PEACE RIVER REGIONAL HOSPITAL DISTRICT

Regional Hospital District Board Meeting
Agenda

November 6, 2025, Immediately following the Regional Board Meeting

1981 Alaska Avenue, Dawson Creek, BC

PEACE RIVER REGIONAL HOSPITAL DISTRICT

REPORT

To: Peace River Regional Hospital District Board Report Number: ADM-RHD-039

From: Corporate Administration Date: November 6, 2025

Subject: Regional Hospital District Board Chair and Vice-Chair 2025-2026

RECOMMENDATION: *[Corporate Unweighted]*

That the Peace River Regional Hospital District Board confirm that the Chair and Vice-Chair of the Peace River Regional District Board are also the Chair and Vice-Chair of the Peace River Regional Hospital District Board for 2025-2026.

BACKGROUND/RATIONALE:

Section 8 of the ***Hospital District Act*** states:

(1) A regional hospital district board consists of the directors on the board of the regional district that corresponds to the regional hospital district.

Section 17 of the ***Hospital District Act*** states:

(1) The auditor and the officers and employees of the board of the regional district that corresponds to the regional hospital district board are the auditor and the corresponding officers and employees of the regional hospital district board, and the regional hospital district board may specify their duties.

(3) Despite subsection (1), the board may elect from its members a person other than the chair of the regional board, as the chair of the board.

Past practice for the Peace River Regional Hospital District Board is to confirm that the persons elected as Chair and Vice Chair of the Peace River Regional District Board are also the Chair and Vice Chair of the Peace River Regional Hospital District Board.

ALTERNATIVE OPTIONS:

1. That the Regional Hospital District Board hold an election for the Chair and Vice Chair of the Peace River Regional Hospital District.

STRATEGIC PLAN RELEVANCE:

☒ Not Applicable to Strategic Plan.

FINANCIAL CONSIDERATION(S): None.

COMMUNICATIONS CONSIDERATION(S): None.

OTHER CONSIDERATION(S): None.

Staff Initials: CW Dept. Head Initials: TH CAO: Shawn Dahlen Page 1 of 1

PEACE RIVER REGIONAL HOSPITAL DISTRICT

REGIONAL HOSPITAL DISTRICT BOARD MEETING MINUTES

October 2, 2025
Immediately following the Regional Board Meeting
1981 Alaska Avenue, Dawson Creek, BC

Directors Present:
Chair Hiebert, Electoral Area D
Vice-Chair Dober, City of Dawson Creek
Director Hansen, City of Fort St. John (via Zoom)
Director Graham, Electoral Area B
Director Krakowka, District of Tumbler Ridge
Director Quibell, District of Hudson's Hope
Director Rose, Electoral Area E
Director Sperling, Electoral Area C
Director Taillefer, District of Taylor (via Zoom)
Director Veach, Village of Pouce Coupe
Director Zabinsky, City of Fort St. John

Staff Present:
Shawn Dahlen, Chief Administrative Officer
Roxanne Shepherd, Chief Financial Officer
Joanne Caldecott, Deputy Corporate Officer
Kari Bondaroff, General Manager of Environmental Services (via Zoom)
Ashley Murphey, General Manager of Development Services
Mike Watkins, General Manager of Protective Services
Daris Gillis, Environmental Services Manager
Bryna Casey, Community Services Manager
Gerritt Lacey, Solid Waste Services Manager
Trevor Ouellette, IT Manager
Olivia Lundahl, Electoral Area Officer
Carmen Willms, Legislative Services Clerk/Recorder

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1. CALL TO ORDER

The Chair called the meeting to order at 1:27 p.m.

2. ADOPTION OF AGENDA

RHD/25/10/01
MOVED Director Veach
SECONDED Director Quibell
That the Peace River Regional Hospital District Board adopt the October 2, 2025 meeting agenda:
1. CALL TO ORDER
2. ADOPTION OF AGENDA

(Cont'd on next page)

3. GALLERY COMMENTS OR QUESTIONS
4. ADOPTION OF MINUTES
4.1 Regional Hospital Draft Meeting Minutes of September 18, 2025
5. BUSINESS ARISING FROM THE MINUTES
6. DELEGATIONS
7. CORRESPONDENCE
8. REPORTS
8.1 Proposed Memorandum of Understanding for Hospital District Act Reform, ADM-RHD-037
9. BYLAWS
10. NEW BUSINESS
11. CONSENT CALENDAR
11.1 Card from Minister Josie Osborne Re: Thank You
12. NOTICE OF MOTION
13. MEDIA QUESTIONS
14. RECESS TO CLOSED SESSION
14.1 Notice of Closed Regional Hospital District Meeting-October 2, 2025, ADM-RHD-036
15. ADJOURNMENT

CARRIED

3. GALLERY COMMENTS OR QUESTIONS

4. ADOPTION OF MINUTES

4.1 Regional Hospital Draft Meeting Minutes of September 18, 2025

RHD/25/10/02

MOVED Director Sperling
SECONDED Director Quibell

That the Regional Hospital District Board adopt the Regional Hospital District Board Meeting Minutes of September 18, 2025.

CARRIED

5. BUSINESS ARISING FROM THE MINUTES

6. DELEGATIONS

7. CORRESPONDENCE

8. REPORTS

8.1 Proposed Memorandum of Understanding for Hospital District Act Reform, ADM-RHD-037

RHD/25/10/03

MOVED Director Veach
SECONDED Director Zabinsky

That the Peace River Regional Hospital District Board enter the Memorandum of Understanding between the five other Regional Hospital Districts within Northern Health, which captures the intent to undertake advocacy relative to funding challenges and outlines key areas of focus and how the group will work together to advocate for Hospital District Act Reform; further, that the Chair and Chief Administrative Officer be authorized to sign the Memorandum of Understanding on behalf of the Peace River Regional Hospital District.

8.1 Proposed Memorandum of Understanding for Hospital District Act Reform, ADM-RHD-037 (Cont'd)

Directors confirmed with staff whether the proposed Memorandum of Understanding related to the *Hospital District Act* reform and related to the annual meeting between Regional Hospital Districts. Staff explained that the proposed Memorandum of Understanding was regarding the contribution of 40% allocation of funding where the Regional Hospital Districts were looking to address inconsistencies with the percentages paid by Regional Hospital Districts for infrastructure projects and address concerns about tax requisition disparity.

The Chair called the Question to the Motion. **CARRIED**

9. BYLAWS

10. NEW BUSINESS

11. CONSENT CALENDAR

RHD/25/10/04
MOVED Director Veach
SECONDED Director Zabinsky
That the Regional Hospital District Board receive the October 2, 2025 Consent Calendar.

CARRIED

12. NOTICE OF MOTION

13. MEDIA QUESTIONS

14. RECESS TO CLOSED SESSION

14.1 Notice of Closed Regional Hospital District Meeting-October 2, 2025, ADM-RHD-036

RHD/25/10/05
MOVED Director Veach
SECONDED Director Graham
That the Regional Hospital District Board recess to a Closed Meeting at 1:33 p.m. for the purpose of discussing the following items:

Agenda Item	Description	Authority
3.1, 5.1 & 5.2	Minutes	CC Section 97(1)(b) Closed Minutes, access to records.

CARRIED
OPPOSED: Directors Graham, Krakowka and Quibell

Director Krakowka stated that he objected to the Closed Regional Hospital District Meeting and said that he considered any matters concerning Northern Health should be dealt with in an open meeting.

15. RECONVENE AND ADJOURN

The Chair reconvened and adjourned the Open Hospital District Board meeting at 1:57 p.m.

CERTIFIED a true and correct copy of the Minutes of the Peace River Regional Hospital District Board meeting held on October 2, 2025 in the Regional District Office Board Room, 1981 Alaska Avenue, Dawson Creek, BC.

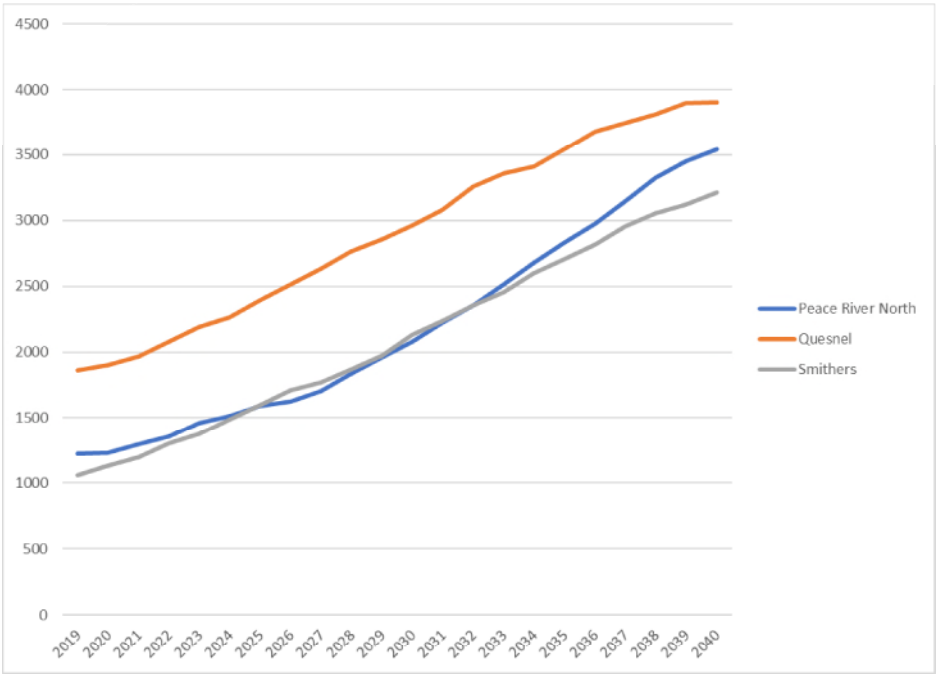
Leonard Hiebert, Chair

Tyra Henderson, Corporate Officer

Senior Services Model Community Comparison

Fort St. John, Smithers and Quesnel

Population Context



PEOPLE Oct 2021 75+ age groups population projections for 3 LHAs

- Fort St. John, Smithers and Quesnel all have increasing senior's populations.
- Quesnel has a higher volume of 75+ in the future, with Smithers and Fort St. John having similar volumes until 2032 when Fort St. John's is consistently higher.

Model Methodology

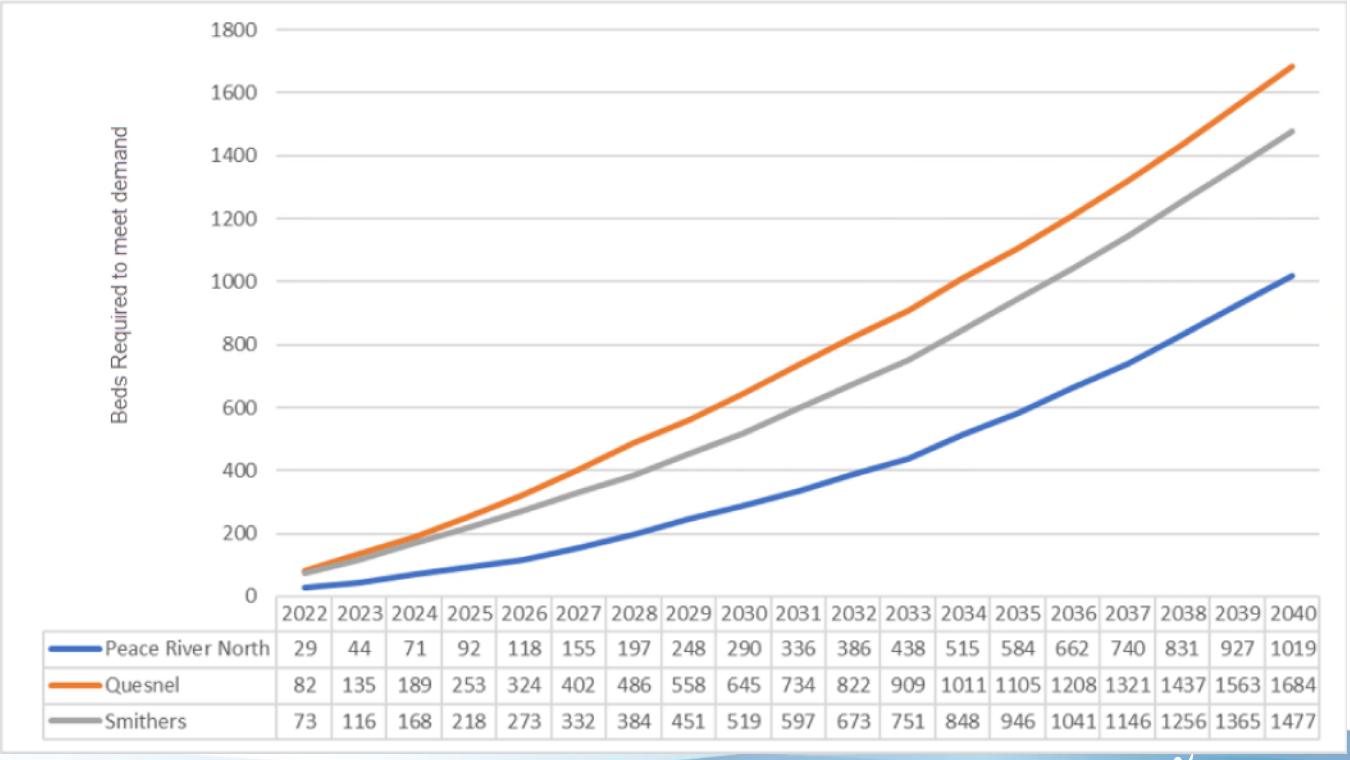
- The predictive model incorporates several factors, not only population projections for each Local Health Area. The model has the following inputs:
  - PEOPLE population projections from the provincial government
  - Historical utilization of services for long term care, specifically
    - Length of Stay
    - Waitlists
  - Current beds
  - Clinical Assessments

Approved LTC Beds

- Northern Health has used the Senior Services Modelling to inform capital business cases over the past 6 years.
- The below table shows current, replacements, additions and net total for Quesnel, Smithers, and Fort St. John for comparison.

