



**CARIBOO CHILCOTIN REGIONAL HOSPITAL DISTRICT
REVISED**

November 14, 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 24, 2014**

4 - 9

Corporate Vote - Unweighted

That the minutes of the Cariboo Chilcotin Regional Hospital District Board meeting held October 24, 2014, be received and adopted.

3. DELEGATIONS/GUESTS

3.1 Central Interior Rural Division of Family Practice

Sally Errey and Lynn Roberts, Recruitment Liaison Co-ordinators and Trevor Barnes, Executive Director of Central Interior Rural Division of Family Practice, will appear before the Board to provide an update on recruitment activities.

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 November 14, 2014, be received.

5.1.1	Northern Health - Countdown Begins to Opening of New Lakes District Hospital	10 - 11
5.1.2	Northern Health - National Infection Control Week and Canadian Patient Safety	12 - 13
5.1.3	Northern Health - October Board Meeting Highlights	14 - 15
5.1.4	Northern Health - Health Authorities Partner to Provide Province-Wide Psychosis Support	16 - 17
5.1.5	Interior Health - Province-Wide Psychosis Support	18 - 19
5.1.6	Interior Health - Construction Begins on New Surgical Services Area at RIH	20 - 21
5.1.7	<i>A Late Item - Northern Health Launches Community Health Star Program</i>	22 - 23
5.2	Interior Health - Thank You Letter	24 - 24
	Corporate Vote - Unweighted	
	That the letter from Director Patricia Dooley of Interior Health, dated October 23, 2014, thanking the Cariboo Chilcotin Regional Hospital District for their warm welcome for her new position on the Interior Health Board of Directors, be received.	
5.3	Seniors Advisory Council - Concerns with CMH Project	25 - 25
	Corporate Vote - Unweighted	
	That the copy of the letter to Interior Health from George Atamenko, Chair of the Seniors Advisory Council, dated November 3, 2014, regarding their concerns with the delays of the Cariboo Memorial Hospital renovation project, be received. <i>Further action at the discretion of the Board.</i>	
5.4	Northern Health - Second Quarter - 2014-2015 Capital Status Reports	26 - 31
	Corporate Vote - Unweighted	
	That the letter from Northern Health, dated November 5, 2014, regarding the Second Quarter Capital Status Reports, be received.	
6.	IN-CAMERA SESSION	32 - 33
	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, November 14, 2014.



**CARIBOO CHILCOTIN REGIONAL HOSPITAL DISTRICT
MINUTES**

October 24, 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 B. Kemp, Director J. Sorley, Director A. Richmond, Alternate Director M. Glassford, Director B. Rattray, Director I. Bonnell, Alternate Director L. Roodenburg, Director M. Campsall, Director R. Sharpe
- ABSENT :** Director D. Bischoff (for a portion of the meeting), Director J. Glassford, Director R. William, Director C. Mernett, Director M. Sjostrom, Director S. Watson
- STAFF :** S. Reid, Chief Financial Officer, A. Johnston, Corporate Officer, S. Burich, Manager of Communications, Leah Volkmann, Recording Secretary, T. Conway, Chief Building Official, K. Moores, Manager of Development Services

1. CALL TO ORDER

1.1. Adoption of Agenda

Corporate Vote - Unweighted

CCRHD-10B-1

Moved Director Sharpe

Seconded Director Richmond

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 -
October 3, 2014**

Corporate Vote - Unweighted

CCRHD-10B-2

Moved Director Armstrong

Seconded Director Sorley

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

Carried Unanimously

5. REPORTS AND CORRESPONDENCE

5.1. Hospital Consent Calendar

Corporate Vote - Unweighted

CCRHD-10B-3

Moved Alternate Director L. Roodenburg

Seconded Director Kemp

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

Carried Unanimously

5.2. Bruce MacLeod - Concerns regarding Alzheimers

Corporate Vote - Unweighted

CCH.2014-10B-4

Moved Director Sorley

Seconded Director Wagner

That the letter from Bruce MacLeod, dated October 10, 2014 regarding his concerns with Alzheimers, be received.

Carried Unanimously

CCH.2014-10B-5

Moved Director Wagner

Seconded Director Sorley

That a letter be sent to Bruce Macleod advising of the Cariboo Chilcotin Regional Hospital District's mandate and forward a letter to Interior Health with concerns

regarding a National Strategy for Alzheimers and requesting that a Community Task Force be established.

Carried Unanimously

5.3. Hospital Timeline Report

Corporate Vote - Unweighted

CCH.2014-10B-6

Moved Director Armstrong

Seconded Director Sorley

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.

Carried Unanimously

5.4. Funding for Digital Mammography Unit

Corporate Vote - Unweighted

CCH.2014-10B-7

Moved Director Armstrong

Seconded Director Bonnell

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.

Carried Unanimously

Director Bischoff entered the meeting.

CCH.2014-10B-8

Moved Alternate Director M. Glassford

Seconded Director Wagner

That staff investigate the SPECT CT Scanner that the Spirit of the North Foundation raised money for, for the hospital in Prince George, and report back to the Board.

Carried Unanimously

CCH.2014-10B-9

Moved Director Armstrong

Seconded Director Sorley

That a letter be forwarded to North Central Local Government Association to advocate for better health services for the Cariboo Regional District within the Interior Health's jurisdiction.

