



**CARIBOO CHILCOTIN REGIONAL HOSPITAL DISTRICT
REVISED**

October 24, 2014

9:30 a.m.

Cariboo Regional District Board Room

Suite D - 180 Third Avenue North

Williams Lake, B.C.

Pages

- 1. CALL TO ORDER (The meeting is scheduled to commence at 9:30 a.m.)**
 - 1.1 Adoption of Agenda**

Corporate Vote - Unweighted

That the agenda items be adopted as presented.

- 2. RECEIPT/ADOPTION OF MINUTES/RECOMMENDATIONS**
 - 2.1 Minutes of the Cariboo Chilcotin Regional Hospital District Board Meeting - October 3, 2014** 3 - 6

Corporate Vote - Unweighted

That the minutes of the Cariboo Chilcotin Regional Hospital District Board meeting held October 3, 2014, be received and adopted.

- 3. DELEGATIONS/GUESTS**

- 4. BYLAWS FOR CONSIDERATION OF THREE READINGS AND ADOPTION**

- 5. REPORTS AND CORRESPONDENCE**
 - 5.1 Hospital Consent Calendar**

Corporate Vote - Unweighted

That the Cariboo Chilcotin Regional Hospital District consent calendar, as of October 24, 2014, be received.

 - 5.1.1 Interior Health - Child Psychiatry Unit Renovation Enhances Patient Care at RIH** 7 - 8
 - 5.1.2 Interior Health - Congratulates Retired Board Member** 9 - 9
 - 5.1.3 Interior Health - New Board Chair** 10 - 10

5.1.4	Northern Health - Ebola Virus Letter	11 - 11
5.1.5	Northern Health - New Renovated Space for the Pediatric Unit Planned for EKRH	12 - 13
5.1.6	<i>A Late Item - Interior Health - Flu Shots</i>	14 - 15
5.2	Bruce MacLeod - Concerns regarding Alzheimers	16 - 16
	Corporate Vote - Unweighted	
	That the letter from Bruce MacLeod, dated October 10, 2014 regarding his concerns with Alzheimers, be received.	
5.3	Hospital Timeline Report	17 - 18
	Corporate Vote - Unweighted	
	That the agenda item summary from Scott Reid, Chief Financial Officer, dated October 16, 2014, regarding a pending report about the Cariboo Memorial Hospital and the G.R. Baker Hospital projects, be received. Further, that the report will be provided to the Board as soon as it is available.	
5.4	Funding for Digital Mammography Unit	19 - 22
	Corporate Vote - Unweighted	
	That the agenda item summary from Scott Reid, Chief Financial Officer, dated October 16, 2014, providing clarification of funding for a digital mammography unit in the Cariboo Memorial Hospital, be received.	
6.	IN-CAMERA SESSION	23 - 24
	Corporate Vote - Unweighted	
	There will be items suitable for discussion in-camera pursuant to Section 90(2)(b) of the Community Charter.	
	(Please note: In some circumstances, in-camera resolutions are released once the Board reconvenes in open session.)	
	That the meeting be closed to public to discuss items suitable for discussion in-camera pursuant to Section 90(2)(b) of the Community Charter.	
7.	ADJOURNMENT	
	Corporate Vote - Unweighted	
	That the meeting of the Cariboo Chilcotin Regional Hospital District Board be adjourned at TIME, October 24, 2014.	



**CARIBOO CHILCOTIN REGIONAL HOSPITAL DISTRICT
MINUTES**

October 3, 2014

9:30 am

**Cariboo Regional District Board Room
Suite D - 180 Third Avenue North
Williams Lake, B.C.**

PRESENT : Chair J. Massier, Vice-Chair M. Wagner, Director T. Armstrong, Director H. Dixon-Warren, Director D. Bischoff, Director B. Kemp, Director J. Sorley, Director A. Richmond, Director J. Glassford, Director R. William, Director B. Rattray, Director I. Bonnell, Director M. Sjostrom, Director M. Campsall, Director R. Sharpe

ABSENT : Director C. Mernett, Director S. Watson

STAFF : J. Bell, Chief Administrative Officer, S. Reid, Chief Financial Officer, A. Johnston, Corporate Officer, S. Burich, Manager of Communications, Leah Volkmann, Recording Secretary

1. CALL TO ORDER

1.1. Adoption of Agenda

Corporate Vote - Unweighted

CCH.2014-10A-1

Moved Director Campsall

Seconded Director Armstrong

That the agenda items be adopted as presented.

