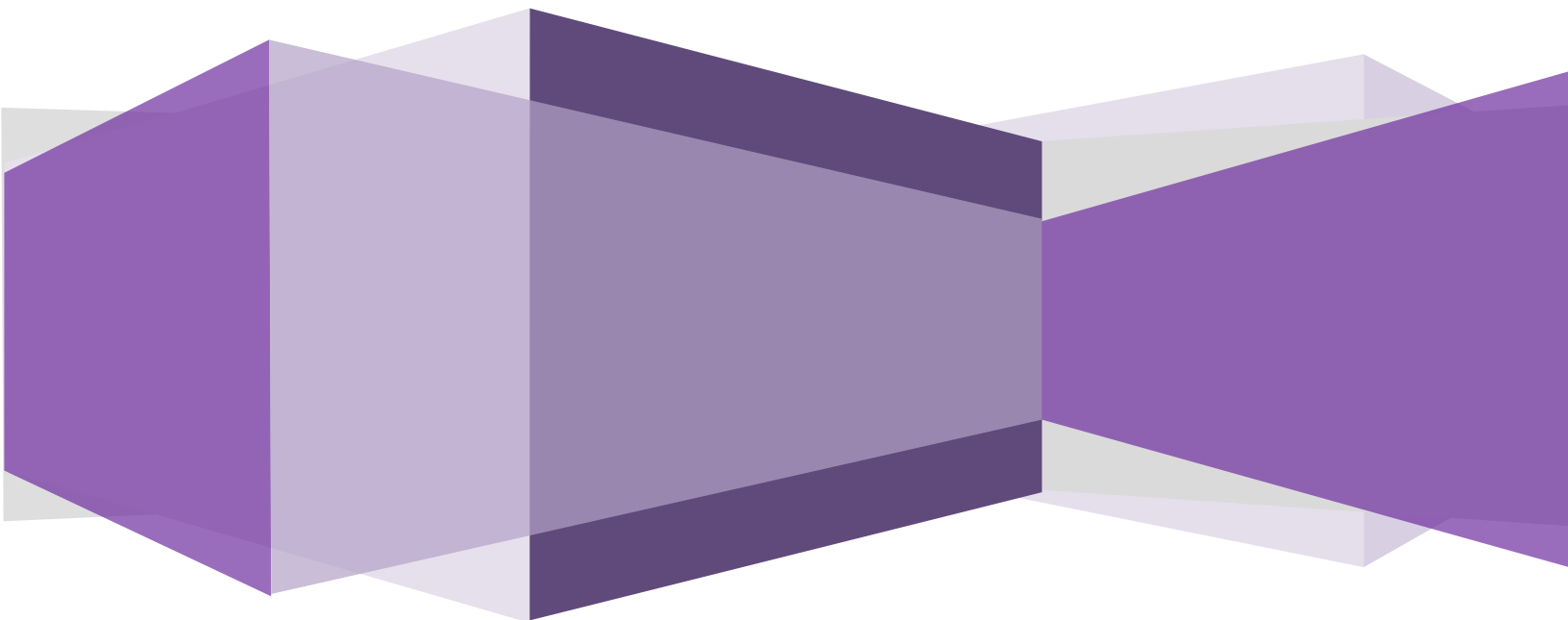




Hospital Appeal Board

2018-2019 Annual Report

*Covering the reporting period from
April 01, 2018 to March 31, 2019*





Hospital Appeal Board

February 3, 2020

The Honourable David Eby
Ministry of Attorney General
Room 232, Parliament Buildings
Victoria, British Columbia
V8V 1X4

Dear Attorney General:

Re: Hospital Appeal Board 2017-2018 Annual Report

On behalf of the Hospital Appeal Board, I respectfully submit the Annual Report of the Hospital Appeal Board for the period April 1, 2018 to March 31, 2019.

Sincerely,

David G. Perry
Chair
Hospital Appeal Board

Enclosure

Message from the Chair

I am pleased to submit the Annual Report of the Hospital Appeal Board (“HAB”) for the fiscal year beginning April 1, 2018 and ending March 31, 2019. This report is submitted pursuant to section 59.2 of the *Administrative Tribunals Act*.

Appeals during Reporting Period

Section 59.2(a) of the *Administrative Tribunals Act* requires the Board to provide a review of its operations during the preceding reporting period. During this reporting period, one new appeal was filed with the Board. Further details of this appeal are provided later in this report pursuant to section 59.2(c) of the *Administrative Tribunals Act*.

