



**REGULAR BOARD MEETING
Open Meeting Agenda**

Date: September 28, 2022
Time: 6:00 p.m.
Location: Hybrid Model – In-person and Remote

Join by phone:
1-844-426-4405 Canada Toll Free
+1-604-449-3026 Canada Toll (Vancouver)
Meeting number (access code): 2464 854 0594

In-Person Location: Boardroom - 202 Lakeside Drive, Nelson B.C.

Proceedings are open to the public.

- 1. CALL TO ORDER & WELCOME**
- 2. TRADITIONAL LANDS ACKNOWLEDGEMENT STATEMENT**
We acknowledge and respect the indigenous peoples within whose traditional lands we are meeting today.
- 3. ADOPTION OF THE AGENDA RECOMMENDATION**
That the agenda for the September 28, 2022 Board meeting be adopted as circulated.
- 4. ADOPTION OF THE MINUTES RECOMMENDATION**
That the minutes from the June, 22, 2022 Board meeting be adopted as circulated.
- 5. DELEGATIONS**

INTERIOR HEALTH AUTHORITY
Todd Mastel, Interim Corporate Director, Financial Services
Lannon DeBest, Executive Director, Clinical Operations – Kootenay Boundary

5.1 Nelson Campus update

Todd Mastel will provide the Board an update regarding the Nelson Campus.

6. BUSINESS ARISING OUT OF THE MINUTES

None.

7. NEW BUSINESS

7.1 Executive Report

The UBCM Meeting – Ministry of Health report prepared by Director Pasin, has been received.

7.2 Chair's Report

Chair Hewat will provide the Board with a verbal report.

7.3 Interior Health Authority Capital Projects and Planning Status Report

The Master Summary report for July 2022 from the Interior Health Authority, has been received.

7.4 WKBRHD Accounts Payable Summary

The WKBRHD Accounts Payable Summary report prepared by the RDCK Finance Department for June to August, 2022, has been received.

7.5 Aging Populations and Health Services in the West Kootenay Boundary Regional Hospital District Study

The Aging Populations and Health Services in the West Kootenay Boundary Regional Hospital District Study prepared by the Selkirk Geospatial Research Centre at Selkirk College, has been received.

7.6 2021 WKBRHD Financial Statements – Draft

The WKBRHD 2021 Audited Financial Statements - Draft provided by Grant Thornton dated December 31, 2021, has been received.

RECOMMENDATION

That the Board approve the audited financial statements for the West Kootenay Boundary Regional Hospital District for the year ended December 31, 2021.

7.7 2023 WKBRHD Board Meetings Dates

RECOMMENDATION

That the 2023 WKBRHD Board meeting dates be set as follows:

- Wednesday January 25;
- Wednesday March 22;
- Wednesday June 28; and

- Wednesday October 25.

8. QUESTIONS PERIOD FOR PUBLIC & MEDIA

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

9. IN CAMERA

**9.1 MEETING CLOSED TO THE PUBLIC
RECOMMENDATION**

That in the opinion of the Board - and in accordance with Section 90 of the *Community Charter* - the public interest so requires that persons other than DIRECTORS, ALTERNATE DIRECTORS, DELEGATIONS AND STAFF be excluded from the meeting;

AND FURTHER, in accordance with Section 90 of the *Community Charter*, the meeting is to be closed on the basis identified in the following subsection:

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

(m) a matter that, under another enactment, is such that the public may be excluded from the meeting.

**9.2 RECESS OF OPEN MEETING
RECOMMENDATION**

The Open Meeting be recessed at [Time] in order to conduct the Closed In Camera meeting.

**10. ADJOURNMENT
RECOMMENDATION**

That the meeting adjourn at _____ p.m.



REGULAR BOARD MEETING
Open Meeting Minutes

The **third** regular meeting of the Board of the West Kootenay-Boundary Regional Hospital District for the year 2022 was held on Wednesday, June 22 at 6:00 p.m. remotely through electronic participation.

Quorum was maintained for the duration of the meeting.

ELECTED OFFICIALS PRESENT:

Director S. Hewat

Kaslo (Chair)

(RDCK)

Director G. Jackman

Area A

Director A. Watson

Area D

Director R Faust

Area E

Director H. Cunningham

Area G

Director W. Popoff

Area H

Director A. Davidoff

Area I

Director R. Smith

Area J

Director C. Moss

New Denver

Director D. Lockwood

Salmo

Director J. Lunn

Slocan

(RDKB)

Director G. McGregor

Area A

Director D. O'Donnell

Area D

Director V. Gee

Area E

Director B. Wenman

Fruitvale

Director C. Korolek

Grand Forks

Director J. Bolt

Greenwood

Director R. Grouette

Midway

Director D. Berriault

Montrose

Director J. Nightingale

Rossland

Director L. Pasin

Trail

Director A. Parkinson

Warfield

ELECTED OFFICIALS ABSENT:

Director T. Newell

Area F – RDCK

Director P. Peterson

Area K – RDCK

Director K. Duff

Castegar – RDCK

Director J. Hughes

Nakusp - RDCK

Director A. Grieve

Area A - RDKB

Director L. Worley

Area B - RDKB

ALTERNATE DIRECTORS PRESENT

Director T. Weatherhead
Director D. Rye
Director T Zeleznik

Area K - RDCK
Castlegar - RDCK
Nakusp - RDCK

STAFF PRESENT

Mr. S. Horn
Mr. M. Morrison
Ms. C. Hopkyns

Secretary/Treasurer
Deputy Secretary
Meeting Coordinator

INTERIOR HEALTH

Todd Mastel
Lannon DeBest

Interim Corporate Director, Financial Services
Executive Director, Clinical Operations – Kootenay
Boundary

1. CALL TO ORDER & WELCOME

Chair Hewat called the meeting to order at 6:03 p.m.

2. TRADITIONAL LANDS ACKNOWLEDGEMENT STATEMENT

We acknowledge and respect the indigenous peoples within whose traditional lands we are meeting today.

3. ADOPTION OF THE AGENDA

Moved and seconded,
And Resolved:

53/22 That the agenda for the June 22, 2022 Board meeting be adopted as circulated.

Carried

4. ADOPTION OF THE MINUTES

Moved and seconded,
And Resolved:

54/22 That the minutes from the March 23, 2022 Board meeting be adopted as circulated.

Carried

That the minutes from the May 30, 2022 Executive Committee meeting has be received.

5. DELEGATIONS

INTERIOR HEALTH AUTHORITY

Todd Mastel, Interim Corporate Director, Financial Services
Lannon DeBest, Executive Director, Clinical Operations – Kootenay Boundary

5.1 Project Updates

Todd Mastel presented to the Board with the following project updates:

- KBRH Pharmacy and Ambulatory Care:
 - Ambulatory care 2nd floor opened for services September 2021 (Endoscopy, Minor Procedures, Cystoscopy, Recovery Bays).
 - Upgrading of Electrical Generators is underway, with completion estimated Fall 2022.
 - Interior Renovation Component review:
 1. Health Information Management was completed in July 2021;
 2. Pharmacy Phase 1 compounding & mixing (meet NAPRA standards) completed and will open for service in July 2022;
 3. Oncology Services is expected to be completed end of June, 2022 with go live for services mid July 2022;
 4. Physiotherapy/Rehabilitation Services & Cast Clinic under construction, with completion mid July 2022, with go live planned for August 2022;
 5. Pharmacy Phase 2 (Dispensary) is scheduled to commence early July 2022. with estimated completion March 2023;
 6. Ambulatory Care General Clinics is scheduled to commence end of July 2022, with estimated completion March 2023
- Nelson Health Campus:
 - Demolition work complete and the site is ready to go, with a formal announcement expected soon.

5.2 Cancer Care update

Lannon DeBest provided the Board an update regarding cancer care in the Kootenay-Boundary. Lannon acknowledged medical oncologist Dr. Malpass and Dr. Scotland for their dedicated service in the Kootenay-Boundary. He shared the effort to recruit medical oncologists has been unsuccessful, resulting in changes in cancer care service in the Kootenay-Boundary. Lannon gave an overview of cancer care in the province. Cancer care in the Kootenay-Boundary will now be monitored by an inter-disciplinary team. He shared what the journey of care for the patient will look like:

- Patients will first meet with their general practitioner or nurse practitioner, who will order tests;
- Once diagnosis is known, the patient will be referred to BC Cancer to meet with a medical oncologist in Kelowna (in-person or virtual), where a treatment plan will be made;
- Treatment care will be given either in their community, Kelowna or Vancouver depending on the type of cancer the individual has;
- Ongoing care will be provided by the general practitioner oncologist specialists (eight in the area) in partnership with general practitioners and BC Cancer.

5.3 Clinical Operations Update

Lannon DeBest provided the Board with an update regarding Clinical Operations.

- Boundary District Hospital update:
 - The emergency room continues to be open 24 hours a day.
 - Patient who need extended care are transferred to other hospitals.
 - Continue to recruit nurses but not successful yet.
 - The goal is to open the hospital as soon as possible.
- Adolescent mental health and substance use team in the Kootenay-Boundary:
 - The province announced investment in adolescent mental health and substance use teams.
 - There will be a team consisting of mental health workers, life skill workers and nurses, working out of Trail, focused on adolescent mental health and substance use.

6. BUSINESS ARISING OUT OF THE MINUTES

6.1 2022 UBCM Meeting Priority Topics

Chair Hewat provided an update to the Board regarding the Executive Committee's discussion on WKBRHD priorities for the UBCM Convention. The Executive agreed that all of the Board's UBCM topics are a priority and discussed importance of presenting the items through the lens of strengthening and protecting rural health care.

IH's capital funding priorities:

- IH request – support for the permanent Magnetic Resonance Imaging (MRI) structure at Kootenay Boundary Regional Hospital - priority investment.

The Executive Committee priorities:

- With the current trend of people away from urban areas to rural areas, a focus on strengthening rural health care facilities is a priority;
- Increasing funding to patient transport in rural areas for residents to have access to health service (dialysis);
- Primary Care Network continues to be a priority;
- Advocating for vulnerable population (*opioid* crisis, safe supply);
- Advocating for better laboratory services (improved staffing, review and focus on the infrastructure needed if the spaces are too small, such as the Trail facility);
- Returning the combination lab/x-ray position to small rural health centres.

The Board had a discussion the 2022 UBCM meeting topics and determined that all the topics are a priority. The Executives will try to fit them all in at the meeting. The order of priority: MRI, transportation, Primary Care Network, laboratory services, vulnerable population, lab/x-ray position.

6.2 September – In-Person Tour & Hybrid (In-Person or Remote attendance) Meeting

Chair Hewat discussed the proposed tour of the Kootenay Boundary Regional Hospital in Trail, BC and the hybrid meeting (in-person or remote attendance) at the Castlegar Community & District Complex on September 28th, 2022.

The Board requested staff send out a poll to determine interest in the in-person tour and hybrid meeting.

7 NEW BUSINESS

7.1 Chair's Report

Chair Hewat provided a verbal update to the Board regarding the Regional Hospital District Interior Health meeting she attended, along with Director Pasin.

Key points discussed:

- Key alert and response planning;
- Climate change action;
- Capital challenges.

Other updates:

- Primary care transformation;
- Capital projects;

- Added item – challenges with BCEHS in rural communities.

7.2 WKBRHD Accounts Payable Summary

The WKBRHD Accounts Payable Summary report prepared by the RDCK Finance Department for March - May 2022, has been received.

7.3 2021 WKBRHD Audited Financial Statements

The 2021 WKBRHD Audited Financial Statements has not been received from the auditors. Staff have requested an extension with the Ministry due to auditor staffing shortages.

Stuart Horn, Secretary/Treasurer, shared with the Board that when the 2021 WKBRHD Audited Financial Statements is received, an electronic vote will be conducted and the vote will be ratified at the next meeting.

8 QUESTIONS PERIOD FOR PUBLIC & MEDIA

The Chair called for questions from the public and members of the media at 7:30 p.m.

9 ADJOURNMENT

Moved and seconded,
And Resolved:

55/22 That the meeting adjourn at 7:42 p.m.

Carried

Digitally approved by

Suzan Hewat, Board Chair

Mike Morrison, Deputy Secretary

**IHA Capital Projects and Planning Status Report
Master Summary - July 2022**

Project Number	Project Name/Phase Name	Project Manager	% Complete Status			Substantial Complete Date Mth/Yr	Total Complete Date Mth/Yr	On Time	On Budget	Other Issues	Project Budget
			Program	Design	Const.						
West Kootenay Boundary (WKB)											
6318010	KBH Steam and Condensate Line Replacement	Ev K.	N/A	100%	100%	Jan-21	Sep-21	Y	Y	N	\$ 523,000
6318053	KBH Emergency Department Redevelopment	Ev K.	N/A	100%	97%	Apr-21	Oct-22	Y	Y	N	\$ 19,050,000
6318089	KBH Boiler Room	Ev K.	N/A	100%	100%	Aug-20	May-22	Y	Y	N	\$ 745,000
6319002	ALH Emergency Department Renovation	Ev K.	100%	100%	99%	May-20	Jul-22	Y	Y	N	\$ 2,100,000
6319067	KBH Pharmacy & Ambulatory Care Project	Ev K.	N/A	100%	55%	Mar-23	May-23	Y	0	N	\$ 32,775,000
6319074	KBH Ambulatory Care 2nd Floor	Ev K.	N/A	100%	97%	Apr-21	Oct-22	Y	Y	N	\$ 6,000,000
6320004	KBH Monitoring System, Physiological	Ev K.	N/A	100%	97%	Mar-21	Nov-22	Y	Y	N	\$ 684,000
6320005	KLH Waste and Cardboard Compactor	James W.	N/A	55%	0%	Aug-23	Aug-23	0	Y	N	\$ 324,000
6321015	KBH Medical Air and Vacuum System Replacement	Ev K.	N/A	100%	86%	Oct-22	Nov-22	0	Y	N	\$ 1,125,000
6321016	KLH Pharmacy Upgrade	Ev K.	N/A	100%	97%	Aug-21	Aug-22	Y	Y	N	\$ 2,200,000
6322000	KBH Public Elevator Modernization	Ev K.	N/A	100%	2%	May-23	Jul-23	Y	Y	N	\$ 1,350,000
6322050	BDH (BCC) RO Replace	Christine E.	N/A	100%	13%	Oct-22	Nov-22	Y	Y	N	\$ 400,000
6322054	KBH Steam Plant Retrofits	Ev K.	N/A	0%	0%	Jun-24	Aug-24	Y	Y	N	\$ 2,100,000
6322095	ESH Generator	Jay A.	N/A	75%	5%	TBD	Jul-23	Y	Y	N	\$ 300,000
6323018	KBH MRI - Planning	Catherine T.	5%	0%	0%	Jul-23	Aug-23	Y	Y	N	\$ 150,000
TOTAL BUDGET:											\$69,826,000

West Kootenay Boundary Reports

July 2022

Project Name KBH Steam and Condensate Line Replacement						Project Budget: \$523,000				
Project Number 6318010						RHD Contribution (Y/N): Y				
Project Manager Ev K.										
% Complete Status			On Time	On Budget	Other Issues	Start Date	Substantial Completion			
Programming	Design	Const.					Original	Rev. #	Revised	
N/A	100%	100%	Y	Y	N	Sep-17	Feb-18	4	Jan-21	
Scope										
The existing steam and condensate lines are 60 years old and leaks are developing. The replacement of these components will require access through patient care areas. Careful coordination and infection control precautions will be a key element for this project. In addition to the lines, critical components of the steam condensate infrastructure will be replaced in accordance with the condition survey that was completed. The initial market response put the project significantly over-budget. Value analysis was done and a revised strategy developed to meet the Scope.										
Progress										
Project is complete and the close out process is underway.										
Issues										
None.										
Financial										
Actuals to March 31, 2022	Actuals YTD	Projected					Total Actuals + Projected	Projected Unspent	Variance to Budget	
		FY22	FY23	FY24	FY25	FY26				
\$ 278,242	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 278,242	\$ 244,758	\$ -	