Carried Unanimously

2. RECEIPT/ADOPTION OF MINUTES/RECOMMENDATIONS

**2.1. Minutes of the Cariboo Chilcotin Regional Hospital District Board Meeting -
September 12, 2014**

Corporate Vote - Unweighted

CCH.2014-10A-2

Moved Director Wagner

Seconded Director Sjostrom

That the minutes of the Cariboo Chilcotin Regional Hospital District Board meeting held September 12, 2014, be received and adopted.

Carried Unanimously

5. REPORTS AND CORRESPONDENCE

5.1. Hospital Consent Calendar

Corporate Vote - Unweighted

CCH.2014-10A-3

Moved Director Glassford

Seconded Director Sjostrom

That the Cariboo Chilcotin Regional Hospital District consent calendar, as of October 3, 2014, be received.

Carried Unanimously

5.2. Late Item -Northern Health - Opinion-Editorial Piece - Breastfeeding Awareness Week

Corporate Vote - Unweighted

CCH.2014-10A-4

Moved Director Sorley

Seconded Director Glassford

That the News Release from Northern Health regarding an opinion based editorial regarding the events happening during Breastfeeding Awareness Week, dated September 30, 2014, be received.

Carried Unanimously

5.3. Late Item -Northern Health -Lab Donation at GR Baker Memorial Hospital

Corporate Vote - Unweighted

CCH.2014-10A-5

Moved Director Campsall

Seconded Director Armstrong

That the News Release from Northern Health, dated October 2, 2014, regarding a lab donation at G.R. Baker Memorial Hospital, be received.

Carried Unanimously

5.4. Report Regarding Timelines with Hospital Projects

CCH.2014-10A-6

Moved Director Sorley

Seconded Director Armstrong

That staff bring back a report with the timelines regarding both the Cariboo Memorial Hospital and the G.R. Baker Memorial Hospital projects to the next meeting.

Carried

RECESSED: The meeting recessed at 9:39 a.m.

RECONVENED: The meeting reconvened at 11:19 a.m.

PRESENT : Chair J. Massier, Vice-Chair M. Wagner, Director T. Armstrong, Director H. Dixon-Warren, Director D. Bischoff, Director B. Kemp, Director J. Glassford, Director R. William, Director B. Rattray, Director I. Bonnell, Director M. Sjostrom, Director M. Campsall, Director R. Sharpe

ABSENT : Director A. Richmond, Director J. Sorley, Director C. Mernett, Director S. Watson

STAFF : S. Reid, Chief Financial Officer, A. Johnston, Corporate Officer, S. Burich, Manager of Communications, Leah Volkmann, Recording Secretary

3. DELEGATIONS/GUESTS

3.1. Debbie Strang - Northern Health

Debbie Strang, Northern Health Quesnel Health Service Administrator, appeared before the Board and presented an update on health issues in the Northern Health administrative area.

CCH.2014-10A-7

Moved Director Sjostrom

Seconded Director Armstrong

That a thank you letter be sent to Karam and Joginder Bhatti for the recent donation of a gram stain analyzer to the G.R. Baker Memorial Hospital in Quesnel.

Carried Unanimously

7. ADJOURNMENT

Corporate Vote - Unweighted

CCH.2014-10A-8

Moved Director Sharpe

Seconded Director Wagner

That the meeting of the Cariboo Chilcotin Regional Hospital District Board be adjourned at 11:32 a.m., October 3, 2014.

Carried Unanimously

Chair

Corporate Officer

For Immediate Release | October 3, 2014

Child psychiatry unit renovation enhances patient care at RIH

KAMLOOPS – Youth in crisis will have access to enhanced patient care with the opening of the newly renovated pediatric psychiatry area at Royal Inland Hospital (RIH).

