of Health		**67,700**
351867 - i-STAT 1 Portable Analyzer	11,253	
351972 - AFS 8D Water Purification System	16,628	
352127 - Bilimeter	5,996	
352129 - Pediatric Crib Stretcher	11,015	
352144 - GE Logiq E10 Ultrasound System (2)	291,195	
352145 - Panda Warmer 5 Omnibed	313,979	
352158 - Carescape Monitors (6)	59,333	
352167 - Anesthetic Workstation	87,049	
352170 - LUCAS Chest Compression System	18,486	
352192 - Aisys CS2 Anesthesia Machine	138,015	
352193 - Aseptico ADU 17X2 Dental Sys	17,035	
352194 - FT Series Energy Platform	14,020	
Sechelt Hospital Foundation		**984,004**
351990 - Tilting Skillet Braising Pan	25,196	
351999 - Bilisoft LED PT System (2)	18,013	
352119 - Avalon FM30 Fetal Monitoring System (4)	124,699	
Sunshine Coast RHD		**167,908**
Total FY24 Active Equipment Projects		**1,268,315**

- *Please note this excludes closed/ completed projects*
- *Includes:*
  - *Major and minor equipment*
  - *Projects from all funding sources*

FY24 Capital Plan – New Facilities Capital Projects
Coastal CoC

Item	Campus	Building	Project Name	Budget
1	LGH	AT	Dirty utility shaft - **Additional Funds**	800,000
2	SGH	SGH	Paving and Drainage (Missing RHD Portion)	92,000
3	SGH	SGH	PAR Washrrom (Missing RHD Portion)	138,000
4	qGH	qGH	Dumbwaiters - **Additional Funds**	40,000
5	LGH	Northern Expansion	Rehab RTU - **Additional Funds**	250,000
6	qGH	qGH	Roof Replacement - Phase 2 - **Additional funds**	1,350,000
7	qGH	qGH	ER Triage Upgrades	1,900,000
8	LGH	Acute Tower	LGH Elevators 1-4 Replacement	2,450,000
9	LGH	NE	LGH 2nd MRI	3,000,000
10	SGH	Hilltop South	Bathing Room Upgrades	260,000
11	PHC	Pemberton HC	HVAC Equipment Replacement	610,000
12	LGH	Northern Expansion	MRI Quench Vent Relocation Design	850,000
13	SH	Sechelt Hospital	DHW Pipe Replacement	260,000
			Total Coastal	**12,000,000**

