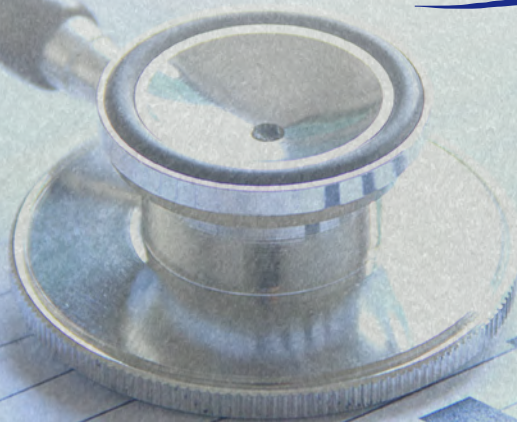


BOARD AGENDA



Cariboo Chilcotin
Regional Hospital District





**CARIBOO CHILCOTIN REGIONAL HOSPITAL DISTRICT
(REVISED AGENDA)**

July 11, 2025

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 be adopted as presented.

2. ADOPTION OF MINUTES

**2.1 Minutes of the Cariboo Chilcotin Regional Hospital District Board Meeting -
June 20, 2025**

3 - 5

Corporate Vote - Unweighted

That the minutes of the Cariboo Chilcotin Regional Hospital District Board meeting held June 20, 2025, be adopted.

3. BYLAWS FOR CONSIDERATION OF THREE READINGS AND ADOPTION

**3.1 Cariboo Chilcotin Regional Hospital District Capital Expenditure (IH – School
District 27 Daycare Contribution) Bylaw No. 236, 2025**

6 - 9

Corporate Vote - Weighted

#1: That Cariboo Chilcotin Regional Hospital District Capital Expenditure (IH – School District 27 Daycare Contribution) Bylaw No. 236, 2025, be read a first, second and third time, this 11th day of July 2025.

#2: That Cariboo Chilcotin Regional Hospital District Capital Expenditure (IH – School District 27 Daycare Contribution) Bylaw No. 236, 2025 be adopted, this 11th day of July 2025.

4. INFORMATION ITEMS

4.1	Interior Health - Public Service Announcement - Confirmed Measles Case in IH	10 - 12
4.2	IH - Measles Update - June 26, 2025	13 - 14
4.3	Northern Health Community News - June 2025	15 - 28
4.4	IH - KGH Pediatrics Unit and CEO Leadership Transition	29 - 32
4.5	<i>City of Quesnel - Health Stats Q2</i>	33 - 33

5. ACTION ITEMS

5.1	Northern Health Funding request for the Replacement of the 25KV Breakers at GR Baker Memorial Hospital	34 - 40
	Corporate Vote - Weighted	
	That funding for Northern Health's replacement of the 25KV breakers at GR Baker Memorial Hospital in the amount of \$248,400, reflecting the CCRHD's 40% portion of cost, be approved and that the necessary bylaw be brought forward to the Board at its August 15, 2025 meeting for consideration of three readings and adoption.	
5.2	Northern Health Funding request for the Replacement of the Nurse Call System at Dunrovin Park Lodge	41 - 47
	Corporate Vote - Weighted	
	That funding for Northern Health's replacement of the nurse's call centre at Dunrovin Park Lodge in the amount of \$297,200, reflecting the CCRHD's 40% portion of cost, be approved and that the necessary bylaw be brought forward to the Board at its August 15, 2025 meeting for consideration of three readings and adoption.	
5.3	<i>TRHD – Request for Letter of Support</i>	48 - 51
	Corporate Vote - Unweighted	
	<i>Action is at the discretion of the Board.</i>	

6. ADJOURNMENT

Corporate Vote - Unweighted

That the meeting of the Cariboo Chilcotin Regional Hospital District Board be adjourned at TIME, July 11, 2025.



**CARIBOO CHILCOTIN
REGIONAL HOSPITAL DISTRICT
MINUTES**

June 20, 2025

9:30 a.m.

**Northern Secwepemc Cultural Centre
4709 Telqua Dr.,
108 Mile Ranch, BC**

PRESENT: Chair A. Richmond, Vice-Chair M. Sjostrom, Director B. Bachmeier, Director J. Massier, Director S. Forseth, Director M. Neufeld, Director M. LeBourdais, Director M. Wagner, Director J. Glassford, Director T. Pare, Director B. Anderson, Director E. de Vries, Director E. Coleman, Director M. Pinkney, Director R. Paull, Director J. Smith

ABSENT: Director S. Rathor

STAFF: M. Daly, Chief Administrative Officer, A. Johnston, Corporate Officer/Deputy CAO, K. Erickson, Chief Financial Officer, N. Whitehead, Manager of Planning Services, S. Masun, Manager of Intergovernmental Relations, L. Loveng, Manager of Procurement, K. McDonald, Manager of Utilities, D. Campbell, Manager of Community Services

1. CALL TO ORDER

1.1 Adoption of Agenda

Corporate Vote - Unweighted

CCH.2025-06-01

Moved Director Pare

Seconded Director Glassford

That the agenda be adopted as presented.

Carried

2. ADOPTION OF MINUTES

2.1 Minutes of the Cariboo Chilcotin Regional Hospital District Board Meeting - May 23, 2025

Corporate Vote - Unweighted

CCH.2025-06-02

Moved Director Glassford

Seconded Vice-Chair Sjostrom

That the minutes of the Cariboo Chilcotin Regional Hospital District Board meeting held May 23, 2025, be adopted.

Carried

3. INFORMATION ITEMS

CCH.2025-06-03

Moved Director LeBourdais

Seconded Director Glassford

That the site plan and design concept for the project proposed on property located at 270 Third Street in 100 Mile house be approved as presented.

Carried

4. ACTION ITEMS

4.1 Interior Health Request for School District 27 Daycare Contribution

Corporate Vote - Weighted

CCH.2025-06-04

Moved Director Forseth

Seconded Director Bachmeier

That policy be waived and the Cariboo Chilcotin Regional Hospital District agrees to contribute up to \$100,000, not to exceed 40% of the total cost, to Interior

Health for School District 27’s costs of converting the Columneetza Dormitory into a childcare centre. Further, that the funding is subject to spaces being reserved for Health Professionals. Further still, that staff be directed to prepare the necessary capital expenditure bylaw for presentation at the next meeting.

Carried

5. ADJOURNMENT

Corporate Vote - Unweighted

CCH.2025-06-05

Moved Director Pare

Seconded Director Glassford

That the meeting of the Cariboo Chilcotin Regional Hospital District Board be adjourned at 10:06 a.m., June 20, 2025.

Carried

Chair

Corporate Officer



Date: 02/07/2025

To: Chair and Directors, Cariboo Chilcotin Regional Hospital District

And To: Murray Daly, Chief Administrative Officer

From: Alice Johnston, Corporate Officer/Deputy CAO

Date of Meeting: Cariboo Chilcotin Regional Hospital District_Jul11_2025

File: Hospital

Short Summary:

Cariboo Chilcotin Regional Hospital District Capital Expenditure (IH – School District 27 Daycare Contribution) Bylaw No. 236, 2025

Voting:

Corporate Vote - Weighted

Memorandum:

At its June 20, 2025 meeting, the CCRHD Board passed the following resolution:

That policy be waived and the Cariboo Chilcotin Regional Hospital District agrees to contribute up to \$100,000, not to exceed 40% of the total cost, to Interior Health for School District 27's costs of converting the Columneetza Dormitory into a childcare centre. Further, that the funding is subject to spaces being reserved for Health Professionals. Further still, that staff be directed to prepare the necessary capital expenditure bylaw for presentation at the next meeting.

