

STUART-NECHAKO REGIONAL HOSPITAL DISTRICT
AGENDA
THURSDAY, MAY 11, 2017

CALL TO ORDER

SUPPLEMENTARY AGENDA

Receive

AGENDA – May 11, 2017

Approve

PAGE NO. MINUTES

ACTION

3-13 **Stuart-Nechako Regional Hospital District Meeting Minutes – April 20, 2017**

Adopt

14-18 **Stuart-Nechako Regional Hospital District Meeting Minutes – May 26, 2016**

Adopt

REPORTS

19 **Roxanne Shepherd, Treasurer – Capital Expenditure Bylaw – Fort St. James Primary Care Leasehold Improvements**

Recommendation
(Page 19)

20 **Roxanne Shepherd, Treasurer
- Spring Meeting with Northern Health
- April 18, 2017**

Receive

21-27 **Roxanne Shepherd, Treasurer
- Financial Statements – March 31, 2017**

Receive

CORRESPONDENCE

28-29 **Ministry of Health – Response to Invitation to Meet at NCLGA**

Receive

30-32 **Fort St. James Primary Care Facility Meeting
- March 7, 2017**

Receive

33-34 **Northern Health – Review of Northwest Radiology Images Complete**

Receive

VERBAL REPORTS

RECEIPT OF VERBAL REPORTS

<u>PAGE NO.</u>	<u>BYLAW</u>	<u>ACTION</u>
35-36	<u>Bylaw for First, Second, Third Reading & Adoption</u>	
	<u>No. 62 – SNRHD Capital Expenditure</u> (All/Weighted/Majority)	1 st , 2 nd , 3 rd Reading & Adoption

SUPPLEMENTARY AGENDA

NEW BUSINESS

ADJOURNMENT

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 Brintjes, Westend Ventures Ltd., Smithers – arrived at 10:26 a.m.
Norm Hildebrandt, Audit Partner, Price Waterhouse Coopers – arrived at 9:45 a.m.
Michael Hofer, 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

4

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 17th and March 7th 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 Hoefler, 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. Hoefler 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."

6

DELEGATIONS (CONT'D)

NORTHERN HEALTH (Via-Teleconference/Skype) – Mike Hofer, 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. Hofer 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 Hofer, 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. Hofer 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:

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

Jerry Petersen, Chairperson

Wendy Wainwright, Executive Assistant

STUART-NECHAKO REGIONAL HOSPITAL DISTRICT

MEETING MINUTES

THURSDAY, MAY 26, 2016

PRESENT: Chairperson Jerry Petersen

Directors Eileen Benedict
Tom Greenaway
Thomas Liversidge - arrived at 9:42 a.m.
Rob MacDougall
Bill Miller
Mark Parker
Luke Strimbold – arrived at 9:39 a.m.
Gerry Thiessen

Director Absent Dwayne Lindstrom, Village of Fraser Lake

Staff Cheryl Anderson, Manager of Administrative Services
Hans Berndorff, Treasurer
Wendy Wainwright, Executive Assistant

Other Rob Newell, Electoral Area "G" (Houston Rural) – arrived at 9:42 a.m.

CALL TO ORDER

Chair Petersen called the meeting to order at 9:37 a.m.

AGENDA

Moved by Director Greenaway
Seconded by Director Benedict

SNRHD.2016-5-1

"That the Stuart-Nechako Regional Hospital District Agenda of May 26, 2016 be approved."

(All/Directors/Majority)

CARRIED UNANIMOUSLY

MINUTES

**Stuart-Nechako Regional
Hospital District Meeting
Minutes – April 28, 2016**

Moved by Director MacDougall
Seconded by Director Miller

SNRHD.2016-5-2

"That the minutes of the Stuart-Nechako Regional Hospital District meeting of April 28, 2016 be adopted."

(All/Directors/Majority)

CARRIED UNANIMOUSLY

REPORTS

**Northern Health Capital
Spending Reports
-March 31, 2016**

Moved by Director Miller
Seconded by Director Parker

SNRHD.2016-5-3

"That the Stuart-Nechako Regional Hospital District Board of Directors receive the Treasurer's May 18, 2016 memo titled "Northern Health Capital Spending Reports, March 31, 2016."

(All/Directors/Majority)

CARRIED UNANIMOUSLY

REPORTS

Amendment to the 2016
Final Budget

Moved by Director MacDougall
Seconded by Director Greenaway

SNRHD.2016-5-4

"That the Stuart-Nechako Regional Hospital District Board of Directors receive the Treasurer's May 17, 2016 memo titled "Amendment to the 2016 Final Budget."