An additional five appeal matters that were carried over from the previous reporting period were also considered during this period.

Out of the six total appeals which were before the Board during this reporting period, three appeals were closed. Three appeals remained outstanding at the close of this reporting period.

Of the three appeals closed during this reporting period, 2 appeals (67%) were resolved and withdrawn prior to proceeding to a hearing. The third appeal had proceeded to a full hearing in a previous reporting period, and several post-hearing decisions were issued during this reporting period.

The issues considered in these appeals included: the Board’s jurisdiction to adjudicate matters involving contracts, the Board’s jurisdiction to affect the privileges of a third-party practitioner, the remedial authority of the Board, clarification of an Order of the Board, and whether the Board should grant a stay of proceedings.

I am not aware of, nor has the Board been served with, any applications filed in the BC Supreme Court for Judicial review of any decisions issued by the HAB in this reporting period.

Forecast of workload for the next reporting year and trends noted

Section 59.2(f) of the *Administrative Tribunals Act* requires the Board to provide a forecast of the workload for the succeeding reporting period. The HAB’s workload for the 2019/2020 reporting period is expected remain consistent with trend over the past few years which has seen an increase from approximately 1-2 appeals per year to approximately 2- 4 new appeals filed per year.

Section 59.2(g) of the *Administrative Tribunals Act* requires the Board to report any trends or special problems it foresees. The only trend or special problem that we have identified in this

reporting period, as with the previous reporting period, is the increase in the number and complexity of appeals over the past several years which we will need to continue to monitor over time.

The Board has found it difficult at times over the past several years to provide timely hearings for the number of increasingly long and complex appeals due to a lack of board members available to sit on these multiple hearings that take place over several weeks (up to 5 weeks at times).

The membership of the Board consists largely of experienced health care practitioners, administrators and lawyers who have busy practices and who often find it difficult and financially impractical to set aside large periods of time for attendance at hearings. These individuals are selected for membership on the Board on the basis of their expertise and high standing in their respective fields. In order to maintain the high calibre of the professionals who currently sit on the Board, it may be necessary to provide greater incentives for members attending lengthy hearings; for example, financial compensation for hearings which are cancelled last-minute, and/or greater overall compensation for members' attendance at hearings.

Plans for improving the Board's operations

Finally, section 59.2(h) of the *Administrative Tribunals Act* requires the Board to report its plans for improving operations in the future. During this reporting period, the Appeals Office cluster responsible for providing administrative support to the Board began implementation of a new case management system to replace the outdated appeals management system the tribunal cluster has been using for the past two decades. The new case management system will allow the tribunal cluster to function effectively and efficiently using modern information technology. In particular, the Board will have quicker, easier and more accurate access to appeal information and statistics, and will be able to more effectively track and report out on key performance indicators. The new system went live in November 2019 and will be reported on more fully in the next reporting period.



David G. Perry
Chair
Hospital Appeal Board

Mandate

The Hospital Appeal Board is a quasi-judicial administrative tribunal continued under Section 46 of the *Hospital Act*. The Board's purpose is to provide a specialized, independent, accessible and cost-effective avenue of appeal, as an alternative to the court process, for health practitioners (doctors, dentists, midwives and nurse practitioners) who disagree with a decision of a hospital's board of management regarding hospital privileges.

The Board hears appeals filed by the prescribed health practitioners from:

- a decision of a hospital's board of management that modifies, refuses, suspends, revokes or fails to renew a practitioner's permit to practice in a hospital; or
- the failure or refusal of a hospital's board of management to consider and decide on an application for a permit in a timely manner.

The Board generally holds 2-3 full, oral, court-like hearings per year. In most cases, a panel of three members hears the merits of each appeal. Each appeal usually also involves a number of preliminary issues and rulings made either by the Board Chair or the Panel Chair designated to hear the appeal.

Appeals are conducted as a "hearing de novo", which requires the Board to hold a new hearing in the full sense with witnesses, substantial documentary evidence and oral argument. Consequently, hearings can vary widely in length depending on the complexity of the issues under appeal and the amount and kind of evidence to be adduced, with some taking several days or in some cases many weeks to complete. Parties to the proceedings are almost always represented by experienced legal counsel.