Bylaw No. 236 is hereby presented in accordance with the above.

Attachments:

Bylaw No. 236

Financial Implications:

[Click here to enter text.](#)

Policy Implications:

Minor and Major Capital Funding Policy CCH.11-10A-5 is waived.

Alignment with Strategic Plan:

- ☐ **Infrastructure and Asset Management:** To establish a systematic, predictable approach to managing the regional district's assets and infrastructure that builds on current asset management data and condition assessments.

- ☐ **Enhanced Communications and Engagement:** To build trust and credibility of the regional district by enhancing our communications and engagement with citizens, stakeholders, and volunteers.
- ☐ **Effective and Responsive Land Use Planning and Development:** To ensure our land use planning and development is responsive to future growth and housing needs, anticipates risks and hazards associated with climate change and provides efficient and consistent processes for landowners and developers.
- ☐ **Relationships with First Nations:** To foster a healthy and inclusive region by building and strengthening our relationships with First Nations and embracing the principles of reconciliation.

[Click here to enter text.](#)

CAO Comments:

[Click here to enter text.](#)

Options:

1. Endorse recommendations;
2. Other action;
3. Defer.

Recommendation:

#1: That Cariboo Chilcotin Regional Hospital District Capital Expenditure (IH – School District 27 Daycare Contribution) Bylaw No. 236, 2025, be read a first, second and third time, this 11th day of July 2025.

#2: That Cariboo Chilcotin Regional Hospital District Capital Expenditure (IH – School District 27 Daycare Contribution) Bylaw No. 236, 2025 be adopted, this 11th day of July 2025.

CARIBOO CHILCOTIN REGIONAL HOSPITAL DISTRICT

CAPITAL EXPENDITURE BYLAW NO. 236

The Board of the Cariboo Chilcotin Regional Hospital District, duly assembled in open meeting, enacts the following Capital Expenditure Bylaw as required by the *Hospital District Act*;

1. The Board hereby authorizes and approves the expenditure of money as described in Schedule "A" attached hereto and totaling \$100,000.
2. The payment that the Cariboo Chilcotin Regional Hospital District is responsible for shall be funded through monies budgeted in the current year of operation.
3. The Board hereby delegates the necessary authority to the Chief Financial Officer, to settle the terms and conditions of the expenditure.

This Bylaw may be cited for all intents and purposes as the "Cariboo Chilcotin Regional Hospital District Capital Expenditure (IH – School District 27 Daycare Contribution) Bylaw No. 236, 2025".

READ a first time this ____ day of _____, 2025.

READ a second time this ____ day of _____, 2025.

READ a third time this ____ day of _____, 2025.

ADOPTED this ____ day of _____, 2025.

Chair

Corporate Officer

I hereby certify this to be a true copy of "Cariboo Chilcotin Regional Hospital District Capital Expenditure (IH – School District 27 Daycare Contribution) Bylaw No. 236, 2025".

Corporate Officer

SCHEDULE "A"

CARIBOO CHILCOTIN REGIONAL HOSPITAL DISTRICT

SHAREABLE CAPITAL EXPENDITURE

BYLAW NO. 236

Name of Facility	Project Description	CCRHD Share (40%)	Total Project Cost
IH – School District 27 Daycare Contribution	Columnneetza Dormitory – Childcare Centre	\$100,000	\$250,000

From: Media [IH] <Media@interiorhealth.ca>

Sent: June 24, 2025 3:55 PM



Interior Health

Subject: CORRECTION: PSA: Confirmed measles case in Interior Health - Shoppers Drug Mart

Correction: The original public service announcement listed incorrect potential exposure times for Shoppers Drug Mart in Kamloops (a.m. rather than p.m.). This is the accurate information, also corrected in the full PSA below.

- **Shoppers Drug Mart**
1210 Summit Dr, Kamloops, BC
Exposure Date & Time: June 16, 2025 between 9:30 p.m. to 11:35 p.m.

We apologize for this error.

PUBLIC SERVICE ANNOUNCEMENT

For Immediate Release | June 24, 2025

Confirmed measles case in Interior Health

KAMLOOPS - Interior Health has confirmed a single measles case in Kamloops.

Interior Health is following up directly with individuals who are known to have been exposed to the case as part of normal contact tracing. The risk to the broader public is considered low.

However, if you were at the following locations during the time listed below, you may have been exposed to measles:

- **Denny's Restaurant**
570 Columbia St, Kamloops, BC
Exposure Date & Time: June 16, 2025 between 12:00 and 2:45 p.m.
- **Aberdeen Mall**
1320 Trans-Canada Hwy, Kamloops, BC
Exposure Date & Time: June 16, 2025 between 1:00 and 4:00 p.m.
- **Earls Restaurant**
1210 Summit Dr, Kamloops, BC
Exposure Date & Time: June 16, 2025 between 6:30 and 11:30 p.m.
- **Shoppers Drug Mart**
1210 Summit Dr, Kamloops, BC

Exposure Date & Time: June 16, 2025 between 9:30 p.m. to 11:35 p.m.

- **Castles and Cottages**

347 Victoria St, Kamloops, BC

Exposure Date & Time: June 18, 2025 between 9:00 a.m. and 4:00 p.m.

This is the first confirmed measles case in the Interior in 2025. However, there are other cases around the province which may impact people in this region as they travel during the summer. For a full list of exposure locations across BC, please visit the BC Centre for Disease Control [website](#). This will be updated with any possible exposures for flights and airports, as well as potential exposures at BC Ferries.

Measles is a highly infectious disease transmitted by airborne spread. Most people in Canada will be immune to measles due to prior immunization or previous infection.

Individuals exposed to the measles virus should monitor for symptoms that may develop up to three weeks after being exposed. These include fever, dry cough, runny nose and red eyes; followed a few days later by a rash that usually starts on the face and spreads rapidly down to the rest of the body.

If you develop symptoms of measles, please inform your health care provider or hospital before you visit them so they can take precautions to prevent spreading measles to others.

People who are at risk of getting measles are:

- Those who have never had measles disease, and
- Those who have not had two doses of a measles vaccine on or after 12 months of age.

For people who are not fully protected against measles and may have been exposed, we recommend:

- If you were born in 1970 or later and have not had two doses of measles vaccine, you should get a booster dose of measles vaccine. It is most effective if received within three days of being exposed but still can be received after that.
- Certain people should not get the measles vaccine. These include babies less than six months of age, pregnant people, and people with certain immune conditions. If you, or your child, are in one of these groups, please call your local Public Health team as soon as possible and no later than six days after being exposed. You may be advised that you, or your child, receive a medication that can prevent measles disease. This is also provided free of charge.

If you may have been exposed and have not been vaccinated against measles or are unsure, are immunocompromised, have an exposed child under one year of age, or are pregnant, please call 1-855-549-6364 and leave a message. The IH communicable disease team who will review your vaccine history, determine your immunity to measles, and provide recommendations.

Protect yourself and your family

The best way to protect yourself and your loved ones against measles is to ensure vaccinations are up to date. To check your vaccination status please visit interiorhealth.ca/measles.

You can get the vaccine for free at your [local community health centre](#). Your pharmacist (for adults and kids over five) may also have the vaccine available. To book an appointment in Kamloops please call public health at 250-851-7300.

Two doses of measles vaccine are almost 100 per cent effective in preventing this serious illness and last a lifetime. Immunizations are the best defence against measles and other infectious diseases.