(All/Directors/Majority)

CARRIED UNANIMOUSLY

Capital Expenditure
Bylaws

Moved by Director Benedict
Seconded by Director Parker

SNRHD.2016-5-5

"That the Stuart-Nechako Regional Hospital District Board of Directors receive the Treasurer's May 17, 2016 memo titled "Capital Expenditure Bylaws."

(All/Directors/Majority)

CARRIED UNANIMOUSLY

Financial Statements
-March 31, 2016

Moved by Director Parker
Seconded by Director Greenaway

SNRHD.2016-5-6

"That the Stuart-Nechako Regional Hospital District Board of Directors receive the Treasurer's May 17, 2016 memo titled "Financial Statements – March 31, 2016."

(All/Directors/Majority)

CARRIED UNANIMOUSLY

Meeting with Northern Health
-April 25, 2016

Moved by Director MacDougall
Seconded by Director Parker

SNRHD.2016-5-7

"That the Stuart-Nechako Regional Hospital District Board of Directors receive the Treasurer's May 12, 2016 memo titled "Meeting with Northern Health – April 25, 2016."

(All/Directors/Majority)

CARRIED UNANIMOUSLY

CORRESPONDENCE

Correspondence

Moved by Director Benedict
Seconded by Director Greenaway

SNRHD.2016-5-8

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

-Invitation: Spring 2016 Board Community Consultations: "Growing up Healthy in Northern BC";
-BC Emergency Health Services – British Columbia's Community Paramedicine Initiative;
-News Release – Staff and Physician Recruitment Initiatives Highlighted at Northern Health Board Meeting."

(All/Directors/Majority)

CARRIED UNANIMOUSLY

CORRESPONDENCE (CONT'D)

Chair Petersen noted that the initial meeting for the Spring 2016 Board Community Consultations: "Growing up Healthy in Northern BC" took place in Vanderhoof on May 19, 2016. He briefly outlined the intent of the community consultations: to determine how communities are doing in supporting youth and children, what is needed to have children grow up healthier with healthy lifestyle habits thus having less of an impact to long-term health care systems and facilities.

BYLAWS

Bylaws for First, Second, Third Reading and Adoption

No.58 – SNRHD Annual
Amendment Budget Bylaw

Moved by Director Benedict
Seconded by Director Thiessen

SNRHD.2016-5-9

"That "Stuart-Nechako Regional Hospital District Annual Budget Amendment Bylaw No. 58, 2016" be given first, second, third reading and adoption this 26th day of May, 2016."

(All/Weighted/Majority)

CARRIED UNANIMOUSLY

No.59 – SNRHD Capital
Expenditure Bylaw

Moved by Director Miller
Seconded by Director MacDougall

SNRHD.2016-5-10

"That "Stuart-Nechako Regional Hospital District Capital Expenditure Bylaw No. 59, 2016" be given first, second, third reading and adoption this 26th day of May, 2016."

(All/Weighted/Majority)

CARRIED UNANIMOUSLY

No.60 – SNRHD Capital
Expenditure Bylaw

Moved by Director Greenaway
Seconded by Director Thiessen

SNRHD.2016-5-11

"That "Stuart-Nechako Regional Hospital District Capital Expenditure Bylaw No. 60, 2016" be given first, second, third reading and adoption this 26th day of May, 2016."

(All/Weighted/Majority)

CARRIED UNANIMOUSLY

VERBAL REPORTS

Northern Health Meeting
at NCLGA in Dawson Creek
-May 4-6, 2016

Director Greenaway mentioned that he attended the meeting with Northern Health at the North Central Local Government Association Convention in Dawson Creek on May 4-6, 2016. The main topic of discussion was the Primary Care Facility in Fort St. James and the challenges that the Primary Care Facility Society has had in developing a business plan. Director Greenaway noted that Northern Health provided information and would assist the society.

Medical Students Shadowing
in Vanderhoof

Director Thiessen spoke of the job shadowing taking place by medical students along with a fourth year medical student in Vanderhoof. The students have been provided a tour of the community to encourage possible re-location to the community once their studies are completed.

Chair Petersen mentioned that the medical students were very impressed with the friendly atmosphere in the community of Vanderhoof.



VERBAL REPORTS (CONT'D)

Mapping Seniors Health Care in Vanderhoof

Director Thiessen noted that Vanderhoof is organizing a mapping exercise to determine Seniors Health Care availability and deficiencies in the community.