The Board has the authority to affirm, vary, reverse or substitute its own decision for that of a hospital board of management on the terms and conditions it considers appropriate. After a hearing, the Board issues detailed written reasons for its decision which are made available to the public on the Board's website.

For further information please see the board's website at www.hab.gov.bc.ca.

Board Membership

Under section 46(4) and (4.1) of the *Hospital Act* the minister **must** appoint 10 members of the Hospital Appeal Board as follows:

- (a) one member designated as the chair;
- (b) one member designated as the vice-chair;
- (c) one member selected from among 3 or more individuals nominated by the College of Physicians and Surgeons;
- (d) one member selected from among 3 or more individuals nominated by the College of Dental Surgeons;
- (e) one member selected from among 3 or more individuals nominated by the College of midwives;
- (f) one member selected from among 3 or more individuals nominated by the British Columbia Medical Association [**now known as Doctors of BC**]; and
- (g) four other members selected after a merit based process.

Throughout this reporting period, the HAB membership consisted of the following members:

<i>BOARD MEMBER</i>	<i>ROLE</i>	<i>TERM EXPIRY</i>
David G. Perry	Chair	December 31, 2020
Stacy Frank Robertson	Vice-Chair	December 31, 2024
Dr. Douglas H. Blackman	Member	May 31, 2021
Dr. Paul Champion	Member	December 31, 2018
Dr. Kevin Doyle	Member	December 31, 2024
Joanna Nemrava	Member	May 31, 2019
Dr. Maureen Piercey	Member	December 31, 2019
Charles (Rick) Riley	Member	May 31, 2018
Darlene Kolybabi	Member	November 06, 2020
Lorraine Unruh	Member	December 31, 2024
Cheryl Vickers	Member	March 11, 2024

BIOGRAPHIES FOR THE BOARD MEMBERSHIP DURING THE REPORTING PERIOD ARE AS FOLLOWS:

DAVID PERRY (CHAIR) David Perry focuses his practice on insurance defense and environmental law and is an experienced litigator in commercial and motor vehicle defense cases. He also brings considerable skills as a negotiator and consensus builder to legal challenges involving parties holding conflicting viewpoints. Mr. Perry has had diverse experience in resolving land use and resource disputes as counsel, chair of administrative tribunals and as a commissioner of inquiry. With his proven ability to bring together government, industry and citizen groups, he has helped to resolve several seemingly intractable environmental disputes. Mr. Perry has acted as counsel for the provincial government, major resource companies and community groups in the course of resolving litigated and mediated resource disputes. He has acted in leading environmental law and insurance cases involving advocacy before regulators, the Environmental Appeal Board, B.C. Supreme Court, BC Court of Appeal and the Supreme Court of Canada.

STACY FRANK ROBERTSON (VICE-CHAIR) Stacy Frank Robertson is currently Senior Enforcement Counsel at the Investment Industry Regulatory Organization of Canada in Vancouver, BC, which regulates professional discipline for registered securities industry individuals and firms. Previously he worked at several Vancouver based firms practicing in the areas of insurance, construction, employment, labour and administrative law. He has appeared before all courts in BC and before the BC Labour Relations Board, the Canadian Industrial Relations Board and the BC Securities Commission. He has served as a panel member on the Employment Assistance Appeal Tribunal and is currently a member of the Eligibility Appeals Committee for BC School Sport. He holds a Bachelor of Law from the University of New Brunswick, a Bachelor of Commerce from McMaster University and a diploma from Moscow State University in Political History of Russia and the U.S.S.R.

DR. DOUGLAS BLACKMAN Dr. Douglas Blackman is the former Senior Deputy Registrar and Deputy Registrar with the College of Physicians and Surgeons of BC. Previously, he had private practices in Prince George and Victoria. Dr. Blackman is the Past President of the Federation of Medical Regulatory Authorities of Canada. He holds his Medical Doctorate from the University of British Columbia.

DR. PAUL CHAMPION Dr. Paul Champion is a retired physician, registered in British Columbia, whose specialist qualification was the FRCP(C) Internal Medicine and in Respiriology. He holds the title of Prof. Emeritus Clinical Medicine at the University of British Columbia. Dr. Champion held consulting privileges at the BC Cancer Agency, the GF Strong Rehabilitation Unit and with the BC C.D.C Tb Service up until his retirement. In addition, he was the Medical Director at Vancouver General Hospital Medical Bronchoscopy Program. Dr. Champion holds his Bachelor of Medicine and Bachelor of Surgery from London and his Doctor of Philosophy from the Netherlands. Dr. Champion is currently a Trustee for the Gabriola Volunteer Fire Department and Rescue Services and also a Director of the Gabriola Community Health Centre Foundation.