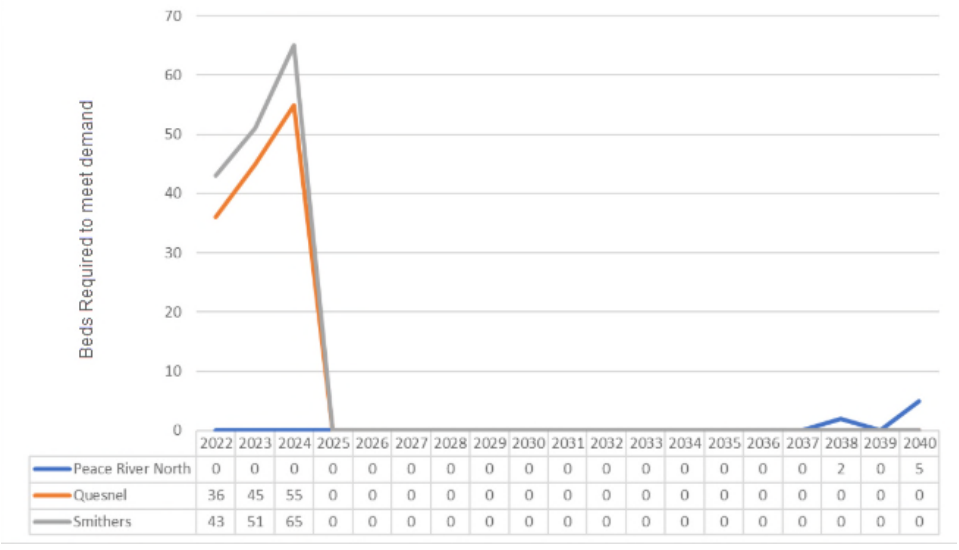
Community	Current Beds	Replacement Beds	New Beds	Net Total Beds
Quesnel	120	67	221	341
Smithers	70	56	160	230
Fort St. John	124	0	84	208

Model Results – Status Quo



	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040
Peace River North	29	44	71	92	118	155	197	248	290	336	386	438	515	584	662	740	831	927	1019
Quesnel	82	135	189	253	324	402	486	558	645	734	822	909	1011	1105	1208	1321	1437	1563	1684
Smithers	73	116	168	218	273	332	384	451	519	597	673	751	848	946	1041	1146	1256	1365	1477

Model Results



	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040
Peace River North	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	5
Quesnel	36	45	55	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Smithers	43	51	65	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

- Adding the proposed beds referenced in the previous slide for Peace River North , Quesnel and Smithers in 2025. Each LHA continues to meet service demands until 2040 for Quesnel and Smithers and until 2037 for Peace River North.

Future Service Delivery

Household Model:

- A household model (“household”) reimagines three core elements of a traditional nursing home: the physical environment, the philosophy of care, and the workforce model. The goal of a household is to create community within a space that residents recognize as home.

- The household model will be the foundation for planning. Functional programming assumes 12-bed households that will each include the basic supports of daily living; two households will then come together to form a “neighborhood”, where certain spaces will be shared between 24 residents.

- The aim is to provide the ability to accommodate various levels of senior care, in a person-centered, safe, and comfortable built environment to residents who are no longer able to care for themselves entirely on their own or with the help of a loved one.

Board & Administration Office
#600 - 299 Victoria Street,
Prince George, BC V2L 5B8
Telephone: (250) 645-8542
www.northernhealth.ca

October 27, 2025

Peace River Regional District
Attention: Chair Leonard Hiebert
Box 810, 1981 Alaska Avenue
Dawson Creek, BC
V1G 4H8

Via email: leonard.hiebert@prrd.bc.ca

Dear Chair Hiebert,

Re: Naming of new Dawson Creek and District Hospital

Following recent discussions regarding the naming of the new Dawson Creek and District Hospital, I would like to invite you to participate in a workshop to discuss the topic of naming the new hospital.

We are inviting representatives from the Treaty 8 First Nations, the City of Dawson Creek and the Peace River Regional District to come together to collaboratively discuss the current hospital name and consider the possibility of exploring a new Indigenous name, or an Indigenous companion name, that reflects the values, cultures, and communities the hospital serves.

As we move through this process together, and until a shared recommendation is reached, the working name for the new facility will remain as “Dawson Creek and District Hospital”.

In addition to yourself, we are offering the opportunity for your organization to nominate an additional representative to participate in the discussions. Your perspectives and contributions are vital to ensuring this process is inclusive and respectful of all voices.

Northern Health is committed to reconciliation and to fostering a process that is consensus-based, collaborative, and reflective of our shared commitment to honoring Indigenous cultures and community partnerships.

To help coordinate next steps, Angela De Smit, VP Professional Practice, Chief Nursing & Allied Health Executive for Northern Health will be reaching out to you directly.

Thank you for your time and willingness to engage with us in this important work. We look forward to collaborating in the spirit of partnership and mutual respect.

Sincerely,

Ciro Panessa
President & Chief Executive Officer
Northern Health

cc: Lisa Zetes-Zanatta, Vice President Operations, Northern Health
Steve Raper, Vice President Communications & Public Relations, Northern Health
Mark De Croos, VP Financial and Corporate Services/Chief Financial Officer, Northern Health

PEACE RIVER REGIONAL HOSPITAL DISTRICT

REPORT

To: Peace River Regional Hospital District Board Report Number: FN-RHD-043

From: Financial Administration Date: November 6, 2025

Subject: Revenue Anticipation Borrowing Resolution No. 85

RECOMMENDATION: *[Corporate Weighted]*

THAT WHEREAS pursuant to Section 31 of the *Hospital District Act,* the Hospital Board may, by resolution, borrow for purposes other than capital expenditures, by way of temporary loan, such sums as the Board may deem necessary to meet current operating expenditures for the year including the amount required for principal and interest falling due within the year upon any debt of the Board;

AND WHEREAS pursuant to Section 25 of the *Act*, member municipalities and the Province are not required to make payment from taxation revenues of amounts requisitioned by a District until August 1st, of each year;

AND WHEREAS estimated debt retirement and bank interest charges in the amount of $3,000,000 must be paid before payment of such revenue is due;

NOW THEREFORE, BE IT RESOLVED that the Board of the Peace River Regional Hospital District authorize borrowing in 2026 pursuant to Section 31 of the *Hospital District Act* a sum not exceeding $3,000,000 for the purpose of paying the above-mentioned debt retirement and bank interest charges.

BACKGROUND/RATIONALE:

Section 31 of the *Hospital District Act* permits the borrowing of funds for the purposes of operating expenditures for the year in anticipation of the receipt of the annual requisition on August 1st. This resolution permits the Regional Hospital District to continue operations until the requisition is received.

Regional Hospital Districts typically receive their requisition money from the Surveyor of Taxes and member municipalities annually on the first business day of August. During the period from January 1st to receiving its requisition, the Regional Hospital District uses surplus funds from the previous year to finance operations. If these funds were to be depleted, the Regional Hospital District would be required to interim borrow for operational needs until receipt of requisition funds. This situation has never occurred to date for the PRRHD.

ALTERNATIVE OPTIONS:

The Regional Hospital District Board may choose not to authorize temporary borrowing and risk not having sufficient funds to repay debt that comes due prior to August 1, 2026.

STRATEGIC PLAN RELEVANCE:

☒ Not applicable to Strategic Plan

FINANCIAL CONSIDERATION(S):

The PRRHD will be authorized to borrow up to $3,000,000 with this approval to fund ongoing operations until the tax requisition funds are received in August 2026. If the funds are necessary, the PRRHD would incur interest expenses at the rate available at the time. All money borrowed must be repaid within 9 months of the date of the borrowing as per Section 31 of the *Hospital District Act.*

COMMUNICATIONS CONSIDERATION(S):

If approved, a certified copy of the resolution will be forwarded to the Municipal Finance Authority and the PRRHD's bank for their records. This will provide the Finance Department with the authority to undertake the borrowing, if necessary.

OTHER CONSIDERATION(S):

None at this time.

Attachment:

1. Regional Hospital District Resolution No. 85, 2025

PEACE RIVER REGIONAL
HOSPITAL DISTRICT

RESOLUTION NO. 85, 2025

WHEREAS pursuant to Section 31 of the *Hospital District Act*, the Hospital Board may by resolution, borrow for purposes other than capital expenditures, by way of temporary loan, such sums as the Board may deem necessary to meet current operating expenditures for the year including the amount required for principal and interest falling due within the year upon any debt of the Board;

AND WHEREAS pursuant to Section 25 of the *Act*, member municipalities and the Province are not required to make payment from taxation revenues of amounts requisitioned by a District until August 1st, of each year;

AND WHEREAS estimated debt retirement and bank interest charges in the amount of $3,000,000 must be paid before payment of such revenue is due;

NOW THEREFORE, BE IT RESOLVED that the Board of the Peace River Regional Hospital District authorize borrowing in 2026 pursuant to Section 31 of the *Hospital District Act* a sum not exceeding $3,000,000 for the purpose of paying the above mentioned debt retirement and bank interest charges.

I, Tyra Henderson, Corporate Officer, of the Peace River Regional Hospital District, certify the above to be a true copy of Resolution No. 85, 2025 adopted by the Peace River Hospital District Board at its meeting held on the _____, 2025.

Dated at Dawson Creek, British Columbia on _____, 2025.

_____
Tyra Henderson,
Corporate Officer

PEACE RIVER REGIONAL HOSPITAL DISTRICT

REPORT

To: Peace River Regional Hospital District Board Report Number: FN-RHD-044

From: Financial Administration Date: November 6, 2025

Subject: PRRHD Capital Expenditure Amendment Bylaw No. 214, 2025

RECOMMENDATION #1: *[Corporate Weighted]*

That the Peace River Regional Hospital District Board give "Peace River Regional Hospital District Capital Expenditure Amendment Bylaw No. 214, 2025", which amends Bylaw 204 to reflect the increased overall cost of the Dawson Creek & District Hospital project and authorizes a capital expenditure for the project of up to $177 million dollars, first three readings.

RECOMMENDATION #2: *[Corporate Weighted – 2/3 Majority]*

That the Peace River Regional Hospital District Board adopt "Peace River Regional Hospital District Capital Expenditure Amendment Bylaw No. 214, 2025".

BACKGROUND/RATIONALE:

On June 10, 2021, the Regional Hospital Board passed the following resolution:

> *MOVED, SECONDED and CARRIED,*
> *That the Regional Board adopt Peace River Regional Hospital District Capital Expenditure Bylaw No. 204, 2021.*

Bylaw 204 authorized funding $150,229,000 of the estimated $377,860,000 total budget for the Dawson Creek and District Hospital project. Subsequently, Northern Health issued procurement documents for the project, and the project cost was increased to $590 million.

On June 8, 2023 the Regional Hospital Board passed the following resolution:

> *MOVED, SECONDED and CARRIED,*
> *That the Peace River Regional Hospital District Board increase the additional percentage of the funding commitment for the Dawson Creek Hospital project from 27% to 30% to a maximum of $177M, based on the total project costs from the June 2023 estimate of $590M; further, that the Peace River Regional Hospital District contribution be paid upon depletion/expenditure of Provincial funding for the project, and not before August 1, 2025.*

Bylaw 214 authorizes the increased capital expenditure from $150,229,000 to $177,000,000, an increase of $26,771,000.

ALTERNATIVE OPTIONS:

1. That the Peace River Regional Hospital District Board provide further direction.

STRATEGIC PLAN RELEVANCE:

☒ Not Applicable to Strategic Plan

FINANCIAL CONSIDERATION(S):

At the end of October 2025, the Peace River Regional Hospital District made the first payment of $21M for the Dawson Creek and District Hospital. Payments are expected to be approximately $20M per month until the building is complete.

COMMUNICATIONS CONSIDERATION(S):

If adopted by the Board, Bylaw 214 will be sent to Northern Health and the Ministry of Health.

OTHER CONSIDERATION(S):

None at this time.

Attachment:

1. PRRHD DRAFT Capital Expenditure Amendment Bylaw No. 214, 2025

PEACE RIVER REGIONAL HOSPITAL DISTRICT

Bylaw No. 214, 2025

Capital Expenditure Bylaw

WHEREAS the Board of Directors of the Peace River Regional Hospital District proposes to expend money for the capital expenditures described in Schedule 'A', attached hereto and forming an integral part of this bylaw;

AND WHEREAS those capital expenditures have received approval required under Section 23 of the *Hospital District Act*;

AND WHEREAS the Board of Directors of the Peace River Regional Hospital District previously authorized the expenditure of $150,229,000 under Bylaw 204, 2021 for the replacement of the Dawson Creek and District Hospital;

AND WHEREAS the Board of Directors of the Peace River Regional Hospital District has resolved to provide an additional 26,771,000 in capital funding toward the project and must authorize this additional expenditure by bylaw;

NOW THEREFORE, the Peace River Regional Hospital District Board of Directors, in open meeting assembled, enacts the following capital expenditure bylaw as required under section 32 of the *Hospital District Act*:

1. This bylaw may be cited for all purposes as the "Peace River Regional Hospital District Capital Expenditure Amendment Bylaw No. 214, 2025."
2. The Board hereby authorizes and approves expenditure of money necessary to complete the capital expenditures as described in Schedule 'A' attached hereto, totaling One Hundred and Seventy Seven Million Dollars ($177,000,000).
3. The payment of the portion that the Regional Hospital District is responsible for shall be funded through monies budgeted in the upcoming year of operation.
4. The Board hereby delegates the necessary authority to the Chief Financial Officer to settle the terms and conditions of the expenditure.
5. Schedule A to Capital Expenditure Bylaw No. 204, 2021 is deleted and replaced with the Schedule A attached hereto.

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.

(Corporate Seal has been affixed to the original bylaw)
Schedule A attached

_____
Leonard Hiebert, Chair

I hereby certify this to be a true and correct copy of "Peace River Regional District Hospital Capital Expenditure Amendment Bylaw No. 214, 2025" as adopted by the Peace River Regional District Hospital Board on _____, 2025.

_____
Corporate Officer

_____
Tyra Henderson,
Corporate Officer

SCHEDULE A – CAPITAL EXPENDITURES

Name of Facility	Project or Equipment Description	Project No.	RHD Share	Provincial Share	Total Project
Dawson Creek & District Hospital	Replacement of old hospital	# N652130002	$150,229,000 $26,771,000	$227,631,000 **$**185,369,000	$377,860,000 $212,140,000
		TOTAL	**$177,000,000**	**$413,000,000**	**$590,000,000**

PEACE RIVER REGIONAL HOSPITAL DISTRICT

REPORT

To: Peace River Regional Hospital District Board Report Number: FN-RHD-045

From: Financial Administration Date: November 6, 2025

Subject: PRRHD Capital Expenditure Bylaw No. 219, 2025

RECOMMENDATION #1: *[Corporate Weighted]*

That the Peace River Regional Hospital District Board give "Peace River Regional Hospital District Capital Expenditure Bylaw No. 219, 2025" which authorizes the Peace River Regional Hospital District's 40% portion of the cost of the Rotary Manor Tower Boiler Upgrade, first three readings.

RECOMMENDATION #2: *[Corporate Weighted – 2/3 Majority]*

That the Peace River Regional Hospital District Board adopt "Peace River Regional Hospital District Capital Expenditure Bylaw No. 219, 2025".