The measles vaccine is provided free at public health units and certain family doctors and walk-in clinics. Pharmacists can immunize adults and children over five years old. Please call ahead to ensure vaccine is available at your preferred location.

For additional information on measles, go to [Measles | HealthLink BC](#).

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Interior Health would like to recognize and acknowledge the traditional, ancestral, and unceded territories of the Dākelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, St'át'imc, syilx, and Tšilhqot'in Nations where we live, learn, collaborate and work together.

MEDIA, FOR INFORMATION:



For Immediate Release | June 26, 2025

Additional confirmed measles cases in IH region

IH-WIDE – Interior Health (IH) has confirmed additional measles cases in the Interior.

Locations with identified cases include Kamloops, Kelowna, Salmon Arm and the Nelson area.

IH is following up directly with individuals who are known to have been exposed to the cases as part of normal contact tracing.

For a full list of exposure locations across BC, please visit the BC Centre for Disease Control [website](#). This will be updated with any possible exposures for flights and airports, as well as potential exposures at BC Ferries.

Measles general information:

Measles is a highly infectious disease transmitted by airborne spread. Most people in Canada will be immune to measles due to prior immunization or previous infection.

Individuals exposed to the measles virus should monitor for symptoms that may develop up to three weeks after being exposed. These include fever, dry cough, runny nose and red eyes; followed a few days later by a rash that usually starts on the face and spreads rapidly down to the rest of the body.

If you develop symptoms of measles, please call 811 for an initial assessment. If you need immediate medical attention, please wear a mask when visiting a health-care facility or clinic or ask for a mask when you arrive to help prevent spreading measles to others.

People who are at risk of getting measles are:

- Those who have never had measles disease, and
- Those who have not had two doses of a measles vaccine on or after 12 months of age.

Protect yourself and your family:

The best way to protect yourself and your loved ones against measles is to ensure vaccinations are up to date. To check your vaccination status please visit interiorhealth.ca/measles.

The risk of getting measles for individuals who have received two doses of the measles vaccine is extremely low. Two doses of measles vaccine provide almost 100 per cent protection and last a lifetime.

Interior Health would like to recognize and acknowledge the traditional, ancestral, and unceded territories of the Däkelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, St'át'imc, syilx, and Tsilhqot'in Nations where we live, learn, collaborate and work together.

MEDIA, FOR INFORMATION:

PHONE 1.844.469.7077 EMAIL media@interiorhealth.ca

Individuals who are fully vaccinated against measles do not need to seek testing unless specifically directed for testing by IH public health or if they have symptoms of measles.

The measles vaccine is free in B.C. You can get the vaccine at your [local community health centre](#).

Community Pharmacists in B.C. are able to immunize children as young as four years of age. However, it is important to call the pharmacy to book an appointment as some pharmacies do not provide immunizations for young children.

If you have not had two doses, or you are unsure, you should get vaccinated. It is safe and effective.

For people who are not fully protected against measles and may have been exposed, we recommend:

- If you were born in 1970 or later and have not had two doses of measles vaccine, you should get a booster dose of measles vaccine. It is most effective if received within three days of being exposed but still can be received after that.
- Certain people should not get the measles vaccine. These include babies less than six months of age, pregnant people, and people with certain immune conditions. If you, or your child, are in one of these groups, please call your local Public Health team as soon as possible and no later than six days after being exposed. You may be advised that you, or your child, receive a medication that can prevent measles disease. This is also provided free of charge.

If you may have been exposed and have not been vaccinated against measles or are unsure, are immunocompromised, have an exposed child under one year of age, or are pregnant, please call 1-855-549-6364 and leave a message. The IH communicable disease team will review your vaccine history, determine your immunity to measles, and provide recommendations.

For additional information on measles, go to [Measles | HealthLink BC](#).

- 30 -

From: Digests <Digests@northernhealth.ca>
Sent: July 2, 2025 10:03 AM
To: Alice Johnston <AJohnston@cariboord.ca>
Subject: Northern Health community news

Northern Health Community News

June 2025

Welcome to the Northern Health community update! Stay connected as we bring you monthly updates and valuable insight into health care in the North.

Want more frequent updates? [Follow Northern Health on Facebook](#) where we share news, stories, tips and ideas on healthy living.

Organization and Community News



Measles cases confirmed in Northeast BC

On June 13, Northern Health identified multiple lab-confirmed cases of measles in the Northeast Health Service Delivery Area. [Read more on our website.](#) The BC Centre for Disease Control reports on measles cases in B.C. online at: [Measles](#). Case numbers are updated every Monday and Thursday, and locations of potential exposures are listed on the BCCDC site as well.

Measles is highly contagious and can be very serious with almost 1 in 10 people being hospitalized. Getting immunized with at least two doses of measles-containing vaccine is the best way to prevent measles and potentially serious complications like pneumonia or encephalitis (inflammation of the brain). For information on how and where to get immunized, visit the [measles page](#) on our website.

If you have a fever and rash, and think you may have measles, especially if you have been in contact with someone with measles or traveled to an area with a measles outbreak, talk to a healthcare provider. As always, if you are feeling ill, please delay social visits to long term care settings or acute care patients in Northern Health facilities.



First-of-its-kind in Canada, First Nations healing centre breaks ground

People in Northeastern British Columbia are one step closer to a new centre that will offer a holistic, culturally safe approach to addictions treatment and recovery, supporting more people on their healing journey. [Read the full story on the Ministry of Health website.](#)



Strengthening care for First Nations, Métis, and Inuit patients

As part of Northern Health's (NH) ongoing commitment to Truth and Reconciliation, we are proud to announce the evolution of the Indigenous Patient Liaison program into the Indigenous Care Team (ICT). This change reflects a broader vision—one that supports First Nations, Métis, and Inuit patients and their families in accessing high-quality, culturally-safe health care services across the North. [Read more.](#)



A new sculpture added to Ksyen Regional Hospital

A [brand-new sculpture](#) is now installed in front of Ksyen Regional Hospital in Terrace. This sculpture was made with reclaimed materials from Mills Memorial Hospital and honors the legacy of service that Dr. Mills, his family, and the facility that bore his name gave to the region.

The sculpture was created by [Karl Mattson](#) from his studio in Rolla, BC. In Karl's words, this 14ft tall abstract depiction of a Western Red Cedar has been constructed from steel, stone, and salvaged objects from the former Mills Memorial Hospital. The tree symbolizes life, and the objects it is created from are a testimony of the human condition to care for one another.



National Indigenous History Month

June is National Indigenous History Month - a time to honour the cultures, traditions, and strength of First Nations, Inuit, and Métis peoples. Today, we also mark the 10-year anniversary of the Truth and Reconciliation Commission's release of its 94 Calls to Action.

There are over 200 First Nations in BC with distinct languages, cultures, values, traditions, world views and customs. And Métis people and culture are a vital part of the fabric of our province. This month, and every month, we recognize and celebrate the knowledge, leadership, and cultural richness of Indigenous Peoples. [Read more.](#)



New long-term care beds coming to Fort St. John

Residents in the Northeast will soon have access to additional long-term care beds as the business plan has been approved for an expansion to Peace Villa in Fort St. John.