“Our youth are among our most vulnerable patients, and it’s important that they are cared for in an environment that is comfortable, welcoming and, most importantly, safe,” says Health Minister Terry Lake.

“The redevelopment of the pediatric psychiatry area at RIH will allow clinicians to better care for youth in crisis in a calm and therapeutic setting,” says Todd Stone, MLA-Kamloops South Thompson.

The RIH pediatric psychiatry unit is located within the larger pediatrics unit at RIH. The goal of the renovation project was to update the environment to provide a calm and safe haven for pediatric psychiatry patients, and one that allowed for better privacy and confidentiality for the important work being done on the unit.

“Together, we’re transforming the way psychiatric care is provided to youth, to make it more friendly, accessible and comfortable,” says Jackie Tegart, MLA for Fraser-Nicola. “Youth in crises can find it here at Royal Inland.”

The renovation included the integration of two existing psychiatric inpatient rooms, a consultation area and the staff room. The space now houses two inpatient rooms, a private consultation/observation room and a comfortable youth lounge area. There is also a new counselling area, a dedicated washroom, a nurses’ station, and a nearby shower room to serve all patients on the pediatrics unit.

The existing outdoor recreational area on a patio off the pediatrics unit was also renovated to create a more welcoming space for all children, youth and their families on the unit.

“This renovation was designed to better meet the needs of both general pediatric and child psychiatry patients at Royal Inland,” says Interior Health Board Chair Norman Embree. “Our commitment is to quality, safe patient care for all, and I’m happy to see this project come to fruition.”

The RIH pediatric psychiatry unit is a crisis stabilization unit for youth. Those admitted are supported in their treatment by a variety of health professionals including psychiatrists, nurses, social workers, child and youth workers and sometimes occupational therapists, and participate in one-on-one and group therapy before being discharged with appropriate community supports.

The project cost for the renovation was approximately \$850,000, and was shared between the Province through Interior Health and the Thompson Regional Hospital District (TRHD). The pediatric psychiatry unit will serve patients and families in the Kamloops area, but also those throughout the Thompson, Nicola and Cariboo regions, from Merritt to Williams Lake, and Lillooet to Chase.

“The TRHD was pleased to contribute to the renovation of the pediatric psychiatry area at RIH, because we know the entire region will benefit from this project,” says TRHD Chair Peter Milobar. “This is an important investment in health care for youth and families.”

The RIH Foundation also secured a \$20,000 grant from the RBC Foundation, which went toward helping furnish the new space.

“Child and youth mental health affects more than just the child involved – it impacts the entire family unit,” says Heidi Coleman, CEO of the RIH Foundation. “We were thrilled to be able to match the RBC Foundation with this project. They believe in investing in children’s mental health enhancements, so it was a perfect fit.”

Interior Health is committed to promoting healthy lifestyles and providing a wide range of quality health-care services to more than 742,000 people living across B.C.’s vast interior. For more information, visit www.interiorhealth.ca, follow us on Twitter [@Interior_Health](https://twitter.com/Interior_Health), or like us on Facebook at www.facebook.com/interiorhealth.ca.

- 30 -

Media, for information:

[Tracy Watson](#), Communications Officer, Interior Health
250 314-2100 ext. 3754 | 250 574-1523

For Immediate Release | Oct. 10, 2014

Interior Health Congratulates Retired Board Director

Director Virginia Goodings has retired from the Interior Health Board following six years of dedicated service to the health authority.

“On behalf of the Ministry of Health I’d like to thank Virginia who, along with other members of the Board, has provided excellent guidance to leaders within Interior Health,” said Health Minister Terry Lake.

Goodings was appointed to Interior Health’s Board of Directors on March 21, 2008. She retired effective Oct. 8 following a move from Vernon to Vancouver Island. She was most recently a member of the Governance and Human Resources Committees and had previously served as Chair of the Human Resources Committee.

