

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

Date: Tuesday, October 31, 2017  
Time: 10:00 AM  
Location: Regional District of North Okanagan  
9848 Aberdeen Road, Coldstream, BC

Pages

1. CALL TO ORDER

2. ADOPTION OF MINUTES

2.1 Adoption of Minutes

2.1.1 March 28, 2017 NOCSRHD Regular Board Meeting

1

**Motion**

THAT: the minutes of the March 28, 2017 North Okanagan/Columbia Shuswap Regional Hospital District Board meeting be adopted.

2.1.2 May 16, 2017 NOCSRHD Special Meeting

8

**Motion**

THAT: the minutes of the May 16, 2017 Special North Okanagan/Columbia Shuswap Regional Hospital District Board Meeting be adopted.

2.2 Business Arising from the Minutes

If any.

### 3. DELEGATIONS

#### 3.1 10:00 AM - Interior Health 21

Dan Goughnour, Director, Business Support; Richard Harding, Health Services Administrator - North Okanagan (Acute); and Yvonne Taylor, Health Services Administrator (Community), in attendance.

- Update on Capital Projects;
- Update on some of the major strategies currently taking place in the North Okanagan/Columbia Shuswap region.
- Powerpoint Presentation attached; will be reviewed at the meeting.

### 4. CORRESPONDENCE

#### 4.1 Announcement September 22, 2017 – Changes to IH Board, new Chair and Board Members 62

For information.

#### 4.2 Letter from Donna Lommer, VP Support Services & CFO, Interior Health dated May 11, 2017 Re: 2016-2017 Global Grant Summary 64

For information.

### 5. REPORTS

#### 5.1 2017 NOCSRHD Financial Update 67

Report from Jodi Pierce, Manager, Financial Services dated October 24, 2017.  
For information only.

### 6. BYLAWS

#### 6.1 Capital Expenditure & Borrowing Amendment Bylaw No. 69 73

Report from Jodi Pierce, Manager, Financial Services dated October 24, 2017.

##### **Motion**

THAT: Bylaw No. 69, cited as “North Okanagan Columbia Shuswap Regional Hospital District Capital Expenditure and Borrowing Amendment Bylaw No. 69”, be read a first, second and third time this 31<sup>st</sup> day of October, 2017.

##### **Motion**

THAT: Bylaw No. 69, cited as “North Okanagan Columbia Shuswap Regional Hospital District Capital Expenditure and Borrowing Amendment Bylaw No. 69”, be adopted this 31<sup>st</sup> day of October, 2017

7. DATE OF NEXT MEETING

10:00 AM, Tuesday, March 27, 2018 (**Tentative**)  
Columbia Shuswap Regional District Board Room

8. ADJOURNMENT

**Motion**

THAT: the October 31, 2017 meeting of the North Okanagan/Columbia Shuswap Regional Hospital District Board be adjourned.

# **NORTH OKANAGAN/COLUMBIA SHUSWAP REGIONAL HOSPITAL DISTRICT**

Minutes of a Regular meeting of the North Okanagan/Columbia Shuswap Regional Hospital District  
Board held March 28th, 2017  
in the Board Room of the Columbia Shuswap Regional District

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

PRESENT:	Chair	R. Martin	('E') (CSRD)
	Directors:	P. Demenok	('C') (CSRD)
		M. Macnabb	('C') (RDNO)
		R. Talbot	('D') (CSRD)
		H. Cameron	('E') (RDNO)
		H. Halvorson	('F') (RDNO)
		L. Parker	('B') (CSRD)
		S. Fowler	(City of Armstrong)
		D. Dirk	(District of Coldstream)
		G. McCune	(City of Enderby)
		K. Flynn	(City of Salmon Arm)
		C. Eliason	(City of Salmon Arm)
		A. Mund	(City of Vernon)
		J. Cunningham	(City of Vernon)
		C. Lord	(City of Vernon)
STAFF:		C. Hamilton	Secretary
		L. Shykora	Deputy Mgr., Corporate Admin. (Recorder)
		J. Pierce	Manager of Financial Services
ABSENT:		K. Acton	Village of Lumby
		B. Fleming	('B') (RDNO)
		B. Quiring	City of Vernon
		M. McKee	City of Revelstoke
		J. Brown	Township of Spallumcheen
		T. Rysz	District of Sicamous
GUESTS:		D. Goughnour	Interior Health
		R. Harding	Interior Health
		A. Spencer	BDO Canada

## **CALL TO ORDER:**

Charles Hamilton, NOCSRHD Secretary, called the meeting to order at 10:00 AM.

**INAUGURAL PROCEEDINGS**

**ELECTION OF CHAIR - 2017**      The Secretary called for nominations for the position of Chair of the North Okanagan/Columbia Shuswap Regional Hospital District for 2017.

Director Cunningham nominated Director Martin, who accepted the nomination.

Director Talbot nominated Director Macnabb, who declined the nomination.

Hearing no further nominations, the Secretary declared Director Martin elected Chair of the Hospital District Board for 2017.

**ELECTION OF VICE CHAIR - 2017**      The Secretary called three times for nominations for the position of Vice-Chair for 2017.

Director Martin nominated Director Cunningham, who accepted the nomination.

Director McCune nominated Director Eliason; who declined the nomination.

There being no other nominations, the Secretary declared Director Cunningham Vice-Chair of the Hospital District Board for 2017.

Director Martin assumed the Chair at this time.

**CHAIR'S REMARKS**      The Chair thanked the Board for her re-election and stated that she looks forward to serving as Chair in 2017.

**ADOPTION OF MINUTES**

**H2017-101**      Moved by Director Cunningham, Seconded by Director Lord THAT:  
**ADOPTION OF**      the minutes of the October 25, 2016 North Okanagan/Columbia Shuswap  
**MINUTES**      Regional Hospital District Board meeting be adopted as corrected.

CARRIED

**BUSINESS ARISING FROM THE MINUTES**

None.

**DELEGATIONS**

**H2017-102**      Report from Manager of Financial Services dated March 8, 2017.  
**2016 YEAR END**

**FINANCIAL**      Ms. Angie Spencer, BDO Canada, attended the meeting to present the draft  
**STATEMENTS**      2016 Audited Financial Statements. Ms. Spencer pointed out the audit  
report on page 2 and noted that the statements are subject to the approval  
of the Board.

Delegations, Cont'd

Ms. Spencer responded to several questions.

Moved by Director Lord, Seconded by Director Mund THAT:  
in accordance with the Local Government Act, the 2016 North Okanagan/Columbia Shuswap Regional Hospital District Year End Financial Statements be approved.

CARRIED

## INTERIOR HEALTH

Dan Goughnour, Director, Business Support and Richard Harding, Health Services Administrator – North Okanagan attended.

- Capital Funding Request for the 2017/2018 Fiscal Year (Reference Agenda Item 6.2 Capital Expenditure Bylaw);
- Update on Capital Projects;
- Brought forward from October, 2016 Board meeting: Outcomes in relation to capital expenditures: ie surgical wait times, measurement of infectious disease spread, current situation and statistics on the number of long term care beds/population.

A Powerpoint presentation dated March 28, 2017 was made at the meeting by Richard Harding noting the five (5) key strategies:

- 1) Enhance access to appropriate primary health care;
- 2) Improve primary & community care delivery and outcomes for frail seniors living with complex chronic conditions;
- 3) Improve primary and community care delivery and outcomes for mental health and substance use clients;
- 4) Improve timely access to elective surgery;
- 5) Implement a renewed system of care for rural B.C.

Updates given, as described in the Powerpoint presentation, on the actions undertaken in support of these strategies:

- New VJH Quick Response Team (QRT) and highlights of this initiative;
- Ministry of Health News Release March 9, 2017 improving care for seniors and additional supports for seniors, over next four years;
- Update on Vernon Residential Care Beds (including the Hamlet);
- Regional Residential Care Initiatives;
- Improvements to primary and community care outcomes and delivery for mental health and substance abuse clients, targeting opioid overdose and naloxone kits;
- On target to achieve 40 week waitlist relative to surgical waitlist and the elective surgeries waitlist;
- Continuing to building aboriginal health partnerships particularly with Splatshin First Nation.

Responding to comment on how rural residents are supported in their care from home requirements, Interior Health staff advised the number of community care hours is quite limited; contract services are used to provide more of those rural visits (he spoke to the rural Vernon areas as a basis for his information). IH staff indicated that a community administrator

could attend the next meeting to provide information on the rural areas. The Chair asked for counterpart on the Shuswap and Revelstoke regions as well to attend.

Interior Health staff responded to a questions and observations on:

- the closure of walk-in clinics and the impact of these closures on emergency facilities/wait times, IH indicating much work being done in emergency care to separate less urgent care and the more immediate care categories;
- surgical capacities and services at different hospitals, number of residential care beds being opened up within the NOCS Hospital region;
- the attraction of specialists in Salmon Arm as most specialists are located in larger centres such as Kamloops and Kelowna;

The Board was updated on the Capital Budget requests for 2017/2018.

- Polson Tower Project Cash Flow update, projected surplus at \$5.5 million, subject to change.
- 2017/2018 Capital Funding letter – listing presented and he spoke to highlights for 2017/2018 letter, total funding request; heliport partnership with Revelstoke District Health Foundation; the capital portion of heliport is between RDHF and the RHD.
- IMIT Corporate projects;
- Primary Care.

Interior Health advised of a forthcoming provincial announcement for additional MRIs throughout the Province, including Vernon Jubilee Hospital, however IH is unable to provide a specific funding request at this time to the NOCSRHD.

Several questions were posed and comments made in relation to the Revelstoke Heliport capital funding request, as well as to the IMIT corporate project. IH staff explained that the IMIT corporate project is a capital cost because these systems support capital equipment.

Director indicated an interest in seeing statistics on long term care beds, as to a comparison in relation to the 10 year plan. Interior Health staff noted.

Interior Health will provide a response on how the surgery target ie 26 weeks per year is set.

Director enquired about the Patient to Resident comparison/ratio between an Interior Health facility and a private facility. Interior Health staff will provide a response to the Director.

**CORRESPONDENCE**

Letter from Mayor Mark McKee, City of Revelstoke, dated November 9, 2016 re: Support for Queen Victoria Hospital Heliport Project.

- Previously circulated via email to Board, November 30, 2016 for information
  - Email from J. Pierce, Manager, Financial Services, November 2016 re Request for Funding requires Board approval.
- (Reference Agenda Item Capital Expenditure Bylaw)

and

Letter from Revelstoke District Health Foundation dated November 4, 2016 re: Request for Funding, Heliport Project. (The correspondence included letters of support and project description).

Letter from Donna Lommer, VP Support Services & CFO, Interior Health dated February 15, 2017 re: Funding Requirements & Major Capital Projects.

H2017-103

Moved by Director Cunningham, Seconded by Director Eliason THAT: correspondence contained on the March 28, 2017 NOCSRHD Board Agenda be received.

CARRIED

H2017-104

Report from Manager of Financial Services dated March 8, 2017.

- Consideration of Three Readings and Adoption.

The Manager, Financial Services provided an overview of the report, noting the March 31<sup>st</sup> fiscal year, and noting that the Revelstoke Heliport funding request is included in the financial plan, however it does require support from the Board. The overall taxation impact varies by community.

Moved by Director Cunningham, Seconded by Director Lord THAT: "2017 North Okanagan/Columbia Shuswap Regional Hospital District Financial Plan Bylaw No. 65" be read a first time this 28<sup>th</sup> day of March, 2017.

Discussion:

- Director request for the IMIT corporate costs and the heliport funding to be exclude from the budget;
- Alternative comment supporting the heliport project because the community of Revelstoke knows their needs particularly given its close proximity to Trans Canada, the community has rallied and raised funds in support; the helipad this is a small portion of the budget; urge the Board support of budget including the heliport and IMIT;
- Regarding IMIT corporate records, all of things help make the systems better, adds to efficiency for the capital systems/equipment;



NORTH OKANAGAN/COLUMBIA SHUSWAP  
HOSPITAL DISTRICT BOARD MINUTES

March 28, 2017

Discussion, cont'd

- Interior Health staff responded to questions on the costs for inpatient psychiatry planning;
- IT should not be capitalized and that should be relayed to Interior Health; staff comment if the Board wishes to do so to adopt a Board resolution in that regard.

