STUART-NECHAKO REGIONAL HOSPITAL DISTRICT
AGENDA
THURSDAY, MARCH 2, 2017

	CALL TO ORDER	
	SUPPLEMENTARY AGENDA	**Receive**
	AGENDA – March 2, 2017	**Approve**
PAGE NO.	**MINUTES**	**ACTION**
3-5	Stuart-Nechako Regional Hospital District Meeting Minutes – January 26, 2017	Adopt
	REPORTS	
6-16	Roxanne Shepherd, Treasurer - Audit Engagement Letter	Recommendation (Page 6)
17-22	Roxanne Shepherd, Treasurer - Northern Health Capital Spending Reports, December 31, 2016	Receive
23-29	Roxanne Shepherd, Treasurer - Financial Statements – December 31, 2016	Receive
30-32	Roxanne Shepherd, Treasurer - Draft 2017 Final Budget	Receive
	CORRESPONDENCE	
33	The Honourable Terry Lake, Minister of Health - Follow Up to 2016 Union of B.C. Municipalities Convention	Receive
34-54	Letters to the Honourable Terry Lake, Minister of Health re: Replacement Hospital – Capital Project – Stuart Lake Hospital, Fort St. James BC • Harold J. Nielsen • Stuart Lake Hospital Auxiliary Society • Fort St. James Senior Citizens Home Society • Ubleis Logging Ltd. • Northern Health • Conifex Inc. • District of Fort St. James • Fort St. James Chamber of Commerce	Receive

2

PAGE NO.	CORRESPONDENCE (CONT'D)	ACTION
	• Pioneer Place/Lodge Tenants Association • Carmen Wheatley Notary Corporation • Stuart Lake Co-Op Housing • College of New Caledonia	
55	Letter from Monique Roy to the Honourable Terry Lake, Minister of Health re: Gaps in Service	Receive
56-69	BC Forest Safety Ombudsman – A Report on Helicopter Emergency Medical Services in BC	Receive
70-71	Northern Health News Release: MRI Replacement Support "Mobilized" at University Hospital of Northern BC	Receive
72-73	Northern Health Media Release – Person & Family-Focused Care: NH Board Meeting Highlights	Receive
	BYLAW	
	Bylaw for First and Second Reading	
74	No. 61 – SNRHD Annual Budget Bylaw (all/directors/majority)	1st & 2nd Reading
	VERBAL REPORTS	
	RECEIPT OF VERBAL REPORTS	
	SUPPLEMENTARY AGENDA	
	NEW BUSINESS	
	ADJOURNMENT	

STUART-NECHAKO REGIONAL HOSPITAL DISTRICT

MEETING MINUTES

THURSDAY, JANUARY 26, 2017

PRESENT:	Chairperson	Jerry Petersen
	Directors	Eileen Benedict Tom Greenaway Dwayne Lindstrom Rob MacDougall Bill Miller Mark Parker John Illes Gerry Thiessen
	Director Absent	Thomas Liversidge, Village of Granisle
	Staff	Melany de Weerdt, Chief Administrative Officer Cheryl Anderson, Manager of Administrative Services Roxanne Shepherd, Chief Financial Officer Wendy Wainwright, Executive Assistant

CALL TO ORDER

Melany de Weerdt, Chief Administrative Officer, called the meeting to order at 10:13 a.m.

ELECTIONS

Chairperson

Ms. de Weerdt called for nominations for the position of Chairperson for the Stuart-Nechako Regional Hospital District for the year 2017.

Moved by Director Greenaway
Seconded by Director Miller

SNRHD.2017-1-1

"That Director Petersen be nominated for the position of Chairperson of the Stuart-Nechako Regional Hospital District for the year 2017."

Ms. de Weerdt called for nominations for Chairperson a second time.

Ms. de Weerdt called for nominations for Chairperson a third time.

There being no further nominations, Ms. de Weerdt declared Director Petersen as Chairperson of the Stuart-Nechako Regional Hospital District for the year 2017 by acclamation.

Acting Chairperson

Ms. de Weerdt called for nominations for the position of Acting Chairperson of the Stuart-Nechako Regional Hospital District for the year 2017.

Moved by Director Benedict
Seconded by Director Parker

SNRHD.2017-1-2

"That Director Greenaway be nominated for the position of Acting Chairperson of the Stuart-Nechako Regional Hospital District for the year 2017.

Ms. de Weerdt called for nominations for Acting Chairperson a second time.

Ms. de Weerdt called for nominations for Acting Chairperson a third time.

ELECTIONS (CONT'D)

There being no further nominations, Ms. de Weerdt declared Director Greenaway as Acting Chairperson of the Stuart-Nechako Regional Hospital District for the year 2017 by acclamation.

Chairperson Petersen assumed the Chair and thanked the SNRHD Board of Directors for their support.

AGENDA

Moved by Director Miller
Seconded by Director Greenaway

SNRHD.2017-1-3

"That the Stuart-Nechako Regional Hospital District Agenda of January 26, 2017 be approved."

(All/Directors/Majority) CARRIED UNANIMOUSLY

MINUTES

Stuart-Nechako Regional Hospital District Meeting Minutes – December 15, 2016

Moved by Director MacDougall
Seconded by Director Parker

SNRHD.2017-1-4

"That the minutes of the Stuart-Nechako Regional Hospital District meeting of December 15, 2016 be adopted."

(All/Directors/Majority) CARRIED UNANIMOUSLY

CORRESPONDENCE

Correspondence

Moved by Director Benedict
Seconded by Director Illes

SNRHD.2017-1-5

"That the Stuart-Nechako Regional Hospital District receive the following correspondence:

-Northern Health – UBCM Meeting September 27, 2016;
-Mills Memorial Hospital Replacement Brochure;
-Northern Health – Notice of Public Meeting – Northern Health Board Meeting – February 20, 2017."

(All/Directors/Majority) CARRIED UNANIMOUSLY

VERBAL REPORTS

Fort St. James Primary Care Facility

Chair Petersen commented that his first priority as Chair of the SNRHD is to meet with all stakeholders in regard to the Fort St. James Primary Care Facility to address any concerns and or issues and discuss the short and long term needs of the community.

Receipt of Verbal Reports

Moved by Director Miller
Seconded by Director Illes

SNRHD.2017-1-6

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

(All/Directors/Majority) CARRIED UNANIMOUSY

ADJOURNMENT

Moved by Director MacDougall
Seconded by Director Miller

SNRHD.2017-1-7

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

Jerry Petersen, Chairperson

Wendy Wainwright, Executive Assistant

6

Stuart-Nechako Regional Hospital District

Memo

February 1, 2017

Board Agenda – February 23, 2017

To: Chair Petersen and the Board of Directors
From: Roxanne Shepherd, Treasurer
Regarding: Audit Engagement Letter

Attached is an engagement letter from the auditors Price Waterhouse Coopers. This letter outlines the nature and scope of the upcoming audit of the 2016 financial statements.

I have reviewed the engagement letter and find it to be consistent with usual practice. The estimated fee of $2,200 is the same as last year.

The Board is being requested to consider approving the attached engagement letter for signature.

I would be pleased to answer any questions.

R Shepherd

Recommendation: (all/directors/majority)

That the Treasurer's February 1, 2017 memo regarding the audit engagement letter be received; and,
Further, that the Audit Engagement Letter for the year ended December 31, 2016 be approved for signature.

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October 25, 2016

Ms. Roxanne Shepherd
Stuart-Nechako Regional Hospital District
PO Box 820
Burns Lake, BC
V0J 1E0

Dear Stuart-Nechako Regional Hospital District

PricewaterhouseCoopers LLP (we, us or our), a limited liability partnership organized under the laws of the Province of Ontario, is pleased to provide services to Stuart-Nechako Regional Hospital District (you or your). This engagement letter confirms our mutual understanding of the specific terms of our engagement, which are supplemented by the standard terms of business attached to this engagement letter. Our fee estimate and billing schedule are outlined in Schedule A. If there is any difference between our standard terms of business and the specific terms included in this letter, specific terms shall apply.

Services and related report

We will provide the following services (the services):

Annual financial statements audit

We will audit your financial statements as at December 31, 2016 for the year then ended (the financial statements, together the audit).

These financial statements will be prepared in accordance with the requirements of Canadian Public Sector Accounting Standards.

Auditor's report

Once we complete our annual audit, we will provide you with our auditor's report on the work referred to above. The form and content of our auditor's report will be in accordance with Canadian Auditing Standard 700, *Forming an Opinion and Reporting on Financial Statements*

There may be circumstances where our auditor's report may differ from the expected form and content. In such cases, we will discuss with you in advance of finalizing our report and seek to resolve any differences of view that may exist.

If, for any reasons caused by or relating to the affairs of you or your management, we are unable to complete our services, we may decline to issue our auditor's report.

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Our responsibilities

Annual financial statements audit

The purpose of a financial statement audit is to express an opinion on the financial statements. We will be responsible for performing the audit in accordance with Canadian generally accepted auditing standards or International Standards on Auditing. These standards require that we comply with ethical standards, which include independence and professional competence, and plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by you, as well as evaluating the overall presentation of the financial statements.

Consistency of accounting principles

It is our responsibility to assess whether the accounting principles used to prepare the financial statements have been applied on a basis consistent with that of the preceding year and to report on that matter in the auditor's report under "Report on other legal and regulatory requirements".

Risk assessment

In making our risk assessments, we will consider internal control relevant to the preparation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of your internal control. But, we will let you and the Board of Directors know, as appropriate, in writing about any significant deficiencies in internal control relevant to the audit of the financial statements that we have identified during the audit.

Because of the inherent limitations of an audit, together with the inherent limitations of internal control, there is an unavoidable risk that some material misstatements may not be detected, even though the audit is properly planned and performed in accordance with Canadian generally accepted auditing standards.

Informing the Board of Directors

We also are responsible for ensuring that the Board of Directors is informed about certain other matters related to the performance of our audit, including but not limited to:

(i) our views about significant qualitative aspects of your accounting practices, including accounting policies, accounting estimates and financial statement disclosures. In certain circumstances, we may be required to explain to the Board of Directors why we consider a significant accounting practice, that is acceptable under the applicable financial reporting framework, not to be most appropriate to your particular circumstances;

(ii) significant difficulties, if any, encountered during our audit;

(iii) where the Board of Directors is not involved in managing the entity, we are also required to communicate:

- significant matters, if any, arising from our audit that were discussed, or

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subject to correspondence with management; and
- written representations we are requesting; and

(iv) other matters, if any, arising from our audit that, in our professional judgment, are significant to the oversight of the financial reporting process.

Reliance by third parties

The services will not be planned or conducted in contemplation of reliance by any specific third party or with respect to any specific transaction. Therefore, items of possible interest to a third party will not be specifically addressed and matters may exist that would be assessed differently by a third party, possibly, in connection with a specific transaction.

Written consent

You agree to seek and obtain our written consent before including our auditor's report or referring to us in any document that is filed or distributed in connection with (i) a sale of securities; (ii) facilitating investment decisions by third parties; or (iii) periodic or continuous reporting obligations under any applicable securities laws.

Any agreement to provide consent will be a separate engagement. Written consent must be given by a specific written instrument signed by us and referencing the particular use that is to be made of our auditor's report. You acknowledge that neither the terms of this engagement letter, nor the issuance of our auditor's report, nor any other document, constitutes such written consent. We may, in our own discretion, waive the requirement to obtain our written consent.

Your responsibilities

Responsibility for financial statements and internal control

You are responsible for the preparation and the fair presentation of the financial statements and information referred to above. You are also responsible for establishing and maintaining an effective system of internal control over financial reporting to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. In this regard, you are responsible for establishing policies and procedures that ensure financial statements are prepared in accordance with the requirements of Canadian Public Sector Accounting Standards.

Correction of errors

You are responsible for adjusting the financial statements to correct material misstatements and for confirming to us that all uncorrected misstatements identified by us during our audit are immaterial, both individually and in total, to the financial statements taken as a whole. In addition, we expect management will correct all known non-trivial errors.

Prevention and detection of fraud

You are also responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us:

(i) of the risk that the financial statements may be materially misstated as a result of fraud;

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(ii) about all known or suspected fraud affecting you involving (a) management, (b) employees who have significant roles in internal control over financial reporting and (c) others where the fraud could have a non-trivial effect on the financial statements; and

(iii) of your knowledge of any allegations of fraud or suspected fraud affecting the entity received in communications from employees, former employees, analysts, regulators, investors or others.

Related party

You are responsible for disclosing to us the identity of each related party as defined in [The CPA Handbook - Accounting Part V - Section 3840 - *Related Party Transactions* / The CPA Handbook - Accounting Part II - Section 3840 - *Related Party Transactions* / Accounting Standard Codification 850 - *Related Party Disclosures* / The CPA Handbook - Accounting Part I – International Accounting Standard 24 - *Related Party Disclosures*/ The CPA Handbook - Accounting Part III – Section 4460 – *Disclosure of Related Party Transactions by Not-for-profit Organizations* /*CPA Canada Public Sector Accounting Handbook*– Section 4260 - *Disclosure of Related Party Transactions by Not-for-profit Organizations*] and all the related party relationships and transactions of which you are aware and, for providing to us any updates that occur during the course of this engagement.

Subsequent events

You are responsible for informing us of subsequent events that may affect the financial statements of which you may become aware up to the date the financial statements are issued.

Laws and regulations

You are responsible for identifying and ensuring that you comply with the laws and regulations applicable to your activities, including those pertaining to the services. You will make available to us information relating to any illegal or possibly illegal acts, and all facts related thereto and will provide information to us relating to any known or probable instances of non-compliance with legislative or regulatory requirements, including financial reporting requirements.

