

STUART-NECHAKO REGIONAL HOSPITAL DISTRICT
AGENDA
THURSDAY, MAY 2, 2019

CALL TO ORDER

SUPPLEMENTARY AGENDA

Receive

AGENDA – May 2, 2019

Approve

<u>PAGE NO.</u>	<u>MINUTES</u>	<u>ACTION</u>
3-5	Stuart-Nechako Regional Hospital District Meeting Minutes – March 21, 2019	Adopt

DELEGATION

PRICEWATERHOUSECOOPERS LLP

Taylor Turkington, Senior Associate, Assurance
RE: 2018 Audit

REPORTS

6	John Illes, Treasurer – Audited Financial Statements 2018	Recommendation (Page 6)
7-14	John Illes, Treasurer – MOU between Regional Hospital Districts and Northern Health	Recommendation (Page 7)
15-23	John Illes, Treasurer/Cheryl Anderson, Acting Secretary – Appointment of Staff Member to Business Planning Steering Committee	Recommendation (Page 15)

CORRESPONDENCE

24-26	Northern Health – NCLGA Meeting Confirmation	Receive
27-28	Northern Health – News Release – New Mobile Unit Takes Mental Health and Addictions Services on the Road	Receive
29-30	Northern Health – NH Board Meeting Highlights: April 2019	Receive
31	Northern Health – Media Bulletin – Vanderhoof - Stuart Nechako Manor Residents Transferred Due to Facility Fire/Water Damage	Receive
32-51	Northern Health – 2018-2019 Capital Plan Update	Receive

VERBAL REPORTS

RECEIPT OF VERBAL REPORTS

2

SUPPLEMENTARY AGENDA

NEW BUSINESS

ADJOURNMENT

STUART-NECHAKO REGIONAL HOSPITAL DISTRICT**MEETING MINUTES****THURSDAY, MARCH 21, 2019**

PRESENT: Chairperson Jerry Petersen

Directors Dolores Funk
Tom Greenaway
Clint Lambert
Mark Parker
Bev Playfair
Michael Riis-Christianson
Gerry Thiessen
Kim Watt-Senner – arrived at 10:10 a.m.

Director Absent Linda McGuire, Village of Granisle

Alternate Director Thomas Liversidge, Village of Granisle

Staff Cheryl Anderson, Acting CAO/Manager of Administrative Services
John Illes, Chief Financial Officer
Wendy Wainwright, Executive Assistant

Others Kiel Giddens, Public Affairs Manager TransCanada
Tanner Woodman, Coastal GasLink - Prince George, TransCanada

CALL TO ORDER

Chair Petersen called the meeting to order at 10:07 a.m.

AGENDAMoved by Director Lambert
Seconded by Director Greenaway**SNRHD.2019-2-1**

"That the Stuart-Nechako Regional Hospital District Agenda of March 21, 2019 be approved."

(All/Directors/Majority)

CARRIED UNANIMOUSLY**MINUTES****Stuart-Nechako Regional
Hospital District Meeting
Minutes -January 3, 2019**Moved by Director Liversidge
Seconded by Director Parker**SNRHD.2019-2-2**

"That the minutes of the Stuart-Nechako Regional Hospital District meeting of January 3, 2019 be adopted."

(All/Directors/Majority)

CARRIED UNANIMOUSLY

REPORT

Update for March and Cheque for Bylaw 64, 2017 Ratification Moved by Director Greenaway
Seconded by Director Liversidge

SNRHD.2019-2-3 1. "That the Stuart-Nechako Regional Hospital District Board of Directors receive the Treasurer's March 6, 2019 memo titled "Update for March and Cheque for Bylaw 64, 2017 Ratification."
2. That the Stuart-Nechako Regional Hospital District Board of Directors ratify the partial payment of \$82,811.54 for the Southside Wellness Centre and the Vanderhoof Hospital phone system upgrade."

(All/Directors/Majority) CARRIED UNANIMOUSLY

CORRESPONDENCE

Correspondence Moved by Director Greenaway
Seconded by Director Lambert

SNRHD.2019-2-4 "That the Stuart-Nechako Regional Hospital District Board of Directors receive the following correspondence from Northern Health:

- Media Bulletin – Influenza Activity Increasing in Northern BC; Vaccine Still Widely Available
- News Release – February 2019 Board Meeting Highlights
- IMAGINE Grants – Health Happens in Community-Community Workshop Report."

(All/Directors/Majority) CARRIED UNANIMOUSLY

VERBAL REPORTS

Primary Health Care Clinic in Fort St. James Director Greenaway mentioned that renovation work has begun in the Fort St. James Primary Health Care Clinic location. He will be attending a meeting this evening regarding the progress. Director Playfair mentioned that the contractor completing the works is from Prince George.

Physician for the Southside of Francois Lake Director Lambert questioned what would be required to have a full time physician at the Southside Health and Wellness Centre. He noted that currently there are three Nurse Practitioners and a Physician that rotate at the clinic. Director Lambert spoke of the need for consistency.

BC Ambulance Service Concerns Director Parker mentioned that there are a number of issues facing BC Ambulance Service, adequate staffing levels and the transfer of BC Ambulance vehicles to different locations and leaving a community without a BC Ambulance. The impacts to Volunteer Fire Department road assistance and BC Ambulance was discussed.

Discussion took place in regard to inviting BC Ambulance to a future Regional District of Bulkley-Nechako Board meeting. Staff will extend an invitation.

VERBAL REPORTS (CONT'D)**Lakes District Hospital and Health Care Centre – Over Capacity**

Director Funk mentioned that the Lakes District Hospital and Health Care Centre is currently over its capacity. She noted that it may be due to the lack of long-term care beds and assisted living for seniors.

Director Thiessen spoke of the need for a complete inventory and evaluation of the number of acute care beds being utilized for assisted living long-term care beds in all acute care facilities within the SNRHD.

Pines – Cafeteria Renovations

Director Funk reported that the Pines Cafeteria renovations are expected to be complete in 3-4 weeks.

Senior Care Housing Project -Vanderhoof

Director Thiessen mentioned that the Seniors Care Housing project is moving forward in partnership with Northern Health, District of Vanderhoof and BC Housing. The hope is the facility will provide approximately ten people, currently in the hospital, to move into a proper care facility.

Physicians in Vanderhoof

Director Thiessen commented that there are currently four physicians retiring, leaving or going for training. Two physicians and a nurse practitioner have been hired to provide assistance. Director Thiessen mentioned that a meeting will be held in the future in regard to the physician situation in the community and recruitment.

Lakes District Hospital and Health Care Centre

Director Watt-Senner noted that she was extremely impressed with the delivery of care at the Lakes District Hospital and Health Care Centre.

NCLGA – Northern Health Meeting May 7-10, 2019 Williams Lake, B.C.

Chair Petersen mentioned that a meeting has been requested with Northern Health at the North Central Local Government Association Convention May 7-10, 2019 in Williams Lake, B.C. The topics for discussion are:

- Fort St. James Primary Care Facility
- Fort St. James Hospital
- Assisted living
- Request for full time physician on the Southside of Francois Lake
- Medical Assist (Volunteer Fire Departments/BC Ambulance)
- Stuart Nechako Manor – Update

Receipt of Verbal Reports

Moved by Director Greenaway
Seconded by Director Playfair

SNRHD-2019-2-5

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

(All/Directors/Majority)

CARRIED UNANIMOUSLY

ADJOURNMENT

Moved by Director Greenaway
Seconded by Director Playfair

SNRHD.2019-2-6

"That the meeting be adjourned at 10:23 a.m."

(All/Directors/Majority)

CARRIED UNANIMOUSLY

6

Stuart-Nechako

Regional Hospital District

Memo

Board Agenda – May 2, 2019

To: Chair Petersen and the Board of Directors
From: John Illes, Treasurer
Date: April 23, 2019
Regarding: Audited Financial Statements 2018

Background: 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 they have reviewed the Audit Findings.

Issue: PricewaterhouseCoopers LLP working with staff have prepared the Financial Statements for the calendar year of 2018 and have audited the financial proceedings of the Stuart Nechako Regional Hospital District.

The Financial Statements are presented under separate cover (and will be emailed once available) and a short presentation will be made by PricewaterhouseCoopers LLP to the Board.

It is important that any suggestions from the auditors for improvements to internal financial security are carefully considered. Staff will bring back a report if there are any suggestions presented to the next Board Meeting.

I would be pleased to answer any questions.

Recommendation: (all/directors/majority)

That the memorandum from the Treasurer, dated April 23, 2019 regarding the "Audited Financial Statements 2018" be received, and

That the Board authorize the Chairperson and the Treasurer to sign the Audited Financial Statements for 2018, and

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

Stuart-Nechako Regional Hospital District

Memo

Board Agenda – May 2, 2019

To: Chair Petersen and the Board of Directors
From: John Illes, Treasurer
Date: April 23, 2019
Regarding: MOU between Regional Hospital Districts and Northern Health

Attached to this memo is the Memorandum of Understanding between Northern Health and the Regional Hospital Districts and Northern Health set to expire on October 16, 2019.

Northern Health has expressed their interest in renewing the memorandum for another two years with the signing of the new document to happen at the fall meeting between Northern Health and the Hospital Districts that is currently planned for October 21, 2019.

Northern Health has requested that the administrators for the Regional District meet on May 7 or 8 in Williams Lake to discuss any possible changes that may be desired in the memorandum.

Board members are encouraged to provide any desired changes to the Chair or Acting Chair and the acting secretary to bring forward to Northern Health.