"As Fort St. John continues to grow, so does the need for strong, modern long-term care infrastructure," said Bowinn Ma, Minister of Infrastructure. "This newly approved long-term care home is a generational investment—expanding access to quality care for seniors, strengthening health services in the region, and creating meaningful jobs for the community." [Read more.](#)



Helpful wildfire resources

Wildfire season has arrived and we have compiled a list of resources to help you stay informed and prepared:

- [Northern Health – Wildfires and your health](#)
- [Extreme heat and heat warnings](#)
- [Wildfire preparedness](#)
- [Latest air quality advisories](#)
- [BC Wildfire fire list](#)
- [Emergency Info BC Advisories](#)
- [Heat Warning in BC](#)
- [Disaster stress](#)
- [BCCDC – Wildfire smoke](#)
- [FireSmoke Canada – BC smoke forecasts](#)

[Recover after a wildfire – Re-entering your home or business](#)



Wildfire smoke information

Poor air quality can be harmful to health, especially for those with chronic conditions like asthma, chronic obstructive pulmonary disease (COPD), heart disease, diabetes, and for pregnant people, infants and children, and older adults.

Take steps to keep you and your loved ones safe and healthy:

- Reduce the amount of time spent outdoors
- Stay hydrated
- Avoid rigorous outdoor activities, like exercise
- Keep windows closed in vehicles and homes
- If you have one, use an indoor air cleaner or filtration system, or recirculate indoor air in a forced air system that is filtered (turn on your furnace fan)

For more information on how to stay safe in smoky conditions visit the [BCCDC Wildfire Smoke page](#).



Appropriate use of the emergency department and options for accessing health care

Emergency rooms in the North can face increasing strain at this time of year. Help take the pressure off the doctors and nurses that serve our communities by seeking care through these options, when you can:

- Call your family care provider
- Visit an urgent primary care centre or primary care clinic if one is available in your community
- Check out [HealthLinkBC.ca](https://www.healthlinkbc.ca) or speak to a nurse at 8-1-1
- Talk to your local pharmacist about their expanded services, and [book an appointment with a pharmacist](#).

- If you do not have a family doctor or nurse practitioner, book an appointment with the [Northern Health Virtual Clinic](#) at 1-844-645-7811
- Call 1-855-344-3800 to book an appointment with the [First Nations Virtual Doctor of the Day](#)

For life-threatening emergencies like chest pains, difficulty breathing, broken bones, or severe bleeding, the ER is the place to be. Call 9-1-1 for transport to your nearest available and appropriate facility. For more information, please visit our [service interruptions page](#).

Health Human Resources (HHR)

The items in this Health Human Resources (HHR) section highlight some of NH's efforts to strengthen health care in the North by improving staff recruitment and retention as part of [BC's Health Human Resources Strategy](#).



Northern Health welcomes associate physicians

In 2024, Northern Health (NH) welcomed the first associate physicians (APs) to the region, with the goal of hiring more to support primary care in Northern facilities.

Associate physician is a licensure class created by the College of Physicians and Surgeons of BC (CPSBC) in 2023. APs can work in emergency departments, operating rooms, and support in-patient care. They are not independent practitioners and work with a level of

autonomy approved by a supervisory physician. [Read more.](#)



A StEP forward in caring for children in Northern BC

Doctors, nurses, and respiratory therapists from across Northern British Columbia recently came together to learn how to better care for seriously ill children. This special training, called the Stabilization Essentials in Pediatrics (StEP) course, took place at the new education centre at Ksyen Regional Hospital in Terrace this spring. [Read more.](#)



Return to the North: An international medical graduate's journey back

Showing a canvas-printed photo of the Stekyoden (also known as Roche de Boule) mountain range in its fall colour splendor, Dr. Savanna Naylor shared with me the story of how she is completing a full circle journey to return to Hazelton, BC to practice medicine. [Read more.](#)



Celebrating staff together – Hospital and community

The next time you walk into Bulkley Valley District Hospital (BVDH) in Smithers, BC, be on the lookout for the “BVDH Celebrates” board in the main hallway. The

board was created by BVDH staff including Dr. Kalah Blackstock, local family physician and Quality Improvement Physician Advisor for the Physician Quality Improvement program, Dr. Kate Niethammer, family physician and Co-Chief of Staff, Elena Raykov, OR Manager, and Ashley van der Meulen, Clinical Practice Lead nurse. [Read more.](#)



2025 Dr. Charles Jago Awards – Recognizing Northern Health staff and medical staff who live our values

Northern Health (NH) strives to make our values – empathy, respect, collaboration, and innovation – the core of what we do every day. The Dr. Charles Jago Awards, named after our former Board Chair, acknowledge and celebrate those who have made outstanding contributions to NH's organizational goals, reflecting our values in the process. [Read the full story on our website.](#)

Recruiters on the road

NH's staff and physician recruitment teams have been out in full swing, sharing what kinds of opportunities set Northern BC apart. The recruiters have attended or presented at:

- May 27 – **Pathways to Indigenous Futures Career Fair**, Fort St. John, BC
- May 30 - Jun 1 – **National Emergency Nursing Association Conference**, Saskatoon, SK
- Jun 5-8 – **Professional Practice Conference (Pharmacy)**, Ottawa, ON
- Jun 5-8 – **Indigenous Physicians Association of Canada Conference**, Saskatoon, SK

- Jun 6 – **BCAS Academic Half Day**, Vancouver, BC
- Jun 6-8 – **BC Rural Health Conference**, Prince George, BC
- Jun 6-8 – **Canadian Association of Pharmacy Technicians National Professional Development Conference**, Prince George, BC
- Jun 13-14 – **Medical Laboratory Professionals Association of Ontario Conference**, Kingston, ON

To see highlights of these events and conferences, check out [Northern Health Careers](#).

Capital Projects



UHNBC Acute Care Tower: The next chapter begins - two construction and design teams advance

After interviews conducted last week, we're pleased to share that two teams have advanced to the Workshops and RFP submission stage for the UHNBC Acute Care Tower Project in Prince George.

- EllisDon Corporation (Construction), DIALOG BC Architecture Engineering and Interior Design Planning Inc. (Design)
- PCL Constructors Westcoast Inc. (Construction), Parkin Architects Western Ltd. (Design)

[Read more on our Let's talk page.](#)



UHNBC Acute Care Tower: Coming soon – your new go-to parking spot

We're excited to share the most up-to-date look at what the new parkade will look like! [This rendering](#) showcases the modern, multi-level design of our upcoming parking structure. With open sides for natural light and ventilation, and greenery thoughtfully planted around the perimeter, this parkade is designed with both functionality and aesthetics in mind. When you're visiting the hospital, this new facility will make parking easier and more convenient.



Dawson Creek and District Hospital Replacement Project: Highlight – interior design inspiration and color schemes

The concepts for the interior design of the new Dawson Creek and District Hospital draws inspiration from features of the surrounding environment; the FLOW of the Pouce Coupe River and Dawson Creek, the CONNECTIONS along the Alaska Highway, and the railroad as important gateways to the surrounding region and the northern lights of the BIG SKY which offers a full spectrum of colour palette. [Read more.](#)



Dawson Creek and District Hospital Replacement Project: Local Artists Shine - Over 650 submissions for new hospital art installation

We recently launched an artist call-out seeking local and regional images to be used on custom wall graphics in the new hospital. We are excited to share that we received over 50 packages from local artists, totaling over 650 images for consideration! The DCDH Art Committee will review the submissions and determine which 13 images are successful and will be installed in the new facility. Stay tuned to learn which artists will have an opportunity to feature their artwork in the new Dawson Creek & District Hospital!

