

STUART-NECHAKO REGIONAL HOSPITAL DISTRICT
AGENDA
THURSDAY, OCTOBER 12, 2017

CALL TO ORDER

SUPPLEMENTARY AGENDA

Receive

AGENDA – October 12, 2017

Approve

PAGE NO.

MINUTES

ACTION

2-5

Stuart-Nechako Regional Hospital District
Meeting Minutes – August 17, 2017

Adopt

REPORTS

6-13

Melany de Weerd, Chief Administrative Officer
- Memorandum of Understanding

Recommendation
(Page 6)

CORRESPONDENCE

14-15

Smithers Caregivers Support Group
- Assisted Living

Receive

16-17

Northern Health – University Hospital of Northern
BC Breast Imaging Clinic Officially Opens

Receive

VERBAL REPORTS

RECEIPT OF VERBAL REPORTS

SUPPLEMENTARY AGENDA

NEW BUSINESS

ADJOURNMENT

STUART-NECHAKO REGIONAL HOSPITAL DISTRICT**MEETING MINUTES****THURSDAY, AUGUST 17, 2017**

PRESENT: Chairperson Jerry Petersen

Directors Eileen Benedict
Tom Greenaway
John Illes
Thomas Liversidge
Bill Miller
Mark Parker
Gerry Thiessen

Directors Dwayne Lindstrom, Village of Fraser Lake
Absent Rob MacDougall, District of Fort St. James

Staff Melany de Weerd, Chief Administrative Officer
Cheryl Anderson, Manager of Administrative Services
Roxanne Shepherd, Treasurer
Wendy Wainwright, Executive Assistant

Others Tyrel Ray, Village of Fraser Lake
Darcy Repe, Village of Telkwa

CALL TO ORDER

Chair Petersen called the meeting to order at 10:00 a.m.

AGENDAMoved by Director Greenaway
Seconded by Director Illes**SNRHD-2017-8-1**

"That the Stuart-Nechako Regional Hospital District Agenda of August 17, 2017 be approved."

(All/Directors/Majority)

CARRIED UNANIMOUSLY**MINUTES****Stuart-Nechako Regional
Hospital District Meeting
Minutes – June 22, 2017**Moved by Director Parker
Seconded by Director Greenaway**SNRHD-2017-8-2**

"That the minutes of the Stuart-Nechako Regional Hospital District meeting of June 22, 2017 be adopted."

(All/Directors/Majority)

CARRIED UNANIMOUSLY**REPORTS****Financial Statements
-June 30, 2017**Moved by Director Illes
Seconded by Director Benedict**SNRHD-2017-8-3**

"That the Stuart-Nechako Regional Hospital District Board of Directors receive the Treasurer's August 8, 2017 memo titled "Financial Statements – June 30, 2017.""

(All/Directors/Majority)

CARRIED UNANIMOUSLY

REPORTS (CONT'D)

Northern Health Capital
Status Reports March and
June 2017

Moved by Director Parker
Seconded by Director Liversidge

SNRHD-2017-8-4

"That the Stuart-Nechako Regional Hospital District Board of Directors receive the Treasurer's July 28, 2017 memo titled "Northern Health Capital Status Reports March and June, 2017."

(All/Directors/Majority) CARRIED UNANIMOUSLY

Capital Expenditure Bylaw
No. 64

Moved by Director Illes
Seconded by Director Greenaway

SNRHD-2017-8-5

"That the Stuart-Nechako Regional Hospital District Board of Directors receive the Treasurer's July 17, 2017 memo titled "Capital Expenditure Bylaw No. 64."

(All/Directors/Majority) CARRIED UNANIMOUSLY

CORRESPONDENCE

Correspondence

Moved by Director Greenaway
Seconded by Director Illes

SNRHD-2017-8-6

"That the Stuart-Nechako Regional Hospital District Board of Directors receive the following correspondence from Northern Health:

- News Release – What Does Wellness Mean to You?
- Media Bulletin – Northern Health Connections Annual Summer Maintenance Modified Schedule for the Month of August."

