

**STUART-NECHAKO REGIONAL HOSPITAL DISTRICT**

**MEETING MINUTES**

**THURSDAY, NOVEMBER 23, 2017**

PRESENT: Chairperson Jerry Petersen

Directors Chris Beach  
Eileen Benedict  
Tom Greenaway  
Dwayne Lindstrom  
Rob MacDougall  
Bill Miller  
Mark Parker  
Gerry Thiessen

Director Thomas Liversidge, Village of Granisle  
Absent

Alternate Director Linda McGuire, Village of Granisle

Staff Melany de Weerd, Chief Administrative Officer  
Cheryl Anderson, Manager of Administrative Services  
John Illes, Treasurer  
Corrine Swenson, Manager of Regional Economic Development – left at 11:06 a.m.  
Wendy Wainwright, Executive Assistant

Others Penny Anguish, Chief Operating Officer, Northern Interior Health Services Delivery Area, Northern Health – Via Teleconference 10:30 a.m. to 11:48 a.m.  
Reg Blackwell, Burns Lake Airport Society, left at 10:56 a.m.  
Aaron Bond, Interim Health Services Administrator, Prince George, Northern Health – Via Teleconference 10:30 a.m. to 11:48 a.m.  
Marie Hunter, Health Services Administrator, Lakes District, Northern Health – arrived at 10:18 a.m., left at 11:49 a.m.  
Tom Clement, Chief Administrative Officer, District of Vanderhoof – Via Teleconference  
Barb Fitzsimmons, Chief Operating Officer, BC Emergency Health Services – left at 10:56 a.m.  
Michael Lee, District Manager – Patient Care Delivery Nechako District, BC Emergency Health Services – left at 10:56 a.m.  
Rob Newell, Electoral Area “G” (Houston Rural) – arrived at 10:46 a.m., left at 11:08 a.m.  
Paul Vallely, Senior Provincial Executive Director, Patient Care Delivery, BC Emergency Health Services – left at 10:56 a.m.  
George and Tina Veenstra, Telkwa – arrived at 11:16 a.m., left 11:21 a.m.

Media Flavio Nienow, LD News – arrived at 10:36 a.m., left at 11:03 a.m.

**CALL TO ORDER**

Chair Petersen called the meeting to order at 10:05 a.m.

**AGENDA**

Moved by Director Beach  
Seconded by Director Greenaway

**SNRHD-2017-10-1**

“That the Stuart-Nechako Regional Hospital District Agenda of November 23, 2017 be approved.”

(All/Directors/Majority)

**CARRIED UNANIMOUSLY**

## **MINUTES**

Stuart-Nechako Regional  
Hospital District Meeting  
Minutes – October 12, 2017

Moved by Director Benedict  
Seconded by Director Miller

SNRHD-2017-10-2

“That the minutes of the Stuart-Nechako Regional Hospital District meeting of August 17, 2017 be adopted.”

(All/Directors/Majority)

CARRIED UNANIMOUSLY

## **DELEGATIONS**

**BC EMERGENCY HEALTH SERVICES – Barb Fitzsimmons, Chief Operating Officer and Paul Vallely, Senior Provincial Executive Director, Patient Care Delivery and Michael Lee, District Manager – Patient Care Delivery Nechako District RE: Criteria for Landing for Air Services, Carriers Serving Small Communities, Forestry Ombudsman’s Report and Helicopter Responses to the Area**

Chair Petersen welcomed Barb Fitzsimmons, Chief Operating Officer and Paul Vallely, Senior Provincial Executive Director, Patient Care Delivery and Michael Lee, District Manager, Patient Care Delivery Nechako District, BC Emergency Health Services.

Ms. Fitzsimmons noted that they have been visiting BC Ambulance Stations in the region and were at the Burns Lake Ambulance Station prior to the meeting. They visited the Vanderhoof, Fort St. James and Fraser Lake BC Ambulance Stations on November 22, 2017 and will be visiting the Houston, Smithers Hazelton, Kitwanga, Terrace and Kitimat stations.

Ms. Fitzsimmons provided a PowerPoint Presentation.