DR. KEVIN DOYLE Dr. Kevin Doyle received his degree of Doctor of Dental Medicine from the University of British Columbia and has been in private practice since 1980. He holds an undergraduate Bachelor of Science degree in Chemistry from the University of Victoria. He is a Fellow of the American College of Dentists, the International College of Dentists, and the Pierre Fauchard Academy. He is an Assessment

Evaluator and Assessment Invigilator for the National Dental Examining Board of Canada. He has served as an examiner for the National Dental Examining Board of Canada and the College of Dental Surgeons of British Columbia. He actively participated in the transition of the *Dentists Act* to the *Health Professions Act* as Chairperson for the College of Dental Surgeons of BC Quality Assurance Committee. He holds a Graduate Certificate in Evidence Based Health Care from the University of Oxford and has held past appointments as Reviewer for the Cochrane Oral Health Group, Council member on the Canadian Collaboration on Clinical Practice Guidelines (CCCPG) and Chairperson of the Guideline Advisory Committee of the CCCPG.

JOANNA NEMRAVA Joanna Nemrava is Head of the Department of Midwifery at the Royal Inland Hospital in Kamloops. In addition, she is a Clinical Preceptor for the Midwifery Education Program at the University of British Columbia's (UBC) Division of Midwifery. Currently, Ms. Nemrava serves as Treasurer on the Board of the Midwives Association of BC and President of the Canadian Association of Midwives in 2013/14. Ms. Nemrava holds a Bachelor of Midwifery from the University of BC.

DR. MAUREEN PIERCEY Dr. Piercey was a family physician in Victoria for a number of years. She has a certification in Addiction Medicine and consulted in that field for over a decade. She has a special interest in the health of physicians and has been involved in clinical care and formal programs in physician health. From 2000 until spring 2011 she was a Deputy Registrar at the College of Physicians and Surgeons of BC where she was responsible for matters relating to sexual misconduct by physicians, physician impairment, and monitoring of physicians who had been the subject of disciplinary actions. She worked closely with physicians who had disciplinary action, significant mental and addition problems, and who were undergoing remediation.

CHARLES (RICK) RILEY Rick Riley has 30 years of experience in executive leadership positions in the public hospital and health care sectors in BC and Alberta. Most recently, he was the Community Administrator (Central Okanagan) for the Interior Health Authority, for which he was previously the Chief Operating Officer (Kootenay Boundary). Before that he was the CEO of the Greater Trail Community Health Council. Active in his community, Mr. Riley is a former President of the Rotary Club of Trail BC, served as Vice Chair of the Board for the Central Okanagan Child Development Association, President of the Regional Council (BCSI) of the Canadian Red Cross, and a Member of the Western Zone Council of the Canadian Red Cross. Mr. Riley will be Chair of the Western Council of the Canadian Red Cross for two years beginning June 2012 and Past President of the BC Southern Interior Region. He holds his Bachelor of Commerce from McGill University, and his Masters in Health Service Administration from the University of Alberta.

LORRAINE UNRUH Lorraine Unruh has an extensive background in hospital administration and retired in 2012 as the Acute Area Director for the South Okanagan Hospitals (Penticton, Summerland, Oliver, Princeton, and Keremeos). She is currently a Board Member of the Health Professions Review Board. Active in her community, she is a Board Member of the South Okanagan Medical Foundation. Lorraine Unruh holds a Diploma of Nursing, a Bachelor of Science in Nursing and a Master of Arts degree in Organizational Leadership.

