

STUART-NECHAKO REGIONAL HOSPITAL DISTRICT
AGENDA
THURSDAY, MAY 27, 2021

CALL TO ORDER

SUPPLEMENTARY AGENDA

Receive

AGENDA – May 27, 2021

Approve

PAGE NO.

MINUTES

ACTION

2-3

Stuart-Nechako Regional Hospital District
Meeting Minutes – March 25, 2021

Approve

REPORTS

4-13

John Illes, Treasurer – Memorandum of Understanding Recommendation
- October 2021 Update

14-21

John Illes, Treasurer – Northern Health Spring Meeting Receive

VERBAL REPORTS

RECEIPT OF VERBAL REPORTS

SUPPLEMENTARY AGENDA

NEW BUSINESS

ADJOURNMENT

STUART-NECHAKO REGIONAL HOSPITAL DISTRICT**MEETING MINUTES****THURSDAY, MARCH 25, 2021**

PRESENT: Chair Jerry Petersen

Directors Dolores Funk
Tom Greenaway
Clint Lambert
Linda McGuire
Mark Parker
Bob Motion – Via Zoom
Michael Riis-Christianson
Gerry Thiessen
Sarrah Storey

Staff Curtis Helgesen, Chief Administrative Officer
Cheryl Anderson, Manager of Administrative Services
Alex Eriksen, Director of Environmental Services
John Illes, Treasurer
Deborah Jones-Middleton, Director of Protective Services
Jason Llewellyn, Director of Planning
Wendy Wainwright, Executive Assistant
Kara Wall, Environmental Services Assistant

Others Terry Gillespie, Staff Sergeant, RCMP - Smithers
Shaunna Lewis, Staff Sergeant, RCMP – Burns Lake

CALL TO ORDER

Chair Petersen called the meeting to order at 10:02 a.m.

AGENDAMoved by Director McGuire
Seconded by Director ParkerSNRHD.2021-4-1

“That the Stuart-Nechako Regional Hospital District Agenda of March 25, 2021 be approved.”

(All/Directors/Majority)

CARRIED UNANIMOUSLY**MINUTES**Stuart-Nechako Regional
Hospital District Meeting
Minutes – March 11, 2021Moved by Director Greenway
Seconded by Director LambertSNRHD.2021-4-2

“That the minutes of the Stuart-Nechako Regional Hospital District meeting of March 11, 2021 be adopted.”

(All/Directors/Majority)

CARRIED UNANIMOUSLY

REPORT

High Interest Savings Account through MFA Moved by Director Riis-Christianson
 Seconded by Director Parker

SNRHD.2021-4-3 “That the Board direct staff to open a Pooled High Interest Savings Accounts with MFABC associated with Scotiabank.”

(All/Directors/Majority) CARRIED UNANIMOUSLY

John Illes, Treasurer provided an overview of the Pooled High Interest Savings Account in regard to the acquisition process for the Stuart Lake Hospital Replacement Project in Fort St. James.

VERBAL REPORTS

COVID-19 Vaccination Clinic -Burns Lake – April 6, 2021 Director Funk announced that Burns Lake will begin its COVID-19 vaccination clinic April 6, 2021 for individuals 18+ years of age.

Lakes District Hospital and Healthcare Centre Laboratory Director Funk noted that the Lakes District Hospital and Healthcare Centre Laboratory is experiencing staffing challenges and has had to shorten hours and days of operation for outpatient services.

Granisle Health Centre COVID-19 Vaccination Clinic Director McGuire announced that the Granisle Health Centre will be administering its COVID-19 vaccination clinic appointments April 7-9, 2021.

New Surgeon arrives in Vanderhoof Director Thiessen mentioned that a new surgeon has arrived in the community to work at St. John Hospital in Vanderhoof.

COVID-19 Vaccination Clinics in Fraser Lake Director Storey noted that Fraser Lake COVID-19 vaccination clinic is planned for April 12th and 19th.