### **BCEHS Air Ambulance Support to Northwestern BC**

#### **Criteria For Landing For Air Services**

- Acceptable weather
- Runway length
  - Fixed wing aircraft – requires approximately 3,000 ft required or greater to land
- Runway lighting for night operations
- Support from ad hoc aircraft

#### **Carriers Serving Small Communities**

- Mode of transportation
- Options to transport by air/ground
- Support from ad hoc chartered helicopters

#### **Forestry Ombudsman’s Report**

- WorkSafe BC regulation 3.16
  - 16. Basic requirements
    - (1) The employer must provide for each workplace such equipment, supplies, facilities, first aid attendants and services as are adequate and appropriate for
      - (a) promptly rendering first aid to workers if they suffer an injury at work, and
      - (b) transporting injured workers to medical treatment
- BCEHS does not do rescues and relies on industry to get workers to a meet point with BCEHS

#### **Helicopter Responses to the Area**

- BCEHS dedicated air ambulance fleet
- Ad hoc aircraft suppliers
- 40 helicopter missions in Stewart-Nechako- Prince George area in 2016-17

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

### **BC EMERGENCY HEALTH SERVICES (CONT'D)**

#### **Challenges**

- Lack of infrastructure
- Low call volumes
- Very limited ability to serve area in hours of darkness

Discussion took place regarding adequate air service in Fort St. James and Fraser Lake to land aircraft for BCEHS. Ms. Fitzsimmons mentioned that she will forward the information to the Board of Directors as to the airports that have the ability to have air craft land. Director Lindstrom spoke of the initiatives by the Village of Fraser Lake to complete upgrades at its Airport in order to have BCEHS land its aircraft. Ms. Fitzsimmons mentioned that they are currently reviewing deployment methods in the province including crew, equipment and regular, part time and fulltime staff. She explained that in the past BC Ambulance has protected its air resources and has often only deployed its aircraft for very serious patients. Ms. Fitzsimmons spoke of the extraordinarily long travel times between medical facilities and are moving toward a change in philosophy wherein the use of air services are used to transport patients more often when possible. There is a centralization of critical medical services and the resources are not often available in smaller communities, which has created the need for more patient transfers. In Fort St. John, BCEHS has instituted a low acuity plane to provide transfers between northeast medical facilities and it has been successful. They are reviewing that model and determining if it can work in other regions such as the SNRHD to transport patients to facilities that can provide care.

Director Thiessen spoke of the challenges of understanding the requirements for community airports to provide the ability for BCEHS Air Ambulance to land. He commented that the District of Vanderhoof has been working on its approach for the past year to meet standards and is awaiting Nav Canada to complete the certification process. He brought forward concerns regarding situations where BCEHS Air Ambulance has flown to Prince George, transferred necessary equipment to a BC Ambulance vehicle, travelled by ground to Vanderhoof to pick up a patient, than returning to Prince George Airport to fly the patient to higher levels of care rather than flying directly to Vanderhoof. He spoke of the importance of understanding why BCEHS Air Ambulance will not land at smaller community airports when all necessary infrastructure for landing is in place. He noted that communities have invested substantial amount of capital and time to ensure that their airports meet the necessary requirements. Director Thiessen mentioned that Paramedics' time is very valuable and that needs to be a consideration in the additional time required for situations as mentioned.

Discussion took place regarding certification for community airports. Mr. Valley explained that he oversees the ground ambulance and paramedics along with the air paramedics. The Aviation Air Services division of BCEHS oversees the aircraft utilized in the transportation of patients. He mentioned that Paul Bouchard, Director and Pilot for Aviation Air Services, BCEHS would also be willing to assist in the requirements necessary to land its aircraft. Mr. Valley recognized the concern brought forward in regard to the downtime of an aircraft and the need to shorten travel time. He spoke of working together to mitigate the challenges communities are experiencing.

Director Parker mentioned the importance of communities being able to connect with BCEHS in order to understand the requirements and open the lines of communication in moving forward. Ms. Fitzsimmons will forward contact information to the SNRHD Board of Directors.

Alternate Director McGuire noted that BCEHS has not scheduled a visit to Granisle and extended an invitation to do so in the future. She also questioned the ability for a BCEHS Helicopter to land near the Granisle medical clinic. Mr. Valley commented that Transport Canada has enforced regulations that has restricted the ability for helicopters to land at a number of medical facilities in the province. He mentioned that there does potentially need to be work completed to determine designated helipads.

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

### **BC EMERGENCY HEALTH SERVICES (CONT'D)**

Chair Miller brought forward concerns about BCEHS Air Ambulance contractors not having the same landing criteria at smaller airports. One carrier will land in certain conditions and one carrier will choose to land at a larger airport, quite a distance away, and have the patient transported by ground to the waiting aircraft. He also noted that a representative from the Burns Lake Airport Society was in the gallery and would be willing to have further discussions with BCEHS. Ms. Fitzsimmons mentioned that concerns and comments could also be brought forward to Mr. Lee as the District Manager for Patient Care Delivery in the Nechako District. Mr. Valley spoke of the complexity of aviation and the vast number of variables that can determine whether a flight and landing take place.