“Virginia’s extensive experience and leadership was a great boon to the Board and she will be missed,” said Interior Health Board Chair Norman Embree. “We wish her all the best as she settles into a new home and pursues new interests and adventures.”

Goodings has extensive experience in human resources in international, government and intergovernmental organizations and has a background in strategic planning and development, human resources management and change management processes. This experience was an asset in guiding an organization as large and complex as Interior Health, which employs more than 18,000 people across a region spanning about 216,000 sq. km..

“I would like to express my sincere thanks to those within Interior Health who support the Board and have indeed supported me through the years. It is not without regret that I say goodbye - I have never encountered such a professional group of people, who are so dedicated to quality,” said Goodings.

The Interior Health Board of Directors oversees operations, works with management to establish overall strategic direction for the organization, and ensures appropriate community consultation. The Board also regularly reviews the organization’s long-term plans, significant issues affecting the organization, and evaluates results. Board members are appointed by the provincial government’s Board Resourcing and Development Office, within the Ministry of Health.

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- 30 -

Media, for information:

Cathy Renkas, VP Communications & Public Affairs
250-870-4799

For Immediate Release | October 8, 2014

New board chair named for Interior Health

This December, Norman Embree will complete his tenure as Chairman of the Board for Interior Health. Effective January 1, 2015, current Board Member Erwin Malzer of Kelowna will move into this position.

In his new role, Mr. Malzer will guide our nine-member Board of Directors in ensuring the organization's short and long-term success through meaningful transformation of the health-care system, improved patient care, and overall sustainability.

"Norman Embree has served Interior Health for the last seven years, and I want to thank him for his contributions to supporting the health of people in this region," said Health Minister Terry Lake. "Mr. Malzer brings a wealth of experience to this important leadership role. His leadership will mean that Interior Health Board continues to provide strong strategic direction for the medical needs of Interior residents."

"I look forward to working with Mr. Malzer over the next several months, and supporting him, as he as he transitions into this new role," said Norman Embree, IH Board Chair. "His experience with the Interior Health Board over the last seven years, his leadership on several of our Board committees, and the valuable relationships he has built during his tenure will serve him well as he takes on the role of Board Chair."

Erwin Malzer has over 40 years of board experience, either chairing or as a director of numerous corporate, professional, community, and trade organizations throughout Canada; and he currently serves on the Executive Board of the BC Institute of Corporate Directors.

Mr. Malzer has served as an Interior Health Board Member since 2007; during that time, he has chaired the Audit & Finance Committee of the Board, and is currently Chair of the Governance Committee. Ethics in decision making and patient safety have been primary areas of focus for him while with the Interior Health Board of Directors and he has been the lead Director providing Board oversight for all of our major P3 capital projects in the Okanagan, including the Kelowna Vernon Hospitals project and the Interior Heart and Surgical Center.

Erwin Malzer is a seasoned management consultant and information technology executive. He has consulted in health care and has helped organize the annual Reboot Health Conference for the past five years. Formerly a senior IT Partner with PwC and an executive with IBM, he had leadership responsibilities for Western Canada. To complement his Bachelor of Commerce (Hons.) and MBA degrees, he has completed the Corporate Governance College director education program and is also a certified corporate director (ICD.D), a certified management consultant (CMC), and has been awarded designation as a Fellow of the Institute of Certified Management Consultants (FCMC).

For more info on IH's Board of Directors, [visit the public web site](#).

- 30 -

Media, for information:

Cathy Renkas, VP Communications & Public Affairs
250-870-4799

www.interiorhealth.ca

NEWS RELEASE

October 10, 2014

Dear: Local Government officials

Re: Ebola Virus

There is a significant amount of attention placed on the Ebola virus in the media and discussion by the public. I'm writing this letter to ensure the public is reassured the risk is low, however we're undertaking planning exercises to ensure we're prepared if an Ebola case does come into northern B.C.

It is important to note that the Ebola virus does not spread easily and can only be spread through direct contact with body fluids. An individual who is not displaying symptoms is not contagious. The current outbreak of Ebola is in Central and West Africa. There have not been any cases of Ebola in British Columbia or Canada to date.