Project Name KBH Emergency Department Redevelopment						Project Budget: \$19,050,000				
Project Number 6318053						RHD Contribution (Y/N): Y				
Project Manager Ev K.										
% Complete Status			On Time	On Budget	Other Issues	Start Date	Substantial Completion			
Programming	Design	Const.					Original	Rev. #	Revised	
N/A	100%	97%	Y	Y	N	Jul-17	Dec-19	4	Apr-21	
Scope										
The redesign and expansion of the KBRH ED as well as the upgrade to the electrical transformer will address immediate space and service inadequacies and accommodate projected ED needs to 2034. This is Phase 1 of the KBRH service priority renovations.										
Progress										
The space is now occupied and operational. Seasonal deficiencies related to the civil work has commence and is progressing with target completion end of August 2022.										
Issues										
None.										
Financial										
Actuals to March 31, 2022	Actuals YTD	Projected					Total Actuals + Projected	Projected Unspent	Variance to Budget	
		FY22	FY23	FY24	FY25	FY26				
\$ 18,914,388	\$ 10,599	\$ 135,612	\$ -	\$ -	\$ -	\$ -	\$ 19,050,000	\$ -	\$ (0)	

Project Name KBH Boiler Room						Project Budget: \$745,000				
Project Number 6318089						RHD Contribution (Y/N): Y				
Project Manager Ev K.										
% Complete Status			On Time	On Budget	Other Issues	Start Date	Substantial Completion			
Programming	Design	Const.					Original	Rev. #	Revised	
N/A	100%	100%	Y	Y	N	Feb-18	Mar-19	6	Aug-20	
Scope										
The Scope of this project is to install two new dedicated high efficiency domestic hot water boilers and associated storage tank to provide domestic hot water to the facility. The addition of these boilers will allow for the decoupling of the domestic hot water system from the existing steam plant. This project will increase energy efficiency of the domestic hot water production. A final solution has been developed to address the issues with the flue venting and work is proceeding. Additional funding was required and has been approved.										
Progress										
Project complete and will be closed once final invoicing has been processed.										
Issues										
None.										
Financial										
Actuals to March 31, 2022	Actuals YTD	Projected					Total Actuals + Projected	Projected Unspent	Variance to Budget	
		FY22	FY23	FY24	FY25	FY26				
\$ 686,015	\$ 681	\$ 23,482	\$ -	\$ -	\$ -	\$ -	\$ 709,497	\$ 35,503	0	

West Kootenay Boundary Reports

July 2022

Project Name ALH Emergency Department Renovation						Project Budget: \$2,100,000				
Project Number 6319002						RHD Contribution (Y/N): Y				
Project Manager Ev K.										
% Complete Status			On Time	On Budget	Other Issues	Start Date	Substantial Completion			
Programming	Design	Const.					Original	Rev. #	Revised	
100%	100%	98%	Y	Y	N	Jul-18	Oct-19	3	May-20	
Scope										
Redevelopment of the Emergency Department (ED) areas will provide the appropriate space capacity necessary to support the provision of quality patient care within Emergency Services and address the immediate service delivery challenges experienced by the site. Planning, design and renovations will improve sight lines and visual oversight to monitor patients, improve infection control standards, address risk related to lack of privacy and confidentiality, improve patient flow by decreasing congestion, and provide appropriate space for essential equipment/supplies. Renovations will provide the High Acuity Response Team and visiting specialists' appropriate space to deliver quality patient care. The plan for the expanded ED is to include four exam bays, one double trauma bay, one office/exam room and one physician dictation/multi-purpose room. The renovation will be phased to minimize disruption to emergency services at the site.										
Progress										
The newly renovated Emergency Department is open and fully operational. The final deficiency is complete. The project is now complete and the close out process is underway.										
Issues										
None.										
Financial										
Actuals to March 31, 2022	Actuals YTD	Projected					Total Actuals + Projected	Projected Unspent	Variance to Budget	
		FY22	FY23	FY24	FY25	FY26				
\$ 1,911,903	\$ 0	\$ 188,097	\$ -	\$ -	\$ -	\$ -	\$ 2,100,000	\$ -	\$ 0	

Project Name KBH Pharmacy & Ambulatory Care Project						Project Budget: \$32,775,000				
Project Number 6319067						RHD Contribution (Y/N): Y				
Project Manager Ev K.										
% Complete Status			On Time	On Budget	Other Issues	Start Date	Substantial Completion			
Programming	Design	Const.					Original	Rev. #	Revised	
N/A	100%	55%	Y	0	N	Jan-19	Dec-22	0	Mar-23	
Scope										
The Project entails the creation of a new Ambulatory Care wing above the Emergency Department expansion. The old Ambulatory Care will be upgraded to accommodate outpatient exam rooms, booking offices, reception, telehealth, and two physician sleep rooms. Current medical records will be relocated to the basement allowing for expansion of the existing oncology unit and physiotherapy will move into the remaining medical records space. In addition, the cast clinic space will be upgraded. Shifting of these other service areas will allow for a major expansion of the current pharmacy area to address the needs of the pharmacy program. The existing generators will be replaced along with an upgrade to the chiller and associated cooling tower.										
Progress										
The multiple phases of construction are progressing well. The Ambulatory Procedures Unit (APU) opened September 2021 and is fully operational. The first phase of the Pharmacy opened July 2022 and is fully operational. Oncology reached substantial completion and opened to patients on July 19th and is fully operational. Cast Clinic reached substantial completion and will go live Aug 2nd. Physiotherapy reached substantial completion with go live mid-August 2022. Generator #1 and the fuel tank are being installed and commissioned. Generator #2 will be installed after Generator #1 is operational. Bi-weekly construction meetings and operational commissioning meetings with stakeholders have been established.										
Issues										
The medical equipment budget has a potential shortfall that is being addressed.										
Financial										
Actuals to March 31, 2022	Actuals YTD	Projected					Total Actuals + Projected	Projected Unspent	Variance to Budget	
		FY22	FY23	FY24	FY25	FY26				
\$ 19,237,001	\$ 3,117,040	\$ 8,750,278	\$ 4,808,247	\$ -	\$ -	\$ -	\$ 32,795,526	\$ (20,526)	\$ 0	

Project Name KBH Ambulatory Care 2nd Floor						Project Budget: \$6,000,000				
Project Number 6319074						RHD Contribution (Y/N): Y				
Project Manager Ev K.										
% Complete Status			On Time	On Budget	Other Issues	Start Date	Substantial Completion			
Programming	Design	Const.					Original	Rev. #	Revised	
N/A	100%	97%	Y	Y	N	Feb-19	TBD	1	Apr-21	
Scope										
Build the second floor on the new ED building to accommodate the Ambulatory expansion. Work will include the structure, stairwell, building envelope and the new bridgeway to the existing building. The fit-out of the space will be completed under project 6319067 KBH Pharmacy and Ambulatory Care Project.										
Progress										
Link Bridge interior and exterior work is complete. Final project documentation will be coordinated with the final completion of the KBH ED project (6318053).										
Issues										
None.										
Financial										
Actuals to March 31, 2022	Actuals YTD	Projected					Total Actuals + Projected	Projected Unspent	Variance to Budget	
		FY22	FY23	FY24	FY25	FY26				
\$ 5,312,240	\$ 0	\$ 687,760	\$ -	\$ -	\$ -	\$ -	\$ 6,000,000	\$ -	\$ 0	

West Kootenay Boundary Reports

July 2022

Project Name KBH Monitoring System, Physiological						Project Budget: \$684,000				
Project Number 6320004						RHD Contribution (Y/N): Y				
Project Manager Ev K.										
% Complete Status			On Time	On Budget	Other Issues	Start Date	Substantial Completion			
Programming	Design	Const.					Original	Rev. #	Revised	
N/A	100%	97%	Y	Y	N	Jul-20	Mar-21	0	Mar-21	
Scope										
Physiological monitoring systems consist of a bedside monitor connected to a central system and the patient. This system continuously monitors the patient's ECG, blood pressure, temperature, and blood oxygen levels among other vital signs. This information is also sent to a central system, which displays all of this information for each patient in real time at the nursing station. This new system is replacing a 2011 model in the Intensive Care Unit/ED Department.										
Progress										
Some additional components are being sourced for the system to ensure full coverage in all areas.										
Issues										
None.										
Financial										
Actuals to March 31, 2022	Actuals YTD	Projected					Total Actuals + Projected	Projected Unspent	Variance to Budget	
		FY22	FY23	FY24	FY25	FY26				
\$ 491,220	\$ -	\$ 192,780	\$ -	\$ -	\$ -	\$ -	\$ 684,000	\$ -	\$ -	

Project Name KLH Waste and Cardboard Compactor						Project Budget: \$324,000				
Project Number 6320005						RHD Contribution (Y/N): Y				
Project Manager James W.										
% Complete Status			On Time	On Budget	Other Issues	Start Date	Substantial Completion			
Programming	Design	Const.					Original	Rev. #	Revised	
N/A	50%	0%	0	Y	N	Jun-19	Nov-19	2	TBD	
Scope										
This additional environmentally friendly piece of equipment will improve safety and increase efficiency with regards to waste elimination at this site. It will include a new commercial compactor/packer roll off combo, container, walk-on dock, container stand assembly, controls for the hydraulic system and electrical supply. To address staff, public and contractor safety there are also renovations required to access the compactor, dock cover and lighting. Design Consultant has suffered a stroke, requiring a new consulting team to be engaged and carry on with the design.										
Progress										
The province-wide RFP has been awarded for waste services allowing equipment selection for KLH to proceed. The design for infrastructure renovations needed to support the new equipment has now resumed. Equipment selection has been proposed by waste services vendor for approval, the revised design and construction schedule are now being developed.										
Issues										
The province-wide RFP has been awarded for waste services allowing equipment selection for KLH to proceed.										
Financial										
Actuals to March 31, 2022	Actuals YTD	Projected					Total Actuals + Projected	Projected Unspent	Variance to Budget	
		FY22	FY23	FY24	FY25	FY26				
\$ 13,986	\$ -	\$ 20,000	\$ 290,014	\$ -	\$ -	\$ -	\$ 324,000	\$ -	\$ -	

Project Name KBH Medical Air and Vacuum System Replacement						Project Budget: \$1,125,000				
Project Number 6321015						RHD Contribution (Y/N): Y				
Project Manager Ev K.										
% Complete Status			On Time	On Budget	Other Issues	Start Date	Substantial Completion			
Programming	Design	Const.					Original	Rev. #	Revised	
N/A	100%	86%	0	Y	N	Dec-20	Nov-21	1	Oct-22	
Scope										
These systems are a critical component to patient care and were installed more than 20 years ago and past their useful life. The newer systems are more energy efficient, ensure adequate redundancy and comply with the latest standards. The Scope of Work will include new medical air and vacuum systems, associated controls, alarms, back-up medical air manifold and Canadian Standards Association compliance commissioning.										
Progress										
Construction continues with medical gas alarm and electrical rough-in is complete. Installation to extend pipe to new-tie location to avoid a hospital wide shutdown is complete. The 600V electrical distribution has arrived and parts were missing. Contractor working with vendor to source parts. Bi-weekly construction meetings have been established. Work is now anticipated to be completed in Fall.										
Issues										
Conflict between specifications and approved shop drawing resulted in incorrect equipment voltage. An electrical distribution update to 600V equipment services required. Contractor advised currently 12-14 week lead time for the new electrical distribution system. The contractor has advise a further delay with electrical distribution parts with anticipation end of September 2022.										
Financial										
Actuals to March 31, 2022	Actuals YTD	Projected					Total Actuals + Projected	Projected Unspent	Variance to Budget	
		FY22	FY23	FY24	FY25	FY26				
\$ 693,845	\$ 9,511	\$ 431,155	\$ -	\$ -	\$ -	\$ -	\$ 1,125,000	\$ -	\$ -	

West Kootenay Boundary Reports

July 2022

Project Name KLH Pharmacy Upgrade						Project Budget: \$2,200,000				
Project Number 6321016						RHD Contribution (Y/N): Y				
Project Manager Ev K.										
% Complete Status			On Time	On Budget	Other Issues	Start Date	Substantial Completion			
Programming	Design	Const.					Original	Rev. #	Revised	
N/A	100%	97%	Y	Y	N	Jun-20	Apr-21	2	Aug-21	
Scope										
The sterile compounding area in the pharmacy department at this site requires upgrading of the ante room and overall workflow as well as upgrades to the air handling systems to meet current standards. Effective May 2021, the College of Pharmacists of British Columbia bylaws will require all pharmacies in B.C. to adopt the National Association of Pharmacy Regulatory Authorities model standards for sterile compounding. Compounding allows individual ingredients to be mixed together in personalized strengths and dosages based on a patient's needs. The BC College of Pharmacists has extended the deadline for compliance with the NAPRA standard to July 2022, eliminating this as a project risk for completion.										
Progress										
Construction is complete and the suite has been commissioned. Deficiencies are being addressed by the contractor. The pharmacy equipment has been moved in and certified. The suite is in full use. NAPRA compliance confirmation is being coordinated with the department and the College of Pharmacists.										
Issues										
None.										
Financial										
Actuals to March 31, 2022	Actuals YTD	Projected					Total Actuals + Projected	Projected Unspent	Variance to Budget	
		FY22	FY23	FY24	FY25	FY26				
\$ 1,889,434	\$ 72,032	\$ 310,566	\$ -	\$ -	\$ -	\$ -	\$ 2,200,000	\$ -	\$ 0	

Project Name KBH Public Elevator Modernization						Project Budget: \$1,350,000				
Project Number 6322000						RHD Contribution (Y/N): Y				
Project Manager Ev K.										
% Complete Status			On Time	On Budget	Other Issues	Start Date	Substantial Completion			
Programming	Design	Const.					Original	Rev. #	Revised	
N/A	100%	0%	Y	Y	N	Aug-21	May-23	0	May-23	
Scope										
Public elevator #1 and #2 were installed in 1953 and the controls were last upgraded in 1999. The site requires this elevator upgrade to ensure safe and reliable vertical transport of the public, staff and critical patients. The scope of the modernization will include new door operators, digital traction controller, geared machine, hoist motor/ropes and other miscellaneous equipment.										
Progress										
A General Contractor Invitation to Bid was released on March 18th and closed on April 26th. The successful proponent is Ledcor Construction. Construction kick off meeting took place June 10th involving project team stakeholders. Contractor anticipates site mobilization early August 2022.										
Issues										
None.										
Financial										
Actuals to March 31, 2022	Actuals YTD	Projected					Total Actuals + Projected	Projected Unspent	Variance to Budget	
		FY22	FY23	FY24	FY25	FY26				
\$ 27,195	\$ 4,346	\$ 787,630	\$ 535,175	\$ -	\$ -	\$ -	\$ 1,350,000	\$ -	\$ -	

Project Name BDH (BCC) RO Replacement						Project Budget: \$400,000				
Project Number 6322050						RHD Contribution (Y/N): N				
Project Manager Christine E.										
% Complete Status			On Time	On Budget	Other Issues	Start Date	Substantial Completion			
Programming	Design	Const.					Original	Rev. #	Revised	
N/A	100%	10%	Y	Y	N	Oct-21	Jul-22	1	Oct-22	
Scope										
Replacement of 2011 Reverse Osmosis in the Grand Forks Community Dialysis Unit located in the Boundary Hospital. This Project is BCRA funded.										
Progress										
Space allocation was granted on June 1, 2022. Electrical and plumbing estimates are expected by end of July 2022. Installation of equipment anticipated by mid September 2022.										
Issues										
None.										
Financial										
Actuals to March 31, 2022	Actuals YTD	Projected					Total Actuals + Projected	Projected Unspent	Variance to Budget	
		FY22	FY23	FY24	FY25	FY26				
\$ 365	\$ 21	\$ 399,635	\$ -	\$ -	\$ -	\$ -	\$ 400,000	\$ -	\$ -	

