

STUART-NECHAKO REGIONAL HOSPITAL DISTRICT
AGENDA
THURSDAY, MAY 24, 2018

CALL TO ORDER

AGENDA – May 24, 2018

Approve

PAGE NO.

MINUTES

ACTION

2-4

Stuart-Nechako Regional Hospital District
Meeting Minutes – April 19, 2018

Adopt

REPORTS

5-19

John Illes, Treasurer – Audited Financial
Statements 2017

Recommendation
(Page 5)

20-22

John Illes, Treasurer – Financial Statements
- January 1, 2018 to March 31, 2018

Receive

23-24

Meeting with Northern Health – April 23, 2018
- RE: Stuart Nechako Manor

Receive

25-101

Northern Health – 2017 – 2018 Capital Plan Update
- April 2018

Receive

102-127

Northern Health & Regional Hospital Districts of
Northern BC – BC Emergency Health Services
- Spring 2018 Update

Receive

128-135

Northern Health – Regional Hospital Districts
- April 17, 2018

Receive

136-146

Northern Health & Regional Hospital Districts of
Northern BC – Physician Recruitment Update

Receive

VERBAL REPORTS

RECEIPT OF VERBAL REPORTS

SUPPLEMENTARY AGENDA

NEW BUSINESS

ADJOURNMENT

STUART-NECHAKO REGIONAL HOSPITAL DISTRICT**MEETING MINUTES****THURSDAY, APRIL 19, 2018**

PRESENT: Chairperson Jerry Petersen

Directors Chris Beach – arrived at 10:15 a.m.
Eileen Benedict
Tom Greenaway
Dwayne Lindstrom
Thomas Liversidge
Bill Miller
Mark Parker
Gerry Thiessen

Director Absent Rob MacDougall, District of Fort St. James

Staff Melany de Weerd, Chief Administrative Officer
Cheryl Anderson, Manager of Administrative Services
John Illes, Treasurer
Wendy Wainwright, Executive Assistant

CALL TO ORDER

Chair Petersen called the meeting to order at 10:03 a.m.

AGENDAMoved by Director Greenaway
Seconded by Director Miller**SNRHD.2018-5-1**

"That the Stuart-Nechako Regional Hospital District Agenda of April 19, 2018 be approved as amended."

(All/Directors/Majority)

CARRIED UNANIMOUSLY**MINUTES****Stuart-Nechako Regional
Hospital District Meeting
Minutes March 8, 2018**Moved by Director Miller
Seconded by Director Benedict**SNRHD.2018-5-2**

"That the minutes of the Stuart-Nechako Regional Hospital District meeting of March 8, 2018 be adopted."

(All/Directors/Majority)

CARRIED UNANIMOUSLY**REPORT****Stuart-Nechako Manor
In Vanderhoof**

Director Thiessen brought forward concerns in regard to the condition of Stuart Nechako Manor and the impact to the residents of the senior care facility. A notable challenge is the heating system in the facility. Director Thiessen has a meeting scheduled with Mike Hofer, Regional Director, Capital Planning and Support Services, Northern Health on Monday, April 23, 2018. Discussion took place regarding the impacts of winter climates in northern B.C. to the construction of buildings. The age of the building was also discussed.

Chair Petersen and Director Thiessen will provide an update to the SNRHD Board of Directors after they meet with Northern Health.

CORRESPONDENCE

Correspondence

Moved by Director Beach
 Seconded by Director Miller

SNRHD.2018-5-3

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

- Northern Health –RE: Project #N661750008 St. John Hospital Patient Monitoring System bylaw 60, 2016;
- Northern Health – News Release – Building on Primary and Community Care Space in Fort St. James;
- Northern Health – News Release – IMAGINE Community Grants of up to \$5,000 available to Community Groups, Schools and other Partners."

(All/Directors/Majority)

CARRIED UNANIMOUSLY

INVITATION

Northern Health – Invitation to Members for NCLGA Convention 2018

Moved by Director Miller
 Seconded by Director Liversidge

SNRHD.2018-5-4

"That the Stuart-Nechako Regional Hospital District Board of Directors direct staff to schedule a meeting with Northern Health at the NCLGA Convention 2018; and further, that the following topics be forwarded to Northern Health for discussion:

- Stuart Nechako Manor
- Concept plans for a new hospital in Fort St. James
- Mental Health and Addictions in northern BC."

(All/Directors/Majority)

CARRIED UNANIMOUSLY

VERBAL REPORTS

Telehealth Meeting –Northern Health Spring Meeting -April 15, 2018

Director Greenaway attended the Northern Health Telehealth meeting April 15, 2018. Northern Health provided an update in regard to its Capital Plan, medical transportation and physician recruitment. Director Greenaway mentioned that the telehealth connection was not consistent and he missed parts of the meeting. The telehealth connection in Burns Lake worked well. Chair Petersen, Melany de Weerd, CAO and John Illes, Treasurer also attended the meeting via Telehealth. Chair Petersen provided an overview of the major and minor capital projects to take place in 2018. Chair Petersen mentioned that the capital funding for the Pines Cafeteria expansion project is being allocated in 2017/2018 to align with Northern Health's work on the project. He noted the Fort St. James Primary Care Clinic is proposed to be completed in the spring of 2019.

St. John Hospital – Vanderhoof

Director Thiessen mentioned that St. John Hospital is hiring a Facility Engagement Project Coordinator and has re-opened its operating room on April 13, 2018 after it flooded.

Long Term Care Facility

Director Benedict noted that when the Pines Long Term Care facility was built the community insisted that more beds be added to the initial number. She noted that the facility is over utilized and that senior populations are underestimated when building facilities.

VERBAL REPORTS (CONT'D)

Director Thiessen mentioned that in Vanderhoof, due to the lack of available beds in seniors care facilities, one individual has been in the hospital for approximately 500 days. He spoke of the importance of ensuring that the number of beds in senior care facilities being built match the needs of the community.

Chair Petersen commented that Northern Health has been working on a program for a number of years in regard to keeping seniors in their homes and are in the implementation process.

Director Liversidge mentioned that Granisle has a senior care program funded by United Way called "Better at Home", the program supports the non-medical needs of older adults at home. He commented that the program is successful and they are investigating ways to provide additional levels of service to the program. The United Way is beginning to expand the program to other communities in B.C.

**Master Planning – Update of
Stuart Lake Hospital
Concept Plan**

Chair Petersen reported that in 2015 Northern Health submitted a plan to the Provincial Government regarding the Stuart Lake Hospital Replacement project. The Province has requested that Northern Health submit an updated concept plan. Northern Health has indicated they will have the updated plan completed in June, 2018.

**Receipt of Verbal
Reports**

Moved by Director Greenaway
Seconded by Director Lindstrom

SNRHD-2018-5-5

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

(All/Directors/Majority)

CARRIED UNANIMOUSLY

NEW BUSINESS

**Hospital Districts and
Senior Housing**

John Illes, Treasurer mentioned that while attending a recent conference discussion took place regarding hospital districts building partnerships with their Health Authority and BC Housing to develop extended care facilities and seniors housing options. Mr. Illes will research further.

ADJOURNMENT

Moved by Director Beach
Seconded by Director Benedict

SNRHD.2018-5-6

"That the meeting be adjourned at 10:48 a.m."

(All/Directors/Majority)

CARRIED UNANIMOUSLY

Jerry Petersen, Chairperson

Wendy Wainwright, Executive Assistant

Stuart-Nechako

Regional Hospital District

Memo

Board Agenda – May 24, 2018

To: Chair Petersen and the Board of Directors
From: John Illes, Treasurer
Date: May 7, 2018
Regarding: Audited Financial Statements 2017

Attached are the audited financial statements for the Stuart-Nechako Regional Hospital District for the year to date ending December 31, 2017.

The auditor's opinion was that the financial statements were presented fairly in all material respects.

As part of the Hospital District Act, the Board of Directors for the Stuart Nechako Regional Hospital District must formally accept the financial statements and as part of the audit agreement the Board must also verify that the board has reviewed the Audit Findings.

I would be pleased to answer any questions.

Recommendation: (all/directors/majority)

That the memorandum from the Treasurer, dated May 7, 2018 regarding the "Audited Financial Statements 2017" be received, and

That the Board authorize the Chairperson and the Treasurer to sign the Audited Financial Statements for 2017, and

That the Chair sign the Audit Findings report verifying that the SNRHD Board Members have reviewed the report.

Stuart-Nechako Regional Hospital District

***2017 Audit Findings
Report to the Board of
Directors***

***Prepared as of
May 3, 2018***





May 3, 2018

Members of the Board of Directors
Stuart-Nechako Regional Hospital District
37 3rd Avenue
Burns Lake BC
PO Box 820
VoJ 1E0

Dear Members of the Board of Directors:

We have been engaged to audit the financial statements of Stuart-Nechako Regional Hospital District for the year ending December 31, 2017.

We prepared the accompanying report to assist you in your review of the financial statements. It includes a discussion on the significant accounting and financial reporting matters dealt with during the audit process as well as communications required by Canadian generally accepted auditing standards for audit.

We would like to express our sincere thanks to the management and staff of the organization who have assisted us in carrying out our work. If you have any questions or concerns prior to the board meeting, please do not hesitate to contact me in advance.

Yours very truly,

A handwritten signature in black ink, appearing to read "Norm Hildebrandt", written over a horizontal line.

Norm Hildebrandt
Partner
Assurance

c.c.: John Illes, Chief Financial Officer

Significant Deficiencies in Internal Control

A deficiency in internal control exists when a control is designed, implemented or operated in such a way that it is unable to prevent, or detect and correct, misstatements in the financial statements on a timely basis, or when a control necessary to prevent, or detect and correct, misstatements in the financial statements on a timely basis is missing.

A significant deficiency in internal control is defined as a deficiency or combination of deficiencies in internal control that, in the auditor's professional judgment, is of sufficient importance to merit the attention of those charged with governance.

To identify and assess the risks of material misstatement in the financial statements, we are required to obtain an understanding of internal control relevant to the audit. This understanding is used for the limited purpose of designing appropriate audit procedures. It is not used for the purpose of expressing an opinion on the effectiveness of internal control and, as a result, we do not express any such opinion. The limited purpose also means that there can be no assurance that all significant deficiencies in internal control, or any other control deficiencies, will be identified during our audit.

We did not identify any control deficiencies that, in our judgment, would be considered significant deficiencies.

Fraud and Illegal Acts

No fraud involving management, or contractors with a significant role in internal control or that would cause a material misstatement of the financial statements and no illegal acts came to our attention as a result of our audit procedures. We wish to reconfirm that the Board of Director is not aware of any known, suspected or alleged incidents of fraud or illegal acts not previously discussed with us.

Significant Unusual Transactions

We are not aware of any significant or unusual transactions entered into by Stuart-Nechako Regional Hospital District that you should be informed about.

Difficulties Encountered During the Audit

We encountered no significant difficulties during our audit that should be brought to the attention of the audit committee.

Significant Accounting Principles

Management is responsible for the appropriate selection and application of accounting policies. Our role is to review the appropriateness and application as part of our audit. The accounting policies used by Stuart-Nechako Regional Hospital District are described in Note 1, Significant Accounting Policies, in the financial statements.

There were no new accounting policies adopted or changes to the application of accounting policies of Stuart-Nechako Regional Hospital District during the year.

We did not identify any alternative accounting policies that would have been more appropriate in the circumstances.

We did not identify any significant accounting policies in controversial or emerging areas.

Significant Financial Statement Disclosures

We did not identify any financial statement disclosures that are particularly significant, sensitive or require significant judgments, that we believe should be specifically drawn to your attention.

Subsequent Events

No subsequent events which would impact the financial statements other than those disclosed have come to our attention.

We would like to reconfirm that the Board of Director is not aware of any other subsequent events that might affect the financial statements.

Accounting Estimates

Management is responsible for the accounting estimates included in financial statements. Estimates and the related judgments and assumptions are based on management's knowledge of the business and past experience about current and future events.

Our responsibility as auditors is to obtain sufficient appropriate evidence to provide reasonable assurance that management's accounting estimates are reasonable within the context of the financial statements as a whole. An audit includes performing appropriate procedures to verify the:

- Calculation of accounting estimates;
- Analyzing of key factors such as underlying management assumptions;
- Materiality of estimates individually and in the aggregate in relation to the financial statements as a whole;
- Estimate's sensitivity to variation and deviation from historical patterns;
- Estimate's consistency with the entity's business plans; and
- Other audit evidence.

The following significant estimates/judgments are contained in the financial statements:

- Value of inventory;
- Accrued liabilities;
- Deferred revenue;
- Book value of capital assets.

Based on audit work performed, we are satisfied with estimates made by management.

Disagreements with Management

We are required to communicate any disagreements with management, whether or not resolved, about matters that are individually or in aggregate significant to the entity's financial statements or auditor's report. Disagreements may arise over:

- Selection or application of accounting principles;
- Assumptions and related judgments for accounting estimates;
- Financial statement disclosures;
- Scope of the audit; or
- Wording of the auditor's report.

We are pleased to inform you that we had no disagreements with management during the course of our audit.

Consultation with Other Accountants (Second Opinions)

Management may consult with other accountants about auditing and accounting matters to obtain a "second opinion". When an entity requests that another accountant provide a written report or oral advice on the application of accounting principles to a specific transaction or the type of opinion that may be rendered on the entity's financial statements, we are required to ensure that the accountant has ensured that the reporting accountant has knowledge of all facts and circumstances and has conducted the engagement in accordance with Canadian generally accepted auditing standards on the Reports on the Application of Accounting Principles.

We are not aware of any consultations that have taken place with other accountants.

Issues Discussed

The auditor generally discusses among other matters, the application of accounting principles and auditing standards, and fees, etc. with management during the initial or recurring appointment of the auditor. There were no major issues discussed during our audit with regards to our retention that were not in the normal course of business.

Materiality

Misstatements are considered to be material if they could reasonably be expected to influence the economic decisions of users of the financial statements.

We have set materiality of \$55,000

We'll report unadjusted and adjusted items over \$5,500 to the Board of Directors on completion of the audit.

Uncorrected Misstatements

We accumulated uncorrected misstatements that we identified during our audit and communicated them to management. We then requested that management correct these misstatements. No uncorrected misstatements for the current period have been detected.

Other Audit Matters of Governance Interest

We did not identify any other matters to bring to your attention at this time and would be pleased to discuss with you further any matters mentioned above, at your convenience.

