

NORTH OKANAGAN/COLUMBIA SHUSWAP REGIONAL HOSPITAL DISTRICT Regular Board Meeting AGENDA

Date: Tuesday, November 21, 2023
Time: 10:00 AM
Location: CSRD Boardroom
555 Harbourfront Drive NE, Salmon Arm

Pages

1. Land Acknowledgement

We acknowledge that we are meeting in service to the Columbia Shuswap Regional District which is on the traditional and unceded territories of the Secwepemc, Syilx Okanagan, Sinixt and Ktunaxa Nation. We are privileged and grateful to be able to live, work and play in this beautiful area.

Declaration on the Rights of Indigenous Peoples Act

Article 25: Indigenous peoples have the right to maintain and strengthen their distinctive spiritual relationship with their traditionally owned or otherwise occupied and used lands, territories, waters and coastal seas and other resources and to uphold their responsibilities to future generations in this regard.

2. Call to Order

3. Adoption of Agenda

Motion

THAT: the agenda for the North Okanagan Columbia Shuswap Regional Hospital District Board meeting be adopted.

4. Minutes

Motion

THAT: the minutes of the North Okanagan/Columbia Shuswap Regional Hospital District Board meeting be adopted.

4.1 Adoption of Minutes

Motion

THAT: the March 21, 2023 minutes of the North Okanagan Columbia Shuswap Regional Hospital District Board be adopted.

4.2 **Business Arising from the Minutes**

None.

5. **Delegations**

None.

6. **Correspondence**

Motion

THAT: the Board receive the correspondence attached to the November 21, 2023 North Okanagan Columbia Shuswap Regional Hospital District Board meeting agenda.

6.1 **Shuswap Lake General Hospital (November 2, 2023)**

7

Letter from CSRD Board Chair supporting Shuswap Lake General Hospital upgrade planning and funding.

7. **Reports**

7.1 **Draft Memorandum of Understanding**

10

Dan Goughnour, Corporate Director, Business Operations South, Interior Health and Chris Simms, Executive Director, Clinical Operations, Interior Health to present draft Memorandum of Understanding.

Motion

THAT: the NOCSRHD Board empower the authorized signatories to sign Memorandum of Understanding between Interior Health and North Okanagan Columbia Shuswap Regional Hospital District.

8. **Bylaws**

None.

9. **Date of Next Meeting**

TBD

10. **Adjournment**

Motion

THAT: the North Okanagan Columbia Shuswap Regional Hospital District Board meeting be adjourned.

NORTH OKANAGAN/COLUMBIA SHUSWAP REGIONAL HOSPITAL DISTRICT
Minutes of a Regular meeting of the North Okanagan/Columbia Shuswap Regional
Hospital District Board

Note: The following minutes are subject to correction when endorsed by the Board at the next Regular meeting.

Date: March 21, 2023
Time: 10:00 AM
Location: CSRD Boardroom
555 Harbourfront Drive NE, Salmon Arm

Directors Present	D. Brooks-Hill*	Area B, CSRD
	M. McCormick	Alternate Director Area C, CSRD
	D. Trumbley	Area D, CSRD
	R. Martin (Vice Chair)	Area E, CSRD
	J. Smith	Alternate Director Area G, CSRD
	G. Sulz*	Revelstoke, CSRD
	C. Anderson*	Sicamous, CSRD
	K. Flynn	Salmon Arm, CSRD
	T. Lavery*	Salmon Arm, CSRD
	B. Peden*	Alternate Director Area B, RDNO
	A. Shatzko*	Area C, RDNO
	R. Fairbairn	Area D, RDNO
	D. Delisle*	Alternate Director, Area F, RDNO
	S. Fowler	Armstrong, RDNO
	R. Hoyte*	Coldstream, RDNO
	B. Schreiner	Enderby, RDNO
	K. Acton (Chair)	Lumby, RDNO
	C. LeMaire	Alternate Director Spallumcheen, RDNO
	V. Cumming*	Vernon, RDNO
	K. Fehr*	Vernon, RDNO
	K. Gares*	Vernon, RDNO
Directors Absent	M. Gibbons	Area C, CSRD
	N. Melnychuk	Area G, CSRD
	J. Johnson	Area E, RDNO
	A. Hopkins	Area F, RDNO
	C. Fraser	Spallumcheen, RDNO
	B. Quiring	Vernon, RDNO
Staff	J. MacLean	Secretary, Chief Administrative Officer