West Kootenay Boundary Reports

July 2022

Project Name KBH Steam Plant Retrofits						Project Budget: \$2,100,000			
Project Number 6322054						RHD Contribution (Y/N): N			
Project Manager Ev K.									
% Complete Status			On Time	On Budget	Other Issues	Start Date	Substantial Completion		
Programming	Design	Const.					Original	Rev. #	Revised
N/A	0%	0%	Y	Y	N	Jan-22	Jun-23	1	Jun-24
Scope									
Efficiency upgrades to the boiler room and mechanical rooms at KBRH which will include various mechanical retrofits including variable frequency drives, steam bypass, thermal insulation, demand control ventilation and heat pumps to reduce utility costs and associated greenhouse gas emissions.									
Progress									
Project Scope of Work has been approved by the Project Team including division of project work between Capital Projects and Plant Services. The contractor has completed steam trap and steam system piping survey report. A draft project schedule is being developed. Mechanical Consultant procurement will begin Fall 2022 with construction targeted for Spring 2023.									
Issues									
None.									
Financial									
Actuals to March 31, 2022	Actuals YTD	FY22	FY23	Projected			Total Actuals + Projected	Projected Unspent	Variance to Budget
				FY24	FY25	FY26			
\$ -	\$ -	\$ 2,100,000	\$ -	\$ -	\$ -	\$ -	\$ 2,100,000	\$ -	\$ -

Project Name ESH Generator						Project Budget: \$300,000			
Project Number 6322095						RHD Contribution (Y/N): Y			
Project Manager Jay A.									
% Complete Status			On Time	On Budget	Other Issues	Start Date	Substantial Completion		
Programming	Design	Const.					Original	Rev. #	Revised
N/A	45%	0%	Y	Y	N	Apr-22	TBD	0%	TBD
Scope									
This remote site is prone to power outages and therefore requires installation of a generator. Considering the size of the site and non-intensive services and equipment, the generator is sized at 35kW. The project scope includes cabling and connection to the main building and an enclosure for the generator.									
Progress									
A Consultant Engineering Review has been completed to size and specify the equipment required to supply the generator. The Invitation to Quote has been awarded and equipment ordering is underway.									
Issues									
None.									
Financial									
Actuals to March 31, 2022	Actuals YTD	FY22	FY23	Projected			Total Actuals + Projected	Projected Unspent	Variance to Budget
				FY24	FY25	FY26			
\$ 5,530	\$ 342	\$ 294,470	\$ -	\$ -	\$ -	\$ -	\$ 300,000	\$ -	\$ -

Project Name KBH MRI - Planning						Project Budget: \$150,000			
Project Number 6323018						RHD Contribution (Y/N): TBD			
Project Manager Catherine T.									
% Complete Status			On Time	On Budget	Other Issues	Start Date	Substantial Completion		
Programming	Design	Const.					Original	Rev. #	Revised
5%	0%	0%	Y	Y	N	May-22	Jul-23	0	Jul-23
Scope									
Locating a fixed MRI at this site would allow IH to improve and update services at Kootenay Boundary Regional Hospital. Access for disabled and inpatient populations would be significantly improved with a fixed permanent environment rather than with the existing mobile unit. A fixed MRI would also address the increasing safety and quality requirements expected for MRI operation in British Columbia. The project will enable the next phase of procurement and installation of a fixed MRI including construction in the area adjacent to the current Medical Imaging department. The fixed MRI will replace the current mobile unit.									
Progress									
The Project Scope has been approved.									
Issues									
None.									
Financial									
Actuals to March 31, 2022	Actuals YTD	FY22	FY23	Projected			Total Actuals + Projected	Projected Unspent	Variance to Budget
				FY24	FY25	FY26			
\$ -	\$ -	\$ 113,000	\$ 37,000	\$ -	\$ -	\$ -	\$ 150,000	\$ -	\$ -

WEST KOOTENAY-BOUNDARY REGIONAL HOSPITAL DISTRICT
DIRECTOR STIPEND PAYMENTS AND ACCOUNTS PAYABLE SUMMARY
JUNE-AUGUST 2022

DIRECTOR STIPENDS (details attached)		\$	4,440.00
ACCOUNTS PAYABLE (details attached)		\$	857,197.57
	TOTAL	<u>\$</u>	<u>861,637.57</u>

WEST KOOTENAY-BOUNDARY REGIONAL HOSPITAL DISTRICT
DIRECTOR STIPEND PAYMENTS AND ACCOUNTS PAYABLE SUMMARY
JUNE-AUGUST 2022

Vendor	Date	Description	Invoice #	Amount Paid
<u>INTERIOR HEALTH</u>	2022-06-16	WKBRHD-BYLA-259-6	6318010_6	\$ 2,250.97
	2022-06-16	WKBRHD-BYLA-346-2	6321007_2	\$ 341.84
	2022-06-16	WKBRHD-BYLA-334-5	6321015_5	\$ 84,075.14
	2022-06-16	WKBRHD-BYLA-361-9	6321016_9	\$ 20,333.70
	2022-06-16	WKBRHD-BYLA-326-23	B/L 326_23	\$ 669,982.90
	2022-06-16	WKBRHD-BYLA-348-20	B/L 348_20	\$ 873.61
	2022-06-30	WKBRHD-BYLA-360-1	6322000_1	\$ 12,616.46
	2022-06-30	WKBRHD-BYLA-374-1	6322095_1	\$ 2,348.80
	2022-06-30	WKBRHD-BYLA-290-52	B/L 290_52	\$ 16,239.70
	2022-06-30	WKBRHD-BYLA-317-33	B/L 317_33	\$ 3,806.24
	2022-06-30	WKBRHD-BYLA-348-21	B/L 348_21	\$ 3,223.42
	2022-08-19	WKBRHD-BYLA-335-4	6321014_4	\$ 3,122.61
	2022-08-19	WKBRHD-BYLA-364-4	B/L 364_4	\$ 20,455.50
<u>OTHER</u>				
REGIONAL DISTRICT OF CENTRAL KOOTENAY	2022-06-16	WKBRHD-CONTRIBUTION TO AGING POPULATIONS	R220098	\$ 17,028.00
RECEIVER GENERAL	2022-06-30	WKBRHD-REMITTANCE CRA 2ND QUARTER	JUNE 23 2022	\$ 384.78
				<u>\$ 857,083.67</u>
<u>DIRECTOR EXPENSE REIMBURSEMENTS</u>				
Employee #	Name	Description	Invoice #	Amount Paid
1103	HEWAT, SUZAN	WKBRHD-BOARD MEETING-JUNE 2022	JUNE 22 2022	\$ 113.90
				<u>\$ 113.90</u>
			Total Accounts Payable - June-August 2022	<u>\$ 857,197.57</u>

WEST KOOTENAY-BOUNDARY REGIONAL HOSPITAL DISTRICT
DIRECTOR STIPEND PAYMENTS AND ACCOUNTS PAYABLE SUMMARY
JUNE-AUGUST 2022

Stipend

Emp.#	Name	Given Name	Chair Stipend	Travel Time	Stipend	Total
503	Cunningham	Hans			\$ 120.00	\$ 120.00
508	Faust	Ramona			\$ 120.00	\$ 120.00
516	Jackman	Garry			\$ 120.00	\$ 120.00
524	Popoff	Walter			\$ 120.00	\$ 120.00
537	McGregor	Grace			\$ 120.00	\$ 120.00
568	Davidoff	Andy			\$ 120.00	\$ 120.00
569	Berriault	Don			\$ 120.00	\$ 120.00
574	Watson	Aimee			\$ 120.00	\$ 120.00
584	Hewat	Suzan	\$ 720.00		\$ 240.00	\$ 960.00
590	Lunn	Jessica			\$ 120.00	\$ 120.00
591	Gee	Vicki Lynn			\$ 120.00	\$ 120.00
592	Smith	Ricky			\$ 120.00	\$ 120.00
596	Main	Leah			\$ 240.00	\$ 240.00
606	Parkinson	Arlene			\$ 120.00	\$ 120.00
658	Lockwood	Diana			\$ 120.00	\$ 120.00
659	Pasin	Lisa			\$ 120.00	\$ 120.00
671	Moss	Colin			\$ 120.00	\$ 120.00
672	Morrison	Janice			\$ 120.00	\$ 120.00
673	Hughes	Joseph			\$ 120.00	\$ 120.00
674	Grouette	Robert			\$ 120.00	\$ 120.00
676	Weatherhead	Teresa			\$ 120.00	\$ 120.00
677	Wenman	William			\$ 120.00	\$ 120.00
678	Rye	Daniel			\$ 120.00	\$ 120.00
680	Korolek	Catherine			\$ 120.00	\$ 120.00
683	Nightingale	Janice			\$ 240.00	\$ 240.00
687	O'DONNELL	Danna			\$ 240.00	\$ 240.00
690	Bolt	John			\$ 120.00	\$ 120.00

Total Directors Stipend June-August 2022

\$ 4,440.00

2022 UPDATE

Aging Populations and Health Services in the West Kootenay Boundary Regional Hospital District



This report is funded through the Regional District of Central Kootenay at the request of the West Kootenay Boundary Regional Hospital District Board.

Project Team: Jayme Jones (Researcher), Tracey Harvey (Researcher), Robert Macquarrie (Researcher),
Leeza Perehudoff (Research Intern), Beatriz Barddal Fantini (Research Intern), Faith O'Neill (Research Intern),
James Shaw (Research Intern)

Publication Date: August 2022



On behalf of Selkirk College, I (we) acknowledge that we operate and serve learners on the unceded traditional territories of the Sinixt (Lakes), the Syilx (Okanagan), the Ktunaxa, and the Secwépemc (Shuswap) peoples.

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Executive Summary

The demographics in the West Kootenay Boundary Regional Hospital District (WKBRHD) have an influence on the need for a variety of health service infrastructure. As of the 2021 Census, there are approximately 89,000 residents living in the WKBRHD. Of those, the age cohorts of 60- to 64-year-olds and 65- to 69-year-olds have the largest percent of the population. However, the age cohort of 70- to 74-year-olds grew the most between the 2016 and 2021 Census years, with an increase of 34.1%. The population in the WKBRHD is projected to grow 6.7% between 2021 and 2041. The percent of the population 65 years old and older has been and continues to increase across the Local Health Areas (LHA) within the WKBRHD. In 2040, the percent of the population 65 years old and older is projected to reach 51% in the Kootenay Lake LHA and 54% in the Kettle Valley LHA.

There are various types of health facilities throughout the WKBRHD. These range from the regional hospital in Trail to laboratory outpatient services in the small communities. The availability of a selection of health services throughout the region is examined. While laboratory services are most commonly available throughout the region, specialized services such as dialysis are only available in limited locations (Kootenay Boundary Regional Hospital, Boundary District Hospital, and Creston Valley Hospital & Health Centre). The drive time to a selection of health services is also mapped. Up to 95% of houses in the Regional District of Central Kootenay are within a one-hour drive of a 24-hour emergency room.

The number of fully staffed hospital care beds and long-term care beds is explored. The number of hospital beds, not including long-term care beds located in hospitals, is 1.4 per 1000 people within the WKBRHD. This is fewer beds per 1000 people than found in the Interior Health Authority, Okanagan, BC, and Canada. Of the hospitals within the WKBRHD, when not counting long-term care beds, the Kootenay Boundary Regional Hospital has the most hospital beds at 2 beds per 1000 people, and the Boundary Hospital has the least at 0.9 beds per 1000 people.

The number of long-term care beds in the WKBRHD has decreased 21% since 2002. As of 2021, there are 730 long-term care beds in the WKBRHD, with an additional 75 announced for Nelson and scheduled to be completed by September 2024. The number of long-term care beds varies across the region, with no long-term care beds available in the Kettle Valley LHA and the most located in the Trail LHA. When examining the number of people over 85 years old who may require care against the number of long-term care beds available, most LHA have enough beds. However, this does not take into consideration those under 85-years old who may require care.

Public transportation options within the region are explored to understand accessibility of health services for those without a personal vehicle or ability to drive. While there are BC Transit routes available throughout the region, there are some areas that are disconnected from the regional hospital in Trail (i.e., Boundary and Creston Valley). There are also limited days and times where residents from certain locations could feasibly attend a health appointment when using public transportation.

Introduction

Background

In January 2022, the West Kootenay Regional Hospital District (WKBRHD) Board, through the Regional District of Central Kootenay (RDCK), requested Selkirk Innovates to update the 2015 report: *Aging Populations and Health Services in the West Kootenay Boundary Regional Hospital District*.¹ The scope of this update is to share updated demographic data and health services data, as available, and improve data visualization. Some additional data points are shared based on identified interest by the WKBRHD Board, such as including information about service areas to Magnetic Resonance Imagery (MRI) diagnostic services and dialysis services.

Objective

The objective of this research is to analyze the population demographics and health services within the WKBRHD to help evaluate the infrastructure in place to accommodate the changing population demographics.

Study Area

This research is focused on the WKBRHD, located in the southern-interior of BC. It encompasses 78,000 km² and has a population of approximately 89,000 residents.² The WKBRHD includes the entirety of the Regional District of Kootenay Boundary (RDKB) and most of the RDCK.ⁱ The WKBRHD is in the Interior Health Authority (IHA) region and encompasses all or part of eight Local Health Areas (LHA): Arrow Lakes, Castlegar, Creston, Grand Forks, Kettle Valley, Kootenay Lake, Nelson, and Trail.

For much of the analysis in this report, data is available and organized by LHA. The aggregation of LHAs within the WKBRHD produce a study area boundary that differs slightly from the true WKBRHD boundary (**Figure 1**). For the purposes of this report and simplicity, this aggregation of LHAs is also referred to as the WKBRHD throughout the report. A summary of the municipalities and unincorporated communities within each LHA are shown in **Table 1**.

ⁱ Only RDCK Electoral Areas B and C are not part of the WKBRHD.

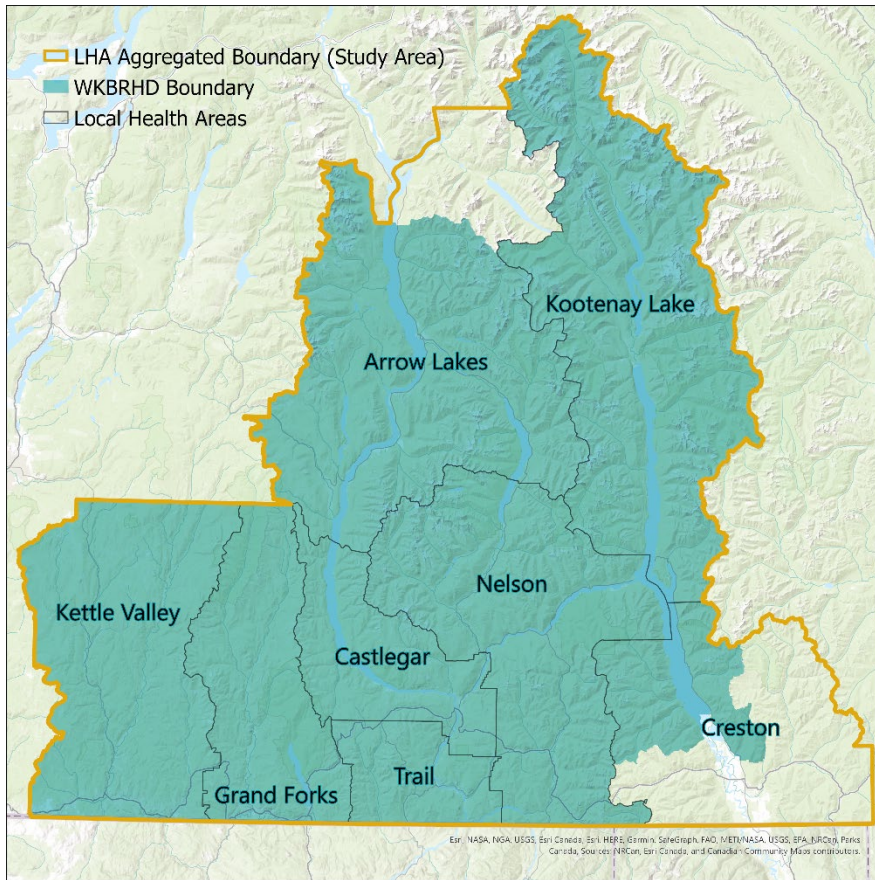


Figure 1: Study area showing LHAs, LHA aggregated boundary, and WKBRHD boundary

Table 1: List of municipalities and unincorporated communities within each LHA

Local Health Area	Municipalities	Unincorporated Communities	
Arrow Lakes	Nakusp New Denver Silverton	Edgewood Fauquier Burton	Trout Lake Hills
Castlegar	Castlegar	Robson Ootischenia Deer Park	
Creston	Creston	Yahk Kitchener	Boswell Wyndel
Grand Forks	Grand Forks	Christina Lake	
Kettle Valley	Greenwood Midway	Rock Creek Bridesville	Westbridge Beaverdell
Kootenay Lake	Kaslo	Meadow Creek Crawford Bay Riondel	Ainsworth Hot Springs Argenta Gray Creek
Nelson	Nelson Slocan Salmo	Balfour Winlaw Ymir	
Trail	Trail Rossland Warfield Fruitvale Montrose	Genelle	

Methods

Data for this research was acquired from multiple sources and analyzed using summary statistics and/or geospatial analysis. The sources of the data and information are included as references found with each analysis.