This communication is prepared solely for the information of those charged with governance of Stuart-Nechako Regional Hospital District to carry out and discharge their responsibilities and is not intended for any other purpose. We accept no responsibility to a third party who uses this communication.



To ensure there is a clear understanding and record of the matters discussed, we ask that a representative of the board of directors their acknowledgement in the space provided below.

Should any member of the board of directors wish to discuss or review any matter addressed in this letter or any other matters related to financial reporting, please do not hesitate to contact us at any time.

Yours very truly,

PricewaterhouseCoopers LLP

Acknowledgement of Representative of the Board of Directors' Members:

We have read and reviewed the above disclosures and understand and agree with the comments therein:

Signature: _____

Date: _____

12

**STUART - NECHAKO REGIONAL
HOSPITAL DISTRICT**

Financial Statements

December 31, 2017



INDEPENDENT AUDITORS' REPORT

**To the Directors of
Stuart – Nechako Regional Hospital District**

We have audited the accompanying financial statements of the Stuart – Nechako Regional Hospital District, which comprise the statement of financial position as at December 31, 2017, and the statements of financial activities, and of cash flow for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about 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 judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation 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 the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the Stuart – Nechako Regional Hospital District as at December 31, 2017, and its financial performance and its cash flow for the year then ended in accordance with Canadian public sector accounting standards. As required by the Hospital District Act (British Columbia), we report that, in our opinion, these principles have been applied on a basis consistent with that of the preceding year.

May 3, 2018
Prince George, BC

PricewaterhouseCoopers LLP
Chartered Professional Accountants

PricewaterhouseCoopers LLP
556 North Nechako Road, Suite 10, Prince George British Columbia, Canada V2K 1A1
T: +1 250 564 2515, F: +1 250 562 8722, www.pwc.com/ca

*PwC refers to PricewaterhouseCoopers LLP, an Ontario limited liability partnership.

STUART - NECHAKO REGIONAL HOSPITAL DISTRICT

STATEMENT OF FINANCIAL POSITION

December 31, 2017

	<u>2017</u>	<u>2016</u>
FINANCIAL ASSETS		
Cash	\$ 10,679	\$ 24,093
Temporary investments (Note 2)	3,249,297	1,925,656
Accounts receivable	<u>5,205</u>	<u>5,259</u>
	3,265,181	1,955,008
LIABILITIES		
Accounts payable and accrued liabilities	<u>27,191</u>	<u>24,940</u>
NET FINANCIAL POSITION	<u>\$ 3,237,990</u>	<u>\$ 1,930,068</u>

Approved By The Board:

Chairperson _____

Treasurer _____

STUART - NECHAKO REGIONAL HOSPITAL DISTRICT

STATEMENT OF FINANCIAL ACTIVITIES

For the year ended December 31, 2017

	2017		2016
	<u>Budget</u> (Note 5)	<u>Actual</u>	<u>Actual</u>
REVENUE			
Property tax requisition	\$ 1,790,000	\$ 1,790,000	\$ 1,790,001
Interest	5,000	31,364	21,103
Grants in lieu of taxes	7,900	7,227	9,042
	<u>1,802,900</u>	<u>1,828,591</u>	<u>1,820,146</u>
EXPENDITURES			
Grants for capital expenditures	1,511,887	495,442	1,250,411
Administration and audit	28,000	25,227	23,016
	<u>1,539,887</u>	<u>520,669</u>	<u>1,273,427</u>
ANNUAL SURPLUS	263,013	1,307,922	546,719
FINANCIAL POSITION AT BEGINNING OF THE YEAR	<u>1,930,068</u>	<u>1,930,068</u>	<u>1,383,349</u>
FINANCIAL POSITION AT END OF THE YEAR	<u>\$ 2,193,081</u>	<u>\$ 3,237,990</u>	<u>\$ 1,930,068</u>

STUART - NECHAKO REGIONAL HOSPITAL DISTRICT

STATEMENT OF CASH FLOW

For the year ended December 31, 2017

	<u>2017</u>	<u>2016</u>
Cash provided by:		
Operating activities:		
Annual surplus	<u>\$ 1,307,922</u>	<u>\$ 546,719</u>
Changes in non-cash assets and liabilities:		
Accounts receivable	54	(2,046)
Accounts payable and accrued liabilities	<u>2,251</u>	<u>849</u>
Total cash from (used in) operating activities	<u>2,305</u>	<u>(1,197)</u>
Financing activities:		
Purchase of temporary investments	(1,323,641)	(525,692)
Increase (decrease) in cash	(13,414)	19,830
Cash beginning of year	<u>24,093</u>	<u>4,263</u>
Cash end of year	<u><u>\$ 10,679</u></u>	<u><u>\$ 24,093</u></u>

STUART-NECHAKO REGIONAL HOSPITAL DISTRICT**NOTES TO THE FINANCIAL STATEMENTS****For the year ended December 31, 2017**

The Stuart-Nechako Regional Hospital District ("Regional Hospital District") was incorporated in November 1, 1998, and commenced operations on January 1, 1999. The Regional Hospital District provides funding to the following facilities, all operated by the Northern Health Authority: the Fraser Lake Diagnostic and Treatment Centre, the Granisle Health Centre, the Lakes District Hospital and the Pines Multi-level Care Facility (both in Burns Lake), the St. John Hospital, and the Stuart Nechako Manor (both located in Vanderhoof), and the Stuart Lake Hospital (Fort St. James).

1. SIGNIFICANT ACCOUNTING POLICIES**Basis of Accounting**

The Regional Hospital District prepares its financial statements in accordance with Canadian public sector accounting standards ("PSAS") as recommended by the Public Sector Accounting Board ("PSAB") of the Chartered Professional Accountants of Canada.

No Schedule of Expenditures by function has been presented because the Regional Hospital District has only one function – providing financing for equipment, renovation and construction of Hospitals and Health Centres.

No Statement of Change in Net Debt has been included because the Regional Hospital District does not own non-financial assets. The function of this statement is to reconcile financial and non-financial assets.

Budget figures disclosed throughout the financial statements have been extracted from the 2017 final budget, adopted in March 23, 2017.

Subsequent amendments to the budget bylaw are not reflected in the budget figures.

Revenue Recognition

Revenue generated by taxes is recognized in the period to which it is requisitioned. Grants in lieu of taxes are recognized in the period they pertain to. Interest revenue is recognized in the period it is earned.

Financial Instruments***Measurement of financial instruments***

The Regional Hospital District initially measures its financial assets and financial liabilities at fair value. The Regional Hospital District subsequently measures all its financial assets and financial liabilities at cost.

Financial assets measured at cost include cash, and accounts receivable. Financial assets measured at fair value include temporary investments.

Financial liabilities measured at cost include accounts payable and accrued liabilities.

Unless otherwise indicated, it is management's opinion that the Regional Hospital District is not exposed to any significant credit, liquidity or interest risks arising from these financial instruments.

STUART-NECHAKO REGIONAL HOSPITAL DISTRICT

NOTES TO THE FINANCIAL STATEMENTS

For the year ended December 31, 2017

2. TEMPORARY INVESTMENTS

Temporary investments consist of fixed income guaranteed investment certificates, have a maturity of one year or less, and are carried at market value which approximates cost. The average interest rate of temporary investments is 1.78% (2016 – 1.4%).

3. RESERVE FUNDS

	<u>2017</u>	<u>2016</u>
Opening balance	\$ 1,371,698	\$ 841,207
Contributions	814,751	1,158,108
Interest	23,964	13,399
Disbursements	-	(641,016)
Closing balance of funds	<u>\$ 2,210,413</u>	<u>\$ 1,371,698</u>

The reserve funds are intended to provide for the replacement of equipment and acute care facilities in the Regional Hospital District.

4. FUND ALLOCATION

The allocation of the funds is:

	<u>2017</u>	<u>2016</u>
Current funds	\$ 1,027,577	\$ 558,370
Reserve funds (Note3)	<u>2,210,413</u>	<u>1,371,698</u>
	<u>\$ 3,237,990</u>	<u>\$ 1,930,068</u>

STUART-NECHAKO REGIONAL HOSPITAL DISTRICT

NOTES TO THE FINANCIAL STATEMENTS

For the year ended December 31, 2017

5. BUDGET

The annual budget adopted by the Board of Directors on March 23, 2017 was prepared on a modified accrual basis while the financial statements are prepared on a full accrual basis as required by Canadian Public Sector Accounting Standards. The budget anticipated the use of surpluses accumulated in prior years to supplement current year revenues. In addition, the budget included transfers to and from reserves.

The budget figures included in these financial statements represent the budget adopted by the Board of Directors with adjustments as follows:

	<u>2017</u>
Budgeted surplus per statement of financial activities	\$ 263,013
Add: Prior years net surplus	551,738
Less: Contributions to reserves	<u>(614,751)</u>
Surplus in the financial plan	<u>\$ 200,000</u>

6. COMPARATIVE FIGURES

Certain prior year figures, presented for comparative purposes, have been reclassified to conform to the current year's financial statement presentation.

Stuart-Nechako Regional Hospital District

Memo

Board Agenda – May 24, 2018

To: Chair Petersen and the Board of Directors
From: John Illes, Treasurer
Date: May 7, 2018
Regarding: Financial Statements – January 1, 2018 to March 31, 2018

Attached are the financial statements for the Stuart-Nechako Regional Hospital District for the year to date ending March 31, 2018.

As of March 31, 2018 the SNRHD had a surplus of \$13, 247,757, resulting primarily from the surplus carried forward from 2017 plus interest earned in the first quarter of 2018. There has been no funding activity for SNRHD for the first quarter of 2018.

There is no debt outstanding at this time.

I would be pleased to answer any questions.

Recommendation:

(all/directors/majority)

That the memorandum from the Treasurer, dated May 7, 2018 regarding the March 31, 2018 Financial Statements be received.

21

Stuart-Nechako Regional Hosp. Dist.
Balance Sheet
As of March 31, 2018

Department* Consolidated Departments

Assets		Current Month	Prior Month	Prior Year
1000	Cash & Bank Accounts	1,227	11,230	24,627
1001	Cash & Bank Accounts BVCU	9,998	0	0
1020	Investments & Term Deposits	3,261,995	3,257,056	1,930,375
1021	Investments - BL Hospital Replace	1,642	1,642	1,619
1060	Accts Receivable - Municipal	5,205	5,205	5,259
Total Assets		\$3,280,067	\$3,275,133	\$1,961,881
Liabilities				
2100	Accounts Payable - General	2,000	2,000	2,000
2150	Due to Regional District	30,309	28,603	27,962
Total Liabilities		\$32,309	\$30,603	\$29,962
Net Financial Position		\$3,247,757	\$3,244,529	\$1,931,919

**Stuart-Nechako Regional Hosp. Dist.
Income Statement
As of March 31, 2018**

Department* Consolidated Departments

	Revenue	Current Month	Total YTD	YTD Budget	Variance YTD	Annual Budget
4000	Tax Requisitions	0	0	0	0	2,148,000
4050	Grants in Lieu of Taxes	0	558	0	558	6,500
4100	Interest Income	4,939	14,340	1,250	13,090	5,000
4999	Surplus Carried Forward	0	1,018,147	1,018,147	0	1,018,147
	Revenue total	4,939	1,033,044	1,019,397	13,647	3,177,647
	Expenses					
5026	Global Minor Equipment Grants	0	0	0	0	177,000
5040	Building Integrity	0	0	0	0	24,000
5042	Major Proj.- Fraser Lk D&T Ctr	0	0	0	0	224,800
5048	Vanderhoof Hospital Anesthetic Ma	0	0	0	0	63,232
5049	VHF & SS Telephone System Upgr	0	0	0	0	105,200
5057	Stuart Lake Hospital Construction	0	0	0	0	948,000
5062	CHR-Mental Health/HCC/Clinical D	0	0	0	0	62,034
5065	Health Link North - Cerner Upgrad	0	0	0	0	193,456
5460	Bank charges & interest	5	11	0	(11)	0
5470	Administration & Audit	1,350	4,050	4,500	450	18,000
5471	Director's Remuneration & Travel	356	1,068	2,500	1,432	10,000
5600	Transfer to Capital Reserve	0	0	0	0	1,351,926
	Total Expenses	1,711	5,129	7,000	1,871	3,177,648
	Net Income	3,228	1,027,915	1,012,397	15,518	(1)

Memo Meeting with Northern Health April 23, 2018

Stuart Nechako Regional Hospital District
District of Vanderhoof:

Attendance: Mayor Gerry Thiessen; Councilors: Ken Young and Kevin Moutray, Jerry Petersen
Northern Health: Michael Hofer and John Barrett Staff: John Illes and Lori Egli

Mayor Thiessen opened the meeting at approximately 10:30 AM

Michael H.: Information concerning the Stuart Nechako Manor is still fluid and comes upon the heels of the operating room flood in the Vanderhoof Hospital.

The Provincial Government is self-insured and the province "insures" Northern Health for all its insurance needs.

We now have an engineering report that has both short term and long term solutions.

John B: In late February, Wes Mannering, Facilities Maintenance Supervisor, reported that the building was leaking. When inspected quite a bit of water was noted. NH decided to engage the services of Northern Capital Restoration (NCR). An insurance claim was also filed with Health Care Protection Plan (HCPP) PG Sheet Metal and Heating was also called to remove snow from the roof. . Brad Stevens from Houston-Grant Adjusters was appointed by HCPP as the Insurance Adjuster.

Many organizations are having problems with leakage because of the weather variability and the high snowfall this year.

Michael H: We need to gut damaged areas and then put things back the way they were initially designed. Over time and through the series of minor repairs the heating system and HVAC system may have got misaligned and the vapour barrier and insulation may have been damaged.

Much of the duct work and HVAC units in the attic were not insulated and this needs to be fixed.

The radiant heat panels work similar to the heating dishes that glow orange. This type of heat doesn't heat the air but does heat objects. The objects then can "conduct" heat to the air. Temperature gradients are often created.

Northern Health is currently doing "work at risk" in starting the restoration process as a complete "claim" with the province has not yet been completed.

The Manor has a very complicated roof. The roof is approximately 20,000 square feet. Northern Health has called in an "envelop specialist" to inspect and make restoration recommendations.

Jerry P. asked if the recommendation would be to bring up to today's standard.

Michael H: A recommendation was made to consider changing out the roof – the cost estimate for this is estimated to be greater than \$1 million.