(All/Directors/Majority) CARRIED UNANIMOUSLY

BYLAW

Bylaw for First, Second, Third Reading & Adoption

No. 64 – SNRHD Capital
Expenditure

Moved by Director Illes
Seconded by Director Parker

SNRHD-2017-8-7

"That "Stuart-Nechako Regional Hospital District Capital Expenditure Bylaw No. 64, 2017" be given first, second, third reading and adoption this 17th day of August, 2017."

(All/Weighted/Majority) CARRIED UNANIMOUSLY

VERBAL REPORTS

Fort St. James Primary Care/
Community Services Space
Procurement

Roxanne Shepherd, Treasurer provided an update in regard to the Fort St. James Primary Care/Community Services Space Procurement meeting on June 28, 2017. She noted that Mike Hoefer, Capital Planning, Northern Health reviewed the timeline for the project, noting completion in November, 2018. Timelines are estimates at this point and tend to be conservative. The construction tender will yield the actual construction timeline. Discussion took place in regard to communication and recirculating the master plan and providing messaging September to mid-October, 2017 in regard to the scope of work and master planning. Further messaging in December in regard to the schematic design process update was also discussed.

VERBAL REPORTS (CONT'D)

Monthly meetings will begin in September including a video-conference option in Burns Lake.

New Physician in Burns Lake

Director Thiessen mentioned that a new physician has been completing his credential assessment in Vanderhoof in order to work in Burns Lake. Director Thiessen has been working with Todd Doherty, MP Cariboo-Prince George to assist the new physician in moving his family to Canada. He encouraged Burns Lake to also contact Nathan Cullen, MP Skeena-Bulkley Valley for assistance.

Director Thiessen spoke of the challenges and road blocks that are presented to physicians in bringing their families to Canada and expressed a need to encourage the Federal Government to provide assistance.

Wait Times for Treatment

Director Miller commented that he had been made aware of an individual living in Kelowna, B.C. that was diagnosed with breast cancer and her wait times from diagnosis to the first available appointment was five months. Due to circumstances and the need to be closer to family she relocated to Houston, B.C. and was provided treatment and surgery within two weeks of being seen at the Houston Medical Clinic. He commented that there are situations where the service levels in northern B.C. can be better than those in southern B.C.

Thank You to Henry Van Andel

Director Thiessen reported that Henry Van Andel a resident of Vanderhoof has in the past donated \$250,000 to the oncology unit at St. John Hospital in Vanderhoof and has recently donated \$100,000 for equipment for the oncology unit. He spoke of providing a thank you letter to Mr. Van Andel for his generous donations.

Write a Thank You Letter

Moved by Director Thiessen
Seconded by Director Liversidge

SNRHD-2017-8-8

"That the Stuart-Nechako Regional Hospital District Board of Directors write a thank you letter to Henry Van Andel for his generous donations to the oncology unit at St. John Hospital in Vanderhoof, B.C."

(All/Directors/Majority)

CARRIED UNANIMOUSLY

**Evacuation of Health Facilities
Due to Wildfires**

Chair Petersen spoke of the evacuations that have occurred in the Cariboo region due to wildfires and that Northern Health has been working closely with Interior Health to assist patients that were relocated from hospitals and medical facilities in the region to University of Northern B.C. Hospital in Prince George. Northern Health, during the height of the evacuation, set up a medical clinic at the College of New Caledonia. College classes are due to begin session shortly and with less pressure with the number of evacuees the temporary medical facility has now been closed. Chair Petersen spoke of the excellent job that Northern Health did and is doing to assist during the wildfire event occurring in B.C. and suggested that if the opportunity presents itself to thank Northern Health for their hard work.