Providing information on a timely basis

You are responsible for making available to us, on a timely basis, all of your original accounting records and related information relevant to the preparation of the financial statements, additional information that we may request from you for the purposes of our audit and unrestricted access to your personnel who we may determine necessary to obtain evidence necessary to support our audit of the financial statements.

Management representation letter

You will provide us with written representations concerning representations made to us during the audit covering the financial statements.

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Other matters

Term – agreement continues in force	It is understood that an engagement letter outlining our services will be entered into each year, including any update to the fee estimate and billing schedule. If neither we nor you exercise our respective right to terminate the services as outlined in the attached terms of business, this engagement letter will continue until we execute a new engagement letter.

As part of our process of assessing the quality of our services, you may receive questionnaires from us and visits from senior partners not directly involved in providing services to you. We appreciate the attention given to these questionnaires and visits and value your feedback.

If the services outlined herein are in accordance with your requirements and, if the above terms are acceptable, please have one copy of this letter executed in the spaces provided below and return it to us.

Yours very truly,

PricewaterhouseCoopers LLP

Chartered Professional Accountants

The services and terms as set forth in this letter, including the provisions of the attached schedule and our standard terms of business, are agreed to.

Stuart-Nechako Regional Hospital District by and through its Board of Directors

By:

_____

Mr. Bill Miller, Chair

_____

Date

pwc

By signing below, the services and terms as set forth in this letter, including the provisions of the attached schedule and our standard terms of business, are agreed to, and I acknowledge and agree to my obligation to ensure that the responsibilities of Stuart-Nechako Regional Hospital District and its management as set forth herein are properly discharged:

By:

_____

Ms. Roxanne Shepherd, Financial Administrator

_____

Date

Schedule A
Fees and billing schedule

Our Fee Estimate
We will bill for all reasonable expenses incurred in the performance of our services. These costs may include direct costs such as travel, meals and accommodation. An administrative charge, representing an overhead allocation of 5% of professional fees, will be charged to cover costs, such as information technology support, telecommunication costs, technical reference material, courier and photocopying.

Conditions Impacting our Time and Fee Estimates
Our time and fee estimates take into account the agreed level of preparation and assistance from you. We will let you know promptly when and if for any reason the schedules, information and assistance provided as outlined in this engagement letter, are not sufficient for our services. We will provide you with a separate listing of required schedules, information requests and the dates such items are needed. We will also discuss with you Board of Directors any other issues that will require extra time and effort to resolve in order to revise the fee estimate to reflect additional services, if any, required for us to complete our work.

Terms of business

1 Introduction

1.1 **Interpretation** – In this agreement, the following words and expressions have the meaning given to them below:
services – the services set out in the engagement letter
the agreement – these terms and the engagement letter to which they relate (including any schedules)
we, us or our – refer to PricewaterhouseCoopers LLP, a limited liability partnership organized under the laws of the Province of Ontario
you, your – the party or parties, including their management, to the agreement (excluding us)

1.2 **Changes** – Either we or you may request a change to the services, deliverables or this agreement. Any change will be effective only when agreed in writing.

1.3 **Purpose** – You acknowledge that our report is intended for the purpose of the oversight of management and the affairs of the legal entity that is the subject of the services.

2 PwC Firms, service providers and subcontractors

2.1 **Our relationship with you** – We are a member of the global network of PricewaterhouseCoopers firms (PwC Firms), each of which is a separate and distinct legal entity.

2.2 **Subcontractors and service providers** – We may use other PwC Firms, service providers and subcontractors to provide the services and support service delivery. We remain solely responsible for the services and deliverables.

2.3 **Restriction on claims** – You agree not to bring any claim or action against another PwC Firm (or its partners, members, directors or employees) or our subcontractors in respect of any liability relating to the services, deliverables or the agreement.

3 Your responsibilities

3.1 **Your obligations** – The performance of our services and provision of the deliverables depends on your performing your obligations under the agreement. We are not responsible for any consequences arising from you not fulfilling your obligations.

3.2 **Solicitation and hiring of PwC personnel** – Our independence related to assurance engagements may be impaired if you solicit or hire certain PwC personnel. This may either delay the provision of the services or cause us to resign from the engagement. You agree not to offer or permit your related parties to offer employment to or hire the lead engagement partner, the quality review partner or any other PwC partner, employee and/or independent contractor who has provided more than ten (10) hours of audit or review services until a period of twelve (12) months has passed from the date of our report on the applicable financial statements without first consulting with and obtaining the approval of the lead engagement partner on any proposed offer of employment.

3.3 **Oral advice and draft deliverables** – You may rely on our final written deliverables, but should not rely on oral advice or draft deliverables provided during the term of this agreement. If you wish to rely on something we have said to you, please let us know and, if possible, we will prepare a written deliverable on which you may rely.

4 Confidentiality

4.1 **Confidential information** – We and you agree to use the other party's confidential information, if any, only in relation to the services or internal and administrative purposes and to take reasonable steps to prevent disclosure, recognizing that disclosure will be permitted where required by law or professional obligation. You agree that we may give confidential information to third party service providers, subcontractors and other PwC Firms as long as they are bound by reasonable confidentiality obligations.

4.2 **Benchmarking** – From time to time we may offer our clients, like you, the service of benchmarking your business against other businesses in your industry, and providing you with the result of such comparison. Your information, together with the information from other businesses in your industry, may be used in such benchmarking studies, but will always be pooled with information from other such businesses, so that no one will be able to identify or reverse engineer any of your confidential information. You consent to our use and disclosure of your information, in aggregate form, for benchmarking purposes.

4.3 **Working with competitors** – You agree that we may work with your competitors or other parties whose interests may conflict with yours, as long as we do not disclose your confidential information and we comply with our ethical obligations.

5 Professional and regulatory oversight

5.1 **Reviews of us** – We are required to meet certain professional standards in the performance of our services. As such, we are regulated or overseen by various professional and regulatory bodies both in Canada and abroad (which bodies will depend on the nature of the services performed under this agreement). These professional and regulatory bodies have the right to inspect our files, including working papers and other work product(s) relating to these services or the services provided in prior years to determine whether professional standards have been met. We may, from time to time, receive requests or orders from such bodies to provide them with information and copies of such working papers. We intend to provide such information and working papers in response to such requests.

5.2 **Reviews of you** – Certain regulatory bodies may also have the right to conduct investigations of you, including the services provided by us. To the extent practicable, we will advise you of any such investigation request or order prior to providing our working papers, except where we are prohibited by law from doing so.

5.3 **Privileged information** – Except where providing working papers is required by the laws of any jurisdiction that you or we are governed by, we will use all reasonable efforts to refuse access to any document over which you have expressly informed us that you assert privilege. You must mark any document over which you assert privilege as "PRIVILEGED".

5.4 **Reimbursement of costs incurred** – You agree to reimburse us for our professional time and expenses, as well as reasonable fees and expenses of our legal counsel, incurred by us in responding to any investigation that is requested or authorized by you or of you required by government regulation, subpoena or other legal process.

6 Personal information

6.1 **Personal information** – We may collect, use, disclose, transfer, store or otherwise process information about identified individuals ("personal information") to provide the services and deliverables. We may process such personal information in various jurisdictions in which we or applicable PwC Firms, service providers and subcontractors operate, and, as such, personal information may be subject to the laws of such jurisdictions. Such personal information will be at all times processed in accordance with the applicable laws and professional regulation. In addition, we will require any service providers that process personal information on our behalf to adhere to such requirements. You confirm that you have the authority to provide the personal information to us in connection with the performance of services and that the personal information provided to us has been provided in accordance with applicable law.

7 Working papers

7.1 **Ownership** – Any documents prepared by us or for us in connection with this agreement belong to us.

8 Liability

8.1 **Limitation of Liability** – Our aggregate liability for all claims, losses, liabilities or damages in connection with this agreement or the services or deliverables, whether as a result of breach of contract, tort (including negligence) or otherwise, regardless of the theory of liability asserted, is limited to $2 million. Our liability to you shall be several and not joint and several, and we shall only be liable for our proportionate share of any loss or damage, based on our contribution relative to the others' contributions. In addition, we will not be liable in any event for consequential, incidental, indirect, punitive, exemplary or special damages, including any amount for loss of profit, data or goodwill, whether or not the likelihood of such loss or damage was contemplated.

8.2 **No claims against individuals** – You agree claims or actions relating to the services shall be brought against us alone and not against any members, partners, principals, employees or subcontractors, including PwC Firms ("Personnel").

8.3 [Intentionally blank]

8.4 **Misrepresentation by you** - You agree to release and indemnify us and our Personnel from and against all claims, losses, costs, liabilities and damages arising in circumstances where there has been a misrepresentation by a member of your management or board of directors, regardless of whether such person was acting in your interest.

9 Termination

9.1 **By Either Party** – Either party may terminate this agreement, for any reason, upon written notice to the other party. We will not be liable for any loss, cost or expense arising from such termination.

9.2 **Fees payable on termination** – You agree to pay us for all services we perform and deliverables we provide up to the date of termination, including services performed, work-in-progress and expenses incurred.

10 Governing law

10.1 **Law and jurisdiction** – The agreement and any dispute arising from it, whether contractual or non-contractual, will be governed by the laws of the Province of Ontario and the federal laws of Canada applicable therein and are subject to the exclusive jurisdiction of the courts of the Province of Ontario.

11 General

11.1 **Matters beyond reasonable control** – No party will be liable (other than payment obligations) to the other if it fails to meet its obligations due to matters beyond its reasonable control.

11.2 **Entire agreement** – The agreement, once executed by both parties, forms the entire agreement between the parties in relation to the services and deliverables. It replaces any earlier agreements, representations or discussions.

11.3 **Your actions** – Where you consist of more than one party, an act or omission of one party will be regarded as an act or omission of all.

11.4 **Assignment** – Without written consent, neither of us may assign any of our rights, obligations or claims under this agreement.

11.5 **Survival** – Any clause that is meant to continue to apply after termination of this agreement will do so.

11.6 **Severability** – If a court or regulator with proper jurisdiction determines that a provision of this agreement is invalid, then that provision will be interpreted in a way that is valid under applicable law or regulation. If any provision is invalid, the rest of this agreement will remain effective.

Stuart-Nechako Regional Hospital District

Memo

February 20, 2017

Board Agenda – March 2, 2017

To: Chair Petersen and the Board of Directors
From: Roxanne Shepherd, Treasurer
Regarding: Northern Health Capital Spending Reports, December 31, 2016

Attached are the following Northern Health capital spending reports for the SNRHD for the quarter ending December 31, 2016.

- Minor Capital < $100,000 (Fiscal year 2016 ending March 31, 2016)
- Minor Capital < $100,000 (Fiscal year 2017 ending March 31, 2017)

I would be pleased to answer any questions.

R Shepherd

Recommendation:	(all/directors/majority)
That the memorandum from the Treasurer, dated February 20, 2017 regarding Northern Health Capital Spending Reports for the quarter ending December 31, 2016 be received.	

18

northern health

Northern Health: Finance Department
300-299 Victoria Street, Prince George, BC V2L 5B8
Telephone (250) 565-2300, Fax: (250) 565-2833, www.northernhealth.ca

January 3, 2017

Email: roxanne.shepherd@rdbn.bc.ca

Roxanne Shepherd
Financial Administrator
Stuart-Nechako Regional Hospital District
P.O. Box 820
Burns Lake, BC V0J 1E

RE: Third Quarter 2016/17 Capital Status Reports

Dear Ms. Shepherd:

Thank you for your continued support.

Enclosed please find capital status reports for the third quarter of our 2016/2017 year for the Building Integrity and the Minor Capital Grant(s).

If you have any questions on the attached, please do not hesitate to contact our office.

Best wishes for the New Year,

Lil Milani

A. Lil Milani
Capital Accounting Coordinator

northern health

Fund Budget Reconciliation

Period Date: **December 01,2016**

	FUNDING SOURCES						
	MOH	RHD	Aux/ Foundation	Opening Cash	Total	Actual Expenditures	Committed (Spent)
Minor Capital < $100,000	**$47,990**	**$180,000**	**$93,674**	**$138,901**	**$460,565**	**$341,217**	**$452,306**
Budget Total:	**$47,990**	**$180,000**	**$93,674**	**$138,901**	**$460,565**	**$341,217**	**$452,306**
Expense Total:	$39,732	$180,000	$93,674	$138,901	$452,306		
Variance:	**$8,258**				**$8,259**		