Director Beach reiterated the importance of air ambulance service to communities and it was identified during a recent referendum held for the Burns Lake Airport Society to complete improvements to the airport. He also provided an overview of the large service area surrounding Burns Lake, which includes First Nations Communities and the Southside of Francois Lake. Director Beach brought forward concerns about patients losing their place in the que for an air ambulance if it is unable to land or take off at local airports and then having to wait days in order to receive transport to higher-level care facilities.

Ms. Fitzsimmons noted that the emphasis on local airports will assist in BCEHS expanding its mandate to move people by air transport service. Currently air ambulance uses critical care paramedics and is reserved for high-level acuity patients and this does have an impact on the moving of patients as they take priority. She noted that BCEHS wants to build and increase air response and is aware they are currently not meeting the demand and will consider the information in planning as they move forward.

Mr. Valley commented that BCEHS has 43 ad hoc contractors in northern B.C. He mentioned that they are reviewing how to better utilize current resources to achieve what they need to achieve. He noted that circumstances will determine the contractor utilized for services. Mr. Valley also commented that they have been utilizing a new approach wherein they send certain patients, along with a paramedic on a commercial flight.

Director Beach brought forward the wage disparity of paramedics in comparison to other first responders. Ms. Fitzsimmons mentioned that bargaining will begin in 2019 but in the interim, they have implemented measures to address the issue. There has been a positive response in regard to the implementation of the interim measures. Discussion took place in regard to the importance of paramedics in a community.

Chair Petersen thanked Ms. Fitzsimmons, Mr. Valley and Mr. Lee for attending the meeting.

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

### **NORTHERN HEALTH - Penny Anguish, Chief Operating Officer, Northern Interior Health Services Delivery Area, Aaron Bond, Interim Health Services Administrator, Prince George, April Hughes, Health Services Administrator, Omineca, and Marie Hunter, Health Services Administrator, Lakes District RE: Update: Seniors Care and Mental Health Services**

Chair Petersen welcomed Penny Anguish, Chief Operating Officer, Northern Interior Health Services Delivery Area, Aaron Bond, Interim Health Services Administrator, Prince George, and Marie Hunter, Health Services Administrator, Lakes District, Northern Health.

Ms. Anguish, Mr. Bond and Ms. Hunter provided a PowerPoint Presentation.

#### **Objectives**

- Provide context of Mental Health and Substance Use Service design/where services fit in the broader health system
- Addictions continuum of services
- Working with Ministry of Child and Family Services for child mental health care
- Working with First Nations Health Authority
- Local context for mental health services
- Questions and future information sessions

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

### **NORTHERN HEALTH - Penny Anguish, Chief Operating Officer, Northern Interior Health Services Delivery Area, Aaron Bond, Interim Health Services Administrator, Prince George, April Hughes, Health Services Administrator, Omineca, and Marie Hunter, Health Services Administrator, Lakes District RE: Update: Seniors Care and Mental Health Services (CONT'D)**

#### **Mental Health and Substance Use**

- One model that depicts a tier model of services
- Service intensity increases
  - Required knowledge increases
- Support people in care – spend a lot of time with people in primary care

#### **Guiding Framework**

- Integrating Mental Health and Substance Use with Primary Care is essential
  - o Address enormous treatment gap
  - o Enhance access
  - o Promote respect of human rights
  - o Affordable and cost effective
  - o Generates good health outcomes
- Primary Health Care is/will become the foundation for high-quality Mental Health and Substance Use care, complemented by specialized levels of care
- Linkages to informal and community-based services are critical

#### **Caring for People with Addictions Continuum of Services**

- Outpatient Counselling
- Intensive Case Management
- Addictions Day Treatment Programs
- Adult Withdrawal Management Unit
- Nechako Youth Treatment Program
- Supportive Recovery Services
- Opioid Agonist Therapy
- Other Inpatient/Residential Treatment options (non-profit and First Nation Health Authority)
- Work is underway to develop a full understanding of the continuum of addiction services across the region in order to strengthen and/or enhance the service model

#### **Children and Youth**

- Community Child and Youth Mental Health Services are provided through the Ministry of Children and Family Development
  - o Child and Youth Mental Health offices or contracted community services
- Some Specialized Youth Services are provided at the Regional level in Prince George
- Provincial services are available for children and youth at BC Children's Hospital

