

FAIR CARE FOR ALL PUBLIC HEALTH FORUM



September 24, 2026
Vancouver Island Convention Centre

SUBMIT YOUR QUESTION HERE:

During the presentation, submit your questions through Slido **using the QR code provided.**

Selected questions will be answered during the Q&A.



INTRODUCING

Dr. Michelle Corfield

Chief Executive Officer - Corfield & Associates

**Submit Your
Question Here:**



Who Pays, Who Decides?

Regional Hospital Infrastructure in British Columbia



Dr. Michelle Corfield
September 24, 2026

**Regional Need.
Local Money.
Provincial
Control.**

Why Are We Still Waiting?

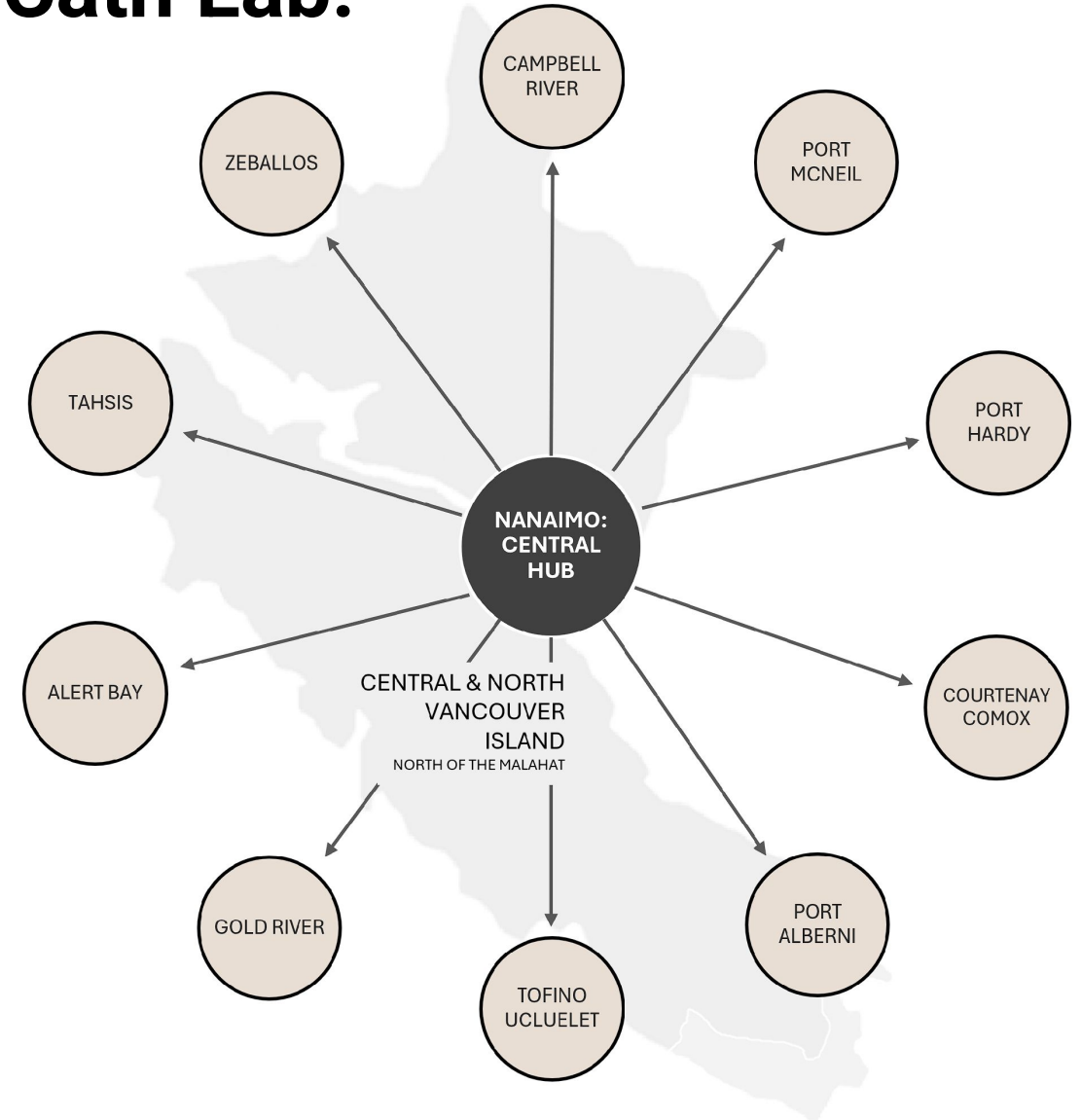
- Nanaimo Regional General Hospital is a tertiary hub with major challenges
- The Province promised a tower and cardiac catheterization lab
- The Province expected the Nanaimo Regional Health District to raise 40% of the funds
- NRHD is financially prepared to pay its share
- The Province continues to delay approval for the infrastructure the region needs

