



# **AGENDA**

## **Regular Board Meeting**

**January 25, 2016**

**Castlegar Community Complex—Monashee Room  
Castlegar, BC  
6:00 p.m.**

**1. CALL TO ORDER**

1a) Board Secretary Horn will assume the chair and call the meeting to order.

**2. ELECTION OF CHAIR / ACTING CHAIR**

2a) Secretary Horn will call for nominations (3 times) for the position of Chair.

Nominees will have an opportunity to address the Board (maximum 2 minutes)

In the case of an election, the vote will be conducted by secret ballot.

**RECOMMENDATION:**

That the ballots used in the election of the Chair be destroyed.

2b) Secretary Horn will call for nominations (3 times) for the position of Acting Chair.

Nominees will have an opportunity to address the Board (maximum 2 minutes)

In the case of an election, the vote will be conducted by secret ballot.

**RECOMMENDATION:**

That the ballots used in the election of the Acting Chair be destroyed.

***(Commencement of regular agenda with elected Chair presiding)***

### 3. OPENING REMARKS FROM CHAIR & ACTING CHAIR

### 4. WKBRHD APPOINTMENTS

#### 4a) Appointment of Directors

The Board Report dated January 18, 2016 from Anitra Winje, Deputy-Secretary, regarding appointments to the Board, has been received.

#### **RECOMMENDATION 1:**

That the following Regional District Directors be appointed as **Directors** of the West Kootenay-Boundary Regional Hospital District:

##### Regional District of Central Kootenay

Garry Jackman, Electoral Area A  
Aimee Watson, Electoral Area D  
Ramona Faust, Electoral Area E  
Tom Newell, Electoral Area F  
Hans Cunningham, Electoral Area G  
Walter Popoff, Electoral Area H  
Andy Davidoff, Electoral Area I  
Rick Smith, Electoral Area J  
Paul Peterson, Electoral Area K  
Deb McIntosh, City of Castlegar  
Suzan Hewat, Village of Kaslo  
Karen Hamling, Village of Nakusp  
Deb Kozak, City of Nelson  
Stephen White, Village of Salmo  
Leah Main, Village of Silverton  
Jessica Lunn, Village of Slocan

##### Regional District of Kootenay Boundary

Ali Grieve, Electoral Area A  
Linda Worley, Electoral Area B  
Grace McGregor, Electoral Area C  
Roly Russell, Electoral Area D  
Vicki Gee, Electoral Area E  
Frank Konrad, City of Grand Forks  
Jim Nathorst, City of Greenwood  
Marguerite Rotvold, Village of Midway  
Joe Danchuk, Village of Montrose  
Lloyd McLellan, City of Rossland  
Mike Martin, City of Trail  
Arlene Parkinson, Village of Warfield

**RECOMMENDATION 2:**

That the following Regional District Alternate Directors be appointed as **Directors** of the West Kootenay-Boundary Regional Hospital District:

Regional District of Central Kootenay

Henning von Krogh, Village of New Denver

Regional District of Kootenay Boundary

Tabatha Webber, Village of Fruitvale

**RECOMMENDATION 3:**

That the following Regional District Alternate Directors/Directors be appointed as **Alternate Directors** of the West Kootenay-Boundary Regional Hospital District:

Regional District of Kootenay Boundary

Kirby Epp, Area A  
Bill Edwards Area B  
Dianne Wales, Area C  
Brian Taylor, Area D  
George Delisle, Area E  
Patricia Cecchini, Village of Fruitvale  
Mike Walsh, Village of Montrose  
Robert Cacchioni, City of Trail  
Shane Ferraro, Village of Warfield  
Kathy Moore, Rossland  
Colleen Ross, City of Grand Forks  
Ed Smith, City of Greenwood  
Gary Schierbeck, Village of Midway

Regional District of Central Kootenay

Mike Jeffery, Area A  
John Cathro, Area D  
Pegasis McGauley, Area E  
Eric White, Area F  
Isabelle Herzig, Area G  
Briane Verigin, Area H  
Fred Bojey, Area I  
Laurie Watson, Area J  
Claire Paradis, Area K  
Lawrence Chernoff, City of Castlegar  
Rob Lang, Village of Kaslo  
Ulli Mueller, Village of Nakusp  
Michael Dailly, City of Nelson  
Ann Bunka, Village of New Denver  
Jason Clarke, Village of Silverton  
Madeleine Perriere, Village of Slocan

**4b) Appointment of the Executive Committee**

As per Resolution 07/15:

...appoint one municipal Director or one rural Director from each of the following areas:

Arrow Lakes – Castlegar – Nakusp  
Kootenay (Kaslo-Nelson-Slocan)  
Boundary  
Trail

The Board Report dated December 15, 2016 from Anitra Winje, Deputy-Secretary, recommending the appointment of directors to the Executive Committee, has been received.

**RECOMMENDATION:**

As per Resolution 07/15, the following Directors, in addition to the Chair and Acting Chair, are hereby appointed to the Executive Committee of the West Kootenay-Boundary Regional Hospital Board for 2017:

Arrow Lakes – Castlegar – Nakusp:	_____
Kootenay (Kaslo-Nelson-Slocan):	_____
Boundary:	_____
Greater Trail:	_____

**4c) Appointment of the Treasurer**

Staff Note:

As Stuart Horn has been appointed Chief Financial Officer of the RDCK, he will serve as the Treasurer of the regional hospital district.

**RECOMMENDATION:**

That the Board appoint Stuart Horn to the position of Treasurer for the West Kootenay-Boundary Regional Hospital District.

**5. ADOPTION OF THE AGENDA & MINUTES**

- 5a) The agenda for the January 25, 2017 meeting be adopted as circulated.
- 5b) The minutes of the October 26, 2016 meeting be adopted as circulated. *(attached)*
- 5c) The minutes of the October 12, 2016 Executive Committee meeting be adopted as circulated. *(attached)*

**6. DELEGATION**

**A. INTERIOR HEALTH AUTHORITY**

Mr. Todd Mastel, Manager, Business Support—Acute/Tertiary Services  
Ms Cheryl Whittleton, Community Integrated Health Services Administrator, KB  
Ms. Jane Cusden, Acute Health Services Director—KBRH  
Mr. Karl Hardt, Communications

## **Capital Funding Request for 2016/2017 Fiscal Year**

- 6a) The letter dated December 9, 2016 from Donna Lommer, CFO, Interior Health, presenting the Interior Health Authority's capital funding request for the 2017/2018 fiscal year, has been received.