BACKGROUND/RATIONALE:

The Peace River Regional Hospital District adopted Peace River Regional Hospital District 2025 Annual Budget Bylaw No. 215, 2025 on February 20, 2025. The annual budget is based on a draft budget submitted in the fall by Northern Health. As individual projects are approved at Northern Health, bylaw requests are sent to the Hospital District.

Section 32 of the *Hospital District Act* states that "*A board that proposes to borrow or spend money to meet capital expenditures, must prepare, in consultation with the minister, and enact, a capital bylaw permitting the borrowing or spending of that money*." Therefore, adoption of a capital expenditure bylaw is necessary in order to release funds for Northern Health's budgeted capital expenditures.

ALTERNATIVE OPTIONS:

1. That the Peace River Regional Hospital District Board provide further direction.

STRATEGIC PLAN RELEVANCE:

☒ Not Applicable to Strategic Plan

FINANCIAL CONSIDERATION(S):

The Hospital District 2025 Annual Budget includes $5,192,920 for Annual Equipment and Major Projects. Peace River Regional Hospital District Capital Expenditure Bylaw No. 219, 2025 authorizes $386,228 of that total to be paid to Northern Health.

The following table summarizes this bylaw request from Northern Health and compares it to Peace River Regional Hospital District 2025 Annual Budget Bylaw No. 215, adopted on February 20, 2025:

	2025 BUDGET Bylaw 215	CAP EXP Bylaw 216	CAP EXP Bylaw 217	CAP EXP Bylaw 218	CAP EXP Bylaw 219	REQUEST (Over)/Under
Building Integrity <$100,000	46,400		46,400			-
Equipment & Projects <$100,000	606,800		606,800			-
Information Tech	129,720		129,720			-
	129,720	**-**	**129,720**	**-**		**-**
Major Equipment > $100,000						
FSH CT Replacement	800,000	329,200				470,800
FSH Large Piece Folder	320,400	320,400				-
THC Automated Medication Dispensing Cabinet	85,200	85,200				-
FSH X-Ray Room Replacement	400,000	770,000				(370,000)
Other Major Equipment Projects	40,000					
	1,645,600	**1,504,800**	**-**	**-**		**100,800**
Proposed Major Projects < $5m						
RMC Main Building DDC Upgrade (CNCP)	378,000			385,826		(7,826)
RMC Boiler Upgrade	386,400				386,228	172
	764,400	**-**	**-**	**385,826**	**386,228**	**(7,654)**
Major Projects > $5m						
Other Major Projects	2,000,000					
TOTAL ANNUAL EQUIP & MAJOR PROJECTS	**5,192,920**	**1,504,800**	**129,720**	**385,826**	**386,228**	**93,146**
Carried Forward Projects (Bylaw approved)						
Equipment > $100,000						
CGH Nurse Call Replacement	32,260					
DCH Patient Monitoring System	281,318					
FSH Phone System	101,901					
FSH Network Replacement	584,400					
DCH DI X-Ray N0010114 Replacement	136,787					
DCH LAB Chemistry Analyze Replacement	154,172					
FSH/MMH Lab Telepathology (NHR Lab Pathol	236,423					
	1,527,261					
Major Projects < $5,000,000						
PEA Peace Villa Air Conditioning	28,237					
TOTAL CARRY FORWARD PROJECTS	**1,555,498**	**-**	**-**	**-**		
TOTAL BYLAW REQUEST		1,504,800	129,720	385,826	386,228	

COMMUNICATIONS CONSIDERATION(S):

If adopted by the Board, "Peace River Regional Hospital District Capital Expenditure Bylaw No. 219, 2025" will be sent to Northern Health and the Ministry of Health.

OTHER CONSIDERATION(S):

None at this time.

Attachments:

1. PRRHD DRAFT Capital Expenditure Bylaw No. 219, 2025
2. Northern Health Letter – Bylaw Request dated October 17, 2025

PEACE RIVER REGIONAL HOSPITAL DISTRICT
Bylaw No. 219, 2025
Capital Expenditure Bylaw

WHEREAS the Board of Directors of the Peace River Regional Hospital District proposes to expend money for the capital expenditures described in Schedule 'A', attached hereto and forming an integral part of this bylaw;

AND WHEREAS those capital expenditures have received approval required under Section 23 of the *Hospital District Act*;

NOW THEREFORE, the Peace River Regional Hospital District Board of Directors, in open meeting assembled, enacts the following capital expenditure bylaw as required under section 32 of the *Hospital District Act*:

1. This bylaw may be cited for all purposes as the "Peace River Regional Hospital District Capital Expenditure Bylaw No. 219, 2025."

2. The Board hereby authorizes and approves the expenditure of money necessary to complete the capital expenditures as described in Schedule 'A' attached hereto, totaling Three Hundred and Eighty Six Thousand Two Hundred and Twenty Eight Dollars ($386,228).

3. The payment of the portion that the Regional Hospital District is responsible for shall be funded through monies budgeted in the current year of operation.

4. The Board hereby delegates the necessary authority to the Chief Financial Officer to settle the terms and conditions of the expenditure.

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.

_____
Leonard Hiebert, Chair

(Corporate Seal has been affixed to the original bylaw)

_____
Tyra Henderson,
Corporate Officer

Schedule A attached

I hereby certify this to be a true and correct copy of "Peace River Regional Hospital District Capital Expenditure Bylaw No. 219, 2025", as adopted by the Peace River Regional District Hospital Board on the XXth day of XX, 2025.

_____
Tyra Henderson, Corporate Officer

SCHEDULE A – CAPITAL EXPENDITURES

Project or Equipment Description	PRRHD Share (40%)	Province Share (60%)	Total Project
Rotary Manor Tower Boiler Upgrade	386,228	579,341	965,569
	-	-	
Total	**386,228**	**579,341**	**965,569**

Northern Health – Finance Department
300 – 299 Victoria Street, Prince George, BC, V2L 5B8
250.645-8706 Capital.Services@northernhealth.ca

October 17, 2025

Roxanne Shepherd, BBA, CPA, CGA Email: Roxanne.Shepherd@prrd.bc.ca
Chief Financial Officer
Peace River Regional Hospital District
PO Box 810, 1981 Alaska Avenue
Dawson Creek, BC V1G 4H8

RE: Bylaw Request 2025 RMC FM Tower Boiler Upgrade (CNCP)

Dear Ms. Sheperd,

Northern Health would like to formally request funding for the Rotary Manor Tower Boiler Upgrade. This is a Carbon Neutral Capital Project (CNCP).

The current two Laars boilers is nearing end of life and in poor condition due to improper piping. The boilers are in poor condition and likely experiencing incomplete combustion due to their lack of part load capability. They are equipped only with high-low firing, which probably causes short cycling during the heating season and forces them to operate at their high limit. These upgrades will reduce energy costs, natural gas savings (2,360 GJ/year), improve life cycle of the plant, and carbon savings.

We are requesting $386,288 which is 40% of the total project budget of $965,569. The Capital Project Approval Form has been attached for your reference.

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

Sincerely,

[redacted]

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

Cc: Mike Hoefer, RD Capital Planning and Support Services
Kendra Kiss, Senior Operations Officer

PEACE RIVER REGIONAL HOSPITAL DISTRICT

REPORT

To: Chair and Directors Report Number: ADM-RHD-038

From: Corporate Administration Date: November 6, 2025

Subject: Items Previously Released from Closed Regional Hospital District Meeting - October 2, 2025

For information only - the following resolution has been authorized for release to the public from a prior Closed Regional Hospital District Meeting:

> **October 2, 2025**
> *MOVED, SECONDED and CARRIED,*
> *That the Regional Hospital District Board send a letter to Northern Health stating that the Peace River Regional Hospital District Board is appointing Chair Hiebert and Vice-Chair Dober to the Naming Committee for the Dawson Creek & District Hospital; further that this resolution be approved for immediate release.*

BACKGROUND/RATIONALE:

The above resolution was authorized for release and is provided in this report as the official disclosure of the item to the regular Peace River Regional Hospital District agenda, as per the 'Closed Meetings and Proactive Disclosure Policy.'

ALTERNATIVE OPTIONS:

Not applicable.

STRATEGIC PLAN RELEVANCE:

☒ Not Applicable to Strategic Plan

FINANCIAL CONSIDERATION(S):

Not applicable.

COMMUNICATIONS CONSIDERATION(S):

Not applicable.

OTHER CONSIDERATION(S):

Not applicable.

Corcan Meadowood Residents Association

October 6, 2025

Honourable Josie Osborne
Minister of Health
Victoria, BC V8V 1X4

Via Email:HLTH.Minister@gov.bc.ca

Dear Minister Osborne:

Thank you for having Rob Byers, Assistant Deputy Minister, Corporate Service Division respond to our letter of May 1, 2025.

We were also pleased to see the announcement of June 10, 2025, the "Government is expanding its health authority review to include regional health authorities as it focuses on minimizing unnecessary administrative spending and ensuring resources support front-line patient care." We hope the review identifies efficiencies within the entire healthcare system.

We again request that the Minister include the Regional Hospital Districts (RHDs) and the enabling legislation, Hospital District Act [RSBC 1996] Chapter 202, in the review announced on March 31, 2025, being led by Dr. Penny Ballem, interim president and CEO, PHSA and the June 10, 2025 announcement that Health Authorities will be included in the review and will be led by Cynthia Johansen, Deputy Minister of Health. It is our belief that examining and considering the four main areas as listed in the June 10, 2025, announcement is directly applicable to RHDs. As a reminder the announcement included these four main areas:

- consolidating administrative and corporate functions through a shared service model.
- optimizing existing shared services, such as procurement and IT services.
- reducing duplicative processes identified through the review; and
- improving and streamlining governance structures.

We are aware of the partnerships that occur between Health Authority's and RHDs and how RHDs receive their funding. We also recognize that the RHDs have filled an important role vacated by the Provincial Government 60 years ago resulting in RHDs (via property owner taxation) directly funding important medical equipment and infrastructure because the Provincial Government is unwilling or unable to provide adequate funding.

Unfortunately, little information is received by the public on how the Hospital portion of their property taxes go to fund the RHDs except when the government fails to fulfill an election promise. (i.e., "In fall 2024, Premier Eby promised to build a new patient tower and cardiac catheterization lab at Nanaimo Regional General Hospital (NRGH)." Or, when provincial funding fails to materialize.

We examined RHDs 2024 Financial Statements to support our request to include RHDs and the funding formula in the review. The review identified over $2.5 million dollars spent on administration alone by the RHDs. We are unsure about the accuracy of financial statements as there is little detail on the specifics of revenue and expenses. It is our understanding that the RHDs must follow the Public Sector Accounting Standards (PSAS), but we were unable to find a policy statement referencing this requirement.

Mr. Byers stated in his letter "*With respect to the health authority review, the province is looking at ways to ensure that the health system is functioning as efficiently and effectively as possible in order to optimize how services are supported and delivered to those who reside in British Columbia.*"

I would suggest that the current funding model to support an unwritten policy decision where the province provides 60% (revenue from Federal & Provincial income tax) and the local property owners provide the remaining 40% does not come close to optimizing healthcare services and in fact conflicts with the concept of universality as required by the Canada Health Act.

Requiring RHDs to collect the 40% of infrastructure costs results in:

- Unequal access due to unequal regional wealth,
- The province offloading responsibility onto unelected hospital districts,
- Property owners bearing a disproportional cost of healthcare funding, (property owners are taxed three times: at the local level, provincial and federally)
- Delays in crucial health investments.

Ultimately, increases in the Hospital Tax will continue to make homeownership unattainable to the young and will force lower income and retirees to sell their homes, defer taxes, or choose other alternatives.

It is our understanding that the Union of BC Urban Municipalities has been involved in review of the health system and/or requested changes to the funding formula since 2003. More recently "The chairs of six northern regional hospital districts, including the chair from Fraser-Fort George, sent a letter to BC's infrastructure minister back in May asking to discuss legislative reform that would ease the tax burden on their residents." Prince George Citizen July 25, 2025.

The present government must review the enabling legislation passed by the then Social Credit government some 60 years ago during the time universal healthcare was being implemented across Canada. The Hospital District Act was to remove the financial burden on the province by taxing property owners and this is no longer sustainable. The Federal Government and the Government of British Columbia and the preceding governments had 60 years to address the issues of an aging population, increased life spans and increased immigration, and you have failed. Without including the RHDs in the review of the health system and a review and consideration for legislative change, you will continue to fail the citizens of British Columbia.

Taxing citizens of British Columbia three times (Federal, Provincial & Local) to maintain a healthcare system and collecting property taxes to place in reserve accounts in the off chance of having a new capital project approved is an exercise in futility at best. Over-collecting taxes to build accumulated surpluses is taxation without a guaranteed project delivery. We are aware that all the RHDs conduct their financial planning in a similar manner. Actuals vary widely from budgets and Annual Surpluses continue to increase. Again, a review of the Financial Statements demonstrated an annual accumulated surplus ending December 31, 2024, of approximately $422,000,000. Money that would be best suited to improve delivery of healthcare services to British Columbians.

The current model of accumulating large reserves while projects are delayed or unapproved result in public frustration over seeing taxes collected but no visible improvements in local healthcare delivery. It also demonstrates that the RHDs and Regional Districts and the local electorate have a total lack of control over when or if projects proceed because the Ministry of Health and Health Authorities have final say, whether politically or financially.

I would like to conclude that taxing property owners to build large reserves may not be illegal but is surely unethical considering no other province in Canada applies a Hospital Tax on property owners. The Hospital District Act fails to fulfill the universal health care system under the Canada Health Act, by creating a lack of accountability for universality, accessibility, and equity. As stated earlier, the inability to collect funding in

lower income areas leads to regional disparities and violates the concept that all Canadians have equal access to health care, regardless of where they live. In short:

- Local funding undermines universal access and adds administration costs,
- Regional disparities produce uneven infrastructure and quality of care,
- Property tax funding burdens lower income communities and places additional burden on taxpayers,
- Delay in building infrastructure reduces patient accessibility and patient outcomes.