CHERYL VICKERS Cheryl is a lawyer whose practice focusses on dispute resolution, including mediation and arbitration, administrative law, and real property assessment law. Cheryl chaired BC's Property Assessment

Appeal Board from 2003 to 2015, and served as Vice-Chair from 1995-2003. Since 2007, Cheryl has chaired BC's Surface Rights Board, a tribunal exercising jurisdiction under the *Petroleum and Natural Gas Act* and other statutes to resolve surface lease and right of way disputes between landowners and the holders of subsurface rights. From March 2013 to April 2014, Cheryl served as Acting Chair of BC's new Civil Resolution Tribunal, assisting with the development of Canada's first on-line tribunal to help citizens resolve strata and small claims disputes. Cheryl was active in the development of the British Columbia Council of Administrative Tribunals (BCCAT), and served for many years as a member of that organization's Board of Directors, including as its President from 2004-2006. She assisted with curriculum development for BCCAT courses to offer training to appointees of quasi-judicial boards and tribunals and is an instructor of the Foundations of Administrative Justice for Administrative Decision Makers and Foundations of Administrative Justice for Staff courses, as well as the Decision Writing and Hearing Skills Workshops. Cheryl has presented at conferences of the British Columbia Council of Administrative Tribunals, the Council of Canadian Administrative Tribunals, the Continuing Legal Education Society, the Canadian Property Tax Association and the Appraisal Institute of Canada on a variety of subjects. She serves on the editorial boards of two CLE Practice Manuals – *Real Property Assessment* and *Administrative Law*. In October 2009, Cheryl received BCCAT's Recognition Award for outstanding contribution to administrative justice.

DARLENE (DEANIE) LYNN KOLYBABI Deanie has experience working in the broadcast industry. She also has experience working in the not-for-profit sector. Kolybabi acted as Executive Director of the National Aboriginal Achievement Foundation, EAGLE (Environmental-Aboriginal Guardianship through Law & Education), and Kla-how-eya Aboriginal Cultural Centre. Further, she is a charter Board Director with Healthy Aboriginal Network, and a founding member of SABAR (Strategic Alliance of Broadcasters for Aboriginal Reflection). More recently, Ms. Kolybabi served on the Board of Directors of the Fraser Health Authority (FHA), during which time she also served as Chair of the Governance & Human Resources Committee as well as serving on the Finance Committee, the Access & Flow Committee and the Quality & Performance Committee.

Operations

Effective December 1, 2004, the administrative support functions of the HAB were consolidated with the Environmental Appeal Board/Forest Appeals Commission Appeals Office (Appeals Office) in Victoria.

In addition to the HAB, the Appeals Office provides administrative support to five other adjudicative tribunals. This clustering of the administrative support for eight independent appellate tribunals has been done to assist government in achieving economic and program delivery efficiencies by allowing greater access to resources while, at the same time, reducing administration and operating costs. The additional tribunals include the:

- Community Care and Assisted Living Appeal Board;
- Health Professions Review Board;
- Financial Services Tribunal;
- Industry Training Appeal Board; and,
- Oil and Gas Appeal Tribunal.

This move has resulted in significant savings to government for the operation of the HAB through a shared services cluster approach which takes advantage of synergy and assists government in achieving economic and program delivery efficiencies. This arrangement has been in operation for 13 years now and has proven to be a very effective and efficient means for providing administrative support to the HAB, which in turn enables the HAB to effectively and efficiently fulfill its appellate mandate to the public.

Effective April 1, 2017, host Ministry responsibilities for administration of the Hospital Appeal Board (including budget oversight and member appointments, human resources, facilities, and records supports, etc.) were transferred to the Attorney General as part of the Tribunal Transformation Initiative.

Contact Information

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Victoria BC V8W 3E9

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EMAIL: hab@gov.bc.ca

WEBSITE: <http://www.HAB.gov.bc.ca/>

Appeal Activity and Decisions Issued

APPEALS FILED

During this reporting period, one new appeal was filed. Additionally, there were five appeals which were carried over from the previous reporting period. The new appeal is described below. Three of the six matters before the board during this reporting period remained outstanding at the close of this reporting period.

2018-HA-002 BY A PHYSICIAN FILED MARCH 19, 2019 – Appeal by an Anesthesiologist from the decision of the Board of Directors of the Vancouver Island Health Authority (“VIHA”), on behalf of Nanaimo Regional General Hospital, to revoke the physician’s privileges as a member of the VIHA Medical Staff.

BOARD DECISIONS

The Board issued eight decisions during this reporting period consisting of the following: one dismissal order under section 17(1) of the *Administrative Tribunals Act* regarding an appeal filed during the previous reporting period; five preliminary decisions regarding appeals filed during the previous reporting period; and, two post-hearing decisions regarding implementation of an order made in an appeal filed in a previous reporting period. Each of the preliminary and post-hearing decisions is summarized below.