I would be pleased to answer any questions.

Recommendation: (all/directors/majority)

That the memorandum from the Treasurer, dated April 23, 2019 regarding the "MOU between Regional Hospital Districts and Northern Health" be received, and

That the Board authorize the Chair or Acting Chair to communicate its intent to reach a negotiated renewal to the memorandum with Northern Health to the other Hospital Districts and to Northern Health; and

That the Board members provide any suggested changes to the memorandum to the Chair, Acting Chair and Acting Secretary."

Memorandum of Understanding

THIS UNDERSTANDING made as of the 7th day of October, 2003 and renewed, as amended, the 16th day of October, 2017.

BETWEEN:

NORTHERN HEALTH

(hereinafter called "NH")

OF THE FIRST PART

AND:

**CARIBOO-CHILCOTIN REGIONAL HOSPITAL DISTRICT
FRASER-FORT GEORGE REGIONAL HOSPITAL DISTRICT
NORTH WEST REGIONAL HOSPITAL DISTRICT
NORTHERN ROCKIES REGIONAL HOSPITAL DISTRICT
PEACE RIVER REGIONAL HOSPITAL DISTRICT
STUART-NECHAKO REGIONAL HOSPITAL DISTRICT**

(hereinafter called "RHDs")

OF THE SECOND PART

WHEREAS:

- A) NH is responsible for all health care services within the Northern British Columbia region comprising of Northwest, Northeast and Northern Interior Health Service Delivery Areas, and
- B) The RHDs are responsible, on a voluntary basis, for providing funding based on a cost-shared formula to NH for capital, including equipment and clinical information technology projects, within their respective service areas in accordance with the *Hospital District Act*.

Intent:

In order for the planning and funding of equipment, clinical information technology and capital projects to be effective and efficient while ensuring accountability, the parties agree with each other as follows:

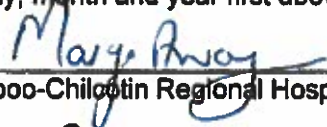
1. Upon receiving the funding envelope from the province for *Capital Improvement Projects*, NH will allocate the capital funding for *Minor Capital Projects and Equipment < \$100K* among the three Health Service Delivery Areas (HSDAs.) Each HSDA will contact its respective RHD to share the plan by community, including identifying funding allocation by each community, for feedback.

2. Upon receiving the funding envelope from the province for *Capital Improvement Projects*, NH will present proposals at a meeting of the Chairs/Staff of all RHDs within the region to seek feedback and identify funding requirements. *Capital Improvement Projects* requiring RHD funding will be presented to the regional planning group before being presented to the NH Board for approval.
3. Capital equipment projects over \$100,000 will be prioritized on an NH-wide basis and presented to the RHDs for feedback and to identify requirements prior to being presented to the NH Board for approval.
4. Capital Projects requiring debt servicing or other forms of funding by NH, not included above and which historically would receive RHD funding, will be presented to a meeting of the Chairs/Staff of all RHDs within the region to seek feedback and identify funding requirements prior to being presented to the NH Board for approval.
5. NH will provide three-year capital plans including construction, clinical information technology and equipment outlining funding requirements to the respective RHDs by November 1st of each year, recognizing that it will take time for NH to develop suitable plans integrated with service plans.
6. RHDs may examine widening the scope of projects that will be cost-shared under legislation, subject to RHD taxation limits.
7. NH will submit a summary of projects and/or equipment costing under \$100K to the RHDs for their review, annually. NH will submit a summary of the projects and/or equipment costing over \$100K to the RHDs for reimbursement. RHDs reserve the right to request further detailed invoice copies.
8. For any project with an estimated cost greater than \$1 million, including professional services, construction and equipment, the RHD may require the use of a *Project Implementation and Accountability process* (see Appendix 1.)
9. The disposal of NH capital assets and disposition of proceeds will follow the guidelines set out in Appendix 2.
10. Media releases announcing capital expenditures for which RHD funding is supplied will be jointly produced and released by NH and the RHD.
11. a) RHDs may provide funding for projects within their geographic boundaries and for clinical information technology and projects or equipment outside their boundaries where there is a greater service area and there is an agreement amongst benefiting RHDs and NH for cost-sharing such projects.

b) Each RHD maintains the flexibility to negotiate independently with NH without prejudice and precedence for issues relating to the capital plan within the RHD boundary.
12. The parties agree to meet twice each year to discuss planning and funding of equipment and capital projects. NH agrees to schedule additional meetings with the individual RHD's to discuss specific capital projects and operational issues as the need arises.

- a) Spring joint meetings will focus on the Capital Plan and business matters.
 - b) Fall joint meetings will focus on preparation of the Capital Plan and feedback on strategic directions in preparation for the NH Board fall planning session.
13. The NH Board will provide opportunity for each RHD to meet annually with the NH Board when the Board is meeting in the RHD's jurisdiction. The purpose of this meeting is:
- a) to discuss matters of mutual concern related to the Capital Plan, and
 - b) to receive any other feedback and input.
14. RHDs will have opportunity to meet with NH's Board Chair and Chief Executive Officer during the course of the North Central Local Government Association (NCLGA) and Union of B.C. Municipalities (UBCM) events held each year to discuss the Capital Plan and related issues.
15. NH's Chief Operating Officers (COOs) from each HSDA will attend RHD meetings upon request for discussion of ad-hoc items to ensure timely communication of issues.
16. This agreement will be reviewed every two years by NH and RHDs to ensure the process is accountable and effective. Any party can terminate its participation by giving 90 days' notice in writing to all parties of its intent to do so.

IN WITNESS WHEREOF the parties have executed this Memorandum of Understanding as of the day, month and year first above written.



Chair, Cariboo-Chiloutin Regional Hospital District



Chair, Fraser-Fort George Regional Hospital District



Chair, Northern Rockies Regional Hospital District




Chair, North West Regional Hospital District



Chair, Peace River Regional Hospital District



Chair, Stuart-Nechako Regional Hospital District



Chair, Northern Health

APPENDIX 1

NORTHERN HEALTH / REGIONAL HOSPITAL DISTRICT PROJECT IMPLEMENTATION AND ACCOUNTABILITY PROCESS

POLICY

Northern Health (NH) is responsible for Capital Projects and Regional Hospital Districts (RHDs) are responsible to the taxpayer and require accountability regarding Capital Projects from Health Authorities. NH has the expertise to implement projects and RHDs reserve the right to decide the amount of funding contribution to the projects.

NH and RHDs agree that projects are to be developed using the following guidelines:

PROJECTS OVER \$1 MILLION

Preliminary Planning

Projects over \$1 million should be included in the five-year prioritized major capital project plan, and be consistent with the facility role and service plan.

Scope of Project

Northern Health will develop the scope of the project with consultation from their stakeholders and user groups. A Project Brief will be presented to the RHD for approval-in-principle. The RHD may wish to consider approval of planning funds at this stage.

Project Brief includes:

- Needs Assessment
- Project description (including scope)
- Location
- Preliminary cost estimate

Planning

NH's formal request to the RHD will include the same project planning documentation as presented to NH's Board for their approval. It is anticipated this documentation will include:

- Detailed Project Scope
- Conceptual and schematic estimates
- Project delivery time schedule
- Strategic importance
- Cost estimate
- Recommended reporting schedule to the RHD
- Other information applicable to the project

Implementation

Progress reports will be provided to the RHD on a regular basis, as agreed to with individual RHDs in compliance with the agreed scope of the project. Requests for funding will include actual monthly expenditures, budgetary status report and list of change orders and cannot exceed actual expenses incurred as reported on the status report. RHDs reserve the right to request invoices.

Project Management

If a project is likely to diverge from the original scope or implementation schedule, NH will inform the RHD in a timely manner, identifying the reasons for the variance, the financial implications, the time frame implications and impacts on the projected completion date. Failure to notify the RHD may jeopardize the RHD portion of incremental project funding.

NH may make a request to the RHD for funding contributions for cost overruns; however, the RHD is not obligated to approve such requests.

Any scope change or reallocation of project funds over 5% requires RHD consent. In the event that cost savings on the total project are generated, NH will contact the RHD and report the amount and provide an explanation.

PROJECTS BETWEEN \$100,000 AND \$1 MILLION

Northern Health to provide:

- A Scope of Work for the project. This project brief will include an understanding of the need, priority, schematic design (if required), and order of magnitude budget.
- NH will provide the RHD with an annual list of all proposed projects for the current fiscal year for their budget consideration and feedback. A five-year plan will also be provided at this time.
- NH will, to the best of its abilities, complete all projects on time, on budget and within scope.
- NH will attend the RHD Board meetings to provide updates on any or all projects, if requested.

Reports to be provided by Northern Health:

- Quarterly update to the RHD. This update includes a schedule describing the progress for each approved project from schematic design through to final completion of the project. It also provides the estimated construction timeframe and proposed completion date. This information is to be used in the planning of any opening ceremonies.
- NH will advise the RHD immediately, in writing, of any project with the potential of significant changes to the scope of work or budget overrun, detailing the change and/or cost overrun.
- NH may make a request to the RHD for funding contributions for cost overruns, however the RHD is not obligated to approve such requests.

THE FOLLOWING WILL BE APPLICABLE TO ALL PROJECTS

Public/Private Partnerships

Should NH enter into public/private partnership with RHD involvement, a different project implementation approach and accountability process may be required, which will be decided in the initial planning stages.

Completion

NH and the RHD will arrange joint press releases in accordance with their Memorandum of Understanding. Media events, such as project approval, sod turning and facility openings, shall ensure recognition and include participation of funding partners.