CARRIED

H2017-105

Moved by Director Parker, Seconded by Director Cunningham THAT:  
"2017 North Okanagan/Columbia Shuswap Regional Hospital District Financial Plan Bylaw No. 65" be read a second and third time this 28<sup>th</sup> day of March, 2017.

CARRIED

H2017-106

Moved by Director Dirk, Seconded by Director Macnabb that it be relayed to Interior Health that IT is not a capital nature item.

Discussion:

- Staff advised this has to do with materiality and that software and hardware is capitalized to a large extent;
- IH is following typical accounting practise;
- Part of these costs are operating, uncomfortable with the \$1 million dollar reflected in IT request.

CARRIED

DIRECTOR FLYNN OPPOSED.

**BYLAWS**

H2017-107  
2017 NO/CS  
REGIONAL  
HOSPITAL  
DISTRICT  
FINANCIAL PLAN  
BYLAW NO. 65

Moved by Director Parker, Seconded by Director Cunningham THAT:  
"2017 North Okanagan/Columbia Shuswap Regional Hospital District Financial Plan Bylaw No. 65", be adopted this 28<sup>th</sup> day of March, 2017.

CARRIED

H2017-108  
2017 NO/CS  
REGIONAL  
HOSPITAL  
DISTRICT CAPITAL  
EXPENDITURE  
BYLAW NO. 66

Report from Manager of Financial Services dated March 8, 2017  
- Consideration of Three readings and Adoption.

Moved by Director Lord, Seconded by Director Flynn THAT:  
"North Okanagan/Columbia Shuswap Regional Hospital District Capital Expenditure Bylaw No. 66" be read a first, second and third time this 28<sup>th</sup> day of March, 2017.

CARRIED

H2017-109

Moved by Director Lord, Seconded by Director Fowler THAT:  
"North Okanagan/Columbia Shuswap Regional Hospital District Capital Expenditure Bylaw No. 66" be adopted this 28<sup>th</sup> day of March, 2017.

CARRIED

March 28, 2017

**DATE OF NEXT MEETING**

Tuesday, October 31, 2017 at 10:00 a.m. in the Board Room, Regional District of North Okanagan, 9848 Aberdeen Road, Coldstream, B.C.

**ADJOURNMENT**

H2017-110  
ADJOURNMENT:  
AT 11:53 AM

Moved by Director Cameron, Seconded by Director Lord that the meeting be adjourned.

CARRIED

CERTIFIED CORRECT

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SECRETARY

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CHAIR

# **NORTH OKANAGAN/COLUMBIA SHUSWAP REGIONAL HOSPITAL DISTRICT**

Minutes of a Special Meeting of the North Okanagan/Columbia Shuswap Regional Hospital District  
Board held May 16, 2017  
in the Board Room of the Columbia Shuswap Regional District

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

## **PRESENT:**

Directors	R. Martin, Chair	Area E, CSRD
	L. Parker	Area B, CSRD
	P. Demenok	Area C, CSRD
	R. Talbot	Area D, CSRD
	M. Macnabb	Area C, RDNO
	R. Fairburn	Area D, RDNO
	H. Cameron	Area E, RDNO
	H. Halvorson	Area F, RDNO
	K. Acton	Village of Lumby, RDNO
	S. Fowler	City of Armstrong, RDNO
	D. Dirk	District of Coldstream, RDNO
	M. McKee	City of Revelstoke, CSRD
	K. Flynn	City of Salmon Arm, CSRD
	C. Eliason	City of Salmon Arm, CSRD
	T. Rysz	District of Sicamous, CSRD
	J. Brown	Township of Spallumcheen, RDNO
	A. Mund	City of Vernon, RDNO
	J. Cunningham	City of Vernon, RDNO
	C. Lord	City of Vernon, RDNO

## **STAFF:**

C. Hamilton	Secretary
L. Shykora	Deputy Mgr., Corporate Admin. (Recorder)
J. Pierce	Manager of Financial Services
C. Kraft	Deputy Treasurer, Financial Services

## **ABSENT:**

B. Quiring	City of Vernon, RDNO
G. McCune	City of Enderby, RDNO
B. Fleming	Area B, RDNO

## **GUESTS:**

D. Goughnour	Interior Health
T. Rode	Interior Health
P. du Toit	Interior Health

## **CALL TO ORDER:**

The Chair called the Special Meeting to order at 10:01 AM.

NORTH OKANAGAN/COLUMBIA SHUSWAP  
HOSPITAL DISTRICT SPECIAL BOARD MEETING MINUTES

May 16, 2017

**DELEGATIONS**

INTERIOR HEALTH

Dan Goughnour, Director, Business Support and Tim Rode, Program Director, Diagnostic Imaging, attended the meeting to provide detail on the additional capital funding request of Interior Health (IH), for the Magnetic Resonance Imaging machine (MRI) for the Vernon Jubilee Hospital (VJH). The attached PowerPoint presentation outlined the background information on this capital request which came about as a result of the Provincial announcement for additional MRI's across BC; with Vernon Jubilee Hospital being one of the sites identified.

Total project costs are \$7.1 million, with MRI equipment itself being \$3.0 million; NOCSRHD funding request is 40% or \$2.84 million dollars. Without NOCSRHD funding, the project would not proceed.

When asked if there are other funding partners, the Board was advised that there is ongoing discussion with the VJH Foundation underway as to whether they have the ability to contribute towards the project. IH staff confirmed that if the VJH Foundation or other contributions come to fruition, the NOCSRHD portion would remain at 40% of any remainder.

Director comment of concerns that North Okanagan Shuswap region is well behind in terms of MRI Patient utilization depicted in the PowerPoint presentation. There are lengthy wait times, however the timing is poor given the 2017 budget is already approved.

Director comment that on occasion the Board is asked to fund an extraordinary request such as this one. The Board needs to pursue this at 40 cents on the dollar, otherwise patients need to travel to Kamloops or to Kelowna. Having the MRI equipment in Vernon will better serve more patients and reduce wait times.

Concerns expressed that the MRI equipment lasts only 5 years; what is the full cost accounting of what will happen after 5 years and every 5 years after that because it is outdated, plus there is also a cost for staffing.

IH advised of the Report indicating 5 year life span is based on accounting principles; accounting principles for MRI capital equipment has a 5 year depreciation cycle, may not be fully depreciated by then. The life span of these units is more like 15 – 20 years; the upgrades are beneficial to bring them up to date and it is not a high cost to do so.

Tim Rode replied to a question about the consideration of private leasing of MRI equipment versus the capital equipment and construction costs, and the other options considered ie leasing space, etc.

IH staff comment on the question 'is Vernon the right choice in location'. The Board was also advised that in order to accommodate MRI equipment at Shuswap Lake General Hospital, it would require a large re-development of the facility and there is less ability to attract and keep staff.

NORTH OKANAGAN/COLUMBIA SHUSWAP  
HOSPITAL DISTRICT SPECIAL BOARD MEETING MINUTES

May 16, 2017

Vernon has a better attractiveness in terms of recruiting and keeping qualified staff, with proximity to Kelowna.

Comment that the Vernon Jubilee Hospital ought not fund-raise for this particular project because there are other worthy projects for the Foundation to fund, based on the 40 cent dollars/cost sharing with IH.

Discussion by the Board indicated that it would have preferred to have this request as part of the 2017 budget consideration, however this is not the case. Further, there is no doubt of the benefits to having MRI equipment available in closer proximity to North Okanagan/Shuswap residents.

Ms. Pierce, Manager, Financial Services, provided an overview of her report and described how it was determined what type of borrowing would best fit for the capital costs, the borrowing term of 15 years best on anticipated useful life, and the other considerations she weighed, in presenting an affordable option for the residents. There is a tax increase for a number of years, all outlined within her report to the Board. touched on the use of funding from reserves and why for this capital request. The decision to fund or not fund lies with the Board. Ms. Pierce made a suggestion to convey a message to Interior Health to sharpen its pencils for future capital requests in periods going forward.

### **CORRESPONDENCE**

Letter from Donna Lommer, VP Support Services & CFO, Interior Health dated April 24, 2017 re: Capital Funding Request for Vernon Jubilee Hospital – MRI Machine.

H2017-501

Moved by Director Acton, Seconded by Director Demenok THAT: the correspondence contained on the May 16, 2017 Special NOCSRHD Board Meeting Agenda be received.

CARRIED

### **BYLAWS:**

H2017-502  
2017 NO/CS  
REGIONAL  
HOSPITAL  
DISTRICT FINANCIAL  
PLAN AMENDMENT  
BYLAW NO. 67

Report from Manager of Financial Services dated May 9, 2017.

Staff provided an overview of the proposed budget amendment, including an overall tax impact.

Moved by Director Cunningham, Seconded by Director Acton THAT: "2017 North Okanagan/Columbia Shuswap Regional Hospital District Financial Plan Amendment Bylaw No. 67" be read a first, second and third time this 16 day of May, 2017.

CARRIED

NORTH OKANAGAN/COLUMBIA SHUSWAP  
HOSPITAL DISTRICT SPECIAL BOARD MEETING MINUTES

May 16, 2017

H2017-503 Moved by Director Lord, Seconded by Director Cunningham THAT:

"2017 North Okanagan/Columbia Shuswap Regional Hospital District Financial Plan Amendment Bylaw No. 67" be adopted this 16 day of May, 2017.

CARRIED

H2017-504 Report from Manager of Financial Services dated May 9, 2017  
- Consideration of three readings and adoption.

Moved by Director Acton, Seconded by Director Rysz THAT:  
"North Okanagan/Columbia Shuswap Regional Hospital District Capital Expenditure and Borrowing Bylaw No. 68" be read a first, second and third time this 16 day of May, 2017.

CARRIED

H2017-505 Moved by Director Mund, Seconded by Director Fowler THAT:  
"North Okanagan/Columbia Shuswap Regional Hospital District Capital Expenditure and Borrowing Bylaw No. 68" be adopted this 16 day of May, 2017.

CARRIED

H2017-506 Moved by Director Cunningham, Seconded by Director Flynn THAT:  
it be recommended to the Vernon Jubilee Hospital Foundation that it not fund-raise for the Vernon Jubilee Hospital MRI Capital Equipment and associated capital improvements.

CARRIED

The Secretary suggested that due to the MRI Capital request being an extraordinary request this year, the Board may wish to signal Interior Health with its concerns and the Board's desire to maintain a sustainable, stable tax going forward.

H2017-507 Moved by Director Dirk, Seconded by Director Acton THAT:  
Interior Health be put on notice that the Board respectfully request Interior Health to be very mindful of its capital request submissions in future years, particularly in the years 2018 through 2020, and to convey the message to Interior Health that the NOCSRHD is looking for reductions in the capital requests coming forward;

AND FURTHER that it be suggested to Interior Health that the Vernon Jubilee Hospital Foundation be sought as a source to draw upon for financial contributions to future capital projects, aside from the Vernon Jubilee Hospital MRI capital project.

CARRIED

Director Lord Opposed.

NORTH OKANAGAN/COLUMBIA SHUSWAP  
HOSPITAL DISTRICT SPECIAL BOARD MEETING MINUTES

May 16, 2017

**ADJOURNMENT**

H2017-508  
ADJOURNMENT:  
AT 11:00 AM

Moved by Director Dirk that the meeting be adjourned.