VERBAL REPORTS (CONT'D)

Receipt of Verbal Reports

Moved by Director Greenaway
Seconded by Director Miller

SNRHD-2017-8-9

"That the verbal reports of the various Stuart-Nechako Regional Hospital District Board of Directors be received."

(All/Directors/Majority)

CARRIED UNANIMOUSLY

ADJOURNMENT

Moved by Director Greenaway
Seconded by Director Miller

SNRHD-2017-8-10

"That the meeting be adjourned at 10:15 a.m."

(All/Directors/Majority)

CARRIED UNANIMOUSLY

Jerry Petersen, Chairperson

Wendy Wainwright, Executive Assistant

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**Stuart-Nechako
Regional Hospital District**

Memorandum

TO: Chair Petersen and Board of Directors
FROM: Melany de Weerd, Chief Administrative Officer
SUBJECT: Memorandum of Understanding
DATE: October 2, 2017

The current Memorandum of Understanding is up for renewal. Northern Health has drafted an updated Memorandum of Understanding, with no changes except for the date. A copy of the proposed document is attached.

RECOMMENDATION: (All/Directors/Majority)

That the Board of Directors receive the Chief Administrative Officer's October 2, 2017 memo entitled "Memorandum of Understanding" and approve the Memorandum of Understanding for signature.

Memorandum of Understanding

THIS UNDERSTANDING made as of the 7th day of October, 2003 and renewed, as amended, the 16th day of October, 2017.

BETWEEN:

NORTHERN HEALTH

(hereinafter called "NH")

OF THE FIRST PART

AND:

**CARIBOO-CHILCOTIN REGIONAL HOSPITAL DISTRICT
FRASER-FORT GEORGE REGIONAL HOSPITAL DISTRICT
NORTH WEST REGIONAL HOSPITAL DISTRICT
NORTHERN ROCKIES REGIONAL HOSPITAL DISTRICT
PEACE RIVER REGIONAL HOSPITAL DISTRICT
STUART-NECHAKO REGIONAL HOSPITAL DISTRICT**

(hereinafter called "RHDs")

OF THE SECOND PART

WHEREAS:

- A) NH is responsible for all health care services within the Northern British Columbia region comprising of Northwest, Northeast and Northern Interior Health Service Delivery Areas, and
- B) The RHDs are responsible, on a voluntary basis, for providing funding based on a cost-shared formula to NH for capital, including equipment and clinical information technology projects, within their respective service areas in accordance with the *Hospital District Act*.

Intent:

In order for the planning and funding of equipment, clinical information technology and capital projects to be effective and efficient while ensuring accountability, the parties agree with each other as follows:

1. Upon receiving the funding envelope from the province for *Capital Improvement Projects*, NH will allocate the capital funding for *Minor Capital Projects and Equipment < \$100K* among the three Health Service Delivery Areas (HSDAs.) Each HSDA will contact its respective RHD to share the plan by community, including identifying funding allocation by each community, for feedback.