Demographic analysis for current population uses the recently released Census 2021 data and is analyzed to the true WKBHRD boundary. All other demographic analyses (including population projections) use data from BC Stats, which is available by LHA. Presenting demographics by LHAs allows for comparison against various health service situations. See the **Study Area** section above for a detailed description of the area used for analysis.

Health facility data was acquired from numerous sources based on availability. The IHA was a key source of information. The Manager of Research Data at IHA confirmed the best sources for health facilities data. Footnotes are included as needed to add any additional information about information sources.

Spatial data were acquired from the Regional District of Central Kootenay, BC Transit, BC Data Catalogue, and ESRI. Geospatial analysis was conducted for sections of this report using ESRI's ArcGIS Pro software. This software was also used to generate all maps included in this report. The ArcGIS Network Analysis extension was used to calculate the travel time needed to access health services (i.e., service areas) across the WKBHRD. ArcGIS Online routing service data were utilized for these calculations.³ All maps in this report use the topographic basemap from the Community Map of Canada.⁴ The true WKBHRD boundary was visualized using census subdivision boundaries and the aggregated LHA study area uses LHA boundaries.^{5,6} The community points used across several maps were published by GeoBC.⁷

Results

Demographics

CURRENT DEMOGRAPHICS

With a population of approximately 89,000 residents, the current demographics of the entire WKBHRD are shown in **Figure 2**.^{ii,2} When looking at 5-year age cohorts, the age cohorts of 60- to 64- year-olds and 65- to 69-year-olds have the largest percent of the population. The population aged 60-years old and older make up 36% of the total population in the WKBHRD.

ⁱⁱ These demographics are for the true WKBHRD area, not the larger aggregated LHA study area. Gender is presented in two categories – 'men+' and 'women+', which includes non-binary and transgender persons. These gender + additions are not expected to have a significant impact on data analysis and historical comparability due to the small size of the transgender and non-binary populations.

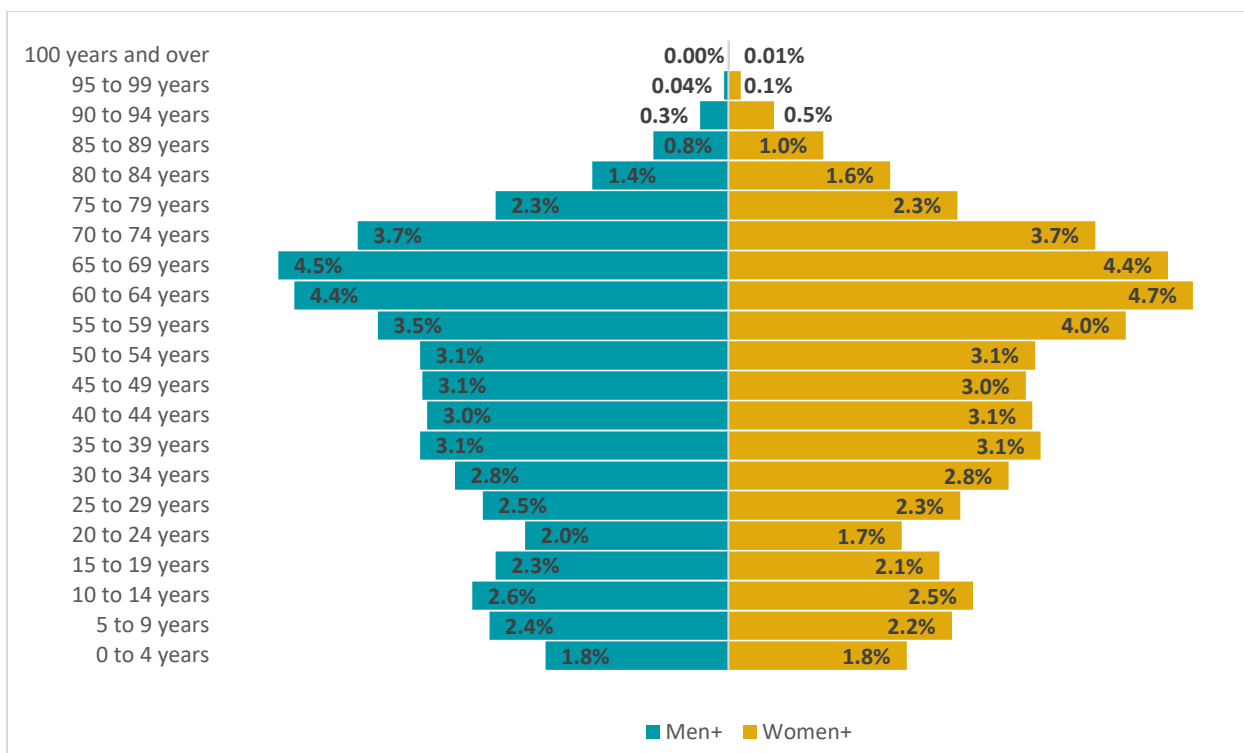


Figure 2: Population pyramid for men+ and women+ by age cohorts in the WKBHRD, 2021 Census

Table 2 summarizes the Census 2016 and 2021 population of the WKBHRD by age cohort, with a focus on the older cohorts.^{2,8} Between the 2016 and 2021 Census years, the age cohort that increased the most is 70- to 74-year-olds (+34%), followed by 75- to 79-year-olds (+22%). When looking at the population aged 65-years old and older, that demographic grew by 17% between 2016 and 2021.

Table 2: WKBHRD population by age cohort, with focus on older cohorts, for Census years, 2016 and 2021

Age Cohorts	2016 Census Population	% of Total Population, 2016	2021 Census Population	% of Total Population, 2021	% Change 2016-2021
Under 50	42,340	50.1%	45,105	50.5%	6.5%
50-54	6,295	7.5%	5,530	6.2%	-12.2%
55-59	7,610	9.0%	6,725	7.5%	-11.6%
60-64	7,880	9.3%	8,095	9.1%	2.7%
65-69	7,130	8.4%	8,000	9.0%	12.2%
70-74	4,945	5.9%	6,630	7.4%	34.1%
75-79	3,420	4.1%	4,180	4.7%	22.2%
80-84	2,390	2.8%	2,675	3.0%	11.9%
85-89	1,545	1.8%	1,555	1.7%	0.6%
90-94	705	0.8%	675	0.8%	-4.3%
95-99	175	0.2%	150	0.2%	-14.3%
100+	15	0.02%	15	0.02%	0.0%
65+	20,330	24.1%	23,870	26.7%	17.4%
85+	2,440	2.9%	2,400	2.7%	-1.6%

POPULATION PROJECTIONS

The percent of the population aged 65-years old and older has been increasing over time; however, it is projected to level out. Using BC Stats population estimates for past years and population projections for future years, **Table 3**, **Table 4** and **Figure 3**, show the change in the population 65-years old and older over time.⁹ When looking at the aggregated LHA study area, the population 65-years old and older was only 18% of the population in 2005. This is expected to jump to 28% by 2025 and 30% by 2030, leveling out after that for the ensuing decade.

The population aged 65-years old and older varies depending on the LHA. The Kettle Valley LHA is expected to have the highest percentage of the population aged 65-years old and older, ranging from 47% in 2025 to 54% in 2040. This is followed by Kootenay Lake LHA ranging from 44% in 2025 to 51% in 2040.

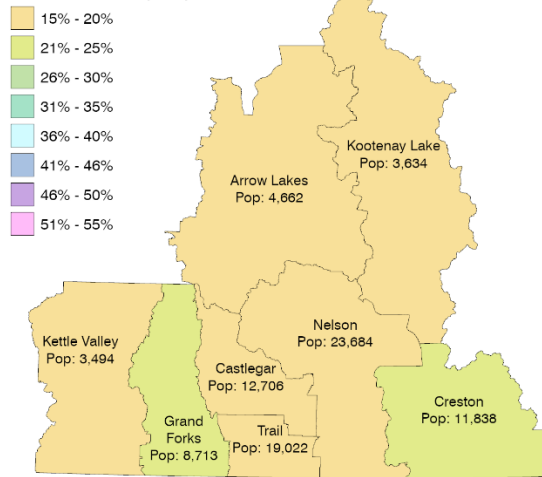
Table 3: Percent of total population 65-years old and older by Local Health Area, 2005, 2015, 2025, 2030, 2035, 2040

Local Health Area	% of Total Population Aged 65+					
	2005	2015	2025	2030	2035	2040
Arrow Lakes	19%	31%	41%	45%	42%	38%
Castlegar	16%	18%	22%	24%	25%	24%
Creston	24%	27%	33%	34%	33%	32%
Grand Forks	22%	32%	41%	45%	45%	44%
Kettle Valley	18%	33%	47%	52%	53%	54%
Kootenay Lake	18%	28%	44%	49%	50%	51%
Nelson	14%	16%	22%	23%	23%	24%
Trail	18%	19%	25%	28%	29%	29%
Aggregated LHAs	18%	22%	28%	30%	30%	30%

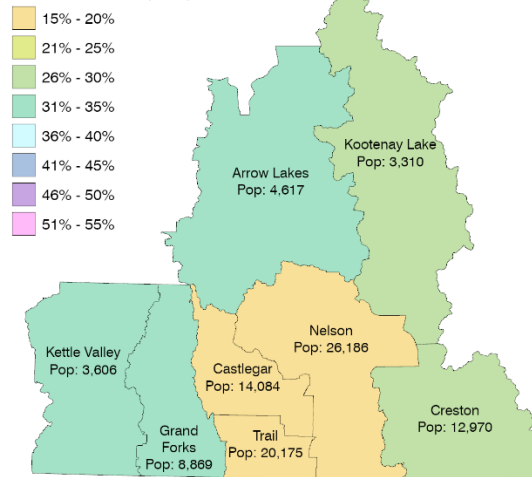
Table 4: Population 65-years old and older by Local Health Area, 2005, 2015, 2025, 2030, 2035, 2040

Local Health Area	Population Aged 65+ (#)					
	2005	2015	2025	2030	2035	2040
Arrow Lakes	886	1,442	1,995	2,186	2,067	1,841
Castlegar	2,041	2,585	3,435	3,886	4,174	4,306
Creston	2,887	3,502	4,426	4,590	4,505	4,289
Grand Forks	1,943	2,817	3,614	3,764	3,562	3,236
Kettle Valley	626	1,182	1,653	1,723	1,620	1,474
Kootenay Lake	638	927	1,533	1,608	1,544	1,462
Nelson	3,258	4,301	6,273	7,139	7,561	8,163
Trail	3,469	3,836	5,219	5,929	6,176	6,237
Aggregated LHAs	15,748	20,592	28,148	30,825	31,209	31,008

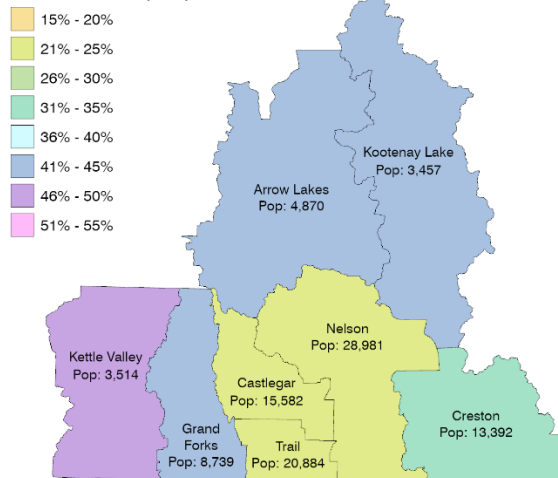
% Older Adults (65+) in 2005



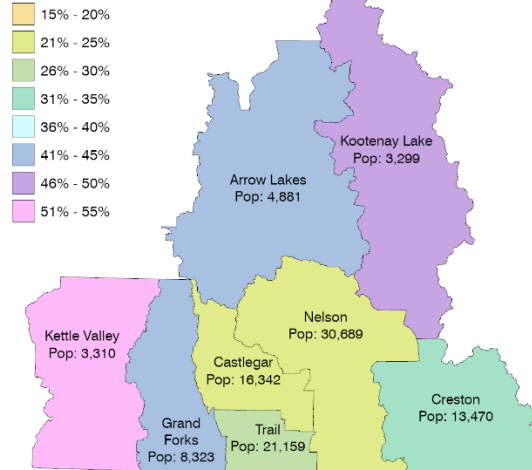
% Older Adults (65+) in 2015



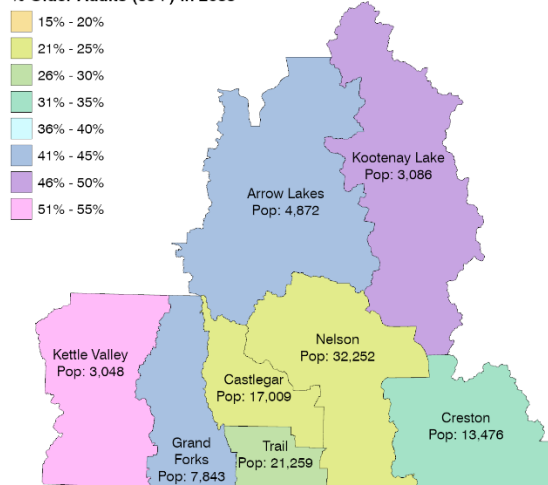
% Older Adults (65+) in 2025



% Older Adults (65+) in 2030



% Older Adults (65+) in 2035



% Older Adults (65+) in 2040

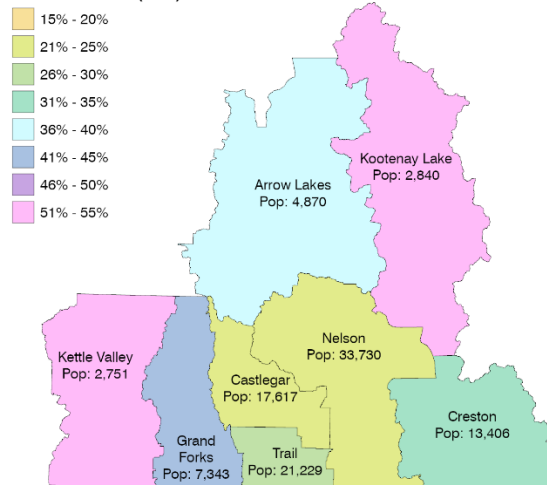


Figure 3: Percent of population aged 65-years old and older, and total population, by Local Health Area, 2005 to 2040

As shown in **Figure 4**, the total population of the aggregated LHA study area (all ages) is projected to increase by 6.7% from 2021 to 2041.⁹ This is less than the estimated increase to the total population of BC (26.1%).

The estimated change in population varies by LHA over this 20-year time period. Population increases are projected for the LHAs of Nelson (+23.4%), Castlegar (+18.6%), Trail (2.9%), Arrow Lakes (+1.1%), and Creston (+0.6%). Decreases in population are estimated for Grand Forks (-19.7%), Kootenay Lake (-21.2%), and Kettle Valley (-25.8%).