Fort St. James Resident receives Doctorate

Director MacDougall spoke of a resident of Fort St. James and Nak'azdli Band that has received his Doctorate and the community is hosting a supper celebration on Saturday, May 28, 2016 at Nak'azdli Band. He also spoke of a second resident of the community that has become a doctor and congratulated both individuals on their success.

The District of Fort St. James has also had a medical student shadowing local physicians and a lunch will be held for the individual.

New Health Care Model Being Implemented by Northern Health

Director MacDougall noted that Northern Health has recently implemented a new health care model in Fort St. John and is potentially moving forward to implement the model in Fort St. James. He mentioned that there is some unrest in regard to the program. Fort St. James currently has six doctors and one nurse practitioner. In partnership with Northern Health, the Fort St. James community has spent an immeasurable amount of time and effort in recruitment and are now receiving an excellent level of care. The community does not want to jeopardize the standard of care it is now receiving.

Paramedicine Initiative

Chair Petersen spoke of the paramedicine pilot project in Fort St. James and the launch of the program in Fraser Lake, Southside and Granisle within the SNRHD in the near future. Discussion took place in regard to the programs initial intent to bridge a gap to provide a level of home care service to patients.

Director Liversidge reported that the program being introduced in Granisle will provide a Paramedic for two ten hour shifts one week and three ten hour shifts the second week. The initial vision for the program was to have a Paramedic living in the community. The Village of Granisle has prepared accommodations for the individual but the roll out of the program, with the shift structure spoke of, now allows for the Paramedic to live anywhere they choose.

Receipt of Verbal Reports

Moved by Director Miller
Seconded by Director Greenaway

SNRHD.2016-5-12

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

(All/Directors/Majority)

CARRIED UNANIMOUSLY

NEW BUSINESS

Northern Health Attending SNRHD Meeting June 9, 2016 RE: Primary Care Facility in Fort St. James

Hans Berndorff, Treasurer reported that Michael McMillan, Chief Operating Officer, Northern Health will be attending a Stuart-Nechako Regional Hospital District Board Meeting on June 9, 2016 in regard to the Primary Care Facility in Fort St. James.

ADJOURNMENT

Moved by Director Parker
Seconded by Director Greenaway

SNRHD.2016-5-13

"That the meeting be adjourned at 9:58 a.m."

(All/Directors/Majority)

CARRIED UNANIMOUSLY

Jerry Petersen, Chairperson

Wendy Wainwright, Executive Assistant

Stuart-Nechako

Regional Hospital District

Memo

May 1, 2017

Board Agenda – May 11, 2017

To: Chair Petersen and the Board of Directors
From: Roxanne Shepherd, Treasurer
Regarding: Capital Expenditure Bylaw – Fort St James Primary Care Leasehold Improvements

At the April 20, 2017 Stuart-Nechako Regional Hospital District meeting, the Board agreed to fund 20%, or \$400,000 of the Fort St James Primary Care leasehold improvements project. The project total is \$2,000,000, with Northern Health funding the remaining \$1,600,000 (80%).

The Board also requested that Northern Health credit back the undepreciated balance of the leasehold improvements if the facility is not used for its entire ten year useful life. The undepreciated balance credited to the SNRHD would be based on straight line depreciation calculated from date of occupancy of the leasehold property to date of occupancy of a new Primary Care facility at the Stuart Lake hospital.

Northern Health attended the meeting by teleconference and agreed to the above funding formula and credit on the undepreciated balance of the leasehold improvements.

The Board is being requested to give three readings and adoption to Bylaw No. 62 further in the agenda.

I would be pleased to answer any questions.

R. Shepherd

Recommendation:

(all/directors/majority)

That the memorandum from the Treasurer, dated May 1, 2017 regarding Bylaw 62, Capital Expenditure Bylaw for Fort St James Primary Care leasehold improvements be received and;
 The Board consider giving three readings and adoption to Bylaw No. 62 further in the agenda.

Stuart-Nechako

Regional Hospital District

Memo

May 1, 2017

Board Agenda – May 11, 2017

To: Chair Petersen and the Board of Directors
From: Roxanne Shepherd, Treasurer
Regarding: Spring Meeting with Northern Health – April 18, 2017

On April 18, 2017, Northern Health had its regular semi-annual capital planning meeting by video-conference with the northern Regional Hospital Districts (RHDs). The following topics were discussed.