Capital Expenditures

2016		Minor Capital < $100,000							
St. John Hospital	N661640053	Paging System	$16,725				$16,725	16,725	Completed
St. John Hospital	N661690058	Stress System			$36,953		$36,953	36,953	Completed
St. John Hospital	N661690059	Life Pak 15			$24,475		$24,475	24,475	Completed
St. John Hospital	N661690082	Cabinet - Warming			$5,580		$5,580	5,580	Completed
St. John Hospital	N661690097	Cabinet - Endoscope	$3,952	$1,980			$5,932	5,932	Completed
St. John Hospital	N661690100	Cabinet - Display		$6,040		$728	$6,768	6,768	Completed
St. John Hospital	N661690106	Ultrasound - Portable		$53,601			$53,601	53,601	Completed
St. John Hospital	N661690118	Table - Medical Tilt			$5,289		$5,289	5,289	Completed
St. John Hospital	N661690133	Scale - Wheelchair			$5,893		$5,893	5,893	Completed
St. John Hospital	N661690135	Probe - Ultrasound (X2)			$10,785		$10,785	10,785	Completed
Stuart Lake Hospital	N661640003	Air conditioning unit				$17,124	$17,124	17,124	Completed
Stuart Lake Hospital	N661690009	Oven - Combi		$23,197			$23,197	23,197	Completed
Stuart Lake Hospital	N661690010	Monitor/Defibrilator		$25,143			$25,143	25,143	Completed
Stuart Lake Hospital	N661690062	Analyzer - Chemistry		$68,258		$1,845	$70,103	70,103	Completed
Stuart Lake Hospital	N661690114	Stretcher - Imaging		$1,782		$9,549	$11,331	11,331	Completed
Southside	N661690120	Table - Exam	$3,524		$4,699		$8,223	8,223	Completed
Stuart Nechako Manor	N661690057	Dishwasher				$14,096	$14,096	14,096	Completed
		Count:: 17 **Completed Total**	**$24,201**	**$180,000**	**$93,674**	**$43,342**	**$341,217**	**341,217**	
The Pines	N661690131	Lift - Ceiling (X4)				$34,512	$34,512		Ordered
		Count:: 1 **Ordered Total**				**$34,512**	**$34,512**		
St. John Hospital	N661690071	Infusion Pumps (18)	$8,736				$8,736	8,736	If to Operatir
St. John Hospital	N6616N0001	Boiler Retube				$60,561	$60,561	60,561	If to Operatir
Stuart Lake Hospital	N661690072	Infusion Pumps (10)	$4,853				$4,853	4,853	If to Operatir
Fraser Lake D & T Centre	N661690069	Infusion Pumps (4)	$1,941				$1,941	1,941	If to Operatir
Granisle	N661690070	Infusion Pump				$485	$485	485	If to Operatir
		Count:: 5 **Tef to Operating Total**	**$15,530**			**$61,046**	**$76,577**	**76,577**	
St. John Hospital	N661690041	IV Pump Allocation - SN					$0		Cancelled
Lakes District Hospital	N661690134	Centrifuge - Refrigerated					$0		Cancelled
		Count:: 2 **Cancelled Total**					**$0**		
		Minor Capital < $100,000 Total	**$39,732**	**$180,000**	**$93,674**	**$138,901**	**$452,306**	**417,794**	

Fund Budget Reconciliation

Capital Expenditures

Year(s): 2016

				FUNDING SOURCES					Period Date:	December 01,2016	
				MOH	RHD	Aux/ Foundation /Other	Opening Cash /Deferred /Internal	Total	Expenditures to Date	File Status
'Approved' Count::	0	Count::	25	**Report Total**	**$39,732**	**$180,000**	**$93,674**	**$138,901**	**$452,306**	**417,794**	
'On Hold' Count::	0										
'Ordered' Count::	1										
'Completed' Count::	17										

northern health

Fund Budget Reconciliation

Period Date: **December 01,2016**

	FUNDING SOURCES						
	MOH	RHD	Aux/ Foundation	Opening Cash	Total	Actual Expenditures	Committed (Spent)
Minor Capital < $100,000	**$184,714**	**$172,920**	**$129,791**	**$160,000**	**$647,425**	**$247,081**	**$573,454**
Budget Total:	**$184,714**	**$172,920**	**$129,791**	**$160,000**	**$647,425**	**$247,081**	**$573,454**
Expense Total:	$110,744	$172,920	$129,791	$160,000	$573,454		
Variance:	**$73,970**				**$73,971**		

Capital Expenditures

2017	**Minor Capital < $100,000**									
St. John Hospital	N661790040	Cabinet - Biological Safety			$8,191			$8,191	8,191	Completed
St. John Hospital	N661790060	Bed - Bariatric			$12,498		$11,033	$23,530	23,530	Completed
St. John Hospital	N661790061	Bed - Labour & Delivery			$23,660			$23,660	23,660	Completed
Stuart Lake Hospital	N661790041	Cabinet - Biological Safety			$8,758			$8,758	8,758	Completed
Stuart Lake Hospital	N661790049	Scanner - Bladder			$16,869			$16,869	16,869	Completed
Stuart Lake Hospital	N661790050	ECG System			$19,278			$19,278	19,278	Completed
Lakes District Hospital	N661770001	Decontamination Room, BLH				$23,462		$23,462	23,462	Completed
Lakes District Hospital	N661790051	Call Station			$6,640			$6,640	6,640	Completed
Lakes District Hospital	N661790052	Scanner - Bladder			$1,121	$17,613		$18,734	18,734	Completed
Stuart Nechako Manor	N661790077	Scrubber - Floor					$10,374	$10,374	10,374	Completed
		Count:: 10	**Completed Total**		**$97,016**	**$41,075**	**$21,408**	**$158,497**	**159,497**	
The Pines	N661760004	Vocera					$17,190	$17,190		Approved
The Pines	N661790087	Lift - Sit to Stand		$9,322				$9,322		Approved
		Count:: 2	**Approved Total**	**$9,322**			**$17,190**	**$26,512**		
St. John Hospital	N661790059	Bed - GoBed X2			$19,607			$19,607	11,671	Ordered
St. John Hospital	N661790070	Oven - Combi			$22,234			$22,234	24,114	Ordered
St. John Hospital	N661790072	Pumps - IV X4			$1,727	$22,000		$23,727		Ordered
St. John Hospital	N661790074	Cart - Meal			$10,262			$10,262		Ordered
Stuart Lake Hospital	N661790073	Stainer - Slide			$20,696			$20,696	19,353	Ordered
Stuart Lake Hospital	N661790090	Ultrasound - Portable				$63,092		$63,092		Ordered
Lakes District Hospital	N661790088	Stretcher - Trauma		$11,158				$11,158		Ordered
Lakes District Hospital	N661790092	Scrubber - Floor		$8,904	$1,378			$8,282		Ordered
The Pines	N661790057	Lift - Ceiling (X4)		$35,639				$35,639		Ordered
		Count:: 9	**Ordered Total**	**$53,701**	**$75,904**	**$85,092**		**$214,697**	**55,339**	
St. John Hospital	N6617N0016	Software for 14/15 Pump Remediation		$4,034				$4,034	4,034	If to Operatir
Stuart Lake Hospital	N6617N0005	Pump Remediation (X8)					$45,448	$45,448	45,448	If to Operatir
Lakes District Hospital	N661790039	PICC Line Placement Tracker				$3,624		$3,624	3,624	If to Operatir
Fraser Lake D & T Centre	N6617N0002	Pump Remediation (X3)					$14,775	$14,775	14,775	If to Operatir
Granisle	N6617N0003	Pump Remediation (X1)		$7,447				$7,447	7,447	If to Operatir
		Count:: 5	**Tef to Operating Total**	**$11,481**		**$3,624**	**$60,224**	**$75,329**	**75,329**	
Lakes District Hospital	N661790043	Equipment (to be assigned)						$0		Cancelled
		Count:: 1	**Cancelled Total**					**$0**		
St. John Hospital	N6617N0004	Pump Remediation (X12)					$35,000	$35,000	27,058	p Op In Prog

22

Fund Budget Reconciliation

Capital Expenditures		Year(s): 2017	FUNDING SOURCES					Period Date:	December 01,2016
			MOH	RHD	Aux/ Foundation /Other	Opening Cash /Deferred /Interest	Total	Expenditures to Date	File Status
Stuart Lake Hospital	N6617N0027	Conditioner - Air	$11,973			$26,179	$38,152		Op In Prog
Stuart Lake Hospital	N6617N0029	Flooring - Granit	$18,442				$18,442		Op In Prog
Lakes District Hospital	N6617N0023	Automatic Door Opener	$5,825				$5,825	5,188	Op In Prog
		Count:: 4 Tef to Op In Progress Total	$36,240			$61,179	$97,419	32,246	
		Minor Capital < $100,000 Total	$110,744	$172,920	$129,791	$160,000	$573,454	322,410	
'Approved' Count::	2	Count:: 31 Report Total	$110,744	$172,920	$129,791	$160,000	$573,454	322,410	
'On Hold' Count::	0								
'Ordered' Count::	9								
'Completed' Count::	10								

Stuart-Nechako Regional Hospital District

Memo

February 20, 2017

Board Agenda – March 2, 2017

To: Chair Petersen and the Board of Directors
From: Roxanne Shepherd, Treasurer
Regarding: Financial Statements – December 31, 2016

Attached are the financial statements for the Stuart-Nechako Regional Hospital District for the twelve months ending December 31, 2016.

In the fourth quarter of 2016, the following payments were made to Northern Health:

Burns Lake Hospital construction – final claim	$ 622,582

Total RHD costs for the Burns Lake Hospital were $10,589,190. This included planning costs of $2,413,187 and construction costs of $8,176,003. Capital Expenditure Bylaw # 43 was for a total cost to the RHD of $11,010,000. Therefore, the project came in $420,810 under the original RHD budget.

At December 31, 2016 the SNRHD had a net financial position of $1,930,069. There was $1,948,205 in cash and investments, including $1,370,153 in the capital reserve and $1,544 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 February 20, 2017 regarding the December 31, 2016 Financial Statements be received.

24

Stuart-Nechako Regional Hosp. Dist.
Balance Sheet
As of December 31, 2016

Department* Consolidated Departments

		Current Month	Prior Month	Prior Year
	Assets			
1000	Cash & Bank Accounts	24,093	816	4,263
1020	Investments & Term Deposits	1,924,112	2,591,128	1,336,519
1021	Investments - BL Hospital Replace	1,544	1,542	63,445
1060	Accts Receivable - Municipal	5,259	3,153	3,214
	Total Assets	**$1,955,009**	**$2,596,639**	**$1,407,441**
	Liabilities			
2100	Accounts Payable - General	2,000	2,000	2,000
2150	Due to Regional District	22,940	17,494	22,092
	Total Liabilities	**$24,940**	**$19,494**	**$24,092**
	Net Financial Position	**$1,930,069**	**$2,577,145**	**$1,383,349**

Stuart-Nechako Regional Hosp. Dist.
Balance Sheet
As of December 31, 2016

Department2 General Fund

		Current Month	Prior Month	Prior Year
	Assets			
1000	Cash & Bank Accounts	24,093	816	4,263
1020	Investments & Term Deposits	553,958	1,222,543	558,757
	Total Assets	**$578,052**	**$1,223,359**	**$563,020**
	Liabilities			
2100	Accounts Payable - General	2,000	2,000	2,000
2150	Due to Regional District	22,940	17,494	22,092
	Total Liabilities	**$24,940**	**$19,494**	**$24,092**
	Net Financial Position	**$553,112**	**$1,203,865**	**$538,929**

Stuart-Nechako Regional Hosp. Dist.
Balance Sheet
As of December 31, 2016

Department1 Capital Reserve Fund

	Assets	Current Month	Prior Month	Prior Year
1020	Reserve Investments	1,370,153	1,368,584	777,762
1021	Investments - BL Hospital Replace	1,544	1,542	63,445
	Total Assets	**$1,371,698**	**$1,370,127**	**$841,207**
	Liabilities			
	Net Financial Position	**$1,371,698**	**$1,370,127**	**$841,207**

Stuart-Nechako Regional Hosp. Dist.
Income Statement
As of December 31, 2016

Department* Consolidated Departments

	Revenue	Current Month	Total YTD	YTD Budget	Variance YTD	Annual Budget
4000	Tax Requisitions	0	1,790,001	1,790,000	1	1,790,000
4010	Transfer from General Fund	0	579,016	0	579,016	0
4019	Transfer from Capital Reserve	0	62,000	63,500	(1,500)	63,500
4050	Grants in Lieu of Taxes	2,669	9,042	8,000	1,042	8,000
4100	Interest Income	2,398	21,103	5,000	16,103	5,000
4999	Surplus Carried Forward	0	535,510	535,510	0	535,510
	Revenue total	**5,067**	**2,996,672**	**2,402,010**	**594,662**	**2,402,010**
	Expenses					
5026	Global Minor Equipment Grants	0	172,920	172,920	0	172,920
5037	Building Integrity-FSJ Sprinkler Sys	0	273,573	340,000	66,427	340,000
5040	Building Integrity	0	24,000	24,000	0	24,000
5047	Vanderhoof Hospital Operating Ro	0	0	50,040	50,040	50,040
5048	Vanderhoof Hospital Anesthetic Ma	0	0	130,000	130,000	130,000
5049	VHF & FSJ Telephone System Up	24,112	24,112	91,440	67,328	91,440
5056	Burns Lake Hospital Construction	622,582	622,582	854,370	231,788	854,370
5060	Ingegrated Com Clinical Info Syste	0	71,224	71,224	0	71,224
5460	Bank charges & interest	3	76	0	(76)	0
5470	Administration & Audit	3,350	17,100	17,000	(100)	17,000
5471	Director's Remuneration & Travel	2,096	5,840	10,000	4,160	10,000
5476	Burns Lake Hospital Healing Garde	0	62,000	62,000	0	62,000
5500	Transfer to Capital Reserve	0	62,000	0	(62,000)	0
5600	Transfer to Capital Reserve	0	579,016	579,016	0	579,016
	Total Expenses	**652,143**	**1,914,443**	**2,402,010**	**487,567**	**2,402,010**
	Net Income	**(647,076)**	**1,082,229**	**0**	**1,082,229**	**0**