Carried Unanimously

CCH.2014-10B-10

Moved Director Bonnell

Seconded Director Sorley

That a letter be written inviting the new Williams Lake area representative from the Interior Health Board of Directors to attend the November In-Camera Cariboo Chilcotin Regional Hospital District Board Meeting.

Carried Unanimously

RECESSED: The meeting recessed at 10:00 a.m.

RECONVENED: The meeting reconvened at 1:26 p.m. to go in-camera

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

ABSENT : Director J. Glassford, Director C. Mernett, Director M. Sjostrom, Director S. Watson

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

6. **IN-CAMERA SESSION**

Corporate Vote - Unweighted

CCH.2014-10B-11

Moved Director Campsall

Seconded Alternate Director M. Glassford

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.

Carried Unanimously

RECESSED: The meeting recessed at 1:29 p.m.

RECONVENED: The meeting reconvened at 1:30 p.m.

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

ABSENT : Director J. Glassford, Director C. Mernett, Director M. Sjostrom, Director S. Watson

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

7. **ADJOURNMENT**

Corporate Vote - Unweighted

CCRHD-10B-12

Moved Director Sorley

Seconded Director Campsall

That the meeting of the Cariboo Chilcotin Regional Hospital District Board be adjourned at 1:31 p.m., October 24, 2014.

Carried Unanimously

Chair

Corporate Officer

NEWS RELEASE

For immediate release
October 24, 2014

Countdown Begins to Opening of New Lakes District Hospital and Health Centre

The Lakes District Hospital and Health Centre is 104 days from opening to the public. Construction of the new hospital officially started in June 2013, and is expected to be open for patients in February 2015.

“The new hospital will enable staff to deliver high-quality health services in a modernized environment benefiting residents of Burns Lake and the surrounding communities,” said John Rustad, MLA for Nechako Lakes. “It is great to know residents will benefit from this new facility sooner than expected.”

The move of equipment and other materials into the new facility will begin early in February, 2015. PCL Westcoast Constructors Inc. is expected to reach substantial completion on the building by December 2014, which will leave about two months for staff training in their new workspace. Landscaping, demolition of the old hospital and health centre, and paving of the new parking lots will occur in early 2015. More information about the move process will be available later this fall.

“We’re currently working with PCL Westcoast Constructors Inc. planning the move into the building, and staff are getting very excited about the next steps,” said Marie Hunter, Northern Health Lakes District Health Service Administrator. “It is nice to see the finishing touches on the facility leading to substantial completion in December.”

Construction on the project began in June 2013 with excavation of the site for the new facility. The building was fully enclosed by January 2014, and crews finished exterior work on the facility in September 2014.

“The new Lakes District Hospital and Health Centre moved along quickly, but also had benefits for the local economy,” said Ralph Roy, Chair of the Stuart Nechako Regional Hospital District. “This included the hiring of construction workers, local sub-contractors, and other service providers. There were also benefits for local businesses as workers stayed in local hotels, enjoyed local restaurants, and more!”

The new hospital will have 16 beds and the new centre will provide acute care and emergency services, diagnostic imaging, a laboratory and pharmacy. Space also is planned for a medical clinic along with the delivery of mental health and addictions services, public health, and home and community care.

The facility will be a two-storey building and approximately 6,100 square metres (65,000 square feet). The hospital will be a green and energy efficient facility designed to achieve Leadership in Energy and Environmental Gold certification.

PCL Constructors Westcoast Inc. is building the new Lakes District Hospital and Health Centre. The total project cost of \$55 million is shared between the government of British Columbia and Stuart Nechako Regional Hospital District.

Media Contact:

NH media line - 250-961-7724

NEWS RELEASE

For Immediate Release
October 27, 2014

Northern Health celebrates National Infection Control Week and Canadian Patient Safety Week

Northern Health staff are celebrating hand hygiene and infection prevention and control successes as they participate in National Infection Control Week, October 20-26, and Canadian Patient Safety Week, October 27-31.

Infection prevention and control programs are widely recognized as being clinically effective in preventing and controlling the spread of infections in health care settings, resulting in better clinical outcomes, reduced length of hospital stay, less antimicrobial resistance, and cost savings for the health care system.

Bringing awareness to the importance of patient safety helps create a safer health care system for all Canadians. This year, the focus during Canadian Patient Safety Week is on hand hygiene and infection prevention and control. Along with the Canadian Patient Safety Institute (CPSI), Northern Health is spreading the message of [ASK.TALK.LISTEN.](#), which encourages patients to communicate with their health care providers to ensure that they stay informed about their health care and have better health outcomes.

“Promoting safe, high-quality patient care continues to be one of Northern Health's top priorities, and the next two weeks are excellent ways to promote and recognize this. I am pleased to endorse these national campaigns and encourage you to participate in the events online and at Northern Health sites,” said Cathy Ulrich, Northern Health's President and CEO.

Proper hand cleaning techniques and effective environmental cleaning are considered to be the most important measures in infection prevention, and Northern Health recommends that everyone make a habit of washing their hands for 30 seconds with warm water and soap to remove bacteria and viruses. If soap and water are not available, use an alcohol-based hand rub.

Remember to wash your hands:

- before and after eating;
- after using the bathroom;

- after coughing and sneezing; and
- after touching surfaces that may be contaminated by other people.

For more information visit [National Infection Control Week](#) and [Canadian Patient Safety Week](#).