Cost Share Request

Clinical Renovations

New Clinical Builds

Long-Term Care

Clinical Equipment

Leased Sites/ Infrastructure

Facility Infrastructure Upgrades

Maintenance

Clinical Applications

Business Applications

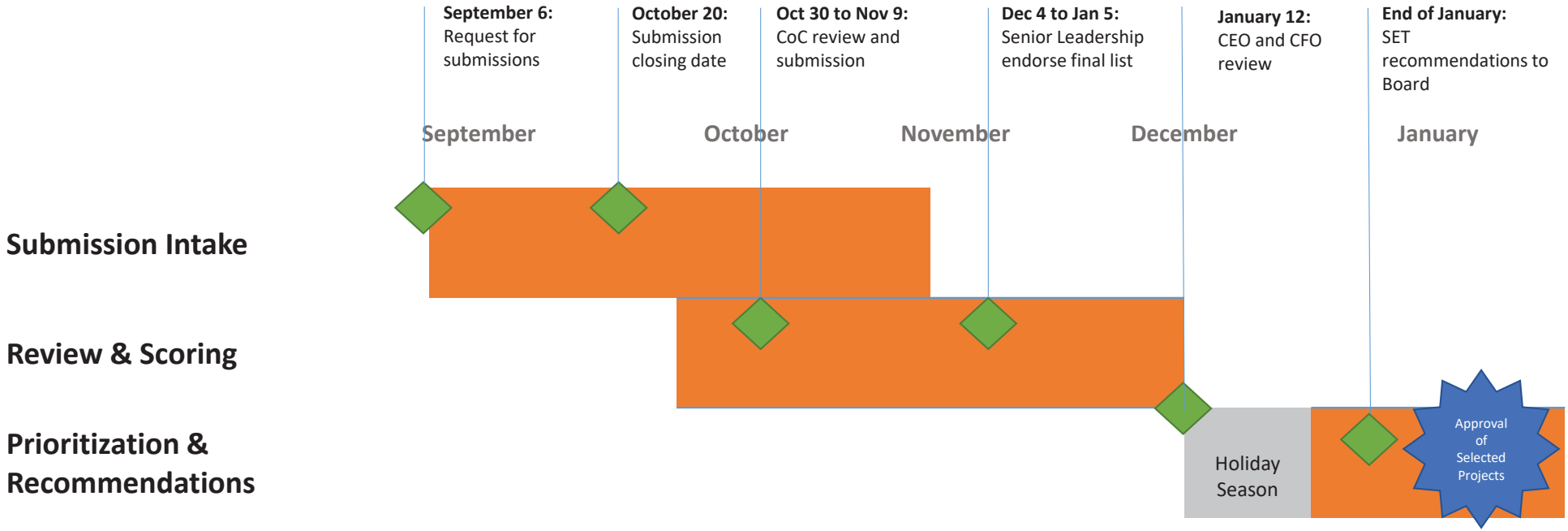
IT Infrastructure

Project Name	Project Cost Estimate	Cost Share Request	Description
Domestic Hot Water (DHW) Pipe Replacement	**$260,000**	**$104,000**	Approximately 30 years old. The Domestic Hot Water system for the entire South Wing is supported by two heat exchangers. This includes the Operating Rooms, Lab, Rehab, Medical Records, Admin, Renal Dialysis, Pharmacy, Kitchen, Laundry, In-patient psych unit, and Totem Lodge ECU. The current tube-style heat exchangers are reaching their end of life and Facilities Management and Operations (FMO) have recommended