APPENDIX 2**DISPOSAL OF NORTHERN HEALTH CAPITAL ASSETS
AND DISPOSITION OF PROCEEDS****POLICY**

Northern Health (NH) will work with respective Regional Hospital Districts (RHDs) and in compliance with the Ministry of Health Capital Asset Management Plan in the disposal of NH capital assets and the disposition of proceeds as follows:

1. Disposal of Health Authority Capital Assets

NH will consult with an RHD regarding disposal of capital assets, including equipment, land and buildings, with an initial capital cost over \$500,000 that have been cost-shared by that RHD. The sale or disposal of the asset will be in accordance with Ministry of Health policy.

In the event that an outstanding RHD debt remains on the property, NH will negotiate repayment through agreement with the RHD and/or the Ministry.

Any "trade in allowance" or "proceeds of sale" of assets which the RHD has cost-shared shall be applied to the purchase of the replacement asset or, if the asset is not to be replaced, NH will negotiate the use of the proceeds of the sale or disposal towards an item on the NH Capital Plan within the RHD.

2. Transferring Assets within RHD Boundaries

When a major capital asset that a RHD has cost-shared is moved to another facility within the RHD boundaries, NH will consult with the RHD prior to transferring the asset from one facility to another.

3. Transferring Assets outside RHD Boundaries

When a major capital asset that a RHD has cost-shared is moved to another facility outside the RHD, the RHD Board will be asked for their consent prior to transferring the asset.

4. Change to Function

If NH plans to substantively change the function of a capital asset (facility or component thereof) that the RHD has cost-shared, NH will consult with that RHD prior to any such conversion. Examples include hospital conversion to complex care, complex care conversion to supportive housing.

The RHD may wish to negotiate repayment of any outstanding debt and/or compensation.

Emergency movement of equipment, making space available for care due to a catastrophic facility failure or other event, NH and the RHD agree: 1. that the RHD will be notified as soon as possible after the event starts; and 2. that consultation and consent will be discussed after the event.

Stuart-Nechako

Regional Hospital District

Memo

Board Agenda – May 2, 2019

To: Chair Petersen and the Board of Directors
From: John Illes, Treasurer
Cheryl Anderson, Acting Secretary
Date: April 23, 2019
Regarding: Appointment of Staff Member to Business Planning Steering Committee

Please see attached the letter of request from Northern Health dated April 12, 2019 attached to this memo.

In the absence of a Board secretary, senior staff are recommending the Treasurer be appointed to the steering committee.

I would be pleased to answer any questions.

Recommendation: (all/directors/majority)

That the memorandum from the Treasurer and Acting Secretary, dated April 23, 2019 regarding the "Appointment of Staff Member to Business Planning Steering Committee, and

That the Board appoint the Treasurer to the steering committee".

April 12, 2019

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

RECEIVED

APR 23 2019

REGIONAL DISTRICT OF
BULKLEY-NECHAKO

Dear Mr. Peterson,

RE: Stuart Lake Hospital (STH) Redevelopment: Invitation to join the Northern Health STH Business Planning Steering Committee

On June 12, 2018, the Province approved the Concept Plan for the Stuart Lake Hospital (STH) redevelopment project and the Ministry of Health has given Northern Health approval to move forward with the business plan which will guide construction.

To that end, we would greatly appreciate if you would be willing to designate your Chief Administrative Officer or designate to represent the Stuart Nechako Regional Hospital District on our Northern Health STH Redevelopment Business Planning Steering Committee.

The Steering Committee Terms of Reference are attached. Collectively, the Steering Committee will:

- Ensure project is aligned with NIHSDA and NHA organizational strategy.
- Ensure project makes good use of assets.
- Assist with resolving strategic level issues and risks.
- Approve or reject changes to the project with a high impact on timelines and budget.
- Assess project progress and report on project to senior management and higher authorities.
- Provide advice and guidance on issues facing the project. The Project Director will ensure connectivity with First Nations to address any potential issues at an early stage and bring forward any issues to this committee.
- Use influence and authority to assist the project in achieving its outcomes.
- Review and approve final project deliverables.
- Support development of regular communication materials to keep key stakeholders informed of progress of the project.

As noted on the Terms of Reference, participants are anticipated to be:

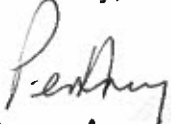
- NI Chief Operating Officer – Co-chair
- NI Medical Director – Co-chair or designate
- NH Chief Financial Officer
- Regional Director, Capital Planning and Support Services
- Director, Capital Development and Projects
- Regional Manager, Public Affairs & Media Relations
- VP of Indigenous Health or designate
- Chief Administrative Officer or designate, Peace River Regional Hospital District

The Steering Committee will convene in person, or alternately via teleconference or videoconference to achieve the aforementioned purpose. It will be chaired by Penny Anguish, Chief Operating Officer, Northern Interior and Dr. Shannon Douglas, Medical Director Northern Interior.

I would appreciate a reply by April 19, 2019 stating if you are interested in participating and, if so, who has been formally nominated by you along with their contact information. The meetings are scheduled on the third Thursday of each month for 90 minutes, the next few meetings are scheduled for April 26, 2019, May 16, 2019 and June 20, 2019.

You can reply to the office of the Northern Interior Chief Operating Officer via e-mail at Penny.Anguish@northernhealth.ca or by phone at 250-565-2345.

Sincerely,



Penny Anguish, Northern Interior Chief Operating Officer,
Northern Health Authority

Cc: Cathy Ulrich, Chief Executive Officer, Northern Health Authority
Dr. Becky Temple, Northeast Medical Director, Northern Health Authority

Stuart Lake Hospital Redevelopment
Business Planning Steering Committee
Terms of Reference

1. BACKGROUND

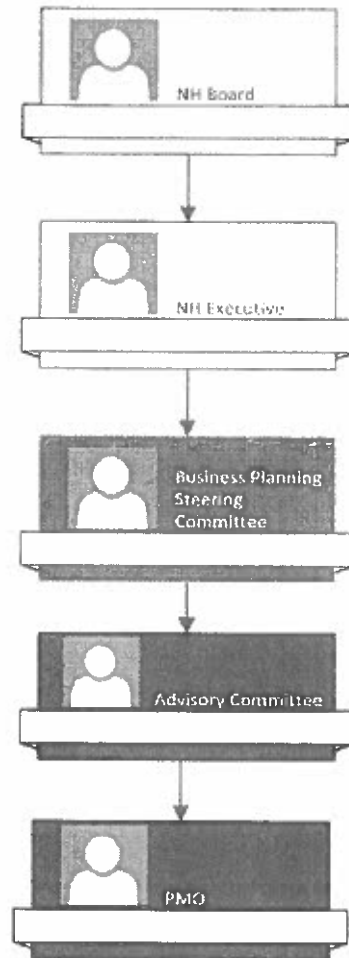
The intent of this Project is to develop the Business Plan from the Concept Plan approved by government on June 12, 2018. The Business Planning Steering Committee will guide assembly of the Business Plan and provide a venue for resolving issues and determining approaches towards completion and NH Board approval of the Business Plan submission.

2. PURPOSE

The purpose of this work is to ensure that NH's mission, vision, values and strategic directions guide decisions for the re-development of Stuart Lake Hospital on a fully informed basis. The outcome of this initiative will provide the Health Authority with:

- The ability to make long-term assessments that respond to patient needs and service/program demands, but are flexible in the face of funding constraints and adaptable in the event of changing health care needs in the community.
- The ability to make solid strategic decisions regarding facility expenditures with knowledge of pertinent facility information.
- The ability to create reasonable efficiencies in facility operation and program implementation.
- The confidence that submissions to Senior Executive are made from a fully informed knowledge base developed through previous experience as well as a cooperative and effective planning processes which provides a series of logical options, each of which can support a business case.

3. PROJECT BUSINESS PLANNING STEERING COMMITTEE ORGANIZATIONAL CHART



4. ROLE OF THE STUART LAKE HOSPITAL BUSINESS PLAN STEERING COMMITTEE

The role of the Stuart Lake Hospital Business Plan Steering Committee is as follows:

- Ensures project is aligned with NI HSDA and NHA organizational strategy.
- Ensures project makes effective use of the built environment in service provision.
- Assist with resolving strategic level issues and risks.
- Approve or reject changes to the Business Plan with a high impact on timelines and budget.
- Assess project progress and report on project to senior management and higher authorities.
- Provide advice and guidance on issues and risks facing the project.
- Use influence and authority to assist the project in achieving its outcomes.
- Review and approve final project deliverables.

5. RESPONSIBILITIES OF THE BUSINESS PLANNING STEERING COMMITTEE

The Business Planning Steering Committee will be co-chaired by the Chief Operating Officer, NI and Medical Director, NI.

The responsibilities of the Business Planning Steering Committee Chairs are as follows:

- Sets the agenda for each meeting.
- Ensures that agendas and supporting materials are delivered to members in advance of meetings.
- Makes the purpose of each meeting clear to members and explains the agenda at the beginning of each meeting.
- Clarifies and summarizes what is happening throughout each meeting.
- Keeps the meeting moving by putting time limits on each agenda item and strives to keep meetings to one hour or less.
- Encourages broad participation from members in discussion by calling on different people.
- Ends each meeting with a summary of decisions and assignments.
- Follows up with consistently absent members to determine if they wish to discontinue membership.
- Finds replacements for members who discontinue participation. Presents documents approved by Business Planning Steering Committee to Executive.