#### **Partnering with First Nation Health Authority**

- Mental Wellness and Substance Use Model Support Teams
  - o Intentional, collaborative effort to respond to community identified needs and concerns for First Nations Communities in northern BC
- Mobile Support Teams will provide continuum of services including prevention and promotion activities, intervention, crisis response when communities are impacted by critical events
- A supportive connection for communities and staff with Integrated Primary Care Homes and Services

#### **Lakes District**

- Burns Lake has 2 MHA clinicians that provide service to adults with mental health and addiction concerns, which includes youth with addictions
- Youth Mental Health is supported by MCFD with contracted service delivery through Lakes District Community Services
- NH Clinicians assess, develop treatment/care plans but do not diagnose
- Southside and Granisle communities are supported by weekly outreach visits from the NH MH&A team in Burns Lake
- MST – Lake Babine Nation is now exploring the next steps for implementation of this program

## **DELEGATION (CONT'D)**

### **NORTHERN HEALTH (CONT'D)**

#### **Lakes District (Cont'd)**

- Wait times would be contingent on the acuity level of the client. If the client arrives through the Emergency Department or is admitted to the Inpatient Unit, the initial intake completed as soon as possible to determine the plan of care
- If the client is accessing services through the Primary Care Home, and working with the inter-professional teams, a care conference with the client would be scheduled asap or it may take 2 weeks depending on availability and acuity of the client
- MCFD works closely with NH MH& SU clinicians when youth are receiving care, as often times the parents and expanded family are in need of support. As we move ahead with integrated care planning, clinicians are becoming more connected, which supports a holistic lens on treatment and outcomes. Service requests are received via phone, fax or in person. Priority is based on acuity levels that are captured on the initial intake conversations

#### **CYMHSU Collaborative**

##### **Doctors of BC – LAT**

- To increase the number of children, youth and their families receiving timely access to integrated mental health & substance use services and supports through the province
- To document examples and results of the involvement of children, youth and families in decisions related to program and system design, clinical practice and policy development imbedded with “family-first, people-centered” goals of Healthy Minds, Healthy People

#### **Omineca**

- Northern Health Mental Health clinicians assess but do not diagnose clients
- Work in partnership with General Practitioners and Nurse Practitioners
- Information is provided to MCFD if client consents to the Release of Information
- Relationship with MCFD varies community by community

#### **Vanderhoof**

- 3 Mental Health clinicians
- Service to adults with mental health and addictions concerns and service to youth with addictions concerns
- Youth mental health is supported through Nechako Valley Community Services Society
- Wait time is about 3-4 weeks, urgent cases are seen sooner
- Service requests are received via paper and fax
- Active children and youth local implementation team (funding completed in December)
- Ministry of Children and Family Services usually requests parent assessment or anger management training, which is currently not available from NH

#### **Fort St. James**

- 2 Mental Health clinicians
- Youth mental health is supported through Nechako Valley Community Services Society
- 60-70% First Nations clients
- Close relationship with health centers in Nak'azdli and Tl'azt'en First Nations
- Typical wait time is 2-3 weeks with urgent clients seen sooner
- Service requests received by fax
- Active Child and Youth implementation team which completed as of late summer

## **DELEGATION (CONT'D)**

### **NORTHERN HEALTH (CONT'D)**

#### **Fraser Lake**

- 1 Mental health clinician
- Wait time 2-3 weeks with emergency cases seen as needed; with one or 2 emergent slots available per week
- Service requests received electronically
- MCFD collaboration for adults with children at risk; typically for addictions or anger management counselling
- Probation support; counselling provided for addiction, violence, and anger management where it is a condition of parole or court mandate

Ms. Anguish noted that there are major challenges with access to services and that Northern Health is working to address the issue and recognizes that work remains to be done. She mentioned that there has been attention placed on the opioid crisis and there is work being done and there is an obligation to ensure the needs of the population of the community are met. Director Thiessen voiced concerns in regard to this being the beginning of the opioid crisis and identified the issue with the lack of quick access to services and long wait times. He mentioned that how the issue is addressed today will have an impact in the future. Director Thiessen emphasized that there is a lot more work that needs to be done. Ms. Anguish spoke of the benefits of having MCFD included in a follow-up discussion. She also noted that conversations are occurring to implement a 24 hour care model for more complex mental health and substance use clinicians.