1. 2016/2017 Capital Progress Update
2. 2017/2018 Capital Plan Update
3. Master Planning across Northern Health
4. Telehealth across Northern Health update
5. Paramedicine update
6. Air Ambulance services update
7. BC Overdose Emergency Response update

The leasehold improvement project for the Fort St James Primary Care facility was discussed under Master Planning.

With regard to Air Ambulance Services, BC Emergency Health Services has been invited to the fall 2017 meeting to provide an update. There will also be a full presentation regarding the opioid response at the fall 2017 meeting.

A copy of the presentation materials is available on the RDBN website under Board Meetings and Agendas. A printed copy is available on request.

I would be pleased to answer any questions.

R. Shepherd

Recommendation:

(all/directors/majority)

That the memorandum from the Treasurer, dated May 1, 2017 regarding Spring Meeting with Northern Health – April 18, 2017 be received.

Stuart-Nechako Regional Hospital District

Memo

April 28, 2017

Board Agenda – May 11, 2017

To: Chair Petersen and the Board of Directors
From: Roxanne Shepherd, Treasurer
Regarding: Financial Statements – March 31, 2017

Attached are the financial statements for the Stuart-Nechako Regional Hospital District for the three months ending March 31, 2017.

In the first quarter of 2017, there were no payments made to Northern Health.

At March 31, 2017 the SNRHD had a surplus of \$553,588, resulting primarily from the surplus carried forward from 2016 plus interest earned in the quarter.

At March 31, 2017 there was \$1.95 million in cash and investments, including \$1,374,582 in the capital reserve and \$1,619 remaining in a separate donation account that is committed for the Healing Garden at the Burns Lake Hospital.

There is no debt outstanding at this time.

I would be pleased to answer any questions.

R. Shepherd

Recommendation:

(all/directors/majority)

That the memorandum from the Treasurer, dated April 28, 2017 regarding the March 31, 2017 Financial Statements be received.

**Stuart-Nechako Regional Hosp. Dist.
Income Statement
As of March 31, 2017**

Department* Consolidated Departments

Revenue		Current Month	Total YTD	YTD Budget	Variance YTD	Annual Budget
4000	Tax Requisitions	0	0	0	0	1,790,000
4050	Grants in Lieu of Taxes	0	542	0	542	7,900
4100	Interest Income	2,183	6,339	1,250	5,089	5,000
4999	Surplus Carried Forward	0	551,738	551,738	0	551,738
Revenue total		2,183	558,619	552,988	5,631	2,354,638
Expenses						
5026	Global Minor Equipment Grants	0	0	0	0	178,108
5031	Major Project - FSJ Primary Care	0	0	0	0	800,000
5040	Building Integrity	0	0	0	0	24,000
5048	Vanderhoof Hospital Anesthetic Ma	0	0	0	0	130,000
5049	VHF & SS Telephone System Upgr	0	0	0	0	105,200
5061	CHR - Public Health, Reg Chronic	0	0	0	0	77,099
5062	CHR-Mental Health/HCC/Clinical D	0	0	0	0	45,548
5063	Cardiology Information System	0	0	0	0	59,694
5064	Medical Imaging/Radiology Echo	0	0	0	0	73,106
5065	Health Link North - Corner Upgrad	0	0	0	0	19,132
5460	Bank charges & interest	3	9	0	(9)	0
5470	Administration & Audit	1,325	3,975	4,500	525	18,000
5471	Director's Remuneration & Travel	349	1,047	2,500	1,453	10,000
5600	Transfer to Capital Reserve	0	0	0	0	814,751
Total Expenses		1,677	5,031	7,000	1,969	2,354,638
Net Income		506	553,588	545,988	7,600	0

23

Stuart-Nechako Regional Hosp. Dist.
Income Statement
As of March 31, 2017

Department1 Capital Reserve Fund

	Current Month	Total YTD	YTD Budget	Variance YTD	Annual Budget
Revenue					
4100 Interest Income on Cap. Resv.	1,553	4,504	0	4,504	0
Revenue total	1,553	4,504	0	4,504	0
Expenses					
Total Expenses	0	0	0	0	0
Net Income	1,553	4,504	0	4,504	0