2017-HA-002(a) (July 10, 2018) – The Appellant, a physician, appealed the decision of the Vancouver Coastal Health Authority (“VCHA”) to appoint a different physician to a position for which the Appellant applied. VCHA raised a preliminary question of jurisdiction regarding whether the Board had the authority to grant the specific remedy sought by the Appellant; namely, to appoint the Appellant in place of the physician chosen by the VCHA. The Board held that it did not have the jurisdiction to order the remedy sought, but that the Appellant could nevertheless advance his alternative remedy of seeking to be appointed in addition to the physician chosen by VCHA.

Appeal Decision: http://www.hab.gov.bc.ca/prelim_dec/2017ha002a.pdf

2018-HA-002(a) (September 21, 2018) – The Appellant, a physician, appealed the decision of the Provincial Health Services Association (“PHSA”) to terminate his contract for services with BC Children’s Hospital, which he said resulted in a modification of his privileges. PHSA raised a preliminary issue regarding the jurisdiction of the Board to adjudicate what PHSA said was a matter of contract and not a matter of privileges. The Board held that the issue of the Board’s jurisdiction could not properly be determined in the absence of a full evidentiary record. The Board ordered the hearing on the merits to proceed, with leave to the PHSA to raise the jurisdictional issue at the hearing.

Appeal Decision: http://www.hab.gov.bc.ca/prelim_dec/2018ha002a.pdf

2017-HA-001(a) (September 26, 2018) – The Appellant, a Midwife, appealed the decision of the Vancouver Island Health Authority (“VIHA”) to refuse to grant her privileges at the Nanaimo Regional General Hospital. VIHA raised a preliminary issue concerning the jurisdiction of the Board to hear the appeal. VIHA argued that the material submitted by the Appellant in relation to the Midwife posting did not amount to an “application” as contemplated by the *Hospital Act*. The Board held that it did have jurisdiction to consider the appeal because the materials submitted by the Appellant did amount to an “application”.

Appeal Decision: http://www.hab.gov.bc.ca/prelim_dec/2017ha001a.pdf

2015-HA-002(h) (October 31, 2018) – The Appellant, a physician, appealed to the Board to re-open his appeal to clarify certain aspects of the Board’s 2016 Order. The Board agreed to re-open the appeal and provided clarification regarding implementation of a gradual return to work schedule and framework which had been agreed upon by the parties in 2016.

Appeal Decision: http://www.hab.gov.bc.ca/prelim_dec/2015ha002h.pdf

2015-HA-001(b) (November 16, 2018) – The Appellant, a Midwife, appealed the decision of the Vancouver Island Health Authority (“VIHA”) to refuse to grant her privileges at the Nanaimo Regional General Hospital. After a preliminary issue regarding jurisdiction was raised by VIHA, the Board agreed it had jurisdiction over the appeal. However, a secondary issue was raised concerning the appropriate remedy in the appeal; namely, whether the Board could make the appointment decision afresh, or whether the Board was limited to ordering the VIHA Board of Directors to consider the Appellant’s application for privileges and provide her with a determination. The Board held its remedial authority was limited to instructing the VIHA Board of Directors to provide the Appellant with a written decision concerning her application for privileges.

Appeal Decision: http://www.hab.gov.bc.ca/prelim_dec/2017ha001b.pdf

2018-HA-002(b) (November 30, 2018) – The Appellant, a physician, appealed the decision of the Provincial Health Services Association (“PHSA”) to terminate his contract for services with BC Children’s Hospital, which he said resulted in a modification of his privileges. PHSA sought a stay of the appeal on the basis that the Appellant had commenced arbitration proceedings against PHSA pursuant to arbitration clauses of the service contract. PHSA argued that the Board should stay its proceedings until the arbitration proceedings were resolved. The Board dismissed the stay application on the basis that the Board’s proceedings and the arbitration proceedings were fundamentally different, and the remedies available in each forum were specific to that forum. The Board also held that it would cause undue delay if a stay were ordered, and the risk of inconsistent findings as between the different proceedings was outweighed by other factors.