Stuart-Nechako Regional Hosp. Dist.
Income Statement
As of December 31, 2016

Department2 General Fund

	Revenue	Current Month	Total YTD	YTD Budget	Variance YTD	Annual Budget
4000	Tax Requisitions	0	1,790,001	1,790,000	1	1,790,000
4019	Transfer from Capital Reserve	0	62,000	63,500	(1,500)	63,500
4050	Grants in Lieu of Taxes	2,669	9,042	8,000	1,042	8,000
4100	Interest Income	826	7,628	5,000	2,628	5,000
4999	Surplus Carried Forward	0	535,510	535,510	0	535,510
	Revenue total	**3,495**	**2,404,181**	**2,402,010**	**2,171**	**2,402,010**
	Expenses					
5026	Global Minor Equipment Grants	0	172,920	172,920	0	172,920
5037	Building Integrity-FSJ Sprinkler Sys	0	273,573	340,000	66,427	340,000
5040	Building Integrity	0	24,000	24,000	0	24,000
5047	Vanderhoof Hospital Operating Ro	0	0	50,040	50,040	50,040
5048	Vanderhoof Hospital Anesthetic Ma	0	0	130,000	130,000	130,000
5049	VHF & FSJ Telephone System Up	24,112	24,112	91,440	67,328	91,440
5056	Burns Lake Hospital Construction	622,582	622,582	854,370	231,788	854,370
5060	Ingegrated Com Clinical Info Syste	0	71,224	71,224	0	71,224
5460	Bank Charges & Interest	3	76	0	(76)	0
5470	Administration & Audit	3,350	17,100	17,000	(100)	17,000
5471	Director's Remuneration & Travel	2,096	5,840	10,000	4,160	10,000
5476	Burns Lake Hospital Healing Garde	0	62,000	62,000	0	62,000
5600	Transfer to Capital Reserve	0	579,016	579,016	0	579,016
	Total Expenses	**652,143**	**1,852,443**	**2,402,010**	**549,567**	**2,402,010**
	Net Income	**(648,648)**	**551,738**	**0**	**551,738**	**0**

Stuart-Nechako Regional Hosp. Dist.
Income Statement
As of December 31, 2016

Department1 Capital Reserve Fund

		Current Month	Total YTD	YTD Budget	Variance YTD	Annual Budget
	Revenue					
4010	Transfer from General Fund	0	579,016	0	579,016	0
4100	Interest Income on Cap. Resv.	1,571	13,475	0	13,475	0
	Revenue total	**1,571**	**592,491**	**0**	**592,491**	**0**
	Expenses					
5500	Transfer to General Fund	0	62,000	0	(62,000)	0
	Total Expenses	**0**	**62,000**	**0**	**(62,000)**	**0**
	Net Income	**1,571**	**530,491**	**0**	**530,491**	**0**

Stuart-Nechako Regional Hospital District

Memo

February 22, 2017

Board Agenda – March 2, 2017

To: Chair Petersen and the Board of Directors
From: Roxanne Shepherd, Treasurer
Regarding: Draft 2017 Final Budget

Attached as Schedule A is the draft final budget for 2017. The 2017 Provisional Budget that was approved by the SNRHD Board at its meeting on December 15, 2016. Since that time, Northern Health has increased the Regional District's estimated 40% portion of the Fort St James Primary Care Unit from $400,000 to $800,000.

Now that actual results for 2016 have been reflected in the 2017 budget, the surplus carried forward has increased by $10,035. These two adjustments have the effect of decreasing the contribution to capital reserves from $1,184,716 in the Provision Budget to $814,751 in the draft final budget.

Taxation amount for 2017 is the same as last year at $1,790,000. Assessments increased slightly by 0.67%. However, they did not increase enough to decrease the tax rate. The tax rate remains at $0.56 per $1,000 of assessments for 2017.

Schedule B includes graphs showing the history of annual taxation and the residential tax rate from 2001 to 2017.

The Board is being requested to give first and second reading to Bylaw No. 61 further in the agenda.

I would be pleased to answer any questions.

R Shepherd

Recommendation: (all/directors/majority)

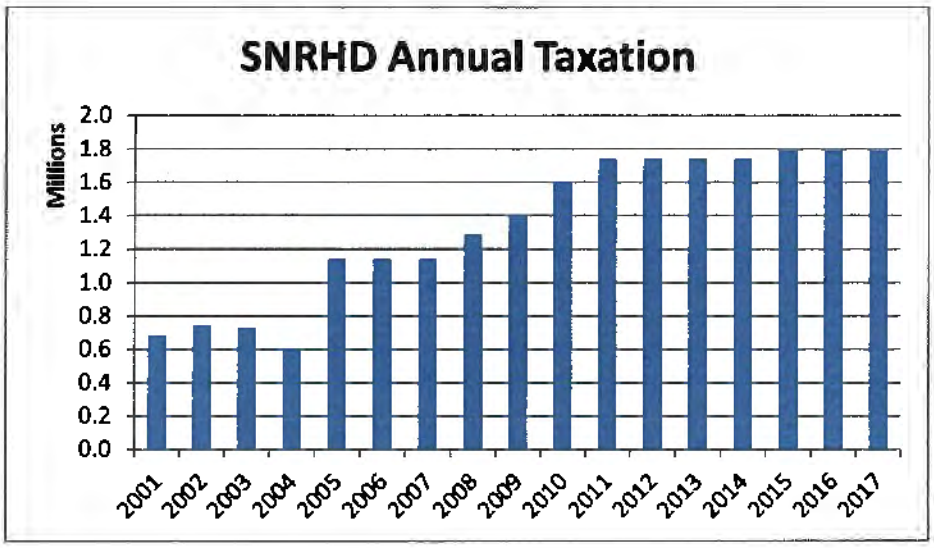
That the Board of Directors receives the Treasurer's February 20, 2017 memo titled "Draft 2017 Final Budget".

Schedule "A"

Stuart-Nechako R.H.D.
2017 Final Budget

		2016 Final Budget - Amended May 26, 2016	2016 Actual	2017 Provisional Budget	2017 Budget
REVENUE:					
Surplus from prior year		535,510	535,510	541,703	551,738
Interest Income		5,000	7,628	5,000	5,000
Grants in lieu of taxes		8,000	9,042	7,900	7,900
Withdrawal from Capital Reserve					
Withdrawal from Special Capital Reserve		63,500	62,000		
Temporary Borrowing					
TAXATION:		1,790,000	1,790,001	1,790,000	1,790,000
Conv. Hosp. Assmts. (2017 Completed Roll)	$ 321,175,957				
2017 Estimated Tax Rate	**55.73 Cents per $1,000**				
Conv. Hosp. Assmts. (2016 Revised Roll)	$ 319,026,804				
2016 Estimated Tax Rate	**56.11 Cents per $1,000**				
Conv. Hosp. Assmts. (2015 Revised Roll)	$ 330,790,830				
2015 Estimated Tax Rate	**54 Cents per $1,000**				
Conv. Hosp. Assmts. (2014 Revised Roll)	$ 321,634,494				
2014 Estimated Tax Rate	**54 Cents per $1,000**				
Total Revenue		**2,402,010**	**2,404,181**	**2,344,603**	**2,354,638**
EXPENDITURES:					
Annual Grants					
Building Integrity < $100,000		24,000	24,000	24,000	24,000
Global Equipment Grant for Minor Capital <$100,000		172,920	172,920	178,108	178,108
		196,920	196,920	202,108	202,108
Major CapitalProjects					
Major Project - FSJ Primary Care				400,000	800,000
Major Project - Burns Lake Hospital Construction		854,370	622,582	20,000	
		854,370	622,582	420,000	800,000
Building Integrity > $100,000					
Fort St. James - Sprinker System (40%)		340,000	273,573		
		340,000	273,573	-	-
Major Equipment					
Vanderhoof & Fort St. James Telephone System Upgrades		91,440	24,112		
Vanderhoof & Southside Telephone System Upgrades				105,200	105,200
Vanderhoof C-Arm Operating Room X-ray		50,040			
Vanderhoof Post-Aneasthetic Recovery Patient Monitoring		130,000		130,000	130,000
		271,480	24,112	235,200	235,200
Information Technology Projects					
Integrated Community Clinical Information System		71,224	71,224		
Community Health Record - Public Health, Regional Chronic Disease, InterProfessional Teams				77,099	77,099
Community Health Record - Mental Health/HCC/Clinical Data Repository/Reporting				45,548	45,548
Cardiology Information System				59,694	59,694
Medical Imaging/Radiology Echo PACS				73,106	73,106
Health Link North - Cerner Upgrade				19,132	19,132
		71,224	71,224	274,579	274,579
Administration & Other:					
Directors' Remuneration & Travel		10,000	5,840	10,000	10,000
Administration (staff time, audit & other)		17,000	17,176	18,000	18,000
		27,000	23,016	28,000	28,000
Burns Lake Hospital Healing Garden (100% donation funded)		62,000	62,000		
Contribution to Capital Reserve		579,016	579,016	1,184,716	814,751
Total Expenditures		**2,402,010**	**1,852,443**	**2,344,603**	**2,354,638**

Schedule "B"


SNRHD Annual Taxation
Millions
2.0
1.8
1.6
1.4
1.2
1.0
0.8
0.6
0.4
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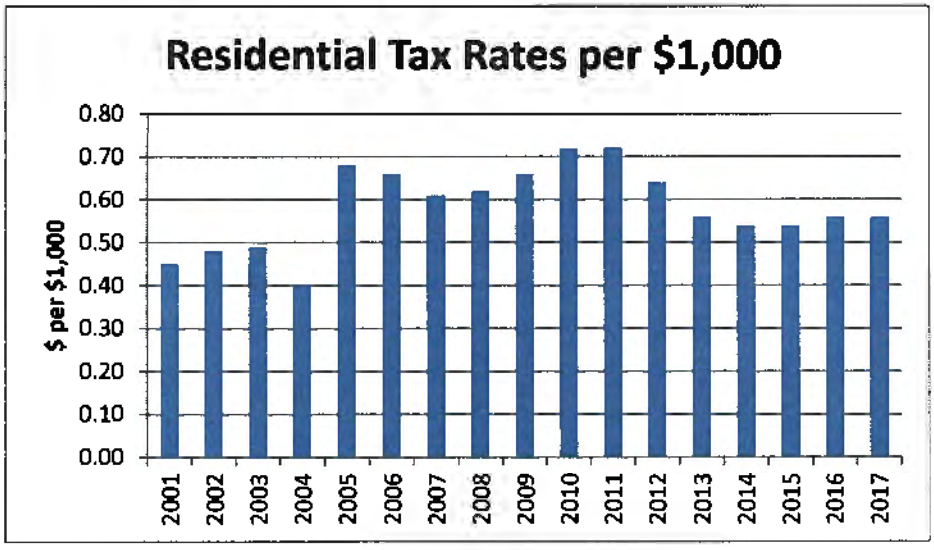
Residential Tax Rates per $1,000
$ per $1,000
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2017

33

BRITISH COLUMBIA

JAN 04 2017

1068397

Director Bill Miller, Chair
Regional District of Bulkley Nechako Board of Directors
PO Box 820
37 - 3rd Ave
Burns Lake BC V0J 1E0

RECEIVED
JAN 12 2017
REGIONAL DISTRICT OF
BULKLEY NECHAKO

Dear Mr. Bill Miller:

I appreciated meeting with you and your delegation at the 2016 Union of British Columbia Municipalities Convention in Victoria on September 28, 2016.

The Ministry of Health (the Ministry) received a concept plan in September 2015 from the Northern Health Authority (NHA) for the Stuart Lake Hospital (SLH) replacement project. I understand the replacement of SLH is a priority for both the NHA and the Regional District of Bulkley-Nechako. Currently, there is no funding allocation for the SLH replacement project included within the Ministry's capital plan. As such, it would not be prudent to proceed with detailed planning at this time. Advancement of the proposed replacement or renovation project continues to be subject to NHA and provincial prioritization for available capital funding.

Government is committed to quality, patient-centred care in our northern communities. Since 2001, the Ministry and its funding partners have invested over $900 million to upgrade or replace various NHA health facilities. This includes approximately $450 million for new hospitals in Burns Lake, Haidi Gwaii, Fort St. John and Kitimat, and approximately $100 million for a new cancer centre in Prince George.

Thank you for writing and for your continued support of Stuart Lake Hospital.

Sincerely,

Terry Lake
Minister

Ministry of Health
Office of the Minister
Mailing Address: PO Box 9050 Stn Prov Govt Victoria V8W 9E2
Location: Parliament Buildings Victoria

34

Harold J Nielsen
PO Box 1079, Fort St James BC V0J 1P0
Email: goaway22@telus.net

January 19, 2017

Honourable Terry Lake
Minister of Health, Province of British Columbia
PO Box 9050
Station Prov Govt
Victoria, BC V8W 9E2

Dear Minister Lake:

Re: Replacement Hospital – Capital Project – Stuart Lake Hospital, Fort St. James BC

It is time that the Stuart Lake Hospital replacement became the Ministry of Health's first priority for updating of aging infrastructure. The current facility was assembled out of second-hand work camp trailers in 1972, as a *temporary* acute care facility, and is no longer able to provide patient care to today's standards. Having been designed to last 10 years, a replacement of our hospital is now 34 years past due.

A new hospital in Fort St. James will better meet the needs of local and regional populations, ensuring the best outcomes for patients and their families. We believe a great design that supports a welcoming environment for First Nation and non-First Nation, with convenient and comprehensive inpatient and outpatient services, will best serve residents and visitors in this growing area.

In addition, a new hospital will foster even greater inter-professional teamwork as all clinical and administrative staff will be clustered in a Primary Care Home located in the new facility. This will go a long way towards bolstering staff recruitment, retention and satisfaction.

Our community has worked tirelessly and successfully in partnership with Northern Health on a recruitment strategy and retention program; we now have six doctors committed to a Primary Care Model of practice, Acute Care program and emergency services at our hospital. Our staff, physicians, patient-family representatives, Indigenous communities, and our integrated project delivery team have been working together to ensure comprehensive patient care.

Northern Health's web site states they are "...committed to providing quality, integrated health care to the people of the north. Part of that is ensuring that we have modern facilities in our communities. Over the past, and into the future, we are renovating buildings and investing in our facilities to ensure our staff and physicians have a dynamic work environment to provide the quality care for all of the residents of northern B.C."

We celebrated with our neighbouring Burns Lake and Queen Charlotte City communities on the opening of their new hospitals, while we patiently waited for our new facility. We now feel our turn has come.