In closing, we the members of the Regional District of Nanaimo Tax Payers Alliance request the Government to expanding the health system review to include Regional Hospital Districts

Sincerely,

Kevin Pilger

Director, Corcan Meadowood Residents Association

info@meadowoodresidents.com

A Member of the Regional District of Nanaimo (RDN) Taxpayers Alliance

cc. Premier David Eby david.eby.MLA@leg.bc.ca
Honourable Josie Osborne, HLTH.Minister@gov.bc.ca
MLA Sheila Malcolmson SDPR.Minister@gov.bc.ca
Regional Hospital Districts

Agenda

2025-2026 Capital Projects

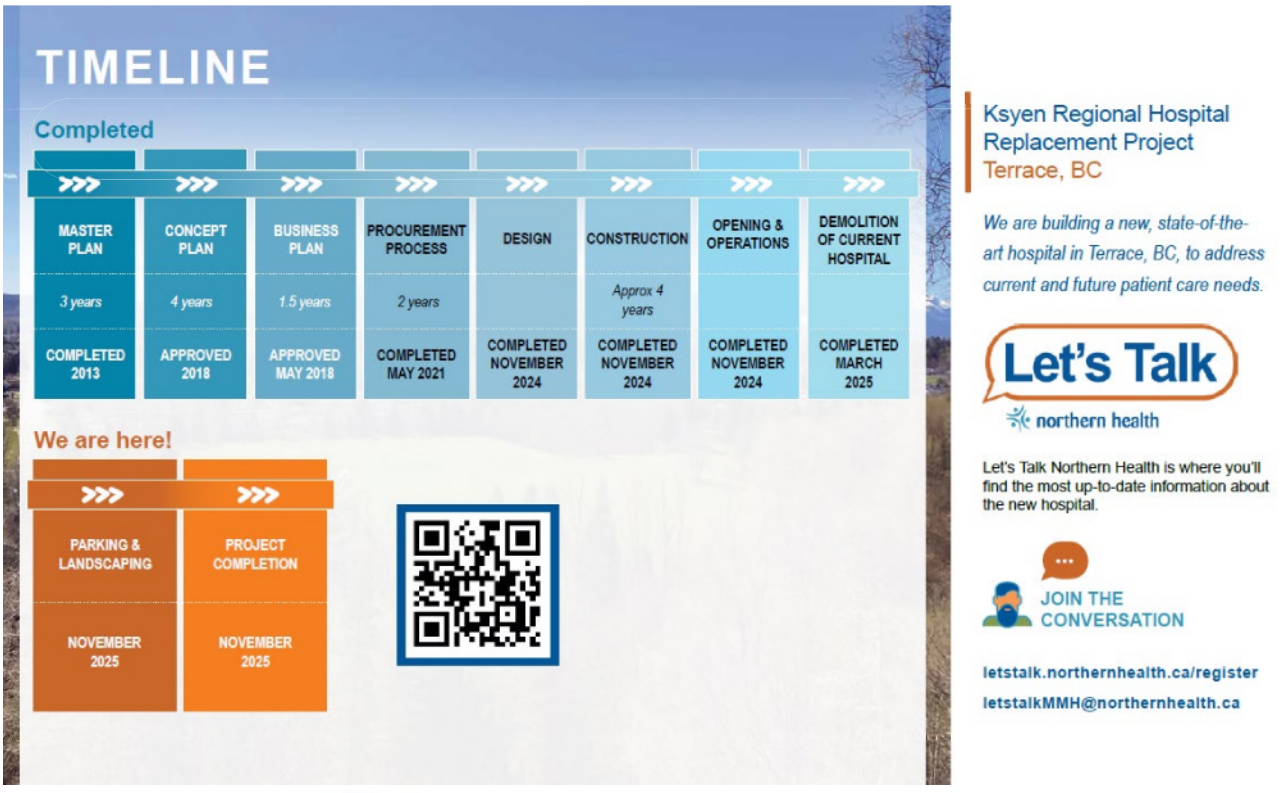
- Priority Investments in Progress
- Major Projects
- Carbon Neutral Capital Program (CNCP)
- IMIT Major Projects
- Major Equipment >$100,000
- Minor Equipment Allocations
- Minor Building Integrity Allocations

Priority Investment
Ksyen Regional Hospital

- Ksyen Regional Hospital (Mills Memorial Hospital) Redevelopment Project is a new approximately 33,000 square-meters (360,000 square-feet) acute care hospital and integrated services facility.
- The hospital is a center for trauma services, orthopedic surgeries, pathology, radiology, clinical support and pharmacy services as well as a training site for medical students in the Northern Medical Program.
- Seven Sisters achieved substantial completion on January 15, 2024. Relocation of the old Seven Sisters to the new facility occurred on February 6, 2024.

Priority Investment
Ksyen Regional Hospital

- Substantial Completion of the new hospital was achieved on August 20, 2024.
- Patient Transfer move and transition occurred on November 24, 2024. The new Hospital is open for patients and fully operational.
- The de-construction of the old Mills Memorial Hospital was completed on May 25, 2025.
- The project will continue with main parking construction and final landscaping.
- The overall project is targeted to be complete by the end of 2025. The schedule is on track and meets the terms of the contract.



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Ksyen Regional Hospital

Ksyen Regional Hospital

Ksyen Regional Hospital

Ksyen Regional Hospital

Ksyen Regional Hospital

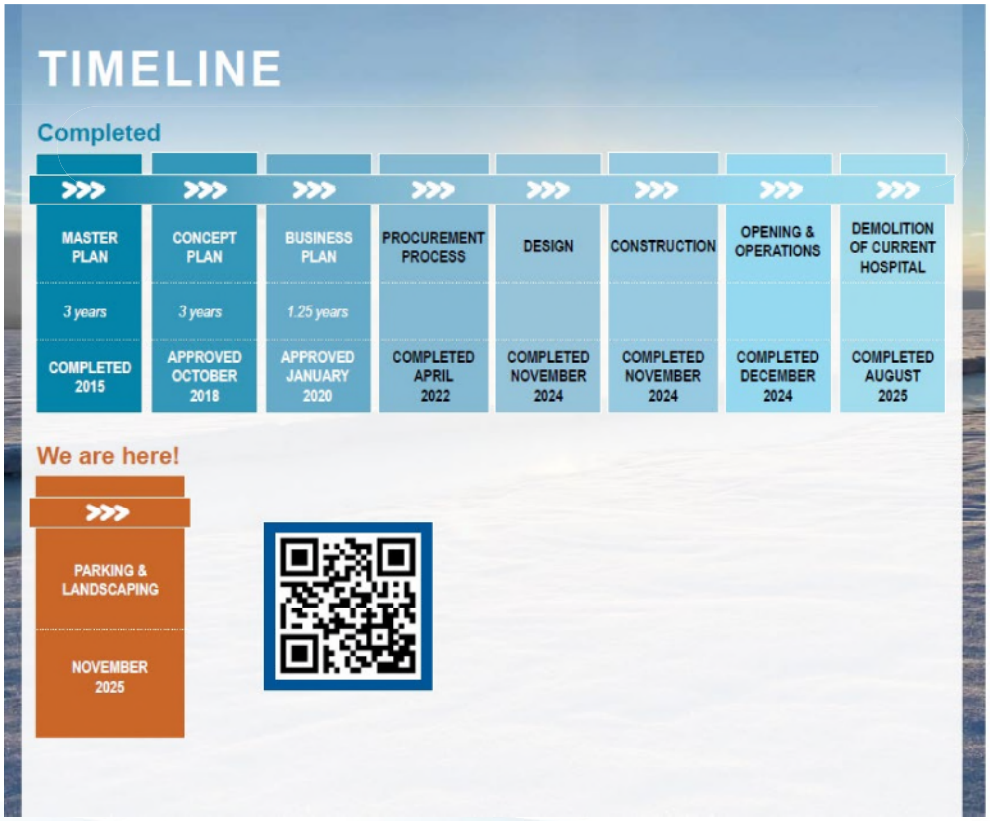
Ksyen Regional Hospital

Priority Investment
Nats'oojeh Hospital & Health Centre

- Government approved the business plan February 2020.
- The new Nats'oojeh (located in Fort St James) Hospital & Health Centre is three times larger in building size than the old building with 27 beds: 18 community care and 9 acute care beds. There is an emergency department with two treatment rooms, a trauma bay and ambulance bay. An expanded laboratory and diagnostic imagining, an in-house Spiritual Space and Gathering Space is part of the new facility. There is also a larger space for Palliative Care.
- The new hospital includes a primary care center to consolidate services offered in Fort St. James to one location. The primary care center opened on January 20, 2025.
- Commencement of construction activities on site started on May 2022 with Substantial Completion occurring on October 23, 2024 .

Priority Investment
Nats'oojeh Hospital & Health Centre

- Patient Transfer move and transition occurred on January 14, 2025. The new Hospital is open for patients and fully operational.
- The Primary Care Clinic opened on January 20, 2025.
- The decommissioning and deconstruction of the old Stuart Lake Hospital was completed on June 15, 2025.
- The project is currently in the final stages for completion of the parking lot with activities consisting of installation of the asphalt, concrete walkways and curbs, and landscaping.
- The overall project is targeted to be complete on or before October 31, 2025. The schedule is on track and meets the terms of the contract.



Link to Web Cam

Nats'oojeh Hospital & Health Centre

Nats’oojeh Hospital & Health Centre

Nats’oojeh Hospital & Health Centre

Emergency Room

Lobby

Nats'oojeh Hospital & Health Centre

Long Term Care

Flex Care Room

Priority Investment
Dawson Creek & District Hospital Replacement

- NH and Ministry of Health (MOH) moved ahead with an alternative design-build procurement process and successfully awarded and executed the Design-Build Agreement with Graham Design Builders LP on June 26, 2023.
- Construction started in July 2023 and is proceeding on schedule.
- The target substantial completion date is November 2026 with the facility expected to be ready for patients in March 2027.

Priority Investment
Dawson Creek & District Hospital Replacement

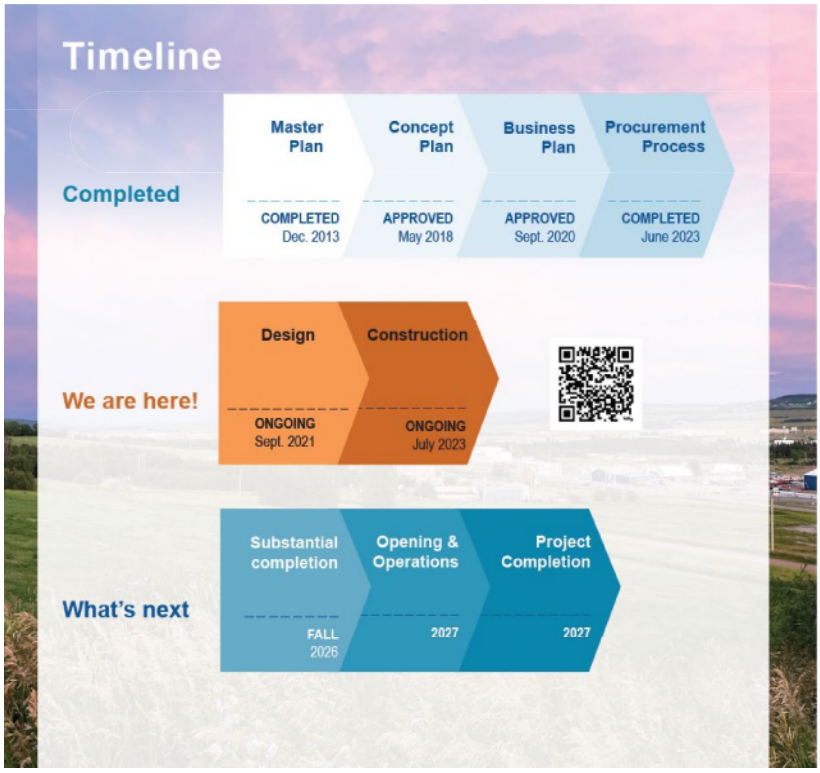
- Construction continues to proceed on schedule, with over 350 workers on site making steady progress across all levels of the building.
- On the exterior, site works including gravel, curbs, asphalt paving, electrical trenching and hardscaping are progressing
- Exterior insulation, brick veneer work, and ACM panel installation is underway
- Interior construction is also progressing well with mechanical and electrical rough ins, drywall, mudding, and taping underway across all levels; while finishing tasks such as painting, wall protection, flooring, ceilings, and millwork are underway on Levels 1 and 2.

Priority Investment
Dawson Creek & District Hospital Replacement

- Mock-up #4 of a typical inpatient and bariatric patient room was completed on August 18, 2025 with positive and minimal feedback from the clinical users.
- On the operational readiness front, the Operational Readiness Committee had its third meeting addressing topics such as risk management, schedules, and resourcing.
- Evaluations are underway for three submissions received in response to the relocation services Request for Proposal (RFP).

Priority Investment
Dawson Creek & District Hospital Replacement

- The Steering Committee meets monthly and includes representation from the Peace River RHD.
- The Community and Indigenous Advisory Working Groups continue to meet quarterly to keep them informed and receive input and feedback.
- An Art Committee has been formed to inform the project and DCDH leadership on all matters related to the procurement, placement, and stewardship of artwork in the facility.
- A Naming Working Group is in the process of being formed with representatives from the Treaty 8 First Nations, the City of Dawson Creek and the Peace River Regional Hospital District regarding the opportunity to recommend a new name for the new hospital.
- The project is continuing to participate in and host community events such as site tours with key partners, open houses and community fairs, luncheons and presentations, career and education fairs, etc.