The risk to British Columbians remains very low. B.C. has a comprehensive system to monitor for and manage any potential cases that may come to B.C. If a case were ever confirmed in Canada, the Public Health Agency of Canada and the local provincial public health officers would provide the public with this information. As long as precautions are taken, there is low risk of contracting Ebola virus disease (EVD) in a country like Canada if this disease were ever to arrive here.

EVD is a severe disease that causes haemorrhagic fever in humans and animals. Diseases that cause haemorrhagic fevers, such as Ebola, are often fatal as they affect the body's vascular system (how blood moves through the body). This can lead to significant internal bleeding and organ failure.

People that contract the Ebola virus have been in contact with someone or an infected animal that is already showing symptoms. The Ebola virus can spread through:

- contact with infected animals;
- contact with blood, body fluids or tissues of infected persons; and
- contact with medical equipment, such as needles, contaminated with infected body fluids

We're also working with our staff and physicians to ensure they have the most up-to-date information about the Ebola virus. This will help with potential early identification of the Ebola Virus to reduce its spread.

If you would like further information, please visit the [Public Health Agency of Canada website](http://www.phac.gc.ca).

Thank you very much.

Sincerely,

Dr. Sandra Allison MPH CCFP FRCPC
Chief Medical Health Officer
Northern Health

For Immediate Release | October 6, 2014

New Renovated Space for the Pediatric Unit Planned for EKRH

CRANBROOK – A significant commitment from the East Kootenay Foundation for Health for the East Kootenay Regional Hospital ICU/Electrical Redevelopment Project, along with cooperative efforts between Ministry of Health, Kootenay East Regional Hospital District and Interior Health are paving the way for a new renovated space for the existing pediatric unit at EKRH.

The Foundation has committed to raise funds for equipment for the hospital’s new intensive care unit, currently under construction. This commitment frees up a portion of Ministry and KERHD funding for the project that will now be used to renovate the old ICU area into which the existing pediatric unit will move.

"Quality health care is about great partnerships and working together to make improvements for patients," says Kootenay East MLA Bill Bennett. "This renovated space for our youngest patients reflects an ongoing commitment from government, the local Foundation, the Kootenay East Regional Hospital District and Interior Health to getting things done to improve health care in our region."

Currently, pediatric and maternity/neo-natal services are located on separate floors of the hospital. While the full scope of the project providing renovated spaces for pediatrics is yet to be complete, planning has started with a goal to create an enhanced environment for these young patients, their families, and the staff and physicians providing care. The new pediatric unit will be adjacent to the existing maternity/neo-natal unit, bringing all of these services into one area of EKRH.

"There was already a great deal of excitement for our new intensive care unit in Cranbrook and this space renovation project will build on that. Interior Health is thrilled to have such dedicated partners supporting the work our physicians and staff are doing at East Kootenay Regional Hospital," says Interior Health board chair Norman Embree.

The Foundation will officially launch its new ICU equipment campaign in the weeks ahead.

"East Kootenay Foundation for Health is proud to work in collaboration with Interior Health to bring the best in quality health care and services to the East Kootenay Regional Hospital. The opportunity to consider a fundraising campaign to purchase essential equipment for the ICU that can allow Ministry and KEHRD to reallocate funds for pediatric and nursery improvements is incredible. I'm pleased to announce that the EKFH Board of Directors has unanimously approved that a major capital campaign for ICU equipment will be the Foundation's focus for the next 15 to 17 months," says Brian Clifford, Foundation Chair.

KERHD approved the reallocation of a portion of its ICU/electrical project funding at a special meeting Oct. 3.

"This is a win-win for everyone. Re-allocating existing funds to enhance pediatric services by creating a dedicated unit for the treatment and care of children and babies at the East Kootenay Regional Hospital will further enhance the quality of care in our region," says Kootenay East Regional Hospital District Board Chair John Kettle. "We commend the East Kootenay Foundation for Health for committing to

raise the funds needed to offset the cost of this change in scope and thank Interior Health for the innovative approach they've taken on this project.”

