

STUART-NECHAKO REGIONAL HOSPITAL DISTRICT
AGENDA
THURSDAY, JULY 18, 2019

CALL TO ORDER

SUPPLEMENTARY AGENDA

Receive

AGENDA – JULY 18, 2019

Approve

PAGE NO.

MINUTES

ACTION

2-5 Stuart-Nechako Regional Hospital District
Meeting Minutes – June 6, 2019

Adopt

REPORTS

6-13 John Illes, Treasurer – MOU between Regional
Hospital Districts and Northern Health

Recommendation
(Page 6)

14-17 John Illes, Treasurer – Ratification of Payment for
Stuart Lake Hospital Business Plan

Ratify

CORRESPONDENCE

18-19 District of Fort St. James – Request for Support for
Regional Helipad

Direction

20-21 Northern Health – NCLGA Meeting Williams Lake,
May 7 & 8, 2019

Receive

VERBAL REPORTS

RECEIPT OF VERBAL REPORTS

SUPPLEMENTARY AGENDA

NEW BUSINESS

ADJOURNMENT

STUART-NECHAKO REGIONAL HOSPITAL DISTRICT**MEETING MINUTES****THURSDAY, JUNE 6, 2019**

PRESENT: Chair Jerry Petersen

Directors Dolores Funk
Tom Greenaway
Clint Lambert
Linda McGuire
Mark Parker
Bev Playfair – arrived at 10:09 a.m.
Michael Riis-Christianson
Gerry Thiessen

Director Kim Watt-Senner, Village of Fraser Lake

Absent

Staff Cheryl Anderson, Acting CAO/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 Parker
Seconded by Director Greenaway**SNRHD.2019-4-1**

"That the Stuart-Nechako Regional Hospital District Agenda of June 6, 2019 be approved."

(All/Directors/Majority)

CARRIED UNANIMOUSLY**MINUTES****Stuart-Nechako Regional
Hospital District Meeting
Minutes –May 2, 2019**Moved by Director Riis-Christianson
Seconded by Director Greenaway**SNRHD.2019-4-2**

"That the minutes of the Stuart-Nechako Regional Hospital District meeting of May 2, 2019 be adopted."

(All/Directors/Majority)

CARRIED UNANIMOUSLY**REPORTS****Update for June – Invitation to
Project Advisory Committee**Moved by Director Greenaway
Seconded by Director McGuire**SNRHD.2019-4-3**

1. "That the Stuart-Nechako Regional Hospital District Board of Directors receive the Treasurer's May 17, 2019 memo titled "Update for June – Invitation to Project Advisory Committee;" and further,
2. That the Stuart-Nechako Regional Hospital District Board of Directors appoint Jerry Petersen and Tom Greenaway to the Advisory Committee for the Stuart Lake Hospital."

(All/Directors/Majority)

CARRIED UNANIMOUSLY

REPORTS (CONT'D)

Stuart Lake Hospital's
Construction Impacts on
Taxpayers

Moved by Director Riis-Christianson
Seconded by Director Greenaway

SNRHD.2019-4-4

1. "That the Stuart-Nechako Regional Hospital District Board of Directors receive the Treasurer's May 17, 2019 memo titled "Stuart Lake Hospital's Construction Impacts on Taxpayers"
2. That the Stuart-Nechako Regional Hospital District Board of Directors ratify the Chair's letter to Northern Health of May 2, 2019 regarding the affordability of the SNRHD tax rates."

(All/Directors/Majority)

CARRIED UNANIMOUSLY

Discussion took place in regard to the impacts to tax payers moving forward. Chair Petersen spoke of continuing to discuss the issue with the Province. Director Thiessen mentioned that the Honourable Scott Fraser, Minister of Indigenous Relations and Reconciliation will be visiting the region and it may be an opportunity to speak to him in regard to the Stuart Lake Hospital. The total cost of borrowing including a contingency was discussed. Chair Petersen indicated he will work with staff to develop a strategy moving forward in regard to SNRHD funding new facilities and the impacts to taxpayers.