Media Contact:

NH media line: 250-961-7724

Toll-free: 1-877-961-7724



NEWS RELEASE

For immediate release
October 27, 2014

Northern Health board discusses presentations on rural health care and the My Healthy Workplace Campaign; supports the work by staff on Ebola preparedness and rural physician recruitment challenges;

A rural health strategy that is being created by the Ministry of Health in partnership with health authorities was the focus of the latest Northern Health board meeting on October 22, 2014. The presentation highlighted the strategies needed in rural British Columbia to support improving the health of the population, to attract and retain health professionals, and to enhance the delivery of primary and community care. Partnerships between service providers and communities were identified as critical to effective service delivery in rural and remote communities.

“Northern Health partners with local governments, First Nations communities, the First Nations Health Authority, and others,” said Dr. Charles Jago, Northern Health Board Chair. “We take pride in sharing our approach to rural service delivery with others, and we benefit from learning about ways to improve our strategies from others.”

The presentation comes a month after Dr. Jago and Cathy Ulrich, Northern Health Board Chair, met with communities, Health Minister Terry Lake, and other health authorities at the Union of B.C. Municipalities conference. The conference included a dedicated workshop about the health care challenges and opportunities that rural and remote communities are experiencing across British Columbia.

A presentation was also given on the My Healthy Workplace campaign that won national and international awards. The goal of the campaign was to encourage people to consider workplace habits that impact health and to showcase initiatives that promote healthy living. The campaign included 70 teams and hundreds of people from across northern B.C. These teams participated in weekly challenges and then profiled their healthy practices at their place of work. The campaign has led to sustained practices in many of the workplaces and is a foundational step in continuing health workplace initiatives in the future.

"The Healthy Workplace campaign encouraged northerners to create teams focused on taking responsibility for their health and wellbeing," said Ulrich. "We know that, overall, northerners are not as healthy as our counterparts in the rest of the province. This campaign enabled people to model healthy behaviours and demonstrate ways in which lifestyle changes can be made."

The Northern Health board was briefed on the preparedness plans with respect to the current West Africa Ebola Outbreak, as well as about the work being done to address rural physician recruitment challenges. The board recognized that physician recruitment is a global challenge and ongoing work is required in partnership with physicians and communities across the north. The board also received a report regarding the status of recruitment of nurses and other health professionals to northern British Columbia.

Another award nomination was celebrated by the board as Northern Health and Interior Health's disability management team recently was selected as a finalist for the Canadian Human Resource Awards.

The next Northern Health Board Meeting will be held on December 8 and 9, 2014.

Media Contact:

NH media line - 250-961-7724



NEWS RELEASE

For immediate release
October 31, 2014

Health authorities partner to provide province-wide psychosis support

A new website developed by regional health authorities is bringing together services and tools from across BC to help families and young people experiencing psychosis access early assessment and treatment.

“Early intervention helps young people and families suffering from psychosis to learn coping tools and help them on their journey through life,” said Health Minister Terry Lake. “These supports follow through on our commitment to helping those living with mental illness be fully engaged in their community and with their families.”

“Being able to treat psychosis early is very important, since it usually starts during a very critical stage of a young person’s life,” says Laura Hansen, manager of mental health and addictions at VCH. “Adolescents and young adults are just starting to develop their own identity, form lasting relationships and make serious plans for their careers and futures. It’s important for a successful recovery so they can have a healthy, productive future.”

Brent Seal, a young man who has experienced psychosis, agrees. “You can recover from psychosis, get back to functioning at a high level and live a full life,” he says. “The site will play an important role in helping so many people do that.”

The site, www.earlypsychosis.ca, delivers psychosis information from across the province right to the fingertips of youth and their families. Users can find services available in the Vancouver Coastal, Fraser, Island, Interior and Northern health authorities, and can also access toolkits for dealing with psychosis, a family coping booklet, and information on relapse prevention and stress management, among others. Downloads are available in a variety of languages including Punjabi, Urdu, Mandarin, Korean and German. In addition to information for families, clients and community supports like teachers and counsellors, the site also links to other mental health sites and personal stories.

“Research shows that individuals who have experienced symptoms of psychosis will struggle for up to two years before accessing treatment,” says Dr. Karen Tee, manager of child, youth and young adult mental health and substance use services at Fraser Health. “Part of that is due to the stigma of psychosis and a fear that it’s some sort of ‘life sentence.’ Our goal with this site was to give people the resources to learn more about psychosis and to understand that it is a treatable condition, just like any other health issue.”

Approximately three per cent of people will experience a psychotic episode at some stage in their life, with the first episode most commonly occurring in adolescence or early adulthood. Psychosis is a serious condition where the brain has difficulty differentiating between fantasy and reality.

"The new website, putting a focus on early psychosis intervention, will be a benefit for all British Columbians to better understand the challenges experienced by those dealing with psychosis and those family members and friends supporting them," said Mary Morrison, Northern Health manager of youth services and eating disorders. "We know that education is important, therefore the more public resources we have available the more people can gather credible information."

Parent Gail Windsor knows first-hand the importance of having strong supports in place for those suffering from psychosis. "The new website provides a wealth of current, pertinent information and much-needed information for families struggling to understand what is happening to their loved one and how they can best help them," she says.

"It's about being a supportive community for those touched by psychosis," Dr. Tee adds. "We want to help people understand psychosis, deal with the symptoms, work towards recovery, and educate about the resources available. We know that early psychosis intervention leads to fewer relapses, better social outcomes and reduced hospital use."