J. Sham	Corporate Officer and Manager, Corporate Services
J. Pierce	Manager, Financial Services
C. Robichaud	Legislative Clerk

*attended a portion of the meeting only

^electronic participation

1. Land Acknowledgement

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Declaration on the Rights of Indigenous Peoples Act

Article 5: Indigenous peoples have the right to maintain and strengthen their distinct political, legal, economic, social, and cultural institutions, while retaining their right to participate fully, if they so choose, in the political, economic, social and cultural life of the State.

2. Call to Order

The Chair called the meeting to order at 10:00 AM.

3. Adoption of Agenda

Request from staff to add a resolution authorizing a signatory change to the Hospital District's CIBC account under Correspondence as item 7.2.

HD2023-0301

Moved By Director Flynn

Seconded By Director Fairbairn

THAT: the agenda for the NOCSRHD meeting of March 21, 2023 be adopted as amended.

CARRIED

4. Minutes

4.1 Adoption of Minutes (January 24, 2023)

HD2023-0302

Moved By Director Fowler

Seconded By Director Flynn

THAT: the minutes of the January 24, 2023 North Okanagan/Columbia Shuswap Regional Hospital District Board be adopted.

CARRIED

4.2 Adoption of the Minutes (January 25, 2022)

Correction made to the minutes.

HD2023-0303

Moved By Director Flynn

Seconded By Director Fowler

THAT: the minutes of the January 25, 2022 North Okanagan/Columbia Shuswap Regional Hospital District Board be adopted.

CARRIED

4.3 Business Arising from the Minutes

None.

5. Reports

5.1 2022 NOCSRHD Year End Financial Statements

Report from Jodi Pierce, Manager, Financial Services, dated March 6, 2023.

Late Agenda - re-attached corrected Financial Statements.

HD2023-0304

Moved By Director Fairbairn

Seconded By Director Cumming

THAT: in accordance with the Local Government Act, the 2022 NOCSRHD Year End Financial Statements be approved.

CARRIED

6. Delegations

None.

7. Correspondence

HD2023-0305

Moved By Director Fowler

Seconded By Director Fairbairn

THAT: the Board receive the correspondence attached to the March 21, 2023 agenda.

CARRIED

7.1 BDO Audit Final Report

7.2 Authorized Signatory Change - CIBC

Post Agenda: added signatory change request.

HD2023-0306

Moved By Director Martin
Seconded By Director Flynn

THAT: the Board authorize John MacLean, CAO and Jodi Pierce, Manager Financial Services to be signatories on the North Okanagan Columbia Shuswap Regional Hospital District's CIBC account.

CARRIED

9. Bylaws

9.2 2023 NOCSRHD Five Year Financial Plan

Report from Jodi Pierce, Manager, Financial Services, dated March 6, 2023.
Bylaw for adoption

Post Agenda: revised Board Report added and typographical error in heading corrected.

HD2023-0307

Moved By Director Flynn
Seconded By Director Trumbley

THAT: Bylaw No. 82, 2023, cited as "2023 North Okanagan/Columbia Shuswap Regional Hospital District Financial Plan Bylaw No. 82, 2023", be read a first, second and third time, this 21st day of March, 2023.

Discussion on the motion:

Directors asked where the NOCSRHD Board was positioned financially compared to other regional hospital district boards and if reserve policies were typically created for hospital districts. Manager, Financial Services said she would examine and compare other regional hospital district processes.

