

**STUART-NECHAKO REGIONAL HOSPITAL DISTRICT
AGENDA
Thursday, September 04, 2025**

CALL TO ORDER

AGENDA

SUPPLEMENTARY AGENDA

MINUTES

**Stuart-Nechako Regional Hospital District Meeting Minutes - June
19, 2025**

Page 3

Adopt

DELEGATION

NORTHERN HEALTH

Michael Hoefer, Executive Director, Capital Planning, Facilities Operations & Logistics
Re: Nats'oojeh Hospital (Fort St. James)

CORRESPONDENCE

**The Honourable Josie Osborne, Minister of Health - Response to May
16, 2025 Letter**

Page 7

Receive

VERBAL REPORTS

RECEIPT OF VERBAL REPORTS

SUPPLEMENTARY AGENDA

NEW BUSINESS

IN-CAMERA MOTION

That this meeting be closed to the public pursuant to Section 90(2)(b) of the *Community Charter* for the Board to deal with matters relating to:

- Vanderhoof Primary Care Facility

ADJOURNMENT

STUART-NECHAKO REGIONAL HOSPITAL DISTRICT**MEETING MINUTES****THURSDAY, JUNE 19, 2025**

PRESENT: Chair Judy Greenaway

Directors Martin Elphee
Clint Lambert
Linda McGuire
Shirley Moon
Kevin Moutray
Mark Parker
Michael Riis-Christianson
Sarrah Storey
Henry Wiebe

Staff Curtis Helgesen, Secretary
Cheryl Anderson, Acting Secretary
John Illes, Treasurer
Wendy Wainwright, Recording Secretary

Others Shane Brienens, District of Houston – left at 10:11 a.m.
Stoney Stoltenberg, Electoral Area A (Smithers/Telkwa Rural)

CALL TO ORDER

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

AGENDA

Moved by Director Riis-Christianson
Seconded by Director Elphee

SNRHD.2025-7-1

“That the Stuart-Nechako Regional Hospital District Agenda of June 19, 2025 be approved.”

(All/Directors/Majority)

CARRIED UNANIMOUSLY**MINUTES**

Stuart-Nechako Regional
Hospital District Meeting
Minutes – April 10, 2025

Moved by Director Moon
Seconded by Director Parker

SNRHD.2025-7-2

“That the minutes of the Stuart-Nechako Regional Hospital District meeting of April 10, 2025 be adopted.”

(All/Directors/Majority)

CARRIED UNANIMOUSLY

REPORTS

UBCM – Minister Meeting Requests

- Retention/recruitment of doctors
 - o Medical professionals as well
 - o Understand problem provincially and nationally
 - o Focus on prioritizing areas and taking into consideration distances between hospitals
 - Lower mainland hospitals are in proximity of one another
 - Northern communities have further distances between hospitals
 - Prioritize when a limited number of medical professionals are available
 - o Discussions with Minister Osborne during the hospital opening in Fort St. James regarding adjusting Emergency Room operations to allow them to remain open without physicians on site
 - o Drone Transport Initiative
 - Joint project led by the University of British Columbia's Faculty of Medicine, the Stelat'en First Nation, the Village of Fraser Lake and other health system partners
 - Examining how unmanned aerial vehicles, or drones, could be used to improve health service access in rural and remote communities
 - o Prioritizing Fraser Lake Clinic upgrades.

Financial Statements (Mid/Year)

Moved by Director Storey
Seconded by Director Riis-Christianson

SNRHD.2025-7-3

"That the Financial Report to the end of May be received."

(All/Directors/Majority)

CARRIED UNANIMOUSLY

CORRESPONDENCE

Northern Health – CEO – Update – April 2025 and 2024-2025 Capital Plan NH/RHD Joint Fall Meeting – April 2, 2025

Moved by Director Storey
Seconded by Director Wiebe

SNRHD.2025-7-4

"That the Board receive the correspondence from Northern Health regarding CEO Update – April 2025 and 2024-2025 Capital Plan NH/RHD Joint Fall Meeting – April 2, 2025."

(All/Directors/Majority)

CARRIED UNANIMOUSLY

VERBAL REPORTS

Village of Burns Lake - Update Director Wiebe noted that the Doctor Recruitment and Retention Committee continues to work to recruit more doctors to Burns Lake after two new physicians relocated to Fraser Lake.

Village of Fraser Lake - Update Director Storey provided an update:

- Village of Fraser Lake has two new doctors (relocated from Burns Lake)
- Call with Honourable Josie Osborne, Minister of Health
 - Provincial Health Services Authority review and expanded review on health authority spending
 - Relay concerns directly to Minister Osborne
- Attended the Drone Transport Initiative Phase II one day event
 - Will be helpful to transport medication to residents and other potential uses.

District of Fort St. James -Update Director Elphee mentioned that a physician in Fort St. James will be moving from fulltime to working a two week on and two week off shift. Closures of the Emergency Room in Fort St. James are happening mid shift due to shortages.

District of Vanderhoof -Update Director Moutray indicated that there will be a significant number of closures of the Emergency Room at St. John's Hospital in Vanderhoof over the summer months including neighbouring communities at the same time.