## **7. BUSINESS ARISING FROM THE MINUTES**

- 7a) **Kootenay Boundary Regional Hospital District Sustainability Project**

106/16

That the following be **REFERRED** to the Executive Committee and the November 23, 2016 Open Regular Board Meeting:

That the West Kootenay Boundary Regional Hospital District send a letter to the Ministry of Health and the Interior Health Authority advising that before the WKBRHD will commit to fund Phase 1 (Emergency Department Redesign and Expansion, including electrical transformer upgrade) of the Kootenay Boundary Regional Hospital Sustainability Project when the Ministry of Health commits to fund the total Project, within a stipulated period of time; and further, that it be communicated that the net contribution from the WKBRHD for the entire Project will be 40%.

CARRIED.

## **8. NEW BUSINESS**

- 8a) **Accounts Payable**

### **RECOMMENDATION:**

The Accounts Payable Summary for January 2017 in the amount of \$257,777.26 has been received.

- 8b) **MRI in WKBRHD**

Motion from Director Davidoff:

### **RECOMMENDATION:**

The Board requests Interior Health Authority staff to prepare a report on magnetic resonance imaging (MRI) equipment availability and demand in the West Kootenay-Boundary Regional Hospital District.

9. **LATE ITEMS**

10. **QUESTION PERIOD FOR PUBLIC & MEDIA**

The Chair will call for questions from the public and members of the media.

11. **ADJOURNMENT**



**TO: WKBRHD BOARD OF DIRECTORS**  
**FROM: Anitra Winje, Deputy-Secretary**  
**SUBJECT: APPOINTMENTS TO THE WKBRHD BOARD OF DIRECTORS**  
**DATE: January 13, 2017**

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**BACKGROUND:**

Section 10 of the *Hospital District Act* requires that ‘...each Director must be appointed annually, on or before February 1, and each Director holds office until the first Monday after January 1 in the following year or until the appointment of his or her successor, whichever is later.’

It is necessary to appoint Alternate Directors to the WKBRHD as well. Section 11 of the Act states that “a member municipality may appoint a member of council...as an alternate director.”

**RECOMMENDATION 1:**

That the following Regional District Directors be appointed as **Directors** of the West Kootenay-Boundary Regional Hospital District:

Regional District of Central Kootenay

Garry Jackman, Electoral Area A  
Aimee Watson, Electoral Area D  
Ramona Faust, Electoral Area E  
Tom Newell, Electoral Area F  
Hans Cunningham, Electoral Area G  
Walter Popoff, Electoral Area H  
Andy Davidoff, Electoral Area I  
Rick Smith, Electoral Area J  
Paul Peterson, Electoral Area K  
Deb McIntosh, City of Castlegar  
Suzan Hewat, Village of Kaslo  
Karen Hamling, Village of Nakusp  
Deb Kozak, City of Nelson  
Stephen White, Village of Salmo  
Leah Main, Village of Silverton  
Jessica Lunn, Village of Slocan

Regional District of Kootenay Boundary

Ali Grieve, Electoral Area A  
Linda Worley, Electoral Area B  
Grace McGregor, Electoral Area C  
Roly Russell, Electoral Area D  
Vicki Gee, Electoral Area E  
Frank Konrad, City of Grand Forks  
Jim Nathorst, City of Greenwood  
Marguerite Rotvold, Village of Midway  
Joe Danchuk, Village of Montrose  
Lloyd McLellan, City of Rossland  
Mike Martin, City of Trail  
Arlene Parkinson, Village of Warfield

**RECOMMENDATION 2:**

That the following Regional District Alternate Directors be appointed as **Directors** of the West Kootenay-Boundary Regional Hospital District:

Regional District of Kootenay Boundary

Tabatha Webber, Village of Fruitvale

Regional District of Central Kootenay

Henning von Krogh, Village of New Denver

**RECOMMENDATION 3:**

That the following Regional District Alternate Directors/Directors be appointed as **Alternate Directors** of the West Kootenay-Boundary Regional Hospital District:

Regional District of Kootenay Boundary

Kirby Epp, Area A  
Bill Edwards Area B  
Dianne Wales, Area C  
Brian Taylor, Area D  
George Delisle, Area E  
Patricia Cecchini, Village of Fruitvale  
Mike Walsh, Village of Montrose  
Robert Cacchioni, City of Trail  
Shane Ferraro, Village of Warfield  
Kathy Moore, Rossland  
Colleen Ross, City of Grand Forks  
Ed Smith, City of Greenwood  
Gary Schierbeck, Village of Midway

Regional District of Central Kootenay

Mike Jeffery, Area A  
John Cathro, Area D  
Pegasis McGauley, Area E  
Eric White, Area F  
Isabelle Herzig, Area G  
Briane Verigin, Area H  
Fred Bojey, Area I  
Laurie Watson, Area J  
Claire Paradis, Area K  
Lawrence Chernoff, City of Castlegar  
Rob Lang, Village of Kaslo  
Ulli Mueller, Village of Nakusp  
Michael Dailly, City of Nelson  
Ann Bunka, Village of New Denver  
Jason Clarke, Village of Silverton  
Madeleine Perriere, Village of Slocan





**TO: WKBRHD BOARD OF DIRECTORS**  
**FROM: Anitra Winje, Deputy-Secretary**  
**SUBJECT: APPOINTMENTS TO EXECUTIVE COMMITTEE**  
**DATE: December 15, 2016**

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**BACKGROUND:**

The *Hospital District Act* provides for the appointment of an Executive Committee:

Executive committee

21 {1} The board may by resolution passed by the votes of not less than 2/3 of the votes of all the directors, establish an executive committee, comprised of members of the board elected by the board annually, and one or more standing committees, comprised of members of the board and other persons elected by the board annually, and the board may specify the items of business of the district with which each of those committees has power to deal.

{2} The chair of the board is the chair of the executive committee.

WKBRHD Resolution 07/15 provides for the appointment of one Director, either municipal or rural, from each of the following areas:

Arrow Lakes – Castlegar – Nakusp	Boundary
Kootenay (Kaslo-Nelson-Slocan)	Greater Trail

The Chair and Acting Chair are also members of the Executive Committee.

Executive Committee members for 2016 were Chair Rotvold, Acting Chair Popoff, Director Martin, Director Russell, Director Jackman and Director Main.