Northern Health Story Highlights

The [Northern Health Stories site](#) is a great place to read about what's going on in Northern Health – people, places, projects, and more! Here are some recent highlights:



- [Fort St. John Cancer Support Circles Society](#)
- [World No Commercial Tobacco Day: Unmasking the appeal](#)
- [The sacred path of Two-Spirit people: Honouring identity, history, and resilience](#)
- [Cultural leave: From smokehouse summers to stonemoving feasts](#)
- [Resourcefulness at Jubilee Lodge: Launching an adaptive clothing loaner program](#)

Ministry of Health highlights

Including highlights from the [Ministry of Health](#) and [Ministry of Mental Health & Addictions](#) that are of interest to all BC residents:

- [Health authority review expands to ensure support for front-line services](#)
- [Farmers' market program delivers another bountiful harvest](#)

Public Health

Northern Health Communities E-Brief – June 2025

The E-Brief is a monthly newsletter sharing resources, learning opportunities, and grant funding that supports community health in Northern BC. [Check out what's new for June 2025.](#)

To subscribe to this monthly newsletter, please email healthycommunities@northernhealth.ca with the subject line "subscribe."

Overdose Prevention and Response



Toxic Drug Alert: Dawson Creek – June 19

Northern Health has issued a Toxic Drug Alert for Dawson Creek. A green substance sold as “down” has been linked to sudden overdoses requiring naloxone and/or hospitalization. Overdoses occur when the substance is inhaled. Use caution when

using substances through any route. [For more information, please visit our website.](#)



Text alerts for toxic drugs available in the North

In response to the toxic drug emergency, a text message alert system was launched across Northern Health. The system sends text alerts with timely information and up-to-date resources to people who use drugs, those who support them, and community members. It's a public health measure to prevent drug poisonings and deaths and provides. Opt-in by texting **JOIN to ALERTS (253787)**. [More information.](#)



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For Immediate Release | June 27, 2025

Updates on KGH pediatrics unit and CEO leadership transition

KELOWNA, BC – Interior Health (IH) remains committed to reopening the Kelowna General Hospital (KGH) pediatric in-patient unit as soon as possible. We are pleased to announce four new physicians have signed offers to join the department. However, at this time, IH does not have the required number of pediatricians available to safely re-open the 10-bed inpatient unit. We continue to work towards resuming services and will provide timely updates to the community.

Several key actions have been taken by the board of directors, senior executive team and KGH medical leadership to reopen the department as soon as possible. These actions include:

- Continued collaboration with the medical staff association and Doctors of BC through an established joint action committee to develop a comprehensive plan to address the staffing challenges and stabilize services over the long term.
- Appointing a neutral, third-party facilitator as soon as possible to make recommendations to the IH board of directors on further actions to support strengthening pediatric services at KGH.
- Susan Brown is concluding her tenure as president & chief executive officer (CEO) and will now focus on supporting the organization in its transition in advance of her pending retirement, as announced last spring.
- Sylvia Weir, the current chief financial officer (CFO) and vice president of corporate services has been appointed interim president & CEO.

"On behalf of the board of directors, I would like to express our sincere appreciation to Susan Brown for her unwavering commitment and service to Interior Health and the health and well-being of the communities we serve during the particularly challenging times of COVID-19 and a global health care worker shortage," said Dr. Robert Halpenny, Interior Health board chair. "The board thanks Susan for her continued support to Interior Health and availability to advance the leadership transition plan as her successor is identified."

Sylvia Weir has 25 years' experience in health care, bringing experience both from the United Kingdom and Canada. As CFO and vice president, Sylvia led IH's business support and accounting functions, manages contracted services and is responsible for capital

Interior Health would like to recognize and acknowledge the traditional, ancestral, and unceded territories of the Däkelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, St'át'imc, syilx, and Tsilhqot'in Nations where we live, learn, collaborate and work together.

planning and projects. Sylvia is known as a values-based leader and is committed to supporting the delivery of front-line clinical services and building strong relationships and community partnerships.

Efforts will continue to reopen KGH's in-patient pediatric unit as soon as possible and we are committed to keeping the community updated as progress continues. KGH remains equipped to support any children requiring emergency care although pediatric in-patients will not be admitted at this time.

In the meantime, we extend gratitude to the pediatricians providing on-call coverage to the emergency department and we thank everyone working at the emergency department for their efforts during this challenging time.

- 30 -

Key actions to support the reopening of Kelowna General Hospital Pediatrics

To support the safe and sustainable reopening of pediatric services at Kelowna General Hospital (KGH), a wide range of initiatives have been undertaken. Recently, a joint action committee in collaboration with Doctors of BC and the KGH Medical Staff Association has been established to more formally collaborate and report out on these efforts. Other actions to address and improve capacity have been made over the past few years.

More Support for Pediatricians

- **Contracts in Progress:** Pediatricians at KGH are currently working under short-term agreements while long-term contracts that reflect their needs are finalized.
- **Rebuilding Relationships:** Interior Health has reached out to community pediatricians to rebuild trust, listen to concerns and work closely together with the goal of strengthen partnerships.
- **New Doctors on the Way:** Four pediatricians have accepted offers. They will be arriving in the coming months, helping us to support and deliver sustainable pediatric care for children and families.

Better Tools and Training for Pediatric Care

- **Enhanced Nurse Training:** Nurses have completed additional pediatric training with a dedicated pediatric nurse educator to support ongoing training needs.
- **Equipment Upgrades:** Capital improvements have been completed to address immediate and future equipment needs essential for safe pediatric care.
- **Faster Transfers:** We are working with other hospitals to make it easier and quicker to transfer children who need care elsewhere, so that they get the help that they need without delay.

Planning for Emergencies

The Rapid Assessment and Transfer (RAFT) team is in place to assist in both the emergency department and general pediatrics, improving responsiveness during peak times.

Looking Ahead

Tier 5 NICU Plan Submitted: A formal business case has been sent to the Ministry of Health to upgrade the NICU to Tier 5 status, dependent on future funding and resources.

Interior Health would like to recognize and acknowledge the traditional, ancestral, and unceded territories of the Däkelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, St'át'imc, syilx, and Tsilhqot'in Nations where we live, learn, collaborate and work together.

Steps Already Taken to Strengthen Pediatric Services:

Operational enhancements

- Implementing a pediatric float nurse role in the emergency department to provide focused support
- Launching the new Stabilization Essentials in Pediatrics (StEP) program in 2024, with another rollout planned for 2026
- Creating opportunities for pediatric clinical pathways and resources to be available around the clock through BC Children's Hospital.
- Hiring a dedicated pediatric clinical pharmacist to improve medication safety and care quality
- Supporting implementation of a pediatric quality committee set up at the provincial level to guide improvements in care

Learning opportunities

- Providing pediatric training to more than 260 nurses to enhance care at emergency departments across the region
- Increasing the number of site-based pediatric educators and hiring two regional pediatric educators to support staff learning
- Providing opportunities for critical care nurses to participate in hands-on pediatric training at BC Children's Hospital
- Providing acute care of at-risk newborn (ACoRN) training to staff at KGH
- Offering BCCH-led pediatric simulation sessions at KGH to support practical learning
- Hosting of monthly reviews by Pediatric critical care teams to learn from real-life cases