**Stuart-Nechako Regional Hosp. Dist.
Income Statement
As of March 31, 2017**

Department2 General Fund

Revenue		Current Month	Total YTD	YTD Budget	Variance YTD	Annual Budget
4000	Tax Requisitions	0	0	0	0	1,790,000
4050	Grants in Lieu of Taxes	0	542	0	542	7,900
4100	Interest Income	630	1,835	1,250	585	5,000
4999	Surplus Carried Forward	0	551,738	551,738	0	551,738
Revenue total		630	554,115	552,988	1,127	2,354,638
Expenses						
5026	Global Minor Equipment Grants	0	0	0	0	178,108
5031	Major Project - FSJ Primary Care	0	0	0	0	800,000
5040	Building Integrity	0	0	0	0	24,000
5048	Vanderhoof Hospital Anesthetic Ma	0	0	0	0	130,000
5049	VHF & SS Telephone System Upgr	0	0	0	0	105,200
5061	CHR - Public Health, Reg Chronic	0	0	0	0	77,099
5062	CHR-Mental Health/HCC/Clinical D	0	0	0	0	45,548
5063	Cardiology Information System	0	0	0	0	59,694
5064	Medical Imaging/Radiology Echo	0	0	0	0	73,106
5065	Health Link North - Cerner Upgrad	0	0	0	0	19,132
5460	Bank Charges & Interest	3	9	0	(9)	0
5470	Administration & Audit	1,325	3,975	4,500	525	18,000
5471	Director's Remuneration & Travel	349	1,047	2,500	1,453	10,000
5600	Transfer to Capital Reserve	0	0	0	0	814,751
Total Expenses		1,677	5,031	7,000	1,969	2,354,638
Net Income		(1,047)	549,084	545,988	3,096	0

Stuart-Nechako Regional Hosp. Dist.
Balance Sheet
As of March 31, 2017

Department* Consolidated Departments

Assets		Current Month	Prior Month	Prior Year
1000	Cash & Bank Accounts	24,627	24,630	4,694
1020	Investments & Term Deposits	1,930,375	1,928,192	1,341,373
1021	Investments - BL Hospital Replace	1,619	1,619	1,525
1060	Accts Receivable - Municipal	5,259	5,259	3,214
Total Assets		\$1,961,881	\$1,959,700	\$1,350,806
Liabilities				
2100	Accounts Payable - General	2,000	2,000	2,000
2150	Due to Regional District	27,962	26,288	26,850
Total Liabilities		\$29,962	\$28,288	\$28,850
Net Financial Position		\$1,931,919	\$1,931,412	\$1,321,957

26

Stuart-Nechako Regional Hosp. Dist.
Balance Sheet
As of March 31, 2017

Department1 Capital Reserve Fund

Assets		Current Month	Prior Month	Prior Year
1020	Reserve Investments	1,374,582	1,373,029	780,639
1021	Investments - BL Hospital Replace	1,619	1,619	1,525
Total Assets		\$1,376,202	\$1,374,649	\$782,164
Liabilities				
Net Financial Position		\$1,376,202	\$1,374,649	\$782,164

Stuart-Nechako Regional Hosp. Dist.
Balance Sheet
As of March 31, 2017

Department2 General Fund

Assets		Current Month	Prior Month	Prior Year
1000	Cash & Bank Accounts	24,627	24,630	4,694
1020	Investments & Term Deposits	555,793	555,163	560,734
Total Assets		\$580,420	\$579,793	\$565,428
Liabilities				
2100	Accounts Payable - General	2,000	2,000	2,000
2150	Due to Regional District	27,962	26,288	26,850
Total Liabilities		\$29,962	\$28,288	\$28,850
Net Financial Position		\$550,458	\$551,505	\$536,579

28

Cheryl Anderson

Subject: FW: Ministry of Health response - 1082067

From: HLTH HSD HLTH:EX [mailto:HLth.HSD@gov.bc.ca]
Sent: April 28, 2017 4:11 PM
To: geraldine.craven <geraldine.craven@rdbn.bc.ca>
Cc: Cathy Ulrich <cathy.ulrich@northernhealth.ca>; XT:Raper, Steve GCPE:IN <Steve.Raper@northernhealth.ca>; Chair Northern Health <charles.jago@northernhealth.ca>
Subject: Ministry of Health response - 1082067

1082067

Ms. Melany de Weerd
Chief Administrative Officer
Regional District of Bulkley-Nechako

Mr. Bill Miller
Chair, Board of Directors
Regional District of Bulkley-Nechako

c/o: G. Craven geraldine.craven@rdbn.bc.ca

Dear Ms. De Weerd and Mr. Miller:

I am responding on behalf of the Ministry of Health to your e-mail invitation of March 20, 2017, to attend the North Central Local Government Association (NCLGA) Annual General Meeting (AGM), May 3-5, 2017, in Terrace, British Columbia. Your invitation is appreciated; however, Ministry staff will be unable to attend during the election interregnum period.

