

**STUART-NECHAKO REGIONAL HOSPITAL DISTRICT**

**MEETING MINUTES**

**THURSDAY, APRIL 20, 2017**

PRESENT: Chairperson Jerry Petersen

Directors Eileen Benedict  
Tom Greenaway  
John Illes  
Dwayne Lindstrom  
Thomas Liversidge  
Rob MacDougall  
Bill Miller  
Mark Parker  
Gerry Thiessen

Staff Melany de Weerd, Chief Administrative Officer  
Cheryl Anderson, Manager of Administrative Services  
Laura O'Meara, Senior Financial Assistant – left at 10:44 a.m., returned at 10:52 a.m.  
Corrine Swenson, Manager of Regional Economic Development arrived at 10:33 a.m.  
Wendy Wainwright, Executive Assistant

Others Penny Anguish, Chief Operating Officer, Northern Health – via teleconference – 9:32 a.m. - 10:00 a.m.  
Steffen Apperloo, Steti Transport Ltd., Smithers, left at 10:52 a.m.  
Chris Beach, Mayor, Village of Burns Lake – arrived at 10:04 a.m., left at 10:41 a.m., returned at 10:47 a.m.  
Shane Brienen, Mayor, District of Houston – left at 10:41 a.m.  
Colin Bruintjes, Westend Ventures Ltd., Smithers – arrived at 10:26 a.m.  
Norm Hildebrandt, Audit Partner, Price Waterhouse Coopers – arrived at 9:45 a.m.  
Michael Hoefler, Regional Director, Capital Planning & Support Services, Northern Health – via-teleconference -9:32 a.m.-10:00 a.m.  
Bernice Magee, Burns Lake – arrived at 9:51 a.m.  
Mr. & Ms. Debby Meissner – Smithers – arrived at 9:55 a.m., left at 10:57 a.m.  
Rob Newell, Director, Electoral Area “G” (Houston Rural) – arrived at 9:47 a.m., left at 10:33 a.m.  
Dave Snadden, Rural Doctors’ UBC Chair in Rural Health – left at 10:41 a.m.  
Fred Wilson, Westend Ventures Ltd., Smithers – arrived at 10:26 a.m.

**CALL TO ORDER**

Chair Petersen called the meeting to order at 9:32 a.m.

**AGENDA & SUPPLEMENTARY AGENDA**

Moved by Director Greenaway  
Seconded by Director Parker

**SNRHD.2017-5-1**

“That the Stuart-Nechako Regional Hospital District Agenda of April 20, 2017 be approved; and further, that the Supplementary Agenda be received.”

(All/Directors/Majority)

**CARRIED UNANIMOUSLY**

## **MINUTES**

Stuart-Nechako Regional  
Hospital District Meeting  
Minutes – March 23, 2017

Moved by Director MacDougall  
Seconded by Director Liversidge

SNRHD.2017-5-2

“That the minutes of the Stuart-Nechako Regional Hospital District meeting of March 23, 2017 be adopted.”

(All/Directors/Majority)

CARRIED UNANIMOUSLY

## **DELEGATIONS**

### **NORTHERN HEALTH (Via-Teleconference/Skype) – Mike Hoefler, Regional Director, Capital Planning and Support Services and Penny Anguish, Chief Operating Officer RE: Fort St. James Primary Care Facility**

Chair Petersen welcomed Mike Hoefler, Regional Director, Capital Planning and Support Services and Penny Anguish, Chief Operating Officer, Northern Health.

Ms. Anguish outlined her hiring and role as the Northern Interior Chief Operating Officer. She spoke to the importance of addressing the considerable constraints of the current medical clinic space in Fort St. James and the need to find a more suitable facility for a primary care facility. Ms. Anguish noted Northern Health's work in developing primary community care integration and bringing inter-professionals together, such as medical staff, mental health and addiction, home and community care and public health intervention staff. This is also key in developing a fully integrated primary care facility. Ms. Anguish explained that meetings were held in Fort St. James on February 17<sup>th</sup> and March 7<sup>th</sup> to move forward and determine next steps. It was determined from those meetings that Option 1 Lease Tenant Improvements would be the best option moving forward.