Capital Grant Bylaw 73
St. John Hospital

Moved by Director Thiessen
Seconded by Director Lambert

SNRHD.2019-4-5

1. "That the Stuart-Nechako Regional Hospital District Board of Directors receive the Treasurer's May 23, 2019 memo titled "Capital Grant Bylaw 73 St. John Hospital;" and,
2. That the Stuart-Nechako Regional Hospital District Board of Directors consider giving Bylaw 73, later in the agenda, three readings and adoption."

(All/Directors/Majority)

CARRIED UNANIMOUSLY

Update for June – Capital
Status Report

Moved by Director Lambert
Seconded by Director McGuire

SNRHD.2019-4-6

"That the Stuart-Nechako Regional Hospital District Board of Directors receive the Treasurer's May 17, 2019 memo titled "Update for June Capital Status Report."

(All/Directors/Majority)

CARRIED UNANIMOUSLY

Update for June – Tax
Distribution by Area

Moved by Director Thiessen
Seconded by Director Parker

SNRHD.2019-4-7

"That the Stuart-Nechako Regional Hospital District Board of Directors receive the Treasurer's May 17, 2019 memo titled "Update for June – Tax Distribution by Area."

(All/Directors/Majority)

CARRIED UNANIMOUSLY

REPORTS (CONT'D)

Update for June – First Quarter Financial Statements Moved by Director Greenaway
Seconded by Director Lambert

SNRHD.2019-4-8 "That the Stuart-Nechako Regional Hospital District Board of Directors receive the Treasurer's May 23, 2019 memo titled "First Quarter Financial Statements."

(All/Directors/Majority) CARRIED UNANIMOUSLY

BYLAW

Bylaw for First, Second, Third Reading & Adoption

No. 73 – SNRHD Capital Expenditure Bylaw Moved by Director Lambert
Seconded by Director Thiessen

SNRHD.2019-4-9 "That "Stuart-Nechako Regional Hospital District Capital Expenditure Bylaw No. 73, 2019" be given first, second, third reading and adoption this 6th day of June, 2019."

(All/Directors/Majority) CARRIED UNANIMOUSLY

VERBAL REPORTS

Meeting with Stantec Re: Fort St. James Hospital Business Plan Director Greenaway attended a meeting with Stantec in regard to community input for the new Fort St. James Hospital Business plan.

Stuart Nechako Manor Director Thiessen commented that work is being completed to the Stuart Nechako Manor to repair the damage from the fire on April 22, 2019.

Vanderhoof Senior Care Housing Project – Dementia Unit Director Thiessen noted that the District of Vanderhoof is working with BC Housing in regard to the Dementia Unit in the new Senior Care Housing Project in Vanderhoof. He spoke of potential funding solutions and partnerships for the unit in order to mitigate impacts to tax payers.

Discussion took place in regard to costs for renovation projects, equipment costs and oversight along with potential public/private partnerships for funding projects within the SNRHD.

Receipt of Verbal Reports Moved by Director Greenaway
Seconded by Director Lambert

SNRHD-2019-4-10 "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 Lambert
Seconded by Director Greenaway

SNRHD.2019-4-11

"That the meeting be adjourned at 10:41 a.m."

(All/Directors/Majority)

CARRIED UNANIMOUSLY

Jerry Petersen, Chairperson

Wendy Wainwright, Executive Assistant

b

Stuart-Nechako Regional Hospital District

Memo

Board Agenda – July 18, 2019

To: Chair Petersen and the Board of Directors
From: John Illes, Treasurer
Date: July 10, 2019
Issue: MOU between Regional Hospital Districts and Northern Health

Background:

On May 2, the Board endorsed the revised Memorandum of Understanding between Northern Health and the Regional Hospital Districts and Northern Health set to expire on October 16, 2019.

Discussion:

The Ministry of Health has requested changes dealing with media releases in the memorandum. No other changes have been made. The Board is required to endorse this revision before the Chair or Acting Chair can sign the memorandum at the annual Advisory meeting in October.

Staff have reviewed the changes and recommend approval.

I would be pleased to answer any questions.

Recommendation: (all/directors/majority)

That the memorandum from the Treasurer, dated July 10, 2019 regarding the “MOU between Regional Hospital Districts and Northern Health” be received, and

“That the Board authorize the Chair or Acting Chair to sign the memorandum on behalf of the Hospital District at or before the annual meeting.”