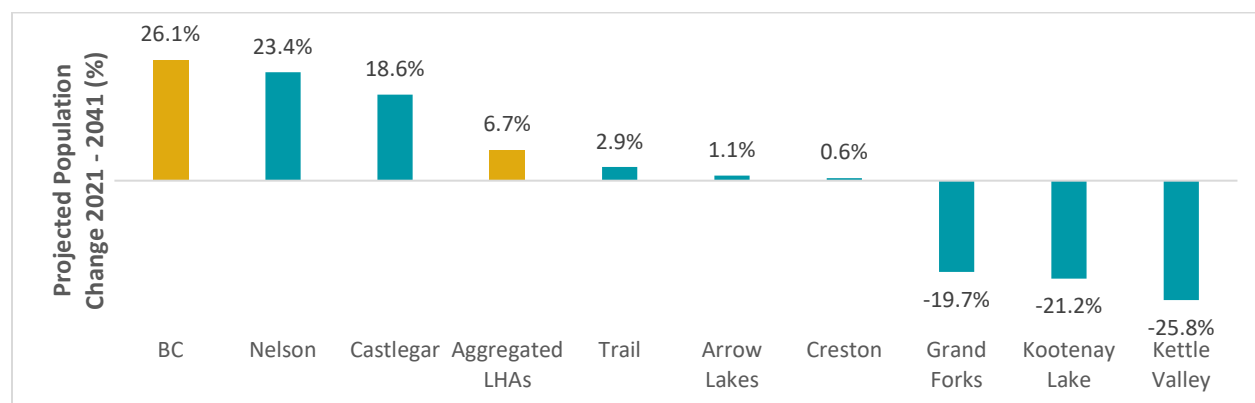


Figure 4: Projected population change (%) for BC, and by Local Health Area, 2021 to 2041

Health Facilities

There are various types of health facilities throughout the WKBRHD (**Table 5**).^{10,11,12} These include:

- **Regional Hospital:** provides core medical and surgical specialty services.
- **Urgent and Primary Care:** addresses medical needs that require same day attention.
- **Level 1 Community Hospital:** offers surgical, inpatient, and emergency services.
- **Community Health Centre:** offers a variety of services in one location, but services vary depending on the specific centre. They do not have acute care beds but may provide basic laboratory and radiology; urgent care; community services; long-term care; and doctor's offices.
- **Primary Health Care:** offers a comprehensive and coordinated approach to healthcare delivery and has an interdisciplinary team at a single site that matches the unique needs of the community.
- **Laboratory:** provides accessible laboratory outpatient services.

Table 5: Health facilities within the WKBRHD, including regular hours of operation and emergency/urgent care hoursⁱⁱⁱ

Local Health Area	Community	Facility	Facility Type	Hours of Operation	Emergency/Urgent Care Hours
Arrow Lakes	Nakusp	Arrow Lakes Hospital	Level 1 Community Hospital	24 hours/day; 7 days/week	24 hours/day; 7 days/week
	New Denver	Slocan Community Health Centre	Primary Health Care Centre	Tue, Wed, Fri: 8:00am - 11:30am	24 hours/day; 7 days/week
	Edgewood	Edgewood Health Centre	Community Health Centre	Mon - Fri: 8:00am - 12:00pm and 1:00pm - 4:00pm (closed stats)	Monday - Thursday starting at 4pm; No ER Fri 4pm to Mon 8am
Castlegar	Castlegar	Castlegar and District Community Health Centre	Community Health Centre/Urgent & Primary Care	Mon - Fri: 8:30am - 4:30pm	8:00am - 8:00pm; 7 days/week
Creston	Creston	Creston Valley Hospital & Health Centre	Level 1 Community Hospital & Community Health Centre	24 hours/day; 7 days/week	24 hours/day; 7 days/week
Grand Forks	Grand Forks	Boundary District Hospital	Level 1 Community Hospital	24 hours/day; 7 days/week	24 hours/day; 7 days/week
		Boundary Community Health Centre	Community Health Centre	Mon - Fri: 8:30am - 12pm and 1pm to 4:30pm	-
Kettle Valley	Midway	Midway Blood Lab Services	Laboratory	Mon: 8 am-12:30 pm; Wed: 10:15 am - 12:30 pm	-
		Midway Health Unit	Community Health Centre	Mon, Tue, Wed, Fri: 8:30am - 4:30pm	-
	Greenwood	Greenwood Public Health	Laboratory	Wed 7:55 am - 8:45 am	-
	Rock Creek	Rock Creek Health Centre	Community Health Centre	N/A	-
Kootenay Lake	Kaslo	Kaslo Primary Health Centre	Primary Health Care	Mon - Fri: 8:30am - 4:30pm	-
	Crawford Bay	East Shore Community Health Centre	Community Health Centre	Mon - Fri: 8:30am - 4:30pm	-
Nelson	Nelson	Kootenay Lake Hospital	Level 1 Community Hospital	24 hours/day; 7 days/week	24 hours/day; 7 days/week
		Nelson Health Centre	Community Health Centre	8:00am - 4:30pm	-
	Salmo	Salmo Health and Wellness Centre	Community Health Centre	Tue to Thu: 9am - 4pm (closed noon-1pm)	-
Trail	Trail	Kootenay Boundary Regional Hospital	Regional Hospital	24 hours/day; 7 days/week	24 hours/day; 7 days/week
		Trail Health Centre Laboratory	Laboratory	Mon to Fri: 9:00am - 3:00pm	-
		Kiro Wellness Centre	Community Health Centre	Mon to Fri: 8:30am - 4:30pm	-
	Rossland	Associate Medical Clinic Laboratory	Laboratory	Thurs: 8 am - 11:30 am	-

ⁱⁱⁱ Note that hours of operation are subject to change. For example, the Slocan Community Health Centre emergency hours are sometimes reduced depending on staffing or other reasons.

The services available at each facility differ, see **Table 6.**^{13,iv}

Table 6: Availability of a selection of services at health facilities within the WKBRHD

Local Health Area	Community	Facility	24-Hour Emergency	Urgent Care	Pulmonary Function	Radiology (x-ray)	Ultrasound	Nuclear Medicine	CT	MRI	ECG	Dialysis	Laboratory	Mental Health
Arrow Lakes	Nakusp	Arrow Lakes Hospital	✓		✓	✓					✓		✓	✓
	New Denver	Slocan Community Health Centre			✓	✓					✓		✓	
	Edgewood	Edgewood Health Centre									✓		✓	
Castlegar	Castlegar	Castlegar and District Community Health Centre		✓	✓	✓	✓				✓		✓	✓
Creston	Creston	Creston Valley Hospital & Health Centre				✓					✓	✓	✓	
Grand Forks	Grand Forks	Boundary District Hospital	✓		✓	✓	✓				✓	✓	✓	
		Boundary Community Health Centre												✓
Kettle Valley	Midway	Midway Blood Lab Services											✓	
		Midway Health Unit												
	Greenwood	Greenwood Public Health											✓	
	Rock Creek	Rock Creek Health Centre												
Kootenay Lake	Kaslo	Kaslo Primary Health Centre				✓					✓		✓	✓
	Crawford Bay	East Shore Community Health Centre									✓		✓	
Nelson	Nelson	Kootenay Lake Hospital	✓		✓	✓	✓		✓		✓		✓	
		Nelson Health Centre												✓
	Salmo	Salmo Health and Wellness Centre									✓		✓	✓
Trail	Trail	Kootenay Boundary Regional Hospital	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	
		Trail Health Centre Laboratory												✓
		Kiro Wellness Centre												✓
	Rossland	Associate Medical Clinic Laboratory											✓	

^{iv} These services were captured from IHA's website; however, some inconsistencies were noted, such as MRI and CT that were not indicated at Kootenay Boundary Regional Hospital according to the website while those services are known to be present and were therefore added. IHA was not able to provide an accurate list of services by facility. Therefore, caution should be used when referring to this list due to these inconsistencies.

Service Areas

Accessing health care services in rural areas like the WKBRHD can be challenging because of geographic barriers that result in increased travel distances and times.¹⁴ Service areas were calculated to determine the travel time needed to access a variety of health care services in the WKBRHD.^v

AMBULANCE

Service areas were calculated for all ambulance stations in the WKBRHD using ambulance stations as the point of departure and a road network for travelling times (**Figure 5**).¹⁵ There are six categories of travel times, ranging between 15-minutes and 120-minutes (i.e., 2-hours).^{vi} Unsurprisingly, the areas immediately surrounding an ambulance station fall within the 15-minute category. Response time increases as distance from an ambulance station increases.

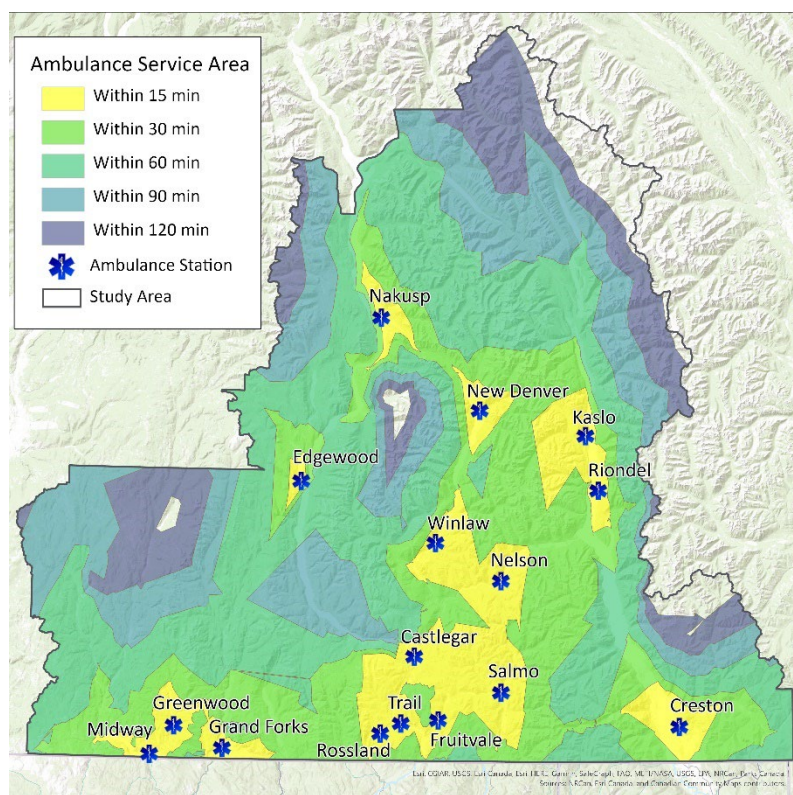


Figure 5: Service area distances to ambulance stations within the WKBRHD

EMERGENCY ROOM

As shown in **Figure 6**, service areas were calculated to determine the travel time to facilities with emergency room (ER) services.¹⁶ All of the ERs are open 24-hours per day/seven days a week, except for the Castlegar and District Community Health Centre, which is open 12-hours per day/seven days a

^v Service area travel times may vary depending on traffic, weather and road conditions, delays and construction, ferry dependency and availability, and discrepancies in the estimated speed limit.

^{vi} Ambulatory service areas do not account for wait times, other first responder services, the true speeds that ambulances travel, the urgency of the request for assistance, road conditions, weather, etc.

week.^{vii} These hours of operation result in limited availability for the surrounding area north-east of Castlegar within one-hour of the facility. Edgewood Health Centre also has some limited emergency hours, but they are too limited to be included in this service analysis (see **Table 5** for hours).

As of 2022, the total service area within one-hour of an ER in the RDCK is 17,306.9 km².^{viii} Up to 95% of houses in the RDCK are within one-hour of an ER open 24 hours/seven days a week.¹⁷

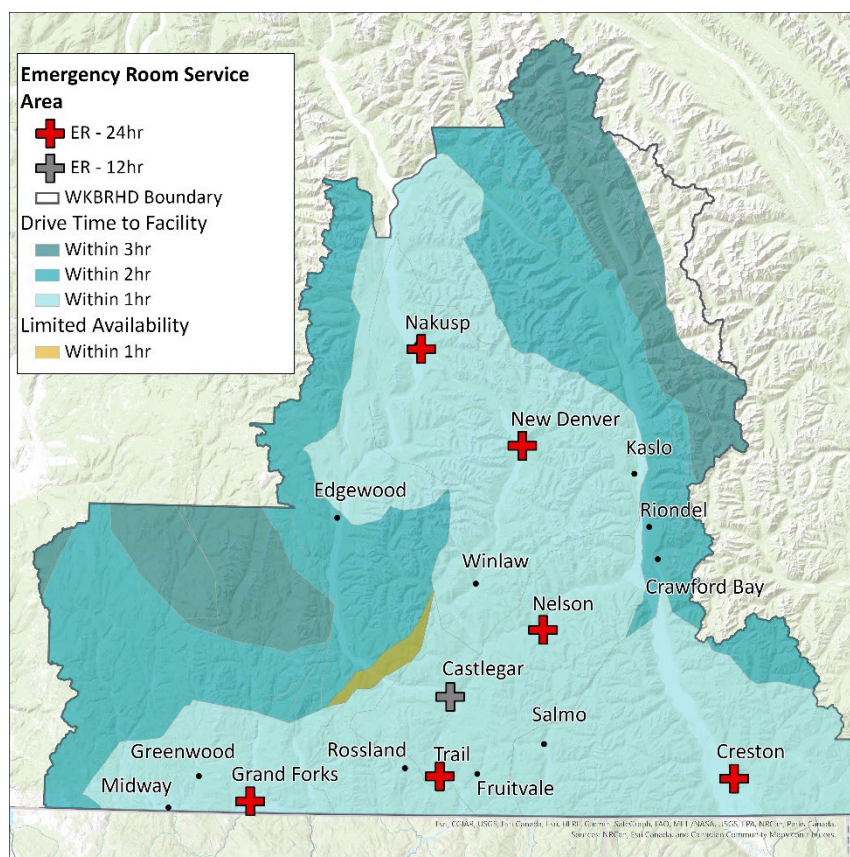


Figure 6: Service area distances to emergency rooms within the WKBHRD

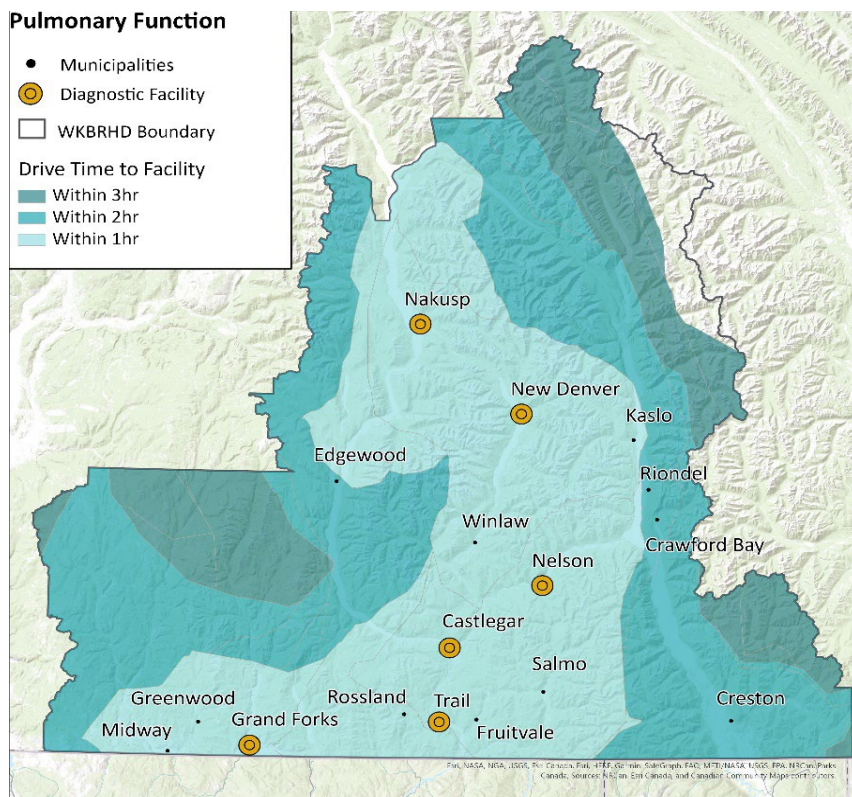
DIAGNOSTIC AND SPECIALIZED TREATMENT FACILITIES

Service areas were calculated for facilities offering eight types of diagnostic and specialized treatments: pulmonary function, radiology (x-ray), ultrasound, nuclear medicine, computed tomography (CT), magnetic resonance imaging (MRI), electrocardiogram (ECG), and dialysis.^{ix}

^{vii} Hours of emergency service do change occasionally. For example, as of late July 2022, the emergency room at Slokan Community Health Centre has temporarily been reduced to 12 hours per day.

^{viii} Previous results cannot be compared to current results because of more accurate methodologies applied in 2022.

^{ix} These services were captured from IHA's website; however, some inconsistencies were noted, such as MRI and CT that were not indicated at Kootenay Boundary Regional Hospital according to the website while those services are known to be present and were therefore added. IHA was not able to provide an accurate list of services by facility. Therefore, caution should be used when referring to this list due to these inconsistencies.