2. Upon receiving the funding envelope from the province for *Capital Improvement Projects*, NH will present proposals at a meeting of the Chairs/Staff of all RHDs within the region to seek feedback and identify funding requirements. *Capital Improvement Projects* requiring RHD funding will be presented to the regional planning group before being presented to the NH Board for approval.
3. Capital equipment projects over \$100,000 will be prioritized on an NH-wide basis and presented to the RHDs for feedback and to identify requirements prior to being presented to the NH Board for approval.
4. Capital Projects requiring debt servicing or other forms of funding by NH, not included above and which historically would receive RHD funding, will be presented to a meeting of the Chairs/Staff of all RHDs within the region to seek feedback and identify funding requirements prior to being presented to the NH Board for approval.
5. NH will provide three-year capital plans including construction, clinical information technology and equipment outlining funding requirements to the respective RHDs by November 1st of each year, recognizing that it will take time for NH to develop suitable plans integrated with service plans.
6. RHDs may examine widening the scope of projects that will be cost-shared under legislation, subject to RHD taxation limits.
7. NH will submit a summary of projects and/or equipment costing under \$100K to the RHDs for their review, annually. NH will submit a summary of the projects and/or equipment costing over \$100K to the RHDs for reimbursement. RHDs reserve the right to request further detailed invoice copies.
8. For any project with an estimated cost greater than \$1 million, including professional services, construction and equipment, the RHD may require the use of a *Project Implementation and Accountability process* (see Appendix 1.)
9. The disposal of NH capital assets and disposition of proceeds will follow the guidelines set out in Appendix 2.
10. Media releases announcing capital expenditures for which RHD funding is supplied will be jointly produced and released by NH and the RHD.
11. a) RHDs may provide funding for projects within their geographic boundaries and for clinical information technology and projects or equipment outside their boundaries where there is a greater service area and there is an agreement amongst benefiting RHDs and NH for cost-sharing such projects.
b) Each RHD maintains the flexibility to negotiate independently with NH without prejudice and precedence for issues relating to the capital plan within the RHD boundary.
12. The parties agree to meet twice each year to discuss planning and funding of equipment and capital projects. NH agrees to schedule additional meetings with the individual RHD's to discuss specific capital projects and operational issues as the need arises.

- a) Spring joint meetings will focus on the Capital Plan and business matters.
 - b) Fall joint meetings will focus on preparation of the Capital Plan and feedback on strategic directions in preparation for the NH Board fall planning session.
13. The NH Board will provide opportunity for each RHD to meet annually with the NH Board when the Board is meeting in the RHD's jurisdiction. The purpose of this meeting is:
- a) to discuss matters of mutual concern related to the Capital Plan, and
 - b) to receive any other feedback and input.
14. RHDs will have opportunity to meet with NH's Board Chair and Chief Executive Officer during the course of the North Central Local Government Association (NCLGA) and Union of B.C. Municipalities (UBCM) events held each year to discuss the Capital Plan and related issues.
15. NH's Chief Operating Officers (COOs) from each HSDA will attend RHD meetings upon request for discussion of ad-hoc items to ensure timely communication of issues.
16. This agreement will be reviewed every two years by NH and RHDs to ensure the process is accountable and effective. Any party can terminate its participation by giving 90 days' notice in writing to all parties of its intent to do so.

IN WITNESS WHEREOF the parties have executed this Memorandum of Understanding as of the day, month and year first above written.

Chair, Cariboo-Chilcotin Regional Hospital District

Chair, Fraser-Fort George Regional Hospital District

Chair, Northern Rockies Regional Hospital District

Chair, North West Regional Hospital District

Chair, Peace River Regional Hospital District

Chair, Stuart-Nechako Regional Hospital District

Chair, Northern Health

APPENDIX 1

NORTHERN HEALTH / REGIONAL HOSPITAL DISTRICT PROJECT IMPLEMENTATION AND ACCOUNTABILITY PROCESS

POLICY

Northern Health (NH) is responsible for Capital Projects and Regional Hospital Districts (RHDs) are responsible to the taxpayer and require accountability regarding Capital Projects from Health Authorities. NH has the expertise to implement projects and RHDs reserve the right to decide the amount of funding contribution to the projects.

NH and RHDs agree that projects are to be developed using the following guidelines:

PROJECTS OVER \$1 MILLION

Preliminary Planning

Projects over \$1 million should be included in the five-year prioritized major capital project plan, and be consistent with the facility role and service plan.

Scope of Project

Northern Health will develop the scope of the project with consultation from their stakeholders and user groups. A Project Brief will be presented to the RHD for approval-in-principle. The RHD may wish to consider approval of planning funds at this stage.