This is an election issue. Health care access should not depend on where you live.

NRGH Needs a New Tower and Cath Lab.

NRGH is the intended tertiary care hub for Central and North Vancouver Island, from north of Duncan to Cape Scott, but:

- Main patient tower built in 1963, seismically non-compliant (SPI 57)
- Chronically over capacity, with former waiting rooms and sunrooms now used for patients, units designed for 14 beds now hold up to 24
- Major tertiary services incomplete or unavailable including cardiology, oncology, trauma, vascular surgery and more



The population, and the pressure, are only growing.



Every demographic and demand trend tell us the situation is going to get worse.

Central and North Island population:

- ~460,000 people, virtually equal to South Island but much larger geographical area
- Oldest population profile in Canada and higher chronic disease burden
- One of Canada's fastest-growing regions, fastest-growing region in BC, and Nanaimo is BC's 2nd fastest-growing city
- 80% of Island First Nations people including 50+ First Nations communities rely on NRGH

NRGH already has:

- The busiest emergency department on the Island
- Over 400 inpatients daily and only 365 beds

Ready to Pay, Powerless to Decide

**The Province expects
Regional Health Districts to
contribute approximately 40%
of eligible capital costs.**

This funding comes from local property taxation, and local elected officials are accountable to taxpayers for these funding decisions.



Nanaimo Regional Health District has:

- Approximately \$108M in major capital reserves at the end of 2025
- Budgeted another \$46.8M for reserves in 2026
- Offered funding to advance planning for the patient tower and cardiac catheterization lab
- But cannot approve or implement projects



But the Province Controls:

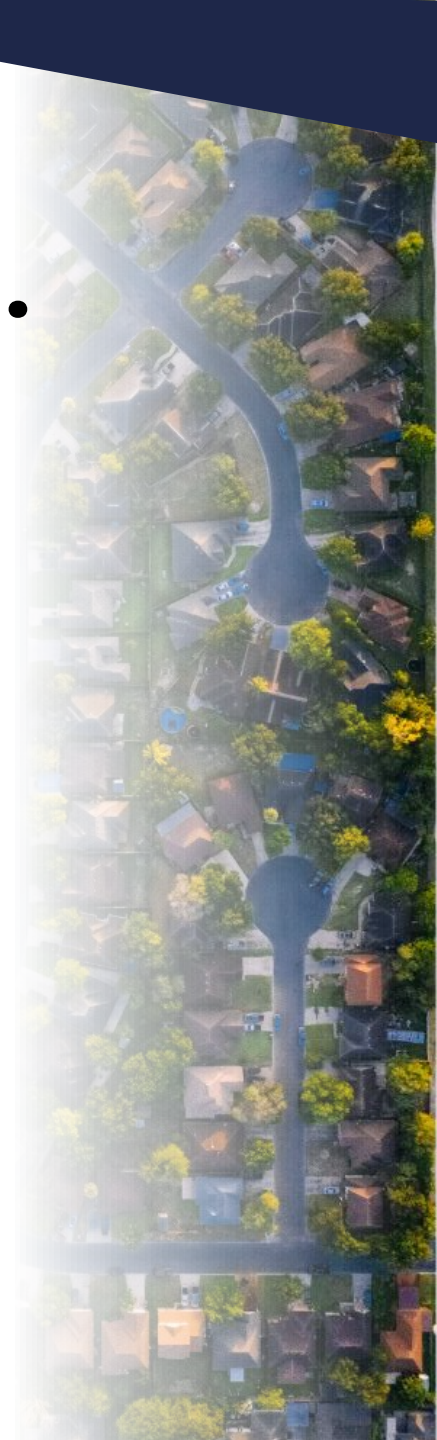
- Regional health service and capital priorities
- Facility type, size and location
- Planning and approval process
- Whether and when major projects advance

One Regional Hub. Five Regional Hospital Districts. One Host Tax Base.