6. RESPONSIBILITIES OF BUSINESS PLANNING STEERING COMMITTEE MEMBERS

Individual Business Planning Steering Committee members have the following responsibilities:

- Understand the goals, objectives, and desired outcomes of the Project.
- Understand and represent the interests of project stakeholders.
- Take a genuine interest in the project's outcomes and overall success.
- Act on opportunities to communicate positively about the project.
- Check that the project is making sensible financial decisions and responding to issues, risks and proposed project changes.
- Check that the project is aligned with the NIHSDA organizational strategy as well as policies and directions across NHA as a whole.
- Actively participate in meetings through attendance, discussion, and review of minutes, papers and other Steering Committee documents.
- Support open discussion and debate.

7. GENERAL

7.1 Membership

The table below lists the membership of the Steering Committee. Local Health Services Administrator and Chief of Staff will be invited on a topical basis and upon recommendation of the Project Manager.

Member	Title	Alternate
Penny Anguish, Co-chair	Chief Operating Officer, NI	Dr. Shannon Douglas
Shannon Douglas, Co-chair	Medical Director, NI HSDA	Penny Anguish
Mark De Croos	VP, Finance/CFO	
Mike Hofer, Alternate Chair	Regional Director, Capital Planning & Support Services	Mark De Croos, VP Finance/CFO Albert Sommerfeld Director, Projects
Albert Sommerfeld	Director, Capital Development & Projects	
To be added	Stuart Nechako Regional Hospital District	
Secretariat, from Project Director	Administrative Assistant, Capital Planning	Project Management Office (PMO) when available
Andrea Palmer	Communications Lead, Capital Projects	Steve Raper, Chief Communications & External Relations
Northern Health, VP of Indigenous Health	To be Determined	

7.2 Frequency of Meetings

The Business Planning Steering Committee will meet on a monthly basis or at the call of the Chair. The committee may be called upon to meet at other times to approve work in progress, change project direction or deal with other issues as may be required.

7.3 Agenda, Minutes, and Decision Papers

A package will be sent to members five business days in advance of a Business Planning Steering Committee meeting. This package will include the following:

- Agenda for upcoming meeting.
- Minutes of previous meeting and action tracker.
- A progress report for the project.
- Decision Papers, Briefing Notes, and other related materials as appropriate.

7.4 Document Approvals

During the course of this project, the Business Planning Steering Committee will be asked to approve the following documents:

Document	Timing	Date Approved
Draft Steering Committee Terms of Reference	2 nd Scheduled Meeting	
Finalize Business Plan by Steering Committee	TBD	
Business Plan Submission to Executive	TBD	
Business Plan Submission to Audit and Finance Committee	TBD	
Business Plan Submission to NH Board	TBD	
Business Plan Submission to Ministry	TBD	

7.5 Decision Protocol

Decisions by the Business Planning Steering Committee will be made on a consensus basis. The Committee Co-chairs will be responsible to deem a consensus has been achieved.

Consensus decisions will be made during Business Planning Steering Committee meetings, be it regularly scheduled meetings or meetings called at the request of the Chair. For time sensitive decisions where a meeting cannot be reasonably arranged in a timely manner, a consensus may be arrived at through electronic polling methods.

8. TERMINOLOGY

Strategic Facilities Plan and Master Program: Assesses the existing property capability, utilization and condition to meet current and future needs in healthcare delivery. Undertakes a gap analysis to identify where needs currently exist or will exist in the future and provides recommendations for changes to the facility as required.

Master Plan: Provides a site-specific physical plan and report to implement the prepared Master Program. The Master Plan confirms whether the existing site is capable of supporting the recommendations of the Master Plan and/or identifies additional requirements. Process flow for patients, staff, materials and critical facility functions are considered and incorporated in the development of the Plan.

Concept Plan: The Concept Plan incorporates the work of the Strategic Facilities Plan and the Master Plan. The purpose of the concept plan is to provide Government an opportunity to consider the need for the project, alternatives for addressing the need, and a preliminary assessment of financial implications, schedule, risks and procurement options.

Functional Program: Develops a scope of clinical activity into the future, provides direction in the delivery of health care services in the community over the forthcoming years and allocates space to achieve the long term objectives.

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.

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Cheryl Anderson

From: Trudel, Irma <irma.trudel@northernhealth.ca> on behalf of NH Administration <NHAdministration@northernhealth.ca>
Sent: April 16, 2019 9:38 AM
To: Cheryl Anderson
Subject: RE: Request for Meeting at NCLGA
Attachments: 2019 NCLGA Northern Health Invitation.pdf

Thank you Cheryl,

I can confirm a meeting time for you on May 7th from 3:30pm – 4:00pm. This is our last meeting of the day. I hope this works for your group. I have attached the invite with a map for your information. Can you forward me a list of your attendees at your earliest convenience.

I can confirm your topics below if you have any additions please let me know:

1. Fort St James Primary Care - update
2. Fort St James Hospital – update
3. BC Ambulance Medical Assist (Fraser Lake and Granisle – ambulances being stationed outside of communities) BC Ambulance being short staffed leaving communities without ambulance service. The Regional Board will be inviting BC Ambulance to an upcoming Board meeting to discuss as well.
4. Stuart Nechako Manor – update
5. Possibility of full time Doctor on the Southside of Francois Lake (Grassy Plains)
6. Assisted Living shortage

Best Regards,
Irma Trudel, Administrative Assistant
Board and Administration Services and Risk and Compliance
250-649-7038

From: Cheryl Anderson [mailto:cheryl.anderson@rdbn.bc.ca]
Sent: Monday, April 15, 2019 4:08 PM
To: NH Administration <NHAdministration@northernhealth.ca>
Subject: RE: Request for Meeting at NCLGA

Hi Irma,

I think as late in the day as possible would be preferable.

Thank you.

Cheryl Anderson
Manager of Administrative Services/Acting CAO
Regional District of Bulkley-Nechako
Phone: (250) 692-3195
TF: 1-800-320-3339
Fax: (250) 692-3305

INVITATION

April 8, 2019

Dear NCLGA Member,

Subject: NCLGA Annual General Meeting & Convention, Williams Lake, BC May 7 & 8, 2019

We are pleased to inform you of Northern Health's participation at the upcoming NCLGA Annual General Meeting in Williams Lake, BC.

At the upcoming NCLGA convention I will be joining Frank Everitt, Northern Health Board Deputy Chair, for the opportunity to meet one-on-one with local government representatives to discuss any health care issues or questions you may have. If you are interested in meeting with us, we invite you to contact our offices to arrange a time convenient for you.

We will be hosting meetings on Tuesday May 7th between 8:00am – 4:00pm and on Wednesday May 8th between 8:00am – 2:00pm. Meetings will be held in the Cariboo Regional District Board Room Suite D, 180 North Third Avenue, Williams Lake. Located one block west of the Recreation Complex. Please use the side "Board Room Entrance".

To book an appointment please contact Irma Trudel, Administrative Assistant, at (250) 649-7038 or by email at nhadministration@northernhealth.ca no later than Thursday April 25th. If you can please provide the names of who will be in attendance and the specific topics you would like to discuss that would be helpful. A reminder to provide as much detail as possible to assist us in preparing for the discussion.

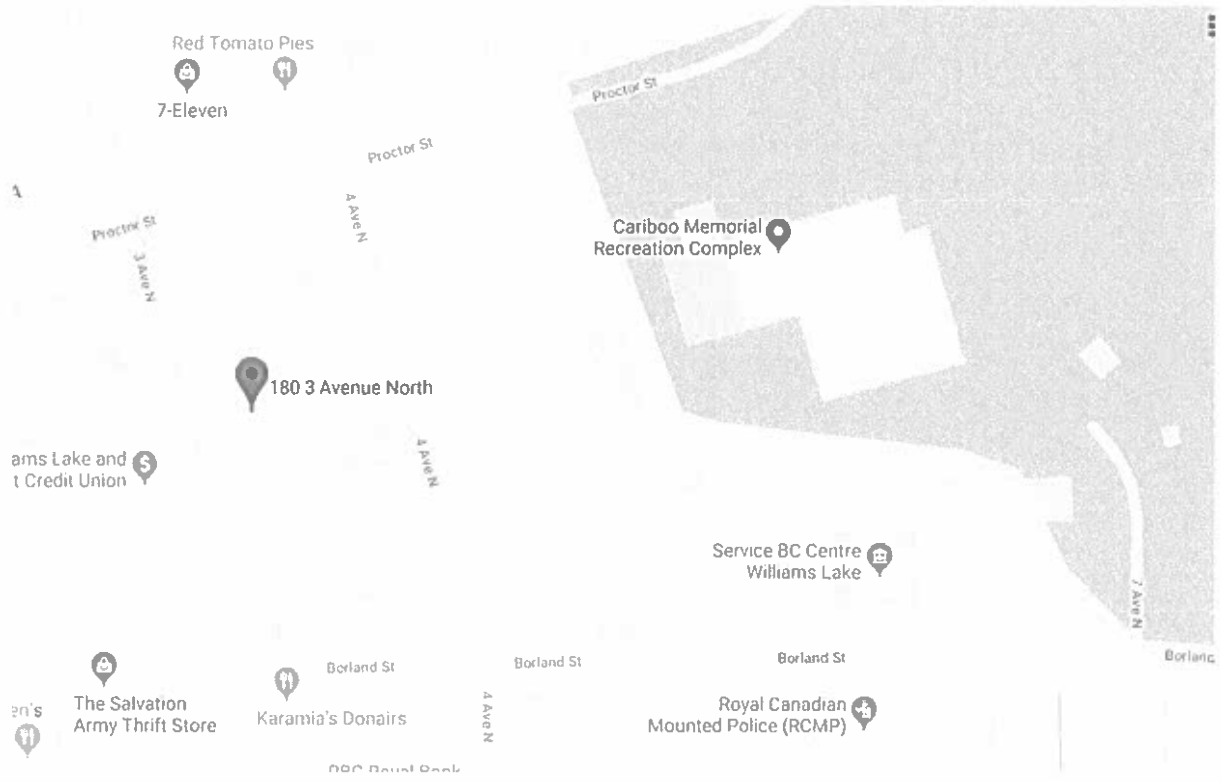
We look forward to seeing you in May.