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Dawson Creek & District Hospital

Building Entrance

Dawson Creek & District Hospital

Ambulance Bays and East Wall of the Exterior

Dawson Creek & District Hospital

Inpatient Mock-up Room

Dawson Creek & District Hospital

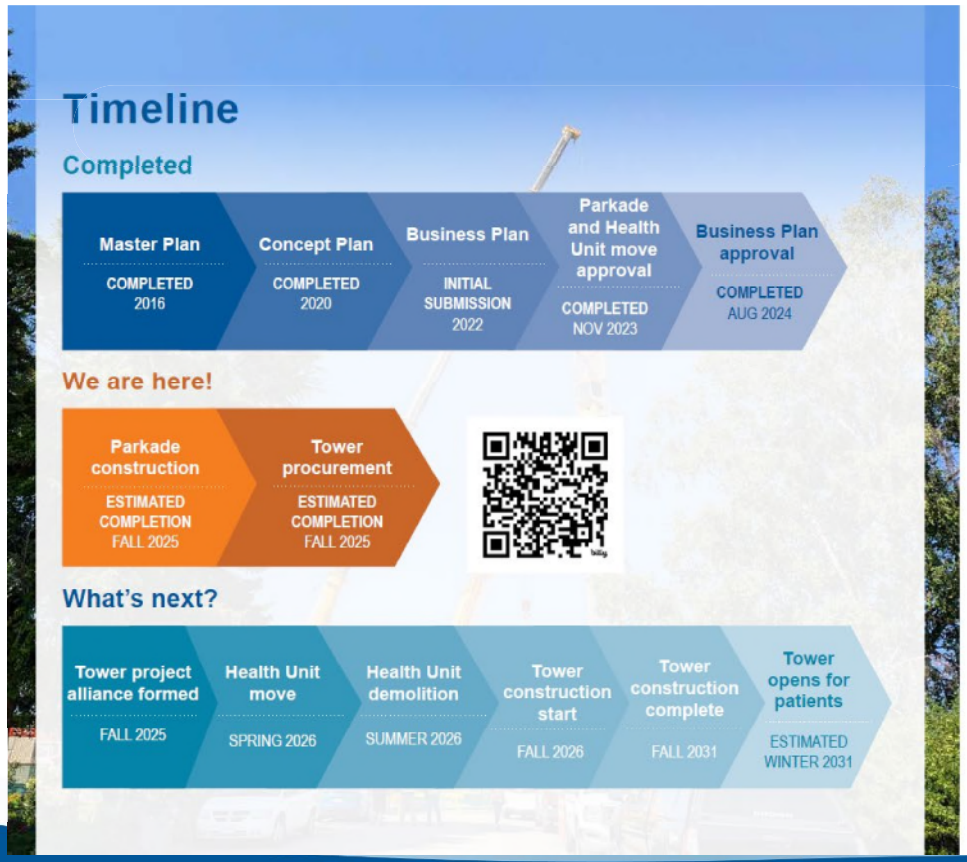
Emergency Department Care Station

UHNBC Acute Care Tower

- Formal submission of the UHNBC Acute Care Tower Business Plan was provided to the Ministry of Health (MOH) in December 2022.
- Ministry approved Early Works consisting of new Parkade and relocation of Health Unit in August 2023.
- The announcement of the approval of the business plan was made by government on August 8, 2024.
- The project will be delivered using a Single Target Outturn Cost Alliance procurement approach.
- The Request for Qualifications (RFQ) closed on March 18, 2025.
- Three proponent teams were approved by the Project Board to proceed to the Request for Proposal (RFP) stage on April 30, 2025.

UHNBC Acute Care Tower

- Two proponent teams were approved by the Project Board to proceed to the written RFP stage on May 22, 2025.
- The preferred proponent team for the design and construction of the Acute Care Tower project has now been announced. The successful team includes:
  - EllisDon Construction for the Construction
  - DIALOG BC Architecture Engineering & Interior Design Planning Inc. for the design.
- The next phase of the procurement process is the selection of the Electrical and Mechanical Alliance participants, which is anticipated to be complete by December 2025.



UHNBC Acute Care Tower

Prince George

We're building a new state-of-the-art acute care tower in Prince George, BC, to address current and future patient care needs. This project has been made possible through funding provided by the Ministry of Health and the Fraser-Fort George RHD.

Let's Talk

northern health

Let's Talk Northern Health is where you'll find the most up-to-date information abou the new hospital.

JOIN THE CONVERSATION

letstalk.northernhealth.ca/uhnbc
letstalk@northernhealth.ca

Early Works

- The Early Works (site preparation plan) will prepare the UHNBC campus for construction of the Acute Care Tower and will minimize complexity for proponents by completing this site preparation work in advance.
- The Early Works Plan includes:
  - A parking structure that is separate from the Acute Care Tower.
  - Moving the current Health Unit services to a leased environment.
  - Demolishing the existing Health Unit building.
- The Ministry of Health approved Northern Health to proceed with the Early Works and announced the approval on November 1, 2023.

Early Works – Northern Interior Health Unit

- The scope of the early works includes decanting, abatement and demolition of the Northern Interior Health Unit to clear the building site for the UHNBC Acute Care Tower.
- JG Mackenzie Family Practice Services will also move into the leased space as part of this move.
- Leased space is retained. Ministry of Citizen Services & Northern Health is proceeding with Design and Tenant Improvements at the Parkwood Mall.
- The demolition of the old Northern Interior Health Unit is executed by the Ministry of Citizen Services with a targeted date of Summer 2026.

Early Works - Parkade

- The Early Works construction includes a parking structure of 471 stalls to increase parking for staff and patients.
- Parking summary of Early Works plus the Acute Care Tower project:
  - Acute Care Tower surface and basement levels adds 206 stalls.
  - Early Works parkade adds 471 stalls.
  - Loss of Parking due to construction of Acute Care Tower – 123 stalls.
  - Net gain in parking – 554 stalls.
- Construction of the parkade is underway, and substantial completion is expected to occur October 27th with use of the parkade starting November 10th.

Parkade Construction Site

Vanderhoof Primary Care and Community Services

- Government approved the business plan on May 3, 2023.
- Development of an integrated Primary Care Clinic and Community Health Service facility which will be adjacent to the St. John Hospital.
- Minister of Health, Adrian Dix announced the project in Vanderhoof on November 13, 2023.
- The demolition of the old St John Hospital on the proposed site of the new facility was completed April 2024.
- Design is at 90%. Class A cost estimate received indicating a budget shortfall. Currently in discussions with government and Stuart Nechako RHD.
- Regular Steering committee meetings continue and includes representation from the Stuart Nechako RHD.

Kitimat Dementia Care House

- On August 10, 2023, the Ministry of Health granted approval for the development of a 12-bed dementia care housing facility in Kitimat.
- Government announcement occurred on March 25, 2024.
- Design is 90% complete. The land transfer is still pending. Once it is complete, tender will proceed. Expected construction to start in winter 2025.
- Regular Steering committee meetings continue and includes representation from the North West RHD.

Fort St. John Long Term Care

- The Ministry provisionally approved the Business Plan on July 19, 2024. Subsequent increase to the provincial funding amount was approved on May 2, 2025.
- Ministry of Infrastructure made a public announcement of the project on June 19, 2025.
- The purpose of the project is to build 84 new beds in 7 -12 bed households, for Long-Term Care, Assisted Living, Dementia Alternative Housing, and Short Stay (rehabilitation and respite) services, all facilitated by the Universal Bed Model.
- The project entails construction of a new long term care facility to be built on the site of the existing Fort St John Hospital site, adjacent to the existing Peace Villa Facility, and expansion of the existing kitchen facility on the site.
- Advisory procurements are in progress prior to commencing the Design-Build procurement on the project.

Long Term Care Facilities
Quesnel

- The Business Plan is complete and submitted to Government in April 2022.
- On August 20, 2024, the Government announced a new long term care home in Quesnel which will add 221 new beds and replace 67 beds from Dunrovin Park Lodge for a total of 288 beds.
- This is delivered through a Project Development Agreement (PDA) with Providence Living Society which has now been signed.
- The land transfer to Providence Living has now been completed.
- The schedule is anticipated to be:
  - Design: Summer 2025 to Fall 2026
  - Construction: Fall 2026 with move in Winter 2028

Long Term Care Facilities
Smithers

- Business Plan submitted to Government on October 27, 2022.
- On August 20, 2024, the Government announced 160 new publicly funded beds to the Community of Smithers along with the replacement of 56 beds at Bulkley Valley Lodge for a total of 216 beds.
- This is delivered through a Project Development Agreement (PDA) with Providence Living Society which has now been signed.
- The land transfer to Providence Living is expected to be completed by the end of June 2025.
- The schedule is anticipated to be:
  - Design: Fall 2026 to late Winter 2028
  - Construction: Spring 2028 with move in to occur Winter 2030

Long Term Care Facilities
Prince George

- Three facilities of 204 beds each (612 beds total) plus one facility for logistics and transportation/commercial services.
  - Replacement for Jubilee Lodge, Rainbow and Parkside Long Term Care.
- The Project Development Agreement and Operational Agreement with Providence Living Society (PLS) was reviewed with the NH Board in July 2023 and was submitted to the Ministry of Health for review and decision.
- Ministry approved to add 200 net new long-term care beds in Prince George via a Project Development Agreement (PDA) with Providence Living on October 25, 2023.
- Construction is anticipated to begin Summer 2025, with move in occurring in Fall 2027.

Priority Investment

Potential Project Risks:

- Certain retained risks materializing as construction commences/in progress (e.g., environmental, Archeological).
- Cost escalation on components due to global supply chain challenges.
- Availability of experienced contractors to bid on projects.
- Availability of materials, supplies and equipment.

Construction Inflation

Construction inflation is driven by several factors including, but not limited to:

During the height of the pandemic:

- Limited production of construction materials during the pandemic.
- COVID restrictions resulting in reduced demand for capital projects and downsizing of the labour force.

Vaccine success and opening of the economy:

- Extraordinary demand for infrastructure projects following hiatus.
- Slow return of laid off workers.
- Continuation of requirement of proof of vaccine status for contractors working in health facilities; makes healthcare projects less attractive to the market.

Construction Inflation

Construction inflation is driven by several factors including, but not limited to:

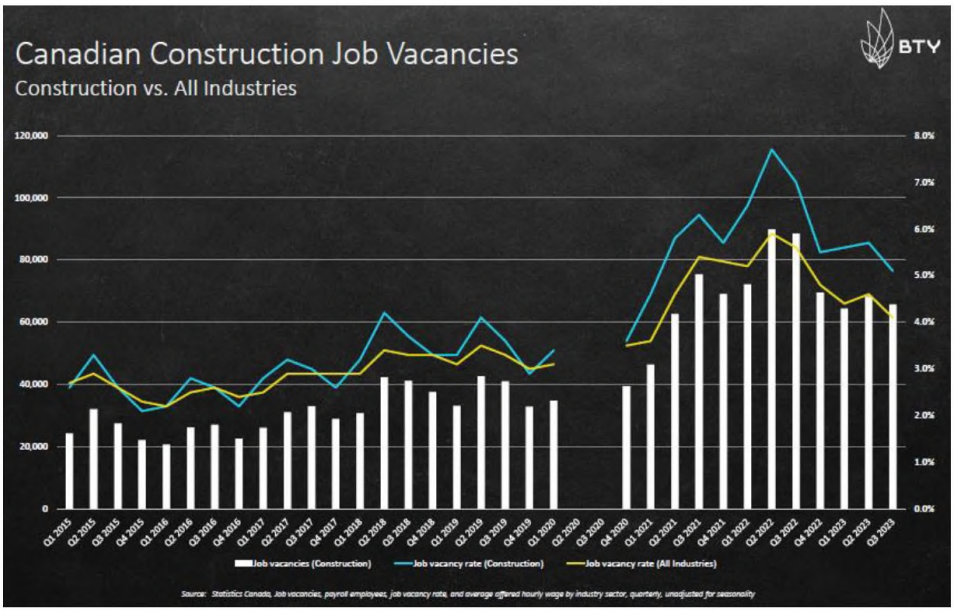
Tariffs:

- Cost of goods
- Cost of delivery to construction sites

Counter Tariffs:

- Uncertainty on how this will apply for the projects.

Workforce Vacancies



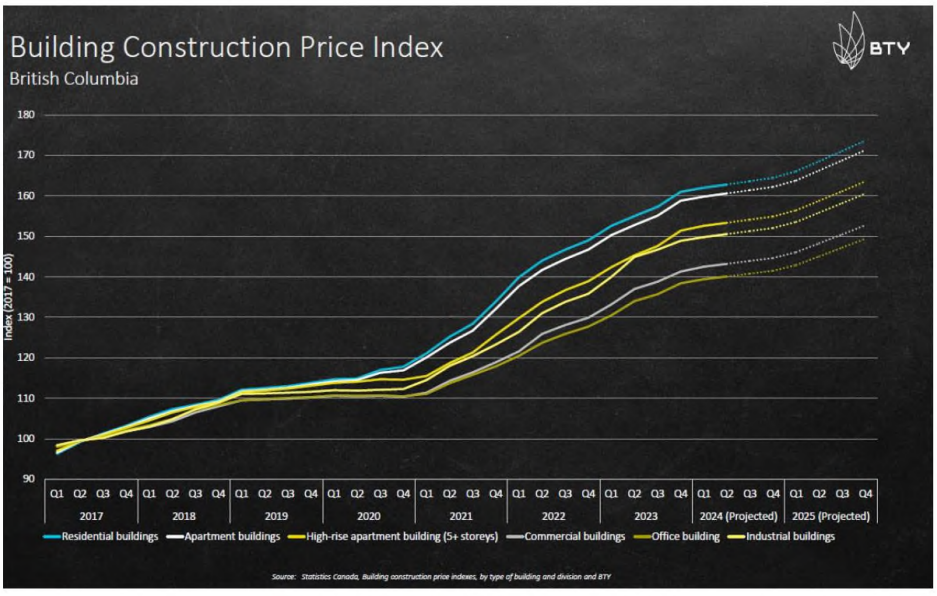
Construction Job Vacancies

The construction industry in Canada continues to face high job vacancy rates, driven by persistent demand for skilled labour across the country. Despite efforts to fill these roles, many positions remain unfilled due to the specialized skills required

The average hourly wage in the construction industry has increased, reflecting labour shortages and competition for skilled workers

Infrastructure BC

Construction Escalation



Construction Escalation in BC

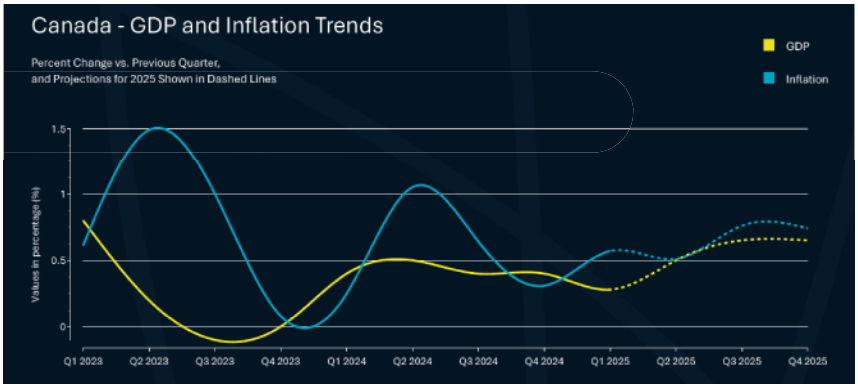
Construction costs are being driven up by surging prices for key materials such as concrete, steel, and lumber, compounded by ongoing global supply chain disruptions that have increased transportation costs and caused material shortages

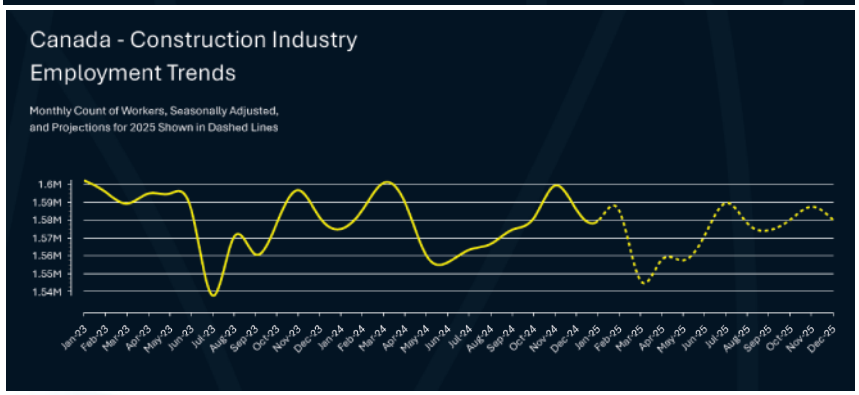
Persistent labor shortages in the construction industry are raising wages, contributing to increased costs. Additionally, high demand for residential housing, especially in urban centers like Vancouver, is inflating land and construction prices further

Infrastructure BC

Construction Inflation

- As noted in previous slide, construction inflation is expected to continue to exceed general inflation in the near future.
- Healthcare projects will likely have higher than normal construction inflation for several reasons:
  - Specialized contractor expertise/experience needed for healthcare projects.
  - Restrictions on access to site; hospital operations are 24/7 with no downtime to allow unfettered access to site.
  - Additional precautions (ie. infection control) needed on hospital sites.
  - Plenty of opportunity for contractors outside healthcare, thereby enabling them to price healthcare projects at a premium.