Appeal Decision: http://www.hab.gov.bc.ca/prelim_dec/2018ha002b.pdf

2015-HA-002(Letter) (December 20, 2018) – The Appellant, a physician, had appealed to the Board to re-open his appeal to clarify certain aspects of the Board’s 2016 Order. Subsequent to the Board’s agreement to re-open the case to provide clarification on implementation of the 2016 Order, the Appellant applied for an Order from the Board requiring the Respondent to provide him with certain materials necessary for him to apply for Active Medical Staff Privileges. The Board dismissed the application on the basis that the Order sought by the Appellant was more akin to enforcement of the 2016 Order than clarification of the Order. The Board held the most appropriate forum for such a request was the Courts.

Appeal Decision: http://www.hab.gov.bc.ca/prelim_dec/2015ha002_clarification_ruling.pdf

Matters Outstanding at end of Period

There were three matters outstanding at the end of this reporting period.

Performance Indicators and Timelines

Section 59.2(b) and (d) of the *Administrative Tribunals Act* requires the Board to report on performance indicators, and provide details of the time from filing to decision of matters disposed of by the Board in the reporting period.

The appeal process, although very similar to a court process, has been designed to be faster and more efficient and cost-effective than if these important and complex matters were heard by the court. Appeals are full “hearings de novo” and are primarily conducted in person with a three person panel. During the course of an appeal the Board often deals with a number of complex preliminary issues, including legal challenges to the Board’s jurisdiction as well as document disclosure and evidentiary issues.

The Board generally tries to have a lawyer act as panel chair, who may, when delegated by the Chair, determine any interim or preliminary issues in the appeal. The Board then assigns two side panelists for the hearing who have medical and/or hospital administrative experience to ensure the appropriate expertise on the panel to deal with the issues arising on the merits of the appeal.

For those three (3) appeals closed within this reporting period, the overall average time from the date of filing an appeal¹ to its final disposition was 442 days, or approximately 14 months. The shortest time from open to close was 365 days, and the longest was 520 days. Each of the matters which was closed in this reporting period, was resolved without a hearing.

The Board's Practice Directive #1, which is available on the Board's website, provides that the Board will endeavour to issue a copy of the final decision or order, including written reasons, to each party within a range of three to nine months from the close of the hearing, depending on the length of the hearing. For matters where the hearing is conducted in writing or the total number of hearing days to complete the appeal is two days or less, the final decision will generally be released within three months. For matters where the total number of days to complete the appeal is three to five days, the final decision will generally be released within six months of the close of the hearing. Finally, in those matters where the hearing requires six or more days to complete, the decision will generally be issued within nine months of the conclusion of the hearing.

With respect to the seven preliminary decisions² issued by the Board during this reporting period, the Board met those timelines in four cases (57%), with the shortest time between the close of submissions and the issuance of a decision being zero days³ and the longest time being 30 days. In the three preliminary decisions (43%) that did not meet the Board's practice directives, the longest time between the close of submissions and the issuance of the decision was 316 days.

Finally, section 59.2(e) of the *Administrative Tribunals Act* requires the Board to report the results of any surveys carried out by the Board during the reporting period. The Hospital Appeal Board did not conduct any surveys during this reporting period.

Judicial Review of HAB Decisions

There were no decisions rendered by the Supreme Court of British Columbia on judicial review of any HAB decisions issued in this reporting period. It is extremely rare that a decision of the HAB is the subject of an application for judicial review, with the last one being 26 years ago.

¹ In the case of the Appeal which was re-opened, the commencement date is set as the date the Appellant applied to have the appeal reopened, not the date the original appeal was filed.

² These preliminary decisions were determined on the basis of both written and oral submissions.

³ I.E. the decision was issued the same day the submissions closed.

Statement of Financial Performance

(For the fiscal year ended March 31, 2019)

In fiscal year 2018/2019, the HAB incurred expenses of \$55,283 as detailed below in this six year chart, made up primarily of board member fees and expenses.

<i>Direct Expenses</i>	2013/2014 \$	2014/2015 \$	2015/2016 \$	2016/2017 \$	2017/2018 \$	2018/2019 \$
Salaries and Benefits	0	0	0	0	0	0
Board Member Fees & Expenses	28,268	9,000	20,163	168,560	20,735	39,255
Professional Services	5,808	0	753	29,163	11,942	7,550
Office and venue Expenses	1,162	191	688	41,115	5,905	8,478
Other	27	30	30	30	0	0
Total HAB Expenses	\$35,265	\$9,221	\$21,634	\$238,868	\$38,582	\$55,283