Regional health care is organized around service areas, while hospital capital funding remains tied largely to local tax boundaries.

- NRGH is the tertiary hub for Central and North Vancouver Island
- The service area spans approximately 6 Regional Districts and 5 Regional Hospital Districts
- Funds for major NRGH capital contributions are primarily raised through the Nanaimo Regional Hospital District
- There is no provincial model to allocate the local capital share across the RHDs whose residents use the regional hub

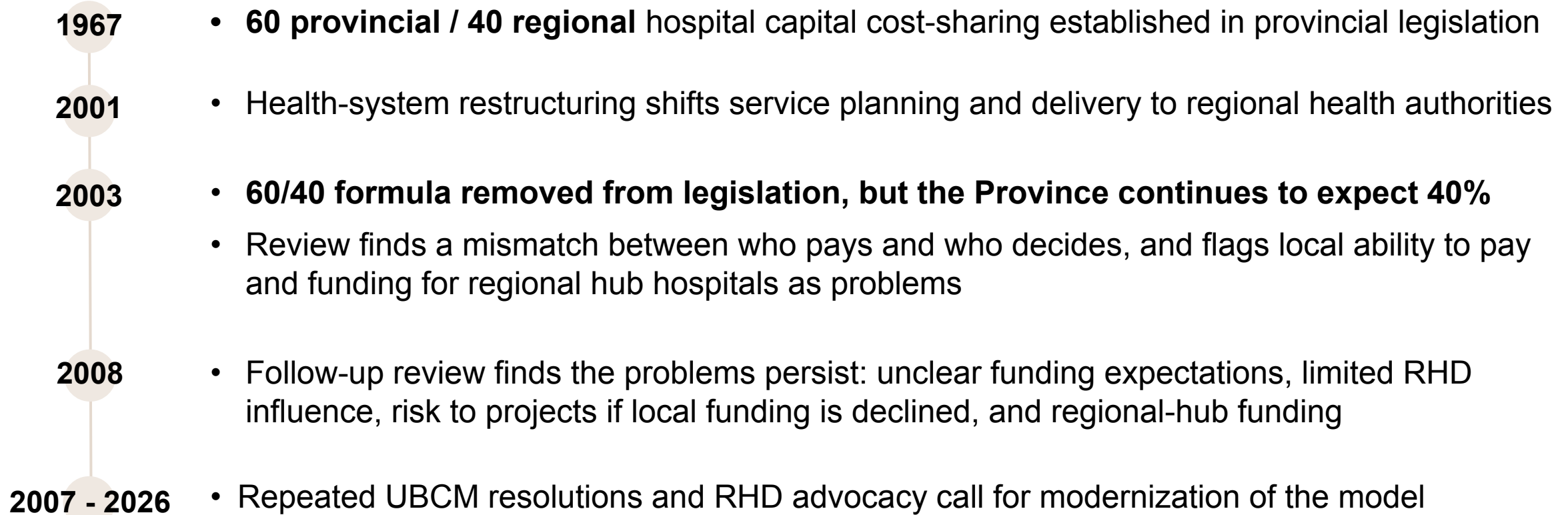
NRHD has acted in good faith to fund infrastructure for Central and North Island. The Province continues to delay the infrastructure the region needs.



How did we get here?

Legislation changed, the funding model survived

The current funding model reflects decades of health-system evolution, but the underlying governance and cost-sharing issues are unresolved.

- 
- A vertical timeline on the left side of the slide, consisting of a light brown line with circular nodes at each year. The years are 1967, 2001, 2003, 2008, and 2007 - 2026. To the right of each node is a list of events.
- 1967**
 - **60 provincial / 40 regional** hospital capital cost-sharing established in provincial legislation
 - 2001**
 - Health-system restructuring shifts service planning and delivery to regional health authorities
 - 2003**
 - **60/40 formula removed from legislation, but the Province continues to expect 40%**
 - Review finds a mismatch between who pays and who decides, and flags local ability to pay and funding for regional hub hospitals as problems
 - 2008**
 - Follow-up review finds the problems persist: unclear funding expectations, limited RHD influence, risk to projects if local funding is declined, and regional-hub funding
 - 2007 - 2026**
 - Repeated UBCM resolutions and RHD advocacy call for modernization of the model

The Accountability Bind for Local Elected Officials

Local elected officials are accountable for raising and stewarding the money without having equivalent authority over when, how or whether the project is delivered.