CARRIED

CERTIFIED CORRECT

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SECRETARY

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CHAIR

Attachment:  
IH PowerPoint Presentation



# Presentation to North Okanagan Columbia Shuswap Regional Hospital District Board

May 16, 2017

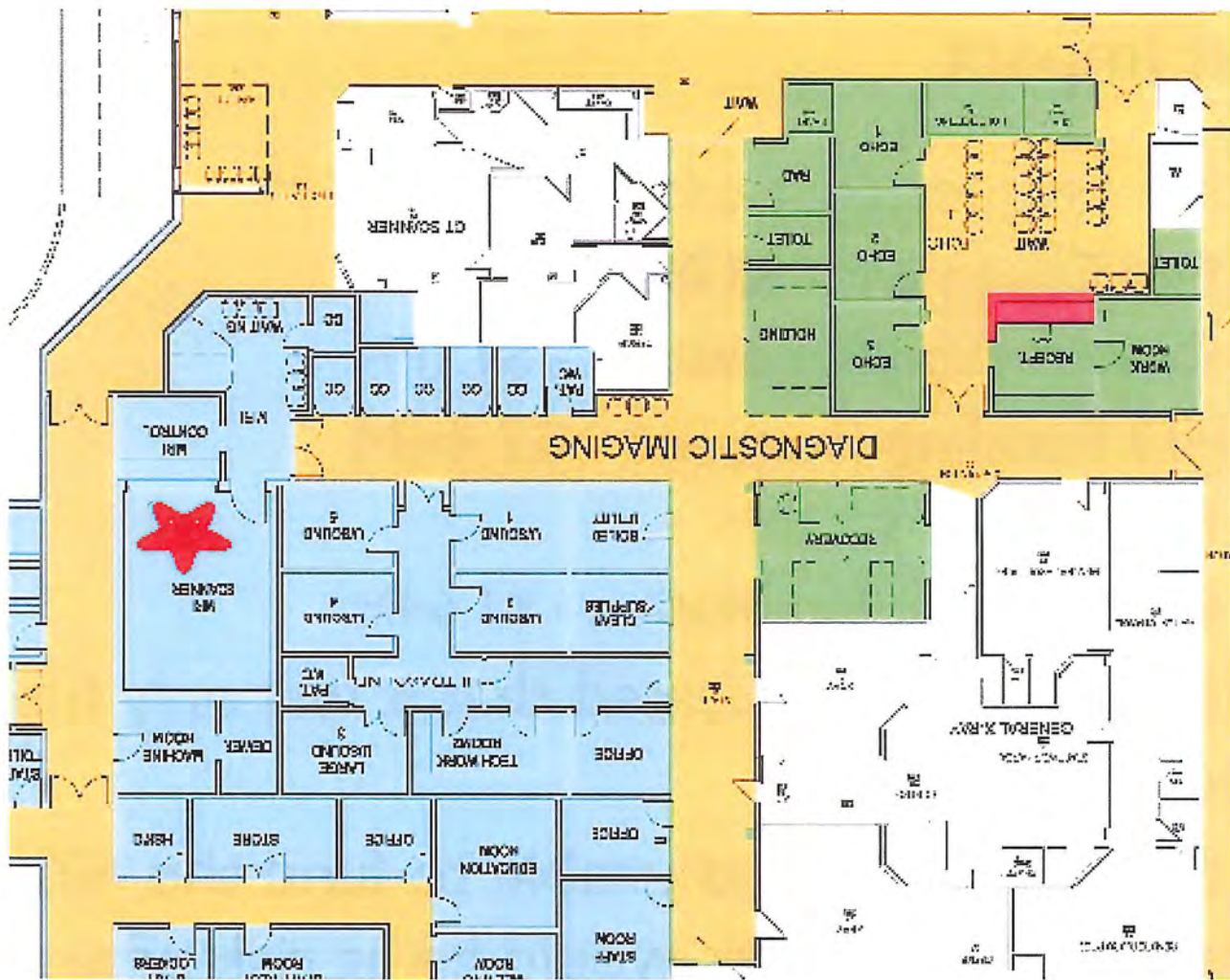
Tim Rode – Acting Program Director, Diagnostic Imaging  
Dan Goughnour - Director Business Support



## Vernon Jubilee Hospital MRI

- Provincial announcement for additional MRI's across British Columbia
- VJH is one of the sites identified
- Planning underway for overall IH MRI strategy
  - MRI's going to PRH and EKRH in addition to Vernon
- NOK residents will no longer need to travel outside the community for MRI exams

## Vernon Jubilee Hospital MRI Location



## Cost Impact

- Total project cost estimate - \$7.1M
  - MRI Equipment - \$3.0M
  - Construction/Renovation - \$4.1M
- RHD Funding Request - \$2.84M
  - Equipment - \$1.2M
  - Construction/Renovation - \$1.64M
- MoH has communicated that it will only fund 60% of the project cost
- If the NOCSRHD is unable to fund the 40% balance, the VJH MRI project would be at risk of proceeding



## Timelines

- Present to IH Board of Directors for approval in June
- Begin project immediately afterwards
- Media announcement made in line with tender for equipment
- Anticipated project completion at end of calendar 2018
- IH will work with the NOCSRHD to confirm cash flow timing

## MRI Equipment Across Interior Health

- Installed units at Kelowna and Kamloops (one each)
- Mobile MRI shared between Penticton, Cranbrook and Trail
- Installed unit at Cranbrook expected to open Spring 2018
- Installed unit at Penticton expected to open Spring 2019
- Installed unit at Vernon expected to open end of 2018

## MRI Patient Utilization

- Data from 2015/16 – Annual # Exams per 1000 population
  - Average for all of IHA: 23.39
  - Average for Okanagan: 23.66
  - North Okanagan Columbia Shuswap Region
    - Vernon: 18.93
    - Enderby: 18.62
    - Armstrong–Spallumcheen: 13.21
    - Salmon Arm: 18.58
    - Revelstoke: 16.09
- Utilization will be rebalanced with new MRI's coming on line



**QUESTIONS?**



# Interior Health Update: Keeping You Informed

**Richard Harding**  
**Health Service Administrator North Okanagan (Acute)**

**Yvonne Taylor**  
**Health Service Administrator North Okanagan (Community)**

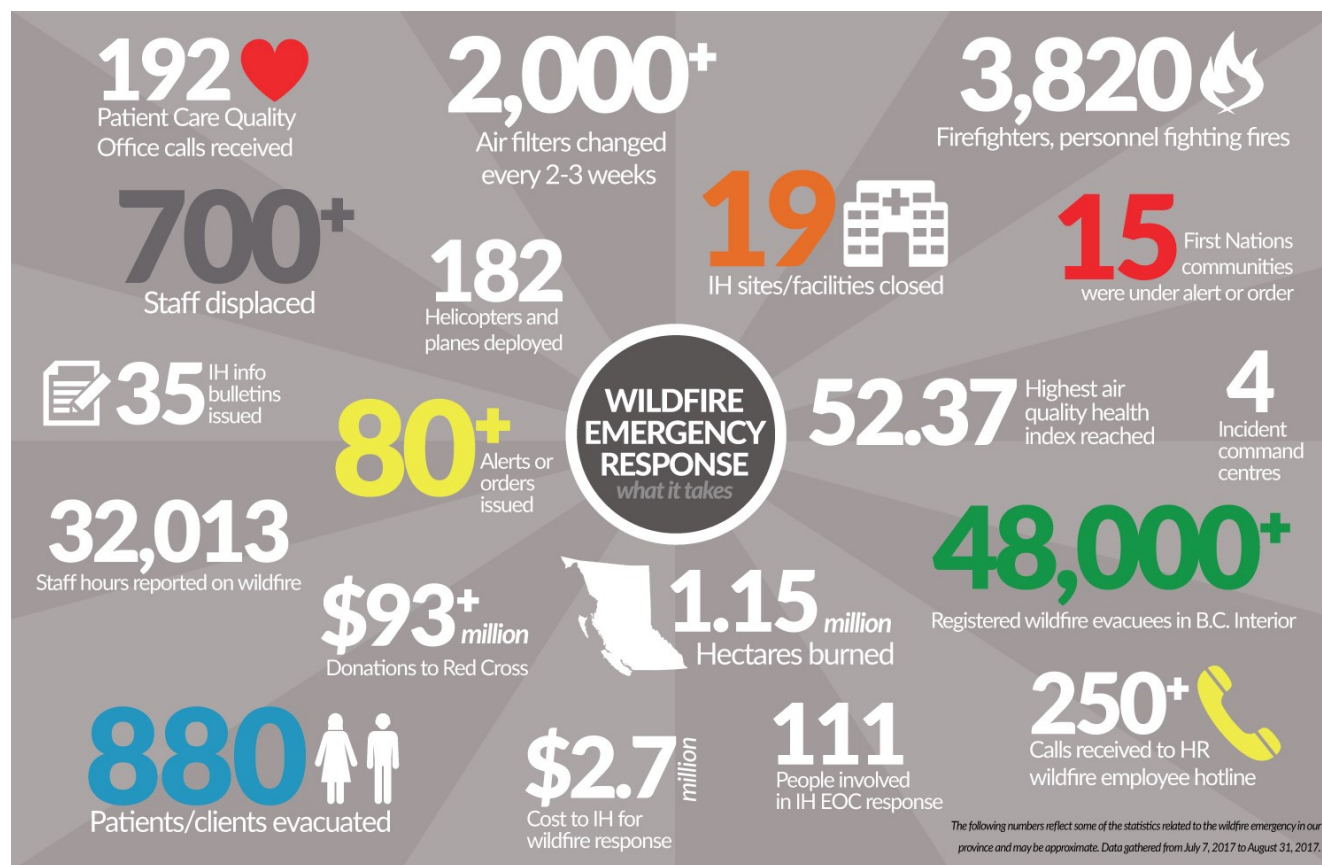
**October 31, 2017**



**Interior Health**  
*Every person matters*



# Wildfires – by the numbers



# Wildfire Response – IH's Role

- **Evacuation & Re-entry**
  - Patients/Residents of IH hospitals & facilities
  - Home Health/MHSU clients – maintaining service
  - Staff – redeployed to other sites/communities
- **ESS centres** – ensuring ongoing care of clients
- **EOC participation**
- **Air quality**
- **Food & water safety** – for staff/returning evacuees
- **Media/public response** on health-related topics



*Cariboo Memorial Hospital – July 15*

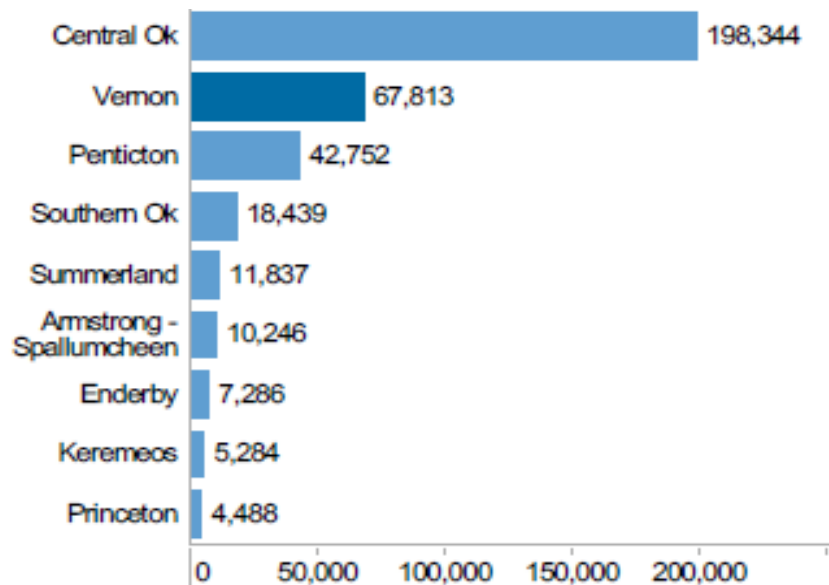


*Dr. Helmcken Memorial Hospital – July 15*

# Quick Facts - Vernon



Vernon – 67,813 (2016)



## Life Expectancy



Projected population growth (2015-20)

All Ages	4.7%
Ages 65+	15.5%
Ages 75+	18.7%
Ages 85+	21.2%

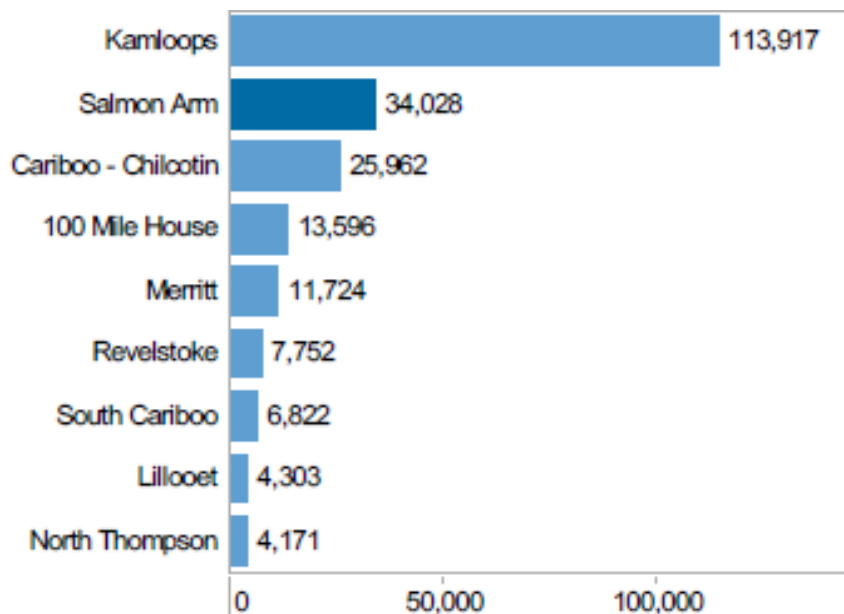
**76%** - Two-year-olds with up to date immunizations.