Vanderhoof COVID-19 Clinic Chair Petersen commented that a COVID-19 vaccination clinic is planned for March 30th in Vanderhoof. He spoke of Canada receiving its vaccinations later than other countries.

Verbal Reports Moved by Director Greenaway
 Seconded by Director Riis-Christianson

SNRHD.2021-4-4 “That the verbal reports of the various Board of Directors be received.”

(All/Directors/Majority) CARRIED UNANIMOUSLY

ADJOURNMENT

Moved by Director Greenaway
 Seconded by Director McGuire

SNRHD.2021-4-5 “That the meeting be adjourned at 10:17 a.m.”

(All/Directors/Majority) CARRIED UNANIMOUSLY

Jerry Petersen, Chairperson

Wendy Wainwright, Executive Assistant

Stuart-Nechako

Regional Hospital District

Memo

To: Chair Petersen and the Board of Directors
From: John Illes, Treasurer
Date: May 27, 2021
Regarding: Memorandum of Understanding – October 2021 Update

Recommendation: (all/directors/majority)

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

Discussion:

The memorandum of understanding between Northern Health and the Hospital Districts has been ongoing since the Fall Meeting held in 2003. It is reviewed every two years and updated as needed. There have been no significant changes since the last renewal on July 18, 2019.

Staff have reviewed the memorandum and have no concerns with renewal.

Attachment: Draft Memorandum of Understanding between Northern Health and the Hospital Districts

Memorandum of Understanding

THIS UNDERSTANDING made as of the 7th day of October, 2003 and renewed, as amended, the 18th day of October, 2021.

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.

DRAFT

Stuart-Nechako

Regional Hospital District

Memo

To: Chair Petersen and the Board of Directors
From: John Illes, Treasurer
Date: May 27, 2021
Regarding: Northern Health Spring Meeting

Recommendation: (all/directors/majority)

Receipt of Memo

Discussion:

The Spring Northern Health meeting was held on April 19, 2021. The Chair, Acting Chair and staff were in attendance.

The highlights for the spring agenda this year were an update on the facility condition assessments for the Region. The update for the Stuart-Nechako Region is included in that attachment.

At a later meeting connected with NCLGA, Northern Health indicated that the Fraser Lake Community Health Centre is in relatively good condition and is not expected to need replacement in the current planning horizon. This will allow the Hospital District time to save up for and fund future projects such as a possible Vanderhoof Primary Care Centre.

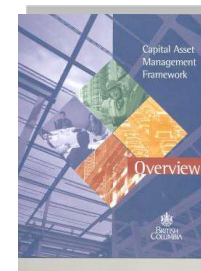
Also included with this report is the minor capital amounts that were spent in Northern Health's Fiscal Years ending March 31, 2020 and 2021.

**Attachment: Northern Health's Facility Condition Assessments
Minor Capital Expense Report for 2020 and 2021 years**

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

Facility Condition Assessments Reference Materials NH/RHD Joint Spring Meeting April 19, 2021



New FCA Agreement

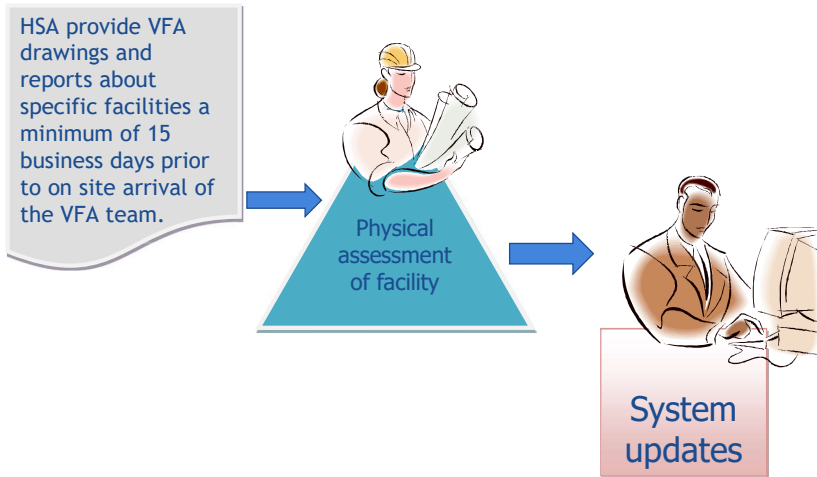
- 2012 – Ministry of Health selected VFA Canada Corporation (VFA) as the successful RFP proponent for facility assessment service
- The Agreement:
 - was signed in July 2012 for a term of 5 years;
 - includes two 5-year options for renewal, at the sole discretion of the Ministry;
 - requires VFA to assess 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