Mr. Hoefler provided a PowerPoint Presentation.

### **Fort St. James Lease Tenant Improvements or Phased Development on Hospital Site**

1. Background information;
2. Option 1 – Lease and Tenant Improvements;
3. Option 2 – Develop a plan and business case for Phase 1 redevelopment on the hospital site - Primary Care Clinic and Community Service Space;
4. Agreement on next steps in principle.

### **Background**

- Fall 2015: Concept plan for Hospital, Residential Care, Primary Care was completed and submitted to government;
- Fall 2016: procurement for leased space (RFP) was issued. The procurement has closed;
- Uncertain how long pricing will hold for Tenant Improvement (TI) projects and lease rates;
- Stuart Nechako RHD requesting guidance on next steps in order to adopt 2017 budget at March meeting.

### **Option 1- Lease Procurement with Tenant Improvements**

- RFP for leased space closed in December 2016;
- Tenant Improvements estimated at \$2 Million (40% SNRHD Request);
- Estimated timeline to occupancy:
  - RFP award pending;
  - Procure TI's (LL or SSBC) 3 months;
  - Renovations 12 months;
  - Occupancy Spring 2018\*.

### **Option 1**

#### **Pros**

- Procurement has been completed;
- Timeline will enable occupancy in new space in early to late spring 2018;
- Allows for co-location of primary care clinic and community services staff;
- NH can proceed with next steps without obtaining further approvals.

## **DELEGATIONS (CONT'D)**

### **NORTHERN HEALTH (Via-Teleconference/Skype) – Mike Hoefer, Regional Director, Capital Planning and Support Services and Penny Anguish, Chief Operating Officer RE: Fort St. James Primary Care Facility**

#### **Cons**

- Does not contribute to long term goal of developing the primary care and community services space on the hospital site (as outlined in the Master Plan/Concept Plan);
- Stuart Nechako RHD funds contributing to tenant improvements in leased space rather than the long term redevelopment project;
- May take 'pressure' off the need for new facility development.

#### **Option 2 – Phased Build on Hospital Site**

- Option 1 would be put on hiatus to do planning for option 2;
- The Minister of Health suggested investigating a phased modular development on the site to the RHD at UBCM;
- Develop a 3 phase project on the hospital site:
  - Phase 1: Primary care clinic and community services;
  - Modular technology would be the focus of the planning;
- Planning window to develop phase 1 of option 2 6 to 8 months.

#### **Pros**

- \$2M (RHD portion) to be spent on Tenant Improvements would be applied towards Phase 1 rather than a leased space solution;
- Permanent build of Phase 1 on existing hospital site will enable co-location of primary care clinic and community services with the hospital and long term care;
- Meet space needs for the primary care clinic and community services on an owned site:
  - longer asset return on investment for NH and SNRHD;
- Enables long term strategy to be undertaken through a phased development.

#### **Con's**

- Planning will require a hiatus of 6 – 8 months:
  - Planning of phase 1;
  - Preliminary planning of phase 2/3 in order to test fit on site;
- A construction project increases time to occupancy over the leased space Tenant Improvement project:
  - Procurement for design (2 months);
  - Procurement for construction (3 months);
  - 6 to 12 months construction;
- Approval will be required to access capital funding;
- Phase 1 costing was \$11M (+ or – 20%):
  - New costing will be unknown until design phase is completed;
  - Costs for District and NH for upfront site development in anticipation of all three phases.

#### **Next Steps**

- Consensus is required regarding how to proceed;
- Northern Health formally request a bylaw for the 20% Tenant Improvements.

Support and contributions for the tenant improvements is voluntary and will assist in moving forward the Fort St. James Primary Care Facility in a timely manner. The tenant improvements will help the physicians in Fort St. James address the space issues in their current facility and developing the primary care team.