As elected officials:

- **You** need to raise money years before a project is approved
- **You** need to hold substantial reserves while decisions are made elsewhere
- **You** must justify the tax burden to residents
- **You** must make long-term financial plans despite uncertain timing and scope
- **You** will face pressure to fund the expected share because withholding it could put needed infrastructure at risk
- **Yet** you cannot approve or deliver the project yourself



The System Won't Change on Its Own

The funding and governance model needs to be fixed:

- Give RHDs a clearer role earlier in capital planning
- Review the 40% contribution expectation.
- Provide predictable, multi-year capital planning and funding
- Create a fair approach to regional hub cost sharing
- Modernize the legislative and policy framework

How do we make sure reform actually happens?





BC's health budget is \$35 billion

We need accountability for how it is spent

- Independent review/audit of how health spending and major capital decisions are made through:
 - Health authorities
 - Health and Infrastructure ministries
 - Treasury Board processes
- Identify whether operating-cost pressures are delaying needed capital projects and what needs to change to make service delivery sustainable
- Review of health service delivery for efficiency and effectiveness to identify waste and redirect resources to patient care

If the answer to needed health infrastructure is “we can't afford to operate it,” then we need to examine the whole system, not just the capital budget.

1



Make this an election issue

Call to Action

Local elected officials

- **Make equitable health care north of the Malahat a priority**
- Take a clear position and be willing to advocate publicly for it
- Organize across municipalities, RHDs and Island communities
- Hold the Province accountable for decisions, delays and commitments
- Use UBCM and direct provincial/federal advocacy to push for structural reform

Local voters

- **Make health care access an election issue**
- Ask candidates where they stand and elect people prepared to act
- Tell current elected officials what you expect from them
- Sign and support the petition and broader regional advocacy
- Keep pressure on provincial and federal governments to do the right thing