**RECOMMENDATION:**

As per Resolution 07/15, the following Directors, in addition to the Chair and Acting Chair, are hereby appointed to the Executive Committee of the West Kootenay-Boundary Regional Hospital Board for 2017:

Arrow Lakes – Castlegar – Nakusp:	_____
Kootenay (Kaslo-Nelson-Slocan):	_____
Boundary:	_____
Greater Trail:	_____

# WEST KOOTENAY-BOUNDARY REGIONAL HOSPITAL DISTRICT

Castlegar, BC  
October 26, 2016

The **fifth** regular meeting of the Board of the West Kootenay-Boundary Regional Hospital District for the year 2016 was held on Wednesday, October 26<sup>th</sup> at 6:05 p.m. in the Monashee Room, Castlegar and District Community Complex, 2101 6<sup>th</sup> Avenue, Castlegar, BC.

## ELECTED OFFICIALS PRESENT:

	Chair M. Rotvold	Midway
(RDCK)	Director D. McIntosh	Castlegar
	Director S. Hewat	Kaslo
	Director K. Hamling	Nakusp
	Director D. Kozak	Nelson
	Director H. von Krogh	New Denver
	Director S. White	Salmo
	Director L. Main	Silverton
	Director J. Lunn	Slocan
	Director G. Jackman	Area A
	Director A. Watson	Area D
	Director R. Faust	Area E
	Director T. Newell	Area F
	Director H. Cunningham	Area G
	Director W. Popoff	Area H-The Slocan Valley
	Director A. Davidoff	Area I (RDCK)
	Director R. Smith	Area J (RDCK)
(RDKB)	Director A. Grieve	Area A (RDKB)
	Director L. Worley	Area B
	Director G. McGregor	Area C
	Alt. Director P. Cecchini	Fruitvale
	Alt. Director J. Nathorst	Greenwood
	Alt. Director C. Cook	Montrose
	Director K. Moore	Rossland
	Director M. Martin	Trail
	Director B. Rakuson	Warfield

## ELECTED OFFICIALS ABSENT:

Director P. Peterson	Area K (RDCK)
Director V. Gee	Area E (RDKB)

## STAFF PRESENT:

Stuart Horn	Secretary
Heather Smith	Treasurer

## INTERIOR HEALTH:

Todd Mastel, Director, Business Support—Acute/Tertiary Services  
Karen Bloemink, Executive Director, Hospitals & Community Integrated Services,  
IH East  
Karl Hardt, Communications

## **CALL TO ORDER**

At 6:05 p.m., Chair Rotvold called the meeting to order and welcomed all attendees.

## **ADOPTION OF THE AGENDA**

**MOVED** by Director Lunn and seconded,  
And Resolved:

98/16            The agenda for the October 26, 2016 Open Regular meeting be adopted as  
circulated. CARRIED.

## **ADOPTION OF THE MINUTES**

**MOVED** by Director Martin and seconded,  
And Resolved:

99/16            The minutes of the June 22, 2016 Open Regular meeting be adopted as  
circulated. CARRIED.

**MOVED** by Director Main and seconded,  
And Resolved:

100/16           The minutes of the October 12, 2016 Executive Committee meeting be adopted  
as circulated. CARRIED.

## **DELEGATION**

### Interior Health Authority

Todd Mastel, Director, Business Support

Karen Bloemink, Executive Director, Hospitals & Community Integrated Services, IH East

Karl Hardt, Communications

Todd Mastel referenced the letter from Birgit Koster of Interior Health dated June 27, 2016 which is at item 3(a)(i) of the agenda. He explained that this was a listing of the equipment purchased with the global grant funds for the 2016 year. Mr. Mastel told the Board that Acting Chair Popoff has participated in the IHA conference calls for the past number of years at which these decisions are made. He attended the call that resulted in this list being approved.

**MOVED** by Director Hewat and seconded,  
And Resolved:

101/16           That the letter dated June 27, 2016 from Birgit Koster, Interior Health, listing the  
2015-2016 global grant items, be received. CARRIED.

Mr. Mastel referenced the letter to the WKBRHD Board from Donna Lommer, CFO & VP Support Services regarding the Kootenay Boundary Regional Hospital Sustainability Project. The letter requests the Board consider funding 100% of Phase 1 of the KBRH Sustainability Project.

**MOVED** by Director Martin and seconded,  
And Resolved:

102/16 That the letter dated October 4, 2016 from Donna Lommer, CFO & VP Support Services regarding the Kootenay Boundary Regional Hospital Sustainability Project be received.

CARRIED.

**MOVED** by Director Jackman and seconded,  
And Resolved:

103/16 That the Board Report dated October 19, 2016 from Heather Smith, Treasurer regarding the Kootenay Boundary Regional Hospital Sustainability Project be received.

CARRIED.

Discussion then took place on the letter from Ms. Lommer and the report from Ms. Smith. The discussion focused on concerns of the Directors on IHA's request to provide 100% funding of Phase 1, and included the following:

- There was concern on whether agreeing to fund 100% of Phase 1 would set a precedent for IHA to ask for future projects to be funded in this manner.
- Directors asked for information on whether other RHDs provide 100% funding for projects. Mr. Mastel said there are instances of this situation occurring in other RHDs.
- There were concerns from Directors on whether or not this would result in a commitment from the Ministry of Health to fund Phases 2 and 3 of the KBRH Sustainability Project.
- Directors were concerned about the timelines of the project and potential for an even further rise in costs due to delays in obtaining funding.
- Directors are concerned on the tax base and affordability of taxation for the Hospital District residents.
- Directors were concerned that this amounted to provincial downloading of responsibility.
- Directors noted that KBRH is the only regional facility in IHA catchment area that has not had a major renovation.
- There is concern that the WKBRHD may not be able to afford this without raising taxes due to the lack of clarity on cash flow requirements.
- Some Directors are against the possibility of providing 100% funding.

**MOVED** by Director Cunningham and seconded,  
And Resolved:

104/16 That the Executive Committee reopen discussion with IHA, the Ministry of Health and the Ministry of Finance in order to address the concerns raised by the WKBRHD Directors in their October 26, 2016 meeting and to receive a solid timeline for the completion of each Phase of the KBRH Sustainability Project and to confirm that the WKBRHD, should it fund 100% of Phase 1 of the KBRH Sustainability Project, would be required to fund only 40% of the total of all Phases of the project.

CARRIED

**MOVED** by Director Hamling and seconded,  
And Resolved:

105/16 That the previous motion, being:

That the Executive Committee reopen discussion with IHA, the Ministry of Health and the Ministry of Finance in order to address the concerns raised by the WKBRHD Directors in their October 26, 2016 meeting and to receive a solid timeline for the completion of each Phase of the KBRH Sustainability Project and to confirm that the WKBRHD, should it fund 100% of Phase 1 of the KBRH Sustainability Project, would be required to fund only 40% of the total of all Phases of the project.

be **REFERRED** to the Executive Committee.