Sincerely,



Cathy Ulrich
President and Chief Executive Officer
Northern Health

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Geraldine Craven

From: Collins, Eryn <Eryn.Collins@northernhealth.ca>
Sent: Thursday, March 21, 2019 1:30 PM
To: Communications Account
Subject: News Release - New mobile unit takes mental health and addictions services on the road
Attachments: 20190321-NH-MoH-NR-Terrace Mobile Unit.pdf

The attached NH news release will be distributed select media outlets in the Northwest later this hour (and posted online [here](#)), in conjunction with a launch event with Minister Judy Darcy at 1:30 p.m. in Terrace.

For Immediate Release
March 21, 2018

RECEIVED

MAR 20 2019

REGIONAL DISTRICT OF
 BULKLEY-NECHAKO

New mobile unit takes mental health and addictions services on the road

People living in Terrace and surrounding northwest communities will now have access to a new mobile service that will help remove barriers to quality mental health and addictions supports.

Comprised of a retrofitted ambulance, the new mobile unit will provide clients with direct access to education and supports with the ability to link people back to appropriate services in their local communities. The unit will also help to build the capacity of local primary and community care services to reduce pressure on local emergency departments and emergency services, while at the same time ensuring clients receive coordinated, holistic care.

"Meeting people where they're at, with the services they need, when they need them is one of the innovative ways we are ensuring people living with mental health and addictions challenges have access to the supports they deserve," said Judy Darcy, Minister of Mental Health and Addictions. "The mobile unit will be a lifeline for people in the Northwest, with services right in their own communities so they can find a unique pathway to healing, and a pathway to hope."

Services provided through the mobile unit will include:

- Mental health and substance use services and referrals
- Take home naloxone kits and training
- Basic wound care
- Assistance navigating resources for housing, finances, employment, health cards, dental and eye care

Supports offered through the unit will be assessed over time and changes may be made to scheduling and services to reflect the unique needs of people living with mental health and addictions challenges in the Northwest.

"Northern Health places a strong focus of ensuring care in the right place, addressing stigma, and improving access to services," said Northern Health Board Chair Colleen Nyce. "This mobile unit helps support those goals by providing direct access, education and support to those people who

may face barriers in access – and the ultimate intention is to link individuals back in to services within their community.”

The mobile unit will initially be scheduled for outreach in Terrace and surrounding communities starting in early April. The new unit is part of the Specialized Community Service Program for Mental Health and Addictions in the Northwest (NW) Health Service Delivery Area.

Media Contact: Northern Health Media Line – 877-961-7724

Eryn Collins
Regional Manager, Public Affairs & Media Relations

Northern Health

Media Line: 250.961.7724

northernhealth.ca

blog.northernhealth.ca



the northern way of caring

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RECEIVED

APR 23 2019

REGIONAL DISTRICT OF
BULKLEY-NECHAKO

NEWS RELEASE

For Immediate Release
April 18, 2019

NH Board meeting highlights: April 2019

Northern Health's Board of Directors heard details of progress on implementation of the Northern First Nations Wellness Plan, and about an integrated approach to Adult Day Program services for seniors in the Bulkley Valley, at its most recent meeting in Smithers.

NH Indigenous Health provided an update on a wide range of ongoing and new initiatives in partnership with the First Nations Health Authority, and northern First Nations communities across the region. Among the highlights are two programs offering undergraduate medical students the opportunity to visit and learn from northern First Nations communities through cultural exchange and sharing of local knowledge.

"A key priority in the First Nations Health and Wellness Plan is to improve the cultural safety of NH services provided to Indigenous people," said Board Chair Colleen Nyce. "We thank all of our partners including the First Nations Health Authority and northern First Nations communities who are guiding this work across the spectrum of health services in the region."

While in the Bulkley Valley, Board members recognized improvements to local services including the implementation of a CT scanner in Smithers that will enhance the access to diagnostic testing in the Hazelton to Burns Lake corridor. The project would not have been possible without a major donation and support from the Bulkley Valley Hospital Foundation. Northern Health is targeting a late June 2019 start for the delivery of patient services.

The Smithers Integrated Adult Day Program at Bulkley Lodge was the focus of a presentation highlighting efforts to improve access to a wider and more flexible range of services for seniors with care needs in the community while also providing respite for family caregivers. Over the years, the program has added staff and programming to operate seven days per week, with improved program flexibility and stability.

"Increasing access to Adult Day Program services for seniors is an important component of meeting the needs of an aging population," said Cathy Ulrich, Northern Health CEO. "Health supports are only one piece of the puzzle, and we

continue to work in partnership with community partners to expand and enhance community services and supports to help seniors stay at home and in their communities."

Other highlights from the April 2019 meeting include:

- An overview of 2018 research projects reviewed and approved by the NH Research Review Committee; in all, 47 projects were approved in partnership and/or collaboration with University of Northern BC, UBC and the Northern Medical Program, and other organizations such as BC Cancer, other health authorities and the BC Academic Health Science Network
- Enhancements to the North West Specialized Community Services Program for Mental Health and Substance Use, including the recently announced mobile Mental Health and Substance Use unit serving Terrace, Kitimat and the Hazelton area.

The next regular meeting of the Northern Health Board of Directors will be held June 10, 2019 in Fort St. John.

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

APR 23 2019

REGIONAL DISTRICT OF
BULKLEY-NECHAKO

MEDIA BULLETIN

April 22, 2019

Vanderhoof - Stuart Nechako Manor residents transferred due to facility fire/water damage

Due to water damage and incoming restoration resulting from an early morning fire, Northern Health has moved residents out of three sections of Stuart Nechako Manor in Vanderhoof. No residents or staff have been harmed during or as a result of the event.

At approximately 01:45 AM this morning (April 22), Stuart Nechako Manor in Vanderhoof experienced a fire resulting in an evacuation to unaffected areas of the facility. The Fire Department responded and extinguished the fire. The facility sprinkler system was activated during the event and has caused some water damage to three sections of the facility, necessitating the transfer of clients and patients for their own comfort and convenience. 36 residents have been affected and accommodations options will be finalized with further assessment of the damage.

Residents are currently being housed in St. John's Hospital and Aspen House (an unaffected section of Stuart Nechako Manor) where they are being kept safe and comfortable while next steps are being arranged.

Restoration services are being activated. The cause of the fire is not known at this time and will be investigated.

St. John Hospital is unaffected and is open.

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

2018-2019 Capital Plan Update

NH/RHD Joint Spring Meeting
April 16, 2019



Agenda

2018-2019 Capital Projects

- Major Projects <\$10M
- 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	McBride Hospital Ventilation	\$1,426,000	\$360,400
FFGRHD	Prince George	UHNBC Electrical Supply Upgrade	\$3,951,000	\$1,580,000
FFGRHD	Prince George	UHNBC Inpatient Beds and Clinic Renovations	\$8,000,000	\$3,200,000
FFGRHD	Prince George	UHNBC Maternal OR #4	\$877,000	\$350,800
NWRHD	Kitimat	Fire Alarm System and Panel Upgrade	\$288,000	\$115,200
NWRHD	Hazelton	Winch Boiler Upgrade	\$300,000	\$120,000
PRRHD	Dawson Creek	DCDH Sterilization Dept (MDR)	\$2,079,000	\$831,600
SNRHD	Fort St. James	Primary Care Leasehold Improvement	\$3,400,000	\$680,000
PRRHD	Fort St. John	Medical Clinic 3 rd Pod	\$2,050,000	\$820,000
SNRHD	Burns Lake	The Pines Cafeteria Expansion	\$3,745,000	\$1,084,000
FFGRHD	Prince George	Phoenix Outpatient Lab Renovation	\$415,000	\$166,000

Major Projects

McBride Hospital Robson Valley Ventilation

- Project Value: \$1,426,000
- 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: Substantially complete.

Major Projects

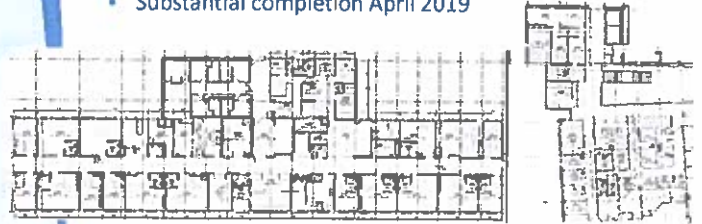
UHNBC Electrical Power System Reliability Upgrade

- Project Value: \$3,951,000
- Fraser-Fort George RHD Funding: \$1,580,000
- 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: Complete

Major Projects

UHNBC Inpatient Beds and Clinic Renovations

- Project Value: \$8,000,000
- Fraser-Fort George RHD Funding: \$3,200,000
- Renovations to Level 2 to facilitate 24 Beds, Minor Renovations to Level 1 Clinics
- Project Status: Demolition and Abatement complete. Construction progress at 95%
- Substantial completion April 2019



Major Projects

UHNBC Maternal OR #4

- Project Value: \$877,000
- Fraser-Fort George RHD Funding: \$350,800
- Renovations and equipment for a dedicated maternal OR including additional equipment storage space.
- Substantially complete.