Facility Condition Index (FCI)

The FCI is:

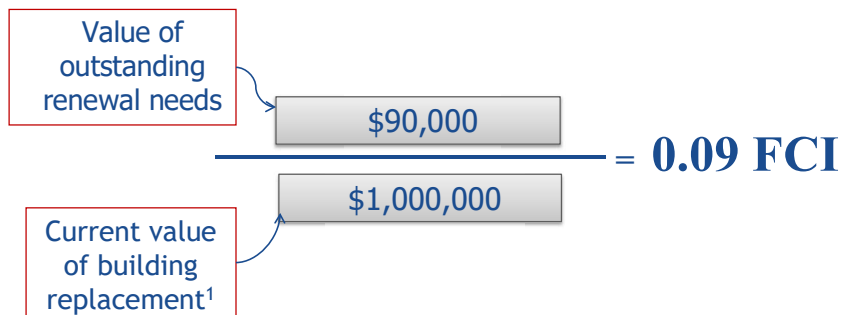
- the numeric outcome of a facility assessment
- **an industry-standard indicator** that measures the relative physical condition of a facility and its systems (mechanical, electrical, plumbing, etc.) at a specific point in time

FCI ratio:

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



FCI Example



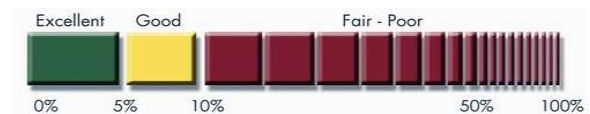
¹ Current Replacement Value is the total amount required to replace a facility to its optimal condition.

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

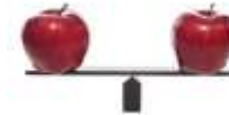
FCI calculations do not include:

- 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.

Stuart Nechako RHD

As of March 18, 2021

Building	City	FCI	Replacement Value (\$ Millions)	Facility Repairs/ Renewals (\$ Millions)	Year Constructed
Burns Lake - The Pines	Burns Lake	0.47	12.79	6.03	1992
Lakes District Hospital and Health Centre	Burns Lake	0.07	40.81	2.67	2015
Nurses Residence	Burns Lake	0.71	0.85	0.60	1965
Southside Health and Wellness Centre	Burns Lake	0.26	1.54	0.40	2003
Stuart Lake Hospital	Fort St. James	0.49	10.87	5.28	1972
Fraser Lake Community Health Centre	Fraser Lake	0.52	6.23	3.23	1979
Nurses Residence	Vanderhoof	0.37	2.64	0.97	1935
Old Hospital - College of New Caledonia	Vanderhoof	0.50	7.34	3.65	1940
St John Hospital	Vanderhoof	0.57	27.35	15.54	1971
Stuart Nechako Manor	Vanderhoof	0.23	19.94	4.64	2004

Fund Budget Reconciliation

Minor Capital < \$100,000

Budget Total:

Expense Total:

Variance:

FUNDING SOURCES					Actual Expenditures	Committed (Spent)
MOH	RHD	Aux/ Foundation	Opening Cash	Total		
\$55,760	\$177,000	\$126,971		\$359,731	\$342,413	\$359,730
\$55,760	\$177,000	\$126,971		\$359,731	\$342,413	\$359,730
\$55,760	\$177,000	\$126,971		\$359,730		
					\$1	

Capital Expenditures

2020

Minor Capital < \$100,000

St. John Hospital	N662090004	Gastroscope						
St. John Hospital	N662090005	Camera - OR						
St. John Hospital	N662090037	Ventilator - Transport						
St. John Hospital	N662090058	Microscope						
St. John Hospital	N662090061	Centrifuge						
St. John Hospital	N662090064	Colonoscope						
St. John Hospital	N662090089	Bili-Blanket						
St. John Hospital	N662090101	Gastroscope						
St. John Hospital	N662090103	Camera Head						
St. John Hospital	N662090126	Dishwasher						
Stuart Lake Hospital	N662090068	Bed - Labour & Delivery						
The Pines	N662090003	Bath Tub						
Stuart Nechako Manor	N662090006	Bath Tub X2						
Stuart Nechako Manor	N662090097	Lift - Portable Patient (Insurance)						
NI Community Services-SN	N662090092	Centrifuge						
		Count:: 15						
		Completed Total						
The Pines	N6620N0032	Wall protection						
NI Community Services-SN	N6620N0040	Refrigerator - Vaccine X3						
		Count:: 2						
		Tsf to Operating Total						
		Minor Capital < \$100,000 Total						
		'Approved' Count:: 0						
		'On Hold' Count:: 0						
		'Ordered' Count:: 0						
		'Completed' Count:: 15						
		Count:: 17						
		Report Total						

	\$34,156			\$34,156	34,156	Completed
		\$15,335		\$15,335	15,335	Completed
	\$25,486	\$20,000		\$45,486	45,486	Completed
	\$15,497			\$15,497	15,497	Completed
	\$12,987			\$12,987	12,987	Completed
	\$42,806			\$42,806	42,806	Completed
	\$597	\$7,603		\$8,200	8,200	Completed
	\$2,124	\$32,000		\$34,124	34,124	Completed
		\$9,506		\$9,506	9,506	Completed
	\$17,363			\$17,363	17,363	Completed
	\$23,122			\$23,122	23,122	Completed
\$28,371				\$28,371	28,371	Completed
		\$34,390		\$34,390	34,390	Completed
		\$8,137		\$8,137	8,137	Completed
\$10,071	\$2,862			\$12,933	12,933	Completed
\$38,442	\$177,000	\$126,971		\$342,413	342,413	
\$6,272				\$6,272	6,272	sf to Operati
\$11,045				\$11,045	11,045	sf to Operati
\$17,317				\$17,317	17,317	
\$55,760	\$177,000	\$126,971		\$359,730	359,730	
\$55,760	\$177,000	\$126,971		\$359,730	359,730	

Fund Budget Reconciliation

Minor Capital < \$100,000

Budget Total:

Expense Total:

Variance:

FUNDING SOURCES					Actual Expenditures	Committed (Spent)
MOH	RHD	Aux/ Foundation	Opening Cash	Total		
\$167,000	\$165,000	\$143,385	\$270,585	\$745,970	\$343,666	\$588,315
\$167,000	\$165,000	\$143,385	\$270,585	\$745,970	\$343,666	\$588,315
\$9,344	\$165,000	\$143,386	\$270,585	\$588,315		
\$157,656		\$(1)		\$157,655		