Memorandum of Understanding

THIS UNDERSTANDING made as of the 7th day of October, 2003 and renewed, as amended, the 21st day of October, 2019.

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. [Subject to Ministry of Health review and approval](#), 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-Chilcotin 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

Subject to Ministry of Health review and approval. 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 – July 18, 2019

To: Chair Petersen and the Board of Directors
From: John Illes, Treasurer
Date: July 10, 2019
Issue: Ratification of Payment for Stuart Lake Hospital Business Plan

Background:

The Board approved Bylaw 72 authorizing \$3,000,000 for Business Planning for the new hospital in Fort St. James

Discussion:

Northern Health has requested \$68,043.72 for expenses incurred as of May 31, 2019 for the business planning work. Northern Health expects to complete the plan by mid-December and request payment for the remainder of the funds this calendar year.

The Chair (or Acting Chair) and the Treasurer (or Secretary) are authorized to settle all accounts when these expenses have been authorized by a bylaw. These expenses are brought to the board for ratification, to show project progress, and for information.

I would be pleased to answer any questions.

Recommendation:	(all/directors/majority)
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That the memorandum from the Treasurer, dated July 10, 2019 regarding the "Ratification of Payment for Stuart Lake Hospital Business Plan" be received, and

"That the Board ratify the payment to Northern Health for \$68,043.72 for business planning reimbursement as per Bylaw 72."



Northern Health – Finance Department
300 – 299 Victoria Street, Prince George, BC, V2L 5B8
(P) 250.565.2300 (F) 250.565.2833

June 12, 2019

John Illes
Chief Financial Officer
Stuart-Nechako Regional Hospital District
P.O. Box 820
Burns Lake, BC V0J 1E0

Email: john.illes@rdbn.bc.ca

**Re: Project # N661930003 Stuart Lake Hospital, Building, Business Plan
Bylaw 72, 2019**

Dear Mr. Illes:

Please find enclosed Claim # 1 for the above project. This project is not yet complete. The amount for this claim is \$68,043.72.

Project Budget:	\$3,000,000.00
Project Costs:	\$68,043.72

Funding:	
RHD	68,043.72
Total	<u>68,043.72</u>

RHD	
Amount this Claim	<u>68,043.72</u>

Thank you for your continued support. If you have any questions, please do not hesitate to contact our office.

Sincerely,

Deb Taylor, H.B.Comm, CGA
Regional Manager, Capital Accounting

Cc: Penny Anguish, COO, NI
Mike Hoefler, RD, Capital Planning and Support Services



Northern Health
 Corporate Finance (Capital)
 Suite 700 - 299 Victoria Street
 Prince George, BC V2L 5B8