The issues you note in your correspondence fall within the responsibilities of the Northern Health Authority (NHA). With this in mind, I recommend that you connect directly with representatives from the NHA on these issues. I have taken the liberty of speaking with a representative from the NHA who has informed me that Ms. Cathy Ulrich, President and Chief Executive Officer; Mr. Steve Raper, Chief Communications and External Relations; and Dr. Charles Jago, Chair, Board of Directors from the NHA, are planning on attending the North Central Local Government Association AGM and can be available to meet with members of the North Central Local Government Association to discuss their concerns. If this is of interest to you, please contact Mr. Raper at 250 565-2694 to arrange a meeting.

Again, thank you for your invitation and I wish you a very successful Annual General Meeting.

Sincerely,

Doug Hughes
Assistant Deputy Minister

pc: Ms. Cathy Ulrich, President and Chief Executive Officer,
Northern Health Authority
Mr. Steve Raper, Chief Communications and

29

External Relations, Northern Health Authority
Dr. Charles Jago, Chair,
Board of Directors, Northern Health Authority

Improvement through every concern.

Patient Care Quality Offices



Warning: This email is intended only for the use of the individual or organization to whom it is addressed. It may contain information that is privileged or confidential. Any distribution, disclosure, copying, or other use by anyone else is strictly prohibited. If you have received this in error, please telephone or e-mail the sender immediately and delete the message.

From: geraldine.craven [mailto:geraldine.craven@rdbn.bc.ca]
Sent: Monday, March 20, 2017 3:00 PM
To: Jukes, Shaina HLTH:EX
Subject: RE: Meeting at NCLGA at Terrace in May

Yes that would be great!

From: Jukes, Shaina HLTH:EX [mailto:Shaina.Jukes@gov.bc.ca]
Sent: March 20, 2017 2:33 PM
To: geraldine.craven <geraldine.craven@rdbn.bc.ca>
Subject: RE: Meeting at NCLGA at Terrace in May

Thank you Geraldine, As this is during the Writ period for the election it would be Ministry staff is that who you are looking for?

Shaina Jukes

*Administrative Coordinator to the Honourable Terry Loke
Minister of Health | PO Box 9050 Stn Prov Govt Victoria, BC V8W 9E2
Phone: 250-953-3547 | Fax: 250-356-9587 | Hlth.Health@gov.bc.ca*

From: geraldine.craven [mailto:geraldine.craven@rdbn.bc.ca]
Sent: Monday, March 20, 2017 1:32 PM
To: Jukes, Shaina HLTH:EX
Subject: RE: Meeting at NCLGA at Terrace in May

Hi Shaina, it is May 3-5, 2017 in Terrace, B.C.

Geraldine

From: Jukes, Shaina HLTH:EX [mailto:Shaina.Jukes@gov.bc.ca]
Sent: March 20, 2017 12:45 PM
To: geraldine.craven <geraldine.craven@rdbn.bc.ca>
Subject: RE: Meeting at NCLGA at Terrace in May

Good afternoon Geraldine, Do you mind providing me the details of when the NCLGA is?

**Fort St. James Primary Care Facility Meeting
March 7, 2017
Fort St. James**

Attendees: Stuart- Nechako Regional Hospital District

Jerry Petersen, Chair
Tom Greenaway, Director, Electoral Area "C" (Fort St. James Rural)
Bob Hughes, Alternate Director, Electoral Area "C" (Fort St. James Rural)
Melany de Weerd, Chief Administrative Officer
Roxanne Shepherd, Treasurer

District of Fort St. James

Rob MacDougall, Mayor
Brenda Gouglas, Councillor

Northern Health

Penny Anguish, Chief Operating Officer
Michael Hoefler, Regional Director, Capital Planning and Support Services
April Hughes, Omineca-Lakes Health Services Administrator

Others

Joan Burdeniuk, Director, Fort St. James Primary Care Society – via teleconference
Kathy Marchal, Executive Director, Fort St. James Medical Clinic
Ann McCormick, Chair, Fort St. James Primary Care Society
Dr. Pieter van Zyl, Representative for Fort St. James Medical Clinic Doctors

Chair Petersen called the meeting to order at 10:20 a.m.

A welcome and introductions took place.