Output	Apr	May	Jun	Number (YTD)	June	May	April
New contacts							
Physician	0	3	0	4		Physician	
Nurse/Technologist	0	0	1	8	NP student		
Allied Health	0	0	1	1	RD		
Resident/Locum Student	4	9	5	26	student	resident	student
Community tours	0	1	0	2		Physician	
New arrivals							
Physician	0	0	0	0			
Nurse/Technologist	0	0	0	0			
Allied Health	0	0	0	0			
Resident/Locum/Student	2	3	4	15	Resident	Locum	Resident
Welcome Basket/Swag Bags given:	30	5	5	70	resident student IMG NP student locum	physician student student resident locum	resident PRA candidate Adventures in Healthcare
Housing support provided							
Physician	1	2	2	6	PRA	PRA	PRA
Nurse/Technologist	4	3	2	19	lab	lab	RN
Allied Health	0	0	0	0			
Resident/Locum/Student	3	9	7	23	Resident	locum	student
Follow up contact							
Physician	1	8	8	28	Physician	Physician	Physician
Nurse/Technologist	5	3	4	26	Lab	Lab	Lab
Allied Health	1	2	0	3		NH counselor	physio assistant
Resident/Locum/Student	2	4	1	13	Resident	IMG	
Year One Recognition							
Physician	0	0	2	2	Physician		
Allied Health	0	0	0	0			
Long Term Service/Retirement:							
Physician	0	0	0	0			
Housewarming							
Physician	0	0	1	1	Physician		
Allied Health	0	0	0	0			
Meetings with NH Recruitment team	0	1	2	6	NH recruitment	NH recruitment	NH recruitment
Other	2	2	1	15	Support for spouse (driver's license)	Support for spouse (event)	Support for spouse
Group Events	0	1	1	5	Coffee Club: 3 spouses attending	Coffee Club: 5 spouses attending	
Notes:					Bev & Samantha NCJAC presentation CRD Healthcare meeting	UBC bridging cultures event	Meeting with CNC UNBC RN prg Presentation - Adventures in Healthcare



Date: 04/07/2025

To: Chair and Directors, Cariboo Chilcotin Regional Hospital District

And To: Murray Daly, Chief Administrative Officer

From: Kevin Erickson, Chief Financial Officer

Date of Meeting: Cariboo Chilcotin Regional Hospital District_Jul11_2025

File: Hospital

Short Summary:

Northern Health Funding request for the Replacement of the 25KV Breakers at GR Baker Memorial Hospital

Voting:

Corporate Vote - Weighted

Memorandum:

The existing 25 KV Breakers at GR Baker Memorial Hospital are 38 years old, parts are no longer available and need to be replaced to ensure reliable on-going power supply for the hospital. Total Project cost is \$ 621,000 with the CCRHD's 40% participation being \$ 248,400.

Attachments:

1. Northern Health Bylaw Request – GRB Breaker Upgrade July 3, 2025
2. Northern Health GR Baker Breaker Project Summary
3. GR Baker – 25KV Breaker replacement project description

Financial Implications:

None, this item was identified by Northern Health and is included in the 2025 financial plan.

Policy Implications:

[Click here to enter text.](#)

Alignment with Strategic Plan:

- ☐ **Infrastructure and Asset Management:** To establish a systematic, predictable approach to managing the regional district's assets and infrastructure that builds on current asset management data and condition assessments.
- ☐ **Enhanced Communications and Engagement:** To build trust and credibility of the regional district by enhancing our communications and engagement with citizens, stakeholders, and volunteers.

- ❑ **Effective and Responsive Land Use Planning and Development:** To ensure our land use planning and development is responsive to future growth and housing needs, anticipates risks and hazards associated with climate change and provides efficient and consistent processes for landowners and developers.
- ❑ **Relationships with First Nations:** To foster a healthy and inclusive region by building and strengthening our relationships with First Nations and embracing the principles of reconciliation.

[Click here to enter text.](#)

CAO Comments:

[Click here to enter text.](#)

Options:

1. Endorse recommendation;
2. Other action.

Recommendation:

That funding for Northern Health's replacement of the 25KV breakers at GR Baker Memorial Hospital in the amount of \$248,400, reflecting the CCRHD's 40% portion of cost, be approved and that the necessary bylaw be brought forward to the Board at its August 15, 2025 meeting for consideration of three readings and adoption.

July 3, 2025

Kevin Erickson CPA, CGA
Chief Financial Officer
Cariboo Chilcotin Regional Hospital District
Suite D, 180 North 3rd Avenue
Williams Lake, BC V2G 2A4

emailed: kerickson@cariboord.bc.ca

RE: Bylaw Request – GR Baker Breaker Upgrade

Dear Mr. Erickson:

Northern Health would like to formally request funding of \$248,400 for the Cariboo Chilcotin Regional Hospital District's (CCRHD) share of the GR Baker Breaker Upgrade. This is 40% of the total project budget of \$621,000.

The GRB Breakers are 38 years old, parts are no longer available and need to be replaced to ensure reliable on-going power supply for the hospital. If the main fails, we will need to run our all four generators until we are able to determine a solution. If the sub that feeds the emergency powered leg fail, we are toast on the emergency powered equipment, but the generators will run forever. If the sub that feeds the non-emergency leg fails, we would lose the non-emergency powered equipment and all the new ER.

Please see the attached Capital Project Approval Form for more information.

Thank you for your consideration of this request. If you have any questions, please do not hesitate to contact our office.

Sincerely,



Rob Saro, B.Comm, CPA, CGA
Regional Manager, Capital Accounting

Cc: Daryl Petsul, Senior Operations Officer, NI Rural
Mike Hoefer, ED Capital Planning, Facilities Operations and Logistics
Terri Speed, Cariboo-Chilcotin Regional Hospital District

NH Priority

Advisory Group Rank

Capital Budget	\$ 621,000
Budget Detail	Level 1 (+100/-50)
Project Score	81

Executive Summary

Project Name:	GRB FM Breaker Upgrade		
Project Category:	Project	Project Description:	Breaker
Project Type:	Upgrade	Service Network:	Capital Planning & Support Services
Facility/Site:	GR Baker Memorial Hospital		
Department Name:	Facilities Maintenance		
Contact Person:	John Barrett		
Sponsor(s):	Mike Hoefer, Daryl Petsul		
Initial Creation Date:	8-Jul-24	Version:	1.0 DPT for Amortization: 5361.71.1654000

Project Analysis

Capital Cost	\$ 621,000
Annual Operating Budget Increase(Decrease)	\$ -
Risk Score (risk of not doing project)	Extreme
Mandated by Ministry of Health	No

Sign offs

Title	Name	Initial Sign-Off Date	Final Sign-Off Date
Sponsor	Daryl Petsul		21-Jan-25
Senior Manager	Dean Gagnon		13-Nov-24
Director, Biomed	Scott Nelson		13-Nov-24
ITS Director	Jesse Priseman	27-Aug-24	2-Dec-24
ED, CP FMO & Logistics	Mike Hoefer		3-Feb-25
H.S.A.	Daryl Petsul	27-Nov-24	27-Nov-24
Facilities Maintenance	John Barrett	8-Jul-24	4-Nov-24
Director, Lab & Medical Imaging	n/a		
Director, Capital Planning	Jay Dupras/Jasbir Bhamra	22-Aug-24	20-Nov-24
Business Analyst	Matthew Sombert		26-Nov-24

Project Description

1. Needs Identification

25 KV breakers are 38 years old, parts are no longer available and need to be replaced to ensure reliable on going power supply for the hospital.