PULMONARY FUNCTION

Figure 7 shows the service areas for the six facilities offering pulmonary diagnostics in the WKBHRD.¹⁸ Edgewood and communities on the East Shore of Kootenay Lake are within the two-hour drive time to access facilities with these services.

Figure 7: Service area distances to pulmonary function diagnostic facilities within the WKBHRD

RADIOLOGY (X-RAY)

As shown in Figure 8, service areas were calculated for the eight facilities offering radiology (X-Ray) services in the WKBHRD.¹⁹

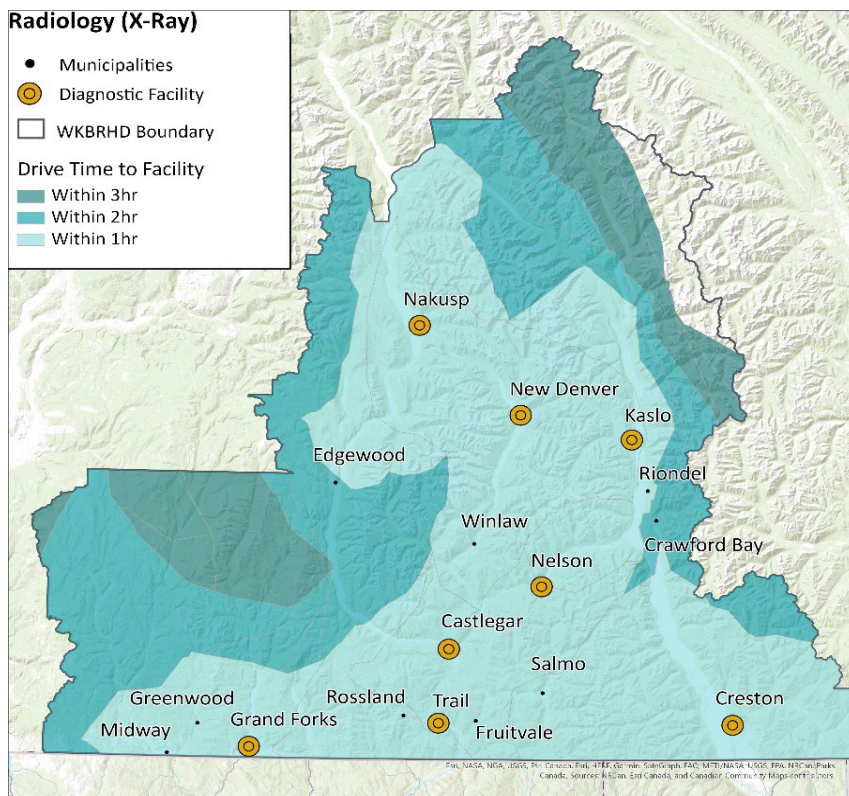


Figure 8: Service area distances to radiology (X-Ray) diagnostic facilities within the WKBHRD

ULTRASOUND

Figure 9 shows the service areas ultrasound (sonography) diagnostics in the WKBHRD.²⁰ There are five facilities offering this service. Communities in the northern and north-eastern parts of the study area have longer travel times to access these facilities.

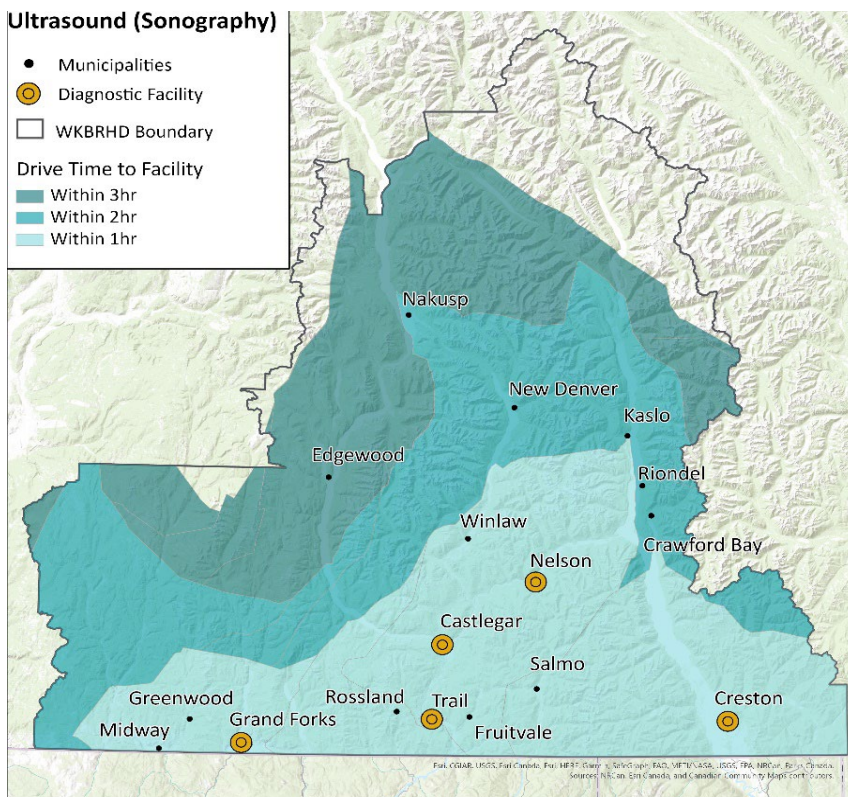


Figure 9: Service area distances to ultrasound (sonography) diagnostic facilities within the WKBHRD

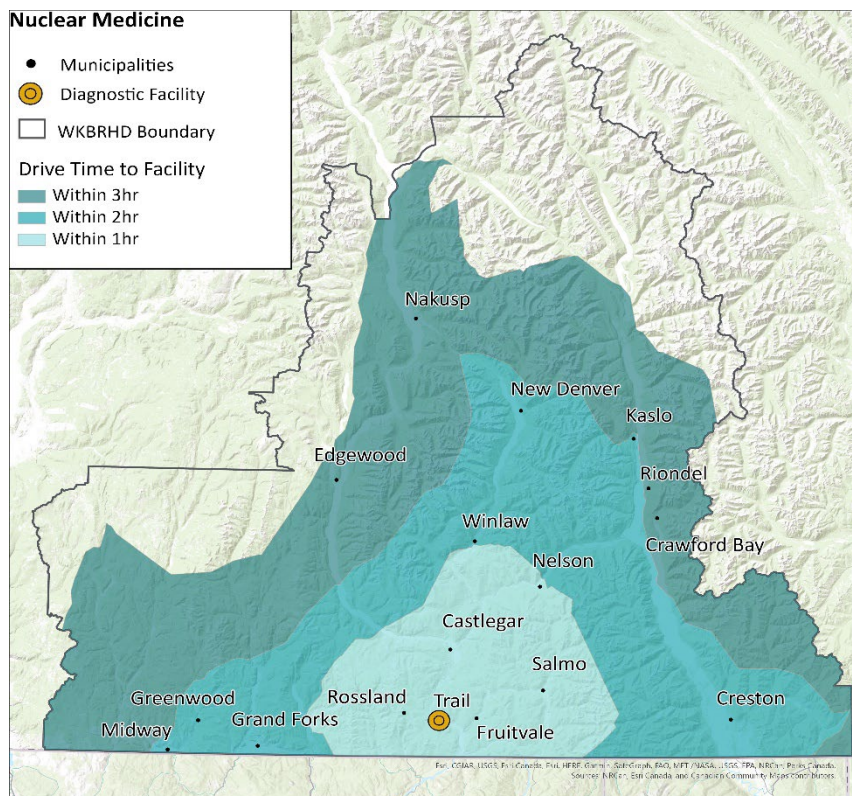


Figure 10: Service area distances to nuclear medicine diagnostic facilities within the WKBHRD

NUCLEAR MEDICINE

The Kootenay Boundary Regional Hospital in Trail is the only facility offering nuclear medicine diagnostics in the WKBHRD (**Figure 10**).²¹

COMPUTED TOMOGRAPHY (CT)

There are two facilities offering CT diagnostics in the WKBHRD, Kootenay Lake Hospital in Nelson and Kootenay Boundary Regional Hospital (Figure 11).

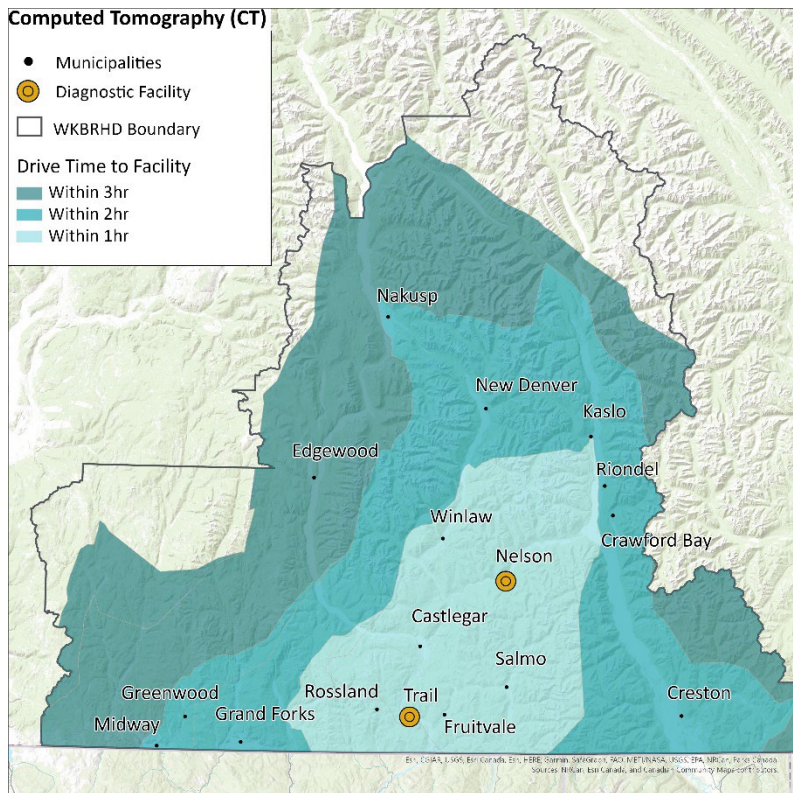


Figure 11: Service area distances to computed tomography (CT) diagnostic facilities in the WKBHRD

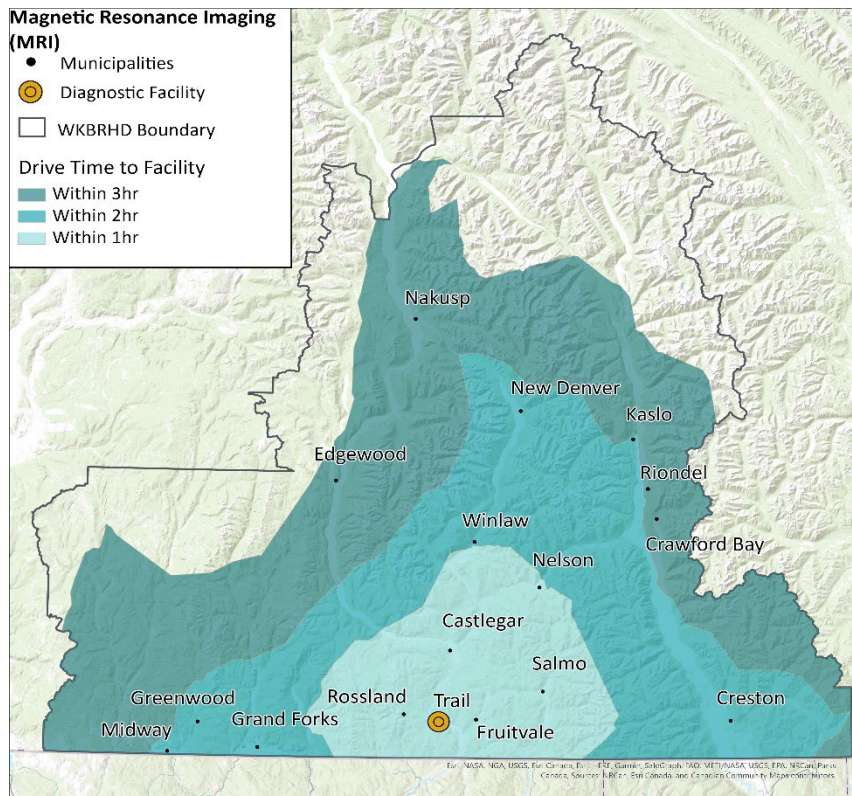
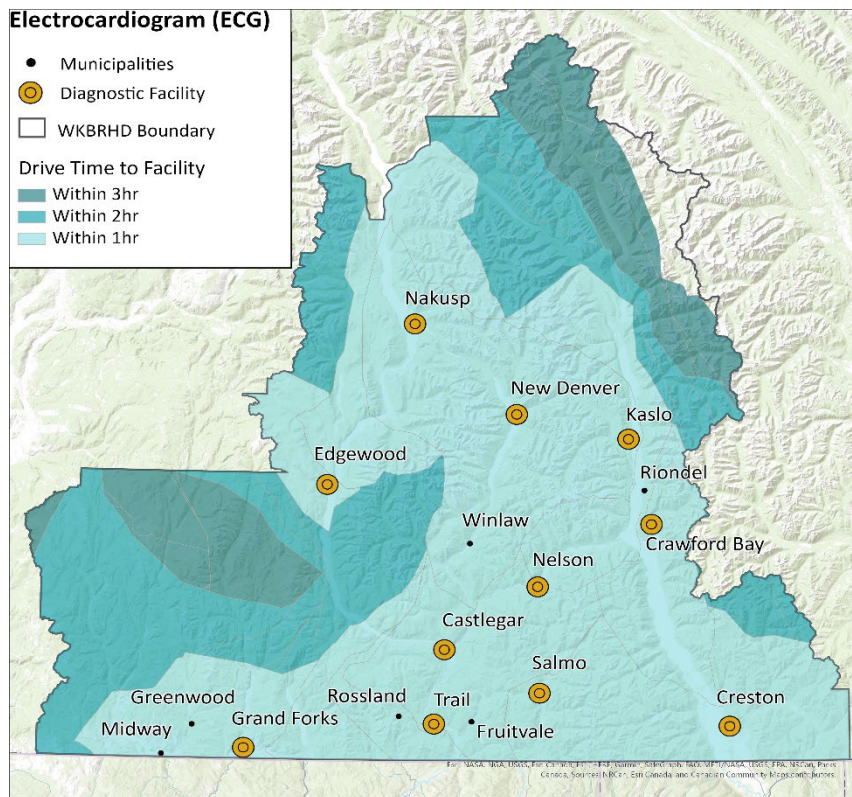


Figure 12: Service area distances to magnetic resonance imaging (MRI) diagnostic facilities in the WKBHRD

MAGNETIC RESONANCE IMAGING (MRI)

The Kootenay Boundary Regional Hospital is the only facility offering MRI diagnostics in the WKBHRD (Figure 12).



ELECTROCARDIOGRAM (ECG)

As shown in **Figure 13**, there are 13 facilities offering ECG diagnostic services in the WKBHRD. Most of the region is within a one-hour drive of these services.

Figure 13: Service area distances to electrocardiogram (ECG) diagnostic facilities in the WKBHRD

DIALYSIS

There are three facilities in the WKBHRD offering dialysis services: Boundary Hospital, Kootenay Boundary Regional Hospital, and Creston Valley Hospital & Health Centre (**Figure 14**). Communities in the northern parts of the region have longer drive times to access these facilities.