The site was developed by the B.C. Early Psychosis Intervention Advanced Practice Program, which is an ongoing collaboration between the Vancouver Coastal, Fraser, Island, Interior and Northern health authorities, the Ministry of Health, Ministry of Children and Family Development, and Early Psychosis Intervention service providers throughout the province.

Media Contact: NH media line - 1-877-961-7724

This news release is a partnership between Fraser Health, Vancouver Coastal Health, Interior Health, and Island Health.

For Immediate Release | October 30, 2014

Interior Health partners to provide province-wide psychosis support

A new website developed by regional health authorities is bringing together services and tools from across B.C. to help families and young people experiencing psychosis access early assessment and treatment.

“Early intervention helps young people and families suffering from psychosis to learn coping tools and help them on their journey through life,” says Health Minister Terry Lake. “These supports follow through on our commitment to helping those living with mental illness be fully engaged in their community and with their families.”

“We know that psychosis usually begins when people are in their youth – a very critical time in their growth and development,” says David Harray, Interior Health’s Network Director for Mental Health and Substance Use. “It’s really important that we can begin treating psychosis early, so that young people can make a successful recovery and move on toward building healthy and productive futures. This website will play an important role.”

The site, www.earlypsychosis.ca, delivers psychosis information from across the province right to the fingertips of youth and their families. Users can find services available in the Interior, Vancouver Coastal, Fraser, Island, and Northern health authorities, and can also access toolkits for dealing with psychosis, a family coping booklet, and information on relapse prevention and stress management, among others. Downloads are available in a variety of languages including Punjabi, Urdu, Mandarin, Korean and German. In addition to information for families, clients and community supports like teachers and counsellors, the site also links to other mental health sites and personal stories.

Approximately three per cent of people will experience a psychotic episode at some stage in their life, with the first episode most commonly occurring in adolescence or early adulthood. Psychosis is a serious condition where the brain has difficulty differentiating between fantasy and reality.

Research shows that individuals who experience symptoms of psychosis will struggle for up to two years before they access treatment. This is, in part, because of the stigma attached to mental health challenges such as psychosis.

“The goal of the website is to give people the resources to learn more about psychosis and to understand that it is treatable, just like any other health issue,” says Harray. “It’s about providing information for families, so they can understand psychosis and support their loved ones who are struggling toward recovery. In so doing, we are hopeful for fewer relapses and hospital visits, and better outcomes for the patient.”

The website was developed by the B.C. Early Psychosis Intervention Advanced Practice Program, which is an ongoing collaboration between the Interior, Vancouver Coastal, Fraser, Island, and Northern health authorities, the Ministry of Health, Ministry of Children and Family Development, and Early Psychosis Intervention service providers throughout the province.

In addition to the website, Interior Health has a broad range of services that provide support, collaboration, education and mental health assessment to those individuals who are experiencing symptoms of early psychosis. These may include psychiatric assessment and treatment, outreach support and community education. People can access supports by contacting their local Mental Health and Substance Use services.

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.

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Media, for information:

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

For Immediate Release | October 30, 2014

Construction begins on new surgical services area at RIH

KAMLOOPS – Construction has begun on a new operating room and related support areas at Royal Inland Hospital (RIH) that, once complete, will provide Kamloops-area patients with enhanced access to surgical services.

“The surgeons and nurses at Royal Inland do a great job each and every day in providing quality care to the patients they serve and they will soon have access to a state-of-the-art operating room,” said Health Minister Terry Lake.

“I’m excited that construction for this project is now under way, as the surgical unit provides a critical service to patients in the region,” said Todd Stone, Kamloops South-Thompson MLA. “Future plans call for the eventual construction of a new surgical tower at RIH. Until that time, this renovation will meet more immediate needs, and it’s terrific to see it moving ahead.”

While the project revolves around the addition of an operating theatre to the current surgical unit at RIH, the renovation also encompasses services and space that support surgical procedures. There will be upgrades to Biomedical Engineering and Respiratory areas at RIH, as well as the addition of four beds for use after surgery, in the Post-Anesthetic Recovery area. New equipment will outfit the new OR, and a new equipment storage area will be created on the surgical unit through a conversion of existing space dedicated to the operating suites.

The new OR will be designated for elective procedures, and will become the ninth OR at the hospital. Of the current ORs, seven are for elective surgeries and one is reserved for emergency surgeries. Each elective theatre can perform four to five procedures per day, depending on the surgery, or approximately 20-25 per week.

“It’s welcome news to hear that construction has begun on the OR project,” said Norman Embree, Interior Health Board Chair. “RIH is the major trauma centre and tertiary referral hospital for Interior Health West. These upgrades to RIH’s surgical services will enable us to provide enhanced access to quality care for patients from all our communities in this region.”

“When residents from my region need surgery, more often than not, they go to Royal Inland for their procedures. I’m so pleased to see the OR project moving forward, because I know it will be of benefit to so many,” said Jackie Tegart, Fraser-Nicola MLA.

Construction will be completed in four phases. The first phase is just under way and will involve work in the Post-Anesthetic Recovery, Biomedical Engineering and Respiratory areas. Future phases include renovations to the scrub room and storage areas, and finally, the new OR itself.

Delnor Construction Ltd. is overseeing the construction management services for the project, with completion anticipated in spring 2015.

The OR project capital cost is approximately \$3.6 million, and will be shared between the Ministry of Health, Interior Health, the Thompson Regional Hospital District (TRHD) and the RIH Foundation.