CARRIED.

**MOVED** by Director McGregor and seconded,  
And Resolved:

106/16 That the following be **REFERRED** to the Executive Committee and the November 23, 2016 Open Regular Board Meeting:

That the West Kootenay Boundary Regional Hospital District send a letter to the Ministry of Health and the Interior Health Authority advising that before the WKBRHD will commit to fund Phase 1 (Emergency Department Redesign and Expansion, including electrical transformer upgrade) of the Kootenay Boundary Regional Hospital Sustainability Project when the Ministry of Health commits to fund the total Project, within a stipulated period of time; and further, that it be communicated that the net contribution from the WKBRHD for the entire Project will be 40%.

CARRIED.

## **NEW BUSINESS**

### **Accounts Payable**

**MOVED** by Director Hewat and seconded,  
And Resolved:

107/16 The Accounts Payable Summary for May 2016 in the amount of \$813,600.18 be approved.

CARRIED.

### **Change in Alternate Director**

**MOVED** by Director Kozak and seconded,  
And Resolved:

108/16 That the Board appoint Gary Schierbeck to the West Kootenay Boundary Regional Hospital District Board as the Village of Midway's alternate director.

CARRIED.

KBRH Service Priority Project

**MOVED** by Director Kozak and seconded,  
And Resolved:

- 109/16 That the letter dated July 5, 2016 from the KBRH Health Foundation indicating its support for the advancement of the KBRH Service Priority Project and its aim to raise \$1 million for the project be received.

CARRIED.

**MOVED** by Director Martin and seconded,  
And Resolved:

- 110/16 That the West Kootenay-Boundary Regional Hospital District Board send a letter to Bill Clark, Chair, KBRH Health Foundation, acknowledging his letter of July 5, 2016 and expressing appreciation for the Foundation's efforts to raise \$1 million for the KBRH Service Priority Project.

CARRIED.

Hospital District Act

**MOVED** by Director Popoff and seconded,  
And Resolved:

- 111/16 That the letter dated August 29, 2016 from the Comox Strathcona Regional Hospital District advising of that Board's resolution to send a letter to the Minister of Health requesting that the Ministry review and update the *Hospital District Act* be received.

CARRIED.

**MOVED** by Director Kozak and seconded,  
And Resolved:

- 112/16 That the West Kootenay-Boundary Regional Hospital District Board send a letter to Minister of Health Terry Lake requesting that the Province update the *Hospital District Act* to reflect the recommendations contained in the 2003 Ministry of Health review.

CARRIED.

2017 Meeting Schedule

**MOVED** by Director Grieve and seconded,  
And Resolved:

- 113/16 That the Board Report from Anitra Winje, Deputy-Secretary, presenting a proposed 2017 meeting calendar be received.

CARRIED.

**MOVED** by Director Main and seconded,  
And Resolved:

114/16 That the Board adopt the 2017 meeting scheduled as indicated:

January 25	Castlegar Community Complex	6 p.m.
February 22	Castlegar Community Complex	6 p.m.
March 22	Castlegar Community Complex	6 p.m.
June 28	Castlegar Community Complex	6 p.m.
October 25	Castlegar Community Complex	6 p.m.
November 22	Castlegar Community Complex	6 p.m.

CARRIED.

### Chair Rotvold's Report

Chair Rotvold reported on the September 26, 2016 meeting that the Executive Committee had with the Chair and CEO of Interior Health at the UBCM Convention. The Executive received updates on the KBRH Sustainability Project, the Arrow Lakes Hospital Emergency Room Renovation, and the Paramedicine initiative. The Executive also asked about the difference between rural and remote as it pertains to travel distances to care facilities.

Chair Rotvold reported to the Board on the meeting that the Executive Committee had at UBCM with Ministry of Health staff. Ministry staff told the Executive that the KBRH Sustainability project remains on hold due to funding issues and also suggested that the Executive lobby the region's MLAs to assist in supporting the project.

**MOVED** by Director Faust and seconded,  
And Resolved:

115/16 That the Chair write a letter to each of the WKBRHDs three MLAs and invite them to a meeting with the Executive Committee.

CARRIED.

Chair Rotvold reported on the October 19, 2016 meeting with the Regional Hospital District CAOs, Chairs, and IHA staff. She reiterated the Board's desire to see a long term capital plan for the region. She reported that the My Health Portal registration system has been released in some IHA facilities and the goal of IHA is continue the release of the system to WKBRHD facilities in 2017.

There is a shortage of X-Ray and MRI technicians in the IHA region. Selkirk College is being asked to assist with adding programming for these specialties.

IHA has reported that equipment needs may outweigh building renovations in future year capital requests.

Information Technology upgrades continue to be a high priority for IHA.

### LATE ITEMS

None.

**QUESTION PERIOD FOR PUBLIC & MEDIA**

Chair Rotvold called for questions from the public and the media.

**NEXT MEETING**

The next meeting of the Board will take place at 6 p.m. on Wednesday, November 23, 2016.

**ADJOURNMENT**

Moved by Director Hewat and seconded,

116/16 That the meeting adjourn at 7:55 p.m.

CARRIED.

**CERTIFIED CORRECT**

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Chair Marguerite Rotvold

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Secretary Stuart Horn





## EXECUTIVE COMMITTEE

A meeting of the Executive Committee of the West Kootenay-Boundary Regional Hospital District for the year 2016 was held on Wednesday, October 12, 2016 at 9:02 a.m. via teleconference (hosted at 202 Lakeside Drive, Nelson, BC)

### Present

#### **Elected Officials:**

Chair M. Rotvold  
Acting Chair W. Popoff  
Director G. Jackman  
Director M. Martin  
Director R. Russell  
Director L. Main

#### **Administration:**

Stuart Horn, Secretary  
Anitra Winje, Deputy-Secretary  
Heather Smith, Treasurer

#### **Interior Health:**

Donna Lommer, VP Support Services and Chief Financial Officer  
Todd Mastel, Director, Business Support  
Karen Bloemink, Executive Director, Hospitals & Community  
Integrated Services, IH East

### CALL TO ORDER

Chair Rotvold called the meeting to order at 9:02 a.m.

### ADOPTION OF THE AGENDA

**MOVED** by Director Main and seconded,

That the agenda for the October 12, 2016 West Kootenay-Boundary Regional Hospital District Executive Committee meeting be adopted as circulated.

**CARRIED.**

**NEW BUSINESS**

**1. KBRH Service Priority Renovations**

i) The letter dated October 4, 2016 from Donna Lommer, CFO and VP Support Services regarding the Kootenay Boundary Regional Hospital Sustainability Project was received.