The Board agreed that enhanced involvement and communication between Interior Health and the Board would be advantageous.

CARRIED

HD2023-0308

Moved By Director Martin
Seconded By Director Fairbairn

THAT: Bylaw No. 82, 2023, cited as "2023 North Okanagan/Columbia Shuswap Regional Hospital District Financial Plan Bylaw No. 82, 2023", be adopted, this 21st day of March, 2023.

CARRIED

9.1 2023 NOCSRHD Capital Expenditure Bylaw No. 83, 2023

Report from Jodi Pierce, Manager, Financial Services, dated March 1, 2023.

HD2023-0309

Moved By Alternate Director Delisle

Seconded By Director Fowler

THAT: Bylaw No. 83, 2023, cited as “North Okanagan/Columbia Shuswap Regional Hospital District Capital Expenditure Bylaw No. 83, 2023”, be read a first, second, and third time, this 21st day of March, 2023.

CARRIED

HD2023-0310

Moved By Director Martin

Seconded By Director Flynn

THAT: Bylaw No. 83, 2023, cited as “North Okanagan/Columbia Shuswap Regional Hospital District Capital Expenditure Bylaw No. 83, 2023”, be adopted, this 21st day of March, 2023.

CARRIED

10. Date of Next Meeting

TBD

Discussion:

The Board expressed a desire to hold quarterly meetings to foster effective open dialogue with Interior Health and to better understand and plan for upcoming expenditures.

The Board requested to have a Terms of Reference established. The Secretary to prepare a draft Terms of Reference, email to the Board members and bring forward to the next Board meeting for discussion.

HD2023-0311

Moved By Director Cumming

Seconded By Director Flynn

THAT: the North Okanagan Columbia Shuswap Regional District Hospital Board hold a minimum of 4 meetings per year.

CARRIED

8. In Camera/Closed

HD2023-0312

Moved By Director Fowler

Seconded By Director Fairbairn

THAT: the Board close the North Okanagan Columbia Shuswap Regional Hospital District meeting under Section 90(1)(j) of the Community Charter: information that is prohibited, or information that if it were presented in a document would be prohibited, from disclosure under Section 21 of the Freedom of Information and Protection and Privacy Act.

CARRIED

The Board moved into the Closed portion of the meeting at 10:51 AM and reconvened the Open meeting at 11:42 AM.

11. Release from In Camera/Closed

Vernon Long-term Care Facility Business Plan

THAT: the Board authorize the release of funding in the amount of \$320,000 for the Vernon Long-term Care Facility business plan.

12. Adjournment

HD2023-0313

Moved By Director Martin

Seconded By Director Fowler

THAT: the March 21, 2023 North Okanagan Columbia Shuswap Regional Hospital District Board meeting be adjourned.

CARRIED

11:42 AM

CORPORATE OFFICER

CHAIR



COLUMBIA SHUSWAP REGIONAL DISTRICT

555 Harbourfront Drive NE, PO Box 978, Salmon Arm, BC V1E 4P1
 T: 250-832-8194 | F: 250-832-3375 | TF: 1-888-248-2773 | www.csr-d.bc.ca

November 2, 2023

Sent by email: HLTH.Minister@gov.bc.ca
doug.cochrane@interiorhealth.ca

Dear Minister Dix and Chair Cochrane:

Re: Letter of Support for Shuswap Lake General Hospital

The Columbia Shuswap Regional District (CSRD) Board of Directors believes that having access to local health care is a vital asset to our community and surrounding area. As such, we are asking for your commitment to expedite the completion of the Future Sight Plan (FSP). Upgrading and advancement are required to create a robust and healthy future due to the instability of a functional working unit, which has also impacted staffing recruitment and retention levels.