Chair Greenaway – Update Chair Greenaway spoke of the importance of continued advocacy to mitigate the Emergency Room closures throughout the region. She noted the need to develop solutions to address the issue.

Chair Greenaway thanked Board members and staff that attended the Grand Opening of the new Fort St. James Hospital. She recognized past SNRHD Chair Jerry Petersen and Vice-Chair Tom Greenaway for their attendance and the work towards the new hospital. She expressed her gratitude for everyone's support.

Receipt of Verbal Reports Moved by Director Wiebe
 Seconded by Director Elphee

SNRHD.2025-7-5 "That the Board receive the various Directors' verbal reports."

(All/Directors/Majority)

CARRIED UNANIMOUSLY

ADJOURNMENT

Moved by Director Lambert
Seconded by Director Parker

SNRHD.2025-7-6

"That the meeting be adjourned at 10:18 a.m."

(All/Directors/Majority)

CARRIED UNANIMOUSLY

Judy Greenaway, Chairperson

Wendy Wainwright, Recording Secretary



July 15, 2025

1313491

Via email: c/o cheryl.anderson@rdbn.bc.ca

Judy Greenaway
Chair
Stuart-Nechako Regional Hospital District
PO Box 820
Burns Lake BC V0J 1E0

Dear Judy Greenaway:

Thank you for your letter of May 16, 2025, following our recent meeting, during which we discussed healthcare challenges and emergency room diversions in Burns Lake, Fort St. James, and Fraser Lake. I apologize for the delayed response.

I welcome the opportunity to share more information on the concerns raised at our meeting. Please find below responses to the concerns you have outlined in your letter:

Physician Coverage in Granisle

Under the Rural Practice Subsidiary Agreement to the Physician Master Agreement, Granisle is listed as an "A" designated community for the purposes of rural programs administration. All clinical services provided in Granisle are eligible for a 30% fee premium under the Rural Retention Program (RRP). Physicians recruited to live and practice in Granisle on a permanent basis may be eligible for additional retention payments under the RRP, locum support through the Rural Locum Programs, Continuing Medical Education (CME) support through the Rural CME Individual Funds program, and recruitment and relocation supports through the Recruitment Incentive Fund and Recruitment Contingency Fund.

The Northern Interior Rural Primary Care Network (NIRD PCN) was implemented on January 11, 2021. Based on the 2024/2025 fiscal year, the Ministry has approved 28.74 full-time equivalents (FTEs) for clinical resources, including allied health professionals, most responsible providers, and nursing.

...2

- 2 -

The clinical resources within Burns Lake, Fort St. James, Fraser Lake and Vanderhoof support attachment within the NIRD PCN. The attachment targets are listed in brackets beside each clinical resource.

- In Burns Lake, clinical resources include: 0.50 FTE Family Physician at Foundry (280), 0.50 FTE Family Physician in Southside (400), 0.50 FTE Family Physician in Granisle (400), 1.15 FTE Registered Nurse (350), and 1.00 FTE Social Worker.
- In Fort St. James: 1.15 FTE Registered Nurse (350), 1.00 FTE Family Physician in Takla and Yekooche First Nations, and 1.00 FTE Social Worker.
- In Fraser Lake: 1.15 FTE Registered Nurse (350) and 1.00 FTE Social Worker.
- In Vanderhoof: 1.00 FTE Nurse Practitioner (800) and 1.00 FTE Social Worker.

Mental Health Services in Granisle

Through Northern Health Authority (NHA), a Mental Health Clinician provides in-person visits in Granisle on a bi-weekly schedule, as well as virtual/phone counselling for clients who prefer or require it. An Outreach team consisting of a life skills worker, psychiatric nurse and social worker also travels to Granisle on a bi-weekly schedule.

Long Term Care in Vanderhoof

Increasing long-term care (LTC) capacity in the province is a key priority for government. Since 2017, there have been 37 LTC projects approved, providing 2,152 replacement LTC beds, 3,346 net new LTC beds, and 154 private LTC beds for a total of 5,588 LTC beds when all projects are complete.

This investment is reflected in the developments in NHA, including in the following communities:

- Kitimat (12 new beds)
- Vanderhoof (8 new beds)
- Quesnel (67 replacement beds and 221 new beds (288 total))
- Smithers (56 replacement beds and 160 new beds (216 total))
- Prince George (200 new beds), and
- Fort St. James (6 replacement beds and 12 new beds (total 18 beds))

- 3 -

Currently there are 77 publicly funded LTC beds in the Nechako Local Health Area. The Stuart Nechako Manor has 51 LTC beds and 1 short stay respite bed. The short stay respite bed is shared between the communities of Vanderhoof, Fort St. James, and Fraser Lake. The Aurora Home has 8 LTC beds that provide support to individuals with dementia. Aurora Home opened in June 2022, co-located with 20 one-bedroom rental homes for seniors. Fort St. James, located 61 kms from Vanderhoof, now has 18 LTC beds, which is a recent increase of 12 beds from when this site was redeveloped. In addition to the LTC capacity noted above, Vanderhoof also has a 14-unit Assisted Living site (Riverside Place).