The roof is currently a cold attic space and as such priority will be given to insulate the hot water heating system and work on fixing up vapor barriers. However, the new roof system may very well be a warm attic space and this may better prevent ice dam build ups and leakage in the future.

In the past little issues were resolved and the big issues that were causing the problems were not addressed.

Roofs are not a capital project for Northern Health and have not been so for 7 years. Hence, Northern Health will not be requesting any money from SNRHD for this repair project.

Northern Health is considering changing out the roof in 2019 under its operating budget. Ideally, it will use 2018 to plan and prepare for construction the next summer.

Gerry Thiessen: The Hospital District will meet with Northern Health and NCLGA and UBCM and other meetings to make sure that this roof replacement is kept a top priority for NH.

Gerry Thiessen Requested that Northern Health provide a written update to SNRHD and District of Vanderhoof to provide a formal update (to be added to the respective board/council agendas).

Michael H. agreed to provide this. SNRHD/District of Vanderhoof agreed to meet in December (in person) for another less formal update.

Meeting closed at 11:30

2017-2018 Capital Plan Update

April 2018

25



northern health
the northern way of caring



Agenda

2017 - 2018 Capital Projects

- Major Projects <\$5M
- Carbon Neutral Capital Program (CNCP)
- Major Equipment >\$100,000
- IM/IT Major Projects
- Minor Capital <\$100,000
- Minor Building Integrity

Major Projects

RHD	Community	Project	Budget	RHD Funding
FFGRHD	McBride	Robson Valley Ventilation	\$901,000	\$360,400
FFGRHD	Prince George	UHNBC Electrical Supply Upgrade	\$4,500,000	\$1,800,000
FFGRHD	Prince George	UHNBC Inpatient Medical Beds	\$8,000,000	\$3,200,000
FFGRHD	Prince George	UHNBC Security Camera System	\$436,000	\$174,400
NWRHD	Terrace	MMH Hot Water Boiler #3	\$341,000	\$136,400
NWRHD	Terrace	TVL Nurse Call System	\$461,000	\$184,400
PRRHD	Dawson Creek	DCDH Sterilization Dept (MDR)	\$1,324,000	\$529,600

27



Major Projects

McBride Hospital Robson Valley Ventilation

- Project Value: \$901,000
- Fraser-Fort George RHD Funding: \$360,400
- Replace the antiquated ventilation system at McBride Hospital and in the community health unit with a newer system capable of meeting current code requirements for air exchange and providing better temperature control. The new system should also make use of heat recovery and variable speed drives to significantly reduce energy expenditures.
- Project Status: In construction



Major Projects

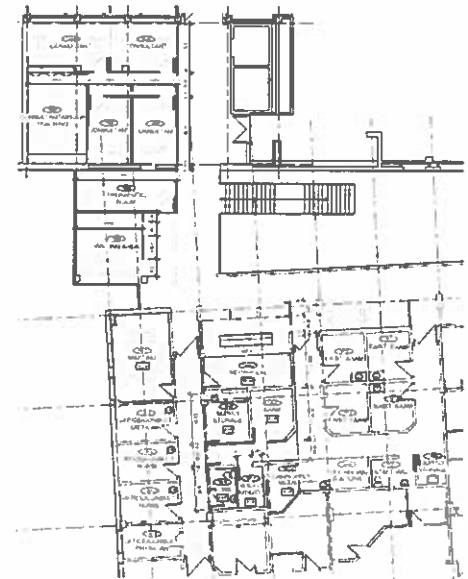
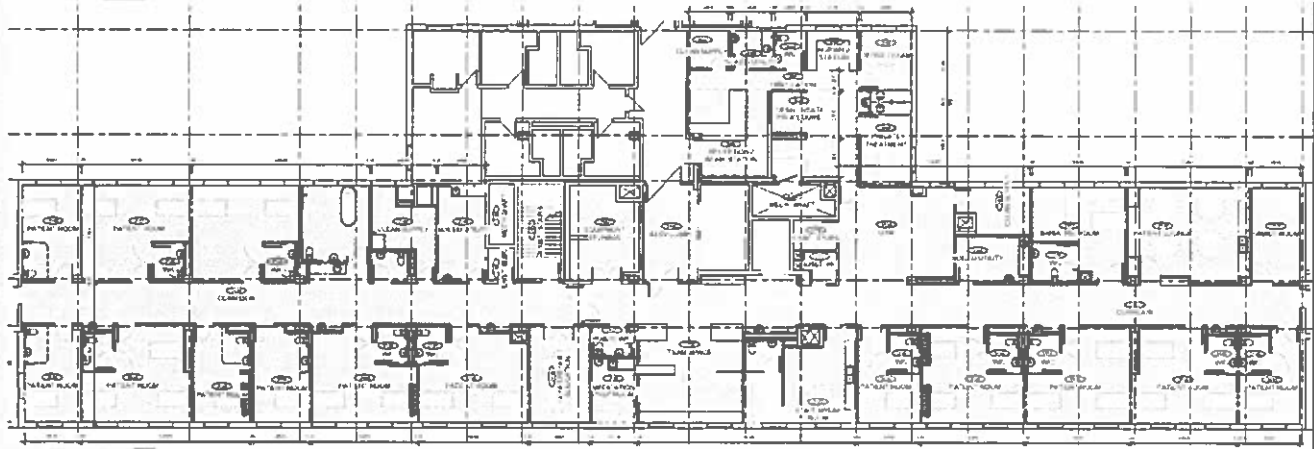
UHNBC Electrical Power System Reliability Upgrade

- Project Value: \$4,500,000
- Fraser-Fort George RHD Funding: \$1,800,000
- As a result of two power failures at UHNBC a review of the Hospital's electrical distribution system was undertaken by an Electrical Engineer. The Engineer's report split this project into 5 modifications to improve the reliability of the UHNBC electrical distribution system. The work is addressed in modifications 1, 2 & 3 in the Engineers report (1334-E-1301 UHNBC electrical Power System)
- Project Status: Contract award to Houle Electric; in construction

Major Projects

UHNBC Inpatient Beds Capacity

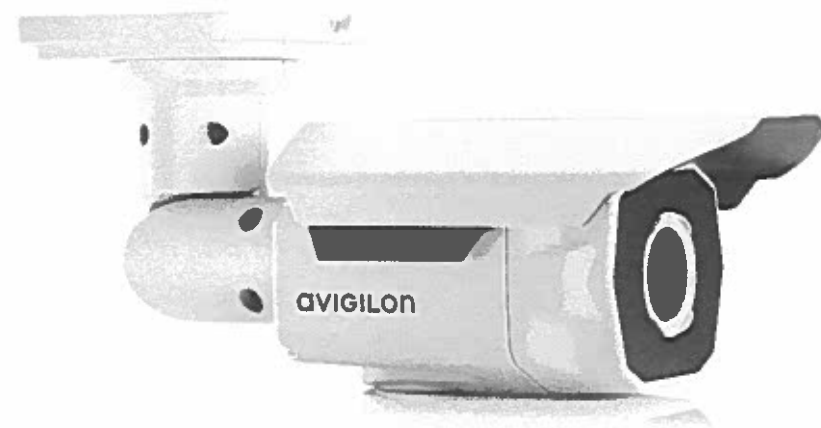
- Project Value: \$8,000,000
- Fraser-Fort George RHD Funding: \$3,200,000
- Renovations to Level 2 to facilitate 27 Beds, Minor Renovations to Level 1 Clinics
- Project Status: RFP BC Bid, BCCA Tender



Major Projects

UHNBC Security Camera System

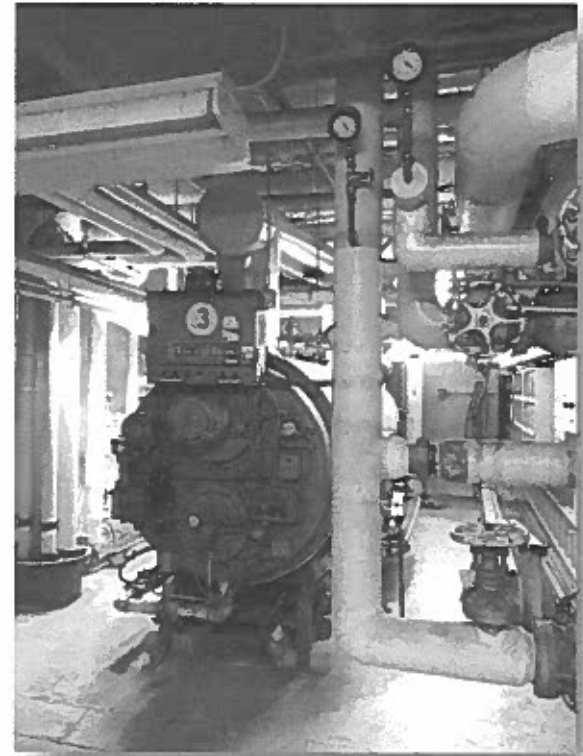
- Project Value: \$436,000
- Fraser-Fort George RHD Funding: \$174,400
- This renovation is to upgrade the CCTV system with a current working system.
- Project Status: under construction; completion estimated 2018



Major Projects

MMH Hot Water Boiler #3

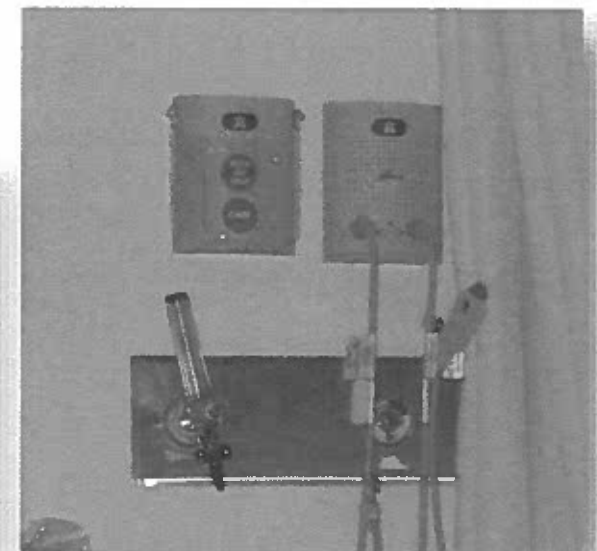
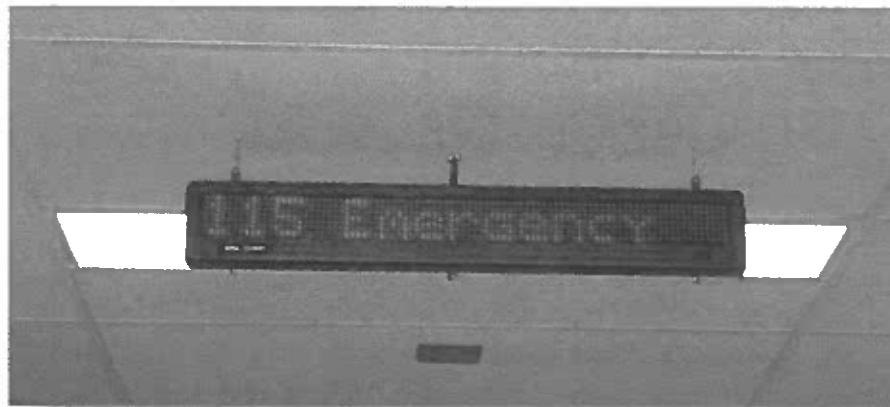
- Project Value: \$341,000
- Northwest RHD Funding: \$136,400
- Replacement of existing boiler with a new dual-fuel capable boiler.
- Project Status: awaiting final inspection



Major Projects

TVL Nurse Call System

- Project Value: \$461,000
- Northwest RHD Funding: \$184,400
- Replacement of the existing Nurse Call system in both buildings. Both systems are obsolete and one nursing station doesn't work, parts are not available.
- Project Status: Complete

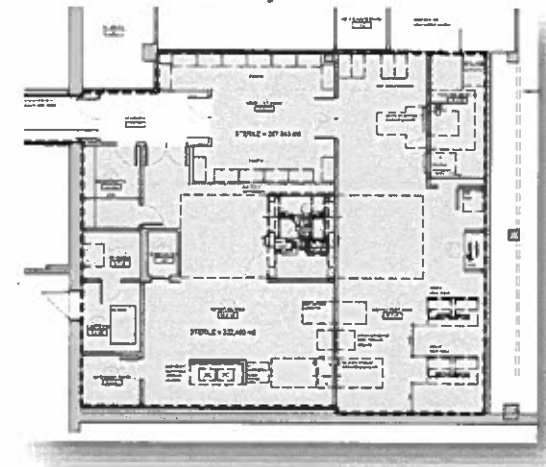


33

Major Projects

DCDH Sterilization Dept (MDR)

- Project Value: \$1,324,000
- Peace River RHD Funding: \$529,600
- The existing Medical Device Processing (MDR) department requires complete renovations to meet the requirements current CSA Z314.8-08 and to address infection and safety risks identified following an infection prevention and control risk assessment.
- Project Status: In design, nearing tender ready



Carbon Neutral Capital Program (CNCP) Projects

RHD	Community	Project	Budget	RHD Funding
FFGRHD	Prince George	UHNBC Hospital Energy Conservation Project 2017-2018	\$942,465	\$376,986

- A provincial government initiative to achieve carbon neutrality in the public sector



CNCP Projects

UHNBC Hospital Energy Conservation Project 2017-2018

- Project value \$942,465
- Fraser-Fort George RHD funding \$376,986
- Upgrades to building ventilation equipment, related controls and scheduling capability, and potential upgrades to boilers and their controls
- Project Status: Complete

Major Equipment (>\$100,000)

RHD	Community	Project	Budget	RHD Funding	Status
CCRHD	Quesnel	Quesnel C-ARM	\$254,000	\$101,600	Complete
NWRHD	Smithers	BVDH Radiology Room #1	\$900,000	\$360,000	Design work initiated
NWRHD	Terrace	MMH CT Scan SPECT Discovery	\$1,553,712	\$621,600	Complete
NWRHD	Prince Rupert	PRRH Fluoroscopy	\$1,354,000	\$541,600	Complete
NWRHD	Stewart	STE X-Ray Replacement	\$253,000	\$101,200	Complete
PRRHD	Chetwynd	Chetwynd Automated Medication Dispensing Cabinet	\$163,000	\$65,200	Complete
PRRHD	Fort St. John	FSJH X-ray Rad Rex Room #1 Replacement	\$900,000	\$360,000	Working on layout design
REG	Fort St. John, Terrace, & Prince George	MRI Machines	\$8,378,414	\$3,320,747	Complete