**72%** - IH target





# Quick Facts – Salmon Arm



Salmon Arm – 34,028 (2016)



Projected population growth (2015-20)

All Ages	 3.9%
Ages 65+	 14.7%
Ages 75+	 19.2%
Ages 85+	 26.7%

## Life Expectancy



**76%** - Two-year-olds with up to date immunizations.

**72%** - IH target

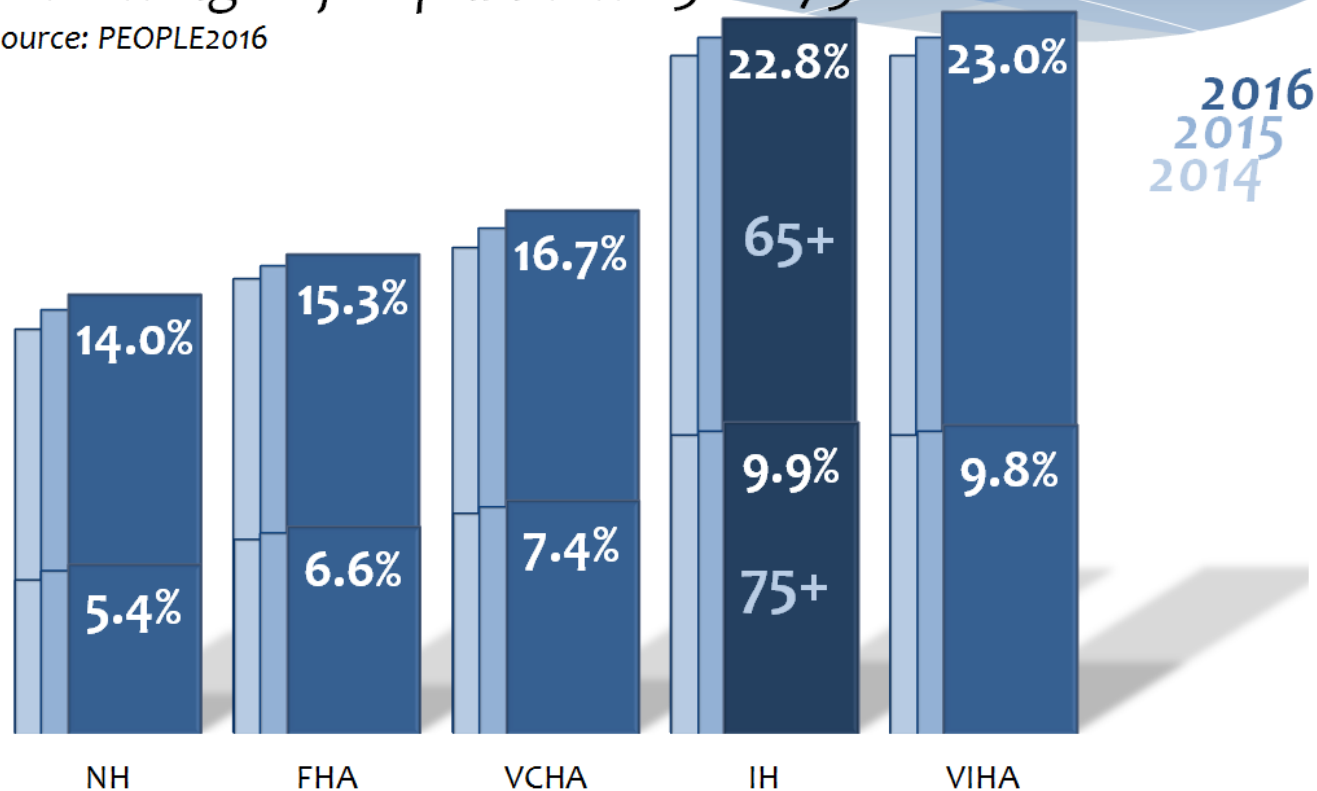
# System Pressures

Select* Population Segment	Share of IH Population	Share of Publicly Funded Health Care Resources
Non User	13%	0%
Healthy	34%	4%
Chronic Conditions	40%	36%
MHSU	2%	4%
Cancer	1%	5%
Maternity	2%	3%
Frail in Community	2%	14%
Frail in Care	1%	22%
End Of Life	1%	6%

# Population

## Percentage of Population 65+ & 75+

Source: PEOPLE2016



# How does IH compare?

- High percentage of population >65
- One of the largest geographies in B.C.
- Many rural and rural-remote communities
- Highest number of hospitals

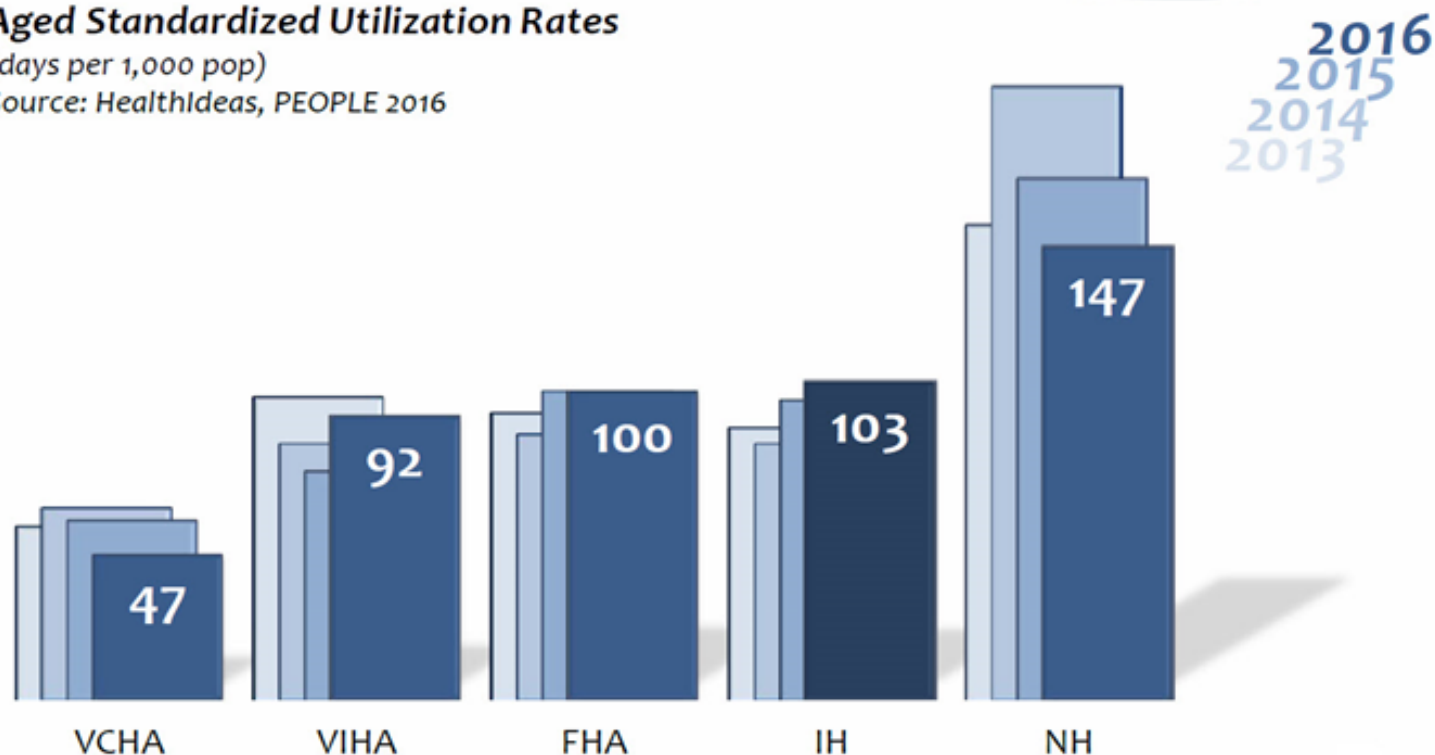
# ALC Utilization

## Alternate Level of Care (ALC) Rates

### Aged Standardized Utilization Rates

(days per 1,000 pop)

Source: HealthIdeas, PEOPLE 2016



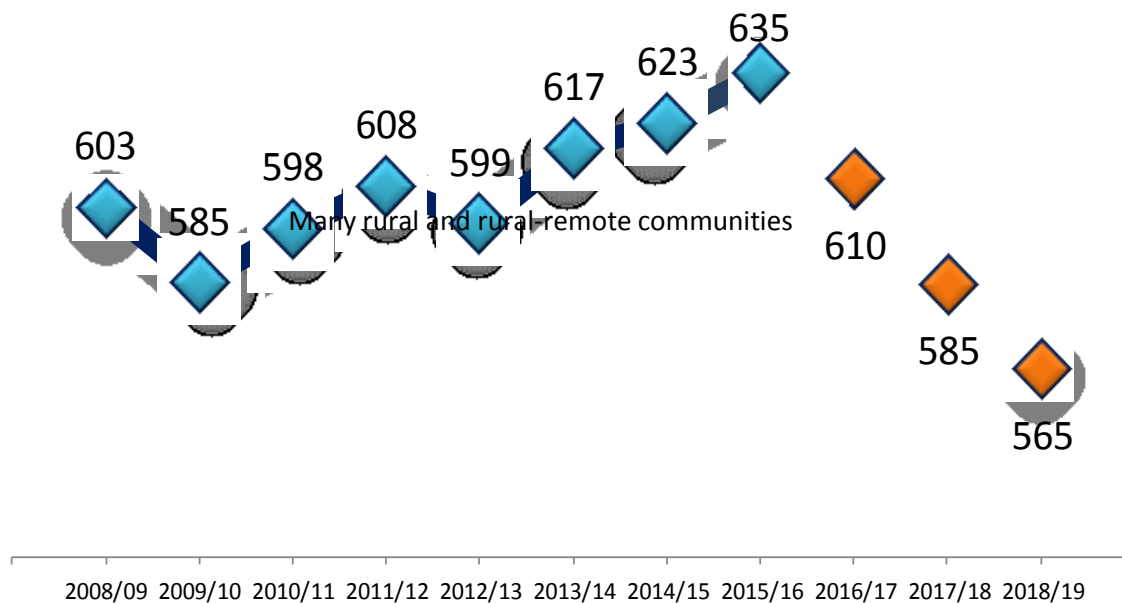


# Acute Services Utilization

## ***Aged Standardized Utilization Rates***

### ***Inpatient Days Rate per 1,000 population***

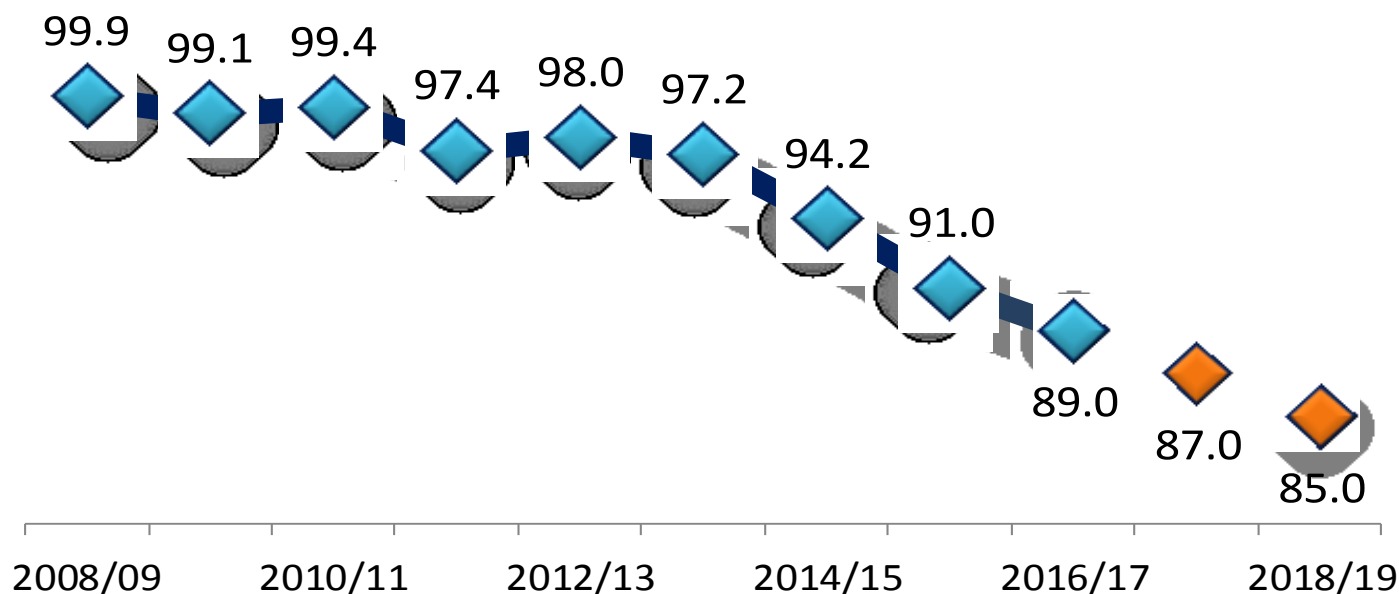
*Source: Summary Reports Ministry of Health, Health Ideas; PEOPLE 2016, forecasts are high level estimates*