STATEMENT OF EXPENDITURES

To: Stuart Nechako RHD

FILE DESCRIPTION			Facility Name	Project File NO.	CLAIM DATE YYYY / MM / DD	Claim NO.	PAGE of PAGES	
Building, Business Plan, STH			Stuart Lake Hospital	N661930003	2019 Jun 12	1	1	2
ITEM	INVOICE NO.	INVOICE DATE YYYY MM DD	VENDOR NAME	Description	PST AMOUNT	Total Expenditure (Net taxes)		
01	C037663	2019/04/23	COLLIERS PROJECT LEADERS INC	Consultants	0.00	5,042.50		
02	PBC007208	2018/11/06	PARTNERSHIP BRITISH COLUMBIA INC	Consultants	0.00	2,571.68		
03	PBC007250	2018/12/06	PARTNERSHIP BRITISH COLUMBIA INC	Consultants	0.00	5,476.16		
04	PBC007291	2019/01/06	PARTNERSHIP BRITISH COLUMBIA INC	Consultants	0.00	6,096.38		
05	PBC007336	2019/02/06	PARTNERSHIP BRITISH COLUMBIA INC	Consultants	0.00	10,997.69		
06	PBC007376	2019/03/06	PARTNERSHIP BRITISH COLUMBIA INC	Consultants	0.00	10,195.94		
07	PBC007432	2019/04/06	PARTNERSHIP BRITISH COLUMBIA INC	Consultants	0.00	7,578.88		
08	NHGENERAL-	2018/12/13	General Ledger Entry	Labour	0.00	8.46		
09	NHGENERAL-	2019/01/10	General Ledger Entry	Labour	0.00	29.78		
10	NHGENERAL-	2019/02/07	General Ledger Entry	Labour	0.00	36.89		
11	NHGENERAL-	2019/02/07	General Ledger Entry	Labour	0.00	3,357.29		
12	NHGENERAL-	2019/03/07	General Ledger Entry	Labour	0.00	72.17		
13	NHGENERAL-	2019/03/07	General Ledger Entry	Labour	0.00	3,968.80		
14	NHGENERAL-	2019/03/31	General Ledger Entry	Labour	0.00	40.48		
15	NHGENERAL-	2019/03/31	General Ledger Entry	Labour	0.00	1,656.81		
16	NHGENERAL-	2019/05/02	General Ledger Entry	Labour	0.00	140.59		
17	NHGENERAL-	2019/05/02	General Ledger Entry	Labour	0.00	5,256.33		
18	NHGENERAL-	2019/05/30	General Ledger Entry	Labour	0.00	7.98		
19	NHGENERAL-	2019/05/30	General Ledger Entry	Labour	0.00	4,593.58		
20	321834-LEON	2019/04/12	REFUND NHA NON-EMP	Other Costs	0.00	450.00		
21	NHGENERAL-	2019/05/30	General Ledger Entry	Travel Expense	0.00	196.40		
22	NHGENERAL-	2019/05/30	General Ledger Entry	Travel Expense	0.00	268.93		

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Northern Health
 Corporate Finance (Capital)
 Suite 700 - 299 Victoria Street
 Prince George, BC V2L 5B8

STATEMENT OF EXPENDITURES

To: **Stuart Nechako RHD**

FILE DESCRIPTION		Facility Name	Project File NO.	CLAIM DATE YYYY / MM / DD	Claim NO.	PAGE of PAGES
Building, Business Plan, STH		Stuart Lake Hospital	N661930003	2019 Jun 12	1	2 2
ITEM	INVOICE NO.	INVOICE DATE YYYY MM DD	VENDOR NAME	Description	PST AMOUNT	Total Expenditure (Net taxes)

CERTIFICATION - I hereby certify that: all capital expenditures recorded on this claim are eligible and proper charges against this capital project and are within the approved scope and budget for the project; goods and services have been received in accordance with contract terms and specifications; invoices have been verified for correct quantities, prices, calculations and applicable taxes and holdbacks, and; invoices supporting this claim are retained in health authority files and are subject to audit.

TOTAL Net Expenditures	68,043.72
Total This Claim	68,043.72

HEALTH AUTHORITY SIGNATURE

NAME - *please print*

DATE SIGNED

PHONE NO.

DEB TAYLOR

YYYY MM DD
2019 06 12

250 565 2893

17

Cheryl Anderson

From: Duncan Malkinson <corporate@fortstjames.ca>
Sent: July 9, 2019 3:54 PM
To: mayor@district.vanderhoof.ca; Alexander McKinnon; Chief@tlazten.bc.ca;
chief@yekooche.com; chief@binche.ca; chief@taklafn.ca; 'Tom RDBN'
Cc: Wendy Wainwright; Cynthia.hill@yekooche.com; adminassistant@taklafn.ca;
dave@binche.ca; executiveassistant@nakazdli.ca; Cheryl Anderson; Mayor Playfair and
Council; David Schroeter; CAO
Subject: Request for Support of Fort St. James Helipad
Attachments: 2019-06-26 Regional Helipad Letter.docx

Good day,

The District of Fort St. James is seeking the support of its community partners for the continued provision of the Helipad at the Stuart Lake Hospital in Fort St. James.

The attached draft letter, proposed by the District, seeks the support of several proposed signatories to be sent to the Northern Health Board of Directors

If your organization is in support of this effort, please respond accordingly, and include a digital form of your logo and the digital signature of the requested signatory at the bottom.