Major Projects

KIT Fire Alarm System and Panel Upgrade

- Project Value: \$288,000
- Northwest RHD Funding: \$115,200
- Fire alarm and panel upgrade. Old system end of life.
- Substantially complete.

Major Projects

Winch Boiler Upgrade

- Project Value: \$300,000
- Northwest RHD Funding: \$120,000
- Third phase of boiler room upgrade to dual fuel and a back up heat source.
- Substantially complete.

Major Projects

DCDH Sterilization Dept. (MDR)

- Project Value: \$2,079,000
- Peace River RHD Funding: \$831,600
- Complete department renovation to address high and moderate risks as determined in the 2015 infection, prevention, and control risk assessment.
- Project Status: Construction contract has been awarded and in the demolition phase. Substantial completion by end of July 2019.



Major Projects

Fort St. James Primary Care Leasehold Improvement

- Project Value: \$3,400,000
- Stuart Nechako RHD Funding: \$680,000
- Leasehold improvement of Primary Care and Medical Clinic.
- Project Status: In construction

Major Projects

Fort St. John Medical Clinic 3rd Pod

- Project Value: \$2,050,000
- Peace River RHD Funding: \$820,000
- Renovate the vacant pod of the existing Fort St John Medical Clinic to accommodate a third Medical Clinic consisting of physician practice clinic and interprofessional team spaces.
- Project Status: Architectural and Engineering design work underway. Tendering process anticipated to be complete first week of May 2019, with substantial completion by end of December 2019.

Major Projects

The Pines Cafeteria Expansion

- Project Value: \$3,745,000
- Stuart Nechako RHD Funding: \$1,084,000
- A building extension to improve residents life/eating experience. Old existing eating area is substandard and not suited for a number of patients in the facility. Project will provide sufficient space to accommodate special needs patient requirements.
- Project Status: 85% complete. Substantial completion scheduled for April 30, 2019 and open for patients May 15, 2019.

Major Projects

Phoenix Outpatient Lab Renovation

- Project Value: \$415,000
- Fraser-Fort George RHD Funding: \$166,000
- Renovate outpatient laboratory at Phoenix Medical building. Increase Phlebotomy stations from 3 to 6. Increase ECG bays from 1 to 2. Provide additional seating for 20 outpatients. Current seating is for 8 and overflows into public hallway.
- Project Status: Pending tender shortly.

Carbon Neutral Capital Program (CNC) Projects

RHD	Community	Project	Budget	RHD Funding
FFGRHD	Prince George	UHNBC Domestic Hot Water Upgrades	1,026,791	\$410,716

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

CNC Projects

UHNBC Domestic Hot Water Upgrades

- Project value \$1,026,791
- Fraser-Fort George RHD funding \$410,716
- Hot water decoupling is to save energy (natural gas) by using right size smaller boiler. This will provide significant energy savings particularly during summer months when heating the hospital is not required.
- Project Status: Substantially complete.

Major Equipment (>\$100,000)

RHD	Community	Project	Budget	RHD Funding	Status
NWRHD	Smithers	BVDH CT Suite	\$2,898,000	\$1,148,000	Executing
NWRHD	Smithers	BVDH Radiology Room #1	\$810,566	\$319,608	Completed
NWRHD	Kitimat	General Radiographic Room	\$870,000	\$348,000	Completed
NWRHD	Terrace	MMH C-Arm	\$207,620		Completed
NWRHD	Terrace	MMH Portable X-Ray	\$202,670	\$81,068	Completed
NRRHD	Fort Nelson	Automated Medication Dispensing Cabinet	\$145,000	\$54,000	Executing
PARRHD	Fort St. John	FSJH X-ray Rad Rex Room #1 Replacement	\$344,537	\$137,815	Completed
SNRHD	Fraser Lake	X-Ray Replacement	\$562,000	\$224,800	Executing
FFGRHD	Prince George	Parkwood Reverse Osmosis	\$606,206		On Hold
FFGRHD	Prince George	UHNBC C-Arm	\$279,000	\$111,600	Executing
FFGRHD	Prince George	UHNBC Hematology Autoimmune	\$98,572	\$39,429	Completed
FFGRHD	Prince George	UHNBC Microbiology Blood Culture Analyzer	\$111,219	\$44,488	Completed
FFGRHD	Prince George	UHNBC Microbiology Vitek 2XL	\$199,726	\$65,200	Executing
FFGRHD	Prince George	Jubilee Lodge/UHNBC Rehab Nurse Call System	\$297,114	\$118,846	Completed

IM/IT Major Projects

RHD	Community	Project	Budget	RHD Funding
Regional	REG	Cerner Code & Hardware Upgrade	\$4,521,072	\$1,808,429
Regional	REG	PACS and Cardiology System Upgrade	\$3,481,761	\$1,308,400
Regional	REG	CHR Mental Health/Home & Community Care/Reporting	\$4,900,000	\$1,960,000
NWRHD	Kitimat	Phone System Replacement	\$326,000	\$130,400

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 PACS and Cardiology System Upgrade

- Project Value: \$3,481,761
- 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 Community Health Record (Phase 3)

- Project Value: \$4,900,000
- RHD Funding: \$1,960,000
- 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: In progress

IM/IT Major Projects Community Health Record

	Phase 1	Phase 2	Phase 3
Funded by:			
Regional Hospital Districts	\$ 1,050,703	\$ 1,264,173	\$ 1,960,000
NWRHD	\$ 251,911	\$ 303,092	\$ 469,920
NRRHD	\$ 23,171	\$ 27,879	\$ 43,223
FFGRHD	\$ 359,722	\$ 432,807	\$ 671,002
PRHD	\$ 254,761	\$ 306,521	\$ 475,227
CRHD	\$ 37,668	\$ 45,321	\$ 70,267
SARHD	\$ 123,468	\$ 148,553	\$ 230,320
Northern Health	\$ 127,189		
Ministry of Health	\$ 1,448,894	\$ 1,896,254	\$ 2,968,000
Total Project	\$ 2,326,734	\$ 3,160,432	\$ 4,930,000

Phase 1: Primary Care Clinics and Business Requirements
 Phase 2: Public Health, Regional Chronic Disease and Interprofessional Teams
 Phase 3: Mental Health/HCC/Reporting
 Funding split based on population

IM/IT Major Projects Kitimat Phone System

- Project Value: \$326,000
- Northwest RHD Funding: \$130,400
- Upgrading old technology.
- Project Status: Substantially complete

Minor Capital (<\$100,000)

RHD	Total Funding	RHD Funding
Fraser-Fort George HD	\$2,807,500	\$1,123,000
Stuart-Nechako RHD	\$440,000	\$177,000
Cariboo-Chilcotin RHD	\$473,000	\$187,000
Peace River RHD	\$1,400,000	\$565,000
Northern Rockies RHD	\$174,000	\$70,000
Northwest RHD	\$2,471,000	\$975,000

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

2019-2020 Capital Planning

NH/RHD Spring Joint Meeting
April 16, 2019



Agenda

2019-20 Capital Plan

- Proposed Priority Investments
- Major Projects
- IM/IT Major Projects
- Major Equipment
- Minor Equipment
- Building Integrity

Priority Investments Plans Submitted to the Ministry

Community	RHD	Project	Proposed Budget (\$M)
Terrace	NWRHD	MMH Redevelopment	442
Dawson Creek	PRHRD	DCH Patient Care Replacement (Phase 1)	333
Fort St. James	SNRHD	STH Hospital Replacement and Primary Care Redevelopment	85
Prince George	FFRHD	UHNBC Phase 1 Redevelopment	600
Quesnel	CCRHD	GR Baker ED & ICU Redevelopment	27

* Proposed Budget in Millions of Dollars, is as submitted in the Concept Plan and error estimate is +/- 25% . 19 times out of 20. Budget will be refined when approval is given to proceed to Business Plan development.

Priority Investment

Terrace: Mills Memorial Hospital Redevelopment

- Government announced approval to proceed to business plan development on February 9, 2018
- Capital Planning is working closely with Partnerships BC in this development
- Business plan is complete and has been submitted to Government
- Steering group continues to meet on a regular basis to review the project progress and provide direction.
- The Capital Project Advisory Committee continues to meet on a quarterly basis. The intent is to keep the community and local First Nations informed of the project and receive input.

Priority Investment

Dawson Creek: Dawson Creek District Hospital Redevelopment

- Project has been approved by government on June 14, 2018 to proceed to business plan
- Development of the functional program, indicative design and business plan are well underway
- Business Plan is anticipated to be complete Fall 2019

Priority Investment

Fort St James: Stuart Lake Hospital

- Concept Plan submitted to Ministry of Health June 2018
- October 9, 2018 approved to go to Business Plan
- NH is working with Partnerships BC to complete the Business Plan
- Site meetings are proceeding in April 2019

Priority Investment

UHNBC 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
- Concept Plan was submitted to Government December 2017

Priority Investment

Quesnel: GR Baker ED+ICU Addition

- GRBMH 'Master Plan' completed in 2015 promoted new ED+ICU addition as the first of a multi-phase redevelopment of GRBMH.
- Geotechnical impediments at the site narrowed the scope of subsequent phases and First Nations cultural history of the community necessitated an archaeological site review under the Heritage Conservation Act during any site disruption.
- The Business Plan issued to Government Dec 31, 2018, requests an ED+ICU project using Design/Bid/Build procurement.