Ms. Lommer gave an overview of the KBRH Sustainability Project. She said that adequate space and air quality are concerns. The Ministry of Health has not given its approval for the Project.

Ms. Lommer explained that the initial concept plan was based on 2014 prices. Interior Health has been asked to stage the Project; the phases are as follows:

- Emergency Department Redesign and Expansion, including electrical transformer upgrade
- Ambulatory Care and Pharmacy Renovation
- Facility Infrastructure Upgrades.

The electrical upgrades in phase one are required if the Project is to proceed to the next two phases.

Interior Health is asking the WKBRHD if it will consider funding 100% of the phase 1 cost.

The Directors posed several questions, including:

- What if the WKBRHD denies the request?

A: *No further in-house renovations will occur if the electrical upgrades are not completed.*

*Ventilation concerns have been identified in the pharmacy and the emergency room is extremely pressured given the number of visits and lack of space. Accessibility is an issue.*

- Will design work for the other two phases be done in phase 1 to ensure interfaces are coordinated or is phase 1 a stand-alone project?

A: *Phase 1 is a stand-alone project.*

- When will the relocation of Poplar Ridge be considered?

A: *During Phase 2.*

- Have any other regional hospital districts fully funded capital projects?

A: *Yes.*

Ms. Lommer said she would provide the WKBHRD will cost estimates for phases 2 and 3 but that it could take a few months to get the information.

**MOVED** by Director Jackman and seconded,  
That it be recommended to the Board:

That the West Kootenay Boundary Regional Hospital District send a letter to the Ministry of Health and the Interior Health Authority advising that the WKBHRD will fund Phase 1 (Emergency Department Redesign and Expansion, including electrical transformer upgrade) of the Kootenay Boundary Regional Hospital Sustainability Project if the Ministry of Health commits to fund the Project, within a stipulated period of time; and further, that it be communicated that the net contribution from the WKBHRD for the entire Project will be 40%.

**CARRIED.**

### **ADJOURNMENT**

**MOVED** by Director Main and seconded,

The meeting adjourned at 9:31 a.m.

**CARRIED.**



Mr. Stuart Horn, Secretary  
West Kootenay Boundary Regional Hospital District  
Box 590, 202 Lakeside Drive  
Nelson, BC V1L 5R4

December 9, 2016

Dear Mr. Horn:

**RE: CAPITAL FUNDING REQUEST FOR THE 2017/18 FISCAL YEAR**

Please accept this annual funding request letter for consideration and approval. Regional Hospital Districts (RHDs) play an important role through their contributions and enable Interior Health (IH) to continue to provide high quality health-care services to our patients, clients and residents by funding prioritized capital items.

Our 2017/18 capital budget for newly-approved items amounts to just over \$58 million IH wide. Although this capital budget amount is significant, the current funding available is unable to address all identified needs. IH relies extensively on our capital prioritization processes and various capital advisory groups to ensure our most critical needs are met. Our RHDs and Foundations/Auxiliaries are valuable funding partners that help meet the capital needs of our health-care services; we express our sincere gratitude for making this capital budget a reality.

We look forward to continuing to work together to ensure we address our priority capital needs at a time when there are ever-increasing demands for limited capital resources.

For the 2017/18 fiscal year we are requesting funding for the following projects and equipment:

**1. Construction Projects Over \$100,000**

**a. Generator Replacement at Slocan Community Health Centre, New Denver**

This generator which was originally installed in 1997 is nearly obsolete. The manufacturer is no longer in business and therefore there is no technical support or parts available. The project scope includes the replacement of the generator and automatic switch gear in order to provide the facility with emergency power. This is a remote site which experiences numerous power failures throughout the year.

**b. Steam and Condensate Line Replacement at Kootenay Boundary Regional Hospital, Trail**

The existing steam and condensate lines are 60 years old and leaks are developing. Recent upgrades to the sewer lines have revealed additional concerns such as corrosion and non-functioning steam traps. The replacement of these components will require access through patient care areas. Careful coordination and infection control precautions will be a key element for this project.

## 2. Construction Projects under \$100,000

### a. Washroom Renovations, Wheelchair Access at Boundary Hospital, Grand Forks

The renovation of three patient room washrooms to meet new infection control standards and accessibility requirements is required at this site. At these older facilities there are accessibility issues for patients and staff which can lead to injuries. The scope of work will include washroom enlargement for handicapped access with new hand washing sink, accessible toilet and infection control approved surfaces. The washrooms are original to this 1958 building.

### b. Medical Air Systems at Boundary Hospital, Grand Forks

This system is thirty years old and replacement parts are no longer available. The scope of work is to replace the medical air system with a new compressor system, storage tank, medical air dryers and a moisture/dew point/contaminant monitor and alarms.

### c. Building Management System at Victorian Community Health Centre of Kaslo, Kaslo

The primary function of this system is to control and monitor the various mechanical systems within the building to provide comfortable workspace and treatment areas for patients, staff and visitors. Energy savings are achieved when controls are operated by the Building Management System (BMS) in place of manual operation. This project will replace the current Walker Direct Digital Control system from 1988 with a new reliable and energy efficient system. The scope of work will include a new BMS software program, computer, actuators, thermostats and controls on equipment.

### d. Replacement of Condensing Units at Nelson Jubilee Manor, Nelson

These condensing units are thirty one years old and some components are no longer functional and parts are unavailable. This project will replace the condensing units within the Heating Ventilation and Air Conditioning System which will result in better patient and staff comfort in the kitchen and dining areas of this facility.

### e. Repair Fire Separation Penetrations at Kootenay Boundary Regional Hospital, Trail

This facility was built in 1953 and there have been numerous site renovations and repairs which has compromised the fire rating of the walls. In case of a fire, smoke could potentially travel between fire zones, putting patients and staff at risk. Stopping the spread of smoke and fire will involve sealing these penetrations with fire rated material.

## 3. Information Management Information Technology (IMIT) over \$100,000

### a. Corporate Projects

These IMIT projects have an individual budget over \$100,000 and are an IH wide corporate initiative in total costing approximately \$4 million. Each project is classified as corporate and the project's benefits are distributed equally across IH regions; therefore the cost allocation to each of the seven RHDs is based upon population using the PEOPLE 2016, BC Statistics. The West Kootenay Boundary RHD's percentage ratio is approximately 11%. Claims on the above projects will be calculated using this percentage for the actual cost distribution. Please see Appendix 1 for full project names and descriptions.