37

IM/IT Major Projects

RHD	Community	Project	Budget	RHD Funding	Status
NWRHD	REG	Cerner Code & Hardware Upgrade	\$4,521,072	\$1,808,429	In Progress
NWRHD	Terrace	MMH Phone System	\$442,000	\$176,800	deferred
NWRHD	REG	PACS and Cardiology System Upgrade	\$3,271,000	\$1,308,400	In Progress
SNRHD	Vanderhoof	SJH Phone System	\$201,000	\$80,400	In Progress
Regional	REG	CHR Public Health, Regional Chronic Disease, Inter-Prof Teams	\$3,160,432	\$1,264,173	In Progress
Regional	REG	Clinical Interoperability	\$991,558	-	In Progress

38



IM/IT Major Projects

Cerner Code & Hardware Upgrade

- Project Value: \$4,521,072
- RHD Funding: \$1,808,429
- Maintain lifecycle of Cerner Acute Care EMR technology platform. Move system to Kamloops Data Center. Build greater flexibility, capability and predictability of IM/IT human and financial resources
- Project Status: In progress



IM/IT Major Projects

Community Health Record (Phase 2)

- Project Value: \$3,160,432
- RHD Funding: \$1,264,173
- To enable the new clinical team-based care service model, as part of the Primary and Community Care initiative
- To custom develop an innovative community Electronic Medical Record (EMR) system, and then implement, support and continuously improve it
- Project Status: Currently assessing the needs for a phase 3 to complete this project (beyond 2018)

IM/IT Major Projects

Community Health Record

	Phase 1	Phase 2
Funded by:		
Regional Hospital Districts	\$ 1,050,701	\$ 1,264,173
NWRHD	\$ 251,911	\$ 303,092
NRRHD	\$ 23,171	\$ 27,879
FFGRHD	\$ 359,722	\$ 432,807
PRRHD	\$ 254,761	\$ 306,521
CCRHD	\$ 37,668	\$ 45,321
SNRHD	\$ 123,468	\$ 148,553
Northern Health	\$ 127,169	
Ministry of Health	\$ 1,448,884	\$ 1,896,259
Total Project	\$ 2,626,754	\$ 3,160,432

Phase 1: Primary Care Clinics and Business Requirements

Phase 2: Public Health, Regional Chronic Disease and Interprofessional Teams

Funding split based on population

41



IM/IT Major Projects

MMH Phone System

- Project Value: \$442,000
- Northwest RHD Funding: \$176,800
- Replacement of the phone system which serves the hospital and other NH facilities in Terrace
- Project Status: To be completed next fiscal year



IM/IT Major Projects

PACS and Cardiology System Upgrade

- Project Value: \$3,271,000
- RHD Funding: \$1,308,400
- Upgrade of Agfa IMPAX version 6.3 to Agfa Enterprise Imaging, upgrade hardware, licensing and training.
- Upgrade EchoPACS to Agfa Enterprise Imaging. ECG Cardiology suite replacement with Agfa Enterprise platform.
- Project Status: In progress



IM/IT Major Projects

SJH Vanderhoof Phone System

- Project Value: \$201,000
- Stuart Nechako RHD Funding: \$80,400
- Replacing legacy phone system in the St John Hospital
- Project Status: In progress



IM/IT Major Projects

Clinical Interoperability

- Project Value: \$991,558
- This project covers the development of additional standardized services to improve interoperability between Clinical Systems utilizing the Distribution platform "CDX" housed at Interior Health.
- Project Status: In progress

Minor Capital (<\$100,000)

RHD	Total Funding	RHD Funding
Fraser-Fort George HD	\$2,807,500	\$1,123,000
Stuart-Nechako RHD	\$442,000	\$177,000
Cariboo-Chilcotin RHD	\$479,700	\$187,000
Peace River RHD	\$1,423,500	\$573,000
Northern Rockies RHD	\$181,6000	\$73,000
Northwest RHD	\$2,501,700	\$954,000

46

Minor Building Integrity

RHD	Total Funding	RHD Funding
Fraser-Fort George HD	\$226,667	\$90,667
Stuart-Nechako RHD	\$60,000	\$24,000
Cariboo-Chilcotin RHD	\$53,333	\$21,333
Peace River RHD	\$126,667	\$50,667
Northern Rockies RHD	\$26,667	\$10,667
Northwest RHD	\$173,333	\$69,333

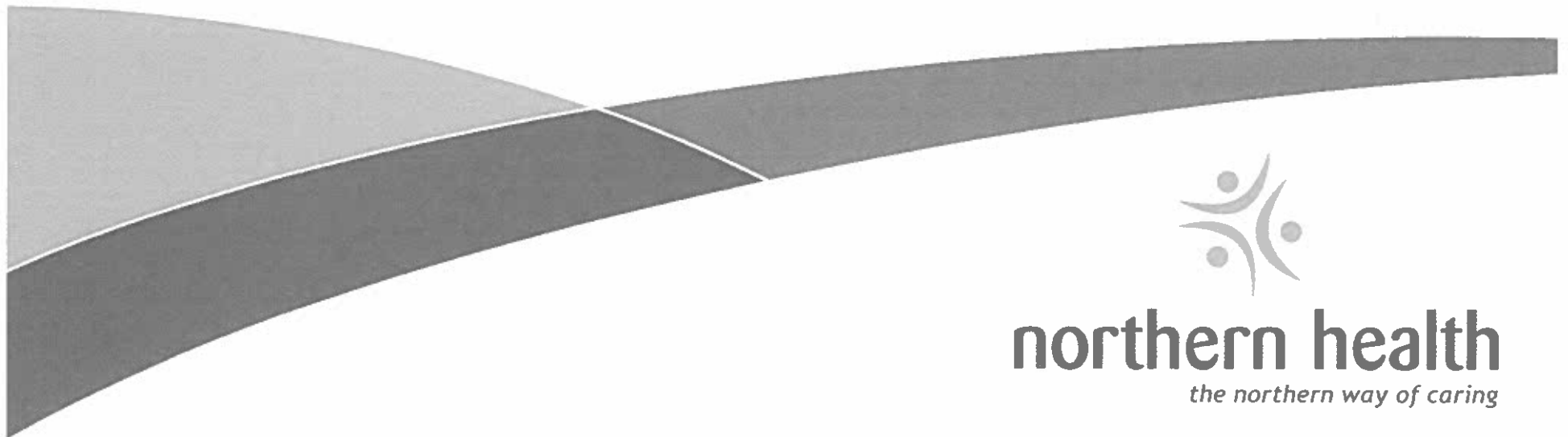
47

Questions?

2018/2019 Capital Planning

April 2018

49




northern health
the northern way of caring



Agenda

- **Capital Funding Summary**
- **2018-19 Capital Plan**
- Routine Capital Investments
 - Major Projects
 - IM/IT Major Projects
 - Major Equipment
 - Minor Equipment
 - Building Integrity

Major Projects

Community	RHD	Project	Proposed Budget (\$)*	RHD Funding
Atlin	NWRHD	Atlin Nursing Station	\$ 1,055,000	\$ 0
Fort St. John	PRRHD	FSJ Medical clinic 3rd pod	\$ 2,050,000	\$ 820,000
Fort St. James	SNRHD	Fort St James – Primary Care Clinic	\$ 2,000,000	\$ 400,000
Prince George	FFGRHD	UHNBC Energy Conservation Project 18/19 (CNCP)	\$ 953,800	\$ 404,138
Hazelton	NWRHD	WMH Boiler System	\$ 300,000	\$ 120,000
Prince George	FFGRHD	UHN Maternity-OR Renovation	\$ 877,000	\$ 350,800
Kitimat	NWRHD	KIT Fire Panel	\$ 288,000	\$ 115,200
Prince George	FFGRHD	Phoenix Outpatient Lab Renovation	\$ 415,000	\$ 166,000
Burns Lake	SNRHD	The Pines Cafeteria Expansion	\$ 2,710,000	\$ 1,084,000
Quesnel	CCRHD	GR Baker ED & ICU Re-Development	\$ 20,000,000	\$ 8,000,000

51

Atlin Nursing Station

- Project Value: \$ 1,055,000
- RHD Funding: \$ 0
- Meetings were held in Atlin with the TRT and the Atlin Support Living Society in March
- A meeting is scheduled with the TRT on April 19

FSJ Medical Clinic 3rd Pod

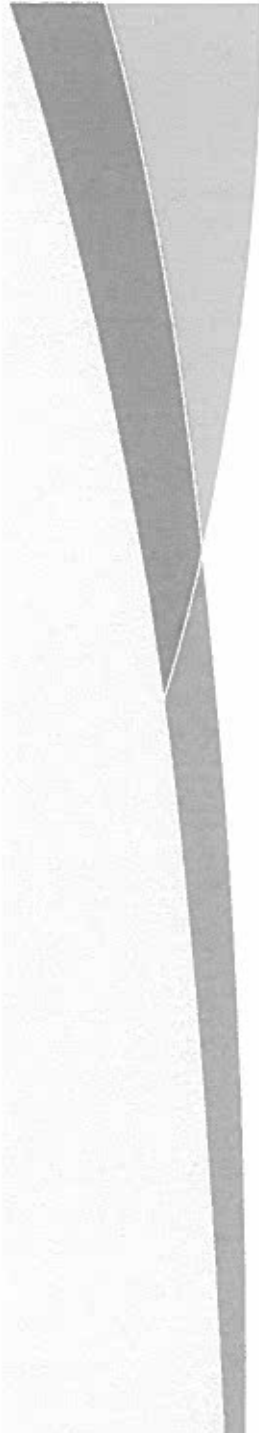
- Project Value: \$ 2,050,000
- Peace River RHD Funding: \$ 820,000
- Estimated \$2M Tenant fit-up for the Fort St. John Clinic consisting of:
 - Adding a 3rd Primary Care Practice to partner with the two existing
 - Relocation of the Division of Family Practice from the 2nd floor to the 1st floor
 - Upgrading of IT services
- Completed schematic design stage and currently in the Ministry approval process prior to issuing Request for Pricing to BC bid for consulting services

53



Fort St. James Primary Care Clinic Renovations

- Project Value: \$ 2,000,000
- Stuart Nechako RHD Funding: \$ 400,000
- \$2 M estimated Tenant Improvement project for 2018/19 Capital Plan approval
- Lease executed - April 1, 2019 commencement
- Fixturing period commencing October 1, 2018
- Approved block plan in place with RFP for consulting services to take us through detailed design & pretender construction drawings



UHNBC Energy Conservation Project 2018/19 (CNCP)

- Project Value: \$ 953,800
- Fraser-Fort George RHD Funding: \$ 404,138
- Total Annual Avoided Emissions (tCO₂e/yr) is being estimated to be = 197.2T Project is funded 60% by CNCP and 40% RHD contribution
- Progress: In final design



Wrinch Memorial Hospital Boiler System

- Project Value \$ 300,000
- Northwest RHD Funding \$ 120,000
- Primary engineering design consultant and sub consultant in place
- Project tender 80% complete
- Current projected timelines to have in place and commissioned before end of October 2018



UHN Maternity – OR Renovation

- Project Value \$ 877,000
- Fraser-Fort George RHD Funding \$ 350,800
- Put OR#4 back in service at UHNBC. This project is to assist urgent/immediate starting of c-section deliveries
- Electrical consultant has been engaged on design and quotes for early works
- Progress: Final Design

Kitimat Fire Panel

- Project Value \$ 288,000
- Northwest RHD Funding \$ 115,200
- Upgrade to facility fire alarm system as existing system, including the main panel
- In early stage development



Phoenix Outpatient Lab Renovation

- Project Value \$ 415,000
- Fraser-Fort George RHD Funding \$ 166,000
- Expansion space available as a result of screening mammography move to UHNBC
- Respective landlords are coordinating ownership/share transfer agreement
- Approved block plans in hand, moving to detailed design & pretender construction drawings



The Pines Cafeteria Expansion

- Project Value \$ 2,710,000
- Stuart Nechako RHD Funding \$ 1,084,000
- Expanding the dining area will reduce the need for staggered meal sittings. This will reduce the amount of time required for staff to serve and assist with residents having their meals and free up time for staff to focus on other patient care needs
- It will also allow Adult Day Centre to start on time, which will improve service for the community program
- Currently we are finalizing Tender document package to be posted week of April 2018
- Contract award Spring 2018
- Construction completion early 2019

GR Baker ED & ICU Redevelopment

- Project Value \$ 20M
- Cariboo Chilcotin RHD Funding \$ 8M
- MOH approval given to proceed with Business Plan finalization
- PBC and Ministry of Justice and Attorney General to support NH on First Nations consultations
- Early Schematic design changes due to archeology and geotechnical issue on site.
- Project schedule will be dependent on archeology and geotechnical assessments and PBC procurement analysis outcome

IM/IT Major Projects

Community	RHD	Project	Proposed Budget (\$)*
Regional	All	Community Health Record (Phase 3)	\$ 4,900,000
Kitimat	NWRHD	KIT Phone System	\$ 326,000
Masset, Stikine, Houston	NWRHD	Phone Systems	\$ 216,000
Regional	All	Clinical Data Repository (CeDaR)	\$ 815,000

62

Major Equipment (>\$100,000)

Community	RHD	Project	Proposed Budget (\$)*	RHD Funding
Smithers	NWRHD	BVDH - CT Suite	\$ 2,898,000	\$ 1,148,000
Fraser Lake	SNRHD	Radiography Room	\$ 562,000	\$ 224,800
Prince George	FFGRHD	UHN Rehab-ECU nurse call system	\$ 321,000	\$ 128,400
Prince George	FFGRHD	UHN Microbiology Blood Culture Analyzer	\$ 145,000	\$ 58,000
Kitimat	NWRHD	KIT General Radiographic Room	\$ 870,000	\$ 348,000
Prince George	FFGRHD	UHN Microbiology Vitek2XL	\$ 163,000	\$ 163,000
Smithers	NWRHD	BVH – Ultrasound	\$ 214,000	\$ 85,600

63

Minor Equipment Allocations

RHD	Total Allocation	RHD Portion
FFGRHD	2,807,500	1,123,000
SNRHD	440,000	177,000
CCRHD	473,000	187,000
PRRHD	1,400,000	560,000
NRRHD	174,000	70,000
NWRHD	2,471,000	975,000