2

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INTRODUCING

Dr. David M. Forrest

INFECTIOUS DISEASES AND CRITICAL CARE MEDICINE
PRESIDENT, MEDICAL STAFF ASSOCIATION

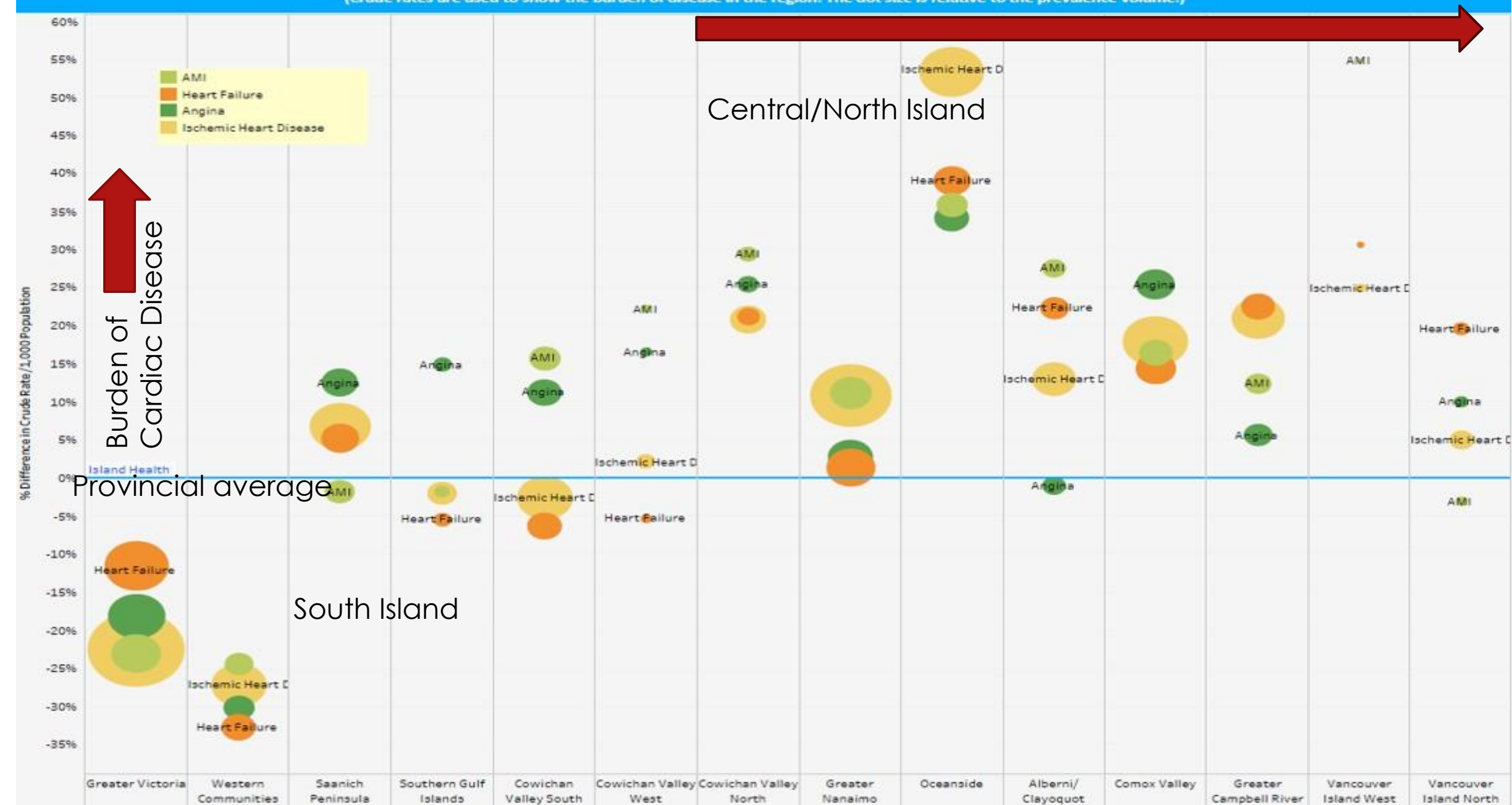
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Need For Cardiac Catheterisation Service in Nanaimo

- ▶ Acknowledged need by Island Health for 22 years and planned since 2010
 - ▶ Howard Waldner, 2006: “Nanaimo will have cardiac catheterization services within 10 years”
- ▶ 5 studies:
 - ▶ 2006, 2010, 2013, 2024, 2025
 - ▶ ALL RECOMMEND A CATH LAB IN NANAIMO
- ▶ Needed to serve not just Nanaimo but all Central/North VI
 - ▶ Improves access across Vancouver Island
- ▶ Development of Cardiology in Nanaimo has failed because of lack of commitment to an interventional programme

Burden of Disease: LHA's % Difference in Prevalence Rate from Island Health (Island Health = 0, blue line), 2019/20
 (Crude rates are used to show the burden of disease in the region. The dot size is relative to the prevalence volume.)



Why We Need a Cardiac Catheterization Programme in Nanaimo NOW

- ▶ Local and IMMEDIATE access to catheterization(PCI) needed for patients with heart attacks
 - ▶ More effective than clot busting drug (thrombolysis)
 - ▶ Supported by evidence to reduce morbidity and mortality and is accepted standard of care
- ▶ **NANAIMO is THE ONLY major municipality in Canada** with a local catchment of $\geq 300,000$ that does not have immediate access to cardiac catheterization service