### b. Specialized Services – Surgical Services at Various Facilities

This project entails a full implementation of PICIS SmarTrack in both the Pre-Surgical Screening and Perioperative departments at various sites throughout IH. SmarTrack will be implemented into each site's current workflow to track the status and location of patients through the perioperative process which will enhance surgical patient flow. This system improves communication between departments and clinicians and will significantly reduce the number of phone calls, overhead pages and printed OR slates. The overall cost of this project is \$535,000 and the West Kootenay Boundary region's portion for the Kootenay Boundary Regional Hospital is \$107,000.

## 4. IMIT under \$100,000

### a. Corporate Projects

These IMIT projects have an individual budget under \$100,000 and are an IH wide corporate initiative in total costing approximately \$2 million. As with the Corporate IMIT projects over \$100,000 your RHD's portion is approximately 11% and full project names and descriptions are located on Appendix 1.

**b. Vocera Expansion and Integration at Columbia View Lodge, Trail**

This system will provide staff members with a “wearable speaker phone” system which can be used to enhance communication between staff members at the push of a button. The system will be used for staff-to-staff communication, emergency communication to increase staff efficiency and safety, and will assist in improving patient care. The scope will include deploying badges to staff and integration with the telephone system.

**c. Telehealth Expansion at Various Facilities**

Telehealth is the use of communications and information to deliver health care services and information over large and small distances. It uses the transmission of voice, data, images, and information rather than moving clients, health provider, or educators. This investment is to expand infrastructure by providing Telehealth carts in the various rural and remote Emergency departments, specifically to augment gaps in Mental Health Substance Use local services. The overall cost of this project is \$250,000 and the West Kootenay Boundary region’s portion for the Boundary Hospital, Arrow Lakes Hospital and Castlegar and District Community Health Centre is \$50,000.

**d. Telehealth Infrastructure Refresh at Various Facilities**

The current systems in some locations are at the end of their useful life and are becoming challenging to support. This investment is to refresh existing Telehealth systems in various sites which will ensure continued support of the technology from the manufacturer. The overall cost of this project is \$200,000 and the West Kootenay Boundary region’s portion for the Kootenay Lake Hospital and Edgewood Health Centre is \$30,000.

**5. Equipment Over \$100,000**

**a. SPECT CT for Kootenay Boundary Regional Hospital, Trail**

These newer units have combined a gamma camera with a CT to improve image quality and help with land marking (identifying the location of the abnormal function). They are used to locate cancerous tumors, minor bone fractures, abnormal functioning of organs such as the thyroid, brain and kidney and to examine cardiac functions and many other medical problems. This unit is replacing a 2005 Gamma Camera in the Diagnostic Imaging department.



**b. Urology Imaging System for Kootenay Boundary Regional Hospital, Trail**

This fully digital system allows full-format exposures of the entire area from kidneys to bladder in one single shot with impressive image quality. This unit offers unique unrestricted symmetrical patient access from all four table sides, providing optimal view during all urological procedures. Patient repositioning is no longer necessary. This is replacing a 2007 machine in the Surgical department.



**c. Integrated Chemistry/Immunochemistry Analyzer for Kootenay Boundary Regional Hospital, Trail**

This innovative new integrated system is a single main frame chemistry instrument that provides routine and immunochemistry testing on a single platform. This will reduce the overall physical footprint within the laboratory and will reduce maintenance and operator time while increasing efficiencies and flow through for urgent and routine testing. There are anticipated cost reductions for reagents, quality control and other consumables. This new combined instrument will be replacing a 2002 Immunoassay analyzer and a 2007 Chemistry analyzer in the Clinical Laboratory.



**d. Resident Bus for Columbia View Lodge, Trail**

This is a 16-20 person vehicle used for residential care clients for recreational outings. This bus is outfitted with wheelchair lifts and wheelchair restraints. We will be replacing a 2007 model at this site.



**6. Equipment Under \$100,000 (Global Grant)**

We are requesting global funding for equipment that costs between \$5,000 and \$100,000.

**7. Other**

**Primary Care Capital Requirements**

With a mandate from the B.C. government, IH is realigning its resources and organizational structure to shift the focus of health care from acute and residential care facilities to primary community programs and services to reduce the growth in demand on acute care capacity, all while living within our financial means. This shift, which is occurring globally, responds to a population that is changing – people are living longer, often have complex medical needs, and prefer to live at home from birth to death. To ensure success, IH is directing its resources toward several key strategies over the next several years, such as enhancing access to and improving primary and community care services for people with complex chronic conditions, mental health and substance use challenges, and the frail elderly.

To this end IH has set aside capital funds for the 2017/18 fiscal year to accommodate this transition. These funds will mostly be directed towards items, such as leasehold improvement projects, IMIT infrastructure and capital equipment to support primary care. At this time we are still uncertain as to the exact locations and capital requirements of these clinics. Accordingly, we are unable to include a specific request in this funding letter, however as plans are finalized, we will submit capital funding requests outside of our regular annual cycle. We understand that this uncertainty presents challenges from a budgetary perspective; we hope that you will be able to accommodate these requests to achieve this strategic shift in service delivery to meet the changing health care needs of the people we serve.

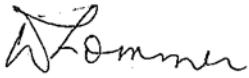
We have included as Appendix 2 a financial summary of our funding request, which totals \$2,516,200.

Please note that although the 2017/18 budget has been approved by the IH board, all capital spending over \$100,000 regardless of funding source must also be approved annually by government. We will be providing you with information on notional government funding and a high level estimate of our three year funding request to you, as well as a listing of IH's major prioritized items under separate cover.

We would appreciate it if you could submit our request for funding these items to your Board for approval. Please advise us of the date of the meeting when funding will be discussed and if you would like to have IH representatives attend to answer questions the Directors may have. Upon approval, please send Birgit Koster copies of the relevant bylaws for our records.

If you require further information, or if you have any questions or concerns, please contact Todd Mastel or me directly.