Discussion took place regarding the building of a new hospital and primary care facility in Fort St. James prior to the lease space facility reaching its full depreciation of the tenant improvements. Mr. Hoefer noted that Northern Health is willing to write off the value of the capital contribution and credit the depreciation amount to the SNRHD as outlined in the April 4, 2017 SNRHD letter to Northern Health titled "Contribution to Fort St. James Primary Care Facility paid by Local Taxation."

## **DELEGATIONS (CONT'D)**

### **NORTHERN HEALTH (Via-Teleconference/Skype) – Mike Hoefler, Regional Director, Capital Planning and Support Services and Penny Anguish, Chief Operating Officer RE: Fort St. James Primary Care Facility**

Prior to the idea of the lease tenant improvements the plan was to move forward in three steps with the primary care facility being constructed first with acute care and complex care facilities to follow. Mr. Hoefler mentioned that with the lease tenant improvements proposed, in moving forward the order might potentially change to the construction of the acute care and complex care facilities with the primary care facility being built last.

Director MacDougall thanked Northern Health for their continued work in moving forward the Primary Care Facility for Fort St. James. Director MacDougall referenced the Lakes District Hospital and Healthcare Centre being built prior to the Stuart Lake Hospital in Fort St. James due to need. He requested that the SNRHD now support a 20% contribution to the tenant improvements for the new Fort St. James Primary Care facility to move the project ahead in a timely manner and address the challenging working conditions being experienced.

Chair Petersen and Director Lindstrom thanked the communities within the SNRHD for working together to achieve good health care facilities in the region.

Ms. Anguish spoke to the proposed phased approach being more doable in building new primary, acute and complex care for the community. She commented that in visiting the current medical clinic she became fully aware of the challenges encountered by the residents, staff and physicians.

Director Benedict mentioned that the Lakes District Hospital and Health Centre is experiencing issues in regard to the utilization of the emergency room as a medical clinic. The hospital was built with a primary care facility and is not being utilized due to a physician shortage. Ms. Anguish commented that yes the Lakes District Hospital and Health Centre was built with a primary care facility and the physician shortage has been challenging. Northern Health is utilizing Nurse Practitioners to assist with the shortage and a community group has been working with Northern Health to recruit two new physicians that upon their potential arrival to the community will be working in the primary care Facility within the hospital. Ms. Anguish noted that Physicians in Burns Lake have been assisting in the Practice Ready Assessment (PRA) of internationally educated physicians, which was a method created in B.C. to determine the readiness of internationally educated physicians to practice in B.C. The intent is that other community physicians will be assessing international physicians to practice in Burns Lake as they are on the priority list for recruitment, as the Burns Lake physicians do likewise for other communities.

Draft a Capital Expenditure Bylaw

Moved by Director Thiessen  
Seconded by Director Miller

SNRHD.2017-5-3

“That the Stuart-Nechako Regional Hospital District Board of Directors direct staff to draft a Capital Expenditure Bylaw including the following:

1. That the Stuart-Nechako Regional Hospital District contribute to the tenant improvements for the new primary care facility to a maximum of 20% (\$400,000);
2. That if the facility has not reached its full depreciation of the tenant improvements prior to the build of a new hospital and primary care facility that Northern Health write off the value of the capital contribution and credit the depreciation amount to the Stuart-Nechako Regional Hospital District.
3. That the Lease Procurement with Tenant Improvements be completed by Spring 2018.”

(All/Directors/Majority)

CARRIED UNANIMOUSLY

**DELEGATIONS (CONT'D)**

**NORTHERN HEALTH (Via-Teleconference/Skype) – Mike Hoefler, Regional Director, Capital Planning and Support Services and Penny Anguish, Chief Operating Officer RE: Fort St. James Primary Care Facility**

Ms. Anguish mentioned that the Fort St. James Primary Care Facility Steering Committee will begin meeting again now that the lease procurement with tenant improvements is in the process of being approved.

Chair Petersen thanked Mr. Hoefler and Ms. Anguish for attending the meeting via-teleconference.

Delegations Presentations

Moved by Director Miller  
Seconded by Director Greenaway

SNRHD.2017-5-4

“That the Stuart-Nechako Regional Hospital District Board of Directors receive the Delegations Presentations.