“The TRHD is proud to be a part of the surgical services project. We have the same goal as Interior Health – we both want to ensure that residents of this region have access to great health care. It will be

NEWS
RELEASE

great to see our partnership soon pay off with a brand new OR and upgraded support services,” said TRHD Chair Peter Milobar.

The RIH Foundation is currently fundraising for the equipment that will be housed in the new OR. Interior Health is appreciative of their ongoing commitment to patient care at Royal Inland Hospital.

“We are honoured to be a part of such an important project for Royal Inland Hospital,” said Heidi Coleman, CEO of the RIH Foundation. “It’s rewarding for our donors to see their contributions turn into something so vital for our hospital and community.”

For more information about the RIH Foundation’s OR campaign, please visit www.rihfoundation.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](https://twitter.com/Interior_Health), or like us on Facebook at www.facebook.com/interiorhealth.ca.

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Media, for information:

Tracy Watson, Communications Officer Interior Health
250-314-2100 ext. 3754 | 250-574-1523

NEWS RELEASE

For immediate release
Nov. 12, 2014

Northern Health Launches Community Health Star Program

Northern Health is calling on the public to nominate northerners who are making a difference in the health of their community and the people living in it. The newly launched Community Health Stars program will highlight these exceptional individuals and the impact that they are having in their communities.

The first Community Health Star is Myles Mattila, a 15-year-old Prince George resident, who has partnered with mindcheck.ca to promote mental health in youth through delivering school presentations. Myles, whose hockey teammate and friend suffered from mental illness, was inspired to try to help his friend after finding out that Vancouver Canuck Kevin Bieksa was involved with the website. For more of Myles's story, please visit our blog at blog.northernhealth.ca.

"One in every five Canadians is diagnosed with some form of mental illness during their lifetime," said Mike Morris, MLA for Prince-George Mackenzie. "I would like to offer my congratulations to Myles, who courageously helped his friend and is moving forward in helping others. He is making a difference in the lives of those living with mental illness, and is a role model for others in the community."

"Northern Health knows that there are a lot of people across our region, doing a lot of outstanding work to improve their own health and the health of their fellow community members," says Sabrina Dosanjh-Gantner, Lead, Healthy Community Development - Local Government, with Northern Health, "They're doing this amazing work, on their own time, because they recognize how important health is. We want to shine the light on these people to highlight their amazing community involvement, to spread the importance of personal health and risk management, and to inspire others to support building healthier northern communities."

Community Health Stars will also include:

- Seamus Damstrom, Terrace - The only northerner on the Healthy Living Youth Council, this 15-year old is helping bring healthier foods into his school canteen.
- Wayne Mould, Dawson Creek - At 70 years old, Wayne overcame kidney cancer and only one year later he ran a marathon, winning in his age group.

One Community Health Star will be selected each month from the list of nominees and will win a Northern Health Fit Kit in addition to being highlighted in their local communities and on the Northern Health Matters blog. An ideal nominee is anyone who is

helping to improve the overall health of his or her community. Nominations can be submitted at northernhealth.ca.

Media Contact: NH media line - 1-877-961-7724



Interior Health

Interior Health Authority
Corporate Administration
220 – 1815 Kirschner Road
Kelowna, BC V1Y 4N7

Patricia Dooley
Board of Directors
Board Resource Office: (250) 862-4005
E-Mail: pat.dooley2010@gmail.com

October 23, 2014

Mr. John Massier
Chair, Cariboo Chilcotin Regional Hospital District
Suite D, 180 North Third Avenue
Williams Lake, BC V2G 2A4

Dear Mr. Massier,

Thank you for your kind words of welcome to the Interior Health Board. I look forward to serving the Board in my new role and contributing to our health care system.

Sincerely,

Text

Text

Patricia Dooley
Director, Board of Directors
Interior Health Authority

/mg

Seniors' Advisory Council, Williams Lake
Box 950, 150 Mile House, BC V0K 2G0

November 3, 2014.

Chair and Board of Directors,
Interior Health Authority,
#220 - 1815 Kirschner Rd.,
Kelowna, BC V1Y 4N7

Dear Members of the Board of IHA,


At a recent general meeting of the Seniors' Advisory Council of Williams Lake we heard an update on the planned renovation of Cariboo Memorial Hospital by John Massier, chair of the Cariboo Regional District Hospital Board.

While we are pleased to see that Regional Cariboo Memorial Hospital will receive these much-needed renovations, we are writing to express our concern at continued delay for the planning required for this work. There have been at least two delays in the process to date. Planning for changes to hospitals in other regions within IHA have continued to proceed more quickly despite concerns shared by local elected officials as to the urgency of the needs of Cariboo Memorial Hospital. Work on hospitals in Vernon, Kelowna, and Penticton has proceeded while plans for CMH have stalled.

We are particularly concerned about this delay given the situation at G.R. Baker Memorial Hospital in Quesnel. This facility, part of the CRD Hospital Board lies within the jurisdiction of Northern Health Authority. Planning for G. R. Baker, while begun later than CMH, has progressed so that it is now beyond the planning stage for the hospital in Williams Lake.

We acknowledge and appreciate the support of our local elected officials who have raised this issue with Minister of Health Terry Lake. We are now seeking assurance from your Board that plans for Cariboo Memorial Hospital will proceed quickly and be finalized immediately.