Master Planning Updates

Smithers: Bulkley Valley District Hospital Master Planning

- Master Planning is underway
- Completion anticipated Fall 2019

Master Planning Updates

PRIMARY CARE INITIATIVES

Primary Care space planning work has been completed for the following communities:

- Chetwynd - Implemented
- Fort St James – In Progress
- Fort St. John – In Progress
- Quesnel – Implemented
- Quesnel – Urgent Primary Care Center - Implemented

Fort St James: Primary Care Redevelopment

- Tender was successful with several bids within budget
- Successful contractor (WIC) has been engaged and is now on-site
- Project Startup meeting held with contractor, Landlord, BGIS-WSI, CTAN and NH on Tuesday, March 12th
- Demolition commenced Wednesday, March 13th with anticipated timeframe of 21 days to complete demolition
- Construction to commence first week in April, targeting completion by the end of September (6 month construction window)

Future Plans

- NH moving to a regularized Master Planning and Community Space Planning methodology
- 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
- Cost and magnitude of project
- Applicable building functionality issues
- Standards such as CSA, Infection Control

Priority Investments Master Planning to Commence in Near Future

Community	RHD	Project	Proposed Budget (\$M)
Prince George	FGRHD	UHN Redevelopment (remaining phases)	600
NH	NEANW/N	Residential Care Beds and/or Dementia Care Option	130*
		Additional projects/planning based on key metrics tbd.	

* Order of magnitude costing based on early Planning (Residential/ Dementia care) +/- 20% Budgets and project priorities subject to change and develop in the Master Planning process

Seniors Alternate Care and/or Dementia Care Housing

Vanderhoof

- Partnership between BC Housing, Northern Health, Nechako Valley Community Services Society and the District of Vanderhoof.
- There are 8 to 10 units planned within a larger seniors housing development.

Seniors Alternate Care and/or Dementia Care Housing

Kitimat

- Partnership between Kitimat Valley Housing Society, Northern Health, BC Housing, the City of Kitimat and the Kitimat Community Services Society.
- A plan is being developed for 10 units.

Major Projects

Community	RHD	Project	Proposed Budget (\$)
Prince George	FFQRHD	JHNBC Echo-Cardiac Services Department Upgrade - Planning	\$ 450,000
Terrebonne	NWRHD	MMH Chiller Replacement	\$ 947,000
Dawson Creek	PRRHD	CCDH QR Cooling Replacement	\$ 937,000
Northern Health Centre	NWRHD	NHG Observation Room	\$ 991,000
Quinsell	CCRHD	GR Baker Kitchen Renovation - Planning	\$ 832,200

IM/IT Major Projects

Community	RHD	Project	Proposed Budget (\$)
Regional	All	Northern Community Telehealth Expansion	\$ 345,000
Regional	All	Breast Imaging Electronic Reporting Solution	\$ 172,000
Prince Rupert	NWRHD	PRRH Phone System	\$ 325,000
Prince George	FFQRHD	JHNBC Phone System - Phase I	\$ 377,000
Regional	All	Endoscopy System Replacement - Phase I	\$ 788,000
Regional	All	EmergCare - Regional Emergency/Trauma Electronic Medical Record	\$ 4,350,000
Regional	All	Northern Lights - Personal Health Record/Patient Portal	\$ 1,197,000

Major Equipment (>\$100,000)

Community	RHD	Project	Proposed Budget (\$)
Vanderhoof	BNRHD	2.0T C-Arm Replacement	\$ 198,000
Chetwynd	PRRHD	CHT X-Ray Replacement	\$ 587,000
Wapiti	NWRHD	Winch X-Ray Replacement	\$ 910,000
Quinsell	CCRHD	GR Baker X-Ray Replacement	\$ 901,000
Fort St. John	PRRHD	FSH SPECT CT Scanner Replacement	\$ 1,780,000
Terrebonne	NWRHD	MMH CT Systs	\$ 1,876,000
Prince George	FFQRHD	JHNBC Pharmacy Fastbak Vendor	\$ 160,000

Minor Equipment Allocations

RHD	Total Allocation	RHD Portion
FFQRHD	2,807,500	1,123,000
BNRHD	442,000	177,000
CCRHD	468,000	187,000
PRRHD	1,413,000	565,000
NRRHD	174,000	70,000
NWRHD	2,439,000	975,000

Building Integrity Allocations

RHD	Total Allocation	RHD Portion
FFQRHD	226,667	90,667
ENRHD	0	0
CCRHD	83,333	33,333
PRRHD	0	0
NRRHD	56,667	22,776
NWRHD	300,000	120,000

* RHD's have large unspent balances so there is no allocation this year

Facility Condition Assessments

NH/RHD Spring Joint Meeting
April 16, 2019



Cariboo RHD

Building	City	FCC	Replacement Value (\$ Millions)	Facility Repairs/Renewals (\$ Millions)	Year Constructed
Dunrobin Park Lodge	Quesnel	0.37	25.96	9.62	1974
Dunrobin Park Lodge Addition	Quesnel	0.21	23.68	4.92	2007
Eliza Ramsey Memorial Clinic	Quesnel	0.43	1.49	0.64	1956
E. B. Baker Memorial Hospital	Quesnel	0.59	78.39	46.05	1956

Fraser Fort George RHD

Building	City	FCC	Replacement Value (\$ Millions)	Facility Repairs/Renewals (\$ Millions)	Year Constructed
Mackenzie Hospital	Mackenzie	0.68	67.95	12.24	1988
Storage	Mackenzie	0.26	0.59	0.15	1995
McBride and District Hospital	McBride	0.58	11.57	6.80	1961
Alvord Place	Prince George	0.32	34.95	11.27	1972
Aspen 1 Independent Living	Prince George	0.40	4.16	2.50	1965
Aspen 2 Independent Living	Prince George	0.54	3.89	2.12	1964
Quiplex Cottage Independent Living	Prince George	0.56	6.74	0.41	1959
Quiplex Cottage Independent Living	Prince George	0.69	1.23	0.84	1959
Gateway Residential Care Complex Care	Prince George	0.83	46.84	1.44	2009
Gateway Residential Care Assisted Living	Prince George	0.34	30.05	4.29	2009
Old House	Prince George	0.27	5.86	1.56	2002
Dr Mackenzie Family Practice Centre	Prince George	0.21	3.84	0.84	1996
Laurier Manor	Prince George	0.22	10.45	2.29	2001
Learning & Development Centre	Prince George	0.00	3.82	0.00	2016
Northside Centre	Prince George	0.31	6.38	1.97	2001
Parkside Intermediate Care Home	Prince George	0.42	13.10	5.44	1963
Project Parent North	Prince George	0.29	0.59	0.17	1975
Rainbow Intermediate Care Home	Prince George	0.50	3.01	4.01	1972
Spurheadland	Prince George	0.59	9.54	5.63	1955
University Hospital of Northern British Columbia	Prince George	0.37	316.50	116.03	1958
Valdemour D and T Centre	Valdemour	0.21	3.51	0.74	1978

Stuart Nechako RHD

As of April 2, 2015

Building	City	FCI	Replacement Value (\$ millions)	Facility Repairs/Renewals (\$ millions)	Year Constructed
Burns Lake - The Pines	Burns Lake	0.50	10.43	5.31	1992
Lakes District Hospital and Health Centre	Burns Lake	0.00	29.65	0.00	2015
Nurses Residence	Burns Lake	0.46	0.83	0.38	1965
SouthLife Health and Wellness Centre	Burns Lake	0.25	1.50	0.37	2003
Stuart Lake Hospital	Fort St. James	0.41	10.99	4.37	1972
Fraser Lake Community Health Centre	Fraser Lake	0.62	6.06	3.77	1979
Nurses Residence	Vanderhoof	0.28	2.53	0.72	1935
Old Hospital - Cottage of New Caledonia	Vanderhoof	0.42	7.16	3.08	1940
St John Hospital	Vanderhoof	0.48	26.47	12.61	1971
Stuart Nechako Manor	Vanderhoof	0.08	19.25	1.59	2004

Northern Rockies RHD

As of April 2, 2015

Building	City	FCI	Replacement Value (\$ Millions)	Facility Repairs/Renewals (\$ Millions)	Year Constructed
Fort Nelson General Hospital	Fort Nelson	0.56	28.10	15.67	1963