(All/Directors/Majority)

CARRIED UNANIMOUSLY

**DELEGATIONS (CONT'D)**

**UNIVERSITY OF NORTHERN BC –Dave Snadden, Professor, Rural Doctors’ UBC Chair in Rural Health RE: Rural Health**

Chair Petersen welcomed Dave Snadden, Professor, Rural Doctors’ UBC Chair in Rural Health, University of Northern B.C.

Dr. Snadden mentioned that at the end of 2016 he was appointed at the inaugural Rural Doctors’ UBC Chair in Rural Health. Dr. Snadden lives in Prince George and took part in the development of the Northern Medical Programs Trust. In developing his role as Chair, Dr. Snadden has noted the importance of support physicians in rural B.C. and advocating to meet the needs of rural communities with the decision making agencies, organizations and provincial government. He spoke of building evidence and research to support the needs of rural communities and physicians and being able to provide the information to physicians and others in larger centres that don’t always understand the challenges in practicing medicine in rural communities.

Director Miller asked if Dr. Snadden had input into the Joint Standing Committee on Rural Issues. Dr. Snadden noted that he works closely with the Rural Co-Ordination Centre of British Columbia and provided written comments to the Joint Standing committee on rural issues but did not have direct input. Director Miller also referenced the 2002 report titled “Building on Values: The Future of Health Care in Canada” that was presented by Roy Romanow, head of the Commission on the Future of Health Care in Canada in 2002. He noted that at the time the report referenced a primary care, integrated services and medicine model and he asked if that is still the intent. Dr. Snadden commented that the changes in Northern Health that are currently taking place are to move towards team based and primary care based models.

Dr. Snadden spoke of spending four months in rural communities in Northern BC, the Yukon and the Northwest Territories. He noted that there were a number of physicians that were in their first decade of practice and their first three years of practice. In his research he was attempting to determine the wants, needs and desires of the new generation of physicians. He also wanted to garner information in regard to what attracts them to practice in rural BC and the impacts of the new generation of physicians to the delivery of health services and rural practice.

## **DELEGATIONS (CONT'D)**

### **UNIVERSITY OF NORTHERN BC –Dave Snadden, Professor, Rural Doctors' UBC Chair in Rural Health RE: Rural Health (CONT'D)**

Dr. Snadden provided a PowerPoint Presentation.

#### **Recruiting – What makes a practice environment attractive?**

##### **Acknowledgements**

- Mark Kunzli, BSc(Pharm), ExecMBA, RPh Research Associate, UBC Department of Family Practice;
- Department of Family Practice UBC;
- Rural Co-Ordination Centre of British Columbia;
- Joint Standing Committee on Rural Issues.

##### **Conflicts of Interest**

- The Rural Doctors' UBC Chair in Rural Health is supported by an endowment from the Joint Standing Committee on Rural Issues;
- The research project used in this presentation was supported by the Rural Chair operating funds.

##### **Objectives:**

- A brief look at some unpublished research from 2016;
- A short time to work with each other on implications of the research;
- An opportunity to discuss as a group the research findings.

##### **The genesis of a research project**

- More than 14,000 km driven;
- Understand the reality of medical isolation of some rural practices when travelling through the communities;
- Bring the reality to the urban based physicians who make a lot of the decisions in regard to health care delivery in the province.

##### **Methods**

- Harmonised Ethics Approval;
- 23 Interviews;
- 46 Participants;
- Recorded & transcribed, coded separately;
- Framework compared;
- Themes analyzed.

##### **Rural Practice Ecosystem – interdependent on a number of factors**

- Practitioners;
- Patients;
- Community;
- External Health Care System;
- Resources.

Dr. Snadden spoke of one of the key issues rural physicians experience is spending hours on the phone when transferring a patient to another tertiary care facility due to the misunderstanding in the referral centres in regard to the resources available in low resource communities.