Sincerely,


George Atamarenko
Chair, Seniors' Advisory Council of Williams Lake

cc: John Massier, Chair Cariboo Regional District Hospital Board
Mayor Cook and Council, City of Williams Lake
Donna Barnett, MLA Cariboo Chilcotin
Coralee Oakes, MLA Cariboo North
Tammy Tugnum, Director IHA
Hon. Terry Lake, Minister of Health
Cecilia Newman, Chair Williams Lake OAPO

Cariboo Regional District
File No. ...H0975-01.....
NOV - 4 2014
Referred To ...CAO.....
142396

November 5th, 2014

email: sreid@cariboord.bc.ca

Scott Reid,
Treasurer
Cariboo Chilcotin Regional Hospital District
Suite D, 180 North 3rd Avenue
Williams Lake, BC V2G 2A4

RE: Second Quarter 2014/15 Capital Status Reports

Dear Mr. Reid:

Thank you for your continued support.

Enclosed please find capital status reports for the second quarter of our 2014/2015 year for the Building Integrity and Minor Capital Grant(s).

We have also attached the Dashboards for projects currently in progress.

If you have any questions on the attached, please do not hesitate to contact our office via email at capital.services@northernhealth.ca.

Sincerely,

Lil Milani

A. Lil Milani
Capital Finance Coordinator



Fund Budget Reconciliation

Cariboo Chilcotin RHD Area

Period Date: **September 11 2014**

	FUNDING SOURCES				Total	Actual Expenditures	Committed (Spent)
	MOH	RHD	Aux/ Foundation/Other	Prior Years Unspent			
Building Integrity Prior Years Unspent	0			218,831	218,831		
Building Integrity 2011/2012	30,508	13,333		0	43,841	189,683	284,704
Building Integrity 2012/2013	23,637	13,333			36,970		
Building Integrity 2013/2014	32,000	12,800			44,800		
Building Integrity 2014/2015	32,000	21,333			53,333		
Funding Total:	118,145	60,799	0	218,831	397,775		
Expense Total:	48,915	39,466	0	196,323	284,704		
Variance:	69,230	21,333	0	22,508	113,071		

Capital Expenditures

Building Integrity

GR Baker Memorial Hospital	N661340007	Boiler	8,853	39,466		196,323	244,642	149,621	In Progress
Asbestos Abatement	N661430010	Asbestos Abatement	40,062				40,062	40,062	In Progress
Total Building Integrity			48,915	39,466	0	196,323	284,704	189,683	

Fund Budget Reconciliation
Minor Capital < \$100,000
Budget Total:
Expense Total:
Variance:

FUNDING SOURCES					Actual Expenditures	Committed (Spent)
MOH	RHD	Aux/ Foundation	Opening Cash	Total		
\$18,676	\$170,000	\$16,725	\$132,878	\$338,279	\$259,061	\$259,061
\$18,676	\$170,000	\$16,725	\$132,878	\$338,279	\$259,061	\$259,061
\$18,673	\$170,001	\$16,725	\$53,662	\$259,061		
\$3	\$(1)		\$79,216	\$79,218		

Capital Expenditures
2013
Minor Capital < \$100,000

GR Baker Memorial Hospital	N661340010	Water Softener		\$49,094		\$49,094	49,094	Finalized
GR Baker Memorial Hospital	N661390066	Monitor			\$7,499	\$7,499	7,499	Finalized
GR Baker Memorial Hospital	N661390166	Treadmill		\$5,844		\$5,844	5,844	Finalized
GR Baker Memorial Hospital	N661390167	Lift - Bariatric		\$9,226		\$9,226	9,226	Finalized
GR Baker Memorial Hospital	N661390169	Cautery Unit		\$10,898		\$10,898	10,898	Finalized
GR Baker Memorial Hospital	N661390178	Freezer, Chemistry		\$10,832		\$10,832	10,832	Finalized
GR Baker Memorial Hospital	N661390180	Lift - Ceiling			\$9,226	\$9,226	9,226	Finalized
	Count::	7	Finalized Total	\$85,893	\$16,725	\$102,618	102,618	
GR Baker Memorial Hospital	N661360001	Vocera	\$18,673	\$72,798		\$91,470	91,470	Completed
GR Baker Memorial Hospital	N661390070	Stretcher - transport			\$5,493	\$5,493	5,493	Completed
GR Baker Memorial Hospital	N661390074	Vitrea Work Station			\$5,308	\$5,308	5,308	Completed
GR Baker Memorial Hospital	N661390161	Washer - Wheelchair			\$21,757	\$21,757	21,757	Completed
GR Baker Memorial Hospital	N661390162	Lift - Ceiling		\$11,310	\$2,429	\$13,739	13,739	Completed
Dunrovin Park Lodge	N661390163	Dishwasher			\$6,225	\$6,225	6,225	Completed
Dunrovin Park Lodge	N661390164	Dishwasher			\$6,225	\$6,225	6,225	Completed
Dunrovin Park Lodge	N661390165	Dishwasher			\$6,225	\$6,225	6,225	Completed
	Count::	8	Completed Total	\$18,673	\$84,108	\$53,662	\$156,443	
GR Baker Memorial Hospital	N661390168	Stretcher				\$0		Cancelled
GR Baker Memorial Hospital	N661390170	Lights - Overhead				\$0		Cancelled
	Count::	2	Cancelled Total			\$0		
			Minor Capital < \$100,000 Total	\$18,673	\$170,001	\$16,725	\$53,662	\$259,061
'Approved' Count::	0	Count::	17	Report Total	\$18,673	\$170,001	\$16,725	\$53,662
'On Hold' Count::	0				\$259,061		\$259,061	
'Ordered' Count::	0							
'Completed' Count::	8							