64

2018-19 Building Integrity Allocations - Notional

RHD	Total Allocation	RHD Portion
RRGRHD	226,667	90,667
SNRHD	60,000	24,000
CCRHD	53,333	21,333
PRRHD	126,667	50,667
NRRHD	26,667	10,776
NWRHD	173,333	69,333

65

Questions



Building Standards Affecting Health Care Facilities

- CSA Z8000 - Canadian Health Care Facilities - Planning, Design and Construction
 - Draft available in 2011/12
 - Ministry would not adopt in interim
 - Issued 2014, due for revision 2018-2020
 - Within CSA Z8000
 - Heating and Ventilation, Fresh Air, recirculation
 - Electrical Standards such as generators, redundancy of power
 - Single Patient Rooms with private washrooms
 - Many other infection control issues



Building Standards Affecting Health Care Facilities

- CSA Z317.13 - Infection Control During Construction
 - Issued 2003, Revised 2007, revised 2012
 - Especially applies to renovations in an active hospital
 - 107 pages
- British Columbia Building Codes
 - Current version, 2012, updated every 5 years
- WorkSafe BC
 - Ranges from overhead patient lifts and portable lifts to eye wash stations and flooring standards for non slip, non grounding



Healthcare Regulations Affecting Northern Health Capital Projects

- BCCDC
 - BC Centre for Disease Control (BCCDC)
 - Provincial Infection Control Network of British Columbia (PicNET)
- Pharmacy Standards
 - USP797- issued 2004, 2 revisions, 1 pending revision(2017)



Other Standards Affecting Northern Health Capital Projects

- Nuclear Medicine – radiation safety, shielding for X-rays, containment of radiopharmaceuticals
- Diagnostic Accreditation Program standards
 - Laboratory
 - Medical Imaging
 - Nuclear Medicine



Master Planning Updates

April 2018



Agenda

Major Projects

- Priority Investments

Master Planning

- Planning for Major Projects and Facility Replacements

Priority Investments

Haida Gwaii Hospital and Health Centre

- Project Value \$50,000,000
- Northwest RHD Funding \$18,884,000
- Grand Opening November 14 2016
- Range of Acute and Community Services
- 8 Acute Care Beds, 1 Labour Bed and 8 Complex Care Beds



Haida Gwaii Hospital and Health Centre



ML

Haida Gwaii Hospital and Health Centre



Haida Gwaii Hospital and Health Center— Exterior



76

Haida Gwaii Hospital and Health Centre – Wellness Pole

- Following a selection process, the ‘Wellness Pole’ commission was awarded in 2017 to master carver Tim Boyko by a Skidegate-based committee chaired by Lauren Brown
- The pole which is forty feet in height and forty-two inches at the base will be complete in time for a raising ceremony during ‘Hospital Days’ scheduled for June 23rd, 2018
- Northern Health plans to work with a company who coordinated successful raising of the ‘Reconciliation Pole’ on the UBC campus
- Once the ‘Wellness Pole’ is complete, a custom-designed steel support will be affixed to the back of the pole. The support is called a “Strongback”

Wellness Pole



Wellness Pole



79



Mills Memorial Business Plan

- NH received approval from Ministry of Health to develop Business Plan February 2018 and is working with Partnerships BC on development. Submission of Business Plan to Government slated for Fall 2018
- NH Steering Committee has been established to oversee Business Plan development
- NH / PBC is in the process of issuing Request For Proposals for various supporting consultants:
 - Facility Advisor (Architect/Engineers/Planner) has been issued and has closed. Submissions being evaluated
 - Quantity Surveyor has been issued and has closed.
 - Evaluation Committee has made recommendation for award
 - Medical Equipment RFP is posted. Closes May 2 Kitchen Equipment Consultant, and Business Advisor RFPs to be issued
- PMO (Project Management Office) infrastructure development considerations to be included in Business Planning



UHNBC Master Planning Phase 1

Phase 1

- Development of improvement plans for surgical services, including operating rooms, a post-anaesthetic recovery unit, pre-surgical screening, operating room booking, day surgery, medical device reprocessing and surgical inpatient accommodation
 - Cardiac care beds diagnostics and invasive cardiac services
 - Mental Health & Addiction Services includes re-development of all mental health services within the hospital
- Completion of a Cardiac Services Business Plan in collaboration with Cardiac Services BC
- Discussions with Ministry of Health, Capital Division and with Partnerships BC (PBC) with regard to submission requirements of a Concept Plan continue on a weekly basis

Concept Plan submitted to Ministry December 2017

15



Master Planning Updates

Dawson Creek: Dawson Creek District Hospital Redevelopment

- A concept plan for a facility re-development was originally submitted to Government in 2015
- Financial and Schedule amendments to the original concept plan were submitted to Government in March 2018.

Stuart Lake Hospital Redevelopment

- A concept plan for a facility re-development was originally submitted to Government in 2015
- Ministry has requested a full refresh of the concept plan (Demand and Projections, Financials, Schedule, Services, Need for Redevelopment). Anticipated completion of concept plan refresh June 2018

82



Fort St John Medical Clinic - 3rd Clinic and IPT

- Development for 3rd clinic and additional IPT space approved on this year's Capital Plan
- Cornerstone Planning has refreshed the space plan report prepared in 2015
- NH is awaiting Ministry approval to issue the RFP for architectural and engineering services for preparation of construction drawings

Future Plans

- NH moving to a regularized Master Planning and Community Space Planning methodology
 - Define the needs and extent of redevelopment of existing facilities
 - Define the services to be provided within the facility into the future
 - Inform interim capital and operational needs where a major redevelopment remains many years out

- Establish trigger points where next steps are developed
 - Develop smaller phased projects or
 - Move into Concept Plan and with approvals, Business Planning

- Some examples of trigger points:
 - Facility Condition Index
 - Functional Capacity of the Facility
 - Program Changes / Program Complexity
 - Population and Demographics – current & future
 - Cost and magnitude of project
 - Standards such as CSA, Infection Control

Questions



Key Components of a Master Program and a Master Plan

A Master Program consists of the following:

- Project Parameters
- Functional and Physical Evaluation of the current facility and space
- Description each Service Component being planned. This includes:
 - Service delivery description (existing and proposed)
 - Historic and projected workloads
 - Description of space elements within each component and associated total space requirement of the component

A Master Plan consists of the following:

- A facility layout solution at a block diagram level of detail
- Cost Estimate (+/- 25%)



Concept Plan

A Concept Plan contains the following:

- A Project Rationale and context within the Health Authority and the provincial mandate to deliver health care services to residents
- Project Goals and Objectives
- Delivery options for health care services
- A proposed solution to the need
- Recommendations for future work
- Cost estimates of solution +/- 25%



Business Plan

A Business Plan consists of the following:

- Explores the components of the Concept Plan in greater detail including:
- Better assurance of project costs
- Options for procurement
- Identifies ongoing cost of operations
- Explores operational challenges to transition from old facility/services to new facility/service models
- Cost estimates of solution +/- 15%

Glossary

- Master Program = Identifies goals and objectives, service area, demographic impacts, current services, future services including block spaces and adjacencies
- Master Plan = Represents the Master Program space needs in graphical fashion, with block functional areas, defines site spaces, layouts and access requirements
- Concept Planning = the Concept Plan identifies, at a high level, the need for the project and presents a proposed solution. A Concept Plan describes the issues, outlines the needs, assesses cost, site logistics, and procurement options. Government uses the Concept Plan to inform approvals to proceed to a Business Plan. The Concept Plan is informed by a Master Program and Plan



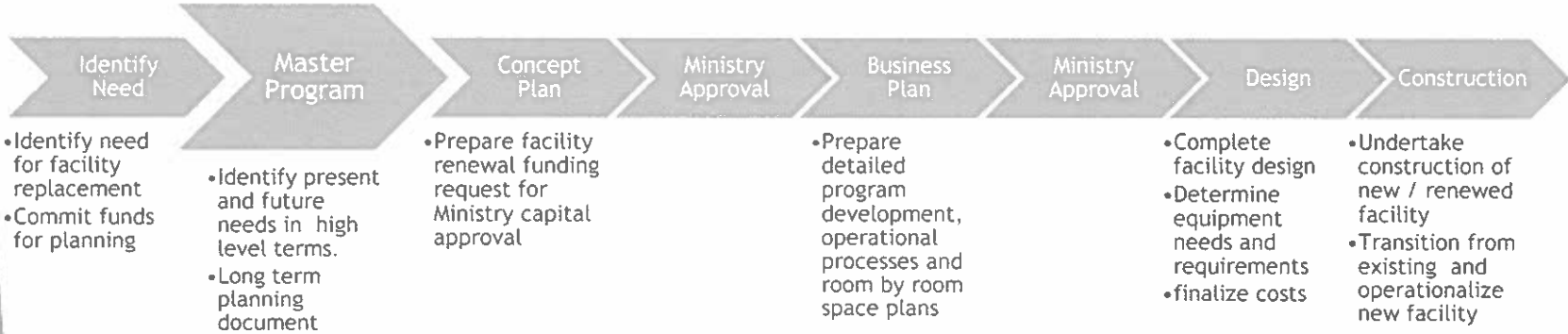
Glossary continued

Business Plan

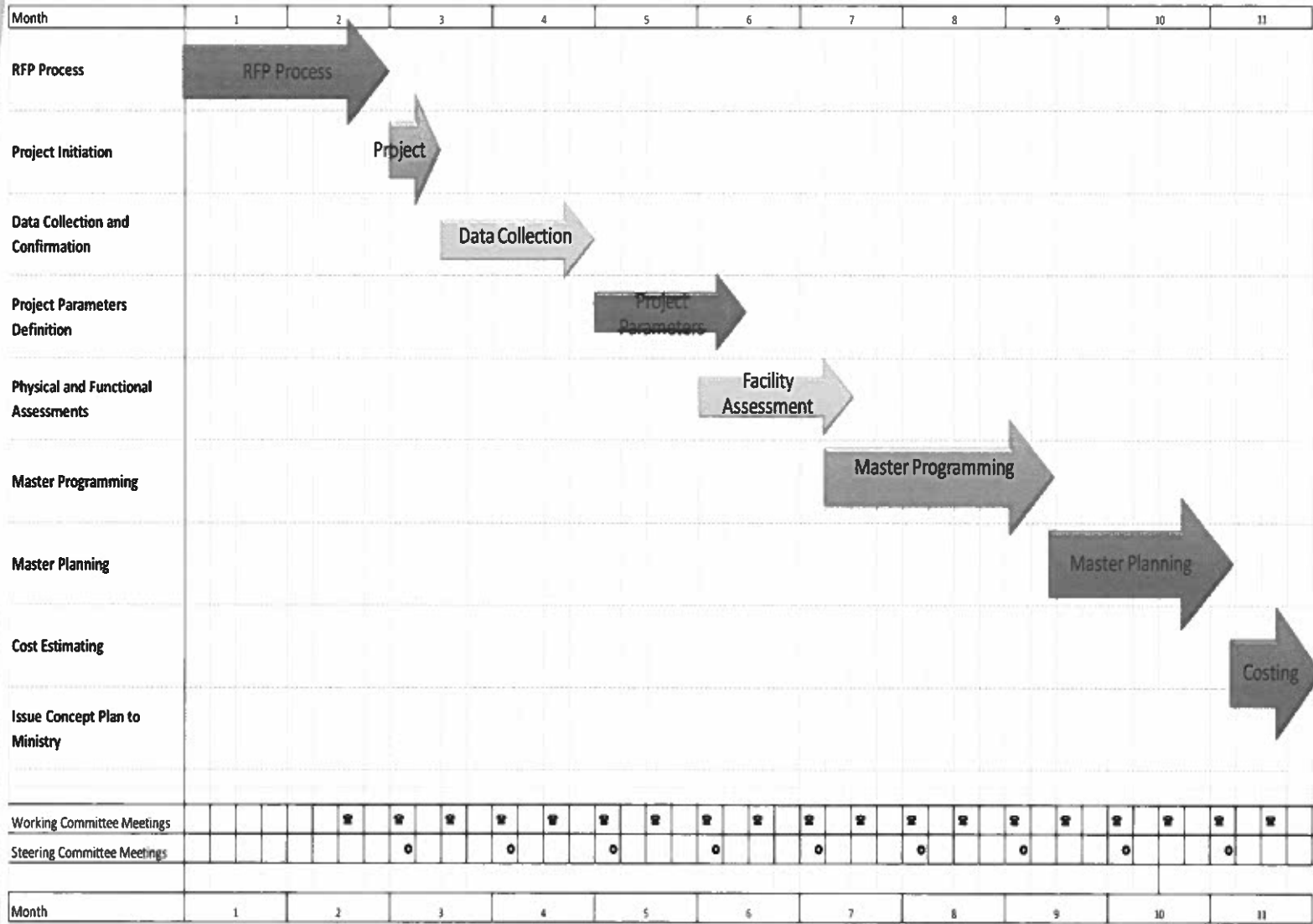
- Business Plan = presents a detailed analysis of the project and includes service demands, service delivery, operational needs, financials, procurement, detailed space needs, site requirements and other details upon which Government can make an informed funding decision.