# Residential Services Utilization

## ***Residential & Assisted Living Beds per 1,000 population aged 75+***

Source: Interior Health; PEOPLE2016



# Vernon & Salmon Arm Residential Care Beds

The Hamlets Vernon opened in September 2017 with 85 new IH funded residential care beds

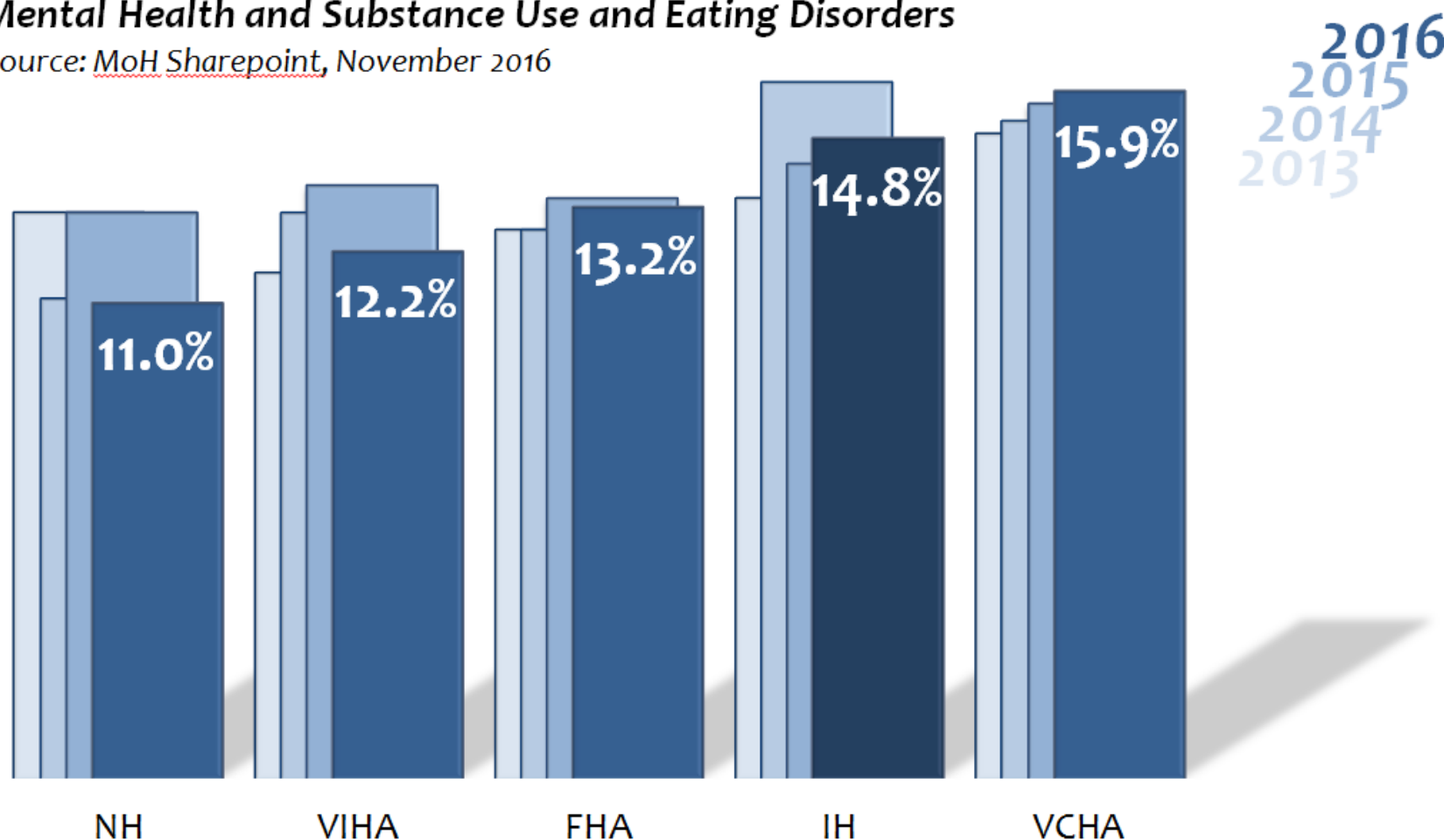


The Mount Ida Mews residential care project in Salmon Arm will add 60 complex care residential beds  
Planned opening Winter 2018

# MHSU 30-Day Readmission Rates

## Mental Health and Substance Use and Eating Disorders

Source: MoH Sharepoint, November 2016



# Opportunities from this data

- Reduce facility-based utilization by shifting care to the community and improve access to primary care.
- Further MHSU investment to reduce readmission rates.
- Continued focus on access and flow through our hospitals to reduce the ALC rates.



**T**eamwork makes a difference.

Every day I see and hear tangible examples of how we achieve more when we work together – and how this translates to better results, higher quality care, improved decision making, and a stronger organization.

One example in particular has stayed with me over the last while and resonated even more deeply during a recent visit to Grand Forks. A traumatic and terrifying situation unfolded in the emergency department at Boundary District Hospital (BDH) in mid-January when a man shot himself in front of our staff and physicians. The response to this critical incident, in the moment and also afterwards, was nothing short of amazing. I am humbled by the bravery, clear thinking, and strength shown by all involved.

Staff, physicians, managers, site administration, leadership team members, unions, and a number of support areas (including Human Resources and Workplace Health & Safety) came together to respond to the immediate need and then to provide support and assistance after the incident. Most striking across the entire response was the focus on team – on looking after one another and our patients.

What happened in Grand Forks has a close tie to a priority area of work across IH, which is ensuring a safe and healthy workplace for all. The skill and quick action of the ED team at BDH must be recognized and commended. As well, the site closely followed Code White processes, filled out an incident report, and reviewed and updated their action plan for their Violence Prevention Risk Assessment. These are all important steps in managing a critical incident.

As a result of how the entire team pulled together, the followup WorkSafeBC inspection at the hospital was positive and encouraging, which speaks volumes about the importance of everyone having ownership of workplace health and safety.

Another area where we are seeing teamwork illustrated is in our actions to transform primary and community care. I am thrilled that we have opened our first specialized care program on the Kamloops North Shore and began seeing patients on Feb. 6. I was fortunate to tour the new space and meet with the team at the official opening and was impressed by the physical location, but even more by the enthusiasm of the team.

This model is all about patient-centred and team-based care – with the patient as a key partner in creating and executing his or her care plan. The new site will provide a wealth of services to those with moderate to severe chronic conditions, including mental health and substance use illness, from a team of clinicians chosen to meet the specific needs.

Ultimately, the goal is to help our patients manage their serious conditions at home and in community settings so they can avoid stays in hospital or visits to the emergency room.

Two new [Seniors Health and Wellness Centres](#) in IH – one already open in Kelowna and one under development in Kamloops – have a similar goal. These sites will benefit those with frailty and age-related medical conditions through a multi-disciplinary approach and access to specialist services.

With the close involvement I've had in this area over the last several months, I know how hard everyone has been working. I also understand that this is challenging work and it is happening at record speed in a complex system with many stakeholders.

We may not be getting it all right, but we are getting a lot of things right and I want to thank everyone involved – from planning to implementation on the ground – for the ongoing commitment and effort.

I am proud to be a part of the team! 🙌

***“Ultimately the goal is to help our patients manage their conditions at home and in community settings so they can avoid stays in hospital or visits to the emergency room.”***

**--Chris Mazurkewich, IH CEO**



# Shift to Community = Home is Best



# Home Health

- Community Clinics (i.e. wound care/bathing )
- Integrated Community Care Teams (RNs, Community Health Workers, Allied Health)
- Palliative Care Services
- Home Support Program (Community Health Workers)
- Support Assisted Living
- Adult Day Programs



# Prevention Promotion

- Primary Health Clinics
  - Vernon Downtown, Enderby, Sorrento, Lumby
- Nurse Practitioners
  - Round Lake, Sorrento, OKIB, Splat sin
- Diabetes Education Clinic
- Aboriginal Health
  - Aboriginal Nurse Navigator
- Public Health Clinics
  - Immunizations and Child Health Clinics, Flu Clinic

# Primary Care

- Working in partnership with the Collaborative Services Committee, Shuswap North Okanagan Division of Family Practice
  - Salmon Arm Hospice Education Center
  - Quality Improvement work from a local perspective
- Working in partnership with Revelstoke Chapter, Rural Remote Division of Family Practice
- Working in partnership with local community Health Planning Societies
- Integrated Primary Community Care Team
  - Registered Nurses

# Physicians – important partners

## Facility Engagement Initiative

- 15 facilities engaged
- Working together to improve patient care, the physician experience, and cost effectiveness of health-care system

## Divisions of Family Practice

- 8 Divisions within Interior Health
- Working together to improve health care at community level.

## Recruitment

- Finding the right fit for physicians & community



# Community Paramedicine



Princeton – May 2016

- Plans underway
- Lumby, Revelstoke, Sicamous

# Nurse Practitioners



NP Kathy Lepp – photo courtesy of *Kelowna Capital News*

- **2005** - Role established in B.C.
- Work in **private practice** or for **health authorities**
- Can function **independently** or **collaboratively**
- **There are 66\* NPs working in IH in many settings:**
  - primary care
  - acute care (cardiac and thoracic surgery)
  - specialty clinics (diabetes, atrial fibrillation, renal)
  - residential care

*\*As of Mar. 31, 2017*



# Mental Health Substance Use

**Goal:** Help clients be active, engaged partners in their health, well-being, and quality of life; to improve overall health and avoid visits to the emergency room and stays in hospital.