Minutes mean Muscle

Access
with
Service
only in
Victoria:
~40% of VI
population



Access
with
Service in
Victoria
and
Nanaimo: >
80% of VI
population



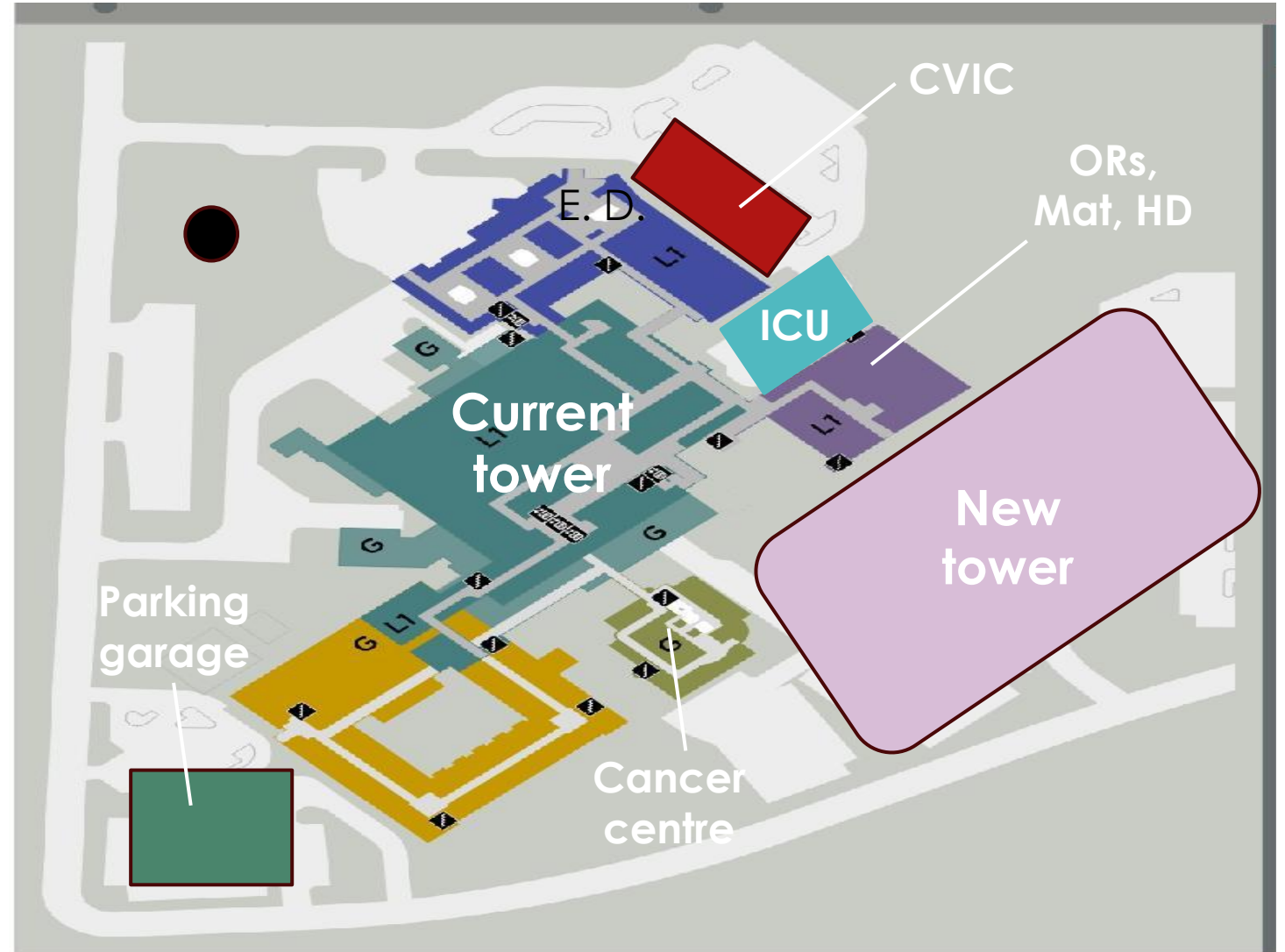
Why is this a crisis?

A patient's story

Why a Cath Lab Needs to be First Phase of New Campus of Care

- ▶ Cath suite infrastructure **MUST** be located **adjacent to Emergency**
- ▶ A new patient care tower cannot be located with same adjacency on NRGH grounds
- ▶ **A new patient care tower takes too long to build** – 8-10 years
- ▶ A Cath lab can be built within 3 years
- ▶ Concept plan **already developed by MAKE Projects Ltd**
 - ▶ Already leading the development of Cath Lab and Interventional Radiology Suites in Surrey
 - ▶ Surrey's Cath Lab will be built in 2 years

Site Plan



Beyond a Cath Lab: A Cardiovascular Intervention Centre (CVIC)

- ▶ Supports multiple programmes
 - ▶ Interventional Cardiology -> Cardiology, Medicine, ED
 - ▶ Interventional Radiology (IR)-> Neurology, Trauma, Cancer Care, ICU, ED
 - ▶ Vascular Surgery
- ▶ 5 levels
 - ▶ CCU (6 beds) and 10 short stay beds plus triage
 - ▶ 6 interventional suites (cardiac cath, electrophysiology, interventional radiology, Vascular Surgery) with 12 pre/post beds
 - ▶ ~20 bed telemetry/cardiac unit

Why is a CVIC Important?