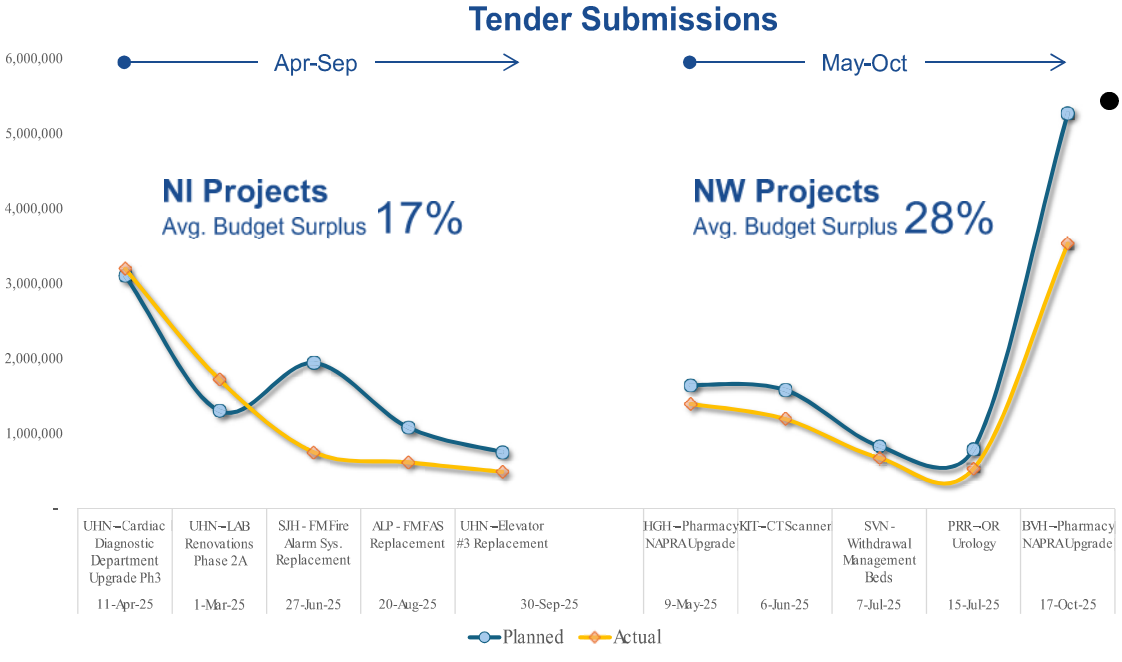




Managing Construction Inflation

- Pre-engineering, when necessary, on new projects.
- Finalize detailed design with design consultants with input from clinical users.
- Ensure detailed design aligns with approved scope; restrict scope creep.
- Class A estimate from qualified Quantity Surveyors (QS) on renovation projects.
- Add margins to QS Class A estimates for geography (ie. remoteness).
- Value engineering with clinical leadership where QS estimates exceeds project budget.
- Stagger project approvals for new projects until cost certainty (ie. contract award) is achieved on active projects.
- Strong project management on all projects.

NH Tender Observations



- Softening of market has been observed in the last two quarters with received tender bids on Major Capital Projects.

2025/26 Capital Plan
Major Capital Projects

RHD	Community	Project	Budget	RHD Funding
NWRHD	Prince Rupert	ACM Vocera Nurse Call Interface	TBD	TBD
CCRHD	Quesnel	DPL FM Nurse Call Replacement	TBD	TBD
CCRHD	Quesnel	GRB FM Breaker Upgrade	$0.62m	$0.25m
NWRHD	Prince Rupert	PRO Health Unit Expansion Planning	TBD	TBD
NWRHD	Prince Rupert	PRR NUR Seclusion Rooms Renovation	TBD	TBD
NWRHD	Prince Rupert	PRR Nurse Call Upgrade and Vocera	TBD	TBD
SNRHD	Vanderhoof	SJH FM Fire Panel Replacement	$2.89m	$0.62m

2025/26 Capital Plan
Major Capital Projects

RHD	Community	Project	Budget	RHD Funding
NWRHD	Terrace	TVL Kitchen Renovation	TBD	TBD
FFGRHD	Prince George	UHN FM Electrical Room 1 and 6 Upgrade	TBD	TBD
FFGRHD	Prince George	UHN FM Elevator 3 Upgrade	$1.15m	$0.46m
FFGRHD	Prince George	UHN LAB Histology Ventilation Upgrade	$1.34m	$0.54m
FFGRHD	Prince George	UHN LAB Morgue Racking System Replacement	TBD	TBD

Major Projects

Acropolis Manor (Prince Rupert)
Vocera Nurse Call Interface

- Project Value: TBD
- North West RHD Funding: TBD
- Project Description: The Vocera Communication System intends to provide instant communication and significantly decreases the need for public paging and allow staff to make direct contact with co-workers while improving security and provide staff immediate access to; call bells, other departments/staff, codes, contribute to an improved working alone policy and provide wireless communication for staff to staff, telephony, and nurse call alert capability.
- Project Status: In procurement. Tender is closed, to be awarded. Estimated completion: Spring 2026.

Major Projects

Dunrovin (Quesnel) Nurse Call Replacement

- Project Value: TBD
- Cariboo Chilcotin RHD Funding: TBD
- Project Description: The project intends to replace the existing Nurse Call system that has reached end of life and it has had ongoing issue for the past several years (e.g. parts are now very difficult to find).
- Project Status: In design. Estimated completion: Winter 2026

Major Projects

GR Baker Hospital (Quesnel) Breaker Upgrade

- Project Value: $0.62M
- Cariboo Chilcotin RHD Funding: $0.25M
- Project Description: To ensure reliable on-going power supply for the hospital the project aims to retrofit three circuit breakers (38 years old) into the existing switchgear. The new withdrawable breakers will be installed within the existing switchgear cells and will include all necessary custom buswork and metal fabrication.
- Project Status: In construction. Estimated completion: Spring 2026

Major Projects

Prince Rupert Health Unit Expansion Planning

- Project Value: TBD
- North West RHD Funding: TBD
- Project Description: Planning for renovations of net new clinical space that will allow for expansion of the existing Health Unit.
- Project Status: Currently with CBRE to establish their Project Charter documentation and engage with a tendered design team. Delays have been experienced with the current job action with BCGEU but do anticipate kick off design meeting to start in November.

Major Projects

Prince Rupert Seclusion Rooms Renovation

- Project Value: TBD
- North West RHD Funding: TBD
- Project Description: The project intends to renovate two existing designated seclusion rooms at PRRH rooms to meet provincial standards. Currently they don't meet the standard specifications as set out by the provincial Ministry of Health "Provincial Quality, Health and Safety Standards and Guidelines for Secure Room in Designated Facilities under the Mental Health Act".
- Project Status: On-Hold / Planning (Go/No-Go decision pending from site operations).

Major Projects

Prince Rupert Nurse Call Upgrade and Vocera

- Project Value: TBD
- North West RHD Funding: TBD
- Project Description: Replacement of existing nurse call system that is over twenty years old ensuring compatibility with Vocera.
- Project Status: In procurement, tender to be awarded. Estimated completion: Spring 2026

Major Projects

St John Hospital (Vanderhoof) Fire Panel Replacement

- Project Value: $2.89M
- Stuart Nechako RHD Funding: $0.62M
- Project Description: Replacement of existing fire panel that is obsolete as several components and items in the system are non-compliant. Though temporarily fixed, the current system is in a critical state and is prone to major failure warranting security requirements for fire watch for extended period during repairs.
- Project Status: In construction. Estimated completion: Fall 2026

Major Projects

Terraceview Lodge Kitchen Renovation

- Project Value: TBD
- North West RHD Funding: TBD
- Project Description: Current kitchen is over 40 years old, has significant wear and tear and is too small for the size of facilities and hasn't had an upgrade. The project intends to design a new kitchen in the west wing of TVL to enhance kitchen services.
- Project Status: Design is 90% complete. Estimation ongoing. Estimated project completion: Early 2027

Major Projects

UHNBC Electrical Room 1 and 6 Upgrade

- Project Value: TBD
- Fraser Fort George RHD Funding: TBD
- Project Description: Electrical equipment from 1960s construction and 1980s expansion is in poor to inadequate condition with several items identified as critically inadequate. For some of this equipment there are limited or no available spare parts, with several pieces of equipment found to be obsolete and unsafe to operate. The project intends to design and upgrade equipment in both rooms as they serve critical areas in the hospital.
- Project Status: In procurement. Estimated completion: Spring 2026

Major Projects

UHNBC Elevator 3 Upgrade

- Project Value: $1.15m
- Fraser Fort George RHD Funding: $0.46m
- Project Description: It is one of the oldest elevator in UHNBC and prone to failures due to obsolete controls and parts that need replacement. The project intends to upgrade the existing elevator systems and finishes.
- Project Status: In construction. Estimated completion: Early 2026

Major Projects

UHNBC Lab Histology Ventilation Upgrade

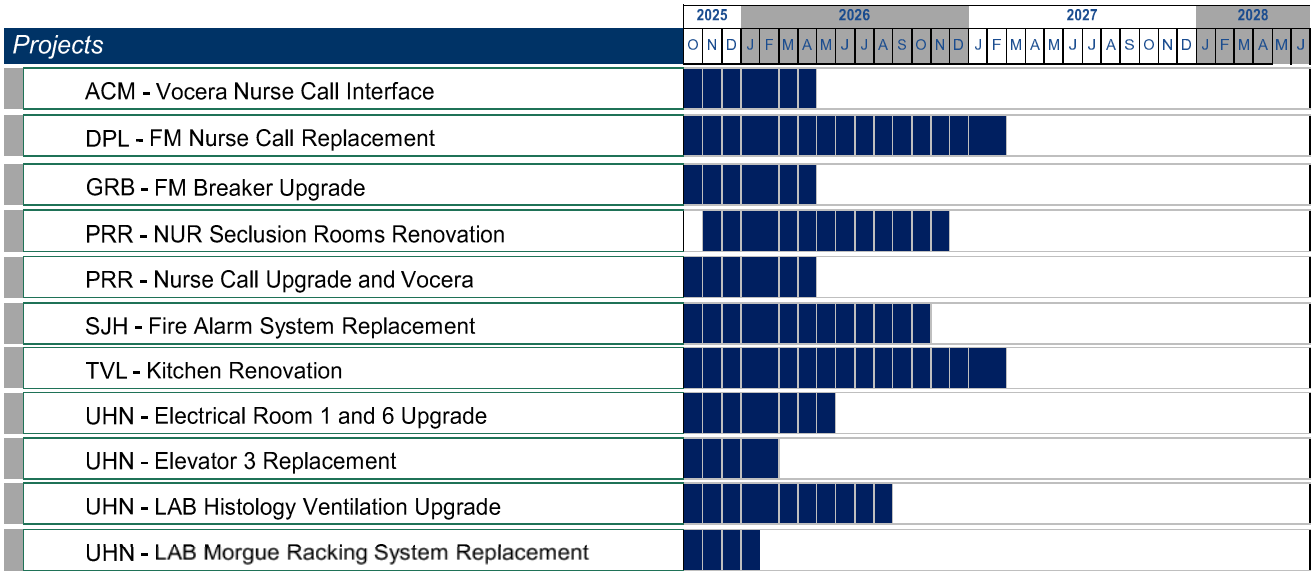
- Project Value: TBD
- Fraser Fort George RHD Funding: TBD
- Project Description: The projects intends to alleviate inadequate ventilation and exhaust within Histology that is resulting in staff exposed to higher-than-expected levels of designated substances under WorkSafeBC e.g. Formalin, ethylbenzene, and toluene.
- Project Status: In design. Estimated completion: Fall 2026

Major Projects

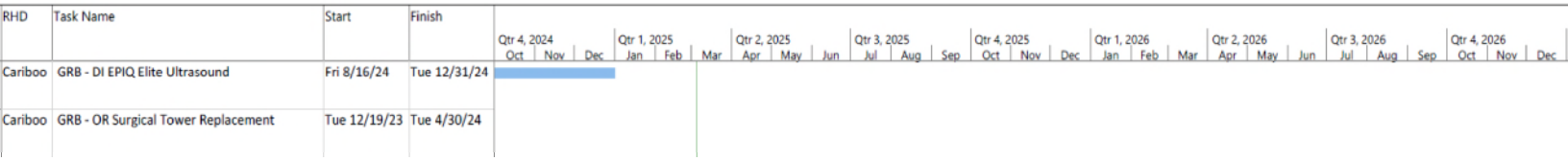
UHNBC Lab Morgue Racking System Replacement

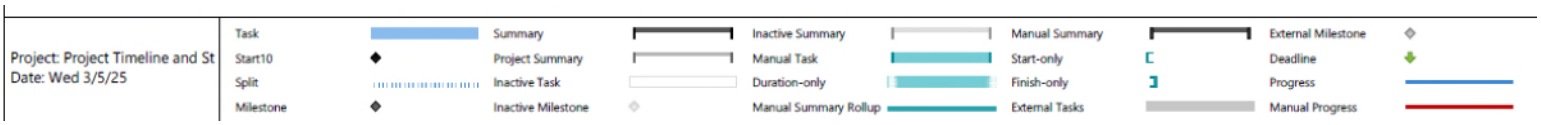
- Project Value: TBD
- Fraser Fort George RHD Funding: TBD
- Project Description: UHNBC Morgue is frequently at or over permanent capacity and rely heavily on temporary morgue tents. These morgue tents are not on back up power and are not intended to be used long-term. The projects intends to provide new racking system that would increase permanent capacity from 32 to 45.
- Project Status: Equipment procurement. Estimated completion: Winter 2026/27