Please partner with us to take our new hospital concept plans from a priority investment to a reality within the next two years. As a rural community, we have invested in our province through our natural resource sectors, we now ask you to invest in us and our future generations.

Respectfully submitted,

Harold J. Nielsen

35

Stuart Lake Hospital Auxiliary Society
PO Box 425 Fort St. James, BC V0J 1P0
Email: slhauxfsj@gmail.com

January 19, 2017

Honourable Terry Lake
Minister of Health, Province of British Columbia
PO Box 9050
Station Prov Govt
Victoria, BC V8W 9E2

Dear Minister Lake:

Re: Replacement Hospital – Capital Project – Stuart Lake Hospital, Fort St. James BC

It is time that the Stuart Lake Hospital replacement became the Ministry of Health's first priority for updating of aging infrastructure. The current facility was assembled out of second-hand work camp trailers in 1972, as a *temporary* acute care facility, and is no longer able to provide patient care to today's standards. Having been designed to last 10 years, a replacement of our hospital is now 34 years past due.

A new hospital in Fort St. James will better meet the needs of local and regional populations, ensuring the best outcomes for patients and their families. We believe a great design that supports a welcoming environment for First Nation and non-First Nation, with convenient and comprehensive inpatient and outpatient services, will best serve residents and visitors in this growing area.

In addition, a new hospital will foster even greater inter-professional teamwork as all clinical and administrative staff will be clustered in a Primary Care Home located in the new facility. This will go a long way towards bolstering staff recruitment, retention and satisfaction.

Our community has worked tirelessly and successfully in partnership with Northern Health on a recruitment strategy and retention program; we now have six doctors committed to a Primary Care Model of practice, Acute Care program and emergency services at our hospital. Our staff, physicians, patient-family representatives, Indigenous communities, and our integrated project delivery team have been working together to ensure comprehensive patient care.

Northern Health's web site states they are "...committed to providing quality, integrated health care to the people of the north. Part of that is ensuring that we have modern facilities in our communities. Over the past, and into the future, we are renovating buildings and investing in our facilities to ensure our staff and physicians have a dynamic work environment to provide the quality care for all of the residents of northern B.C."

We celebrated with our neighbouring Burns Lake and Queen Charlotte City communities on the opening of their new hospitals, while we patiently waited for our new facility. We now feel our turn has come.

Please partner with us to take our new hospital concept plans from a priority investment to a reality within the next two years. As a rural community, we have invested in our province through our natural resource sectors, we now ask you to invest in us and our future generations.

Respectfully submitted,

Sherry Nielsen

Sherry Nielsen, Director
Behalf of the Board of Directors

36

Fort St. James Senior Citizens Home Society
PO Box 425, Fort St James BC V0J 1P0
Email: pioneersherry@gmail.com

January 19, 2017

Honourable Terry Lake
Minister of Health, Province of British Columbia
PO Box 9050
Station Prov Govt
Victoria, BC V8W 9E2

Dear Minister Lake:

Re: Replacement Hospital – Capital Project – Stuart Lake Hospital, Fort St. James BC

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Respectfully submitted,

Sherry Nielsen

Sherry Nielsen, Treasurer
Behalf of the Board of Directors

UBLEIS
LOGGING LTD.

Unit 162 250 Douglas Ave. P.O. Box 66 • Fort St. James, B.C. • V0J 1P0

Honourable Terry Lake
Minister of Health, Province of British Columbia
PO Box 9050
Station Prov Govt
Victoria, BC V8W 9E2

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Respectfully submitted,

Rob Ubleis
Ubleis Logging Ltd.

Office: 250.996.0196 • Shop: 250.996.8344 • Fax: 250.996.2217 • Email: admin@ubleislogging.com

38

northern health
the northern way of caring

Stuart Lake Hospital
PO Box 1060, 270 Stuart Drive East, Fort St. James, BC V0J 1P0
Telephone: (250) 996-8201, Fax: (250) 996-8777, www.northernhealth.ca

Honourable Terry Lake

Minister of Health, Province of British Columbia

PO Box 9050

Station Prov Govt

Victoria, BC V8W 9E2

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Respectfully signed,

Dr Pieter van Zyl, on behalf of the Physician group
Chief of Staff for Stuart Lake Hospital

HD

CONIFEX

January 10, 2017

Conifex Inc.
Box 254
Fort St. James BC
V0J 1P0

Honourable Terry Lake
Minister of Health, Province of British Columbia
PO Box 9050
Station Prov Govt
Victoria, BC V8W 9E2

Dear Minister Lake:

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Respectfully submitted,

Karen Andros

Karen Andros
HR Coordinator
Conifex Inc – Fort St. James Division

CONIFEX

FORT ST. JAMES DISTRICT

42

NAK'AZDLI WHUT'EN

REGIONAL DISTRICT OF BULKLEY NECHAKO

January 6, 2016

Honourable Terry Lake
Minister of Health, Province of British Columbia
PO Box 9050
Station Prov Govt
Victoria, BC V8W 9E2

RECEIVED
JAN 13 2017
REGIONAL DISTRICT OF
BULKLEY NECHAKO

Dear Minister Lake:

Re: Replacement Hospital – Capital Project – Stuart Lake Hospital, Fort St. James BC

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Respectfully snbmitted,

Mayor Rob MacDougall
District of Fort St. James

Chief Alexander McKinnon
Nak'azdli Whut'en

Director Tom Greenaway
Regional District of Bulkley Nechako

Signatory contact information:

Mayor Rob MacDougall
District of Fort St. James
PO Box 640
Fort St. James, BC V0J 1P0
250-996-8233

Chief Alec McKinnon
Nak'azdli Whut'en
PO Box
Fort St. James, BC V0J 1P0
250-996-7171

Director Tom Greenaway
Regional District of Bulkley Nechako
PO Box 820
Burns Lake, BC V0J 1E0
250-996-8484

Carbon Copied to:

Hon. John Rustad
MLA Nechako Lakes
PO Box 421
Vanderhoof, BC V0J 3A0

Hon. Nathan Cullen,
MP Skeena Bulkley Valley
PO Box 4914
Smithers, BC V0J 2N0

Cathy Ulrich
President and Chief Executive Officer
Northern Health Authority
600 - 299 Victoria St.
Prince George, BC V2L 5B8

Dr. Charles Jago
Board Chair
Northern Health Authority
600 - 299 Victoria St.
Prince George, BC V2L 5B8

Stuart Nechako Regional Hospital District
PO Box 820
Burns Lake, BC V0J 1E0

Fort St. James Primary Care Society
PO Box 1149
Fort St James, BC V0J 1P0

First Nations Health Authority
200 – 177 Victoria Street
Prince George, BC V2L 5R8

FORT ST. JAMES
CHAMBER OF COMMERCE

44

Fort St. James Chamber of Commerce
and Visitor Information Centre
115 Douglas Ave. P.O. Box 1164
Fort St. James, BC V0J 1P0
Ph: (250) 996-7023 Fax: (250) 996-7047
email: fsjchamb@fsjames.com

January 18, 2017

Honorable Terry Lake
Minister of Health, Province of British Columbia
PO Box 9050
Station Prov Govt
Victoria, BC V8W 9E2

Dear Minister Lake:

Re: Replacement Hospital – Capital Project – Stuart Lake Hospital, Fort St. James BC

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FORT ST. JAMES
CHAMBER OF COMMERCE

45

Fort St. James Chamber of Commerce
and Visitor Information Centre
115 Douglas Ave. P.O. Box 1164
Fort St. James, BC V0J 1P0
Ph: (250) 996-7023 Fax: (250) 996-7047
email: fsjchamb@fsjames.com

We celebrated with our neighbouring Burns Lake and Queen Charlotte City communities on the opening of their new hospitals, while we patiently waited for our new facility. We now feel our turn has come.

Please partner with us to take our new hospital concept plans from a priority investment to a reality within the next two years. As a rural community, we have invested in our province through our natural resource sectors, we now ask you to invest in us and our future generations.

Respectfully submitted,

Fort St James Chamber of Commerce & Visitor Information Centre
Andrew Wheatley, President

Carbon Copied To:

Fort St. James Mayor and Council
PO Box 640
Fort St. James, BC V0J 1P0

Stuart Nechako Regional
Hospital District
37 – 3rd Ave
PO Box 820
Burns Lake, BC V0J 1E0

Northern Health Authority
Board and CEO
Suite 600, 299 Victoria St.
Prince George, BC, V2L 5B8

Bulkley Nechako Regional District
Area "C"
37 - 3rd Ave
PO Box 820
Burns Lake, BC V0J 1E0

Nathan Cullen, Member of
Parliament,
Skeena Nechako
PO Box 4914
Smithers, BC V0J 2N0

First Nation Health Authority
200 – 177 Victoria Street
Prince George, BC V2L 5R8

Hon. John Rustad, MLA
Nechako Lakes,
Minister of Aboriginal Relations
and Reconciliation,
Province of British Columbia
PO Box 421
183 First St.
Vanderhoof, BC V0J 3A0

Membership of the Fort St. James Primary Care Society
Rob McDougal, Mayor Fort St. James
Tom Greenaway, Rep for Bulkley Nechako, Regional District "C"
Fred Sam, Council for Nak'azdli Whut'en
PO Box 1149
Fort St James, BC V0J 1P0

46

Pioneer Place/Lodge Tenants Association
200 School Road
Fort St. James, BC, V0J1P0

January 31, 2917

Honourable Terry Lake
Minister of Health, Province of British Columbia
PO Box 9050
Station ProvGovt
Victoria, BC, V8W9E2

Dear Minister Lake:

Re: Replacement Hospital – Capital Project-Stuart Lake Hospital, Fort St. James, BC

It is time for the Stuart Lake Hospital replacement to become a Ministry of Health priority. The current facility was constructed in 1971-72 from prefabricated modular units and given an estimated life expectancy of 25 years. The Omineca Hospital Society and later Northern Health provided excellent maintenance and have extended the life of the Hospital far beyond original expectations but the building is increasingly expensive to maintain and no longer fully meets the needs of our community.

As Senior Citizens who wish to continue living in our community it is important to maintain the essential, basic services of lab, x-ray and emergency close to home. Travel to distant hospitals for basic services would be difficult and unacceptable.

Originally Stuart Lake Hospital had 25 beds (6 pediatric, 3 maternity) but Community needs and standards of care have changed over the years. Currently, Stuart Lake Hospital has 6 long term care beds, 5 acute care beds and a palliative care suite. At present all long term care beds are filled and 3 additional seniors are in acute care beds waiting placement in long term care. It is clear that Fort St. James, with an aging population, needs more than 6 long term care beds. Long term care patients filling acute care beds block the use of those beds for the acutely ill, many of whom are seniors.

Please partner with our community to make a new hospital a priority and a reality within the next two years.

Respectfully submitted,

Gene Slorstad

Gene Slorstad, Tenants Representative
Phone: 250-996-8364
Pioneer Place/Lodge Tenants Association

Carbon Copied To:

Fort St. James Mayor and Council
PO Box 640
Fort St. James, BC, V0J1P0

Bulkley Nechako Regional District
Area "C"
37- 3rd Ave.,
PO Box 820
Burns Lake, BC V0J1E0

Hon. John Rustad, MLA
Nechako Lakes
Minister of Aboriginal Relations
and Reconciliation,
Province of British Columbia
PO Box 421
184 First St.
Vanderhoof, BC V0J3A0

Stuart Nechako Regional
Hospital District
37 –3rd Ave
PO Box 820
Burns Lake, BC, V0J1E0

Nathan Cullen, Member of Parliament
Skeena Nechako
PO Box 4914
Smithers, BC, V0J2N0

Northern Health Authority
Board and CEO
Suite 600, 299 Victoria St.
Prince George, BC V2L5B8

First Nation Health Authority
200-177 Victoria Street
Prince George, BC V2L5R8

Membership of the Fort St. James
Primary Care Society
Rob McDougal, Mayor of Fort St. James
Tom Greenaway, Rep for Bulkley-Nechako,
Regional District "C"
Fred Sam, Council for Nak'azdli Whut'en
PO Box 1149 Fort St. James, BC, V0J1P0

Fort St. James Citizens' Home Society
Pioneer Place/Pioneer Lodge
Board of Directors
200 School Road,
PO Box 1749
Fort St. James, BC,

48

Carmen Wheatley
Notary Corporation

Box 1210 Suite 4, 431 Stuart Drive West
Fort St. James, B.C. V0J 1P0 Canada
Phone: 250 996 5060
Fax: 250 996 5056
Toll Free: 1.877.570.0003
Email: notary@wheatleynotary.com

January 28, 2017

Honourable Terry Lake
Minister of Health, Province of British Columbia
PO Box 9050 Station Prov Govt
Victoria, BC V8W 9E2

Dear Minister Lake:

Re: Replacement Hospital – Capital Project – Stuart Lake Hospital, Fort St. James BC

As a Business owner and long term resident of Fort St. James, BC, I am compelled to write to you, to now consider the replacement of the Stuart Lake Hospital as the Ministry of Health's first priority for the updating of aging infrastructure. The current facility was originally built in 1972, as a temporary acute care facility, and is no longer able to provide patient care to today's standards.

In my vocation, I see many of our residents come and go, buying and selling their homes. Health care is a significant factor in their future decisions on wether to call Fort St. James and area their home. This is especially the case with Seniors, and young, growing families. Fort St. James offers good work opportunities, affordable living, and nature at our doorstep. Quality healthy care at home must also be a part of this package to maintain and draw new families to this area. A new hospital in Fort St. James will better meet the needs of local and regional populations, ensuring the best outcomes for patients and their families.