As identified in Dr. Scott McKee's email communication on September 27, 2023 (see attached), the Board wholeheartedly endorses the FSP recommendations for Shuswap Lake General Hospital (SLGH). The Board would like to strongly emphasize that expanding the Operating Room and modernizing and expanding the High Acuity Unit should be the top priority.

In addition to the above priority, the subsequent recommendations, also listed in the FSP, are critical to a strong health care system:

- Inpatient unit expansion.
- Oncology and ambulatory care expansion.
- Obstetrics expansion and modernization.
- Emergency department expansion.
- Radiology expansion.

The CSRD Board supports SLGH in their work with Interior Health in moving forward with the planning and funding of services. We sincerely hope that this project is realized for the significant and invaluable service to the community.

Yours truly,

COLUMBIA SHUSWAP REGIONAL DISTRICT

Per:

Kevin Flynn
 Board Chair

Enclosure

cc: Interior Health Capital Budget Staff
 MLA Kylo
 Chair of North Okanagan Columbia Shuswap Regional Hospital District Board
 City of Salmon Arm

ELECTORAL AREAS

A GOLDEN-COLUMBIA
 B REVELSTOKE-COLUMBIA

C EAGLE BAY-WHITE LAKE-TAPPEN
 D FALKLAND-SALMON VALLEY

E SICAMOUS-MALAKWA
 F NORTH SHUSWAP-SEYMOUR ARM
 G BLIND BAY-SORRENTO-NOTCH HILL

MUNICIPALITIES

GOLDEN
 REVELSTOKE

SALMON ARM
 SICAMOUS

Alan Harrison

From: Scott McKee [REDACTED]
Sent: September 27, 2023 2:26 PM
To: Tim Lavery; Alan Harrison; Kevin Flynn
Cc: Sellars, Dr. Andrew; Widmer, Dr. Nadia
Subject: [External] Shuswap Lake Hospital update

Dear Tim and colleagues,

I wanted to take this opportunity to bring you up to date on the negotiations between the hospital medical staff, local hospital administration, and Interior Health regarding the issues we have faced around the planning and funding of services at Shuswap Hospital. The medical staff greatly appreciates the support that has been expressed by our representatives within the city and regional district levels. We appreciate that preservation of local health care is not just in the interest of doctors and staff, but is a vital asset to our community as a whole.

I attended a meeting at Shuswap Hospital on September 21 to review the final stage of the **Future Site Plan** (FSP) for Shuswap General Hospital. The presentation was made by Stantec Architecture, the firm contracted by IHA for the design options. In attendance were most of the Medical Staff Department heads, as well as 2 representatives from Interior Health responsible for project management and priorities. The environment was collegial and consensus-focused.

Key Points:

1) Interior Health thankfully has responded to our internal communications, as well as civic discourse and media pressure in terms of initiating this FSP process back in July. There has been steady progress.

2) The modernization proposal includes only a series of renovations to the existing hospital, there has been no plan to consider a new build.

3) The FSP is divided into 7 priorities; it is understood these may be subject to change with time and financial limitations.

1. Operating room expansion and HAU expansion/modernization.

2. Inpatient unit expansion that would involve new tower construction connected to the West end of the hospital.

3 & 4. Oncology and Ambulatory Care expansion

5. Obstetrics expansion in modernization

6. Emergency department expansion

7. Radiology expansion.

4) Medical staff members of the Working Group voted to concur with the above priorities. The next stage is the development of a business plan for presentation to the Ministry of Health. That process is expected to take 12-18 months.

5) Even with approvals in a timely fashion, and allowing for the vagaries of project management expenses, the FSP as described could mean 12-20 years of continuous construction at the existing hospital site.