Capital Expenditures

2021

Minor Capital < \$100,000

St. John Hospital	N662190014	Defibrillator		\$18,802			\$18,802	18,802	Completed
St. John Hospital	N662190049	ECG Machine			\$19,197		\$19,197	19,197	Completed
St. John Hospital	N662190052	Stainer - Slide		\$25,186			\$25,186	25,186	Completed
St. John Hospital	N662190073	Washer - Cell		\$14,211			\$14,211	14,211	Completed
St. John Hospital	N662190093	Sterilizer				\$52,205	\$52,205	52,205	Completed
Stuart Lake Hospital	N662190016	Defibrillator		\$18,802			\$18,802	18,802	Completed
Stuart Lake Hospital	N662190048	ECG Machine			\$19,197		\$19,197	19,197	Completed
Stuart Lake Hospital	N662190070	Macerator		\$7,010			\$7,010	7,010	Completed
Stuart Lake Hospital	N662190074	Warmer - Infant		\$2,625	\$33,446		\$36,071	36,071	Completed
Stuart Nechako Manor	N662190022	Bed (GoBed II)			\$5,773		\$5,773	5,773	Completed
Stuart Nechako Manor	N662190023	Mattress & pump			\$8,555		\$8,555	8,555	Completed
Stuart Nechako Manor	N662190050	Lift - Chair with Scale				\$12,509	\$12,509	12,509	Completed
Stuart Nechako Manor	N662190051	Tub				\$17,195	\$17,195	17,195	Completed
Fraser Lake D & T Centre	N662190015	Defibrillator				\$18,802	\$18,802	18,802	Completed
Fraser Lake D & T Centre	N662190047	ECG Machine			\$19,197		\$19,197	19,197	Completed
	Count::	15	Completed Total	\$86,636	\$105,365	\$100,710	\$292,711	292,711	
St. John Hospital	N662130006	Oncology Department Renovations		\$9,344		\$83,300	\$92,644		Approved
	Count::	1	Approved Total	\$9,344		\$83,300	\$92,644		
St. John Hospital	N662190088	Digitizer - Xray Film		\$15,045		\$8,087	\$23,132	16,522	Ordered
St. John Hospital	N662190109	Pump - Syringe X2		\$12,931			\$12,931	2,157	Ordered
St. John Hospital	N662190140	Warmer - Infant			\$24,000	\$12,175	\$36,175		Ordered
St. John Hospital	N662190141	Disinfector - Probe				\$21,559	\$21,559	21,559	Ordered
Stuart Lake Hospital	N662190078	Disinfector		\$11,993			\$11,993	10,716	Ordered
Stuart Lake Hospital	N662190139	Mattress - IsoAir			\$7,026		\$7,026		Ordered
Stuart Lake Hospital	N662190153	Lift - Portable			\$6,995		\$6,995		Ordered
Lakes District Hospital	N662190117	ECG Unit X2		\$38,395			\$38,395		Ordered
Lakes District Hospital	N662190160	Freezer - Reach in, 2 door				\$12,509	\$12,509		Ordered
	Count::	9	Ordered Total	\$78,364	\$38,021	\$54,330	\$170,715	50,955	
Fraser Lake D & T Centre	N662190053	Analyzer - Hematology				\$21,197	\$21,197		On Hold
	Count::	1	On Hold Total			\$21,197	\$21,197		
Fraser Lake D & T Centre	N6621N0028	Install swipe card system				\$11,048	\$11,048	11,048	if to Operati
	Count::	1	Tsf to Operating Total			\$11,048	\$11,048	11,048	
St. John Hospital	N662190003	Facilities Maintenance Allocation 20/21					\$0		Cancelled

Fund Budget Reconciliation

Capital Expenditures

Year(s): 2021
 Count: 1 **Cancelled Total**
Minor Capital < \$100,000 Total
 'Approved' Count:: 1
 'On Hold' Count:: 1
 'Ordered' Count:: 9
 'Completed' Count:: 15

Count: 28 **Report Total**

21 FUNDING SOURCES					Period Date:	March 31,2021
MOH	RHD	Aux/ Foundation /Other	Opening Cash /Deferred /Internal	Total	Expenditures to Date	File Status
				\$0		
\$9,344	\$165,000	\$143,386	\$270,585	\$588,315	354,714	
\$9,344	\$165,000	\$143,386	\$270,585	\$588,315	354,714	