**How:**

- Adding MHSU health-care teams to provide integrated specialized care planning and services.
- Collaborating with key partners to better coordinate care and also improve the quality of services we provide.
- **73** new substance use beds, including **15** for First Nations
- **New Ministry of Mental Health & Addictions**



# Surgical Wait Times

## Met Surgical targets for 2016/17

- No more than 5% patients waiting >40 weeks

## How?

- Increasing volumes
- Central intake or pooled referrals
- Regional OR
- Improved waitlist management



# First Nations Health



**May 4, 2017 – Williams Lake  
Declaration of Commitment**





# OD Response



**Provincial Health Officer**  
Dr. Perry Kendall

**April 14, 2016**

Public Health  
emergency declared

# Illicit Drug Overdose Deaths in IH

Illicit Drug Overdose Death Rates by Health Authority per 100,000, 2007-2017 <sup>[4-7]</sup>											
HA	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Interior	5.0	3.1	4.9	5.2	5.3	4.3	7.5	6.4	8.5	21.7	33.3
Fraser	3.8	4.2	3.7	5.3	7.0	6.2	6.3	7.4	11.9	18.5	27.7
Vancouver Coastal	6.0	4.4	6.3	4.7	7.3	6.4	8.4	10.4	13.6	23.6	39.2
Vancouver Island	4.8	5.9	4.5	3.1	5.9	5.8	7.8	7.2	8.6	20.6	30.2
Northern	3.9	2.1	2.1	4.6	5.7	6.3	6.6	7.3	8.8	18.5	18.6
BC	4.7	4.2	4.6	4.7	6.5	5.9	7.3	7.9	11.1	20.6	31.3

Source: BC Coroners  
Service

# OD Prevention



Jan. 13, 2017

**Dec 13, 2016**

*OD Prevention sites open in Kamloops & Kelowna*

**Jan 13, 2017**

*IH announces decision to apply for supervised consumption service in Kamloops & Kelowna*

**April/May**

*Mobile units begin operating*

**July 19, 2017**

*Health Canada approves IH's application for supervised consumption service*



# Fatal Overdoses – what is known

- Almost 4 OD deaths every day in B.C.
- 9 out of 10 deaths happen indoors; primarily in private homes
- Prevalent age range is 30-59
- 4 out of 5 deaths are in males

## First Nations:

- \* 3 times more likely to die from an OD
- \* 14% of OD deaths in B.C. involve First Nations
- \* 52% men / 48% women

## CONCLUSIONS:

- Stereotype of a 'user' looks very different from reality
- First Nations are at higher risk of OD
- Do not use alone



# Next Steps

- Transition emergency response to routine operations
- Stakeholder engagement – coordinated approach
- Ongoing public education and awareness
- Looking at opportunities in communities across IH to address overdoses.
- New Ministry of Mental Health & Addictions

# POPULATION HEALTH

## Health Promotion Portfolio

By working together, we can create policy and environmental changes, including:

- Active Transportation Planning
- Healthy City Strategies
- Smoke-Free spaces bylaws
- Food system planning
- Consultation for Sustainability & Official Community Plans



Community consultation in Clearwater helped guide the District's transportation planning process, which included IH's Healthy Built Environment team as well as Community Health Facilitator Jenny Green.

# QUESTIONS?





# Capital Budget Update

Dan Goughnour – Director Business Support





# Update: Polson Tower Project

Polson Tower - Additional Two Inpatient Floors (\$ 000s)	2013	2014	2015	2016	2017	2018	Projected Surplus	Total
ADJUSTED (to account for NOCSRHD Shelled Floors Contribution)								
Ministry of Health RCG - 100%	\$ 683	\$ 6,269	\$ 8,798	\$ -	\$ -			\$15,750
Ministry of Health RCG	-	-	814	1,919	170	-	2,885	5,788
NOCSRHD	-	-	1,166	1,940	113	-	2,306	5,525
VJH Foundation	-	-	1,000	990	-	-	510	2,500
<b>Total Project Capital Funding</b>	<b>\$ 683</b>	<b>\$ 6,269</b>	<b>\$ 11,778</b>	<b>\$ 4,849</b>	<b>\$ 283</b>	<b>\$ -</b>	<b>\$ 5,701</b>	<b>\$29,563</b>

- Awaiting confirmation that all final bills will be paid prior to December 31
- Projected surplus may still change, but unlikely to decrease from \$5.7M
  - Increase of \$200K since Spring update
  - RHD portion of surplus \$2.3M

# Vernon Jubilee Hospital MRI Project Update

- Project is underway
- \$1.1M in costs booked against \$7.1M total budget
- Currently on target to meet project timelines and budget, but still early in the project
- Risk of cost escalation on original budget estimates
  - Some recent projects have seen escalation up to 40%
  - Drivers include:
    - Disasters (hurricanes, fires, etc.)
    - Trade Scarcity (depending on location)
    - Exchange rate
  - Estimates always include a factor for some level of escalation. Challenge is unpredictability.

## VJH Psychiatric Inpatient Planning Project Update

- Initial planning and feasibility study in progress
  - Understand scope of project and high level cost estimate
  - Determine potential options available
- No approvals to move forward at this stage

# TELUS Enhanced Broadband Expansion

- TELUS has submitted application to Government of Canada – ISED “Connect to Innovate Program”
- Would include expansion of broadband service in the Interior of British Columbia
- IH has written TELUS indicating support for the application to address challenges in delivering health services to our rural and remote communities
  - Access to broadband
  - Reliability of existing infrastructures

## IMIT Projects Capitalization – Accounting Standards

- IH follows accounting standards and guidelines prescribed by:
  - Chartered Professional Accountants (CPA) of Canada
  - Management Information Systems in Canadian Health Service Organizations (MIS)
  - Financial Management Policy Manual for Health Authorities in British Columbia

## MIT Projects Capitalization – Accounting Standards

- MIT Expenditures are capitalized if:
  - Held for use in production and supply of goods and services
  - Have useful economic life extending beyond one year
  - Used on a continuing basis
  - Not for sale in ordinary course of operations
  - Cost is above capitalization threshold (\$5,000)
- Includes:
  - Hardware and associated installation costs
  - Software and associated implementation costs
- Once capitalized, IH amortizes over asset's useful life – typically 3 to 5 years
- IH financial statements audited annually, including capitalized assets acquired during the fiscal year

# QUESTIONS?



Thank you for your continued  
support



Interior Health  
*Every person matters*



British Columbia News

## New board members announced for Interior Health

<https://news.gov.bc.ca/15460>

Friday, September 22, 2017 8:35 AM

**Victoria** - The Government of British Columbia has appointed Dr. Doug Cochrane as new board chair for Interior Health, and Dr. Selena Lawrie and Cindy Stewart as board members.

“Congratulations to Interior Health’s new board chair and members,” said Health Minister Adrian Dix. “They have significant experience in health care and their dedication to their communities will contribute to our goal as a government to provide leadership for a strong public health-care system in British Columbia.”

“Of special note are the existing contributions of board chair Dr. Doug Cochrane, who has held a variety of important roles within the health-care system, and will be able to use his breadth of experience in patient safety and quality to enhance the care offered by Interior Health,” added Dix.

A health authority board of directors helps ensure that British Columbians receive the best possible care in an efficient, well-managed public health-care system. Boards are responsible for the governance and management of health services in the province. They work with health authority leadership to establish the organization’s overall vision and ensure there is appropriate community consultation. Boards also regularly review the organization's long-term plans, look at significant issues affecting the organization and evaluate results.

Dix thanks previous Interior Health board chair John O’Fee and member Renee Wasylyk for their service.

A backgrounder follows.

### Contacts

**Ministry of Health Communications**  
250 952-1887 (media line)

### Backgrounders

#### Appointments to Interior Health’s board of directors

**Dr. Doug Cochrane** is the chair and provincial patient safety and quality officer of the BC Patient Safety and Quality Council. Cochrane is professor emeritus at the University of British Columbia in neurosurgery. Previously, he chaired the BC Patient Safety Taskforce and has served as a member of the board of the Canadian Patient Safety Institute.

**Dr. Selena Lawrie** is a family physician and site director for the University of British Columbia Family Practice Residency Program in Kamloops. Lawrie is also the president of Supporting Team Excellence with Patients Society and a steering committee member representative for the Ministry of Health in the Physicians Health Program.

**Cindy Stewart** is the retired president of the Health Sciences Association of B.C. She was vice-president of the BC Federation of Labour and a member of the executive board of the National Union of Public and General Employees. Stewart served as one of two labour representatives appointed to the joint advisory committee to the arbitration bureau, and was a member of an adjudication committee for one of Social Sciences and Humanities Research Council's three 1999 strategic programs: Society, Culture and the Health of Canadians. She holds a bachelor of science in rehabilitation medicine from the University of British Columbia and has worked as physiotherapist.



Mr. Charles Hamilton, CAO  
North Okanagan / Columbia Shuswap  
Regional Hospital District  
Box 978  
Salmon Arm BC V1E 4P1

May 11, 2017

Dear Mr. Hamilton:

**Re: 2016-17 Global Grant**

Attached is a listing of capital expenditures which were funded in part by the North Okanagan Columbia Shuswap Regional Hospital District's 2016-2017 global grant for capital equipment costing less than \$100,000.

There are commitments that Interior Health entered last year, for which the expenditure had not yet occurred by fiscal year-end, which results in a timing difference to the report dates. The annual priority setting process takes into account the funding available to maximize the equipment that can be purchased.

Interior Health will apply the balance of these funds to capital purchases on a prioritized basis.

If you require further information, please do not hesitate to contact me.

Yours truly,

Birgit Koster, CPA, CA  
Director Business Support, Capital Planning

/at

Encl. NOCS RHD Global Grant Summary

cc: Jodi Pierce, Manager, Financial Services, NOCS RHD  
Richard Harding, Acute Health Service Administrator, North Okanagan  
Peter Du Toit, Acute Health Service Administrator, Columbia Shuswap  
Dan Goughnour, Director, Business Support



## North Okanagan Columbia Shuswap Regional Hospital District Global Grant Summary

Balance March 31, 2016 (as per May 2016 report)

\$ 17,464.32

2016/17 Global Grant Received

605,700.00

**Total Funding Available****\$ 623,164.32****Expenditures April 1, 2016 - March 31, 2017**

Fixed Asset #	(2) Facility	Description	Total Cost	Funding Sources		
				RHD Grant		(1) Other Funding
				2016/17	Prior Years	
I611422600	VJH	Probe, Ultrasound, TEE	22,864.20	9,145.68		13,718.52
I611516500	VJH	Analyzer, Urine	7,118.10	258.84		6,859.26
I611516700	VJH	Hysteroscopy Pump, Fluid Safe	13,481.25	5,392.50		8,088.75
I611606000	VJH	Bi-Pap Ventilator	24,947.75	9,979.10		14,968.65
I611614700	PVM	Washer Disinfector, Deko	24,166.85	4,037.85		20,129.00
I611615000	VJH	Imaging Workstation for Nuclear Gamma Camera	23,834.84	953.39	8,580.55	14,300.90
I611618900	VJH	Activac Unit, Wound Therapy	23,727.00	9,490.80		14,236.20
I611619200	VJH	Ceiling Lift	10,505.58	4,202.24		6,303.34
I611619300	VJH	Ceiling Lift (x4)	40,539.82	16,215.93		24,323.89
I611701600	NHE	Dishwasher	47,942.53	19,177.02		28,765.51
I611702100	VJH	Scanner, Bladder	17,789.85	7,115.94		10,673.91
I611702200	VJH	Bed (x4)	29,064.02	11,625.61		17,438.41
I611702400	VJH	Pneumatic Tourniquet	16,582.93	6,633.18		9,949.75
I611702500	VJH	Bed, Patient (x6)	43,582.55	17,433.02		26,149.53
I611702600	VJH	Pulse Oximeter Analyzer Tester	7,964.72	3,185.89		4,778.83
I611702700	VJH	Pacemaker Tester	7,720.39	3,088.16		4,632.23
I611703100	VJH	ECG Machine (x2)	32,261.17	12,904.47		19,356.70
I611703300	VJH	Defibrillator	9,025.40	3,610.16		5,415.24
I611703500	VJH	Monitor, Vital Signs (x6)	48,419.96	19,367.99		29,051.97
I611703501	VJH	Monitor, Vital Signs (x5)	40,349.97	16,139.99		24,209.98
I611703502	VJH	Monitor, Vital Signs (x5)	40,349.97	16,139.99		24,209.98
I611703504	VJH	Monitor, Vital Signs (x4)	32,279.99	12,912.00		19,367.99
I611703600	GIF	Ceiling Lift	6,406.76	2,562.71		3,844.05
I611703700	NHE	Mobile Lift with slings (x2)	11,879.00	4,751.60		7,127.40
I611704000	VJH	Transfusion Automated Analyzer	88,832.10	31,218.84		57,613.26
I611704200	VJH	Ultrasound Upgrade	7,832.91	3,133.17		4,699.74
I611704300	VJH	Stretcher, Ultrasound for Mammography	12,700.96	5,080.39		7,620.57
I611704500	VJH	Airway Clearance System (Vest/Wrap)	18,026.29	1,726.29		16,300.00
I611704800	VJH	Warming Cabinet (Blanket)	7,923.69	3,169.48		4,754.21
I611704900	VJH	Physiological & Central Monitor	96,564.37	3,813.37		92,751.00
I611705100	VJH	Defibrillator	26,507.16	10,602.87		15,904.29
I611714600	PVM	Ice Machine	6,434.73	2,573.90		3,860.83
I611715300	VJH	Fetal Monitor (x2)	65,374.15	26,149.66		39,224.49