2. Relevant Background and Current Situation

25 KV breakers are 38 years old, parts are no longer available. This is a breaker set of three which need two of the three solenoids custom built in California to be installed later this year. Parts of these breakers (solenoids) have already failed which is why we are getting new ones built. There are also manual trip handles which are broken, meaning we have 3/8 nut drivers with sockets to do manual trips if needed. The breakers have a main breaker that feeds two sub breakers. If the main fails we will need to run our all four generators forever until we are able to determine a solution. If the sub that feeds the emergency powered leg fail we are toast on the emergency powered equipment but the generators will run forever. If the sub that feeds the non-emergency leg fails, we would lose the non-emergency powered equipment and all of the the new ER. That said, the new ER would be ok but the ER generators would then run forever until we have a fix for that sub breaker...but parts are the issue so no fix can be done or a manufactured part needs to be made.

3. List reasonable alternatives/options for the project

Maintain the status quo. Have replacement parts manufactured in advance for those parts most likely to fail.

4. Recommended solution

Retrofit existing equipment to new as per attached proposal.

5. Equipment Purchases (if applicable):

If replacement, enter the tag number(s) of the old equipment:

Fiscal year: 20XX/XX 20XX/XX 20XX/XX

Equipment Utilization (last 3 years):

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Projected Utilization (next year):

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Project Description

Will the equipment have an impact on operations (negative or positive)? If yes, provide a description below.

6. Project Scope

As per attached proposal.

7. Service Provision During Project Implementation

8. Innovation: Is this project innovative? Not innovative If yes, describe how:

9. Desired Outcomes:

Installation of current and reliable equipment to ensure continuous power supply for the site.

10. Strategic Alignment:

[2025 Strategic Plan](#)

Priority 5 - Modernize capital infrastructure and equipment to meet the needs of Northerners

Project Description	



Date: 04/07/2025

To: Chair and Directors, Cariboo Chilcotin Regional Hospital District

And To: Murray Daly, Chief Administrative Officer

From: Kevin Erickson, Chief Financial Officer

Date of Meeting: Cariboo Chilcotin Regional Hospital District_Jul11_2025

File: Hospital

Short Summary:

Northern Health Funding request for the Replacement of the Nurse Call System at Dunrovin Park Lodge

Voting:

Corporate Vote - Weighted

Memorandum:

The existing Nurse Call system has recently experienced multiple breakdowns and has become very unreliable. Sourcing replacement parts has become very difficult. The nurse call system has had ongoing issues for the past several years. There is no resolution for the nurse call except replacement. Total Project cost is \$743,000 with the CCRHD's 40% participation being \$297,200.

Attachments:

1. Northern Health Bylaw Request – DPL Nurse Call System July 3, 2025
2. Project Summary
3. Project Description

Financial Implications:

None, this item was identified by Northern Health and is included in the 2025 financial plan.

Policy Implications:

[Click here to enter text.](#)

Alignment with Strategic Plan:

- ☐ **Infrastructure and Asset Management:** To establish a systematic, predictable approach to managing the regional district's assets and infrastructure that builds on current asset management data and condition assessments.

- ☐ **Enhanced Communications and Engagement:** To build trust and credibility of the regional district by enhancing our communications and engagement with citizens, stakeholders, and volunteers.
- ☐ **Effective and Responsive Land Use Planning and Development:** To ensure our land use planning and development is responsive to future growth and housing needs, anticipates risks and hazards associated with climate change and provides efficient and consistent processes for landowners and developers.
- ☐ **Relationships with First Nations:** To foster a healthy and inclusive region by building and strengthening our relationships with First Nations and embracing the principles of reconciliation.

[Click here to enter text.](#)

CAO Comments:

[Click here to enter text.](#)

Options:

1. Endorse recommendation;
2. Other action.

Recommendation:

That funding for Northern Health's replacement of the nurse's call centre at Dunrovin Park Lodge in the amount of \$297,200, reflecting the CCRHD's 40% portion of cost, be approved and that the necessary bylaw be brought forward to the Board at its August 15, 2025 meeting for consideration of three readings and adoption.

July 3, 2025

Kevin Erickson CPA, CGA
Chief Financial Officer
Cariboo Chilcotin Regional Hospital District
Suite D, 180 North 3rd Avenue
Williams Lake, BC V2G 2A4

emailed: kerickson@cariboord.bc.ca

RE: Bylaw Request – DPL Nurse Call System

Dear Mr. Erickson:

Northern Health would like to formally request funding of \$297,200 for the Cariboo Chilcotin Regional Hospital District's (CCRHD) share of the DPL Nurse Call System. This is 40% of the total project budget of \$743,000.

The Nurse Call system is used to help patients request assistance from nurses and caregivers. The current system has reached end of life and parts are difficult to find. There has been re-occurring failures of the system and replacement is required as soon as possible.

Please see the attached Capital Project Approval Form for more information.

Thank you for your consideration of this request. If you have any questions please do not hesitate to contact our office.

Sincerely,



Rob Saro, B.Comm, CPA, CGA
Regional Manager, Capital Accounting

Cc: Daryl Petsul, Senior Operations Officer, NI Rural
Mike Hoefer, ED Capital Planning, Facilities Operations and Logistics
Terri Speed, Cariboo-Chilcotin Regional Hospital District

NH Priority	<input type="text"/>	Capital Budget	\$ 743,000
Advisory Group Rank	<input type="text"/>	Budget Detail	Level 1 (+100/-50)
		Project Score	79

Project Name:	DPL FM Nurse Call Replacement		
Project Category:	Equipment	Equipment Description:	Nurse Call
Project Type:	Replacement	Service Network:	Capital Planning & Support Services
Facility/Site:	Dunrovin Park Lodge		
Department Name:	Facilities Maintenance		
Contact Person:	John Barrett		
Sponsor(s):	Mike Hoefer, Daryl Petsul		
Initial Creation Date:	8-Sep-23	Version:	1.0 DPT for Amortization: 5362.71.1654000

Project Analysis

Capital Cost	\$	743,000
Annual Operating Budget Increase(Decrease)	\$	30,600
Risk Score (risk of not doing project)		Extreme
Mandated by Ministry of Health		No

Sign offs

Title	Name	Initial Sign-Off Date	Final Sign-Off Date
Sponsor	Mike Hoefer		3-Feb-25
Senior Manager	Dean Gagnon	6-Aug-24	13-Nov-24
Director, Biomed	Scott Nelson		13-Nov-24
ITS Director	Jesse Priseman		2-Dec-24
Capital Planning	Rebecca Gustafson/Jasbir Bhamra	7-Aug-24	20-Nov-24
SOO	Daryl Petsul		21-Jan-25
Facilities Maintenance	John Barrett	6 Sept. 2023	4 Nov. 24
H.S.A.	Daryl Petsul	27 Nov. 2024	27-Nov-24
Business Analyst	Matt Sombert		26-Nov-24

Project Description

1. Needs Identification

The existing Nurse Call (N/C) system has reached end of life and parts are now very difficult to find.

2. Relevant Background and Current Situation

The existing N/C system has recently experienced multiple breakdowns and has become very unreliable. Sourcing replacement parts has become very difficult. We have had two resident incidents due to the call bells not alerting staff. It is not reasonable to ask staff to continue 15 minute checks as there are a limited number of staff on per shift. The nurse call system has had ongoing issue for the past several years. Dominic from IT completed a site visit to Quesnel to troubleshoot our Vocera and nurse call issues. There is no resolution for the nurse call except replacement. One of the units has no bell alarms and is not ringing to the staff's Vocera. The only indicator is the light over the resident door which does not sound.

3. List reasonable alternatives/options for the project

Continue to operate and attempt to maintain the existing system.

4. Recommended solution

Replace existing N/C system.