Schedule



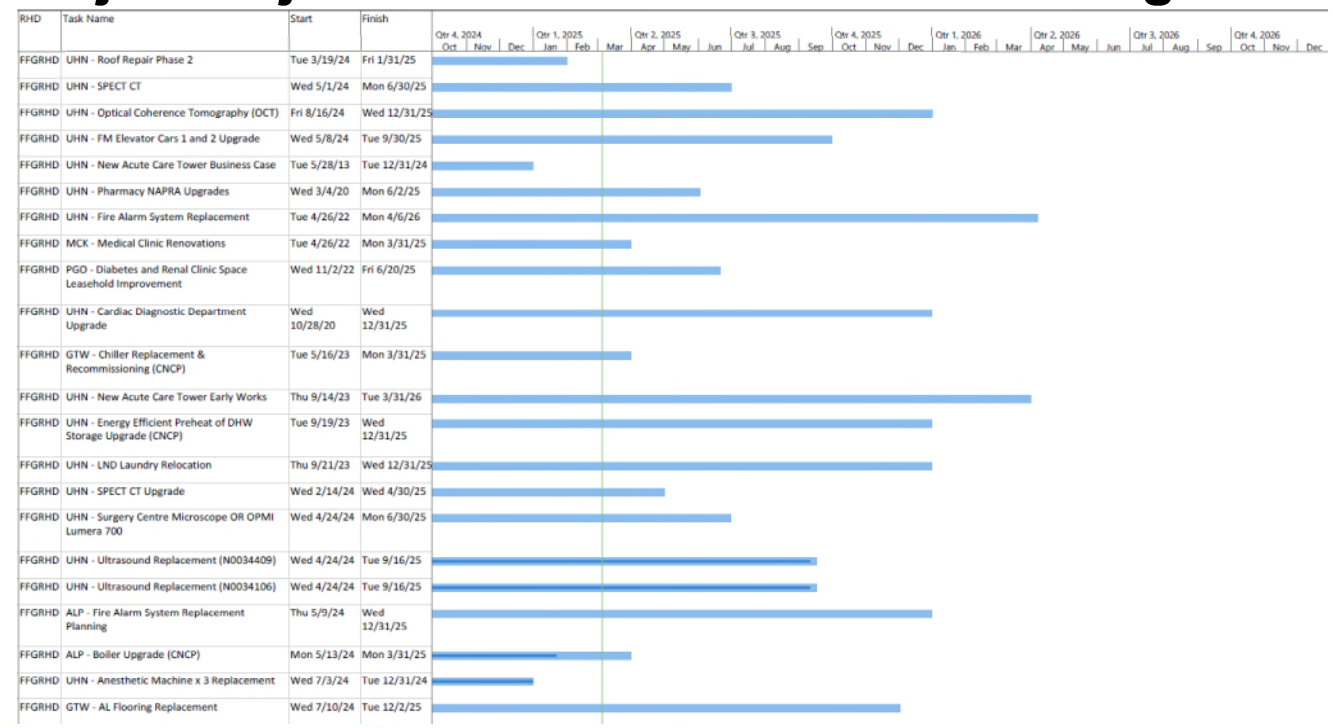
Major Projects Timeline: Cariboo Chilcotin RHD





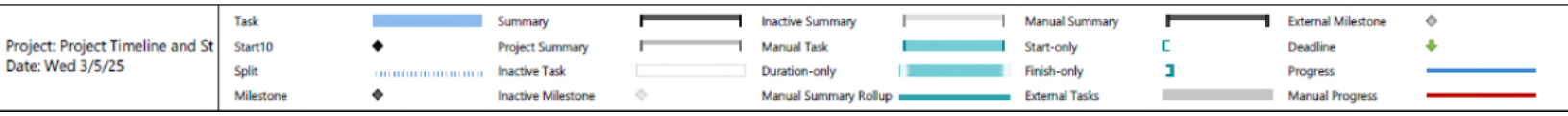
Major Projects Timeline: Fraser-Fort George RHD

RHD	Task Name	Start	Finish
FFGRHD	UHN - Roof Repair Phase 2	Tue 3/19/24	Fri 1/31/25
FFGRHD	UHN - SPECT CT	Wed 5/1/24	Mon 6/30/25
FFGRHD	UHN - Optical Coherence Tomography (OCT)	Fri 8/16/24	Wed 12/31/25
FFGRHD	UHN - FM Elevator Cars 1 and 2 Upgrade	Wed 5/8/24	Tue 9/30/25
FFGRHD	UHN - New Acute Care Tower Business Case	Tue 5/28/13	Tue 12/31/24
FFGRHD	UHN - Pharmacy NAPRA Upgrades	Wed 3/4/20	Mon 6/2/25
FFGRHD	UHN - Fire Alarm System Replacement	Tue 4/26/22	Mon 4/6/26
FFGRHD	MCK - Medical Clinic Renovations	Tue 4/26/22	Mon 3/31/25
FFGRHD	PGO - Diabetes and Renal Clinic Space Leasehold Improvement	Wed 11/2/22	Fri 6/20/25
FFGRHD	UHN - Cardiac Diagnostic Department Upgrade	Wed 10/28/20	Wed 12/31/25
FFGRHD	GTW - Chiller Replacement & Recommissioning (CNCP)	Tue 5/16/23	Mon 3/31/25
FFGRHD	UHN - New Acute Care Tower Early Works	Thu 9/14/23	Tue 3/31/26
FFGRHD	UHN - Energy Efficient Preheat of DHW Storage Upgrade (CNCP)	Tue 9/19/23	Wed 12/31/25
FFGRHD	UHN - LND Laundry Relocation	Thu 9/21/23	Wed 12/31/25
FFGRHD	UHN - SPECT CT Upgrade	Wed 2/14/24	Wed 4/30/25
FFGRHD	UHN - Surgery Centre Microscope OR OPMI Lumera 700	Wed 4/24/24	Mon 6/30/25
FFGRHD	UHN - Ultrasound Replacement (N0034409)	Wed 4/24/24	Tue 9/16/25
FFGRHD	UHN - Ultrasound Replacement (N0034106)	Wed 4/24/24	Tue 9/16/25
FFGRHD	ALP - Fire Alarm System Replacement Planning	Thu 5/9/24	Wed 12/31/25
FFGRHD	ALP - Boiler Upgrade (CNCP)	Mon 5/13/24	Mon 3/31/25
FFGRHD	UHN - Anesthetic Machine x 3 Replacement	Wed 7/3/24	Tue 12/31/24
FFGRHD	GTW - AL Flooring Replacement	Wed 7/10/24	Tue 12/2/25

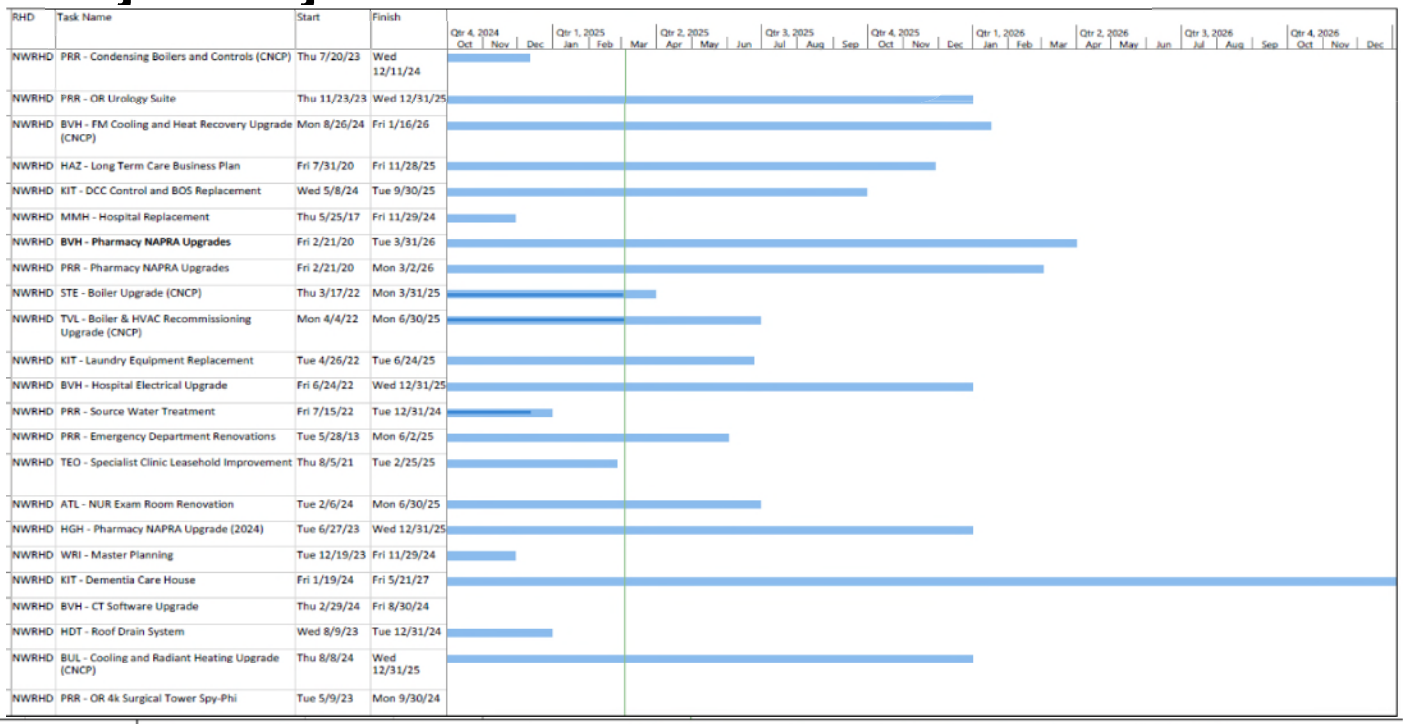


Major Projects Timeline: Northern Rockies RHD

RHD	Task Name	Start	Finish
North Rc	FNH - Elevator Upgrade	Wed 4/24/24	Tue 9/30/25



Major Projects Timeline: North West RHD

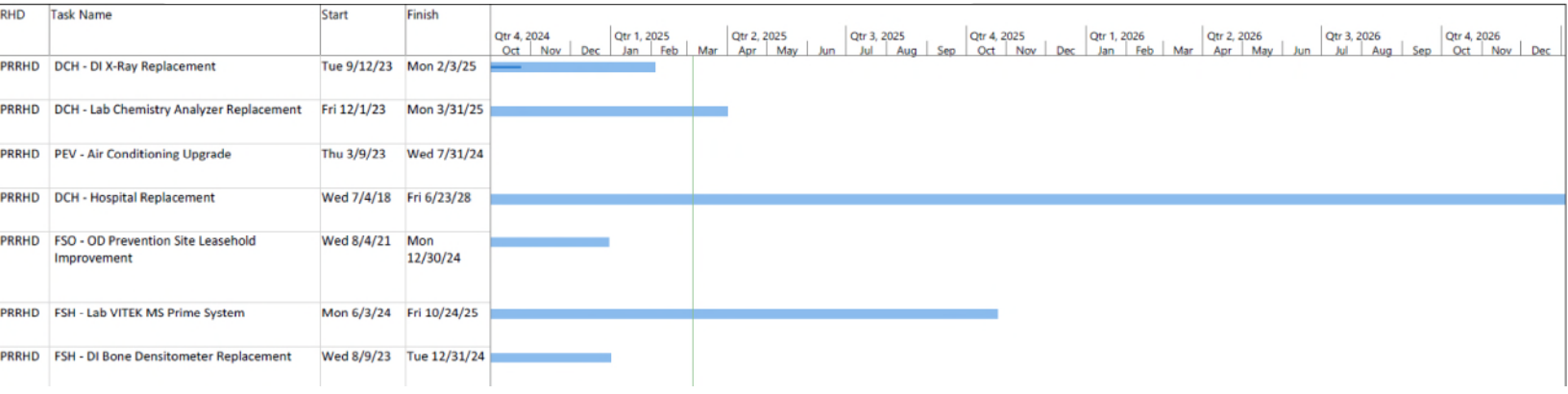


RHD	Task Name	Start	Finish
NWRHD	PRR - Condensing Boilers and Controls (CNCP)	Thu 7/20/23	Wed 12/11/24
NWRHD	PRR - OR Urology Suite	Thu 11/23/23	Wed 12/31/25
NWRHD	BVH - FM Cooling and Heat Recovery Upgrade (CNCP)	Mon 8/26/24	Fri 1/16/26
NWRHD	HAZ - Long Term Care Business Plan	Fri 7/31/20	Fri 11/28/25
NWRHD	KIT - DCC Control and BOS Replacement	Wed 5/8/24	Tue 9/30/25
NWRHD	MMH - Hospital Replacement	Thu 5/25/17	Fri 11/29/24
NWRHD	**BVH - Pharmacy NAPRA Upgrades**	Fri 2/21/20	Tue 3/31/26
NWRHD	PRR - Pharmacy NAPRA Upgrades	Fri 2/21/20	Mon 3/2/26
NWRHD	STE - Boiler Upgrade (CNCP)	Thu 3/17/22	Mon 3/31/25
NWRHD	TVL - Boiler & HVAC Recommissioning Upgrade (CNCP)	Mon 4/4/22	Mon 6/30/25
NWRHD	KIT - Laundry Equipment Replacement	Tue 4/26/22	Tue 6/24/25
NWRHD	BVH - Hospital Electrical Upgrade	Fri 6/24/22	Wed 12/31/25
NWRHD	PRR - Source Water Treatment	Fri 7/15/22	Tue 12/31/24
NWRHD	PRR - Emergency Department Renovations	Tue 5/28/13	Mon 6/2/25
NWRHD	TEO - Specialist Clinic Leasehold Improvement	Thu 8/5/21	Tue 2/25/25
NWRHD	ATL - NUR Exam Room Renovation	Tue 2/6/24	Mon 6/30/25
NWRHD	HGH - Pharmacy NAPRA Upgrade (2024)	Tue 6/27/23	Wed 12/31/25
NWRHD	WRI - Master Planning	Tue 12/19/23	Fri 11/29/24
NWRHD	KIT - Dementia Care House	Fri 1/19/24	Fri 5/21/27
NWRHD	BVH - CT Software Upgrade	Thu 2/29/24	Fri 8/30/24
NWRHD	HDT - Roof Drain System	Wed 8/9/23	Tue 12/31/24
NWRHD	BUL - Cooling and Radiant Heating Upgrade (CNCP)	Thu 8/8/24	Wed 12/31/25
NWRHD	PRR - OR 4k Surgical Tower Spy-Phi	Tue 5/9/23	Mon 9/30/24