While this FSP is moving forward, the hospital critical care service is essentially stalled by resignations of experienced RNs and overall absence of staffing. The erosion of RN staff and inability to replace or rehire has been the case since around 2021 at the height of the pandemic. There is a strong feeling amongst the RNs that an upgraded HAU/ICU, with 4 beds and 2 staff (currently 3 beds and one nurse) would significantly improve the attractiveness of Salmon Arm as a work environment. This issue (staffing) is obviously separate from the building upgrades, but emphasizes the importance of a modern space to recruit and retain both nurses and physicians. The IHA Critical Care Network, a physician group that provides direction in terms of critical care resources in IHA, has consistently supported the restoration of this service in Salmon Arm, and recognizes the importance of a functional working unit.

Since my last meeting with the CSRD Board I have conferred continuously with many colleagues and the members of the FSP working group. I should emphasize I cannot formally speak for the medical staff as a whole, although I can speak for the HAU/ICU component, which is our Internal medicine group's responsibility. In this context, my suggestions/requests to you all as our civic representatives for the near future:

- Insist on rapid completion of the FSP business plan.
- Once the cost and timelines are known, insist on understanding the wisdom of a 12-20 year series of renovations (and all the attendant uncertainties) vs a shorter (1-2 yr) new build with more fixed costs. This will be an especially important issue as the CSRD debates its ability to provide up to 40% share of the expense(s). Ask about the fiscal and structural lessons learned from the recent upgrades in Williams Lake and Penticton.
- Ask about how the HAU staffing issue is being addressed, both for the HAU and the hospital as a whole. Insist on seeing some evidence of a commitment in this regard.
- Ask about the risk to the IHA if physicians are no longer willing/able to provide advanced cardiac or critical care locally. Does IHA have a plan for how Salmon Arm patients would be transferred and/or repatriated?

Hopefully this is enough for you all to continue the conversation. [REDACTED]

[REDACTED] I will have very limited access to emails and the internet. Once I return, it may be worthwhile to reassess the FSP process, and perhaps review the details of the FSP with the regional hospital district and other interested parties. For further questions Please feel free to reach out to other involved members of the medical staff such as Dr. Andrew Sellars, or Dr. Nadia Widmer, copied on this email.

Best regards,

Scott McKee MD

Memorandum of Understanding

THIS UNDERSTANDING made as of the X day of Month, Year.

BETWEEN:

INTERIOR HEALTH

(hereinafter called "IH")

OF THE FIRST PART

AND:

**CARIBOO-CHILCOTIN REGIONAL HOSPITAL DISTRICT
THOMPSON REGIONAL HOSPITAL DISTRICT
NORTH OKANAGAN COLUMBIA SHUSWAP REGIONAL HOSPITAL DISTRICT
CENTRAL OKANAGAN REGIONAL HOSPITAL DISTRICT
OKANAGAN SIMILKAMEEN REGIONAL HOSPITAL DISTRICT
WEST KOOTENAY BOUNDARY REGIONAL HOSPITAL DISTRICT
KOOTENAY EAST REGIONAL HOSPITAL DISTRICT**

(hereinafter called "RHDs")

OF THE SECOND PART

WHEREAS:

- A. IH is responsible for all health care services within the Interior region of British Columbia comprising of Thompson Cariboo Shuswap, Okanagan, Kootenay Boundary and East Kootenay Health Service Delivery Areas, and is responsible for the development of an annual capital plan outlining IH's capital investment needs.
- B. The RHDs may, as per the Hospital District Act, provide to IH "aid for the establishment, acquisition, reconstruction, enlargement, operation and maintenance of hospitals and hospital facilities;" and to determine the proportion of funding they wish to allocate to the capital projects identified in the annual capital plan.

Principles for collaboration:

- a. All communications between IH and the RHDs will respect the roles of the two organizations as described in the preamble.
- b. Both parties seek a collaborative relationship, based on transparency and trust
- c. All in-camera discussions will be kept strictly confidential to ensure the free flow of information about approved and un-approved projects
- d. Both parties will seek to respect all legal obligations and approval timelines for their respective organizations and for Ministry submissions

- e. The parties will annually enter into discussions to discern emerging, historical and/or critical issues identified by the RHD. Every six months, a report will be provided to the RHD capturing the status of all funded initiatives not completed.
- f. RHD Board Chairs will have opportunity to meet with IH's Board Chair and Chief Executive Officer at the annual Board Chair/IH Joint meeting to discuss the Capital Plan and related issues.