##### **Rural Practice Ecosystem**

- Scope of Practice:
  - o Wide scope of practice;
  - o Regulation/certification challenging and potentially narrowing scope of practice;
- Connectivity and Relationships:
  - o Relationships between specialists and internally between physicians is critical;
- Changing Generational Aspirations:
  - o Different work strategies;
  - o How to adapt and changes in the recruitment of physicians.

## **DELEGATIONS (CONT'D)**

### **UNIVERSITY OF NORTHERN BC –Dave Snadden, Professor, Rural Doctors' UBC Chair in Rural Health RE: Rural Health (CONT'D)**

#### **Sensitivity to Changing Generational Aspirations**

Generational Breakdown in Canada, 2016

- Other – Prior to 1946 – 11%;
- Baby Boomers – 1947-1966 – 27%;
- Gen X – 1967-1981 – 20%;
- Millennial – 1982 – 2001 – 26%;
- Homeland – 2002 – Present – 16%;

#### **Population Aged 30-70, Today**

- Baby Boomers – 1947-1966 – 50%;
- Gen X – 1967-1981 – 37%;
- Millennial – 1982-2006 – 13%;

#### **Population Aged 30-70, 2021**

- Baby Boomers – 1947-1966 – 39%;
- Gen X – 1967-1981 – 36%;
- Millennial – 1982-2006 – 25%;

#### **Population Aged 30-70, 2026**

- Baby Boomers – 1947-1966 – 27%;
- Gen X – 1967-1981 – 36%;
- Millennial – 1982-2006 – 37%;

#### **Population Aged 30-70, 2031**

- Baby Boomers – 1947-1966 – 14%;
- Gen X – 1967-1981 – 37%;
- Millennial – 1982-2006 – 49%.

#### **Key Questions & Considerations**

- Communities need to consider how they embed physicians and their families;
  - o Some communities assist in sourcing childcare and/or spouse careers;
  - o Millennial Generation needs to be socially connected;
    - Role for the communities to support and assist physicians to root themselves in a community;
- How to best create collegial environments?
  - o Begin to help create collegial environments;
- How to lessen the rural/urban divide?
- How to build supportive specialist networks?
  - o Some good specialists networks;
- Expansion & Simplification of telehealth;
  - o Consultation visits;
  - o Create relationships;
  - o Breakdown barriers
  - o Need to work together and make it easier for individuals;
  - o Connectivity important;
- Young physicians work hard, but differently;
- Flexibility & adaptability are key;
  - o Stable salary;
  - o Young family physicians;
  - o Physicians that arrive together and flexibility and adaptability;
- What are the implications for professional institutions?
  - o The more advocacy for the younger physician generation the better.

Director MacDougall mentioned that Fort St. James hosted a Health Care Strategy session at the beginning of April, 2017 with primary and plenary care teams along with the First Nations Health Authority. He spoke of the challenges in regard to different systems being utilized and questioned how to coordinate the services between the different care providers. Dr. Snadden spoke of meeting with the First Nations Health Authority (FNHA) and their developing of strategies. He noted that the FNHA is beginning to utilize the same patient contact software utilized by other Health Authorities in the north. He commented that there is a need to break down barriers and work together. He is currently intending to

## **DELEGATIONS (CONT'D)**

### **UNIVERSITY OF NORTHERN BC –Dave Snadden, Professor, Rural Doctors' UBC Chair in Rural Health RE: Rural Health (CONT'D)**

appoint four rural scholars, early career practitioners and would like to appoint one individual in First Nations Health Authority to assist in researching and finding opportunities to make connections throughout the communities. He noted the importance of communications, removing the silos that have been created and getting all of the partners at the same table. Director MacDougall spoke of developing protocol agreements and written guidelines to share information. Connectivity is key in the ability to utilize telehealth to assist in making connections.

Discussion took place in regard to practitioners and specialists response and use of telehealth. Dr. Snadden noted that a pilot project is being completed to develop better usage of telehealth in order to assist in providing health care. The initial visit is completed by the specialist visiting the community and then all follow-up is completed utilizing telehealth. Another pilot project is currently using real time emergency room physicians from larger centres such as the University of Northern B.C. Hospital, with smaller facilities to provide real time assistance. Dr. Snadden mentioned that specialists in small communities in the southern portion of the province have a better understanding of the circumstances experienced in small northern communities and may be more willing to link through telehealth but it is still a work in progress. Dr. Snadden commented that with the rebuild of St. Paul's Hospital in Vancouver there is an opportunity for better telehealth connectivity.