Northwest RHD

As of April 2, 2015

Building	City	FCI	Replacement Value (\$ millions)	Facility Repairs/Renewals (\$ millions)	Year Constructed
27 Tatcho Street	Dease Lake	0.54	0.24	0.21	1979
23 Tatcho Street	Dease Lake	0.18	0.35	0.13	1979
3rd Avenue	Dease Lake	0.64	0.58	0.24	1982
Bilbake Health Centre	Dease Lake	0.37	9.08	3.34	1994
Hazelton Duplex	Hazelton	0.28	0.35	0.09	1998
Winch Memorial Hospital	Hazelton	0.44	24.63	15.73	1977
Houston D and T Centre	Houston	0.44	6.82	2.97	1982
Kitimat General Hospital	Kitimat	0.34	72.36	24.24	2002
Kitimat Almond Elder Care	Kitimat	0.31	16.42	5.10	2002
Masset Assisted Living	Masset	0.08	1.19	0.09	2006
Northern Haida Gwaii Hospital and Health Centre	Masset	0.12	9.83	1.20	2008
Duplex at 2208 and 2210 Dogwood	Masset	0.40	0.50	0.20	1970
Princess Rupert	Prince Rupert	0.05	20.35	0.94	2011
Prince Rupert Regional Hospital	Prince Rupert	0.64	64.98	24.10	1971
Queen Charlotte Island Hospital	Queen Charlotte City		New Build Hospital - To be assessed		
Barkley Lodge	Smithers	0.27	16.28	4.45	1978
Barkley Valley District Hospital	Smithers	0.40	29.83	17.00	1954
Stewart Health Centre	Stewart	0.68	12.29	3.40	1992
Sherwood Place	Terrace	0.17	1.70	0.28	1994
McConnell Estates	Terrace	0.16	7.47	1.18	2002
Wills Memorial Hospital	Terrace	0.55	57.94	31.67	1959
Grange Station Residential Mental Health	Terrace	0.23	3.26	0.85	2000
Prologis Beverly Medical Clinic	Terrace	0.50	1.39	0.69	1980
EntraceView Lodge	Terrace	0.38	18.75	7.18	1984
EntraceView Lodge New Addition	Terrace	0.07	14.26	0.95	2009

Peace River

As of April 2, 2015

Building	City	FCI	Replacement Value (\$ Millions)	Facility Repairs/Renewals (\$ Millions)	Year Constructed
Chetwynd General Hospital	Chetwynd	0.17	18.73	10.69	1971
Dawson Creek and District Hospital	Dawson Creek	0.58	88.61	51.33	1960
Dawson Creek and District Hospital Service Building	Dawson Creek	0.24	8.41	2.05	1996
Dawson Creek Mental Health Residence	Dawson Creek	0.43	0.44	0.19	1968
Rotary Manor	Dawson Creek	0.24	18.02	4.48	2002
Rotary Manor Addition	Dawson Creek	0.16	15.75	3.44	2006
Fort St John Hospital	Fort St John	0.13	195.12	24.43	2012
Fort St John Medical Clinic	Fort St John	0.15	6.31	1.02	1963
Prince Villa Residential Care	Fort St John	0.10	40.06	3.81	2012
Hudson's Hope Health Centre	Hudson's Hope	0.18	7.02	1.78	1997
Peace River Haven	Peace Coups	0.75	17.89	9.70	1983
Tumbler Ridge D and T Centre	Tumbler Ridge	0.66	8.26	5.41	1981

Facility Condition Assessments (FCA)

Provincial Capital Asset Management Framework (CAMF):

- all ministries to establish and maintain an inventory of their facilities and their physical condition



In 2003:

- Ministry of Health contracted VFA Inc. to complete a province-wide inventory and assessment of 500 health care facilities

Assessments were completed in 2006

- Contract did not address need for re-assessments to ensure facility condition data reflects ongoing capital investments

New FCA Agreement

- 2012 - Ministry of Health selected VFA Canada Corporation (VFA) as the successful RFP proponent for facility assessment service



The Agreement:

- was signed in July 2012 for a term of 5 years;
- includes two 5-year options for renewal, at the sole discretion of the Ministry;
- requires VFA to assess approx. 20% (based on m²) of health care facilities per year;
- requires VFA to assess all identified BC health care over the 5-year term.

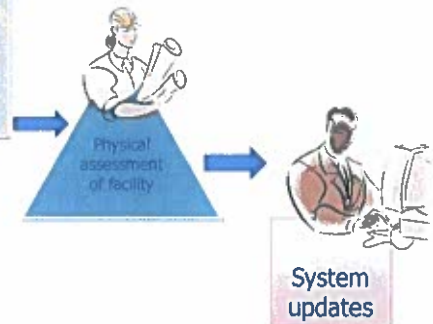
New FCA Agreement (cont'd)

- Physical assessments of approx. 500 health facilities (3 million m²) to:
 - identify deficiencies;
 - estimate work required to update the infrastructure.
- Assessments are performed by VFA teams of professionals:
 - architects
 - professional engineers
 - quantity surveyors
- Hosting and maintaining a secure database system to provide the Ministry and Health Authorities with data for:
 - tracking and reporting facility physical condition
 - identifying future capital projects



The Assessment Process

HAs provide VFA drawings and reports about specific facilities a minimum of 15 business days prior to on site arrival of the VFA team.



Facility Condition Index (FCI)

The FCI is:

- the numeric outcome of a facility assessment
- an industry-standard indicator that measures the relative physical condition of a facility and its systems (mechanical, electrical, plumbing, etc.) at a specific point in time

FCI ratio:

$$\frac{\text{Total cost of facility systems repairs/renewals (\$)}}{\text{Facility replacement value (\$)}}$$



FCI Example



¹ Current Replacement Value is the total amount required to replace a facility to its optimal condition.

What does FCI mean?

The lower the FCI value,

- the better condition that a facility is in, and
- the lesser the need for renovations or renewal funding relative to the facility's value.

For health facilities, the target FCI of 0.10 (10%) was recommended by VFA².



² VFA Canada Corporation has extensive experience in health facility assessment in North America.

FCI does not capture all costs

FCI calculations do not include:

- taxes
- LEED improvements
- financing costs
- architectural fees
- inspection of systems
- commissioning of systems
- consulting fees
- asbestos removal
- site work
- equipment or furniture

How to Use FCI Values

FCI allows the Ministry and Health Authorities to:

- compare the condition of facilities against industry-wide standards;
- compare similar facilities by their physical condition;
- identify areas of facilities in the greatest need for updating, repair or replacement.



How to Use FCI Values (cont'd)

- FCI is only one component (related to facilities physical infrastructure) used in the process of making informed capital planning decision.
- In capital planning, other conditions and criteria other than the FCI value must be taken into consideration, such as:
 - Is the facility providing the right services?
 - Is the facility over or under capacity?
 - Is the facility adaptable to current standards?

A well maintained 1960 era hospital with a low FCI value is still designed to deliver care as if it's 1960

Next Steps

- Once facilities have been assessed, Health Authorities use the FCI data, together with other relevant criteria, to plan and prioritize future capital investments.
- FCI data must be considered together with other strategic criteria such as: facility functionality, market trends (e.g. available funding), demographic needs.

Building Standards Affecting Health Care Facilities

- CSA Z8000 - Canadian Health Care Facilities - Planning, Design and Construction
- Provides a nationally recognized baseline for the design and construction of hospitals and selected care facilities
- Issued 2014, due for revision 2018-2020
- Within the CSA Z8000 Standard is:
 - 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 Z317.17 - Infection Control During Construction, Renovation and Maintenance of Health Care Facilities
- Issued 2003, Revised 2007, 2012 and 2017
- Especially applies to renovations in an active hospital
- British Columbia Building Codes
- Current version, 2017, 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

- 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

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** = 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



Identify Need: Identify need for facility replacement, estimate funds for planning

Master Program: Identify present and future needs in high level terms, Long term planning documents

Concept Plan: Prepare Facility Renewal Funding Request for Ministry capital approval

Ministry Approval:

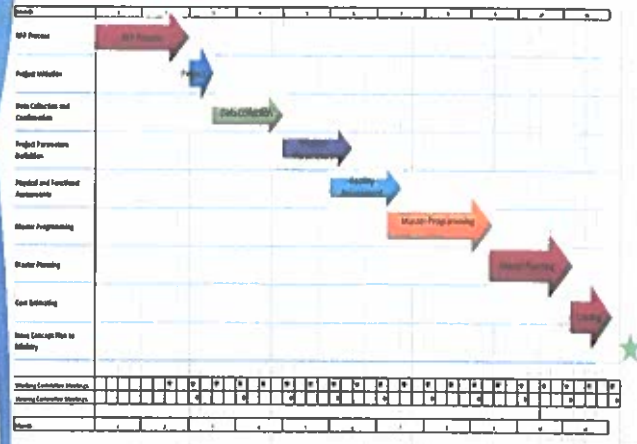
Business Plan: Prepare detailed program development, operational processes and room by room space plans

Ministry Approval:

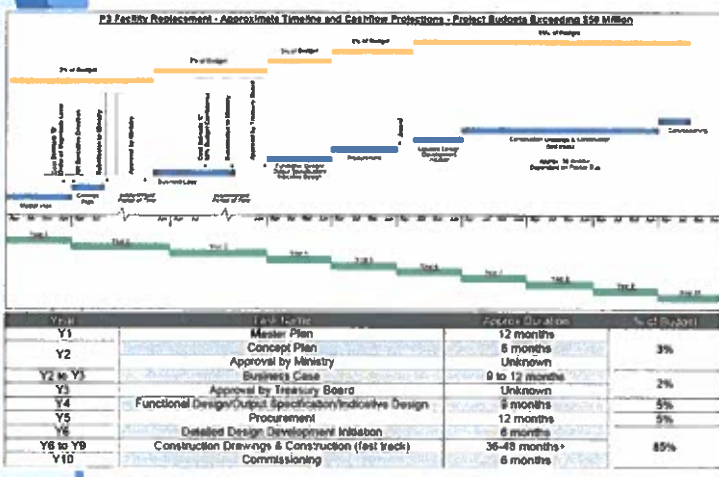
Design: Complete facility design, estimate equipment needs and requirements, finalize bids

Construction: Undertake construction of new / renewed facility, Transition from existing and operationalize new facility

Master Program Process



Project Scheduling & Budgeting



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

Project Governance - Continued

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

- Chaired by an 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

Questions?