Our community has worked tirelessly and successfully in partnership with Northern Health on a recruitment strategy and retention program; we now have six doctors committed to a Primary Care Model of practice, Acute Care program and emergency services at our hospital. Our staff, physicians, patient-family representatives, indigenous communities, and our integrated project delivery team have been working together to ensure comprehensive patient care.

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Our community celebrated with our neighbours, Burns Lake and Queen Charlotte City on the opening of their new hospitals; I feel strongly now our turn has come for a new facility.

Please work with our community to take our new hospital concept plans from a priority investment to a reality within the next two years. As a rural community, we have invested in our province through our natural resource sectors, we now ask you to invest in the future vitality of our town and neighboring communities, and our future generations.

Yours Truly,

Carmen Wheatley, Notary Public

CC:

Fort St. James Mayor and Council
PO Box 640
Fort St. James, BC V0J 1P0

Stuart Nechako Regional
Hospital District
37 - 3rd Ave
PO Box 820
Burns Lake, BC V0J 1E0

Northern Health Authority
Board and CEO
Suite 600, 299 Victoria St.
Prince George, BC, V2L 5B8

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Area "C"
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Nechako Lakes,
Minister of Aboriginal Relations
and Reconciliation,
Province of British Columbia
PO Box 421
183 First St.
Vanderhoof, BC V0J 3A0

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Tom Greenaway, Rep for Bulkley Nechako, Regional District "C"
Fred Sam, Council for Nak'azdli Whut'en
PO Box 1149
Fort St James, BC V0J 1P0

50

Stuart Lake Co-Op Housing
PO Box 1442
Fort St. James, BC
V0J 1P0

February, 2, 2017

Honourable Terry Lake
Minister of Health, Province of British Columbia
PO Box 9050
Station Prov Govt
Victoria, BC
V8W 9E2

Dear Minister Lake:

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Respectfully submitted on behalf of the Stuart Lake Co-Op Housing Board of Directors,

S. Davidson

Sandra Davidson,
Treasurer,
Stuart Lake Housing Co-Op
Fort St. James BC

Carbon Copied To:

Fort St. James Mayor and Council
PO Box 640
Fort St. James, BC V0J 1P0

Stuart Nechako Regional Hospital District
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PO Box 820
Burns Lake, BC V0J 1E0

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Board and CEO
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Nathan Cullen, Member of Parliament,
Skeena Nechako
PO Box 4914
Smithers, BC V0J 2N0

First Nation Health Authority
200 – 177 Victoria Street
Prince George, BC V2L SR8

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Nechako Lakes,
Minister of Aboriginal Relations and Reconciliation,
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PO Box 421
183 First St.
Vanderhoof, BC V0J 3A0

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Tom Greenaway, Rep for Bulkley Nechako, Regional District "C"
Fred Sam, Council for Nak'azdli Whut'en
PO Box 1149
Fort St James, BC V0J 1P0

53
College of New Caledonia
Box 1557, Fort St. James, BC Canada V0J 1P0 tel: 250 996-7019 fax: 250 996-7014 email: cncfsj@cnc.bc.ca www.cnc.bc.ca

Honourable Terry Lake
Minister of Health, Province of British Columbia
PO Box 9050
Station Prov Govt
Victoria, BC V8W 9E2

February 16, 2017

Dear Minister Lake:

Re: Replacement Hospital – Capital Project – Stuart Lake Hospital, Fort St. James BC

On behalf of the College of New Caledonia Fort St. James campus, I am writing to ask that the Minister of Health give careful thought to replacing the Stuart Lake Hospital. As you are well aware, the current hospital was built as a temporary acute care facility meant to last 10 years but has now been in use for over 44 years.

A new hospital in Fort St. James will better meet the needs of local and regional populations, ensuring the best outcomes for patients and their families. We believe a great design that supports a welcoming environment for First Nation and non-First Nation, with convenient and comprehensive inpatient and outpatient services, will best serve residents and visitors in this growing area.

In addition, a new hospital will foster even greater inter-professional teamwork as all clinical and administrative staff will be clustered in a Primary Care Home located in the new facility. This will go a long way towards bolstering staff recruitment, retention and satisfaction.

Our community has worked tirelessly and successfully in partnership with Northern Health on a recruitment strategy and retention program; we now have six doctors committed to a Primary Care Model of practice, Acute Care program and emergency services at our hospital. Our staff, physicians, patient-family representatives, Indigenous communities, and our integrated project delivery team have been working together to ensure comprehensive patient care. This all works towards creating a comfortable community that will attract business, students, and industry to the area already endowed with spectacular beauty.

Northern Health's web site states they are "...committed to providing quality, integrated health care to the people of the north. Part of that is ensuring that we have modern facilities in our communities. Over the past, and into the future, we are renovating buildings and investing in our facilities to ensure our staff and physicians have a dynamic work environment to provide the quality care for all of the residents of northern B.C."

We celebrated with our neighbouring Burns Lake and Queen Charlotte City communities on the opening of their new hospitals, while we patiently waited for our new facility. We now feel our turn has come. Given the amount of industrial wealth generated in this region, we expect to see some investment in the area from all the extracted resources.

Please partner with us to take our new hospital concept plans from a priority investment to a reality within the next two years. As a rural community, we have invested in our province through our natural resource sectors, we now ask you to invest in us and our future generations.

Yours sincerely,

Nicholette Prince
Regional Principal

Carbon Copied To:

Fort St. James Mayor and Council
PO Box 640
Fort St. James, BC V0J 1P0

Stuart Nechako Regional Hospital District
37 - 3rd Ave
PO Box 820
Burns Lake, BC V0J 1E0

Northern Health Authority
Board and CEO
Suite 600, 299 Victoria St.
Prince George, BC, V2L 5B8

Bulkley Nechako Regional District
Area "C"
37 - 3rd Ave
PO Box 820
Burns Lake, BC V0J 1E0

Nathan Cullen,
Member of Parliament,
Skeena Nechako
PO Box 4914
Smithers, BC V0J 2N0

First Nation Health Authority
200 – 177 Victoria Street
Prince George, BC V2L 5R8

Hon. John Rustad, MLA
Nechako Lakes,
MARR,
Province of British Columbia
PO Box 421
183 First St.
Vanderhoof, BC V0J 3A0

Membership of the Fort St. James Primary Care Society
Rob McDougal, Mayor Fort St. James
Tom Greenaway, Rep for Bulkley Nechako, Regional District "C"
Fred Sam, Council for Nak'azdli Whut'en
PO Box 1149
Fort St James, BC V0J 1P0

55

January 12, 2017

The Honourable Terry Lake
Minister of Health
1515 Blanshard Street
Victoria, BC V8W 3C8

Dear Minister Lake;

My name is Monique Roy. My husband was Ralph Roy, Director of Area "D" in the Regional District of Buckley Nechako. I was Public Health Nurse in Fraser Lake for 25 years. I have been approached by many of our population regarding the changes that have been introduced by the Northern Health Authority.

Some of the many concerns are:

Part time doctors at the Fraser Lake Community Health Centre, which leads to lack of consistency and continuity.

The elimination of specialty areas for nurses which lumps all nurses into one category - ***Primary Care Nurses;*** reducing the services for pregnant moms, babies, special needs children, lack of care for seniors, disabled and worse, those who are severely challenged.

I am addressing these issues to you in the hopes of a solution to a system of care that has some gaps in service.

Yours truly,

Monique Roy

Monique Roy
Box 332
Fraser Lake BC V0J 1S0

Cc: Cathy Ulrich, President/CEO NHA
Malcolm MacMillan, CAO NHA
Dr. Ronald Chapman, NHVP Medicine/Clinical Practice
Mr. Jerry Peterson, Chairperson of the Stuart Nechako Hospital District.
John Rustad MLA

56

Cheryl Anderson

Subject: FW: Ombudsman report on Helicopter Emergency Medical Services FYI

From: Rob.Newell
Sent: February 1, 2017 12:33 PM
To: Melany Deweerdt <Melany.Deweerdt@rdbn.bc.ca>
Subject: Fwd: Ombudsman report on Helicopter Emergency Medical Services FYI

Begin forwarded message:

From: Yvonne Koerner <yvonnek@rdks.bc.ca>
Subject: Ombudsman report on Helicopter Emergency Medical Services
Date: February 1, 2017 at 11:38:48 AM PST

Good Morning,

Here is an excellent report just released by the BC Forest Safety Ombudsman. The report sums up many of the concerns of the NWRHD regarding not only helicopter emergency medical services, but ground ambulance services and the distance to a trauma center for those in the North.

http://www.bcforestsafe.org/node/2909

Yvonne

Yvonne Koerner, CPA, CMA, MBA
Executive Director
****
North West Regional Hospital District
Building for Health
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Terrace, BC V8G 4E1
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Fax: 250-635-9222
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WILL IT BE THERE?

A REPORT ON HELICOPTER EMERGENCY MEDICAL SERVICES IN BC

By The BC Forest Safety Ombudsman, Roger Harris, February 1, 2017

ABOUT THE FOREST SAFETY OMBUDSMAN

The Office of the Forest Safety Ombudsman was established in 2006 by the BC Forest Safety Council, designed to enhance safety in the BC Forest Sector and support the efforts of the BC Forest Safety Council.

The Forest Safety Ombudsman is appointed by the forest industry through the BC Forest Safety Council, and has a mandate to:

- Receive, investigate, provide comment or make recommendations about alleged acts, omissions, and improprieties that may affect safety in the sector.
- Investigate issues about policies, practices, and procedures within BC's forest sector.
- Act on his or her own initiative to identify and make recommendations to resolve systemic problems within the forest sector.

ABOUT THE BC FOREST SAFETY COUNCIL

The BC Forest Safety Council (BCFSC) is the health and safety association (HSA) for forest harvesting, sawmills, and pellet manufacturing in BC.

The BCFSC works with forest sector employers, workers, unions, contractors and provincial government agencies to support industry in implementing changes necessary to eliminate fatalities, serious injuries and establish a safety culture in the forest sector.

The BCFSC was created in September 2004 with a mandate to improve the health and safety of forest workers. It is funded by industry through WorkSafeBC assessments.

More information on the BCFSC and the Forest Safety Ombudsman is available at www.bcforestsafe.org

EXECUTIVE SUMMARY

Nearly three-quarters of all people who die of trauma-related conditions in northern BC do so before they can be brought to a hospital ~ In northwestern BC, this number is 82%, compared with 12% in Metro Vancouver. [1]

~

If you live or work near an urban centre in British Columbia, you will likely expect that if you suffer an injury in an accident, you will be transported to a medical facility in less than an hour. If you live or work in rural BC, there are no such assurences.

Consider what happened to a faller working in a remote part of Haida Gwaii in 2014: it took in excess of five hours after his leg was crushed by a fallen tree to trensport him to a hoapital in Queen Charlotte City, a distance that would have taken about 20 minutes by hellcopter. It took another six houre to get him to a hospital in Vancouver. And not only did his journey take a total of 11 houre, but it included two separate boat trips, a stint riding in a mechenic's vehicle over an unserviced resource road, and an hour of waiting before being told that a helicopter was not being sent.

By the time the faller finally received appropriate medical attention, he had to have his leg amputated below the knee, a result that might have been avoided had he been transported to a hospital in a timely manner. A review by WorkSafeBC of the transportation of the injured Faller on Haida Gwaii indicated that nothing went wrong and the appropriate means of tranaporting the worker were utilized.

There are other cases of workers and residents in rural parts of the Province heving to wait unacceptable amounts of time to receive medical treatment. In one situation, it took emergency response teams 24 hours to transport a stroke victim from a location three hours north of Fort Nelson to a critical care facilty in Dawson Creek, a trip that would have taken less than an hour by helicopter. In another case, a worker waited over 12 houre at the site of his accident north of Prince George before he was finally rescued and transported to a hospital; an incident still under review by WorkSafeBC.

Are disproportionate response times justified?

A number of people interviewed with the **BC Ambulance Service (BCAS)** and **BC Emergency Health Services (BCEHS)** for this report suggested that if you lived or worked in remote parts of the province, you had "made a choice" and could not expect to have the same level of service that you would receive in a larger urban centre. It is not surprising that rural services lag those in the urban centres when those responsible for providing a provincial service have already conceded thia point.

Although it ia beyond the scope of this report to determine whether this is a reasonable assertion to make in terms of the various levels of provincial services (such as fire, police, roads, etc.), the Office of the Forest Safaty Ombudsman is of the view that the location of an injured forestry worker – or indeed, a resident of the Province – should not be a determinant of whether or not that worker receives adequate emergency services in the event of an accident.

Arguably, it seems fair that resource workers and their families who are based in rural parts of British Columbia and generate a substantial portion of the province's wealth ahould expect to have equel access to adequate emergency response.

The Oxford Dictionary defines an emergency as "e serious, unexpected, and often dangerous situation requiring immediate action". As British Columbians, people have come to expect that emergency response organizations are mandated to provide support in e reasonable amount of time: if we need police, they will be there; if we need a fire truck, one will be dispatched; if we need an ambulance, one will be available that can transport us to the nearest medical facility within a critical time frame that ensures the best medical outcome. While there may be policy and regulatory complexities to overcome, it is clear that there are no technicel or infrastructure

[1] *Squires, Roberta. 2014.*

Is it possible to respond quickly to medical emergencies in all parts of the Province?

barriers preventing BC from mandating that all workers and residents in the Province have access to emergency response times that do not involve hours of arduous travel to reach a medical facility in the unfortunate event of an accident.

The decision by government not to provide those services is simply a choice.

Indeed, other jurisdictions, with a similar geography to BC, have been able to mandate emergency response times that are far superior to those in this Province. Washington State, for example, has legislation that ensures that 99% of their population (not just those on work sites) are within a 60-minute response time to a Level 3 trauma centre. Alaska – again with a similar geography to BC and with a population of roughly 700,000 people – has 31 dedicated helicopters in the State, and this ensures that every resident is within 60 minutes of a trauma centre.