- 30 -

Media, for information:

Karl Hardt, Interior Health Communications
250-354-3030

For Immediate Release | October 20, 2014

The flu shot protects you and others

Flu season is on the way and Interior Health is gearing up to help protect children, pregnant women, seniors, people with chronic illnesses, and others who are most at risk from influenza (flu) and its complications.



Influenza is a significant illness that, at minimum, can make people quite sick for several days. People with influenza can also spread the virus to others who are at greater risk. For those with heart, lung, and other health problems, influenza can cause severe complications and even death. The Public Health Agency of Canada estimates that every year about 3,500 Canadians die from influenza complications.

“Influenza reduces the body’s ability to fight illnesses and infections and it can also increase a person’s risk for developing other serious conditions, including viral or bacterial pneumonia,” says Dr. Rob Parker, Medical Health Officer. “Getting a flu shot and washing your hands frequently are the two most effective ways to protect yourself and others from influenza.”

Influenza is often confused with less severe viruses that cause common colds or stomach flu (vomiting and diarrhea). There are no vaccines for these milder viruses. The influenza vaccine provides protection from the influenza virus strains expected to be circulating in the coming flu season based on flu trends worldwide. This year’s vaccine contains three different flu strains including the H1N1 strain which was the predominant strain last year.

The flu shot is safe, effective, and free for those at risk of complications from influenza and those in contact with people at risk. This includes:

- People 65 years and older and their caregivers/household contacts
- People of any age in residential care facilities
- Children and adults with chronic health conditions and their household contacts
- Children and adolescents (6 months to 18 years) with conditions treated for long periods of time with Aspirin (ASA) and their household contacts
- Children and adults who are morbidly obese
- Aboriginal people
- All children 6-59 months of age
- Household contacts and caregivers of infants and children 0-59 months of age
- Pregnant women at any stage of pregnancy during the influenza season and their household contacts
- Visitors to hospitals, health centres, and residential care facilities
- People who work with live poultry
- Health-care and other care providers in facilities and community settings who are capable of transmitting influenza disease to those at high risk of influenza complications
- Individuals who provide care or service in potential outbreak settings housing high risk persons
- People who provide essential community services (first responders, corrections workers)

Public clinics will start in some locations in the Interior Health region the week of October 27. To find a free public flu clinic near you, watch for local announcements on dates and times in your community,

contact your local public health centre, call HealthLink at 811 or visit the [Influenza Clinic Locator](#) on the ImmunizeBC website (<http://immunizebc.ca/clinics/flu>).

People not eligible for the free flu vaccine through the public program can get a flu shot for a fee at physician's offices, local pharmacies, walk-in clinics, travel clinics, and other private providers. ImmunizeBC's [Influenza Clinic Locator](#) also contains information on private providers.

For more information, contact your local public health centre or visit our website at www.interiorhealth.ca.

Interior Health is committed to promoting healthy lifestyles and providing a wide range of quality health-care services to more than 742,000 people living across B.C.'s vast interior. For more information, visit www.interiorhealth.ca, follow us on Twitter [@Interior_Health](#), or like us on Facebook at www.facebook.com/interiorhealth.ca.

- 30 -

Media, for information:

[Lesley Coates](#), Communications Officer Interior Health
250-870-4689

Bruce MacLeod
PO Box 404
Horsefly, BC
V0L 1L0

October 10, 2014

Dear Members of the Cariboo Regional District,

I am writing with reference to a discussion some time ago regarding the issue of Alzheimer, Dementia or "Sundowners" as it is referred to in the hospital wards or seniors residences wherever they are.

This is a worldwide issue, but we can only deal with our own area, and we must get on with it. In our own hospital, nurse are taxed to the limit during the night shift dealing with people packing to go home, calling for help and never knowing why they want help.

These people are our mothers, fathers, brothers, sisters, cousins, and the guy who used to sell you cars; pretty well everyone knows someone who is in the early, late or intermediate stages of Alzheimer's.