Project Brief includes:

- Needs Assessment
- Project description (including scope)
- Location
- Preliminary cost estimate

Planning

NH's formal request to the RHD will include the same project planning documentation as presented to NH's Board for their approval. It is anticipated this documentation will include:

- Detailed Project Scope
- Conceptual and schematic estimates
- Project delivery time schedule
- Strategic importance
- Cost estimate
- Recommended reporting schedule to the RHD
- Other information applicable to the project

Implementation

Progress reports will be provided to the RHD on a regular basis, as agreed to with individual RHDs in compliance with the agreed scope of the project. Requests for funding will include actual monthly expenditures, budgetary status report and list of change orders and cannot exceed actual expenses incurred as reported on the status report. RHDs reserve the right to request invoices.

Project Management

If a project is likely to diverge from the original scope or implementation schedule, NH will inform the RHD in a timely manner, identifying the reasons for the variance, the financial implications, the time frame implications and impacts on the projected completion date. Failure to notify the RHD may jeopardize the RHD portion of incremental project funding.

NH may make a request to the RHD for funding contributions for cost overruns; however, the RHD is not obligated to approve such requests.

Any scope change or reallocation of project funds over 5% requires RHD consent. In the event that cost savings on the total project are generated, NH will contact the RHD and report the amount and provide an explanation.

PROJECTS BETWEEN \$100,000 AND \$1 MILLION

Northern Health to provide:

- A Scope of Work for the project. This project brief will include an understanding of the need, priority, schematic design (if required), and order of magnitude budget.
- NH will provide the RHD with an annual list of all proposed projects for the current fiscal year for their budget consideration and feedback. A five-year plan will also be provided at this time.
- NH will, to the best of its abilities, complete all projects on time, on budget and within scope.
- NH will attend the RHD Board meetings to provide updates on any or all projects, if requested.

Reports to be provided by Northern Health:

- Quarterly update to the RHD. This update includes a schedule describing the progress for each approved project from schematic design through to final completion of the project. It also provides the estimated construction timeframe and proposed completion date. This information is to be used in the planning of any opening ceremonies.
- NH will advise the RHD immediately, in writing, of any project with the potential of significant changes to the scope of work or budget overrun, detailing the change and/or cost overrun.
- NH may make a request to the RHD for funding contributions for cost overruns, however the RHD is not obligated to approve such requests.

THE FOLLOWING WILL BE APPLICABLE TO ALL PROJECTS

Public/Private Partnerships

Should NH enter into public/private partnership with RHD involvement, a different project implementation approach and accountability process may be required, which will be decided in the initial planning stages.

Completion

NH and the RHD will arrange joint press releases in accordance with their Memorandum of Understanding. Media events, such as project approval, sod turning and facility openings, shall ensure recognition and include participation of funding partners.

APPENDIX 2

DISPOSAL OF NORTHERN HEALTH CAPITAL ASSETS
AND DISPOSITION OF PROCEEDS

POLICY

Northern Health (NH) will work with respective Regional Hospital Districts (RHDs) and in compliance with the Ministry of Health Capital Asset Management Plan in the disposal of NH capital assets and the disposition of proceeds as follows:

1. **Disposal of Health Authority Capital Assets**

NH will consult with an RHD regarding disposal of capital assets, including equipment, land and buildings, with an initial capital cost over \$500,000 that have been cost-shared by that RHD. The sale or disposal of the asset will be in accordance with Ministry of Health policy.

In the event that an outstanding RHD debt remains on the property, NH will negotiate repayment through agreement with the RHD and/or the Ministry.

Any "trade in allowance" or "proceeds of sale" of assets which the RHD has cost-shared shall be applied to the purchase of the replacement asset or, if the asset is not to be replaced, NH will negotiate the use of the proceeds of the sale or disposal towards an item on the NH Capital Plan within the RHD.

2. **Transferring Assets within RHD Boundaries**

When a major capital asset that a RHD has cost-shared is moved to another facility within the RHD boundaries, NH will consult with the RHD prior to transferring the asset from one facility to another.