that they be replaced with new plate-style heat exchangers to keep up with the demand of the site. The FMO team initially started this project in 2021 and purchased the new heat exchangers. Upon further review it was determined that the current tanks would need to be relocated to access the required ports and this is not feasible due to their age. BES Mechanical Consulting were engaged in Oct 2022 to complete a mechanical design. Initial contractor estimates have been received based on the new project scope.
Total Project Cost Estimate	**$260,000**	**$104,000**	The cost share request represents **40%** of the project cost estimate.

Capital Project Prioritization Timeline & Process

Vancouver CoastalHealth | one VCH

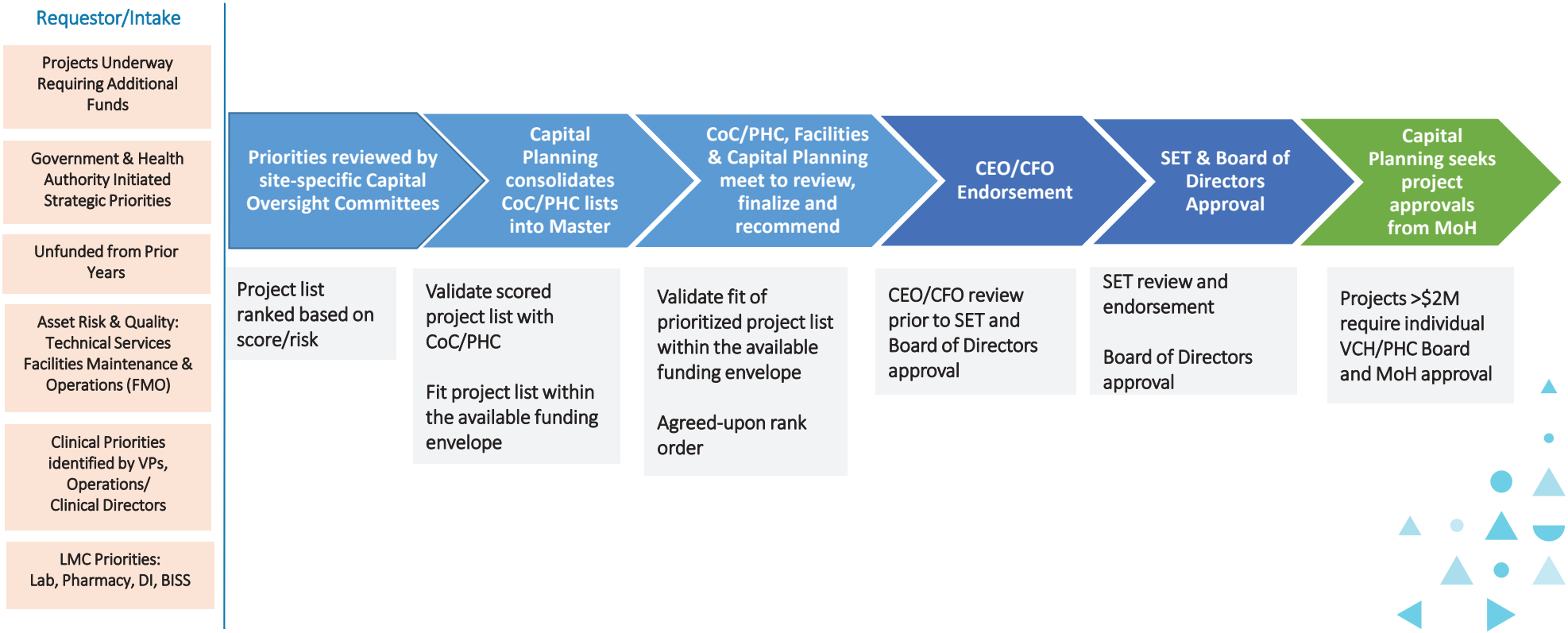
FY24 Capital Planning – Approval Timeline & Deliverables