There is no current system to deal with what doesn't seem to have any answers, or guidelines to go by. We need records of behavior that can be studied for common tendencies, and somehow an environment must be created which is not threatening to a person who quite possibly is already terrified.

We need a coalition of nurses, lay people, and members of the CRD, doctors, and patients such as me who have been roommates of "Sundowners", and may have observed some possible causes of extra activity. I have no answers, but I believe the nurses and hospital staff need some help from the leaders of the community, and that is you, their elected representatives.

I thank you for your time,

Sincerely,

Bruce MacLeod, Horsefly



Date: 16/10/2014

AGENDA ITEM SUMMARY

To: Chair and Directors, Cariboo Chilcotin Regional Hospital District

And To: Janis Bell, Chief Administrative Officer

From: Scott Reid, Chief Financial Officer

Date of Meeting: Cariboo Chilcotin Regional Hospital District_Oct24_2014

File: H0310-01

Short Summary:

Hospital Timeline Report

Voting:

Corporate Vote - Unweighted

Memorandum:

At its October 3, 2014 Cariboo Chilcotin Regional Hospital District Board Meeting, the following resolution (CCH.2014-10A-6) was endorsed:

That staff bring back a report with the timelines regarding both the Cariboo Memorial Hospital and the G.R. Baker Memorial Hospital projects to the next meeting.

Staff have contacted both health authorities to request the necessary information; however, the responses have not yet been received. It is anticipated that it may take several weeks to receive the complete information, review it, and prepare a report on the timelines relating to the two projects. Staff will provide this information to the Board as soon as it becomes available.

Attachments:

n/a

Financial Implications:

n/a

Policy Implications:

n/a

CAO Comments:

Concur

Options:

Receipt.

Recommendation:

That the agenda item summary from Scott Reid, Chief Financial Officer, dated October 16, 2014, regarding a pending report about the Cariboo Memorial Hospital and the G.R. Baker Hospital projects, be received. Further, that the report will be provided to the Board as soon as it is available.



Date: 16/10/2014

AGENDA ITEM SUMMARY

To: Chair and Directors, Cariboo Chilcotin Regional Hospital District

And To: Janis Bell, Chief Administrative Officer

From: Scott Reid, Chief Financial Officer

Date of Meeting: Cariboo Chilcotin Regional Hospital District_Oct24_2014

File: [Click here to enter text.](#)

Short Summary:

Funding for Digital Mammography Unit

Voting:

Corporate Vote - Unweighted

Memorandum:

At the August 22, 2014 board meeting of the Cariboo-Chilcotin Regional Hospital District, Carol Taphorn of the Cariboo Memorial Hospital Trust made a presentation and request for funding under the CCRHD Foundation Partnership Grants Program in respect of the purchase of a digital mammography unit for the Cariboo Memorial Hospital. A question arose as to whether or not funding had already been approved for this project, and the following resolution resulted:

CCH.2014-08A-9

That this matter be referred to staff to report back on whether funding has been previously authorized.

In accordance with the above, please be advised that a request for funding for this project was brought before the board in the spring of 2012, and a bylaw approving the funds was adopted at the March 9, 2012 board meeting:

CCH.12-03A-6

That Cariboo Chilcotin Regional Hospital District Capital Expenditure (Mammography System) Bylaw No. 78, 2012 be adopted this 9th day of March, 2012.

Attachments:

Bylaw No. 78

Financial Implications:

None

Policy Implications:

None

CAO Comments:

Concur

Options:

Receipt.

Recommendation:

That the agenda item summary from Scott Reid, Chief Financial Officer, dated October 16, 2014, providing clarification of funding for a digital mammography unit in the Cariboo Memorial Hospital, be received.