3. **Transferring Assets outside RHD Boundaries**

When a major capital asset that a RHD has cost-shared is moved to another facility outside the RHD, the RHD Board will be asked for their consent prior to transferring the asset.

4. **Change to Function**

If NH plans to substantively change the function of a capital asset (facility or component thereof) that the RHD has cost-shared, NH will consult with that RHD prior to any such conversion. Examples include hospital conversion to complex care, complex care conversion to supportive housing.

The RHD may wish to negotiate repayment of any outstanding debt and/or compensation.

Emergency movement of equipment, making space available for care due to a catastrophic facility failure or other event, NH and the RHD agree: 1. that the RHD will be notified as soon as possible after the event starts; and 2. that consultation and consent will be discussed after the event.

Smithers Caregivers Support Group
Box 354
Smithers, BC V0J 2N0

September 8, 2017

Board of Directors
Regional District of Bulkley Nechako
Box 820
Burns Lake, BC V0J 1E0

RECEIVED
SEP 13 2017
REGIONAL DISTRICT OF
BULKLEY NECHAKO

Dear Board Members:

We are a group of twenty people who are currently charged with the responsibility of caring for either a spouse or parent who is dealing with Alzheimer's or some form of dementia or who has reached a place in their life's journey where they are no longer able to live independently.

As people who are taking care of our loved ones, it is becoming increasingly obvious that there is a serious lack of support to assist us with their care.

Firstly, we would like a clear explanation of the process involved in getting someone into the Bulkley Lodge in Smithers, BC. There is a line up of people at the hospital waiting to get in and there are some of us who are caring for loved ones at home waiting for them to be placed in the lodge as well. Not only are we concerned for our own safety but for the safety of those dealing with their illness. There is a case where one of our members spent the night in her vehicle because she was afraid her husband was going to physically harm her. There are other examples of these people wandering the streets, lost, of someone digging through the garbage and eating the food she found even though there was no need for her to be doing this. I could go on and on with examples but I'm guessing you are probably aware of a lot of them as well.

It is our understanding that a person caring for someone with dementia is allowed 28 days per year to use the respite services offered at Bulkley Lodge. For someone who is caring for a loved one who is deep in the throws of dementia, 28 days is a drop in the bucket. Our caregivers are wearing themselves out and now dealing with health issues themselves created by the stress of looking after a dementia patient.

We can appreciate the fact that the Bulkley Lodge and the Meadows (also in Smithers, BC) are full to capacity however, perhaps the time has come for Northern Health to investigate building another facility.

If you go back to 1970, at that time our hospital was a full fledged hospital with an ICU, a maternity ward, a pediatric ward etc. Even though our population has grown since then and we service a large area, since Northern Health has taken over the running of our hospital the services offered have been

slowly eroded until it is almost to the point where it has become not a heck of a lot more than a clinic. What do Terrace and Burns Lake have that Smithers doesn't. Burns Lake just recently had a new hospital built and now Terrace is on the list – where do we fit in or are we ultimately just going to end up as a glorified clinic?

If we are presented with a situation where our loved one has a medical issue that is a bit out of the ordinary, we have to go out of town. I would like to ask, have you ever had to travel out of town with someone who is ill or someone who is dealing with dementia. Believe me it's a very daunting task. For a person with dementia, to take them out of their comfort zone creates a huge amount of agitation and distress. Aside from that, families are forced to pay for the travel involved with all these medical situations.

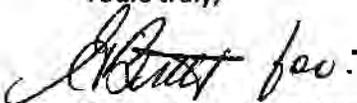
Safety is huge issue for people dealing with dementia as well as their caregivers. Caregivers are living in situations where their safety is an issue. And then there is the safety concerns for the people dealing with dementia which then puts the caregiver in a situation where that person can never be left alone. So what is one supposed to do – as a caregiver you can't leave the person alone and you are only allowed 28 days of respite a year. When you are involved in a situation where you are the 24 hour caregiver for some dealing with dementia, 28 days is nothing.