			Funding Sources			
Fixed Asset #	(2) Facility	Description	Total Cost	RHD Grant		(1) Other Funding
				2016/17	Prior Years	
I611715500	VJH	Ureteroscope, Flexible (x2)	33,143.38	6,449.43		26,693.95
I611717100	NHE	Floor Scrubber	9,288.97	3,715.59		5,573.38
I611717200	VJH	Freezer, Upright	5,930.67	2,372.27		3,558.40
I611718900	PVC	Phacoemulsifier	74,847.90	29,939.16		44,908.74
I611719200	VJH	Endoscope, Sinus (x6)	37,742.10	15,096.84		22,645.26
I611719500	VJH	Blood Gas Analyzer	18,334.50	7,333.80		11,000.70
I611720700	VJH	C-Arm, Mini	80,617.87	32,247.15		48,370.72
I611722000	VJH	Ice Machine	5,702.57	2,281.03		3,421.54
I611723100	VJH	Ureteroscope, Flexible (x2)	32,247.15	12,898.86		19,348.29
I611723101	VJH	Ureteroscope/Tower System with accessories	42,061.50	16,824.60		25,236.90
I611723900	VJH	Bariatric Wheelchair	6,998.40	2,799.36		4,199.04
I611727100	GIF	Medication Cart	5,923.02	2,369.21		3,553.81
I621513200	SLH	Analyzer, Coagulation	54,226.20	(23.04)	21,713.52	32,535.72
I621513400	BSP	Bed, Bariatric	21,074.72	8,429.89		12,644.83
I621606000	QVH	Bed, Acute Care	7,314.50	2,925.80		4,388.70
I621606100	QVH	ECG Machine, Cardiology (x2)	31,614.07	12,645.63		18,968.44
I621606600	QVH	Stretcher, Trauma	11,158.16	4,463.27		6,694.89
I621607100	SLH	Bed, Bariatric	10,700.00	700.00		10,000.00
I621607600-01	SLH	Warming Cabinet	16,663.10	6,665.25		9,997.85
I621612600	QVH	Bariatric Stretcher	11,158.16	4,463.27		6,694.89
I621615700	SLH	Washer Disinfector, Vernacare	14,409.02	3,436.20	2,327.41	8,645.41
I621703600	BSP	Mixer	8,917.14	3,118.36		5,798.78
I621703800	SLH	Probe, Endocavity	10,405.37	4,162.15		6,243.22
I621703900	SLH	Scrubber, Floor	8,809.15	3,523.66		5,285.49
I621704000	SLH	Bed, Acute Care (x4)	31,724.18	12,689.68		19,034.50
I621704100	SLH	Scanner, Bladder	18,040.02	7,216.01		10,824.01
I621704300	BSP	Oven, Combi	22,535.70	9,014.28		13,521.42
I621704400	SLH	Colonoscope (x2)	50,313.25	10,062.66		40,250.59
I621704500	SLH	Stretcher, Bariatric Trauma	8,358.37	3,343.35		5,015.02
I621704800	SLH	Mixer	8,917.14	3,299.84		5,617.30
I621705200	SLH	Slide Stainer, Hematology	19,413.00	7,765.20		11,647.80
I621705300	SLH	ECG Machine	15,759.31	6,303.73		9,455.58
I621705500	QVH	Bed, Acute Care	7,314.50	2,925.80		4,388.70
I621705700	QVH	Mixer	8,917.14	3,566.86		5,350.28
I621706400	SLH	ECG Machine	15,759.31	6,303.73		9,455.58
I621712600	SLH	Driver, Cordless (x2) with accessories	26,336.96	10,534.79		15,802.17
I621713400	QVH	Epidural Positioning System	6,538.19	306.49		6,231.70
I621713600	SLH	Photocopier	6,443.77	2,577.51		3,866.26
I621716000	SLH	Hot Food Serving Counter (Steam Table)	7,804.42	3,121.77		4,682.65
I621720500	SLH	Oven, Combi	22,396.84	8,958.74		13,438.10
I621720700	SLH	Hysteroscopes (x2)	16,011.40	6,404.56		9,606.84
Total Expenditures			\$ 1,764,872.08	\$ 597,024.77	\$ 32,621.48	\$ 1,135,225.83
Funding as Percent of Total Cost				36%		64%

NOCS RHD Global Grant Balance March 31, 2017

\$ 26,139.55

## Notes:

(1) Other Funding includes Ministry of Health, Foundations, Auxiliaries, Other Donation, Insurance Recovery, Trade-in, Internally funded by Interior Health

(2) Legend:

BSP = Bastion Place  
 GIF = Gateby Care Centre  
 NHE = Noric House  
 PVC = Pleasant Valley Health Centre  
 PVM = Pleasant Valley Manor  
 QVH = Queen Victoria Hospital  
 SLH = Shuswap Lake General Hospital  
 VJH = Vernon Jubilee Hospital

# NOCSRHD BOARD REPORT

**TO:** Chair and Directors

**File No:** 8900 42

**SUBJECT:** 2017 NOCSRHD Financial Update

**DESCRIPTION:** Report from Jodi Pierce, Manager, Financial Services dated October 24, 2017. For information only.

## SHORT SUMMARY:

Attached is a statement of Year-To-Date Financial Summary of Revenues over Expenses to show the financial status of the Hospital District and a Status of Hospital District Approved Projects.

<b>VOTING:</b>	Unweighted Corporate	<input checked="" type="checkbox"/>	Weighted Corporate	<input type="checkbox"/>	Stakeholder (Weighted)	<input type="checkbox"/>
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## POLICY:

A Provisional Budget was adopted on March 28, 2017 by way of adopting the Five Year Financial Plan. The attached statement is to provide directors with a financial summary for the year to date revenue and expenses. This information will be included in the year end Financial Statements and any changes to the budgets for the years 2018 to 2021 will be reviewed again in March 2018 and presented to the Board for adoption as part of the Five Year Financial Plan Bylaw. Changes to the Budget will be based on Capital Acquisition requests from IHA and other additional information available closer to that date, including the current tax rates based on the 2018 Completed Assessment Roll.

## FINANCIAL:

The financial summary is produced in the same format as the five year financial plan with an additional column entitled 2017 Projected. Most of the revenue for 2017 has been received other than interest on investments for the balance of the year, payments in lieu of taxes that will be forthcoming shortly from member municipalities and the actuarial adjustment which is booked at year end based upon information received from the Municipal Finance Authority. The projected expenses for projects and equipment is based upon the IHA Capital Project and Planning Status report which indicates the status of large projects. At best this is an educated guess and a number of projects will remain incomplete at year end. The remaining payments for principal and interest on long-term debt will be made shortly and a small amount of administration expenses will be incurred in the final three months of the year. At this time, the only significant change to the Five Year Financial Plan from the amended plan adopted in May 2017 for the years 2017 to 2021 is that there have been no significant requests for funding for the inpatient bed expansion at Vernon Jubilee Hospital and it appears that this financial contributions for this project are close to final and the temporary borrowing will be converted to long-term debt in spring 2018.

Additionally, the anticipated amount needed from reserves in 2017 has been reduced by a surplus of unspent funds in the closed projects in the amount of \$94,839 together with an anticipated surplus in other expenses. This surplus is largely the interest on temporary borrowing as those projects with approved borrowing have not been drawn down as soon as anticipated.

## DESIRED OUTCOMES:

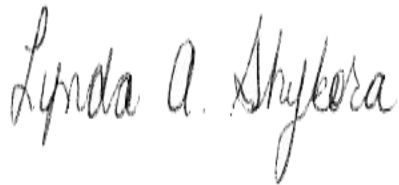
That the Board accept the report.



**Report Approval Details**

Document Title:	2017-10-31_NOCSRHD_Financial Update.docx
Attachments:	- NOCSRHD Five Year Financial Plan.pdf - Status of Approved and Proposed Projects.pdf
Final Approval Date:	Oct 24, 2017

This report and all of its attachments were approved and signed as outlined below:



**Lynda Shykora - Oct 24, 2017 - 11:50 AM**



**Charles Hamilton - Oct 24, 2017 - 2:28 PM**



**NORTH OKANAGAN COLUMBIA SHUSWAP REGIONAL HOSPITAL DISTRICT  
2017 FIVE YEAR FINANCIAL PLAN BYLAW NUMBER 67  
SCHEDULE A**

	2017 Actual YTD	2017 Projected	2017 Budget	2018 Budget	2019 Budget	2020 Budget	2021 Budget
<b>REVENUES:</b>							
<b>Tax Requisition:</b>	\$ 7,654,838	\$ 7,654,838	\$ 7,654,838	\$ 7,958,027	\$ 8,283,027	\$ 8,622,068	\$ 8,993,968
<b>Other:</b>							
Payment in lieu of taxes	515	22,200	22,200	22,200	22,200	22,200	22,200
Interest	16,709	25,000	25,000	25,000	25,000	25,000	25,000
Actuarial adjustment	-	463,417	463,417	569,763	690,383	812,778	832,514
Service agreements - Indian Bands	72,763	72,763	71,500	71,500	71,500	71,500	71,500
Debenture surplus & debt reserve refund							
	7,744,825	8,238,218	8,236,955	8,646,490	9,092,110	9,553,546	9,945,182
<b>EXPENDITURES</b>							
<b>Expenses:</b>							
Administration	84,847	87,000	87,000	87,000	87,000	87,000	87,000
Debenture debt - interest (existing)	1,663,850	3,327,700	3,327,700	3,327,700	3,327,700	3,300,797	3,300,797
Debenture debt - interest (new)		-	-	251,237	251,237	251,237	251,237
Interim Borrowing MFA - Interest	30,784	55,000	143,275	-	-	-	-
<b>Expenditures under Section 20(2)</b>							
Global Grant	614,700	614,700	614,700	650,000	666,300	683,000	700,100
Capital Equipment - new requests	438,994	3,694,400	3,694,400	1,000,000	1,025,000	1,050,700	1,077,000
Capital Projects - new requests	-	460,000	460,000	1,050,000	1,108,700	1,136,500	1,165,000
Capital Equip/Projects - carried forward from prior year	906,995	4,047,347	4,047,347	-	-	-	-
	3,740,169	12,286,147	12,374,422	6,365,937	6,465,937	6,509,234	6,581,134
<b>ANNUAL SURPLUS (DEFICIT)</b>	\$ 4,004,656	\$ (4,047,929)	\$ (4,137,467)	\$ 2,280,552	\$ 2,626,173	\$ 3,044,312	\$ 3,364,048
(for financial reporting purposes - PSAB)							
Plus:							
Transfer from/(to) reserves	-	1,366,862	1,456,400	925,000	700,000	350,000	50,000
Proceeds from issue of debt	-	5,339,700	5,339,700	-	-	-	-
Less:							
Debenture debt - Principal payments (existing debt)	(859,380)	(2,195,216)	(2,195,216)	(2,195,216)	(2,195,216)	(2,140,960)	(2,140,960)
Debenture debt - Principal payments (new debt)	-	-	-	(440,574)	(440,574)	(440,574)	(440,574)
Actuarial Adjustment	-	(463,417)	(463,417)	(569,763)	(690,383)	(812,778)	(832,514)
<b>FINANCIAL PLAN BALANCE</b>	\$ 3,145,275	\$ 0	\$ 0	\$ (0)	\$ (0)	\$ (0)	\$ (0)