CARIBOO CHILCOTIN REGIONAL HOSPITAL DISTRICT

CAPITAL EXPENDITURE BYLAW

BYLAW NO. 78

WHEREAS, the Board of the Cariboo Chilcotin Regional Hospital District proposes to expend money for the capital expenditure described in Schedule "A" attached hereto and forming an integral part of this Bylaw;

NOW THEREFORE, the Board of the Cariboo Chilcotin Regional Hospital District enacts the following Capital Expenditure Bylaw as required by Section 32 of the *Hospital District Act*;

1. The Board hereby authorizes and approves the expenditure of money as described in Schedule "A" attached hereto and totaling \$400,000.
2. The payment that the Cariboo Chilcotin Regional Hospital District is responsible for, shall be funded through monies budgeted in the current year of operation.
3. The Board hereby delegates the necessary authority to the Chief Financial Officer, to settle the terms and conditions of the expenditure.

This Bylaw may be cited for all intents and purposes as the "Cariboo Chilcotin Regional Hospital District Capital Expenditure (Mammography System) Bylaw No. 78, 2012".

READ a first time this 9th day of March, 2012.

READ a second time this 9th day of March, 2012.

READ a third time this 9th day of March, 2012.

ADOPTED this 9th day of March, 2012.



Chair



Corporate Officer

I hereby certify this to be a true copy of "Cariboo Chilcotin Regional Hospital District Capital Expenditure (Mammography System) Bylaw No. 78, 2012".



Corporate Officer

SCHEDULE "A"

CARIBOO CHILCOTIN REGIONAL HOSPITAL DISTRICT

SHAREABLE CAPITAL EXPENDITURE

BYLAW NO. 78

Name of Facility	Project Description	CCRHD Share	Interior Health Share	Total Project Cost
Cariboo Memorial Hospital	Mammography System	\$400,000	\$600,000	\$1,000,000

Meetings that may or must be closed to the public

90 (1) A part of a council meeting may be closed to the public if the subject matter being considered relates to or is one or more of the following:

- (a) personal information about an identifiable individual who holds or is being considered for a position as an officer, employee or agent of the municipality or another position appointed by the municipality;
- (b) personal information about an identifiable individual who is being considered for a municipal award or honour, or who has offered to provide a gift to the municipality on condition of anonymity;
- (c) labour relations or other employee relations;
- (d) the security of the property of the municipality;
- (e) the acquisition, disposition or expropriation of land or improvements, if the council considers that disclosure could reasonably be expected to harm the interests of the municipality;
- (f) law enforcement, if the council considers that disclosure could reasonably be expected to harm the conduct of an investigation under or enforcement of an enactment;
- (g) litigation or potential litigation affecting the municipality;
- (h) an administrative tribunal hearing or potential administrative tribunal hearing affecting the municipality, other than a hearing to be conducted by the council or a delegate of council;
- (i) the receipt of advice that is subject to solicitor-client privilege, including communications necessary for that purpose;
- (j) 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 of Privacy Act*;
- (k) negotiations and related discussions respecting the proposed provision of a municipal service that are at their preliminary stages and that, in the view of the council, could reasonably be expected to harm the interests of the municipality if they were held in public;
- (l) discussions with municipal officers and employees respecting municipal objectives, measures and progress reports for the purposes of preparing an annual report under section 98 [*annual municipal report*];
- (m) a matter that, under another enactment, is such that the public may be excluded from the meeting;
- (n) the consideration of whether a council meeting should be closed under a provision of this subsection or subsection (2);
- (o) the consideration of whether the authority under section 91 [*other persons attending closed meetings*] should be exercised in relation to a council meeting.

90 (2) A part of a council meeting must be closed to the public if the subject matter being considered relates to one or more of the following:

- (a) a request under the *Freedom of Information and Protection of Privacy Act*, if the council is designated as head of the local public body for the purposes of that Act in relation to the matter;
- (b) the consideration of information received and held in confidence relating to negotiations between the municipality and a provincial government or the federal government or both, or between a provincial government or the federal government or both and a third party;
- (c) a matter that is being investigated under the *Ombudsperson Act* of which the municipality has been notified under section 14 [*ombudsperson to notify authority*] of that Act;
- (d) a matter that, under another enactment, is such that the public must be excluded from the meeting.

90 (3) If the only subject matter being considered at a council meeting is one or more matters referred to in subsection (1) or (2), the applicable subsection applies to the entire meeting.