The alternate level of care (ALC) population in acute care is often made up of several populations, with not all the individuals designated as ALC requiring placement in a LTC home. Often the ALC population also includes individuals who are waiting services for mental health and substance use challenges.

NHA, like other areas of the province, monitors the utilization of the acute care system, including reviewing the ALC population, and focuses resources on transitioning ALC seniors requiring LTC to a LTC home as a priority to ensure that the acute care system can continue to meet the needs of the community. Additional resources support high-utilization periods throughout the year, for example, during respiratory season. At these times health authorities focus additional resources to transition the ALC population to other resources in community. The opening of eight new LTC beds in Vanderhoof is an important addition to the services available in this community.

I would encourage you to continue to engage with NHA and share your concerns with the ALC population, the LTC capacity, and services in the Nechako Local Health Area. Each health authority is responsible for planning and delivering the full range of health services in its region and your insights will inform service planning in NHA.

Fees Related to Seniors' Home Support Services

Ensuring affordability and enhancing the quality and capacity of publicly funded Home Support (HS) services are key priorities for government. To reflect this, Budget 2024 included a \$354 million investment over 3 years to support seniors across the province to age comfortably and safely in their own homes and maximize their quality of life. This included \$227 million over 3 years to improve the quality, responsiveness, and effectiveness of home health services, and \$127 million over 3 years to stabilize and expand community-based seniors' services.

- 4 -

In 2023/24, there were 3,711 HS clients in NHA, 265 of whom were in the Burns Lake and Nechako Local Health Areas. HS services are a shared cost between government and clients, and rates vary depending on several factors. Approximately 66% of long-term HS clients across British Columbia had no charge for home support services, 9% paid no more than \$300/month, and the remaining 25% of clients were charged an income-tested rate with no cap.

I encourage HS clients to work with NHA if they have concerns about their client rate. There are mechanisms to support clients who are unable to pay, including temporary rate reductions if eligible, or rate reassessments based on the provision of more up-to-date financial information. Affordability remains an important issue, and the Ministry of Health (the Ministry) works with NHA, as well as other health authorities and service providers to support client access to services regardless of their financial situation.

Funding for a Healthcare Recruitment Coordinator

A robust and effective health care recruitment strategy depends on a coordinated and collaborative ecosystem of partners. Each organization, institution, and community play a critical role in identifying, supporting, and retaining health care professionals across every stage of their journey – from initial outreach and education to placement and retention.

We recognize the vital importance of local governments and communities in this work. You are uniquely positioned to offer prospective health care professionals an authentic understanding of life in your community, including the supports, services, and opportunities for new health care workers and their families. Your involvement is crucial to the success of recruitment initiatives, and I am encouraged to see local governments like your Regional District taking an active role by creating positions like a recruitment coordinator.

On May 29, 2025, I issued a memorandum to health authorities and Health Match BC Vice Presidents of Human Resources, Medicine, and Communications outlining our provincial expectations and introduced a “Regional Team BC” model designed to mobilize regional and community-level efforts, including our most recent United States recruitment campaign, and aims to ensure continuity of support for candidates from provincial outreach to local connection. Health authorities have been asked to connect with mayors, community leaders, regional hospital boards, foundations, Divisions of Family Practice, Primary Care Networks, and other relevant organizations to coordinate recruitment activities.

- 5 -

We have also included the *Community Healthcare System Support Playbook* via this link: <https://healthywestshore.ca/wp-content/uploads/2024/06/Community-Healthcare-Support-Playbook-FINAL-June-4-2024-2.pdf> as well as the accompanying Toolkit (<https://communityhealthcaresystems.ca/wp-content/uploads/Community-Healthcare-System-Support-Toolkit-Website-Copy-March-4-2025-2.pdf>) (also provided, attached), developed by the Ministry in partnership with the Saunders Foundation (under the leadership of Dave Saunders, former Mayor of Colwood). This resource is intended to help communities identify practical ways to engage in health care recruitment and retention.

Our shared mandate is to ensure that all people in BC have access to timely, high-quality primary and acute care. Achieving this goal requires our combined commitment, creativity, and collaboration.

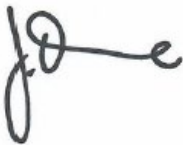
Tax Rate Disparity and Northern Health Audit

Regarding your concerns around a tax rate disparity and audit request of NHA, I recommend reaching out to the Ministry of Finance. As you may know, however, the Province recently launched a review of the health authorities with a focus on minimizing unnecessary administrative spending and ensuring resources support front-line patient care.

Thank you for your correspondence and for your continued advocacy for your community's health. I value your commitment to tackling these complex healthcare challenges and look forward to further dialogue. We are deeply committed to building a sustainable health care system that fully supports the needs of all British Columbians.

I appreciate the opportunity to respond.

Sincerely,

A handwritten signature in black ink, appearing to read 'Josie', with a stylized flourish extending to the right.

Josie Osborne
Minister

Attachment