Fund Budget Reconciliation
Minor Capital < \$100,000
Budget Total:
Expense Total:
Variance:

FUNDING SOURCES					Actual Expenditures	Committed (Spent)
MOH	RHD	Aux/ Foundation	Opening Cash	Total		
\$235,200	\$170,000	\$59,611	\$271,964	\$736,775	\$731,575	\$741,265
\$235,200	\$170,000	\$59,611	\$271,964	\$736,775	\$731,575	\$741,265
\$227,812	\$170,000	\$59,611	\$283,842	\$741,265		
\$7,388			\$(11,878)	\$(4,490)		

Capital Expenditures
2014
Minor Capital < \$100,000

GR Baker Memorial Hospital	N661490069	Ultrasound Imaging System - Diagnostic		\$49,611		\$49,611	49,611	Completed
GR Baker Memorial Hospital	N661490173	Pump - Infusion			\$5,574	\$5,574	5,574	Completed
GR Baker Memorial Hospital	N661490174	Pump - Infusion			\$5,574	\$5,574	5,574	Completed
GR Baker Memorial Hospital	N661490175	Pump - Infusion			\$5,574	\$5,574	5,574	Completed
GR Baker Memorial Hospital	N661490176	Pump - Infusion			\$5,575	\$5,575	5,575	Completed
GR Baker Memorial Hospital	N661490177	Pump - Infusion			\$5,574	\$5,574	5,574	Completed
GR Baker Memorial Hospital	N661490178	Pump - Infusion			\$5,574	\$5,574	5,574	Completed
GR Baker Memorial Hospital	N661490179	Pump - Infusion			\$5,574	\$5,574	5,574	Completed
GR Baker Memorial Hospital	N661490180	Pump - Infusion			\$5,574	\$5,574	5,574	Completed
GR Baker Memorial Hospital	N661490181	Pump - Infusion			\$5,574	\$5,574	5,574	Completed
GR Baker Memorial Hospital	N661490182	Pump - Infusion			\$5,574	\$5,574	5,574	Completed
GR Baker Memorial Hospital	N661490183	Pump - Infusion			\$5,574	\$5,574	5,574	Completed
GR Baker Memorial Hospital	N661490184	Pump - Infusion			\$5,574	\$5,574	5,574	Completed
GR Baker Memorial Hospital	N661490185	Pump - Infusion			\$5,574	\$5,574	5,574	Completed
GR Baker Memorial Hospital	N661490186	Pump - Infusion			\$5,574	\$5,574	5,574	Completed
GR Baker Memorial Hospital	N661490187	Pump - Infusion			\$5,574	\$5,574	5,574	Completed
GR Baker Memorial Hospital	N661490188	Pump - Infusion			\$5,574	\$5,574	5,574	Completed
GR Baker Memorial Hospital	N661490189	Pump - Infusion			\$5,574	\$5,574	5,574	Completed
GR Baker Memorial Hospital	N661490190	Pump - Infusion			\$5,574	\$5,574	5,574	Completed
GR Baker Memorial Hospital	N661490191	Pump - Infusion			\$5,574	\$5,574	5,574	Completed
GR Baker Memorial Hospital	N661490192	Pump - Infusion			\$5,574	\$5,574	5,574	Completed
GR Baker Memorial Hospital	N661490193	Pump - Infusion			\$5,574	\$5,574	5,574	Completed
GR Baker Memorial Hospital	N661490194	Pump - Infusion			\$5,574	\$5,574	5,574	Completed
GR Baker Memorial Hospital	N661490195	Pump - Infusion			\$5,574	\$5,574	5,574	Completed
GR Baker Memorial Hospital	N661490196	Pump - Infusion			\$5,574	\$5,574	5,574	Completed
GR Baker Memorial Hospital	N661490197	Pump - Infusion			\$5,574	\$5,574	5,574	Completed
GR Baker Memorial Hospital	N661490198	Pump - Infusion			\$5,574	\$5,574	5,574	Completed
GR Baker Memorial Hospital	N661490199	Pump - Infusion			\$5,574	\$5,574	5,574	Completed
GR Baker Memorial Hospital	N661490200	Pump - Infusion			\$5,574	\$5,574	5,574	Completed
GR Baker Memorial Hospital	N661490201	Pump - Infusion			\$5,574	\$5,574	5,574	Completed
GR Baker Memorial Hospital	N661490202	Pump - Infusion			\$5,574	\$5,574	5,574	Completed
GR Baker Memorial Hospital	N661490203	Colonoscope			\$50,647	\$50,647	50,647	Completed
GR Baker Memorial Hospital	N661490204	Colonoscope		\$4,049	\$46,598	\$50,647	50,647	Completed
GR Baker Memorial Hospital	N661490205	Colonoscope	\$34,475	\$16,172		\$50,647	50,647	Completed
GR Baker Memorial Hospital	N661490206	Gastroscope - High Def, Dual Focus		\$44,659		\$44,659	44,659	Completed