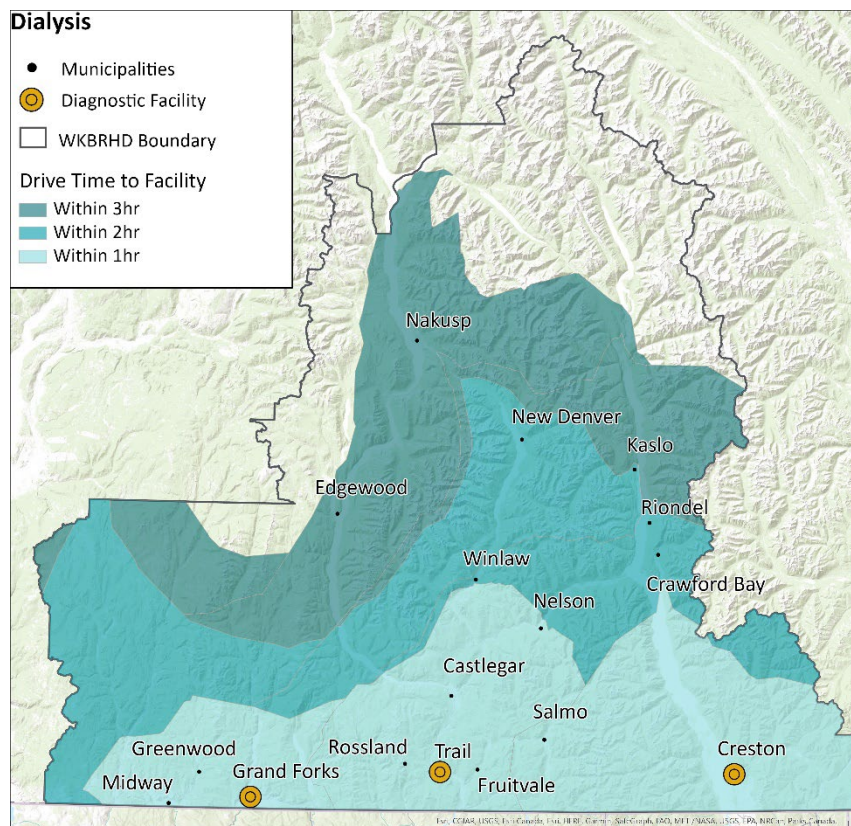


Figure 14: Service area distances to dialysis specialized treatments in the WKBHRD

Care Beds

HOSPITAL CARE BEDS

The total number of fully staffed hospital beds per 1000 people is examined at the regional, provincial, and national levels (**Figure 15**).^{22,9} This number includes long term care (LTC) beds located at hospitals. As of 2021, the WKBRHD has an average of 2.9 beds per 1000 people. This is a higher bed density than the IHA (2.8) and Okanagan (2.5).^x It also exceeds the hospital bed-to-population ratio in BC (2.5) and Canada (2.5).

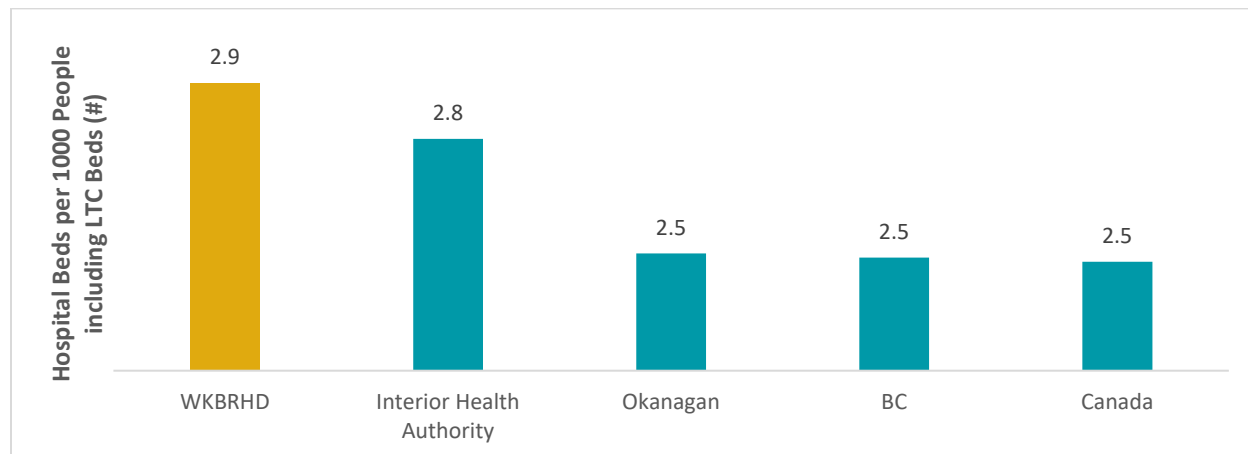


Figure 15: Number of hospital beds (including LTC beds) per 1000 people for Canada, BC, Interior Health Authority, Okanagan, and WKBRHD, 2021

The total number of fully staffed hospital beds per 1000 people, including LTC beds in the hospital, varies for each hospital^{xi} in the WKBRHD (**Figure 16**).^{9,22} In 2021, Boundary Hospital has the highest ratio, with 7.2 beds per 1000 people.

^x The Okanagan is an aggregation of the following LHAs: Central Okanagan, Keremeos, Penticton, South Okanagan, Summerland, and Vernon.

^{xi} The following assumptions were made regarding hospital catchment areas:

- Arrow Lakes Hospital serves the Arrow Lakes LHA
- Boundary Hospital serves the Grand Forks and Kettle Valley LHAs
- Creston Valley Hospital serves the Creston LHA
- Kootenay Boundary Regional Hospital serves the Castlegar and Trail LHAs
- Kootenay Lake Hospital serves the Kootenay Lake and Nelson LHAs

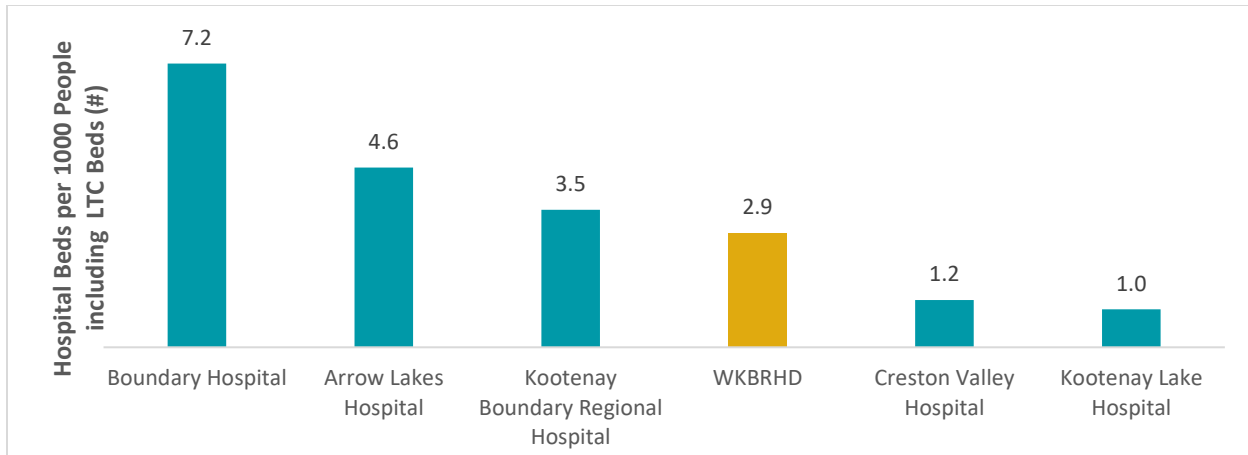


Figure 16: Number of hospital beds per 1000 people (including LTC beds) by hospital and WKBHRD, 2021

It is important to note that the IHA does not consider any of its long-term care beds located in its hospitals to be part of the hospital due to the way facilities are licensed.²³ When the count of hospital beds per 1000 people are re-analyzed without long-term care beds included, the results are quite different (Figure 17, Figure 18). For example, when long-term care beds located in hospitals are omitted from the hospital bed count, the number of hospital beds in the WKBHRD drops from 2.9 to 1.4 per 1000 people and the number of hospital beds at Boundary Hospital drops from 7.2 to 0.9 beds per 1000 people.

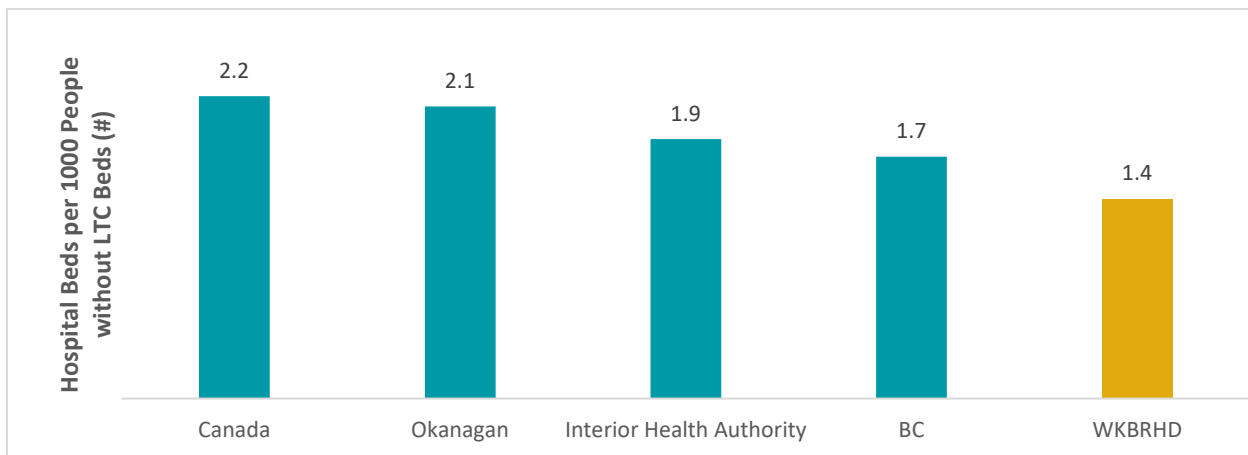


Figure 17: Number of hospital beds (without LTC beds) per 1000 people for Canada, BC, Interior Health Authority, Okanagan, and WKBHRD, 2021

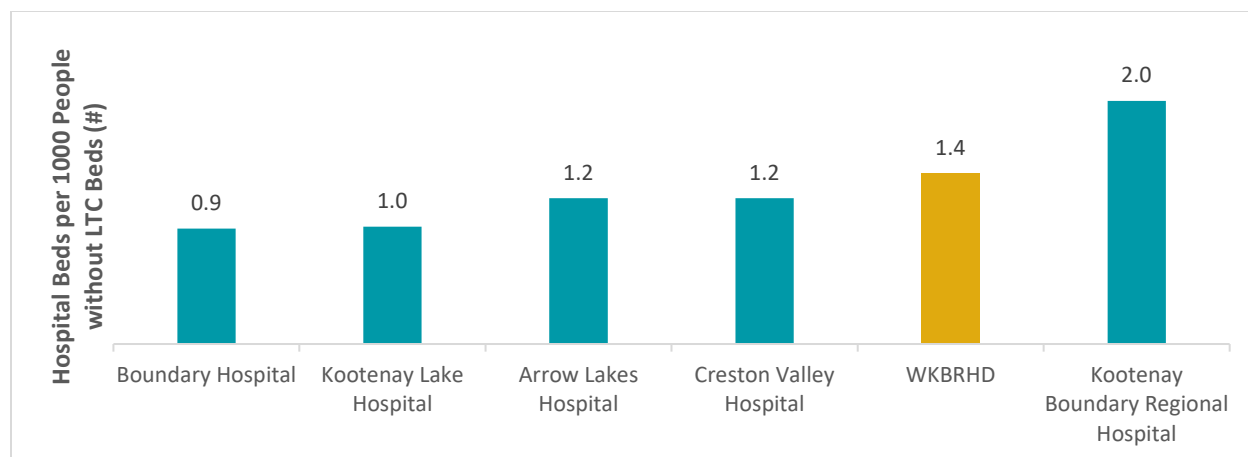


Figure 18: Number of hospital beds per 1000 people (without LTC beds) by hospital and WKBHRD, 2021

See **Table 7** for the hospital bed count by care setting for hospitals within the WKBHRD in 2021.²³ With a total of 124 beds, the Kootenay Boundary Regional Hospital has the highest number of beds across all types of care-settings (excluding rehabilitation). The number of hospital beds by care setting and hospital have remained the same since last examined in 2015, except for the 79 long-term care beds that have been added at the Boundary Hospital.¹

Table 7: Number of hospital beds by care setting for hospitals in the WKBHRD, including WKBHRD total, 2021

Hospital	Intensive Care	Obstetrics	Pediatrics	Mental Health	Rehabilitation	Long-Term Care	Other Acute Care	Total
Arrow Lakes Hospital	-	-	-	-	-	16	6	22
Boundary Hospital	-	-	-	-	-	79	12	91
Creston Valley Hospital	-	-	-	-	-	-	16	16
Kootenay Boundary Regional Hospital	6	3	4	12	-	49	50	124
Kootenay Lake Hospital	-	-	-	-	-	-	30	30
WKBHRD	6	3	4	12	0	144	114	283

LONG-TERM CARE BEDS

When individuals are no longer able to reside at home, long-term care facilities can help. “Long-term care is for adults with complex health care needs requiring 24-hour professional care due to physical disability, or mental or behavioural conditions, including brain injuries or dementia.”²⁴ The number of long-term care beds within long-term care facilities in the WKBHRD is examined using available data from 2002 to 2021 (**Figure 19, Table 8**).^{1,25}

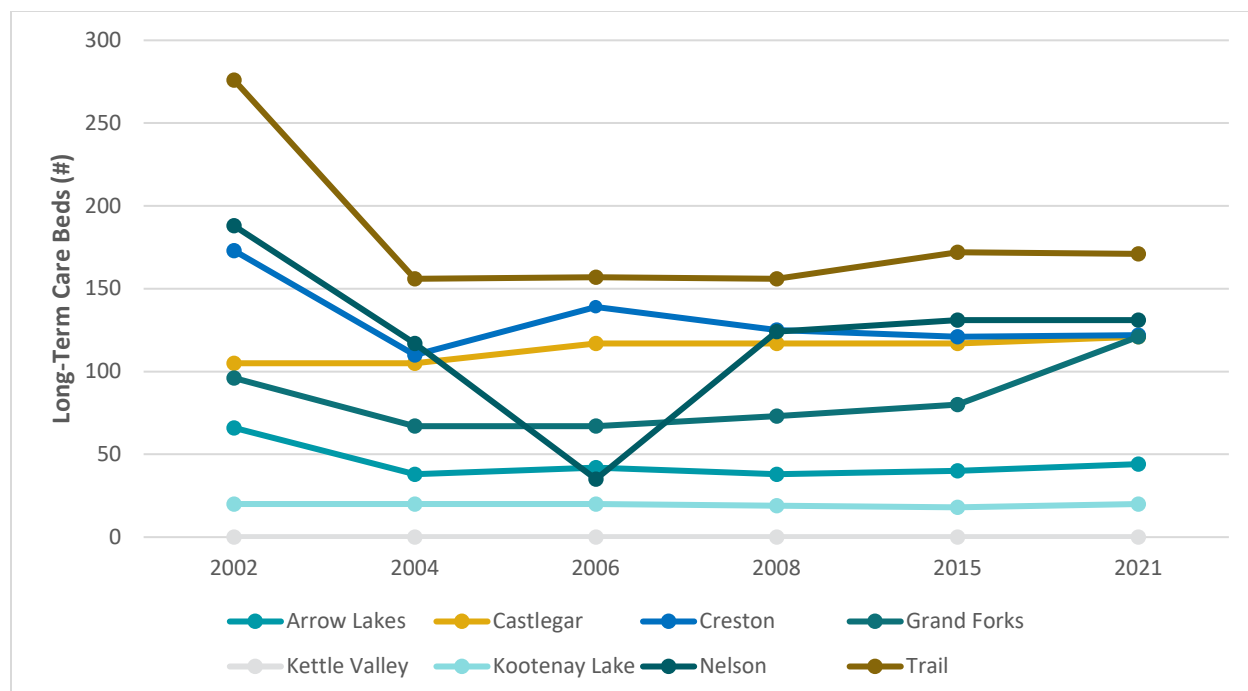


Figure 19: Number of long-term care beds by Local Health Area, 2002, 2004, 2006, 2008, 2015, and 2021

Table 8: Number of long-term care beds by Local Health Area and change over time, 2002, 2004, 2006, 2008, 2015, 2021

Local Health Area	# Long-term Care Beds						Difference 2015-2021	Difference 2002-2021	Six-Year Change (2015-2021)	19-Year Change (2002-2021)
	2002	2004	2006	2008	2015	2021				
Arrow Lakes	66	38	42	38	40	44	4	-22	10.0%	-33.3%
Castlegar	105	105	117	117	117	121	4	16	3.4%	15.2%
Creston	173	110	139	125	121	122	1	-51	0.8%	-29.5%
Grand Forks	96	67	67	73	80	121	41	25	51.3%	26.0%
Kettle Valley	0	0	0	0	0	0	N/A	N/A	N/A	N/A
Kootenay Lake	20	20	20	19	18	20	2	0	11.1%	0.0%
Nelson	188	117	35	124	131	131	0	-57	0.0%	-30.3%
Trail	276	156	157	156	172	171	-1	-105	-0.6%	-38.0%
WKBRHD	924	613	577	652	679	730	51	-194	7.5%	-21.0%

Between 2015 and 2021, the number of long-term care beds across the WKBRHD increased by 51 beds. The beds increased in all LHAs except for Kettle Valley (where there are no long-term care facilities) and Trail (-1 bed). The highest increase in that five-year period occurred in the Grand Forks LHA (51.3%), followed by Kootenay Lake (11.1%), Arrow Lakes (10%), Castlegar (3.4%), and Creston (0.8%). The number of long-term care beds in the Nelson LHA did not change during that time. In July 2020, the Province of British Columbia announced 75 new long-term care beds for Nelson.²⁶ The facility will be built at the site of the former Mount St. Francis hospital and is anticipated to be completed in September 2024. The facility is being developed by Columbia Basin Trust and Golden Life Management, and will be leased and operated by IHA upon completion.²⁷

Between 2002 and 2021, the number of long-term care beds in the WKBRHD decreased by 194 beds (-21%). During this 19-year period, the number of long-term care beds increased in the Grand Forks LHA (26%) and Castlegar LHA (15.2%) (Figure 20).^{1, 25} There was no difference in the Kootenay Lake LHA. During the same time period, decreases in the number of long-term care beds occurred in the following LHAs: Trail (-38%), Arrow Lakes (-33.3%), Nelson (-30.3%), and Creston (-29.5%).