It's time Northern Health took their head out of the sand and seriously looked at the issue facing the residents of the Bulkley Valley. The aging population and the number of people dealing with dementia and other serious illnesses will continue to grow. This isn't a situation that will go away. It is my assumption that you are here to support all of us in our medical needs. We aren't going to go away, our numbers will continue to grow.

We need help and the help that Northern Health is providing does not even come close to meeting the needs of our ailing elderly or the people who are caring for them.

We want answers and we want action from you. We are tired, very tired. We look forward to your timely response.

Yours truly,



The Smithers Caregivers Support Group

cc: Adrian Dix, Minister of Health; Doug Donaldson, MLA Stikine; BC Seniors Advocate; Federal Minister of Health, President & CEO, Northern Health, Board of Directors, Northern Health; Health Services Administrator, BV District Hospital; Smithers Council; Houston Council; Telkwa Council; Moricetwon Band Council, Editor, Interior News

NEWS RELEASE

For Immediate Release
September 28, 2017

University Hospital of Northern BC Breast Imaging Clinic officially opens

Northern Health and the BC Cancer Agency are pleased to announce the official opening of the new Breast Imaging Clinic at UHNBC in Prince George.

The Clinic brings together new, state-of-the-art digital mammography and ultrasound equipment and a dedicated team of radiologists and technologists, enabling women to have their screening mammograms and, if required, diagnostic mammograms and ultrasounds in one location. This will improve access to services, and result in less time between screening, and diagnosis and treatment.

This \$2.585 million project is the result of funding from:

- The BC Cancer Agency's Screening Mammography Program and the Ministry of Health - \$2.037 million
- Spirit of the North Health Care Foundation - \$548,000

The project also included significant renovations to the fourth floor at UHNBC; installing digital mammography equipment and the supporting equipment to offer complete screening and diagnostic services.

The Provincial Breast Health Strategy's improvements to breast cancer screening for northern BC residents has recently seen state-of-the-art digital mammography units installed at hospitals in Quesnel, Dawson Creek, Terrace and Prince Rupert; a unit is also slated for Bulkley Valley District Hospital in Smithers.

The BC Cancer Agency, an agency of the Provincial Health Services Authority, is committed to reducing the incidence of cancer, reducing the mortality from cancer and improving the quality of life of those living with cancer. It provides a comprehensive cancer control program for the people of British Columbia by working with community partners to deliver a range of oncology services, including prevention, early detection, diagnosis and treatment, research, education, supportive care, rehabilitation and palliative care. For more information, visit www.bccancer.ca or follow on Twitter [@BCCancer_Agency](https://twitter.com/BCCancer_Agency).

The Provincial Health Services Authority (PHSA) plans, manages and evaluates selected specialty and province-wide health care services across BC, working with the five geographic health authorities to deliver province-wide solutions that improve the health of British Columbians. For more information, visit www.phsa.ca or follow on Twitter [@PHSAofBC](https://twitter.com/PHSAofBC).

Quotes:

Adrian Dix, Minister of Health

"Today's announcement is good step towards providing the kind of quality public health care that people in Northern B.C. deserve. By offering screening mammograms with rapid diagnosis in one location, we're removing the added stress of waiting, and helping to save lives."

Janette Sam, BC Cancer Agency Screening Mammography Program Operations Director

"The Breast Imaging Clinic at UHNBC centralizes breast imaging services to patients in the Prince George region, which will not only reduce wait times for access, but also the time from screening to diagnosis and treatment."

Judy Neiser, Chief Executive Officer, Spirit of the North Healthcare Foundation

"Working together with those who support us and believe in better healthcare in the North, this was a campaign we could embrace together. Few of us go through life without being touched by someone close to us, who has taken a journey through breast cancer, or a breast cancer scare. We are very proud of the impact this will have for our donors."

Media Contact: NH media line – 250-961-7724