Sincerely,



**Donna Lommer, CPA, CGA, EMBA**  
VP Support Services & CFO

/at

Encl.      Appendix 1 ~ Listing of IMIT Corporate Projects  
            Appendix 2 ~ Summary of Regional Health District Funding Request for 2017/18

cc:          Marguerite Rotvold, Chair, WKBRHD  
            Heather Smith, Treasurer, WKBRHD  
            Jane Cusden, Interim Acute Health Service Administrator, Kootenay Boundary  
            Todd Mastel, Director, Business Support  
            Lori Holloway, Regional Director, Facilities Management and Operations  
            Birgit Koster, Director Business Support, Capital Planning



**Interior Health**  
**Listing of IMIT Corporate Projects**  
**for 2017/18**

Project Name	Project Description
<b>Over \$100,000 Projects</b>	
Advanced Clinicals Downtime Solution	Implement processes/software solution to provide clinicians and future paperless sites with better historical patient information when Meditech (IH's primary business and clinical information system) is unavailable.
Citizen Access 2020 (Patient Portal Expansion)	Expansion of the portal to enable patients to be able to access their own laboratory data and personal information from their computer or mobile device.
Clinical Document Exchange (between facility and primary care)	Clinical Document Exchange (CDX) ensures every clinician has the most recent clinical data on their patient, regardless of system of use. This project will increase content and electronic medical record participation in the CDX initiative. Improve on IH's ability to better share information with physicians in their private offices.
Mental Health Substance Use Specialized Care Program	Implement Order/Referral management to exchange information between internal and external entities (primary care providers, home health, community programs and services, chronic disease management specialists, acute and diagnostic services, etc.). This improves communication as well as provides statistical information on wait times (based on referrals) and referral patterns.
Pulmonary Function Test Raw Data in Meditech	This project is to implement a software solution to allow pulmonary function testing information to be brought into Meditech automatically. This will improve efficiency and care for respiratory patients being served by referring physicians, respiratory specialists, specialists, primary care providers and frontline clinicians.
Specialized Services - Complex Medical Patients and Frail Elderly	Development and implementation of electronic referrals and full electronic clinical documentation for Geriatric Wellness Centers/programs supporting Complex Medical Patients and Frail Elderly.
Storage Area Network for Disaster Recovery	This will replace the existing backup and recovery solution with new hardware and technology for IH's primary electronic health record system which is used to store electronic patient health records.
Vacation Planning System	Provide a more streamlined, automated solution for the BC Nurses Union Annual Vacation Planning Process. This solution will provide the ability for nurses to request their annual vacation entitlement, culminating with the final approval and scheduling of vacation. Business and collective agreement rules will be applied throughout the process, including vacation smoothing. The completed vacation plan for nurses will be interfaced or scripted into ESP (IH's Scheduling System).
<b>Under \$100,000 Projects</b>	
McKesson Load Balancer	The current hardware, which is part of the system being used for storage and management of patient images for diagnostic purposes, needs to be replaced.
McKesson PACS Study License	IH requires a McKesson study license for every new study (X-ray, CT, MRI etc.) stored annually through the McKesson Imaging Picture Archiving and Communication System solution. At our current rate of 2% annual growth, IH is required to purchase additional licensing to meet incremental storage needs.
Network Infrastructure Refresh	This project is to refresh aging network infrastructure e.g. network switches and routers to ensure the network is operationally maintained and running efficiently to support critical business and clinical applications.
Network Storage for Sleep Studies, EMG Studies and EEG Studies	This will introduce additional storage capacity for specific clinical areas to ensure data is properly stored on IH's networked storage systems providing secure, reliable, high availability and backup/recovery requirements.
Server Infrastructure Expansion	Increase capacity to support growing demands for data storage and power requirements by various critical business and clinical applications.
Storage/Backup/Archive	Replace hardware that is part of the solution used to backup critical patient and business information. The data back up is also copied to a remote location in case the original copy requires restoration after a data loss event (e.g. equipment failure, human or natural catastrophe).
Unified Communications - Telephony (includes voice mail servers)	The investment for 2017/18 is to support voice mail servers across IH. This will ensure IH has a new centralized, integrated, unified system for collaboration e.g. voice, video, and instant messaging capability.
Virtual Desktop Infrastructure (VDI) Operation Management Solution	This project is for the upgrade and expansion of the VDI/Remote Access (IH Anywhere) technology which allows clinical/support/leadership staff to securely access the IH system from outside locations. This will ensure system availability and support for current and expanded use in all environments. Use of this remote access technology is increasing.
Video Conferencing Infrastructure Refresh	Video Conferencing is a technology used by all leaders and staff in order to communicate effectively between facilities. This technology is widely used as it greatly reduces the need for staff to travel. This investment is to refresh the existing video conferencing system in a data centre which will ensure continued support of the technology from the manufacturer.

**Interior Health**  
**West Kootenay Boundary**  
**Summary of Regional Hospital District Funding Request**  
**for 2017/18**

Facility	Location	Equipment/Project Description	Total Budget	RHD Share	2017/18 Funding Request
		<b><u>Construction Projects over \$100,000</u></b>			
Slocan Community Health Centre	New Denver	Generator Replacement	\$861,000	\$344,400	<b>\$344,400</b>
Kootenay Boundary Regional Hospital	Trail	Steam and Condensate Line Replacement	523,000	209,200	<b>209,200</b>
		<b><u>Construction Projects under \$100,000</u></b>			
Boundary Hospital	Grand Forks	Washroom Renovations, Wheelchair Access	95,000	38,000	<b>38,000</b>
Boundary Hospital	Grand Forks	Medical Air Systems	80,000	32,000	<b>32,000</b>
Victorian Community Health Centre of Kaslo	Kaslo	Building Management System Replacement	75,000	30,000	<b>30,000</b>
Nelson Jubilee Manor	Nelson	Replacement of Condensing Units	65,000	26,000	<b>26,000</b>
Kootenay Boundary Regional Hospital	Trail	Repair Fire Separation Penetrations	52,000	20,800	<b>20,800</b>
		<b><u>IMIT over \$100,000</u></b>			
Regional		Corporate Projects	415,000	166,000	<b>166,000</b>
Various Facilities		Specialized Services - Surgical Services	107,000	42,800	<b>42,800</b>
		<b><u>IMIT under \$100,000</u></b>			
Regional		Corporate Projects	210,000	84,000	<b>84,000</b>
Columbia View Lodge	Trail	Vocera Expansion and Integration	99,000	39,600	<b>39,600</b>
Various Facilities		Telehealth Expansion	50,000	20,000	<b>20,000</b>
Various Facilities		Telehealth Infrastructure Refresh	30,000	12,000	<b>12,000</b>
		<b><u>Equipment over \$100,000</u></b>			
Kootenay Boundary Regional Hospital	Trail	SPECT CT	1,623,000	649,200	<b>649,200</b>
Kootenay Boundary Regional Hospital	Trail	Urology Imaging System	623,000	249,200	<b>249,200</b>
Kootenay Boundary Regional Hospital	Trail	Integrated Chemistry/Immunochemistry Analyzer	322,000	128,800	<b>128,800</b>
Columbia View Lodge	Trail	Resident Bus	117,000	46,800	<b>46,800</b>
		<b><u>Equipment Under \$100,000 (Global Grant)</u></b>			
All Facilities		Equipment between \$5,000 and \$100,000	943,500	377,400	<b>377,400</b>
<b>TOTAL</b>			<b>\$ 6,290,500</b>	<b>\$ 2,516,200</b>	<b>\$ 2,516,200</b>