The business plan results in an approval to proceed to procurement

The Capital Planning Process for Facility Renewal



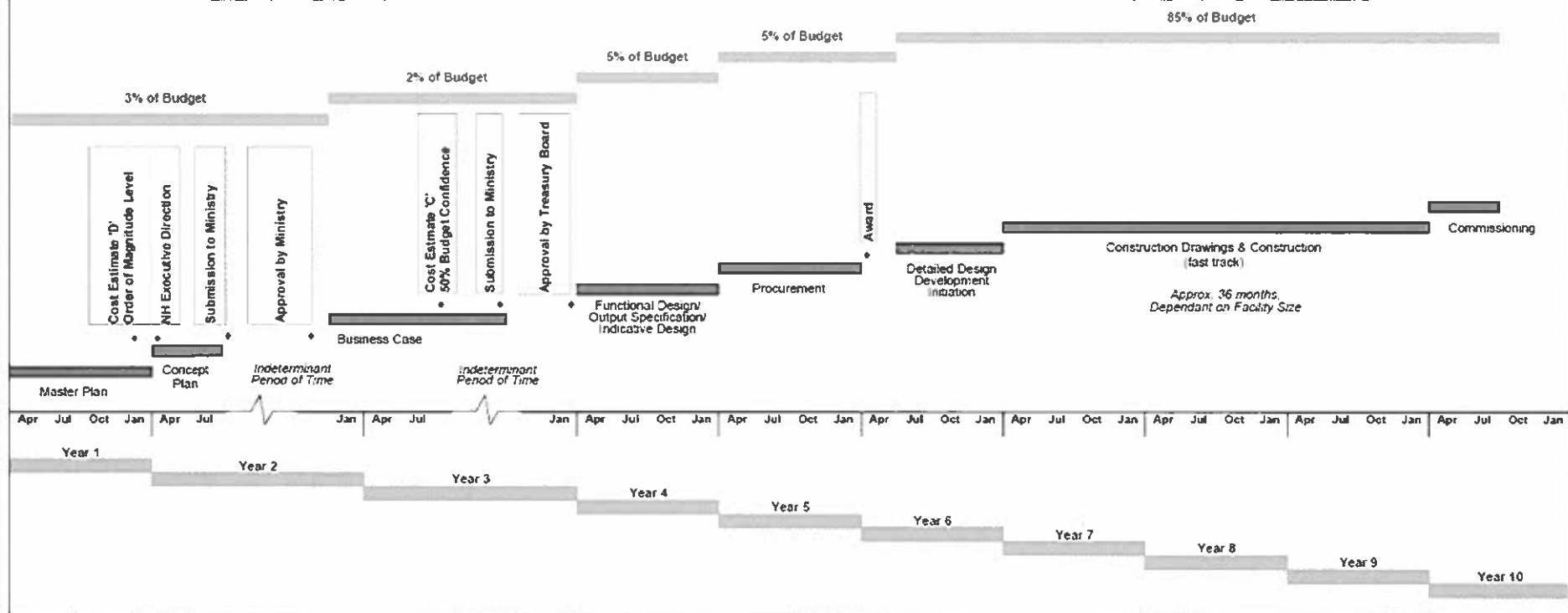
Master Program Process



eb

Project Scheduling & Budgeting

P3 Facility Replacement - Approximate Timeline and Cashflow Projections - Project Budgets Exceeding \$50 Million



Year	Task Name	Approx Duration	% of Budget
Y1	Master Plan	12 months	
Y2	Concept Plan	6 months	3%
	Approval by Ministry	Unknown	
Y2 to Y3	Business Case	9 to 12 months	2%
Y3	Approval by Treasury Board	Unknown	
Y4	Functional Design/Output Specification/Indicative Design	9 months	5%
Y5	Procurement	12 months	5%
Y6	Detailed Design Development Initiation	6 months	85%
Y6 to Y9	Construction Drawings & Construction (fast track)	36-48 months+	
Y10	Commissioning	6 months	

93

Project Governance

Project Charter: a project charter will be developed which will act as a guiding document. The charter will define project goals, assumptions, scope and deliverables, project resources, roles and responsibilities of the participants, and a project process

Project Board: The project board provides direction and oversight, financial and risk management to the steering committee and liaison committee. This structure is only used for major projects where priority investment funding >\$10 M is used.

Steering Committee: The Steering Committee will provide direction and oversight of the project, will accept final documents or provide direction to the Working Group for modifications

Liaison Committee: The Liaison Committee provides oversight and communication advice to the steering committee and project board.

Chaired by an in government MLA, this committee consists of health authority, ministry of health and regional hospital district members.

Working Group: The working group will work closely with the project consultant, will provide input and direction to the NH Project Manager. The Working group will report to the steering committee



Facility Condition Assessments

April 2018

95

Cariboo RHD

Building	City	FCI	Replacement Value (\$ Millions)	Facility Repairs/ Renewals (\$ Millions)	Year Constructed
Dunrovin Park Lodge	Quesnel	0.37	25.75	9.53	1974
Dunrovin Park Lodge Addition	Quesnel	0.21	23.43	4.99	2007
Eileen Ramsay Memorial Clinic	Quesnel	0.43	1.48	0.64	1954
G R Baker Memorial Hospital*	Quesnel	0.74	77.47	57.35	1954

Fraser Fort George RHD

Building	City	FCI	Replacement Value (\$ Millions)	Facility Repairs/ Renewals (\$ Millions)	Year Constructed
Mackenzie Hospital	Mackenzie	0.71	17.23	12.18	1988
Storage	Mackenzie	0.24	0.57	0.14	1995
McBride and District Hospital*	McBride	0.50	12.33	6.21	1963
Alward Place	Prince George	0.29	34.51	9.90	1975
Aspen 1 Independent Living	Prince George	0.60	4.13	2.47	1965
Aspen 2 Independent Living	Prince George	0.55	3.88	2.11	1964
Duplex Cottage Independent Living	Prince George	0.54	0.72	0.39	1959
Fourplex Cottage Independent Living	Prince George	0.65	1.22	0.79	1959
Gateway Residential Care Complex Care	Prince George	0.11	46.47	0.10	2009
Gateway Residential Care Assisted Living	Prince George	0.12	29.68	3.44	2009
JG Mackenzie Family Practice Centre	Prince George	0.22	3.99	0.89	1996
Laurier Manor	Prince George	0.18	10.32	1.89	2001
Parkside Intermediate Care Home	Prince George	0.29	12.92	3.80	1983
Project Parent North	Prince George	0.29	0.59	0.17	1975
Rainbow Intermediate Care Home*	Prince George	0.63	7.81	4.92	1972
Spruceland	Prince George	0.67	9.35	6.22	1955
University Hospital of Northern British Columbia*	Prince George	0.46	294.06	134.43	1958
Valemount D and T Centre	Valemount	.20	3.49	.703	1978

97

Stuart Nechako RHD

Building	City	FCI	Replacement Value (\$ Millions)	Facility Repairs/ Renewals (\$ Millions)	Year Constructed
Burns Lake - The Pines	Burns Lake	0.49	10.33	5.09	1992
Lakes District Hospital and Health Centre	Burns Lake	0.00	39.16	.06	2015
Nurses Residence	Burns Lake	0.43	.82	.35	1992
Stuart Lake Hospital*	Fort St. James	0.51	10.13	5.21	1972
Fraser Lake Community Health Centre	Fraser Lake	0.53	5.98	3.19	1979
Southside Health and Wellness Centre	Burns Lake	0.05	1.48	.073	1979
Nurses Residence	Vanderhoof	0.24	2.50	0.59	1935
Old Hospital - College of New Caledonia	Vanderhoof	0.48	6.99	3.35	1940
St John Hospital*	Vanderhoof	0.65	25.88	16.84	1971
Stuart Nechako Manor	Vanderhoof	0.11	18.54	2.06	2004

86

Northern Rockies RHD

Building	City	FCI	Replacement Value (\$ Millions)	Facility Repairs/ Renewals(\$ Millions)	Year Constructed
Fort Nelson General Hospital*	Fort Nelson	0.54	26.57	14.34	1963

bb

Northwest RHD

Building	City	FCI	Replacement Value (\$ Millions)	Facility Repairs/ Renewals (\$ Millions)	Year Constructed
22 Tatcho Street	Dease Lake	0.54	0.38	0.21	1979
23 Tatcho Street	Dease Lake	0.18	0.35	0.13	1979
3rd Avenue	Dease Lake	0.63	0.38	0.23	1982
Stikine Health Centre	Dease Lake	0.37	9.05	3.37	1994
Hazelton Duplex	Hazelton	0.25	0.34	0.08	1998
Wrinch Memorial Hospital*	Hazelton	0.74	23.94	17.83	1977
Houston D and T Centre	Houston	0.41	6.79	2.79	1982
Kitimat General Hospital	Kitimat	0.35	71.51	24.78	2002
Kitimat Mixed Elder Care	Kitimat	0.32	16.26	5.13	2002
Masset Assisted Living	Masset	0.03	1.17	0.03	2008
Masset General Hospital	Masset	0.06	9.74	0.57	2008
Duplex at 2208 and 2210 Dogwood	Masset	0.37	0.49	0.18	1970
Prince Rupert Regional Hospital*	Prince Rupert	0.64	55.55	35.44	1971
Haida Gwaii Hospital & Health Centre	Queen Charlotte City	New Build Hospital - To be assessed			
Bulkley Lodge*	Smithers	0.32	16.25	5.18	1978
Bulkley Valley District Hospital*	Smithers	0.72	30.43	21.86	1954
Stewart Health Centre	Stewart	0.32	12.26	3.87	1993
Birchwood Place	Terrace	0.17	1.68	0.28	1994
McConnell Estates	Terrace	0.16	7.37	1.16	2002
Mills Memorial Hospital*	Terrace	0.57	54.73	31.15	1959
Seven Sisters Residential Mental Health	Terrace	0.18	3.77	0.67	2000
Sleeping Beauty Medical Clinic	Terrace	0.51	1.38	0.69	1960
Terraceview Lodge	Terrace	0.43	18.26	7.94	1984
Terraceview Lodge New Addition	Terrace	0.06	13.77	0.79	2009

Peace River

Building	City	FCI	Replacement Value (\$ Millions)	Facility Repairs/ Renewals (\$ Millions)	Year Constructed
Chetwynd General Hospital	Chetwynd	0.71	18.03	12.78	1971
Dawson Creek and District Hospital	Dawson Creek	0.56	87.43	49.30	1960
Dawson Creek and District Hospital Service Building	Dawson Creek	0.24	8.28	1.99	1996
Dawson Creek Mental Health Residence	Dawson Creek	0.40	0.43	0.17	1968
Rotary Manor	Dawson Creek	0.22	18.57	4.05	2002
Rotary Manor Addition	Dawson Creek	0.13	15.55	1.95	2008
Peace Villa Residential Care	Fort St John	0.10	39.65	3.86	2012
Hudson's Hope Health Centre	Hudson's Hope	0.17	6.97	1.20	1997
Tumbler Ridge D and T Centre	Tumbler Ridge	0.50	7.78	3.89	1983

101

Northern Health & Regional Hospital Districts of Northern BC

BC Emergency Health Services

Spring 2018 Update

Linda Lupini

Executive Vice-President

BC Emergency Health Services

April 17, 2018

102

April 17, 2018

BCEHS | BC Emergency
Health Services

BCEHS Core Business

- **Patient Care Delivery:** Pre-hospital 911 emergency care and patient transport by ground or air ambulance, provincial community paramedicine program
- **Patient Care Communications & Planning:** Call taking and dispatching of 911 calls and coordinating inter-facility patient transfers

103

BCEHS Action Plan

- ▶ Completed the first year of a three year plan to transform emergency health services in BC.
- ▶ Addresses three system-wide challenges BCEHS currently experiences:
 - Growing demand for emergency services, predicted to double in call volume between 2014 and 2020
 - An unsustainable staffing model in rural and remote areas of the province that impacts the quality of emergency health services patients and communities receive, and
 - BCEHS' traditional reliance on transport to an ER – one size fits all response doesn't meet the needs of all patients

104



BCEHS Action Plan

- ▶ Our response to resolving these challenges requires us to collectively **transform, sustain and engage**.
- ▶ We need to look at the delivery of emergency health services from a more transformational perspective
- ▶ Create a system that can deliver the right care, at the right time, in the right place, to address patients' healthcare needs.

105



Action Plan Improvements

- ▶ Deployment reviews have resulted in improvements to staffing, shift schedules
- ▶ Four more paramedics to staff the low acuity plane based in Fort St. John
- ▶ Four more paramedics and an ambulance for both Dawson Creek and Fort St John
- ▶ Changes are in addition to 48 new positions in lower mainland and Vancouver Island and are based on extensive data reviews

106



Northern staffing stats

- ▶ 457 paramedic staff:
 - 56 full time
 - 401 on call
- ▶ 34 ambulance stations
- ▶ 55 ambulances, 3 aircraft

- ▶ Introducing a 4-hour guaranteed pay for on-call (Kilo) staff on pager has improved our ability to staff ambulances in rural and remote communities

911 Call Volumes (Calendar Year 2017)

MPDS Events by Determinant Group					
Health Authority	Health Service Delivery Area	Alpha/Omega	Bravo/Charlie	Delta/Echo	Total Events
Northwest	050 - Queen Charlotte	118	206	148	472
	051 - Snow Country	11	13	9	33
	052 - Prince Rupert	528	723	624	1,875
	053 - Upper Skeena	285	548	328	1,161
	054 - Smithers	421	626	450	1,497
	080 - Kitimat	281	360	181	822
	087 - Stikine	9	15	13	37
	088 - Terrace	702	1,036	818	2,556
	094 - Telegraph Creek	6	2	2	10
	Total	2,361	3,529	2,573	8,463
Northern Interior	028 - Quesnel	655	913	702	2,270
	055 - Burns Lake	235	361	271	867
	056 - Nechako	425	663	509	1,597
	057 - Prince George	2,781	4,386	3,392	10,559
	Total	4,096	6,323	4,874	15,293
Northeast	059 - Peace River South	635	990	729	2,354
	060 - Peace River North	639	1,187	814	2,640
	081 - Fort Nelson	79	154	114	347
	Total	1,353	2,331	1,657	5,341
Total - NHA		7,810	12,183	9,104	29,097
First Nations	092 - First Nations - Nisga'a	36	51	20	107
Total - Nisga'a		36	51	20	107

108

Patient Transfers

- ▶ More than 66,000 patients moved between healthcare facilities in BC in 2016–2017.
- ▶ Just over 15,000 of these were in the North.