Director Thiessen voiced frustrations in regard to physicians having to be on the phone for long periods of time in order to refer patients to specialists in the lower mainland. He commented that there appears to be a barrier that stops health care specialists from moving and practicing in northern communities. Dr. Snadden commented that in his previous role working with the University of British Columbia (UBC), the provincial government requested a proposal be drafted for the distribution of physiotherapy to the University of Northern British Columbia (UNBC) in collaboration with UBC. The proposal is with the Provincial Government and UBC Associates have been encouraging the distribution of the proposal. Dr. Snadden stated that success in bringing health care professionals and specialists to the north will come with training in the north. He spoke to the percentage of students utilizing the Northern Medical Programs Trust and remaining to practice in the north. Dr. Snadden mentioned the disadvantage of northern students applying for medical programs and that support from scholarships is a benefit.

Director Thiessen also mentioned the need for communities to find ways to promote the incredible opportunities that are provided in small communities for health care professionals. Dr. Snadden commented that providing a fun opportunity in rural practice helps to keep individuals in a community for a longer period of time. He noted the importance of having more students applying to medical programs.

Discussion took place in regard to federal funds for First Nations Health Authorities. Director Lindstrom spoke of a clinic being built by the First Nations Health Authority near Fraser Lake. Director Benedict mentioned that the Southside Health and Wellness Clinic that was built on the Southside of Francois Lake has been a benefit to the community. It was built by First Nations on non-First Nations land for all community members to utilize.

Discussion took place in regard to the concerns and impacts associated with physicians rotating through communities. Dr. Snadden noted that in moving forward with a team approach in regard to health care the continuity will be associated with the health care team and not individual physicians. Dr. Snadden stated the need to promote primary care team based health care.

### **PRICE WATERHOUSE COOPERS –Norm Hildebrandt, Audit Partner – RE 2016 Audit**

Chair Petersen welcomed Norm Hildebrandt, Audit Partner, Price Waterhouse Coopers.

Mr. Hildebrandt noted that the SNRHD Audit coincides with the RDBN Audit. Price Waterhouse Coopers reviews the SNRHD bylaws, policies, procedures and approval authority and has issued a clean audit report.

Chair Petersen thanked Mr. Hildebrandt for attending the meeting.



## **CORRESPONDENCE**

SNRHD Letter to Northern Health RE: Contribution to Fort St. James Primary Care Facility Paid by Local Taxation

Moved by Director Miller  
Seconded by Director Illes

SNRHD.2017-5-5

“That the Stuart-Nechako Regional Hospital District Board of Directors ratify the SNRHD Letter to Northern Health RE: Contribution to Fort St. James Primary Care Facility Paid by Local Taxation.”

(All/Directors/Majority)

CARRIED UNANIMOUSLY

Correspondence

Moved by Director Benedict  
Seconded by Director Parker

SNRHD.2017-5-6

“That the Stuart-Nechako Regional Hospital District Board of Directors receive the following correspondence:

- Ministry of Health – Response to Letter from Fort St. James Chamber of Commerce & Visitor Information Centre RE: Replacement of the Stuart Lake Hospital;
- Carmen Wheatley, Notary Public – Letter to Minister of Health – Replacement Hospital – Capital Project – Stuart Lake Hospital, Fort St. James, BC;
- Northern Health – Media Bulletin – Review of Northwest Radiology Images Complete;
- Northern Health News Release – Northern Health Launching a New Way to Register After Hours;
- Northern Health News Release – Stuart Nechako Manor Celebrates Launch of Palliative Care Option;
- Northern Health News Release – Northern Health’s Indigenous Health Program Launches New Resources and Reviews Successes;
- Select Standing Committee on Health – Looking Forward: Improving Rural Health Care, Primary Care and Addiction Recovery Programs.”