Review of Capital Prioritization Criteria

Capital Projects Prioritization Criteria	Major Clinical Equipment Prioritization Criteria	IMITS Prioritization Criteria
Strategic alignment ★	Strategic alignment ★	Strategic alignment ★
Access and flow	Patient Outcome	Clinical and business impact (health outcomes)
Innovation	Innovation	Access and availability (access and flow)
Safety and risk management	Safety	Safety and risk management
Urgency	Obsolescence	Organizational Impact and likelihood
Cost-benefit (financial)	Financial	Cost benefits (financial and operational)
Human resources		CST Requirements (bonus)
Funding partnerships		

Facilities Prioritization Process Overview



Facilities Capital Scoring Tool Part 1

Project title:					RATING	AVG WEIGHT
Urgency						
Extremely urgent	**Very urgent**	**Quite urgent**	**Fairly urgent**	**Not urgent**	**Max Score**	
5	**4**	**3**	**2**	**1**	**5**	
Existing asset has **already failed** or been shutdown; and/or **Legal/regulatory orders** received requiring immediate action; and/or Missing components to **life safety systems**	Existing asset(s) are showing **signs of failure** and/or are not operating reliably. Asset(s) are **beyond repair** and replacement/full recommended project scope is required. **Long lead times** associated with replacement and/or design required before orders can be made.	Existing asset(s) are showing **signs of failure** and/or are not operating reliably. Asset(s) **can likely be repaired**, but replacement is the recommended option and better investment. Asset due for replacement (no signs of failure yet) but full recommended project scope required for new solution. Required to meet deadline (in 2 years or less) of 3rd party report or contract requirement (including leases).	Existing asset(s) will reach the end of their useful life by next fiscal year, or are already **overdue for replacement**. Asset(s) can be repaired in case of failure, but replacement is the recommended option. Required to meet deadline of 3rd party report or contract requirement (including leases). Required to meet deadline (over 2 years away) of 3rd party report or contract requirement (including leases).	Existing assets are due for replacement within the next 5 years. Low risk of failure. Status quo does not worsen if project does not move forward.		**20**
Level of Readiness						
In Progress	**Class A**	**Class C**	**Class D**	**No formal study completed**	**Max Score**	
5	**4**	**3**	**2**	**1**	**5**	
Project in progress. Additional funding required.	Project has a Class A estimate (or contractor quote or full scope) and is tender-ready. Detailed design is completed.	Project has a Class C estimate (or contractor quote/estimate for major portion of the construction). Schematic design is completed.	Feasibility study completed. Class D estimate / rough order of magnitude.	No planning completed.		**10**
Impact to Operations, Patient Care and Infrastructure						
Prevent Severe Disruption and/or Damage	**Prevent Major Disruption**	**Prevent Disruption**	**Improve the Status Quo**	**No impact**	**Max Score**	
5	**4**	**3**	**2**	**1**	**5**	
This project is necessary to maintain current service levels and avoid a failure. Failure will interrupt or prevent clinical operations for an **extended period;** likely **damage other building assets** or accelerate their deterioration; will trigger a Code Grey.Not proceeding may lead to severe injury, property damage, or fines.	This project is necessary to maintain current service levels and avoid a failure. A failure of this existing system **will** interrupt, delay or prevent current clinical operations. Neighbouring building assets might be damaged if a failure occurs. A failure could trigger a Code Grey.	This project is necessary to maintain current service levels and avoid a failure. A failure of this existing system **might** interrupt clinical operations **temporarily**, but contingency plans are in place to allow for the **continuation or regular service.** This includes emergency backup equipment.	**Existing levels of service will continue if this project does not proceed.** An improvement over the status quo. Can include replacing noncritical infrastructure, future-proofing, improvements in efficiency, resiliency, aesthetics, access and flow, patient/staff experience, or an expansion of services / adding net new assets.			**20**
Clinical Access, Efficiency and Working Conditions						
Very high (6 or more of the criteria must be met, one of which is supported from data/evidence/modeling with measurable outcomes)	**High (5 or more criteria must be met, one of which is supported from data/evidence/modelling with measurable outcomes)**	**Moderate (any 4 criteria must be met)**	**Fair (any 3 criteria must be met)**	**Poor (2 or less criteria are met)**	**Max Score**	
5	**4**	**3**	**2**	**1**	**5**	
1. Performance improvement supported by data/evidence/modeling 2. Demonstrated impact on ability to improve access to timely service within accepted standards of practice 3. Demonstrated ability to offset / mitigate current clinical pressures 4. Demonstrated ability to improve movement of patient through continuum of care and / or improves service integration either locally or regionally 5. Improves working conditions for staff measurable by following: reduced sick time, reduced overtime, increased retention rates 6. Improves staff and / or patient safety (eg. Reduced staff injuries, reduced patient and staff reported incidents, meet current IPAC standards) 7. Demonstrated increase in overall efficiency eg. Hours per patient day, caring for patients in a waiting room, in OR (any case, any room)						**20**

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Facilities Capital Scoring Tool Part 2

Scale of Impact

Campus	Multiple Buildings	Entire Building	Multiple departments	Single Department	Max Score	
5	4	3	2	1	5	
Impact is felt across more than 5 buildings	Impact is felt across 1-4 buildings, including an entire campus of 4 buildings or less	Impact is felt throughout an entire building	Impact is felt across multiple departments / floors / service lines	Impact is felt across a wing/department of a single building		10

Deferred Maintenance Impact

[VFA Deferred Maintenance removed by this project] / [Project Budget] = Score%

			Max Score	
VFA Deferred Maintenance removed by this project, divided by the Project Budget. Enter that percentage as the score. Ex. 52% = 0.52.	VFA Deferred Maintenance Removed by this Project =	$ -	100%	5
	Project Budget =	$ 100,000	0.00	