109



Hospital Transfer Volume (Calendar Year 2017)

InterFacility Transfer Volume - Ground Calendar Year 2017

Health Service Delivery Area	PCD Ops Area	Quarter	Responses
51 - Northwest	Northern	2017 Q1	1,571
52 - Northern Interior		2017 Q1	1,534
53 - Northeast		2017 Q1	802
Total		2017 Q1	3,907
51 - Northwest	Northern	2017 Q2	1,527
52 - Northern Interior		2017 Q2	1,497
53 - Northeast		2017 Q2	608
Total		2017 Q2	3,632
51 - Northwest	Northern	2017 Q3	1,571
52 - Northern Interior		2017 Q3	1,617
53 - Northeast		2017 Q3	675
Total		2017 Q3	3,863
51 - Northwest	Northern	2017 Q4	1,563
52 - Northern Interior		2017 Q4	1,438
53 - Northeast		2017 Q4	633
Total		2017 Q4	3,634
		Total	15,036

119



Fixed Wing Air Transports to or from NHA

Calendar Year 2017

Local Health Area*	Fort St John Crew	Other Crews	Total
Prince George	102	738	840
Terrace	40	402	442
Peace River South	63	305	368
Peace River North	78	231	309
Smithers	19	182	201
Prince Rupert	17	182	199
Quesnel/Haida Gwaii	12	241	253
Fort Nelson	36	75	111
Other	8	102	110
Total	375	2,458	2,833

* Counted by origin LHA or destination LHA when from another Health Authority

Patient Care, Communications and Planning (PCCP)

- ▶ PCCP provides provincial 911 call-taking and dispatching and patient transfer coordination services.
- ▶ Three dispatch centres – Kamloops, Victoria, Vancouver
- ▶ Handle over half a million calls annually
- ▶ Call volume climbing an average of 6% annually

112

Patient Transfer Improvements

- September 2016 –New structure for patient transfers, reporting to one manager under PTS (Patient Transfer Services)
- April 2017-June 2017 – After listening to physicians concerns about being on the phone too long and needing to get back to their sickest patients, PTS redeveloped the entire Red patient transfer process
- New process - live September 2017, getting physicians off the phone much more quickly.

113

Engaging our Stakeholders

- October 2017 –PTS staff went to Hudson Hope, Fort St John, Chetwynd, and Dawson Creek to listen to new ideas and focus on strengthening the relationship with NHA and BCEHS
- Jan 2018 – Introduction of a higher skillset for PCP paramedics to be able to take a subset of cardiac monitored patients to the airport to free up nurses within the facilities
- Jan 2018- new Provincial Patient Transfer Working group has membership from all health authorities, including First Nations and BCEHS, working collaboratively to streamline patient transfer processes across the province.

114

BCEHS Air Ambulance

- ▶ Review of air deployment planning across BC underway, especially focused on Northern BC
- ▶ Opportunities being explored to use air resources to reduce the number of long distance ground transfers
- ▶ Key is to keep ground ambulances in their communities as much as possible

115



Air Ambulance Improvements

- Over 40 helicopters available to BCEHS in Northern BC .
- ▶ New Bariatric Aircraft – part of a strategy being developed to deal with low acuity patients travelling long distances.
- ▶ Aircraft features:
 - 100% self sufficient
 - 700lb patient capability
 - Uses Stryker bariatric cot
 - Gravel strip landing capable
 - Has 2 standard LifePort PLUS patient transport systems
 - Up to 6 medic/passenger seats

116

Air Ambulance – Fort St. John

- ▶ The Fort St. John Aircraft trial produced considerable data which is helping us identify the distances, routes and location variables
- ▶ We are studying the call volume north of Prince George to determine the most optimum aircraft location base.
- ▶ A scheduled service is new to the HA's but is another option to be considered.



Community Paramedicine

- Purpose of program:
 - Support stabilization of paramedic staffing in rural and remote communities
 - Bridge health service delivery gaps in the community, identified in collaboration with local primary care teams

118

CP Population Profile

- Aging population living on their own
- Living with chronic conditions: heart failure, chronic obstructive pulmonary disease (COPD) and diabetes
- Referred by their doctor or other primary health care provider
- Service provided at no cost to the patient

119

CP Milestones to date

- 80 FTE positions created
- 106 part-time and 23 full-time positions posted
- 99 rural and remote communities selected
- 799 patients seen
- 8,635 visits to patients' homes made
- 3,201 CP services delivered
- CPs also responded to more than 40 "911" calls

120

Northern Health CP Milestones

- Between January 2016– February 2018, 6,261 CP services delivered to communities in Northern Health
- 79 per cent of these services provided during home visits.
- Since the start of the program, CPs have seen 374 patients in Northern Health communities.

121



Northern CP Communities

Communities	Working in Community
<p>Prototypes:</p> <p>Chetwynd, Fort St. James, Hazelton</p>	
<p>Provincial Rollout:</p> <p>Atlin, Dease Lake, Fraser Lake, Granisle, Houston, Hudson's Hope, Kitwanga, Mackenzie, Masset, McBride, Southside, Stewart, Tumbler Ridge, Wells, and three prototype communities</p>	<p>May 2017</p>
<p>Optimal Deployment :</p> <p>Burns Lake*, Dawson Creek, Fort Nelson, Fort St. John**, Prince Rupert, Queen Charlotte Village**, Smithers, Valemount**, Vanderhoof</p> <p>* Part-time CP</p> <p>**Full-time RACCP – provides mentorship to CPs in neighbouring communities</p>	<p>Summer 2018</p>

122

Future of Community Paramedicine

- Introduction of **rural advanced care community paramedics**
- Expanded scope to include services to higher acuity patients in home, clinic, and facility settings
- RACCPs being hired in Fort St. John, Valemount and the Village of Queen Charlotte
- providing services in the summer of 2018.
- RACCPs will also provide mentorship to CPs and paramedics in neighbouring communities.

Future of Community Paramedicine

- Planning underway to introduce **home health monitoring telehealth service** in Northern Health.
- CP HHM is currently offered to patients in Island Health with heart failure and chronic pulmonary disease (COPD), and patients in Interior Health with COPD.

Future – Palliative CP

- BCEHS has received approval and financial support to develop a program to **involve paramedics in palliative care**, assisting dying patients to be at home
- The Canadian Partnership Against Cancer and Canadian Foundation for Healthcare Improvement funding over the next three years to develop and implement the program.
- Includes enabling changes to expand the scope of paramedic's clinical practice and increase the confidence of paramedics in dealing with end-of-life patients.
- BCEHS participating in the program's development along with the BC Centre for Palliative Care, provincial health authorities and the Ministry of Health.

Conclusion

- There has been a lot of progress in the past year, and more to come in year two.
- Continued improvement and strategic investment in transforming our service
- Ongoing commitment to work with Northern health and the communities it serves to improve our service to our patients.
- Thank you!

126





127

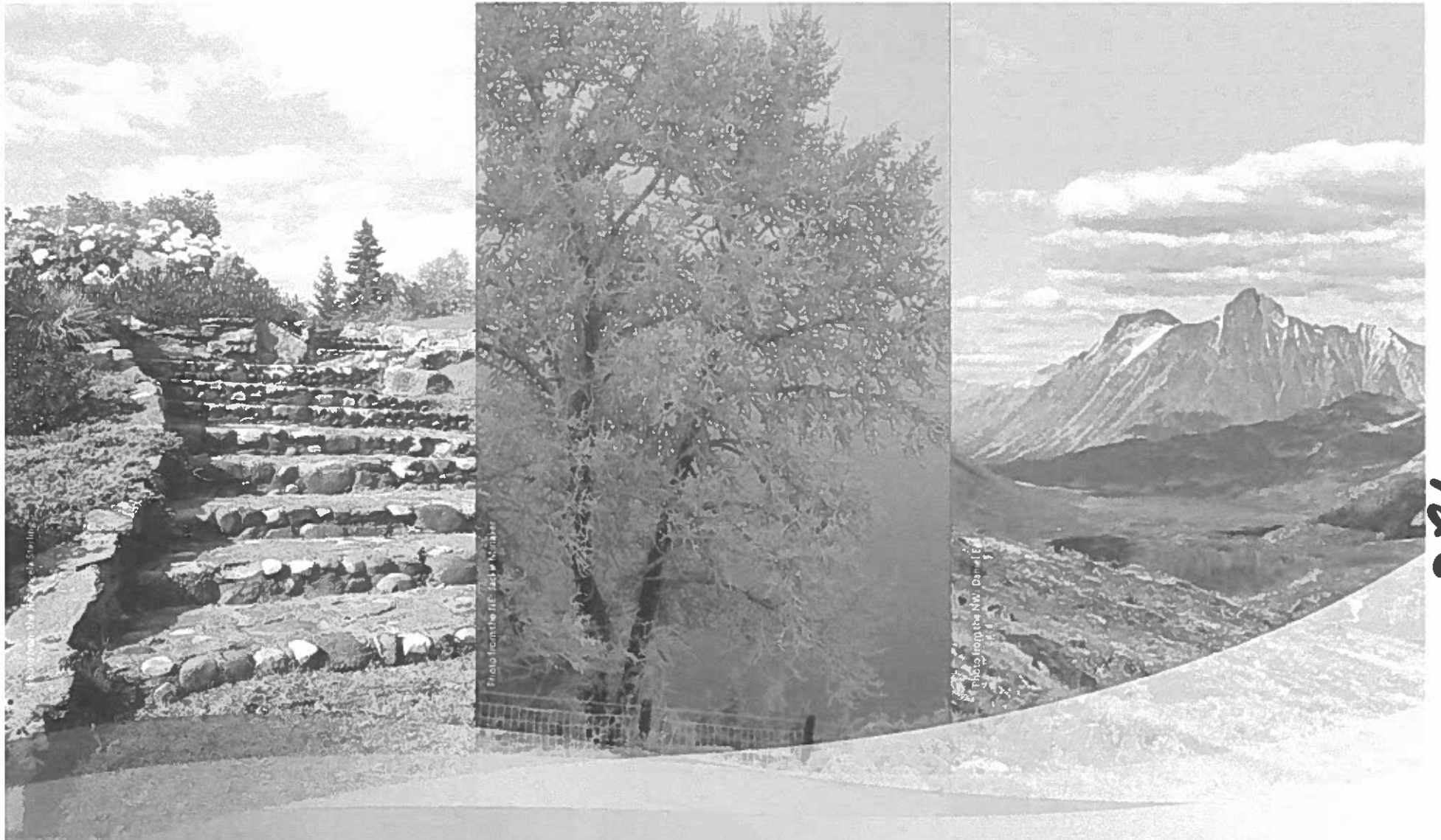


Photo from the file: jacy Mcnair

Photo from the file: jacy Mcnair

Photo from the file: Daniel Lee

128



Regional Hospital Districts

April 17, 2018

Modeling Parameter – Admission Criteria Complex Care

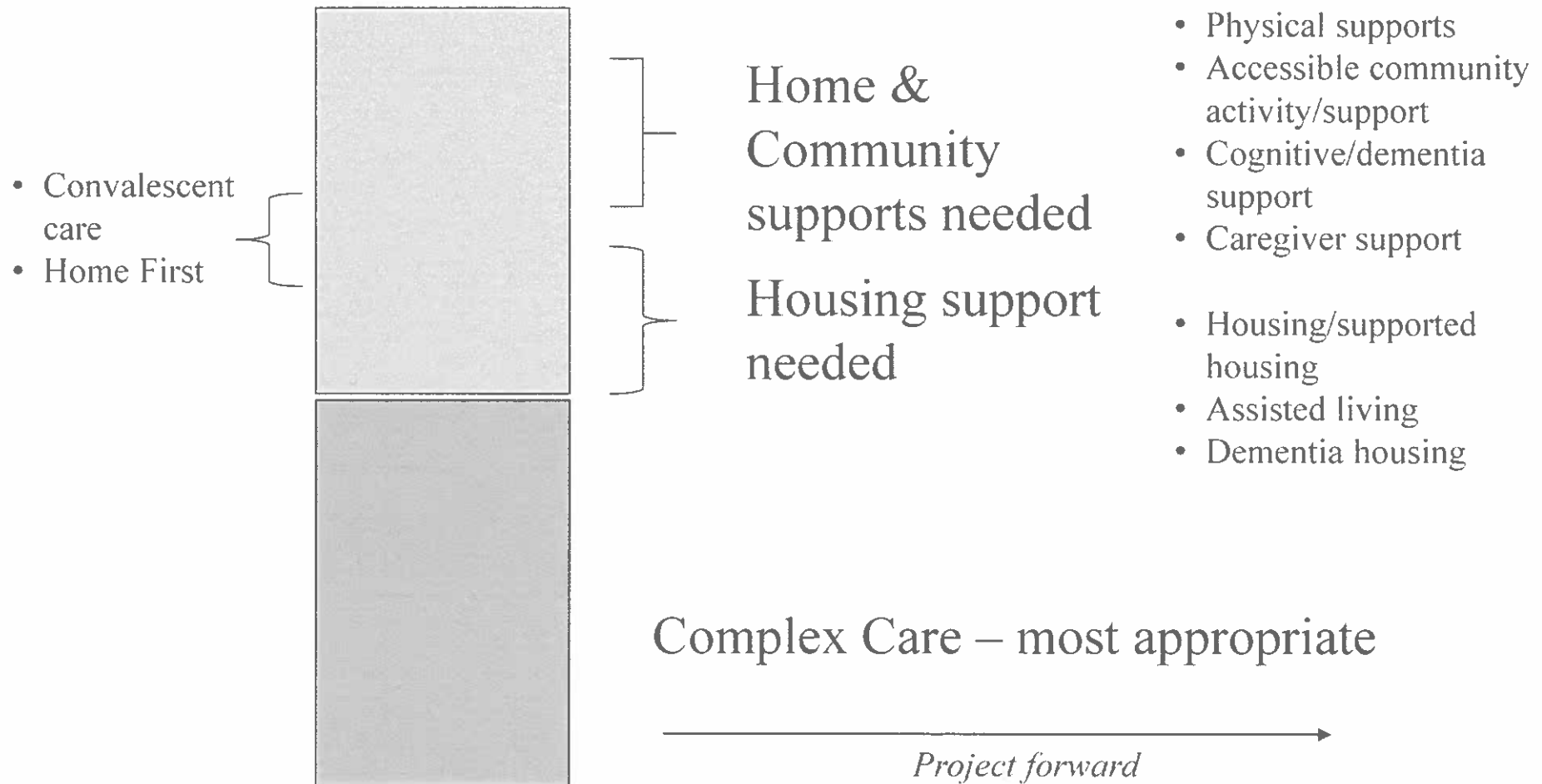
	% Meeting NH Admission Criteria	% Meeting BC Admission Criteria	Convalescent Stabilization Care Needs
In HC Assessment	86%	61%	↓
In 1st LTC Assessment	74%	52%	
In 2nd LTC Assessment	72%	50%	

129

Alternative Physical support needs – cognitive support needs

- *50-52%: Apparent very large opportunities to reduce/eliminate need for additional complex care capacity*
- *Wide range of alternatives ARE needed – must better understand what they are*