Another patient story

A Critical Need NOW: More Beds

- ▶ NRGH has 365 beds for a population (estimated) of 130,000 (Nanaimo) and 190,000 (RDN)
- ▶ 2 beds / 1000 population (RDN)
 - ▶ Below Canadian average of 2.5 beds / 1000 population
- ▶ Usually $\geq$ 110% capacity – 410-440 beds
 - ▶ Record 468 (128% capacity)
- ▶ We've run out of broom closets and hallways to house patients
- ▶ Expected increased bed need once Cancer Centre opens (?2028)
- ▶ **A NEW CVIC BUILT NOW WOULD ADD 40-50 PERMANENT BEDS TO THE SITE BY THE TIME THE CANCER CENTRE OPENS**

Why this is Important for Municipalities

- ▶ Development of health care infrastructure and tertiary programmes is both
 - ▶ an economic stimulus and
 - ▶ critical to support municipal growth and expansion of the local economy
- ▶ Development of programmes such as cancer care and cardiology are strategic first steps that will stimulate and expedite the development of
 - ▶ other tertiary services and
 - ▶ new infrastructure (patient care tower) to support them and meet growing health care demands
- ▶ **OUR MUNICIPALITIES CANNOT DEVELOP ECONOMICALLY WITHOUT ACCESS TO ADEQUATE HEALTH CARE SERVICES**

So Why Are We NO Further Ahead?

- ▶ **Island Health and Cardiology**

- ▶ Now FULLY SUPPORTIVE of development of cardiac intervention services in Nanaimo
 - ▶ K. McNeil (CEO): top priority for IH

- ▶ **Nanaimo and District Hospital Foundation**

- ▶ Already receiving donations (over \$4 million) for equipping a cath lab that hasn't even been approved!

- ▶ **RDN**

- ▶ Has committed 100% of costs up front for construction

- ▶ **Federal Government**

- ▶ \$5 billion nationally (~\$670 million for BC) for health care infrastructure to match funds committed by lower levels of government
- ▶ For projects to be built within 3 years

Because the Provincial Government Refuses to Prioritise the Health Care Needs of Residents of Central/North Vancouver Island

Mr. Eby has...

- ▶ **Promised** a Cath Lab when elected October 10, 2024
- ▶ Instructed IH only to develop a **Concept Plan** for a new patient care tower and cath lab
 - ▶ Will take minimum 12-18 months
- ▶ Insists that the cath lab is not a project that can be built within 3 years (as per federal infrastructure fund guidelines)
 - ▶ **Yet Surrey's will be built in 2 years**
- ▶ Said the Province can't afford it
 - ▶ **Yet the RDN has committed 100% of their portion of funds for the Cath Lab**
 - ▶ Operational expenditure won't be needed for 3 years
- ▶ By denying the residents of CI/NI access to a lifesaving intervention is **in breach of the Canada Health Act**
- ▶ **PUT POLITICS AHEAD OF THE HEALTH CARE NEEDS OF 500,000 RESIDENTS OF CI/NI AND 80% OF THE FIRST NATIONS ON VI**

What the Medical Staff Need for our Patients and our Community

- ▶ Municipalities need to **DEMAND ACCOUNTABILITY AND LOCAL CONTROL** for expenditure of funds on health care infrastructure they have raised through municipal taxation
- ▶ NO municipal, provincial or federal politician in CI/NI should be elected without committing to development of Cardiovascular Intervention Centre in Nanaimo within 3 years

Conclusions: Why We Need a Cath Lab in Nanaimo NOW

- ▶ A Cardiac Catheterisation service in Nanaimo is an **emergent patient care need** for CI/NI
- ▶ Since it must be built adjacent to the ED and separately from a new patient care tower, **it should be Phase I** of a new campus of care in Nanaimo and prioritized to be built immediately
- ▶ A CVIC will provide **additional needed interventional services** to support critical health care
- ▶ A CVIC will add **40-50 new beds** to the site
- ▶ The services to be housed in the CVIC are **critical to the economic development** of our municipalities

**Mr. Eby must stop playing politics
with the lives of our patients**

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INTRODUCING

Donna Hais

CHAIR, FAIR CARE ALLIANCE

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Question Here:**



From Promise to Pressure

726

& counting!
Days since our
Premier Promised
a New Hospital Tower
& a Cath Lab!