Michael Hoefler, Regional Director, Capital Planning and Support Services provided a PowerPoint Presentation. (Document is not for dissemination)

Option 1

➤ **Fort St. James Primary Care Facility Lease Procurement with Tenant Improvements**

- \$2 million is +/- 10%;
- Timeline – Occupancy ~spring, 2018.

Pros

- Procurement has been completed;
- Occupancy during spring 2018;
- Allows co-location of primary care clinic, medical clinic, support staff, community services staff;
- Northern Health can proceed without senior government approvals.

Cons

- Delay of a permanent solution (5 year lease with a 3-5 year renewal clause)
- Doesn't contribute to long term goal of developing the primary care and community services space on the hospital site;
- Stuart-Nechako Regional Hospital District 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**

- Minister of Health suggested ('pilot project') a phased modular development on the site at the Union of B.C. Municipalities Convention September, 2016;
- Planning window to develop phase 1 of option 2 ~ 6-8 months;

Pros

- Better chance of getting approval if overall hospital replacement is phased;
 - 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;
 - more affordable construction option than \$11 million (+/- 20%) considered before and now \$5-6 million (+/- 20%);
 - Easier to get approvals if under \$20 million x 3 phases instead of \$75 million all at once;
 - Enables long term strategy to be undertaken through a phased development;
 - Money spent on long term 'owned' option rather than Tenant Improvements for both Northern Health and Regional Hospital District.
 - 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;

Cons

- Option 1 would be put on hiatus to do planning for option 2;
 - Preliminary planning of phase 2/3 in order to test fit on site;
 - Planning will require 6-8 months;
 - Procurement for design (2 months);
 - Procurement for construction (3 months);
 - 6-12 months construction;
 - Need approval of senior government to access capital funding;
 - Increases delay for relocating primary care by 12 to 18 months, plus time for ministerial approval;
 - occupancy approx. spring to summer 2019 (full year or longer delay);
 - Phase 1 costing was \$11M (+ or 20%);
 - New costing will be unknown until design phase is completed;
 - Costs for RHD and NH for upfront site development in anticipation of all three phases.

Group Discussion:

If approval for Phase 1, Option 2 does not occur then the group intends to move forward with Option 1.

Dr. van Zyl noted the need to find a solution immediately, as staff has suffered injuries and the facility does not meet health care standards. Physicians and staff have tolerated the condition of the building for the past 5 years and there is concern in regard to the impact to the community. He also voiced concerns regarding the need to have ministerial approval for Option 2. Chair Petersen suggested finding a solution to try to alleviate the issues in regard to pursuing Option 2. There may be the option to lease additional space in a building close to the current medical clinic. Kathy Marchal spoke of staff needing to have a common space in order to have the ability to interface with inter-professional team members.

If the decision is made to move forward with Option 1 – Lease and Tenant Improvements for a Primary Care Facility concerns were raised that Option 1 may remove the pressure from senior levels of government and delay approvals for the replacement of the Stuart Lake Hospital.

Discussion took place regarding the ongoing a letter writing campaign for the replacement of the hospital and beginning the process immediately to address acute care. Mr. Hofer noted that the best option would be to begin with the main hospital and incorporate the other phases. He mentioned that regardless which phase is started first the planning for the entire hospital would need to take place prior to construction. The District of Fort St. James also needs to budget for road, water and sewer infrastructure construction related to the hospital replacement.

Since 2012, variations to Option 2 (develop a plan and business case for Phase 1 redevelopment on the hospital site – Primary Care Clinic and Community Service Space) has been brought forward for approval without success. Discussion took place regarding solutions to move the project forward at a faster rate and asking the physicians to wait approximately another two years for a new facility.

Mayor MacDougall confirmed that the Honourable John Rustad, Minister of Aboriginal Affairs and Reconciliation and MLA Nechako Lakes has been lobbying at the Provincial Government level and has been very supportive of Fort St. James' need for a Primary Care Facility and new hospital.

Changing demographics are placing pressure on the medical system in the area and throughout the province. Discussion took place regarding the need to come to a consensus to present to senior levels of government. Consensus was determined for Option 1 (Lease and Tenant Improvements) and continuing to pursue the replacement of the Stuart Lake Hospital concurrently. The District of Fort St. James and Chair Petersen, Stuart-Nechako Regional Hospital District will bring forward the recommendation to their respective Councils and Boards.

An expression of appreciation was given to the physicians for their patience, to Northern Health for their support and to the SNRHD for their continued partnership.