Environmental Impact, Strategic Alignment, Codes & Standards

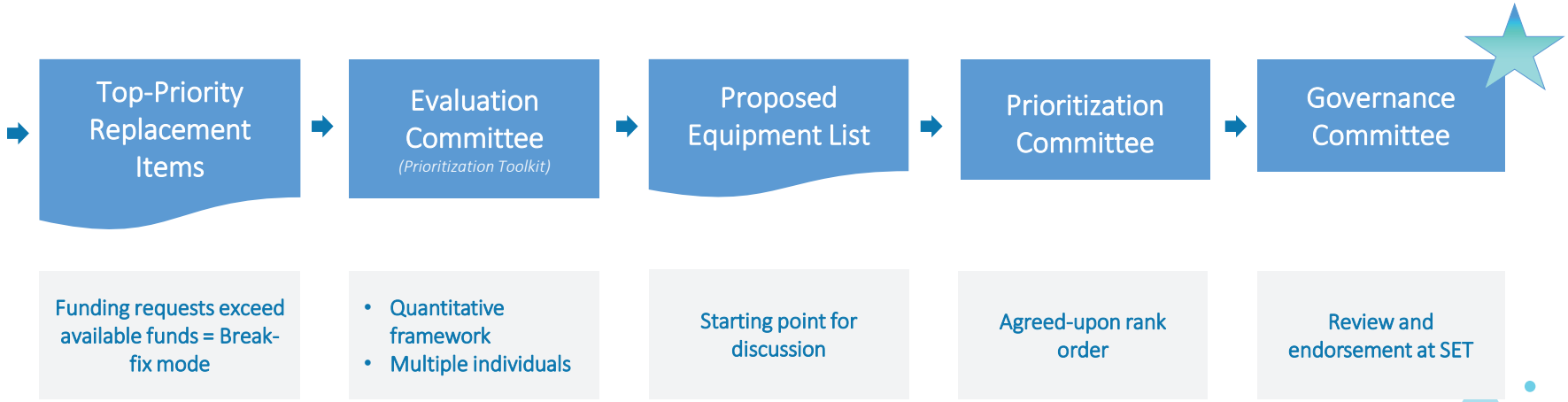
4+ Items	3 Items	2 Items	1 Item	None	Max Score	
5	4	3	2	1	5	
1. Contributes to Carbon Reduction Targets 2. Reduction in other environmental impacts (not related to carbon reductions) 3. Reduce likelihood of workplace injuries 4. Part of a strategic plan 5. Brings space/system into compliance to current codes and standards						5

Operating Cost / Benefit

<6 year payback	6-14 year payback	15-30 year payback	No significant payback	No payback	Max Score	
5	4	3	2	1	5	
<6 year payback	6-14 year payback	15-30 year payback	Some savings due to increases in efficiencies, reduced maintenance and/or utilities. Not enough to substantially quantify.	No Payback		10

Major Clinical Equipment Prioritization Process Overview

- Medical Imaging
- Laboratories
- Pharmacy
- Coastal
- Vancouver
- Richmond
- Providence Health Care



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FY24 Major Clinical Equipment Intake – Form A

PHC/VCH Major Capital Form A

Tip: *Hover pointer over text fields, check boxes and buttons to activate tool-tip. Text beginning with " * " can be hovered. Fields ending with an asterisk " * " are required. A user guide is attached on page 3.*

Program Information

Health Organization* | Planning Entity* | Site*

Department* | Fiscal Year*

Equipment Information

Equipment status *(check all relevant)*

☐ *Net new ☐ *Replacement ☐ *Upgrade

Type of equipment

Equipment description* Max120 characters. Hover this box for instructions

For equipment replaced, please provide (if known):

Model name

Asset or serial number

Current equipment age ____ years

Capital Need Information

*Strategic impact and alternatives

Max 250 characters. Hover this box for instructions.

Safety impact

Max 250 characters. Hover this box for instructions.

Is the device currently obsolete? | Year of obsolescence

*Obsolescence justification

Max 250 characters. Hover this box for instructions.

Innovation impact

Max 250 characters. Hover this box for instructions.

Financial impact

Max 250 characters. Hover this box for instructions.

Patient outcome

Max 250 characters. Hover this box for instructions.

***Risk Assessment** *(if the medical device is not purchased in this fiscal period)*

Likelihood* Please make selection

Severity* Please make selection

Risk level: Description: Action required:

Risk assessment comment

Max 150 characters. Hover this box for instructions.

***Supporting Department Review**

IMITS ☐ Facilities ☐ Biomedical Engineering ☐

Costing and Funding Information

Capital cost		Operating cost		Alternate funding sources identified	
Equipment cost	$ 0.00	Service contracts	$ 0.00	*Regional hospital district	$ 0.00
Installation cost	$ 0.00	Supplies	$ 0.00	Foundations & auxiliaries	$ 0.00
Renovation cost	$ 0.00	Staffing	$ 0.00	Other	$ 0.00
Taxes 7.85% net GST applicable		Other	$ 0.00		
Total capital cost	$ 0.00	Total operating cost	$ 0.00	Total alternate funding	$ 0.00

Requester Information

Name* | Title* | Email*

Executive Sponsor Information

Name | Title | Email

Feedback *(optional)*

This form is part of a student project looking to improve the capital prioritization process. Any feedback/suggestions about this form or the VCH/PHC major capital prioritization process will be greatly appreciated!