Fund Budget Reconciliation

Capital Expenditures

Year(s): 2014

GR Baker Memorial Hospital	N661490207	Gastroscope - Therapeutic Video	
GR Baker Memorial Hospital	N661490208	Analyzer - CBC	
GR Baker Memorial Hospital	N661490209	Stretcher - Imaging	
GR Baker Memorial Hospital	N661490246	Glidescope	
GR Baker Memorial Hospital	N661490251	Stainer - Gram	
GR Baker Memorial Hospital	N661490259	Pump - Infusion	
GR Baker Memorial Hospital	N661490260	Pump - Infusion	
GR Baker Memorial Hospital	N661490261	Lift - Transaid (Homecare)	
GR Baker Memorial Hospital	N661490263	Lift - ceiling (x3)	
Dunrovin Park Lodge	N661490213	Lift - Ceiling	
Dunrovin Park Lodge	N661490214	Lift - Ceiling	
Dunrovin Park Lodge	N661490215	Lift - Ceiling	
	Count::	47	Completed Total
Dunrovin Park Lodge	N661440009	Switch Gear Replacement	
Dunrovin Park Lodge	N661490257	Pump - Infusion	
	Count::	2	Ordered Total
Dunrovin Park Lodge	N661490258	Pump - Infusion	
	Count::	1	On Hold Total
GR Baker Memorial Hospital	N661490063	Ultrasound - Portable	
GR Baker Memorial Hospital	N661490118	Ultrasound Portable	
	Count::	2	Cancelled Total
			Minor Capital < \$100,000 Total
			Report Total

FUNDING SOURCES					Period Date:
MOH	RHD	Aux/ Foundation /Other	Opening Cash /Deferred /Internal	Total	
\$19,324	\$2,357		\$19,363	\$41,044	
	\$86,091			\$86,091	
	\$11,158			\$11,158	
\$18,635				\$18,635	
\$2,942		\$10,000		\$12,942	
\$705	\$5,514			\$6,219	
\$6,219				\$6,219	
\$5,517				\$5,517	
\$28,310				\$28,310	
\$6,679				\$6,679	
\$6,679				\$6,679	
\$6,679				\$6,679	
\$136,164	\$170,000	\$59,611	\$283,842	\$649,617	
\$80,000				\$80,000	
\$5,824				\$5,824	
\$85,824				\$85,824	
\$5,824				\$5,824	
\$5,824				\$5,824	
				\$0	
				\$0	
				\$0	
\$227,812	\$170,000	\$59,611	\$283,842	\$741,265	731,575
\$227,812	\$170,000	\$59,611	\$283,842	\$741,265	731,575

September 11,2014
Expenditures to Date
File Status

41,044	Completed
86,091	Completed
11,158	Completed
18,635	Completed
12,942	Completed
6,219	Completed
6,219	Completed
5,517	Completed
28,310	Completed
6,679	Completed
6,679	Completed
6,679	Completed
649,617	
81,958	Ordered
	Ordered
81,958	
	On Hold
	Cancelled
	Cancelled
731,575	
731,575	

Fund Budget Reconciliation

 Period Date: **September 11, 2014**
Minor Capital < \$100,000
Budget Total:
Expense Total:
Variance:

FUNDING SOURCES					Actual Expenditures	Committed (Spent)
MOH	RHD	Aux/ Foundation	Opening Cash	Total		
\$194,448	\$152,965	\$7,000		\$354,413	\$202,390	\$299,369
\$194,448	\$152,965	\$7,000		\$354,413	\$202,390	\$299,369
\$139,934	\$152,435	\$7,000		\$299,369		
\$54,514	\$530			\$55,044		

Capital Expenditures
2015
Minor Capital < \$100,000

GR Baker Memorial Hospital	N661590010	Bed - Model# FL28C9 (x9)		\$53,420		\$53,420	53,420	Completed
GR Baker Memorial Hospital	N661590014	Lift - voyageur and bag kit		\$5,517		\$5,517	5,517	Completed
GR Baker Memorial Hospital	N661590059	Laryngoscope		\$14,326		\$14,326	14,326	Completed
	Count::	3	Completed Total	\$73,262		\$73,262	73,262	
GR Baker Memorial Hospital	N661590105	Urinalysis Analyzer		\$12,704		\$12,704		Approved
	Count::	1	Approved Total	\$12,704		\$12,704		
GR Baker Memorial Hospital	N661520004	Paving and Hole repair		\$23,000		\$23,000	23,952	Ordered
GR Baker Memorial Hospital	N661590006	Imager, Radiology		\$76,694		\$76,694	74,984	Ordered
GR Baker Memorial Hospital	N661590073	RO Water system for chemistry analyzer		\$9,105		\$9,105		Ordered
GR Baker Memorial Hospital	N661590076	Generator Radiator		\$60,764		\$60,764		Ordered
GR Baker Memorial Hospital	N661590089	Pump - Insulin, plus starter kit		\$840	\$7,000	\$7,840		Ordered
GR Baker Memorial Hospital	N6615N0008	Manifold - Nitrous Oxide and Nitrogen Sour		\$15,521	\$2,479	\$18,000	15,096	Ordered
GR Baker Memorial Hospital	N6615N0009	Manifold - Nitrous Oxide and Nitrogen Sour		\$18,000		\$18,000	15,096	Ordered
	Count::	7	Ordered Total	\$127,230	\$79,173	\$7,000	\$213,403	129,128
			Minor Capital < \$100,000 Total	\$139,934	\$152,435	\$7,000	\$299,369	202,390
'Approved' Count::	1	Count::	11	Report Total	\$139,934	\$152,435	\$7,000	\$299,369
'On Hold' Count::	0							
'Ordered' Count::	7							
'Completed' Count::	3							

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.