Why This Topic?

The findings of this report clearly indicate that there are serious gaps in the provision of emergency medical transportation services to people living and working in rural parts of the Province. This gap threatens the safety of forestry workers – as well as residents – who seemingly have little or no guarantee that they will have access to timely medical transportation in the event of an emergency.

This review has been undertaken as part of the mandate of the BC Forest Safety Ombudsman, specifically as part of the Office's responsibility to "identify and make recommendations to resolve systemic problems within the forest sector".

This report initially focused on the effectiveness of the Helicopter Emergency Services (HEMS) strictly from a forest worker perspective. However, because the emergency medical transportation system is so inter-related, it was difficult to entirely separate out issues also affecting the general public. Therefore, some of the observations and recommendations contained in this report apply not only to the forestry sector but also to all residents of the province.

As part of the research for this report, the Ombudsman's Office spoke to a number of organizations and groups, including: rural community leaders, economic development organizations, **WorkSafeBC, BCAS, BCEHS, BC Wildfire Service, Western Silvicultural Contractors' Association, Provincial Ministries, Transport Canada,** helicopter service providers and individuals with an interest in this topic. Additionally, numerous reports, audits, and articles on the topic were considered (See Appendix 1).

Acknowledgements: *The time that our Office has taken to review HEMS has been far longer than we would normally have liked. Much of this has been due to the extensive technical information reviewed as well as the significant amount of interest and contributions our office received from individuals, organizations, industry, government ministries and agencies.*

We would like to express our appreciation to all of those who contributed to this report. No matter where individuals positioned themselves on issues, everyone we interviewed shared a desire to see patient services improved.

Organization of Report

THE REPORT HAS BEEN ORGANIZED INTO FOUR PARTS:

Part 1 Introduction & Complexities. Provides an introduction to HEMS and outlines some of the complexities related to the provision of emergency medical services. These include: the number of organizations involved in emergency response, the role of employers, extraction and transportation, equipment, and the use of private helicopter providers.

Part 2 Rural Urban Divide. Explores the discrepancies that exist between rural and urban areas of the Province in emergency medical services.

Part 3 Observations & Considerations.

Part 4 Recommendations.

1. Introduction & Complexities

HELICOPTER EMERGENCY MEDICAL SERVICES (HEMS) is the universal term that refers to an air ambulance service, which in British Columbia is provided by the BC Ambulance Service (BCAS). The BCAS, established in 1974, is the sole provincial ambulance service in BC and provides ambulatory services both on the ground and in the air. In BC, the Emergency Health Services Act provides direction to the Provincial Health Services Authority, which governs specialized entities such as the BC Cancer Agency, BC Centre for Disease Control, and BC Emergency Health Services. BCEHS oversees the BCAS, which is the largest provider of emergency health care in Canada, and one of the largest in North America. [2]

In BC, HEMS is utilized primarily to transport critically ill patients between medical facilities. It is also used for responding to accidents where medical transport via air, versus ground, is required.

The provision of HEMS in BC is a complex topic that is shaped by a number of factors. These include:

NUMBER OF ORGANIZATIONS:

The list of groups involved in some aspect of emergency response in BC includes fire departments, Emergency Management BC, BCEHS, Search and Rescue organizations, RCMP, BCAS, and employer organized response teams. Each of these groups is uniquely organized and funded and may be local, provincial, or national in scope. Some are governed by collective agreements, while others are staffed by volunteers or contractors and the role of each organization in emergency response varies depending on the situation and their respective mandates. This can result in a number of organizations attending a single event, each providing services that in some cases may complement each other, but in others provides significant overlaps. In many situations First Responders and Ambulance attendants will respond to an accident scene but only one has the legislated authority to transport a patient to a hospital. As many First Response organizations are local, they may reach the accident scene first, but they do not have the legal ability to transport accident victims to a hospital. First Responders are a well-trained local resource that with some additional training and the removal of legislative barriers could be a valuable asset for BCAS to call upon.

[2] *www.bcehs.ca/our-services/operating-entities/bc-ambulance-service.*

"There are no technical, or infrastructure barriers to the delivery of helicopter emergency medical services within that critical first hour to each and every resident of BC, regardless of where they live. The decision by government not to provide those services is a choice."

~

ROLE OF EMPLOYERS:

For potential job-related accidents, WorkSafeBC regulations require that employers must have an emergency transportation plan for their employees in the event of an accident. Typically, this means that if a worker is injured on a job-site – such as a faller in the woods – then the employer has the responsibility of transporting that worker to a place where he or she can then be transferred to BCAS personnel for transportation to the nearest medical facility. BCAS has strict safety requirements for their staff, and do not allow their own workers to retrieve a person except where easily accessible – roadside or helicopter pad/air strip.

While WorkSafeBC regulations provide the requirement, they are silent on how those obligations under the regulations can be achieved. For small contractors, this is no easy task as it requires relationships with a variety of helicopter service providers and possibly other industries to put in place a system/process that ensures there will be HEMS available to them for rescue and transportation in event of an accident.

One example of a collective approach is the Coast Harvesting Advisory Group (CHAG), a task force established in 2012 by coastal licensees, timberland owners, contractors (Truck Loggers Association) and the United Steelworkers, who have worked to create partnerships between service providers and industry to ensure timely provision of HEMS for their workers. CHAG has made some progress on the issue, but while the regional, cross-industry and government approach may work for them, the model may not transfer easily to other regions, as it requires an adequate level of industrial activity, an available/accessible air transportation infrastructure, and an organization with the ability, responsibility and capacity to take the initiative of developing those partnerships.

EXTRACTION & TRANSPORTATION:

Forestry workers, and others in remote and rural parts of the Province, often work in areas that are not easily accessible. Because BCAS crews are not mandated or trained for extraction, this means that it is possible that an injured worker could require transportation twice – once to move from the site of an accidant, and a second time to move to a medical facility. In BC, the first trip would be undertaken by a search and rescue organization (unless the employer is able to move the worker) and the second trip would be undertaken by BCAS, either through a ground ambulance or possibly through an air ambulance.

In some situationa this could result in two helicopters attending the same site – one for extraction and the other for transportation. This is unnecessary, inefficient, and cost prohibitive when a single properly equipped helicopter is capable of performing both functions. Similarly, rescuing a worker by helicopter only to transfer him or her to a land based ambulance seems to defy logic, when presumably the helicopter could just keep flying and reach a medical facility much faster.

Certainly, if a helicopter and crew were properly equipped and trained, then it could perform both functions, which would save time, money, and likely result in a better outcome for the injured worker.

EQUIPMENT:

Under this heading equipment refers to both the equipment and method of extracting accident victims to either the roadside or directly to a medical facility and the type of helicopter used for extraction/transportation.

LONGLINE/HOISTING: For rescue operators, extracting an injured person from a site with a helicopter is achieved through longlining or hoisting. A longline is a two phased process that requires a person to be suspended on a cable outside of a helicopter and moved to a site where they would be transferred to a ground-based (possibly air) ambulance for transport to e medical facility. Hoisting, on the other hand is e single-phase process that allows a person to be lifted from the accident site directly inside the helicopter for transport to a medical facility.

Longlining vs Hoisting

In BC, longlining is the accepted practice used by Search and Rescue organizations. It is seen as a relleble, proven technology with lower equipment costs, end lerge numbers of people are trained in its use. It also supports the current BCAS model in which land-based units are typically dispatched for medical transportation once someone is rescued.

Hoisting, while less common in BC – other than by the Royal Canadian Air Force's (RCAF) search and rescue helicopter out of Comox on Vancouver Island – has widespread use internationally. It is seen as safer, provides greater flexibility, training is more focused and targeted (helicopter crews only), and most important, once a patient is brought into the helicopter they can be flown directly to a medlcel facility, significantly reducing travel time and potentially improving the health outcomes. The opposition to shifting to a more widespread use of hoisting appears to be predominately fiscal:

i. Hoisting would require the use of larger more expensive helicopters whose range may be limited due to the increased weight associated with the hoisting equipment itself. The effact of this could be to increase the cost per helicopter as well as increasing the total number of helicopters required to service the Province.

ii. Longline equipment is less expensive, portable and SAR organizations are trained in its use.

Both longline and hoisting methods have pros and cons, and determining which one to use is predicated on a variety of factors. However, many people and organizations both outside and inside government interviewed for this report advocated for an increased use of hoisting. If hoisting became a more common practice across government, it would benefit other government service activities where crews need to be deployed or extracted into remote or difficult terrains.

Neighbouring jurisdictions with similar terrain to BC – Alberta, Washington State, and Aleska – use hoisting as their primary method for both extraction and medical transportation.

HELICOPTER:

"...hoisting may significantly improve patient outcomes by reducing the time for patients to receive medical attention."

~

The greatest number of submissions we received were concerning the type and role of helicopters in extraction and medical transportation. Currently BCAS has a contract helicopter fleet consisting of Air Ambulance Sikorsky S76 helicopters. "These aircraft are primarily used in patient transfers within a 100-mile radius of its Richmond or Prince Rupert bases to or from hospitals, airports and/or on-scene calls"[3]. While the Sikorsky S76 is adequate for the transportation of patients, some important questions were raised regarding its use in the more rural and remote regions of the province. As an example, most helicopters in the north are equipped with skids rather than wheels to enable access to more varied terrain, something that is viewed as critical for operating in remote regions.

The case for which is the appropriate helicopter for the job in the end will be defined by the role it is being asked to perform. The concept of a single type of helicopter serving a single function may be the easiest for the service deliverer but may not be in the best interest of the patient. With the various conditions and terrain found in the Province, the type of equipment required to deliver HEM services may need to be as varied in order to adequately service the region in which it operates.

Combining aspects of rescue/extraction with medical transportation and making more widespread use of hoisting may significantly improve patient outcomes by reducing the time for patients to receive medical attention.

A major barrier for BCAS having their employees participate in extraction is "employee safety" as their personnel are not trained or equipped to operate off-road, while other groups like Search and Rescue volunteers are qualified to undertake that work and may also be trained as first responders. Utilizing hoisting provides the ability to deploy BCAS or First Responders directly to the accident site to prepare patients for transfer, eliminating the need for BCAS personnel to heve to nevigate off-road to reach accident sites. A large group of skilled and trained first responders already exist in Fire Departments and Search and Rescue groups across the province. Enhancing their role to allow them to transport patients when needed would create greater flexibility in the system by making a greater number of people available to BCAS.

If hoisting were to be common practice in more locations, larger helicopters would be required. The additional weight attached to hoisting equipment could have an effect on the operating renge and both of these conditions would require additional equipment to be able to service the entire Province. All of this could increase the cost to deliver helicopter emergency medical services and this seems to be the more substantive barrier to adopting this practice.

USE OF PRIVATE HELICOPTERS:

The BCAS may contract outside private helicopter companies to support their air assets when necessary, in order to ensure there are adequate resources available for emergency medical transportetion. However, the requirements that BCAS has laid out for private contractors can exceed the requirements that BCAS sets for its own helicopters. This renders the private contractor servica more costly and seems designad to limit the option of contracting services outside of BCAS. This approach could prevent the Province from developing a comprehensive network of available private air resources to support BCAS assets.

[3] *Air Medical Transport, Helijet, 2017 http://helijet.com/air-medical-transport/*

2. Rural Urban Divide

"that in rural or remote regions of the Province, there is little confidence that a helicopter will be dispatched if you need transportation from a rural or remote accident site."

~

The availability and level of emergency medical services in BC is distinctly split down urban and rural lines. Quite simply, the closer to a larger urban centre you live or work, the greater the options available to you in terms of rescue, transportation and medical facilities. The more rural your location, the fewer the options and the longer the response times. BCAS has concentrated its assets and full time trained personnel within the larger urban centres where call volumes are high; with fewer air assets in the north, BCAS rely mainly on a dedicated, volunteer, part-time workforce, predominantly utilizing a land-based ambulance response to respond to emergencies.
While it may be accepted that rural communities cannot support the same level of medical facilities as those found in large urban centres, it is not acceptable that they should also lack an equal level of emergency medical transportation services. In fact, as the distance to the nearest medical facility increases, access to HEMS in rural and remote communities should be enhanced, not reduced.

Equally, the more remote the region, the broader the criteria should be for deciding when HEMS is dispatched over a land-based unit. While the current protocols for dispatch seem to work in more populated, urban areas with medical facilities close by; in remote regions where distances are greater, weather, communications and infrastructure less predictable, it may make sense to add other factors – such as comfort of the patient, time, location, proximity to medical facilities – on an equal footing with severity into the protocol mix when considering whether to dispatch air or land-based transportation to an accident site.

It is clear from discussions with organizations and individuals – as well from a review of various reports, audits and articles that have been written over the years – that in rural or remote regions of the Province, there is little confidence that a helicopter will be dispatched if you need transportation from a rural or remote accident site. This lack of confidence in emergency air response is coupled with fewer medical facilities in rural areas, which has significant impacts on the quality of life for residents in those communities.

It is worth noting that in many cases, the highest-risk occupations are disproportionately located in remote or rural regions where more accidents are likely to occur. Aside from issues of equity and safety, the rural-urban divide is problematic in a Province that generates a substantial amount of its wealth from rural and remote regions and that seeks to attract skilled workers to those regions. Indeed, health care – or lack of it – plays a critical role in attracting investment and people into rural communities.

TWO TIERED PROCESS:

Emergency response in BC is implemented through a two-tiered approach.
The first tier is comprised of initial ground-based responders and the secondary tier is supported by air-based crews. BCAS also has an Autolaunch program where in some scenarios both a land and air based response is dispatched, but this service is not available across the entire Province.