Clear Form | Submit Form | Print Form

FY24 Major Clinical Equipment Intake – Form A

VCH/PHC Major Capital Form A User Guide

Box to be filled	Instructions, definitions, and comments
Equipment status	Net new: equipment will expand the number of existing devices in current fleet *Example: to meet growing CT-scan needs, an additional CT scanner will be purchased, increasing the number of CT scanners from 3 to 4.* Upgrade: The requested device will provide significantly new functions/features that current devices do not have *Example: a new imaging device on the market allows us to see things current imaging techniques cannot, leading to a new means to diagnose disease* Replacement: Requested equipment will replace the preceding equipment which will be disposed. The same number of equipment results with no new functions/features. *Example: Surgical tables are requested to replace the current fleet. The ability to adjust height is the same even if the newer surgical table can now be controlled using a remote in addition to a hand crank whilst the preceding surgical table could only be adjusted with a hand crank.*
Type of equipment	Single item: requested equipment is composed of one device to carry out its intended function System: requested equipment is composed of multiple components intended to be used together to fulfill some or all of the device's intended functions.
Equipment description	Please provide a full description of the requested equipment. Include what it does, who will use it, and what it will be used for.
Strategic impact and alternatives	Explain why the equipment needs to be replaced this fiscal year • Indicate the impact to operations (i.e. service levels) if not replaced • What alternatives are there to the current equipment? (Example: existence of backup devices, existence of spare parts) • Indicate if there is a MoH/PHC/VCH mandate related to a directive to replace equipment, open new program or expand new program • Indicate if the equipment is needed to meet regulatory compliance Provide backup data/references (e.g. name of regulatory body, compliance requirement and deadline) if available
Safety impact	Explain the risks to the health and safety of patients if not replaced this fiscal year. Include any risks to health/safety to staff if the equipment is not replaced this fiscal year.
Obsolescence justification	Explain why the equipment is obsolete • Indicate the source of obsolescence date. *Example: end-of-life or end-of-service letters from the manufacturer, accreditations or guidelines* • Describe the current supportability of the device • If the device is a net new upgrade, explain how technologies/methods of current devices are obsolete/not best practice and what the new technology will allow
Innovation impact	Explain if purchasing the equipment will bring considerable improvement to the organization (i.e. leading practices, gains in productivity/efficiency, etc) or help to maintain current levels.
Financial impact	Describe the potential impact of the equipment on operating budget (i.e. cost of ownership and/ or service costs, etc).
Patient outcome	Describe how purchasing the equipment will impact of the patient's quality of service (maintain current standard or improve). Also provide an estimate on the implementation time frame of the project.

Risk Assessment	If the medical device not purchased in this fiscal period, assess the likelihood and impact of failure occurrence by selecting the most appropriate likelihood and severity
Risk Assessment Comment	Briefly comment why the likelihood and severity score was selected • Indicate environmental impact if any in the context the equipment is not purchased this fiscal year
Supporting department review	Review request with Biomedical engineering, Facilities, IMITS and other support services to ensure all costs are included. To contact Biomedical engineering, please reach out to bmeclerical@vch.ca Please note: Facilities 1553 – All submissions that will incur a Facilities cost must be accompanied by a completed/signed 1553 form in order to be considered

ANNEX C

2023 Minor Equipment	Department	Estimated Unit Cost Rounded to nearest $	Quantity	Total Cost Estimate 2022/23	STATUS	PO#
OR Lights and vendor installation	Perioperative	$60,658.00	2	$121,316.00		
Spirit Mental Health Beds	MHSU IPU	$7161.00	6	$42,965.00		
Ventilator	Critical Care	$59,318.00	1	$59,318.00		
Glide-scope and Blades	Perioperative	$39,000.00	1	$39,000.00		
Ice Machine	Maternity	$12,034.00	1	$12,034.00		
Mattresses	SH site	$4,476.00	10	$44,758.00		
Wheelchairs	SH site	$5018.00	19	$95,330.00		
Multichannel ECG	Cardiac	$20,000.00	1	$20,000.00		
Treadmill and stress test monitor	Cardiac	$33,000.00	1	$33,000.00		
Carescape patient monitor	Medical Imaging	$17,282.00	1	$17,282.00		
Platelet agitator/incubator	Lab	$25,000.00	1	$25,000.00		
Osmometer	Lab	$39,000.00	1	$39,000.00		
CLINTEK Status urine analyzer	Lab	$8,950.00	1	$8,950.00		
Rees temperature monitoring system	Lab	18,000.00	1	18,000.00		