Intent:

The parties will collaborate and share information on the funded and proposed capital projects, including clinical and nonclinical equipment, renovations and healthcare building expansions and digital health projects.

Upon receiving its capital funding envelope from the province, IH will present proposals to all RHDs within the region to seek feedback and identify funding requirements prior to being presented to the IH Board for approval.

Medium and Long Term Capital Plans:

- g. By November 1st of each year, IH will provide a 5 year capital plan to the RHDs consisting of an annual plan, 2-3 year plan and 4-5 year forecast. IH will also provide a 5-20 year listing of potential future priority investment projects. The plan will be refreshed on an annual basis and presented in-camera to individual RHDs in the fall for information and discussion. The 5 year capital plan is subject to approval and funding.
- h. Projects in planning require funding ahead of business plan submission. These projects will be raised as early as possible with RHDs in the context of medium and long-term capital planning and will be included in the relevant annual capital request.
- i. Planning funding requests for major projects over \$5 million will be included in the annual capital plan and will be accompanied by a project brief, which will include a needs assessment, project description including scope, location, preliminary cost estimate and description of impacts should the project not proceed.
- j. An IH formal funding request for major projects will include the same project brief document as above and will also include the following information:
 - i. Detailed Project Scope
 - ii. Conceptual and schematic estimates
 - iii. Project delivery time schedule
 - iv. Strategic importance
 - v. Cost estimate
 - vi. Recommend reporting schedule to the RHD (if outside of this MOU).

Other information as applicable to the project

- k. Major Projects follow a specific application process with Government. Depending on timing of approval, these may come to RHDs out of cycle.

- I. Major Projects status will be reported bi-annually or more frequently at the request of the RHDs.

Annual capital budget process:

- m. Capital equipment projects over \$100,000 will be prioritized on an IH-wide basis and presented to the RHDs for feedback and to identify requirements prior to being presented to the IH Board for approval.
- n. Equipment, capital improvement projects and digital health will be included in the IH funding request letters sent to the RHDs after IH Board approval in December of each year.
- o. When a capital project is an IH-wide investment (e.g., digital health) the funding request to the RHDs will be pro-rated based on population.
- p. On approval and completion of the annual capital plan, IH will provide the proposed high level budget allocation to the RHDs through formal letter correspondence with the following level of detail:
 - i. Capital < \$100K – global allocation by RHD
 - ii. Capital > \$100K – allocation by capital grouping (equipment, capital improvement projects, digital health)
- q. IH will submit a summary of projects and/or equipment costing under \$100,000 to the RHDs for their review, annually. IH will submit a summary of the project and/or equipment costing over \$100,000 to the RHDs for reimbursement.
- r. IH will seek to minimise out of cycle requests to the RHD and where opportunities and urgency exists, IH will bring the opportunities for discussion as early as possible after they arise.
- s. 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 IH and the RHD. Media events, such as project approval, sod turning and facility openings, shall ensure recognition and include participation of funding partners.
- t. IH commits to meet with the RHDs on a regular basis to discuss specific capital projects, planning, funding and operational issues as the need arises. Historical RHD meeting schedules will continue unless otherwise requested by the RHD.
- u. Each RHD maintains the flexibility to negotiate and advocate independently with IH without prejudice and precedence for issues relating to the capital plan within the RHD boundary.

Other:

This Memorandum of Understanding (MOU) will remain in place until such times as it is terminated or replaced with a new MOU. It will be reviewed every two years by IH 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. Upon notice of termination, IH will submit a status report of all initiatives which are funded by the RHD but not completed.

DRAFT