## North Okanagan Columbia Shuswap Regional Hospital District

## Status of Hospital District Approved &amp; Proposed Projects for 2017/2018 as at October 11, 2017

Facility	Project/Equipment	Budget Category	Total Cost	RHD Cost	Expended in Prior Year(s)	Expended in Current Year	Total Expended	Project	
A - Completed Projects per IHA - Aug 1, 2017 for closed projects at March 31, 2017									
Queen Victoria, Revelstoke	Replace Steam Boiler	Const over \$100K	\$ 450,000	\$ 180,000	\$ 143,534	6,992.85	150,526.80	2015 Budget	62
	Ultrasound	Equip over \$100K	\$ 146,000	\$ 58,400	\$ 55,680		55,680.02	2015 Budget	62
Shuswap Lake, Salmon Arm	Boiler Heating Water System Upgrade	Const over \$100K	\$ 350,000	\$ 140,000	\$ 129,760	5,105.82	134,865.99	2015 Budget	62
Vernon Jubilee	Pathology Frozen Room External Ventilation	Const over \$100K	\$ 99,000	\$ 39,600	\$ 39,600		39,600.00	2014 Budget	60
	Vocera	IMIT	\$ 150,000	\$ 60,000	\$ 59,718		59,717.94	2015 Budget	62
	Plumbing Replacement	Const under \$100K	\$ 99,900	\$ 39,960	\$ -	29,527.33	29,527.33	2015 Budget	62
	Pneumatic Tube Station	Const under \$100K	\$ 68,000	\$ 27,200	\$ -	24,355.22	24,355.22	2015 Budget	62
Regional									
Gateby Care Vernon	HVAC Upgrades (additional in 2015)	Const over \$100K	\$ 445,000	\$ 38,000	\$ 14,068		14,067.96	2015 Budget	62
Enderby Care Centre/Gateby Care Cer	Unified Communications - Telephone Infrastructure	IMIT	\$ 110,000	\$ 44,000	\$ 42,159		42,158.72	2015 Budget	62
Noric House	Heating Boilers (x2)	Const over \$100K	\$ 250,000	\$ 100,000	\$ 81,821		81,821.30	2015 Budget	62
Gateby Care Vernon	HVAC Upgrades	Const over \$100K	\$ 350,000	\$ 140,000	\$ 140,000		140,000.00	2013 Budget	57
			\$ 2,517,900	\$ 867,160	\$ 706,340	\$ 65,981	\$ 772,321.28		
B - Fully Funded Projects per NOCSRHD but not officially closed by IHA									
Regional									
Global Grant	Equipment between \$5,000 and \$100,000	Global	\$ 1,536,750	\$ 614,700		614,700.00	614,700.00	2017 Budget	66
		Sub-total	\$ 1,536,750	\$ 614,700	\$ -	\$ 614,700	\$ 614,700		
C - In Progress Projects									
Queen Victoria, Revelstoke	Replace Isolation Transformers	Construction	\$ 300,000	\$ 120,000		103,459.95	103,459.95	2016 Budget	64
	Wireless Infrastructure Refresh	IMIT	\$ 20,000	\$ 8,000		7,835.93	7,835.93	2016 Budget	64
	Helipoint	Const over \$100K	\$ 465,000	\$ 186,000			0.00	2017 Budget	66
	Video Conferencing Infrastructure Refresh	IMIT	\$ 30,000	\$ 12,000			0.00	2017 Budget	66
Shuswap Lake, Salmon Arm	Radiologist Diagnostic Monitor Replacement	IMIT	\$ 42,500	\$ 17,000		16,204.57	16,204.57	2016 Budget	64
	General Radiographic System	Equip	\$ 547,000	\$ 218,800	65,660.02	142,343.52	208,003.54	2016 Budget	64
	C-Arm	Equip	\$ 265,000	\$ 106,000			0.00	2016 Budget	64
	Sterilizer - Low Temp VHP	Equip	\$ 159,000	\$ 63,600			0.00	2017 Budget	66

## North Okanagan Columbia Shuswap Regional Hospital District

## Status of Hospital District Approved &amp; Proposed Projects for 2017/2018 as at October 11, 2017

Facility	Project/Equipment	Budget Category	Total Cost	RHD Cost	Expended in Prior Year(s)	Expended in Current Year	Total Expended	Project	
<b>C - In Progress Projects (cont'd)</b>									
Vernon Jubilee									
	Polson Tower Completion	Const over \$100K	\$ 29,563,000	\$ 5,525,000	\$ 3,160,246	80.66	3,160,326.82	2013 Budget borrow	58
	Diagnostic Imaging Redesign (planning)	Const over \$100K	\$ 150,000	\$ 60,000	\$ -		0.00	2015 Budget	62
	Inpatient Psychiatry Redevelopment (planning)	Const over \$100K	\$ 150,000	\$ 60,000	\$ -		0.00	2015 Budget	62
	Chemistry Analyzer	Equip over \$100K	\$ 145,000	\$ 58,000	\$ -		0.00	2015 Budget	62
	Table, Surgery	Equip over \$100K	\$ 144,000	\$ 57,600	\$ -		0.00	2015 Budget	62
	Chillers in South Tower	Construction	\$ 1,200,000	\$ 480,000	302,823.04	154,550.68	457,373.72	2016 Budget	64
	Multi-purpose System	Equip	\$ 1,175,000	\$ 470,000	181,929.34	251,215.19	433,144.53	2016 Budget	64
	General Radiographic System	Equip	\$ 617,000	\$ 246,800		139,735.90	139,735.90	2016 Budget	64
	Laser, CO2	Equip	\$ 195,000	\$ 78,000			0.00	2016 Budget	64
	HVAC Upgrade	Const over \$100K	\$ 600,000	\$ 240,000			0.00	2017 Budget	66
	Wireless Infrastructure Expansion	IMIT	\$ 20,000	\$ 8,000			0.00	2017 Budget	66
	Integrated Chemisty/Immunochemistry Analyzer (add'l in	Equip	\$ 322,000	\$ 70,800			0.00	2017 Budget	66
	Hematology Analyzer	Equip	\$ 170,000	\$ 68,000			0.00	2017 Budget	66
	MRI	Equip/Const over \$1	\$ 7,100,000	\$ 2,840,000		438,994.37	438,994.37	2017 Amended Budge	68
<b>C - In Progress Projects, continued</b>									
<u>Regional</u>									
Various Facilities	Forms on Demand and Patient ID System	IMIT	\$ 286,000	\$ 114,400	86,655.09	15,905.40	102,560.49	2016 Budget	64
VJH/SLGH	Medistations, IH Wide Infrastructure	Equip	\$ 80,000	\$ 32,000	17,810.46	9,681.66	27,492.12	2016 Budget	64
Parkview Place	Vocera Expansion	IMIT	\$ 70,000	\$ 28,000	26,748.90		26,748.90	2016 Budget	64
Pleasant Valley Health Centre	Laser, Retinal, Fibre Optic	Equip	\$ 122,000	\$ 48,800			0.00	2016 Budget	64
Bastion Place	Parking Lot Upgrades	Const under \$100K	\$ 85,000	\$ 34,000			0.00	2017 Budget	66
Regional	Corporate Projects over \$100K	IMIT	\$ 684,500	\$ 273,800			0.00	2017 Budget	66
Various	Specialized Surgical Services	IMIT	\$ 107,000	\$ 42,800			0.00	2017 Budget	66
Regional	Corporate Projects under \$100K	IMIT	\$ 346,500	\$ 138,600			0.00	2017 Budget	66
Vernon Health Centre	Wireless Infrastructure Expansion	IMIT	\$ 40,000	\$ 16,000			0.00	2017 Budget	66
Various	Telehealth Expansion	IMIT	\$ 33,250	\$ 13,300			0.00	2017 Budget	66
Various	Telehealth Infrastructure Expansion	IMIT	\$ 30,000	\$ 12,000			0.00	2017 Budget	66
Noric House	Wireless Infrastructure Expansion	IMIT	\$ 15,000	\$ 6,000			0.00	2017 Budget	66
Bastion Place	Cooler/Freezer, Walk In	Equip	\$ 135,000	\$ 54,000			0.00	2017 Budget	66
Bastion Place	Resident Bus	Equip	\$ 117,000	\$ 46,800			0.00	2017 Budget	66
Sub-total			\$ 45,530,750	\$ 11,854,100	\$ 3,841,873	\$ 1,280,008	\$ 5,121,881		
Opening balances				\$ 12,468,800	\$ 3,841,873	\$ 1,960,689			

# NOCSRHD BOARD REPORT

**TO:** Chair and Directors

**File No:** 8900 42

**SUBJECT:** Capital Expenditure & Borrowing Amendment Bylaw No. 69

**DESCRIPTION:** Report from Jodi Pierce, Manager, Financial Services dated October 24, 2017.

**RECOMMENDATION #1:** THAT: Bylaw No. 69, cited as "North Okanagan Columbia Shuswap Regional Hospital District Capital Expenditure and Borrowing Amendment Bylaw No. 69", be read a first, second and third time this 31<sup>st</sup> day of October, 2017.

**RECOMMENDATION #2:** THAT: Bylaw No. 69, cited as "North Okanagan Columbia Shuswap Regional Hospital District Capital Expenditure and Borrowing Amendment Bylaw No. 69", be adopted this 31<sup>st</sup> day of October, 2017.

## SHORT SUMMARY:

The Municipal Finance Authority has asked staff to amend the bylaw so that the amount of the bylaw reflects the net amount that will be borrowed by the NOCSRHD (\$2,840,000) and to remove the reference to the 1% debt reserve fund.

## VOTING:

Unweighted  
Corporate ☐

Weighted  
Corporate ☒

Stakeholder  
(Weighted) ☐

## FINANCIAL:

There are no financial implications from this amendment as it is simply as housekeeping exercise but is required by the Municipal Finance Authority who is the lender for this bylaw.

## COMMUNICATIONS:

The amended bylaw will be forwarded to the Municipal Finance Authority and posted on the CSRD website.

## DESIRED OUTCOMES:

That the North Okanagan Columbia Shuswap Regional Hospital District Capital Expenditure and Borrowing Amendment Bylaw No. 69 in the amount of \$2,840,000, as described in Schedule "A", be approved.

## BOARD'S OPTIONS:

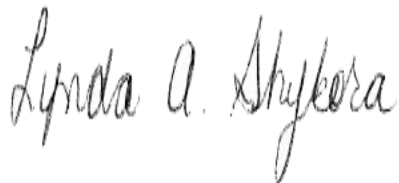
1. *Endorse the Recommendation.*
2. *Deny the Recommendation.*
3. *Defer.*
4. *Any other action deemed appropriate by the Board.*



**Report Approval Details**

Document Title:	2017-10-31_NOCSRHD_Capital Expenditure and Borrowing Amendment Bylaw No 69.docx
Attachments:	- BL 69 Capital Expenditure Borrowing Amendment (amends Bylaw 68).pdf
Final Approval Date:	Oct 24, 2017

This report and all of its attachments were approved and signed as outlined below:



**Lynda Shykora - Oct 24, 2017 - 8:26 AM**



**Charles Hamilton - Oct 24, 2017 - 2:30 PM**

**NORTH OKANAGAN/COLUMBIA SHUSWAP  
REGIONAL HOSPITAL DISTRICT**

**CAPITAL EXPENDITURE & BORROWING AMENDMENT BYLAW NO. 69**

WHEREAS the Board of the North Okanagan/Columbia Shuswap Regional Hospital District has adopted North Okanagan/Columbia Shuswap Regional Hospital District Capital Expenditure & Borrowing Bylaw No. 68 to expend money for capital expenditures;

AND WHEREAS the Board of the North Okanagan/Columbia Shuswap Regional Hospital District deems it desirable to amend the net sum of borrowing for those capital expenditures approved under Section 23 of the Hospital District Act;

NOW THEREFORE the Board of the North Okanagan/Columbia Shuswap Regional Hospital District enacts as follows:

1. Section 2 is hereby amended by deleting the amount "2,868,700" and replacing it with the amount "\$2,840,000".
2. Section 3 containing the sentence "The net sum includes 1% as required by the Municipal Finance Authority of British Columbia to be held in trust in its Debt Reserve Fund." is deleted in its entirety.
3. Upon deletion of Section 3, the numerical sequence of the enactments is hereby renumbered.
4. This bylaw may be cited for all intents and purposes as the "North Okanagan/Columbia Shuswap Regional Hospital District Capital Expenditure & Borrowing Amendment Bylaw No. 69."

READ A FIRST TIME this \_\_\_\_\_ day of \_\_\_\_\_, 2017.

READ A SECOND TIME this \_\_\_\_\_ day of \_\_\_\_\_, 2017.

READ A THIRD TIME this \_\_\_\_\_ day of \_\_\_\_\_, 2017.

ADOPTED this \_\_\_\_\_ day of \_\_\_\_\_, 2017.

\_\_\_\_\_  
MANAGER OF CORPORATE ADMINISTRATION  
SERVICES (SECRETARY)

\_\_\_\_\_  
CHAIR

CERTIFIED a true copy of  
Bylaw No. 69 as adopted.

\_\_\_\_\_  
Deputy Manager,  
Corporate Administration Services (Secretary)