(All/Directors/Majority)

CARRIED UNANIMOUSLY

Director Miller voiced concerns in regard to “Northern Health Launching a New Way to Register After Hours” in regard to patient safety.

Director Thiessen mentioned that he attended the Stuart Nechako Manor’s Launch of Palliative Care Option - the Willow Room. He spoke of the importance of the facility for the region.

Director Benedict commented that the Select Standing Committee on Health - Looking Forward: Improving Rural Health Care, Primary Care and Addiction Recovery Programs had only two meetings north of Vancouver, one in Prince George and one in Kamloops. She also noted that the only committee member that was from the north was Donna Barnett, MLA Cariboo-Chilcotin. Director Benedict spoke to the recommendations in regard to mental health were directly related to addiction. She commented that all mental health issues are not related to addiction. Director Miller noted that Dr. Snadden’s presentation during the SNRHD meeting this morning captured the northern rural issues and challenges that are experienced in Northern B.C. Discussion took place regarding the report having good recommendations but needing to have consideration for the challenges faced in Northern BC also.

## **VERBAL REPORTS**

### **Northern Health Spring Joint Board Meeting – April 18, 2017**

Chair Petersen mentioned that along with Director Greenaway and Roxanne Shepherd, Treasurer, SNRHD he attended the Northern Health Spring Joint Meeting on April 28, 2017 via telehealth. The meeting is to review Northern Health planning for 2017. There are two major projects in the SNRHD, Fort St. James Primary Care Facility and St. John's Hospital phone system upgrade.

Director Greenaway mentioned that the video conferencing requires some improvements as there were issues with the system.

### **Select Standing Committee on Health – Looking Forward: Improving Rural Health Care, Primary Care and Addiction Recovery Programs.**

Moved by Director Thiessen  
Seconded by Director Miller

### **SNRHD.2017-5-7**

“That the Stuart-Nechako Regional Hospital District Board of Directors direct staff to write a letter to the Select Standing Committee on Health outlining the concerns in regard to the lack of northern representation on the Select Standing Committee and the lack of Public Hearings held in Northern B.C; and further, that the letter outline the issues in rural Northern B.C. being different then what is experienced in Southern B.C.”

(All/Directors/Majority) CARRIED UNANIMOUSLY

### **Receipt of Verbal Reports**

Moved by Director Miller  
Seconded by Director MacDougall

### **SNRHD.2017-5-8**

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

(All/Directors/Majority) CARRIED UNANIMOUSLY

## **SUPPLEMENTARY AGENDA**

### **REPORT**

### **2016 Audited Financial Statements**

Moved by Director Miller  
Seconded by Director Illes

### **SNRHD.2017-5-9**

1. “That the Stuart-Nechako Regional Hospital District Board of Directors receive the Treasurer’s April 10, 2017 memo titled “2016 Audited Financial Statements.”
2. That the audited Financial Statements for the year ended December 31, 2016 be approved for signature.
3. That the 2016 Audit Findings Report be approved for signature.”

(All/Directors/Majority) CARRIED UNANIMOUSLY

**NEW BUSINESS**

**Meeting with Northern Health  
at NCLGA May 3-5, 2017 in  
Terrace, B.C.**

Chair Petersen mentioned that a meeting is scheduled at NCLGA with Northern Health May 3-5, 2017 in Terrace, B.C. Chair Petersen provided an overview of the issues for discussion:

- Length of wait times to see a physician;
- Wait times for tests;
- Rotation of physicians in communities – no consistent coverage;
- Wait times for referral of patients to see a specialist;
- Specialist referral system;
- Travel times to see specialist.

Any further issues or concerns can be submitted to staff to forward to Northern Health.

**ADJOURNMENT**

Moved by Director MacDougall  
Seconded by Director Greenaway

**SNRHD.2017-5-10**

“That the meeting be adjourned at 10:58 a.m.”

(All/Directors/Majority)

**CARRIED UNANIMOUSLY**

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Jerry Petersen, Chairperson

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Wendy Wainwright, Executive Assistant