The tier one response is the default approach utilized by BCAS, and an air-based response is employed only in certain circumstances depending on a variety of factors that are captured in BCAS dispatch protocols.

There are some significant advantages to incorporating the use of hoisting over the current practice of longlining."

~

Determining when to dispatch air resources is likely affected by budgetary restraints and the fact that remote and rural regions represent 'lower call volumes' make it difficult to justify the allocation of resources to those areas. The counter arguments to these rationale are two-fold: first, when all factors are considered, HEMS may in fact be more cost effective than ambulances in the total overall cost to the health care system when you factor in patient outcomes to the equation ; and second, if you apply the logic of using low call volumes as a determinant of allocating emergency medical resources to an area, then conceivably a community with little or no crime or fire could find themselves without those services as well. It simply is not a reasonable argument to make.

3. Observations & Considerations

Based on our review of materials and interviews with a diverse number of organizations, individuals, and government agencies, the following conclusions can be drawn about emergency medical transportation in British Columbia. While the following recommendations speak specifically to the current Legislation, the Observations & Considerations could, if adopted, improve response and travel times for accident victims and significantly improve their chances for a positive medical outcome.

A. Faster care results in less overall health care costs: It is an accepted fact the quicker an accident victim can access medical care, the better the medical outcomes, the shorter the period of time for rehabilitation resulting in an overall lower cost to the health care system. As emergency response is one component of the cost, investing more in ensuring patients receive timelier treatment, could result in overall savings to the cost of moving a patient through the system.

B. There are no technical, or infrastructure barriers to the delivery of helicopter emergency medical services within that critical first hour to each and every resident of BC, regardless of where they live. The decision by government not to provide those services is a choice.

C. There is an urban-rural divide in emergency medical services. If you live in rural BC you will not receive the same level of medical emergency response as someone living in a larger urban centre, an observation made by individuals with both the BCAS and BCEHS. Emergency equipment and personnel is concentrated in larger urban centres, with fewer air assets in the north relying mainly on a dedicated but volunteer and part-time workforce.

Rural communities currently are impacted twice in reduced access to medical care and reduced access to emergency medical transportation. In remote communities, as the distance to the nearest medical facility increases, the access to HEMS should be enhanced not reduced.

D. Providing emergency medical transportation is a government responsibility: While there is a role for employers in ensuring there are adequate emergency plans in place, true confidence in the ability to access HEMS for industries or the public can only come from having a publicly funded dedicated resource available within a region.

"If hoisting were to be adopted, the skills sets of the BCAS personnel could also change."

~

Similarly, a network of private HEMS assets to support BCAS core services would help secure medical transportation to all areas of the Province. Policies that may inadvertently be preventing helicopter companies from providing services to BCAS need to be reviewed.

E. The protocols for dispatching ground or air emergency response may not work as well in rural BC as it does in urban centres. The more remote the region, the broader the criteria should be for deciding when HEMS is dispatched over a land-based unit. Factors such as distance to medical facilities, time and comfort of the patient should be included in the decision of whether to dispatch a helicopter or ground ambulance.

An individual with a broken leg in Vancouver versus someone with the same condition in Fort Laird or Bob Quinn are two entirely different scenarios from a patient comfort and medical outcome perspective. In one case, a land-based ambulance trip is measured in minutes, the other in hours over vastly inferior road and weather conditions.

4. Recommendations

1. BC consider mandating – through legislation or policy – guaranteed timelines for the public to be able to access Trauma 3 level care, similar to other jurisdictions.

a. Establishing guaranteed timelines will direct BCAS to put in place the necessary assets, protocols and procedures that will ensure a patient focused service delivery model.

2. BC undertake a review of the effectiveness of the legislation as it pertains to the provincial emergency ambulance service. The BCAS was originally established in 1974. A lot has changed since then.

a. The Emergency Health Services Act puts significant limitations on the ability to access and utilize other potential service providers. Section 5.2 [4] however, does provide the minister with flexibility. Expanding the scope of practice and the role of First Responders in the transportation of accident victims to medical facilities would allow them to be better utilized. A patient focused system needs more flexibility, not less.

b. Health services in BC have been regionalized with the establishment of five Regional Health Authorities, the First Nations Health Authority, and the Provincial Health Authority. Like policing and fire protection, there may be value to administering some aspects of the services from a local and regional perspective – services can be tailored to meet the dynamics of the communities and region being served, and geography can be considered when designing transportation systems, protocols and allocating resources. The value of having BCAS set provincial standards could be maintained while transferring certain procedures and processes to more regionalized bodies.

[4] *"The corporation must comply with any general or special direction made by order of the minister with respect to the exercise of the powers and the performance of the duties of the corporation." Government of British Columbia, Emergency Health Services Act (RSBC 1996).*

" Factors such as distance to medical facilities, time and comfort of the patient should be included in the decision of whether to dispatch a helicopter or ground ambulance."

~

3. EMBC and BCAS expand the use of hoisting in the Province of BC.

a. There are some significant advantages to incorporating the use of hoisting over the current practice of longlining. The answer may not be in utilizing one method over the other but rests with incorporating both methods and developing a plan that uses the right technology in the right place at the right time with the flexibility to evolve over time and respond to incidents as required.

b. If hoisting were to be adopted, the skills sets of BCAS personnel could expand with additional training, incorporating the deployment of medical crews directly to the accident site to prepare a patient for extraction and transport to a hospital without additional transfers from helicopter to ground ambulance or another helicopter.

Appendix

RESOURCES THAT WERE REVIEWED FOR THIS REPORT INCLUDE

- BC Forest Safety Council. Forest Industry Injured Worker Emergency Notification System, Selkirk Systems, 2015.

- British Columbia Ambulance Service and the Okanagan Health Service Area. Trauma 97, Trauma Transport Protocol for the Central Okanagan Corridor, June 2003.

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10

Cheryl Anderson

Subject: FW: NH News Release: MRI replacement support 'mobilized' at University Hospital of Northern BC

From: Collins, Eryn [mailto:Eryn.Collins@northernhealth.ca]
Sent: February 9, 2017 12:50 PM
To: eryn.collins@northernhealth.ca
Subject: NH News Release: MRI replacement support 'mobilized' at University Hospital of Northern BC

The following NH news release will be distributed to media in the Prince George area in the next hour, and posted to the NH website News and Events page after 1:30 p.m.

For Immediate Release
February 9, 2017

MRI replacement support 'mobilized' at University Hospital of Northern BC

The University Hospital of Northern BC (UHNBC) in Prince George has welcomed the arrival of a mobile Magnetic Resonance Imaging (MRI) unit to support diagnostic imaging needs during its multi-million dollar MRI replacement project.

"We know that northern and rural residents want to be cared for as close to home as possible, and this project will add capacity closer to home for residents in Prince George, Terrace and Fort St. John area residents," said Prince George-Valemount MLA Shirley Bond. "We appreciate the extra effort UHNBC staff and Northern Health have put into ensuring there are additional options for patients across the north."

The replacement of the UHNBC MRI is the first part of an overall strategy to help improve access to medical imaging technology in northern B.C., which will also see new MRI units in Terrace and Fort St. John. The medical imaging strategy is a key partnership between the Province of B.C. and Northern Health.

"Not only is the new UHNBC MRI a great addition, but so are the additional MRI units throughout the north," said Prince George-Mackenzie MLA Mike Morris. "They will help to reduce MRI wait times, and improve medical imaging services across the region."

The mobile MRI provided by Siemens Healthcare is a fully-functional magnetic resonance imaging machine contained in a mobile transport unit. It is located on the UHNBC campus near the Nechako Centre on Alward Street, and will be in use for approximately three to four months while a new MRI suite is constructed at UHNBC. The existing UHNBC MRI has been in operation for the past fourteen years.

Prince George was served by a mobile MRI shared with Interior Health prior to receiving a permanent machine in 2003. The existing MRI unit at UHNBC was state-of-the-art at the time; advancements in technology since that time mean the new MRI will provide significantly-enhanced diagnostic capabilities.

"It is wonderful to see the start of this project that will benefit patients across the North," said Nechako-Lakes MLA John Rustad. "Residents throughout the region will be well-served by better access to this state-of-the-art technology."

Funding for the $2,860,000 UHNBC MRI replacement is from:

- Ministry of Health (Province of B.C.) - $1,716,000
- Fraser Fort George Regional Hospital District - $1,144,000

"The Fraser-Fort George Regional Hospital District is proud to contribute 40% of the funding towards this important purchase. It's another example of our commitment to work with Northern Health to improve health services for residents throughout our region," said Murry Krause, Chair of the Fraser-Fort George RHD.

An MRI is a valuable test for medical professionals that use a magnetic field and pulses of radio wave energy to make pictures of organs and structures inside the body. Muscles, ligaments, cartilage, and other joint structures are often best seen with an MRI. In many cases MRI gives information about structures in the body that cannot be seen as well with an X-ray, ultrasound, or CT scan.

Northern Health's 10-year medical imaging plan to help improve access to medical imaging technology in northern B.C. also includes the implementation of the Provincial Breast Health Strategy, which has recently seen state-of-the-art digital mammography units installed at hospitals in Quesnel, Dawson Creek, Terrace and Prince Rupert.

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72

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From: Collins, Eryn <Eryn.Collins@northernhealth.ca>
Sent: February 21, 2017 10:37 AM
To: Collins, Eryn
Subject: Correction - NH news release - Person & family-focused care: NH Board meeting highlights

Apologies – a corrected version of the news release is below.

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The following NH media release will be distributed to Northern BC media in the next hour, and posted online here.

For Immediate Release
February 21, 2017

Person & family-focused care: NH Board meeting highlights

At the latest regular board meeting in Mackenzie, the Northern Health board of directors received an update on their commitment to putting the needs of people and families at the core of service delivery. Person and Family Centred Care is an approach to health services that focuses on partnerships between health-care providers, patients and their families, and is core to the values that Northern Health adheres.

"Meaningful collaboration with patients, families and caregivers on the design, development and delivery of health care services is foundational to the services we provide," said Dr. Charles Jago, Northern Health Board Chair. "We are committed to services that put the person and family first."

A renovation project at Mackenzie & District Hospital is an illustration of a Northern Health strategic priority behind this work; coordinated and accessible services. A former ambulance bay is being converted into new integrated care space for the local inter-professional team, connected to the primary care clinic for easy communication and team work. The $700,000 project, funded partly by the Fraser Fort George Regional Hospital District, will be complete in April 2017. Board members toured the space and heard how the project will improve service for patients and their families.

"Mackenzie is an example of a northern community where the integration of primary and community care is well underway," said Cathy Ulrich, president and CEO for Northern Health. "Improving our services requires an innovative approach that is not one size fits all and it may look different in every community."

Ulrich also advised board members that Northern Health has recently been named as one of BC's Top Employers for 2017, a designation recognizing companies and organizations that lead in their industries in offering exceptional places to work.

Other highlights from the February 2017 meeting:

Northern Health's Office of Health & Resource Development is seeing changes in how health services are being managed by large industrial projects in the region. This includes the first project to use Northern Health guidelines to develop a Health and Resource Management Plan aimed at minimizing the impact of large industrial operations on local health services. The Brucejack Gold Mine in Northwest BC offers access to nursing and other primary care providers at each of its three camps, and an employee assistance program, recreational opportunities, and on-site wellness programs for its nearly 1,500 construction and operations employees. Board members heard that several projects in the

region, including the Site C Worker Accommodation Camp, are increasingly aiming to manage a significant percentage of the health needs of their workforce with on-site services.

Chief Medical Health Officer Dr. Sandra Allison updated the board on Northern Health's response to BC's overdose emergency, sharing surveillance data showing a dramatic spike in emergency department visits related to overdose in November and December 2016. Northern Health's response includes ongoing expansion of the Take Home Naloxone program across the region, and enhanced surveillance of overdose activity.

In addition to the presentations and information, there were three re-appointments and one new appointment to the Northern Health Board. Gaurav Parmar, Edward Stanford and Rosemary Landry have been reappointed to the Northern Health Board for an additional three year term, ending March 31, 2020. Pat Bell has been appointed to the board for a two year term starting Dec 31, 2016.

Pat, a former provincial cabinet minister and MLA for Prince George north, was born in Vancouver, educated at UBC and has spent much of his life in the hospitality industry. Pat and his family moved to Prince George in 1988 to become franchisees for two Wendy's which they still own today. In 2000, Pat embarked on 12 years in politics including roles as Minister of State for Mining, Minister of Agriculture and Lands, Minister of Forests and finally, Minister of Jobs, Tourism and Skills Training. In 2015, Pat, his wife Brenda and son Doug opened British Columbia's northern-most winery; the Northern Lights Estate Winery on the banks of the Nechako River.

"I am excited to be a part of an organization committed to the health care of northerners," said Pat Bell. "As a passionate northerner, I look forward to participating in decisions that help make the north a special place to live."

The next Northern Health board meeting will be held April 23 & 24, 2017, in Dawson Creek.

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

74 1st & 2nd Readings

STUART-NECHAKO REGIONAL HOSPITAL DISTRICT

BYLAW NO. 61

Being a bylaw to adopt the Annual Budget for the year 2017

The Stuart-Nechako Regional Hospital District in open meeting assembled ENACTS as follows:

1. Schedule "A" attached hereto and made part of this bylaw is the Annual Budget for the Stuart-Nechako Regional Hospital District for the year ended December 31, 2017.

2. This bylaw may be cited as the "Stuart-Nechako Regional Hospital District Annual Budget Bylaw No. 61, 2017."

READ A FIRST TIME this 2nd day of March, 2017

READ A SECOND TIME this 2nd day of March, 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 copy of Bylaw No. 61 as adopted.

_____

Corporate Administrator