Director Benedict brought forward concerns in regard to the lack of available psychiatrists in the region with having only one in Prince George. She spoke of the importance of support systems being able to remain in place during a patient's treatment and centralizing mental health service is challenging for patients and their support networks. Ms. Hunter identified that an outreach psychiatrist is in Burns Lake every 4-6 weeks but recognizes that more is needed. It is a similar service in Vanderhoof. Ms. Anguish commented that Northern Health is working to recruit additional clinicians and is working to increase psychiatry residency programs for medical students. She spoke of the possibility of partnering with MCFD to assist in the recruitment of psychiatrists.

Chair Petersen spoke of the challenges in regard to the transition from child mental health to adult mental health as a patient grows older. Mr. Bond also identified that as a patient grows older and is no longer a child there are challenges in regard to accessing mental health services. Mr. Bond noted that there are meetings that are occurring in regard to the issue and will forward the information to the SNRHD Board of Directors. Discussion took place in regard to the disturbing number of young adults being prescribed anti-depressant drugs.

Discussion took place in regard to the use of videoconferencing technology to connect with mental health and substance use clinicians. Ms. Anguish noted that there has been success in utilizing the technology in collaboration with physicians and primary care teams and they are working towards utilizing the service more.

Chair Petersen thanked Mmes. Hughes, Hunter, Anguish, and Mr. Bond for attending the meeting.

## **REPORTS**

### **Investment Policy Statement Adoption**

Moved by Director Beach  
Seconded by Director Miller

### **SNRHD-2017-10-3**

1. "That the Stuart-Nechako Regional Hospital District Board of Directors receive the Treasurer's November 23, 2017 memo titled "Investment Policy Statement Adoption"
2. That the Stuart-Nechako Regional Hospital District Board of Directors approve the Investment Policy Statement."

(All/Directors/Majority)

**CARRIED UNANIMOUSLY**

## **REPORTS (CONT'D)**

### Completion Report – Lakes District Hospital

Moved by Director MacDougall  
Seconded by Director Miller

SNRHD-2017-10-4

“That the Stuart-Nechako Regional Hospital District Board of Directors receive the Treasurer’s November 23, 2017 memo titled “Completion Report – Lakes District Hospital.”

(All/Directors/Majority) CARRIED UNANIMOUSLY

### Northern Health Capital Status Reports-September 30, 2017

Moved by Director Miller  
Seconded by Director McGuire

SNRHD-2017-10-5

“That the Stuart-Nechako Regional Hospital District Board of Directors receive the Treasurer’s November 23, 2017 memo titled “Northern Health Capital Status Reports – September 30, 2017.”

(All/Directors/Majority) CARRIED UNANIMOUSLY

### Financial Statements -January 1, 2017 to September 30, 2017

Moved by Director Beach  
Seconded by Director Parker

SNRHD-2017-10-6

“That the Stuart-Nechako Regional Hospital District Board of Directors receive the Treasurer’s November 23, 2017 memo titled “Financial Statements – January 1, 2017 to September 30, 2017.”

(All/Directors/Majority) CARRIED UNANIMOUSLY

## **CORRESPONDENCE**

### Correspondence

Moved by Director McGuire  
Seconded by Director Beach

SNRHD-2017-10-7

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

- Northern Health – UBCM Meeting September 26, 2017
- Northwest Regional Hospital District: Directors’ Report – August 28, 2017
- Northern Health – News Release – New Board Member, Medical Health Officer: NH Board Meeting Highlights.”

(All/Directors/Majority) CARRIED UNANIMOUSLY

## **VERBAL REPORTS**

### Fort St James Hospital Replacement

Director Greenaway mentioned that at the October 16, 2017 Northern Health meeting, a follow up meeting was requested with Penny Anguish, Chief Operating Officer, Northern Interior Health Services Delivery Area, Northern Health to discuss the Fort St. James Hospital replacement. A meeting has been scheduled for November 30, 2017. Consideration is being given to the project being completed in three phases. Phase One – Acute Care, Phase Two – Long Term Care and Phase Three – Primary Care. Discussion is also taking place in regard to completing it as a pilot project utilizing new modular technology.

**VERBAL REPORTS (CONT'D)**

Receipt of Verbal  
Reports

Moved by Director Beach  
Seconded by Director Miller

SNRHD-2017-10-8

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

(All/Directors/Majority)

CARRIED UNANIMOUSLY

**ADJOURNMENT**

Moved by Director Miller  
Seconded by Director MacDougall

SNRHD-2017-10-9

“That the meeting be adjourned at 11:54 a.m.”

(All/Directors/Majority)

CARRIED UNANIMOUSLY

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Jerry Petersen, Chairperson

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Wendy Wainwright, Executive Assistant