APR 07 2017

REGIONAL DISTRICT OF
BULKLEY NECHAKO**geraldine.craven**

From: Collins, Eryn <Eryn.Collins@northernhealth.ca>
Sent: April 7, 2017 8:38 AM
To: Collins, Eryn
Subject: NH Media Bulletin: Review of Northwest radiology images complete

The following NH media bulletin will be distributed to media this morning. It will also be posted online, [here](#).

For immediate release

April 7, 2017

Review of Northwest radiology images complete

A review of radiology exams (CT scan, ultrasound and general x-ray) from Northwest B.C. is now complete. A group of radiologists at Vancouver General Hospital re-read images originally read by one radiologist at Mills Memorial Hospital in Terrace between October 2016 and January 2017. Results have been shared with physicians and their patients.

Among the reviews of approximately 8,400 images, 10.3% resulted in a different interpretation that is considered clinically significant. It is very important to note that while any differences in the results had the potential to alter follow-up and/or treatment, it does not necessarily mean there are clinical concerns or adverse health impacts to the individuals affected.

The imaging tests are used to support a physician diagnosis, and are not the only factor considered. Recognizing that the tests aid in a diagnosis, we cannot speculate or provide any information as to whether there has been any specific adverse impact for those that will require follow-up with their physician.

At this time, the radiologist whose work was the subject of this review, remains on voluntary leave. The results of the review and next steps will be considered by the Northern Health Medical Advisory Committee.

Patient safety and quality of care is of the utmost importance to Northern Health. If patients have further questions about their care, they're encouraged to contact their physician. General questions that patients may have about this matter can also be sent to the following email: NWradiology@northernhealth.ca

Media Contact: NH media line – 1-877-961-7724

=====
 Eryn Collins
 Communications Officer
 Northern Health
 810-299 Victoria St., Prince George, BC V2L 5B8
 Tel: 250.649.7542
 Cell: 250.640.0616
 Media Line: 250.961.7724
 Fax: 250.565.2640
www.northernhealth.ca

34

www.facebook.com/NorthernHealth
[www.twitter.com/Northern Health](http://www.twitter.com/Northern_Health)
www.youtube.com/NorthernHealthBC

the northern way of caring

The contents of this electronic mail transmission are PRIVILEGED, intended to be CONFIDENTIAL, and for the sole use of the designated recipient. If this message has been misdirected, or if a resend is desired, please contact the sending office as soon as possible.

**STUART-NECHAKO REGIONAL HOSPITAL DISTRICT
BYLAW NO. 62
CAPITAL EXPENDITURE BYLAW**

WHEREAS, the Board of the Stuart-Nechako Regional Hospital District proposes to expend money for capital expenditures described in Schedule 'A' attached hereto and forming an integral part of this bylaw;

AND WHEREAS, those capital expenditures have received the approval required under Section 23 of the *Hospital District Act*;

AND WHEREAS, Northern Health has agreed to credit the Stuart-Nechako Regional Hospital District the undepreciated balance of leasehold improvements based on straight line depreciation and a useful life of ten years;

NOW THEREFORE, the Board of the Stuart-Nechako Regional Hospital District enacts the following capital expenditure bylaw as required by Section 32 of the *Hospital District Act*;

1. The Board hereby authorizes and approves the expenditure of money necessary to complete the capital expenditures as described in Schedule 'A' attached.
2. The Board hereby delegates the necessary authority to the Treasurer to settle payment.
3. Time is of the essence. The project shall be complete by the end of 2018.
4. This bylaw may be cited for all intents and purposes as the "Stuart-Nechako Regional Hospital District Capital Expenditure Bylaw No. 62, 2017."

READ A FIRST TIME this day of , 2017

READ A SECOND TIME this day of , 2017

READ A THIRD TIME this day of , 2017

ADOPTED this day of , 2017

Chairperson

Corporate Administrator

I, hereby, certify that this is a true and correct copy of Bylaw No. 62, being "Stuart-Nechako Regional Hospital District Capital Expenditure Bylaw No. 62, 2017" as adopted by the Board of the Stuart-Nechako Regional Hospital District on the day of , 2017.

Corporate Administrator

SCHEDULE 'A'

STUART-NECHAKO REGIONAL HOSPITAL DISTRICT CAPITAL EXPENDITURE
BYLAW NO. 62, 2017

Name of Facility	Description	SNRHD Share (20%)	Province Share (80%)	Total
Fort St James Primary Care Facility	Leasehold Improvements	\$400,000	\$1,600,000	\$2,000,000

"I certify that this document is a true and correct copy of the original"

Corporate Administrator