ECT device	**MHSU**	**$37,000.00**	1	**$37,000.00**		
Cast cutter with vacuum	**ED**	**$8,304.00**	**1**	**$8,304.00**		
Pipe Freezer	**FMO**	**$5,927.50**	**2**	**$11,855.00**		
Total					633,112.00	

SUNSHINE COAST REGIONAL HOSPITAL DISTRICT STAFF REPORT

TO: Sunshine Coast Regional Hospital District Board – July 20, 2023

AUTHOR: Tina Perreault, General Manager, Corporate Services / Chief Financial Officer

SUBJECT: **REGIONAL HOSPITAL DISTRICTS' (RHDS) MEMORANDUM OF UNDERSTANDING**

RECOMMENDATION(S)

THAT the report titled Regional Hospital Districts' (RHDs) Memorandum of Understanding be received for information.

BACKGROUND

On March 31, 2014 the Sunshine Coast Regional Hospital District (SCRHD) renewed a Memorandum of Understanding (MOU) with Vancouver Coastal Health (VCH), Powell River Regional Hospital District, and Sea to Sky Regional Hospital District (Attachment A).

The purpose of this MOU is to outline the voluntary capital expenditures cost share funding a RHD may make, and the process to be followed by the parties in coming to an agreement on projects funded. Capital expenditures, as defined in the *Hospital District Act*, are "to include facility maintenance, construction, the minor/major equipment, and clinical information technology projects."

Within the MOU are dates that are required for the SCRHD to schedule a Board meeting.

DISCUSSION

In the fall of each year a meeting is scheduled per the MOU with the RHD Capital Planning Group which includes the respective RHD Chairs and senior staff of the VCH Capital Planning, the Coastal Community of Care (CoC) and the RHD's to share information regarding VCH's Three Year Capital Plan, VCH's strategic direction for the Coastal CoC and provide information on capital funding, distribution and information on capital projects and health care issues.

This report, for information only, outlines the Board meetings required throughout the year for the SCRHD.

January	Inaugural Meeting of the SCRHD to elect a new Chair and Vice-Chair
February / March	Adopt Final Budget and Budget Bylaw

April	Audit Results presented to the Board with draft audited financial statements for the year ended December 31.
July	Upon receipt of the capital budget allocations from the Province of British Columbia, VCH presents a mid-cycle "reality check" on proposed capital expenditures. VCH also reviews the three year capital plan and necessary amendments due to changes in funding, unanticipated capital needs or priority changes. SCRHD provides a Reserves and Capital Funds Update.
October	SCRHD provides a draft Provisional Budget for approval.

Meetings are scheduled in the Board calendar and VCH is invited to attend for information and / or presentation where required. Additional meetings are scheduled as required to discuss major capital project progress, etc.

CONCLUSION

On March 31, 2014 the SCRHD renewed a MOU with VCH, Powell River Regional Hospital District, and Sea to Sky Regional Hospital District. This report is provided for information only.

Reviewed by:			
Manager		CFO / Finance	
GM		Legislative	
CAO	X – D. McKinley	Other	

Attachment A – Memorandum of Understanding dated March 31, 2014

MEMORANDUM OF UNDERSTANDING

THIS UNDERSTANDING made as at March 31, 2014

BETWEEN:

VANCOUVER COASTAL HEALTH
(Hereafter called the "VCH")

OF THE FIRST PART

AND:

POWELL RIVER REGIONAL HOSPITAL DISTRICT
SEA TO SKY REGIONAL HOSPITAL DISTRICT
SUNSHINE COAST REGIONAL HOSPITAL DISTRICT
(Hereafter call the "RHDs")

OF THE SECOND PART

WHEREAS:

a) The VCH is responsible for all health care services within the Coastal Community of Care (CoC), which includes the RHD's, and

b) The RHD's are responsible, on a voluntary basis, for providing funding based on a cost shared formula to VCH for capital expenditures, defined hereinafter to include capital facility maintenance, construction, the minor/major equipment, and clinical information technology projects within their respective boundaries in accordance with the *Hospital District Act*

c) All parties recognize the benefits of coordinating their activities through formal and informal processes within the boundaries of their respective legislative and regulatory obligations.