Focused Clinical Data Review



130

Steps Forward

- Continue clinical review to estimate and project need for home-based; housing-based solutions (April/May)
- Engage in local conversation re: interest and options (e.g., housing, assisted living, community supports)
- Plan for flexibility and growth in home support in conjunction with Interprofessional Teams
- Embed “rehabilitative approach” across all services

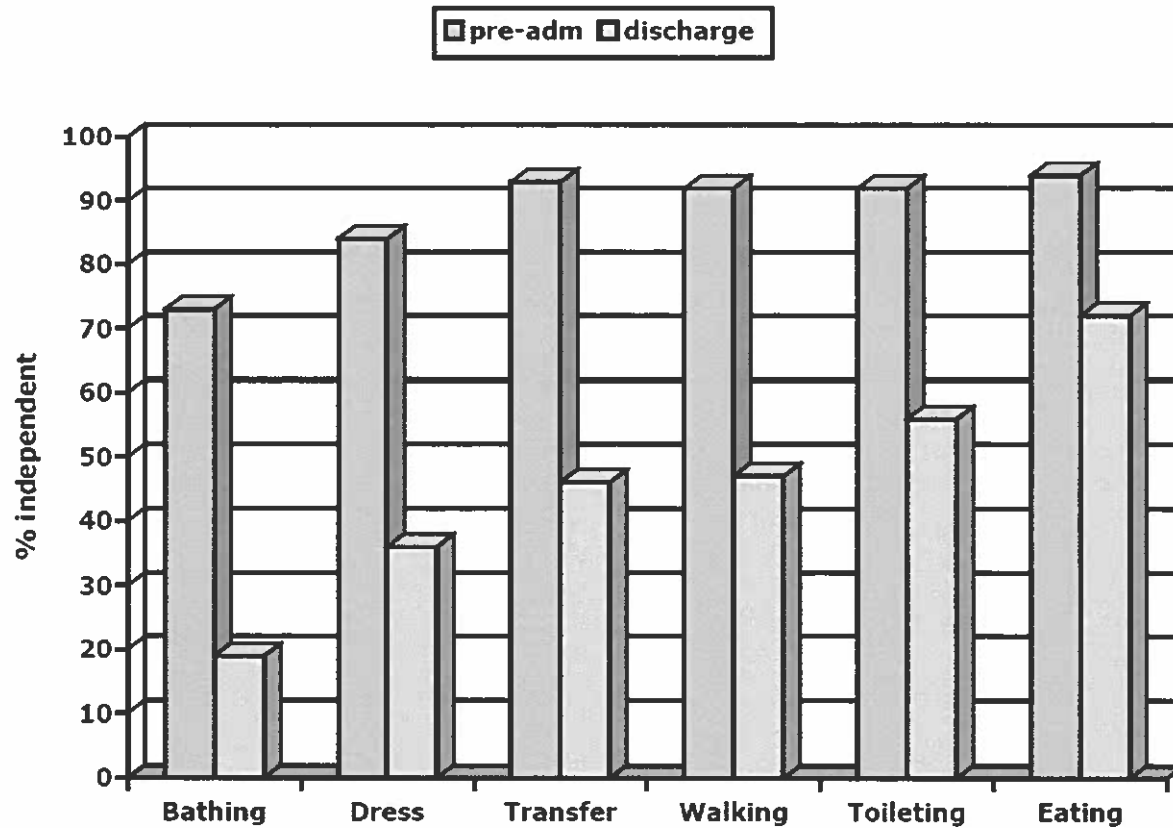
Rehabilitative Care

- Focus on restoring or maintaining level of function
- Is patient and family centred – person's goals are at the centre of the care provided
- “Care with” not “care for”
- Relates to both physical and cognitive/mental capabilities

132

Why?

Functional Decline Associated with Hospitalization



(Dr. J. Puxty. Presentation to Ontario Hospital Association Convention: Developing Geriatric Capabilities in Acute Care. Evidence-based practice in Patient Focussed Hospital Care. November 23, 1999.)

Examples From the Northern Interior

- Simon Fraser Lodge
 - Increasing Ambulation
- University Hospital of Northern British Columbia
 - Additional Beds & Service Model Development

134

Next Steps

- Emerging Practice & Spreading Success
- Front Line Leaders Forum

135

Photo from the City of George, ON

Physician Recruitment Update

136

April 17, 2018 - Spring Joint Meeting

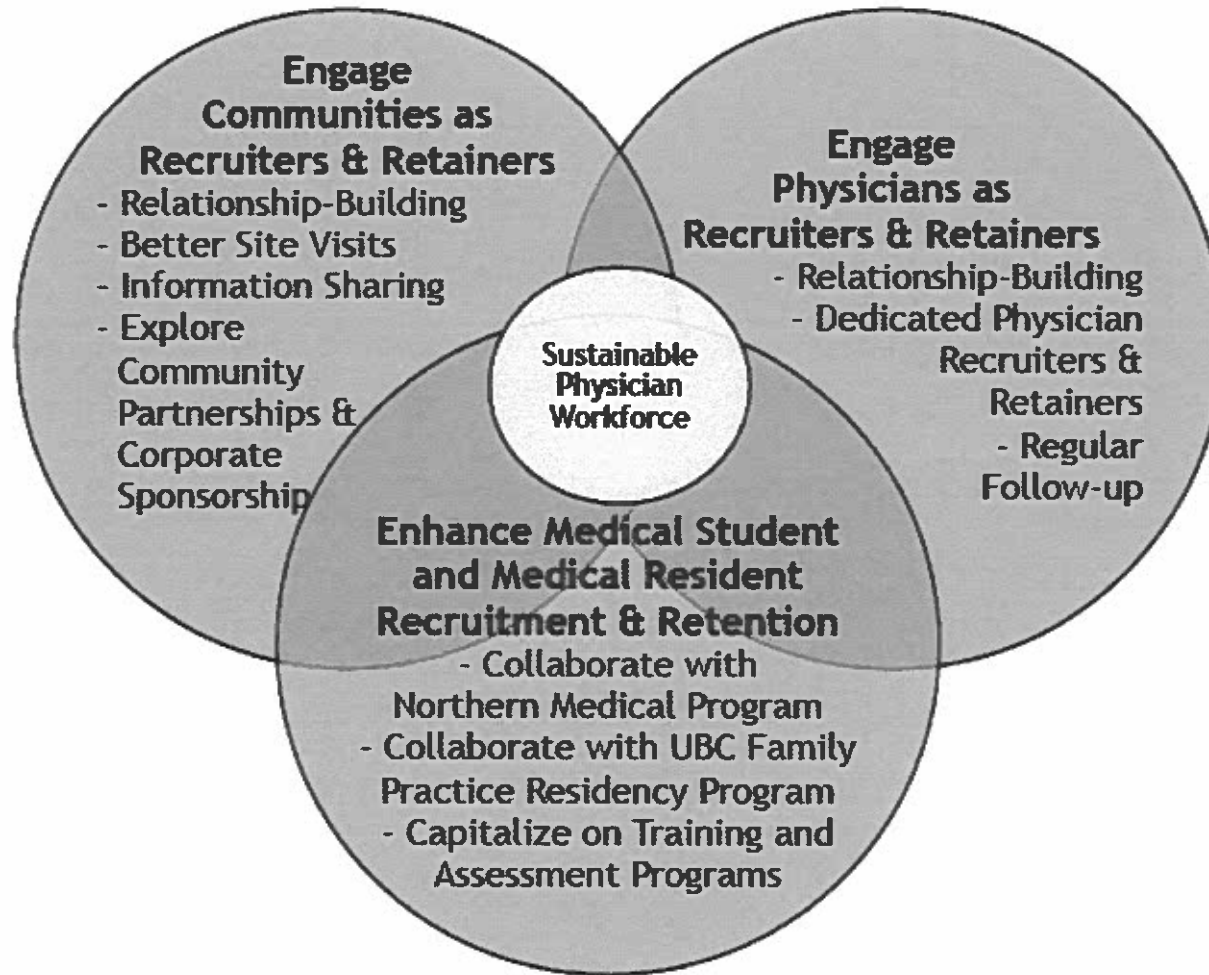
Northern Health and Regional Hospital Districts of Northern BC



Prepared by: Kelly Giesbrecht, Regional Manager, Physician Recruitment for Dr. Ronald Chapman

2015-2019 Physician Recruitment Plan

Focus Areas



137

Retention and Recruitment Team

- Alignment of Nurse Practitioner and Physician Recruitment
 - Transition Plan to bring NP recruitment into this department
 - Will work closely the NP Lead and team moving forward
- Department Structure
 - Regional Manager, Physician/NP Recruitment
 - 3 HSDA specific Physician Recruiters / Candidate Relationship Developers (NE, NW, NI)
 - 2 Coordinators
 - Medical Staff Retention and Recruitment (Marketing, NP Recruitment)
 - Physician Recruitment Programs (IMG/PRA Programs, NMP Students, Residents)

138

Retention and Recruitment Highlights

- Increasing focus on retention
 - Development and implementation of a Retention Plan
 - Stay Interviews and Exit Interviews
- Maintaining focus on recruitment
 - Comprehensive events strategy
 - Foundation of excellence and collaboration with partners
- Developing an engagement and marketing plan
 - Implementation of a Client Relationship Management system
 - Provide a framework for our existing engagement work
 - Use this framework to design and implement a marketing plan
- Ongoing relationship building and collaboration
 - Internal departments (HR, Physician Compensation, etc)
 - External partner organizations (Health Match BC, MOH, etc)
 - Communities in Northern BC (Divisions of Family Practice, etc)

139

Sources of Physician Supply for the North

Northern Health sources physicians through the following:

- For Family Practitioners

- Actively recruit from students and residents attending the Northern Medical Program
- Practice Ready Assessment Program of BC (PRA-BC)
 - Approximately 12 physicians annually
- The UBC International Medical Residency Program
 - Approximately 10 physicians annually

- For Family Practitioners and Specialists:

- Use traditional recruitment activities (i.e. attending planned medical events)

146

2018 Events Planned

Recruitment Events Planned April 2018-March 2019

Month	Event Name
April	Society of Rural Physicians Conference (St. John's, NFLD)
	Nurse Practitioner Association of Alberta (Edmonton, AB)
	Family Practice Resident "Doc Talks" (Prince George, BC) *
May	BC Rural Health Conference (Nanaimo, BC)
	Canadian Association of Emergency Physicians Conference (Calgary, AB)
	Northern Doctors Continuing Medical Education Event (Tumbler Ridge, BC) **
	Family Practice Resident "Doc Talks" (Prince George, BC) *
June	Northern Medical Program Students Year 4 Graduation (Prince George, BC) *
	BC Nurse Practitioner Associates Conference (Nanaimo, BC)
	UBC CPD Practice Survival Skills Conference (Vancouver, BC)
September	Canadian Anesthesiologist Society Annual Meeting (Montreal, QC)
	St. Paul's Hospital Emergency Medicine Conference (Whister, BC)
	Family Practice Resident "Doc Talks" (Prince George, BC) *
October	American Academy of Family Physicians
	Canadian Society of Internal Medicine (Banff, AB)
	Family Practice Resident "Doc Talks" (Prince George, BC) *
November	CFP Family Medical Forum (Toronto, ON)
	St. Paul's Hospital Conference for Primary Care Physicians (Vancouver, BC)
	Family Practice Resident "Doc Talks" (Prince George, BC) *
	Northern Medical Program Year 1 Orientation Weekend (Prince George, BC)

* Events organized and supported by NH Physician Recruitment

** NH Continuing Medical Education event.

141

Northwest

Northwest HSDA
Current Postings & 2017/18 Fiscal Year Filled Positions
And Recruitment In Progress By Community
 (Based on best available information April 10, 2018)

Community	Postings	Filled (17/18)	In Progress	FTE in Practice	Notes
Atlin				0	Not recruiting
Dease Lake				2	
Hazelton	3		1 Letter of Offer	4.5	6 candidates
Houston	1			2.2	
Kitimat				7	
Kitimat SP				1	
Masset		3	1 Letter of Offer	4	
Prince Rupert		1		18	
Prince Rupert SP		2		6	
Smithers		1		16.1	
Smithers SP	2	1		1	
Stewart	1	1		1	
Terrace	6	5	1 Letter of Offer	15.45	3 GP candidates
Terrace SP + GPA/GPO	4	4		23.85	2 OBG Candidates
V. of Queen Charlotte		1		4.5	
TOTAL GPs	11	12	3	75.75	
TOTAL SPs	6	7		30.85	

142

Northeast

Northeast HSDA Current Postings & 2017/18 Fiscal Year Filled Positions And Recruitment In Progress By Community (Based on best available information April 10, 2018)					
Community	Postings	Filled (17/18)	In Progress	FTE in Practice	Notes
Chetwynd		2		5	
Dawson Creek		5		21	
Dawson Creek SP	1			8	
Fort Nelson		1		4	
Fort St. John	2	5		29	
Fort St. John SP		4	1 Letter of Offer	12	
Hudson's Hope				1	
Taylor					Not recruiting
Tumbler Ridge		1		3	
TOTAL GPs	3	14		63	
TOTAL SPs		4	1	20	

143

Northern Interior

Northern Interior HSDA
 Current Vacancies & 2017/18 Fiscal Year Filled Positions
 And Recruitment In Progress By Community
 (Based on best available information April 10, 2018)

Community	Postings	Filled (17/18)	In Progress	FTE in Practice	Notes
Burns Lake		3		7.5	
Fort St. James		1		5	
Fraser Lake		1		3.6	
Mackenzie		2		5	
McBride		1		2.4	
Prince George	2	17		84.9	
Prince George SP	18	10	3 Letters of Offer	112.51	7 candidates
Quesnel		1		23.35	
Quesnel SP	1			5	1 candidate
Valemount				3.5	
Vanderhoof		3		11.5	
TOTAL GPs	2	29		146.75	
TOTAL SPs	19	10	3	117.51	

hhi

Nurse Practitioners

Northern Health Nurse Practitioners as of March 22, 2018

(Based on best available information)

Area / Region	In Practice (FTE)	Current Permanent Postings (FTE)
Prince George	13.0	0.0
Northern Interior	8.0	1.0
Northeast	1.0	2.0
Northwest	6.0	4.0
Flexible / Casual	-	2.0
TOTAL	28	9

145

Thank you

Contact

- **Kelly Giesbrecht**
 - Regional Manager Physician Recruitment
 - Email: Kelly.Giesbrecht@northernhealth.ca
 - Phone: 250.649.7244

146