Project: Project Timeline and St
Date: Wed 3/5/25

Task, Summary, Inactive Summary, Manual Summary, External Milestone
Start10, Project Summary, Manual Task, Start-only, Deadline
Split, Inactive Task, Duration-only, Finish-only, Progress
Milestone, Inactive Milestone, Manual Summary Rollup, External Tasks, Manual Progress

Major Projects Timeline: Peace River RHD



RHD	Task Name	Start	Finish
PRRHD	DCH - DI X-Ray Replacement	Tue 9/12/23	Mon 2/3/25
PRRHD	DCH - Lab Chemistry Analyzer Replacement	Fri 12/1/23	Mon 3/31/25
PRRHD	PEV - Air Conditioning Upgrade	Thu 3/9/23	Wed 7/31/24
PRRHD	DCH - Hospital Replacement	Wed 7/4/18	Fri 6/23/28
PRRHD	FSO - OD Prevention Site Leasehold Improvement	Wed 8/4/21	Mon 12/30/24
PRRHD	FSH - Lab VITEK MS Prime System	Mon 6/3/24	Fri 10/24/25
PRRHD	FSH - DI Bone Densitometer Replacement	Wed 8/9/23	Tue 12/31/24

Project: Project Timeline and St
Date: Wed 3/5/25

Task, Summary, Inactive Summary, Manual Summary, External Milestone
Start10, Project Summary, Manual Task, Start-only, Deadline
Split, Inactive Task, Duration-only, Finish-only, Progress
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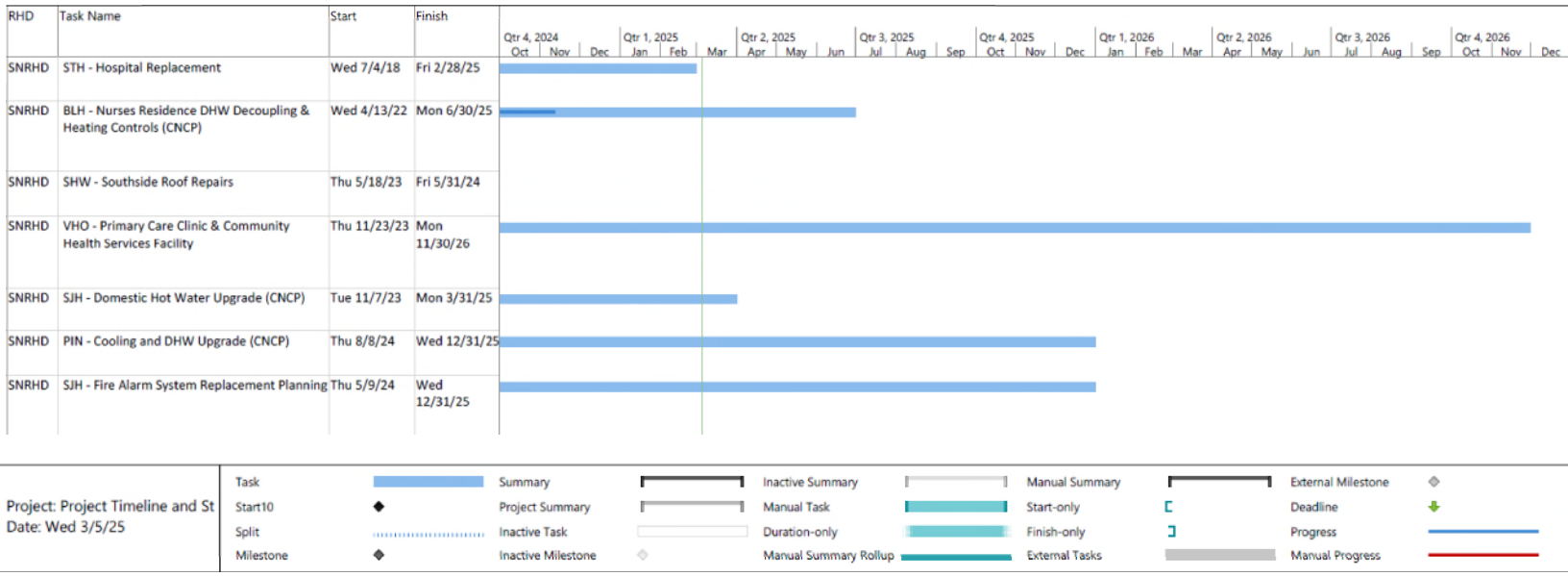
Major Projects Timeline: Stuart Nechako RHD



2025/26 Capital Plan
Major Carbon Neutral Capital Projects

RHD	Community	Project	Budget	RHD Funding
FFGRHD	Prince George	UHN Phase 2 – Energy Efficient Preheat of DHW Storage	TBD	TBD
NWRHD	Prince Rupert	PRR Heat Pump and RCx (Phase 3)	TBD	TBD
PRRHD	Dawson Creek	Rotary Manor Main Building Controls Upgrade	$0.96m	$0.39m
PRRHD	Dawson Creek	Rotary Manor Boiler Upgrade	TBD	TBD
FFGRHD	Prince George	UHN Condensate System Upgrades	TBD	TBD

CNCP Projects

UHNBC Phase 2 – Energy Efficient Preheat of Domestic Hot Water Storage

- Project Value: TBD
- Fraser Fort George RHD Funding: TBD
- Project Description: Phase 2 mainly focuses on excess heat recovery as there are many sources of excess heat to recover heat from, making this DHW preheat a good candidate for utilizing heat recovery. The application of Gas Absorption Heat Pumps (GAHP) could increase the efficiency of the preheated domestic water up to 125% versus 80%, thereby saving gas use.
- Project Status: Pending approval from CNCP.

CNCP Projects

Prince Rupert Heat Pump and RCx (Phase 3)

- Project Value: TBD
- North West RHD Funding: TBD
- Project Description: This project is for heat pump to be installed that could recover heat from the main exhaust stream of the hospital from EF-1. It is located on the roof and in nearby proximity to the matching supply fan AHU-1.
- Project Status: Not prioritized this year due to funding cap.

CNCP Projects

Rotary Manor (Dawson Creek) Main Building Controls Upgrade

- Project Value: $0.96M
- Peace River RHD Funding: $0.39M
- Project Description: The project is to replace the existing Honeywell system with a Reliable Control system, aligning it with the Tower building. This will Standardize the control systems across both main and tower buildings and will streamline maintenance and operations
- Project Status: Tendering process

CNCP Projects

Rotary Manor (Dawson Creek) Boiler Upgrade

- Project Value: TBD
- Peace River RHD Funding: TBD
- Project Description: The project is to replace existing boilers with new high efficiency condensing boilers and upgrade air handling units with pre-heat coils with new un-tempered heating water from boiler plant.
- Project Status: Pending approval.

CNCP Projects

UHNBC Condensate System Upgrades

- Project Value: TBD
- Fraser Fort George RHD Funding: TBD
- Project Description: Install a new condensate collection tank and transfer pumps designed to the current standards in Mechanical Room 11.
- Project Status: Not prioritized this year due to funding cap.

2025/26 Capital Plan
IMIT Projects

RHD	Community	Project	Budget	RHD Funding
Regional	All	NHR IT Cybersecurity Initiatives incl Forescout	TBD	TBD
Regional	All	NHR IT AGFA EI PACS Upgrade	TBD	TBD
FFGRHD	Prince George	UHN IT Network Replacement	$1.89m	$0.75m

IT Cybersecurity Initiatives Including Forescout

Project Objective Statement

The purpose of the Cybersecurity Program is to establish a sustainable, enterprise-wide security capability that:

- Reduces organizational risk to patient safety, clinical operations, and sensitive data.
- Aligns Northern Health with provincial and national standards, including the NIST Cybersecurity Framework (CSF), FOIPPA, and Ministry directives.
- Provides a pragmatic, phased roadmap that balances clinical continuity with measurable security maturity uplift.

Health Indicators			
Rigour	●	Overall Status	●
Scope	●	Budget	●
Schedule	●	Human Resources	●

Overall Project Funding

TBD

Fraser Fort George RHD Funding

TBD

Project Status

The multi-year cybersecurity plan and roadmap to guide tactical and long-term actions draft is complete.

Project definition for all projects within the initiative are in progress.

Project steering committee is formed.

Project team meetings are scheduled.

IT AGFA EI PACS Upgrade

Project Objective Statement

Upgrade the Northern Health Agfa EI PACS (Picture Archiving and Communication System) from version 8.1.2 to the latest supported version (8.3 or 8.4. This upgrade will mitigate operational risks associated with end-of-service-life software

Health Indicators			
Rigour	●	Overall Status	●
Scope	●	Budget	●
Schedule	●	Human Resources	●

Overall Project Funding

TBD

Fraser Fort George RHD Funding

TBD

Project Status

The project is just starting due to resource constraints, both on the project management side and on the operational resource side.

An IMIT project manager has been assigned and has started a project definition document.

The new IMIT service manager is engaged.

Project team meetings are scheduled to develop the project plan and schedule.

UHNBC IT Network Replacement

Project Objective Statement

Replace the aging and unsupported Cisco LAN infrastructure (wired and wireless) at UHNBC with a modern, secure, and high-performance network that aligns with the organization's digital hospital standards. The scope includes the replacement of 97 switches, 97 DAC 1M cables, 1 DAC 3M cable, and 225 access points.

Health Indicators			
Rigour	●	Overall Status	●
Scope	●	Budget	●
Schedule	●	Human Resources	●

Overall Project Funding

$1.89M

Fraser Fort George RHD Funding

$0.75M

Project Status

The team has completed a walkthrough and site assessment at UHNBC to identify the requirements for each network closet.

During the site assessment, we identified several additional tasks that need to be completed to meet the project objective. A budget review and recommendation are in progress

A Statement of Work (SOW) is currently being developed, incorporating floor maps that outline each network closet.

The draft SOW, floor maps, recycling process, and factory reset requirements have been shared with our vendor Core Network Solutions for their review.

A kick-off meeting has been scheduled with Core Network Solutions and our Network team to review the site assessment and proposed SOW.

The Project Definition Document is in progress.

Facilities Management is assisting with the installation of air conditioning units in network closets identified as having high heat levels.

The team is also working on adding fiber connections to the network closets at UHNBC.

2025/26 Capital Plan
Major Equipment (>$100,000)

RHD	Community	Project	Budget	RHD Funding	Status
SNRHD	Burns Lake	BLH LAB Chemistry Analyzer Replacement	$0.52m	$0.21m	In Progress
NRRHD	Fort Nelson	FNH DI X-Ray Machine and Portable Replacement	$1.53m	$0.61m	In Progress
NRRHD	Fort Nelson	FNH LAB Chemistry Analyzer Replacement	$0.72m	$0	In Progress
PRRHD	Fort St John	FSH DI X-Ray Room 2 Replacement	$1.93m	$0.77m	In Progress
PRRHD	Fort St John	FSH LND Large Piece Folder Replacement	$0.80m	$0.32m	In Progress
CCRHD	Quesnel	GRB DI Ultrasound Replacement	$0.25m	$0.10m	Closing
FFGRHD	Mackenzie	MCK LAB Chemistry Analyzer Replacement	TBD	TBD	TBD
NWRHD	Prince Rupert	PRR DI CT Scanner Replacement	$2.88m	$1.15m	In Progress
NWRHD	Prince Rupert	PRR OR Trauma Orthopedic Table Replacement	$0.25m	0.10m	In Progress

2025/26 Capital Plan
Major Equipment (>$100,000)

RHD	Community	Project	Budget	RHD Funding	Status
PRRHD	Tumbler Ridge	THC Automated Medication Dispensing Cabinet	$0.21m	$0.08m	In Progress
FFGRHD	Prince George	UHN DI CT 64 Replacement	TBD	TBD	TBD
FFGRHD	Prince George	UHN DI Ultrasound Replacement	$0.24m	$0.10m	In Progress
FFGRHD	Prince George	UHN DI X-Ray N0001340 Replacement	$1.57m	$0.63m	In Progress
FFGRHD	Prince George	UHN LAB Electrophoresis System Replacement	$0.38m	$0.15m	In Procurement
FFGRHD	Prince George	UHN LAB Urinalysis Replacement	$0.13m	$0.05m	In Procurement
FFGRHD	Prince George	UHN OR Anesthesia Units x3 Replacement	$0.46m	$0.18m	Closing
FFGRHD	Prince George	UHN OR General Surgical Towers x4 Replacement	$0.76m	$0.30m	Closing
FFGRHD	Prince George	UHN OR Urology Laser Replacement	$0.20	$0.08m	In Progress

Building Integrity Allocations

RHD	Total Allocation	RHD Portion
FFGRHD	$250,000	$100,000
SNRHD	$75,000	$30,000
CCRHD	$108,000	$43,000
PRRHD	$116,000	$46,000
NRRHD	$50,000	$20,000
NWRHD	$250,000	$100,000

Minor Equipment Allocations

RHD	Total Allocation	RHD Portion
FFGRHD	$2,801,000	$1,120,400
SNRHD	$452,000	$180,800
CCRHD	$512,000	$204,800
PRRHD	$1,517,000	$606,800
NRRHD	$178,000	$71,200
NWRHD	$2,562,000	$1,024,800

Questions?

PEACE RIVER REGIONAL HOSPITAL DISTRICT

REPORT

To: Peace River Regional Hospital District Board Report Number: ADM-RHD-040

From: Corporate Administration Date: November 6, 2025

Subject: Notice of Closed Regional Hospital District Meeting – November 6, 2025

RECOMMENDATION: *[Corporate Unweighted]*

That the Peace River Regional Hospital District Board recess to a Closed Meeting for the purpose of discussing the following items:

Agenda Item	Description	Authority
3.1, 6.1, 6.2 & 6.3	Minutes	CC Section 97(1)(b) Closed Minutes, access to records, CC Section 90(2)(k) and CC Section 90 (1) (j) Information Prohibited from Disclosure under Section 21 of *FOIPPA*.

BACKGROUND/RATIONALE:

As per the Closed Meeting Process and Proactive Disclosure Policy.

ALTERNATIVE OPTIONS:

The Peace River Regional Hospital District Board may recess to a Closed Meeting to discuss whether or not the items proposed properly belong in a Closed Session. *Community Charter* Section 90(1)(n).

STRATEGIC PLAN RELEVANCE:

☒ Not Applicable to Strategic Plan

FINANCIAL CONSIDERATION(S):

Not applicable.

COMMUNICATIONS CONSIDERATION(S):

Not applicable.

OTHER CONSIDERATION(S):

Not applicable.