THEREFORE BE IT RESOLVED THAT

In order for the effective, efficient and accountable planning and funding of capital expenditures, the parties agree as follows:

1. There shall be established an RHD Capital Planning Group (RHD CPG) comprised of the respective RHD Chairs (or their designate) and senior staff of the VCH Capital Planning, the Coastal CoC and the RHD's.

2. The RHD CPG shall meet a minimum of once yearly, in the fall of each calendar year.

3. The purpose of this meeting shall be to share information and have input into the VCH capital plan and capital planning processes and to discuss local priorities with the VCH. This information sharing and consultation shall include:

a) A review of the VCH Three Year Capital Plan, which includes all of the capital expenditures for the Coastal CoC

b) Information from the VCH on its strategic direction for the Coastal CoC,

c) Information from the VCH for the Coastal CoC on:

   i. total capital funding
   ii. distribution of capital expenditure funding to Facilities, Clinical Equipment, and Information Management Information Technology Systems (IMITS) within the RHD's
   iii. provide preliminary information on major projects and major equipment acquisitions to facilitate RHD consideration and approval-in-principle of cost shared projects for inclusion in RHD provisional budgets before December 15 of each year, if available

d) Information on how capital expenditures were prioritized within the Coastal CoC.
e) An overview of major operational and health care issues.

4. Before the end of February of each year VCH shall meet individually with each RHD to present the VCH's recommendations for current year capital funding thus enabling the RHD's to consider and approve their current year's budget in accordance with the requirements of the Hospital District Act.

5. The RHD's agree in principle to making decisions to support proposed projects.

6. Upon receipt of capital budget allocations (funding envelopes) from the Province of British Columbia, the VCH shall meet with each RHD to do a mid-cycle "reality check" on proposed capital expenditures. In addition, the VCH will review the three-year capital plan and discuss any necessary amendments due to changes in funding, unanticipated capital needs or priority changes.

7. The scope of projects that are cost shared with the RHD's will not be expanded or otherwise altered without prior approval with the funding RHD.

8. For cost shared capital projects, an RHD may request the establishment of a Project Review Committee with RHD representation. The mandate of the committee will be to provide general direction during project planning and implementation and to review and approve capital expenditures.

9. When requesting reimbursement for capital expenditures, the VCH will submit a detailed summary of the costs being claimed. The VCH will, provide copies of invoices and other detail in support of the VCH reimbursement request.

10. The VCH and RHD's will jointly prepare and issue press releases for any capital projects that are jointly funded.

11. The VCH will recognize RHD contributions to capital projects within their annual financial statements.

12. The VCH will, prior to March 31st in each year, provide a reconciliation of capital expenditures and outstanding costs for RHD financial statement purposes.

13. Subject to property taxation limits and other RHD considerations, RHD's will:

    a) reserve the right on whether to fund capital projects.
    b) consider funding for Information Management Information Technology Systems (IMITS) and other projects similar in nature outside their boundaries that provide a service to their residents and for which cost sharing with other benefiting parties is possible.

14. This agreement may be reviewed upon written notice by any party to the agreement.

15. Any party may terminate their participation by giving ninety (90) days written notice to all other parties of their intent to do so.

As evidence of their agreement to be bound by the above terms and conditions, the parties have executed this agreement below on the 31st of March, 2014.

On behalf of the Powell River Regional Hospital District by its authorized signatories:

C. S. Palmer
Colin Palmer
Chair

Al Radke
Chief Administrative Officer

On behalf of the Sea to Sky Regional Hospital District by its authorized signatories:

Susie Gimse
Chair

Lynda Flynn
Chief Administrative Officer

On behalf of the Sunshine Coast Regional Hospital District by its authorized signatories:

Donna Shugar
Chair

~~John France~~ Angie Legault
~~Chief Administrative~~ Corporate Officer

On behalf of the Vancouver Coastal Health Authority by its authorized signatories:

Glen Copping
Chief Financial Officer & VP Systems Development & Performance

Dr. David N. Ostrow
President & CEO

Revised: December 2013