5. Equipment Purchases (if applicable):

If replacement, enter the tag number(s) of the old equipment: _____

Fiscal year: 20XX/XX 20XX/XX 20XX/XX

Equipment Utilization (last 3 years):

--	--	--

Projected Utilization (next year):

--

Project Description

Will the equipment have an impact on operations (negative or positive)? If yes, provide a description below.

6. Project Scope

As per attached.

7. Service Provision During Project Implementation

Work with clinical staff to ensure no interruption of service.

8. Innovation: Is this project innovative? Not innovative If yes, describe how:

9. Desired Outcomes:

A nurse call system that is reliable and functions as intended. Lessen impact in clinical staff due to current requirement to confirm legitimacy of calls from resident rooms.

10. Strategic Alignment:

[2021-2023 Strategic Plan](#)

Priority 5 - Works with regional hospital districts, foundations, and auxiliaries to invest in capital projects, facilities, and equipment to meet health care needs

Priority 4 - Supports people to enjoy fulfilling careers.

Priority 5 - Works with regional hospital districts, foundations, and auxiliaries to invest in capital projects, facilities, and equipment to meet health care needs	
Priority 4 - Supports people to enjoy fulfilling careers.	

Project Description	



Date: 09/07/2025

To: Chair and Directors, Cariboo Regional Hospital District Board

And To: Murray Daly, Chief Administrative Officer

From: Alice Johnston, Corporate Officer/Deputy CAO

Date of Meeting: Cariboo Chilcotin Regional Hospital District_Jul11_2025

File: Hospital

Short Summary:

TRHD – Request for Letter of Support

Voting:

Corporate Vote - Unweighted

Memorandum:

The Thompson Regional Hospital District is lobbying Interior Health and the provincial government to include space for a future PET/CT scanner in the new cancer facility at Royal Inland Hospital and is requesting CCRHD Board support.

This item is included at late publishing as it is time sensitive.

Attachments:

- 1) Letter from TRHD Chair Mike O'Reilly
- 2) OpEd from TRHD Chair Mike O'Reilly

Financial Implications:

n/a

Policy Implications:

n/a

Alignment with Strategic Plan:

- ☐ **Infrastructure and Asset Management:** To establish a systematic, predictable approach to managing the regional district's assets and infrastructure that builds on current asset management data and condition assessments.
- ☐ **Enhanced Communications and Engagement:** To build trust and credibility of the regional district by enhancing our communications and engagement with citizens, stakeholders, and volunteers.

- ☐ **Effective and Responsive Land Use Planning and Development:** To ensure our land use planning and development is responsive to future growth and housing needs, anticipates risks and hazards associated with climate change and provides efficient and consistent processes for landowners and developers.
- ☐ **Relationships with First Nations:** To foster a healthy and inclusive region by building and strengthening our relationships with First Nations and embracing the principles of reconciliation.

Click here to enter text.

CAO Comments:

Click here to enter text.

Options:

- 1) Provide letter of support as requested;
- 2) No action.

Recommendation:

Action is at the discretion of the Board.



THOMPSON REGIONAL HOSPITAL DISTRICT

#300 - 465 Victoria Street
Kamloops, British Columbia, V2C 2A9

Telephone (250) 377-8673
Fax (250) 372-5048

Dear Chair Richmond,

As you are aware, Royal Inland Hospital will be receiving an upgraded cancer centre, with construction expected to begin this fall.

The new cancer centre will house three linear accelerators to provide radiation treatment for patients west of the Okanagan Valley. Undoubtedly, this will be a welcome development for residents of the Thompson, Nicola, and Cariboo regions, who will no longer need to travel to Kelowna for radiation therapy.

Unfortunately, the new cancer centre will not only lack a PET/CT scanner, but it will also not have the infrastructure to accommodate one in the future. Our Board finds this decision incredibly short-sighted for several reasons, including the following:

1. More people from the Thompson, Nicola, and Cariboo regions travel to Kelowna for PET/CT scans than for radiation therapy.
2. The next major capital project at Royal Inland Hospital is not expected for at least 13 years.
3. Every other new or upgraded cancer centre announced in B.C. over the past year — including those in Surrey (2), UBC, Nanaimo, and Burnaby — will have a PET/CT scanner.

The Thompson Regional Hospital District has been actively lobbying Interior Health and the provincial government to include space for a future PET/CT scanner in the new facility. Our efforts have included an in-person meeting in Victoria with the Honourable Minister Josie Osborne and the Honourable Minister Bowinn Ma.

We have since received responses from both Interior Health and the provincial government indicating that they do not intend to include this space in the current plans.

We would appreciate your Board's consideration in supporting our request to include space for a PET/CT scanner in the new cancer centre at Royal Inland Hospital. We believe this addition would have a significant and positive impact on cancer patients from the Cariboo region. For your reference, I have attached an editorial published last month highlighting the need for and benefits of a PET/CT scanner in Kamloops.

Please feel free to reach out to me directly if you have any questions.

Regards,



Mike O'Reilly
Chair
Thompson Regional Hospital District



THOMPSON REGIONAL HOSPITAL DISTRICT

#300 - 465 Victoria Street
Kamloops, British Columbia, V2C 2A9

Telephone (250) 377-8673
Fax (250) 372-5048

No, a PET/CT is Not an Option

Since the new Kamloops Cancer Centre was announced, doctors, healthcare workers, First Nations, Thompson Regional Hospital District (TRHD) Directors, municipalities, and local MLAs have been calling on the provincial government to allocate space for a future Positron Emission Tomography (PET) scanner — or more specifically, a **PET/CT** scanner. Yes, you read that correctly: not an actual PET/CT scanner, but just the space to house one in the future.

So, what is a PET/CT scan, you might wonder? This specialized imaging test helps diagnose certain cancers, determines how far the cancer has spread (staging), checks if cancer treatment is working, and can also detect if cancer has recurred or spread to other parts of the body. It's also used to help diagnose some non-cancerous conditions.

Currently, patients who live within TRHD communities must travel to Kelowna for radiation treatments, often driving over four hours each way to receive care. While having radiation treatment available in Kamloops will undoubtedly be a relief to local residents, there are **more** people in need of a PET/CT scan who must make the same long trek to Kelowna.

This week, BC Cancer made a lot of great announcements, including that Nanaimo, Burnaby, Surrey (2) are all getting PET/CT scanners. But that wasn't all; UBC is having its PET/CT scanner replaced with a new PET/CT that will be the fastest in Canada. Kamloops? Nothing.

Does the provincial government think PET/CT scanners are important? To quote Minister of Health Josie Osborne this week on the UBC announcement: "This new PET/CT scanner will be transformative. People with cancer today will benefit from high-quality images and a more accurate diagnosis. In the future, people who receive a cancer diagnosis could have access to innovative, precision treatments developed through research enabled by this technology."

We're not asking for anything extraordinary or superior to what other cancer centres in B.C. provide —we're simply asking for the same. In short, we're asking for **equitable healthcare** for everyone in our region.

Anyone familiar with Royal Inland Hospital (RIH) in Kamloops knows that the site is constrained and its topography is challenging. It's not feasible to simply just add a PET/CT room somewhere on the campus. In fact, the next major capital project at RIH won't be completed until at least 2038 — another 13 years of people in our region having to drive to Kelowna for a PET/CT scan. The best time to add space for PET/CT was 10 years ago, the next best time is now.

I invite Minister Osborne to come to Blue River this January and we can take the 4.5 hour drive to Kelowna for a one hour appointment and then drive back.

As one cancer patient from the North Thompson Valley recently told me, "If the cancer doesn't get you, the highway will."

Mike O'Reilly, Chair

Thompson Regional Hospital District