It's time to turn promises into action — **join us!**

Recap: 2024 - Political Promise

The commitment that put the tower and cath lab squarely on the public record.

B.C. NDP promises patient tower for Nanaimo hospital if re-elected

Party leader David Eby makes announcement at Beban Park town hall Sept. 26

[Greg Sakaki](#)

about 16 hours ago



B.C. NDP leader David Eby speaks at a town hall Thursday, Sept. 26, at Nanaimo's Beban Park Social Centre. (Greg Sakaki/News Bulletin)

When Eby was asked by the media about the timeline for the start of the building of the new patient tower if the BC NDP won the election, he responded:

“We’ll begin the planning process immediately”
- September 26, 2024

726 days later...

We are still waiting.

Recap: 2025 - Omitted from the Budget

The first post-election budget did not directly include the promised NRGH cath lab or patient tower.



The budget presented Tuesday by the provincial government did not include direct mention of either a cath lab or new patient tower at NRGH, despite both being significant campaign promises by the BC NDP. (File photo/NanaimoNewsNOW)

NOT MENTIONED

By Alex Rawnsley

‘Hugely disappointed:’ Nanaimo hospital cath lab, patient tower absent in B.C. budget

Mar 5, 2025 | 12:45 PM

NANAIMO — The province's spending priorities for the year ahead apparently do not include a pair of promised significant local projects.

PROMISED

New Patient Tower + Cardiac cath lab

**BUT NOT DIRECTLY NAMED IN B.C.
BUDGET 2025**

This became a key FCA proof point: promises had been made, but the region still needed a clear path to approval and construction.

Recap: 2026 - Concept Planning Included in Budget

Concept planning moved forward - a meaningful step, not the finish line.

2026 BUDGET / CONCEPT PLANNING

The Province accepted NRHD's offer to pay for the concept plan for the patient tower and cardiac catheterization lab.

NRHD also offered to pay for the subsequent business plan and cath lab construction costs, using existing reserves, as a way to advance the projects.

This is a crucial step forward in securing better healthcare for residents north of the Malahat.

Janice Perrino,

NRHD Chair, from NRHD 2026 Budget news release

The pieces are in place...

\$108M

major capital
reserves at end
of 2025

\$46.8M

2026
contribution
into reserves

100%

offered to
front-load cath
lab construction
cost

But we still wait for the province to green light the project.

**So, we turn to another solution to get shovels
in the ground...**

Federal Push: A New Health Infrastructure Fund

The federal door has opened. The region needs to be positioned to walk through it.

\$5B

OVER THREE YEARS

for health infrastructure
including hospitals,
emergency rooms,
urgent care centres and
medical schools.

We made sure Vancouver Island is on the radar:

- ✓ Hired Ottawa Lobbyist Partners
- ✓ 3 trips to date to Ottawa including meetings with:
 - Minister of Housing and Infrastructure – Gregor Robertson
 - Secretary of State for Seniors, Stephanie McLean
 - Members of Parliament

EVERY CONVERSATIONS CONCLUDES WITH MINISTERS SUPPORTING OUR ASK, BUT REQUIRES PROVINCIAL SUPPORT



What's Next: Three Things Must Happen

Alignment, pressure and readiness.



1.

Get on the provincial list

Federal funding can help — but the project still needs provincial prioritization.

2.

Local MPs must press at both tables

Vancouver Island representatives need a shared ask to the province and federal government.

3.

Taxpayer commitment must continue

Regional hospital districts are committing tax dollars; that commitment needs recognition and action.

We need elected officials to fight for this region.



***Get Involved:**

Sign up for our newsletter:
weneedhealthcare.ca

Reach out:
info@faircarealliance.ca

Follow us on social media:
@fairhealthcarenow

1.

Demand Fair Care

Push for a new hospital tower and cardiac cath lab to be advanced NOW.*

2.

Vote. Ask. Email.

Ask candidates and elected officials where they stand on fair healthcare access Vancouver Island.

3.

Donate

Resource the advocacy that keeps this issue in front of decision-makers.

Q&A

**SUBMIT YOUR
QUESTION HERE**