Respectfully,

Duncan Malkinson

Deputy Corporate Officer
District of Fort St. James
e: corporate@fortstjames.ca
477 Stuart Drive W
PO Box 640
VOJ 1P0

**FORT ST JAMES**

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<http://fortstjames.ca>

Remember to shop local:

<https://lovenorthernbc.com/>



June 20th, 2019

Colleen V. Nyce
 Board Chair
 Northern Health
 600-299 Victoria Street
 Prince George, BC, V2L 5B8

Dear Colleen V. Nyce:

Re: Fort St. James Helipad

We, the undersigned, would like to express our collective concern that the existing helipad is not being considered or included in the current design of the Stuart Lake Hospital. The current helipad allows medevac service which is critical to the health, well-being, and safety of our residents.

The Stuart Lake Hospital offers services to the District of Fort St. James, Regional District of Bulkley-Nechako Electoral Area "C" and the Nak'azdli Whut'en, Tl'azt'en, Binche Keyoh, Yekooche, and Takla Lake First Nations. These rural communities represent a population of 4500 people whose lives are at risk without proper medical care. Transportation to Prince George for medical emergencies causes an unacceptable 3-4 hour delay in medical service due to travel times and other necessary procedures.

The Mayor and Council of the District of Fort St. James stand with our regional partners and community physicians. We request that a helipad for medical emergencies be incorporated into the design of the Stuart Lake Hospital.

We look forward to your responses.

Sincerely,

Mayor Bev Playfair,
 District of Fort St. James

Chair Jerry Petersen
 Stuart-Nechako Regional
 Hospital District

Chief Mathew Joseph
 Yekooche First Nation

Director Tom Greenaway
 Regional District of Bulkley-
 Nechako Electoral Area "C"

Chief Beverly John
 Tl'azt'en First Nation

Chief John French
 Takla Lake First Nation

Chief Alex McKinnon
 Nak'azdli Whut'en

Acting Chief Joshua Hallman
 Binche Keyoh

June 12, 2019

Jerry Peterson, Chair
Stuart Nechako Regional Hospital District
Box 820, 37-3rd Avenue
Burns Lake, BC V0J 1E0

Via email:
jeraud@telus.net
Cheryl.anderson@rdbn.bc.ca

Dear Chair Peterson:

Re: NCLGA Meeting Williams Lake, May 7 & 8, 2019

Thank you for organizing a meeting with Northern Health during the recent NCLGA convention. We appreciate the opportunity to meet with members of the Regional Hospital District to discuss topics of concern to your community.

At our meeting, we discussed the progress on the redevelopment of the primary and community care space in Fort St James. This project is progressing well and is expected to be completed in the early fall. We also reviewed the work underway to develop a Business Plan for the replacement of the Stuart Lake Hospital. The development of the Business Plan is progressing well with excellent participation from staff and physicians in the community.

As you are aware an Advisory Committee for the hospital replacement project has been established with representation from the Regional Hospital District, the District of Fort St James, the Fort St. James Primary Care Society, and First Nations communities in the surrounding area. This Advisory Committee will be in place for the duration of the capital project.

We discussed the recent fire at Stuart Nechako Manor and provided an update on the investigation of the underlying cause and the remediation necessary. A more current update will be provided to the Regional Hospital District in a separate communication.

We appreciated hearing that the RHD has requested a meeting with BC Emergency Health Services to discuss concerns about ambulance services in the region. We understand this discussion is planned for July 18th. Northern Health will plan to have someone attend this meeting.

Finally, we discussed the Seniors Housing development in Vanderhoof. Northern Health has valued the partnership with the District of Vanderhoof, BC Housing, and Nechako Valley Community Services that is enabling the potential for some of the planned units to provide a higher level of care. You identified some concerns about the Assisted Living Units in Fort St James and the level of care that is available to residents in these units. We will review the level of services that is currently available in these two units.

Thank you again for meeting with us.

Sincerely,



Cathy Ulrich
President and Chief Executive Officer

cc: Colleen Nyce, Chair, Northern Health Board
Penny Anguish, Chief Operating Officer
Michael Hofer, Regional Director, Capital Planning and Support Services