WEST KOOTENAY-BOUNDARY REGIONAL HOSPITAL DISTRICT  
DIRECTOR STIPEND PAYMENTS AND ACCOUNTS PAYABLE SUMMARY  
January 2017

DIRECTOR STIPENDS (details attached)	\$	265.00
ACCOUNTS PAYABLE (details attached)	\$	257,512.26
TOTAL	\$	<u>257,777.26</u>

WEST KOOTENAY-BOUNDARY REGIONAL HOSPITAL DISTRICT  
DIRECTOR STIPEND PAYMENTS AND ACCOUNTS PAYABLE SUMMARY  
January 2017

Invoice Date	Description	Invoice #	Amount Paid
<u>Interior Health Payments</u>			
15/12/2016	WKBRHD-BYLAW 219-C1	6314001_1	\$ 42,492.32
15/12/2016	WKBRHD-BYLAW 192-C6	6314001_6	\$ 20,489.36
19/12/2016	WKBRHD-BYLAW 207-C3	6315002_3	\$ 78,842.78
29/11/2016	WKBRHD-BYLAW 227-C1	6316001_1	\$ 63,680.40
29/11/2016	WKBRHD-BYLAW 220-C5	6316008_5	\$ 35,293.51
19/12/2016	WKBRHD-BYLAW 221-C3	6316009_3	\$ 5,024.94
08/10/2016	WKBRHD-BYLAW 224-C2	6316010_2	\$ 11,224.57
<u>Other</u>			
R MAC PRINTING LTD			
07/11/2016	WKBRHD-LASER CHEQUES	10967	\$ 206.08
REGIONAL DISTRICT OF CENTRAL KOOTENAY			
17/11/2016	BUISNESS CARDS	R160319	\$ 44.06
			<u>\$ 257,298.02</u>

WEST KOOTENAY-BOUNDARY REGIONAL HOSPITAL DISTRICT  
DIRECTOR STIPEND PAYMENTS AND ACCOUNTS PAYABLE SUMMARY  
January 2017

Director Expense Reimbursements

Employee #

**Name:**

1025 POPOFF, WALTER A

1097 MAIN, LEAH

Invoice #

NOV 15 2016

NOV 15 2016

Amount Paid

\$ 89.44

\$ 124.80

\$ 214.24

**Total Accounts Payable**

\$ 257,512.26

WEST KOOTENAY-BOUNDARY REGIONAL HOSPITAL DISTRICT  
 DIRECTOR STIPEND PAYMENTS AND ACCOUNTS PAYABLE SUMMARY  
 January 2017

Stipend

Emp.#	Name	Given Name	Stipend:A +	Travel Time	Chair:a	Total
	524 Popoff	Walter	216			\$ 216.00
	596 Main	Leah			49	\$ 49.00
		<b>Report Totals</b>	216		49	<u>\$ 265.00</u>

January 2014

Attention:

RE: Increased MRI Services in Kootenay Boundary

Ministry of Health:

In the last year, Kootenay Boundary family physicians, orthopedists and radiologists have come together to discuss what is going well in our region and where we have concerns. We are proud of much of the work we can offer our patients. Of course, what goes well doesn't tend to generate letter writing among overly busy people so please know we are proud of much of the care offered in our region. This letter is to address the issue of excessive MRI wait times that are both impeding decent care and causing harm according to all of the groups listed above. We have come to the consensus that our wait times are causing incalculable costs to patients, providers and our health authority. We are clear that due to the lack of access, we are not providing first world care. We are also wasting enormous health care dollars as we limp around definitive care.

Our region currently has access to an MRI machine at KBRH in Trail for one week out of every four through a mobile scanner, which is shared with the Cranbrook and Penticton facilities. The wait times for our patients are easily the longest for any facility in Interior Health and are estimated by the Director of Diagnostic Imaging to be 38 weeks for an elective scan. It is not uncommon to wait a year (currently Vancouver has a wait time of 28 weeks). We find this wait to be an unacceptable burden for our patients who are left with uncertainty and suffering while they wait for an MRI to help provide a definitive diagnosis or pre-operative planning.

The other very weak area in our health care system is wait times for orthopedics. Lack of MRI accessibility has a direct impact on our surgical wait times as shoulder and knee surgeries can be delayed by 6-12 months for many candidates. GPs are instinctively aware of the financial and emotional burden on our patients but we do not have an appropriate way to track the misspent funds. We surmise from experience that we see a patient waiting for shoulder surgery 4-5 times after a referral has been sent to orthopedics. These "extra" visits are to deal with the following: questions regarding wait times; depression symptoms due to absence from work; inability to be physically active or be active in the family; other tendonitis issues developed from overuse of a previously uninjured extremity; sleep issues; and pain issues. The GPs have agreed it would be very

useful to have a fee code to flag visits that are simply the result of waiting. We could then demonstrate what we already know: we are spending too time much simply waiting.

Our radiologists are in agreement that our wait times are not in line with good or even basic first world medicine. Not only are our radiologists keenly aware of the delay to ortho treatment but they are also frustrated by having to use multiple suboptimal studies with radiation risks in lieu of the appropriate MRI study. Spurred by their comments we reviewed studies of first world access to MRI and we are clearly not offering acceptable wait times. A report prepared by the Institute of Health Economics, Alberta Canada looked at MRI per population data and found Canada below fourteen other European countries. The reality is actually worse than the study implies, as most first world countries are not as geographically inaccessible as ours. We wait much longer and often have to travel much further for appropriate imaging.

In summary, our MRI wait times are not in keeping with quality or even acceptable first world medicine and it is costing our patients and our health authority too much in human resources and dollars. The lengthy waitlist is not because of indiscriminate or unnecessary MRI ordering in Kootenay Boundary. This region has long had a policy of only booking scans ordered by a specialist or at the request of a radiologist. Thus the group of patients waiting in line for scans all need their scans and this has been confirmed by the KBRH radiologists in our meetings with them.

It is in this spirit that we would like to engage in discussions with you regarding increasing MRI service to full time or at least half time in the interim. If we had a full time scan we would meet the expected wait times for MRI and take some of the load off of Kelowna and Penticton where we send patients for faster access. We would also make Trail a much more functional regional hospital.

We would appreciate a response within the next 2 months outlining direction the ministry and health authority plans to take to address the issues we have outlined.

Sincerely,

Kootenay Boundary Health Care Professionals