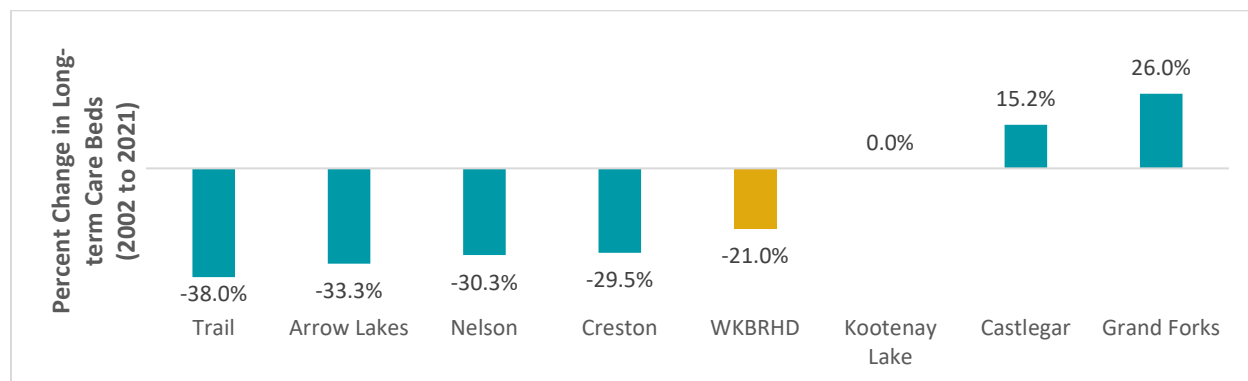


Figure 20: Change in residential care beds by LHA and WKBRHD, 2002 to 2021

Figure 21 shows the number of long-term care beds per 1,000 people by population aged 65-years old and older and total population.^{9, 25} The Castlegar LHA has the largest number of beds, at 39.6 beds per 1,000 people aged 65-years old and older. The Kootenay Lake LHA has the lowest number of beds per 1,000 people aged 65-years old and older at 15.5 beds. Overall, the average for the WKBRHD is 29.3 beds per 1,000 people aged 65-years old and older. When examining the highest number of beds per total population, Grand Forks LHA has the most long-term care beds, at 13.4 beds per 1,000 people.

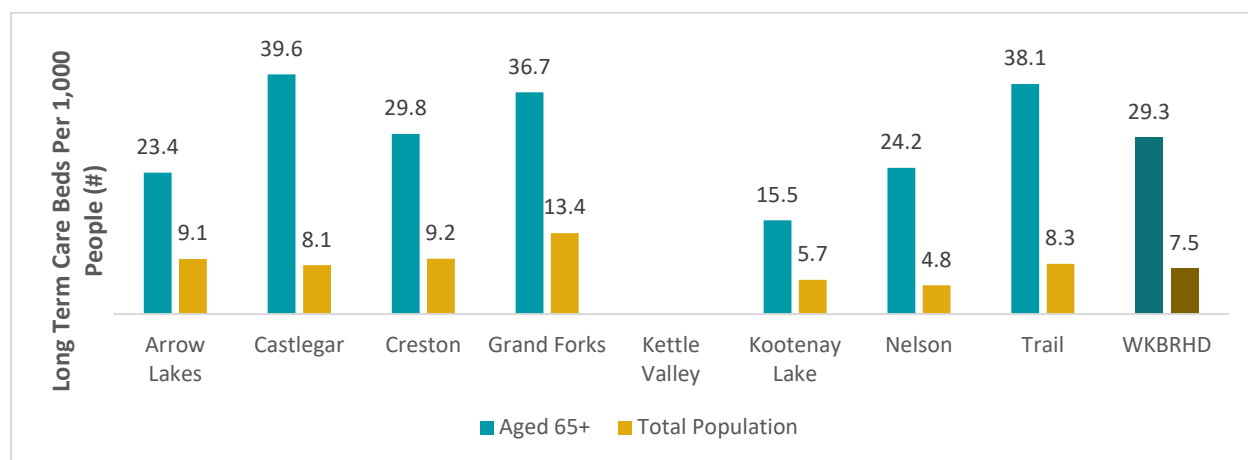


Figure 21: Long-term care beds per 1000 people (aged 65-years old and older and total population) by LHA and WKBRHD, 2021

A 2011 study conducted by the Canadian Institute for Health and Information found that 25% of seniors aged 85-years old and older have “a moderate (15%), severe (5%) or total (5%) limitation in functional capacity.”²⁸ Figure 22 shows the number of seniors aged 85-years and older who may have limited

functional capacity and require care as compared to the number of long-term care beds.^{xii} Of all the LHAs, Kettle Valley is the only area that does not have a long-term care facility to service the estimated population of persons aged 85-years old and older who may require support. However, there may be beds available in the Grand Forks LHA to cover that need. In the Grand Forks LHA, there are an estimated 84 seniors with limited functional capacity compared to the 121 beds. For the other LHAs, the estimated number of seniors requiring care is the same or less than the number of long-term care beds presently accounted for in the WKBRHD. While this specific analysis only looks at those aged 85-years old and older needing care and does not consider those needing care under that age, it provides one lens to understand the possible need versus availability of long-term care beds.

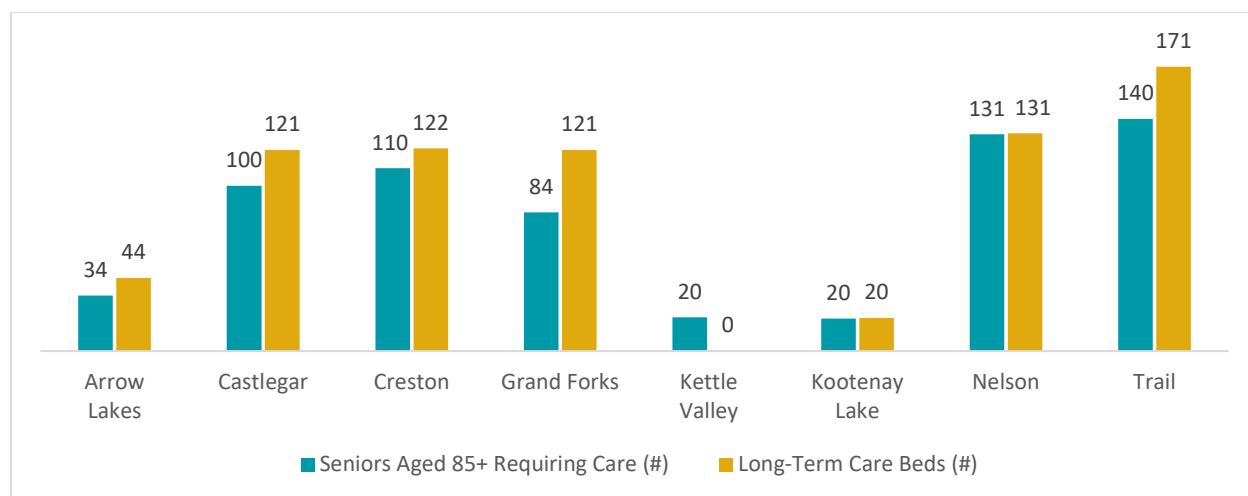


Figure 22: Estimated population of persons aged 85-years and older requiring long-term care versus the number of long-term care beds by Local Health Area, 2021

Transportation

Transportation options for those without a personal vehicle who require transportation to health services is explored.

Part of the study area is serviced by BC Transit West Kootenay Transit System.²⁹ **Figure 23** shows the main routes in the West Kootenay Transit System that link some of the communities with health facilities. Other parts of the study area are served by smaller BC Transit systems including the Boundary Transit System³⁰ and Creston Valley Transit system.³¹ There are no BC Transit options between the Boundary region and the Kootenay Boundary Regional Hospital in Trail or from the Creston area to the regional hospital in Trail. However, Creston does have a BC Transit route that connects to Cranbrook.

See **Table 9** for a summary of regional transit routes and the windows available for health service appointments.^{xiii} More details about these routes are provided below.

^{xii} This analysis does not consider persons under the age of 85 requiring care and assumes 25% of seniors aged 85-years and older require long-term care beds in the WKBRHD, as per the CIHI study referenced.

^{xiii} It is assumed that persons accessing health services require return transit fare. Appointment windows are calculated by taking the difference in time between the first arrival and the last departure.

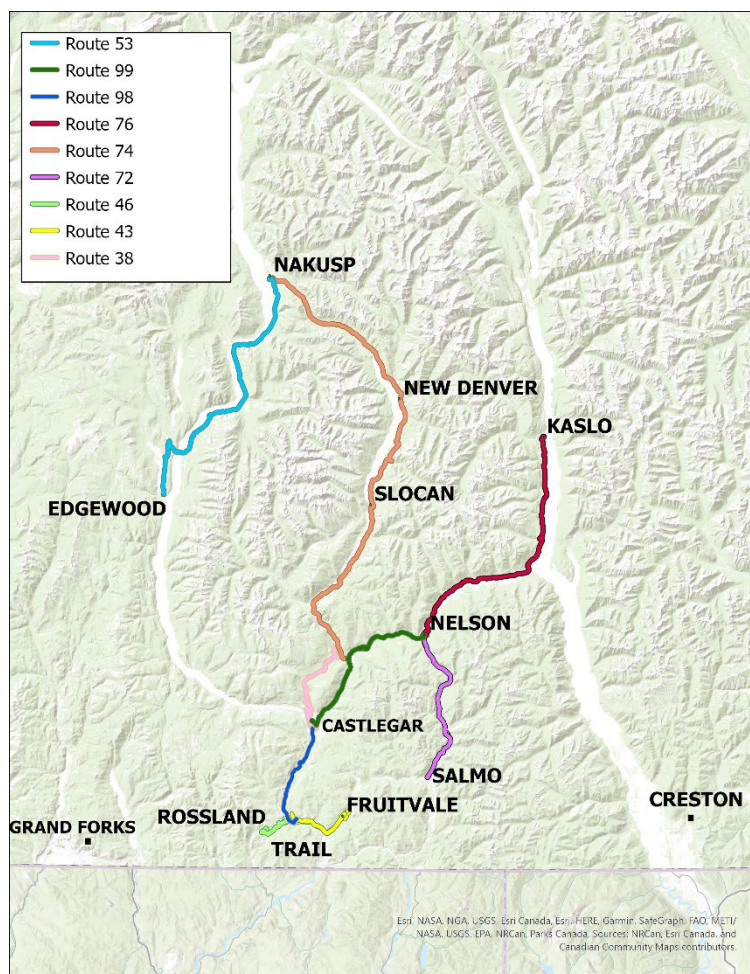


Figure 23: BC Transit West Kootenay Transit system main routes

Table 9: BC Transit West Kootenay Transit system routes, service frequencies, and health service appointment windows

Route #	Route Name	Appointment Location	Appointment Window	Daily Frequency	Service Days	First Departure	Last Departure (return trip)
53	Edgewood - Nakusp	Nakusp	6 hrs	2x	Friday Only	9:25 am	3:20 pm
74	Nakusp - Nelson	Nelson	6 hrs	1x	Tues, Thur	8:05 am	4:05 pm
76	Kaslo - Nelson	Nelson	< 15 mins	1x	Tuesday Only	8:30 am	10:00 am
10	Balfour - Nelson	Nelson	Flexible	9x	Weekdays	6:58 am	8:36 pm
1	Uphill Loop (Nelson)	Nelson	Flexible	25x	Weekdays	6:45 am	11:18 pm
72	Salmo - Nelson	Nelson	3 hrs / 8 hrs	3x	Tues, Thur, Fri	8:05 am	6:45 pm
99	Castlegar - Nelson	Nelson	Flexible	15x	Weekdays	4:45 am	5:46 pm
38	Playmor Loop (Castlegar)	Castlegar	5 hrs	2x	Tues, Fri	8:50 am	1:55 pm
98	Castlegar - Trail	Trail	Flexible	7x	Weekdays	6:58 am	7:51 pm
43	Fruitvale - Trail	Trail	Flexible	10x	Weekdays	6:08 am	8:12 pm

WEST BOUNDARY TO GRAND FORKS

While there are no BC Transit routes from the Boundary Transit System to the regional hospital in Trail, there are two BC Transit options to link communities in the west Boundary to Grand Forks.³⁰ This includes one bus route that leaves Greenwood on Friday mornings at 9:10 a.m., then leaves Grand Forks for the return trip at 1:00 p.m. This route provides one three-hour window per week for medical appointments in Grand Forks. The other option is to use the Health Connections route that leaves Rock Creek at 8:30 a.m. on Tuesdays, then leaves Grand Forks at 1:00 p.m. for the return trip. This provides a second three-hour window per week for medical appointments in Grand Forks.

ARROW LAKES AND SLOCAN VALLEY TO NELSON

Figure 24 and Figure 25 show two main routes that support access to health services in the Arrow Lakes and Slocan Valley regions and to Nelson. It is important to note that trips using BC Transit are very limited each week. The route between Edgewood and Nakusp only travels one day per week, but it does provide an appointment window of approximately six hours in Nakusp.

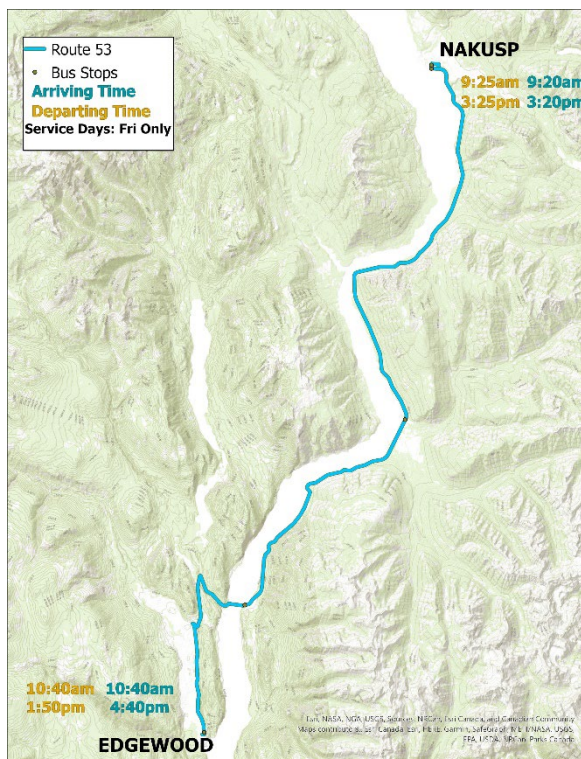


Figure 24: BC Transit route (#53) between Edgewood and Nakusp

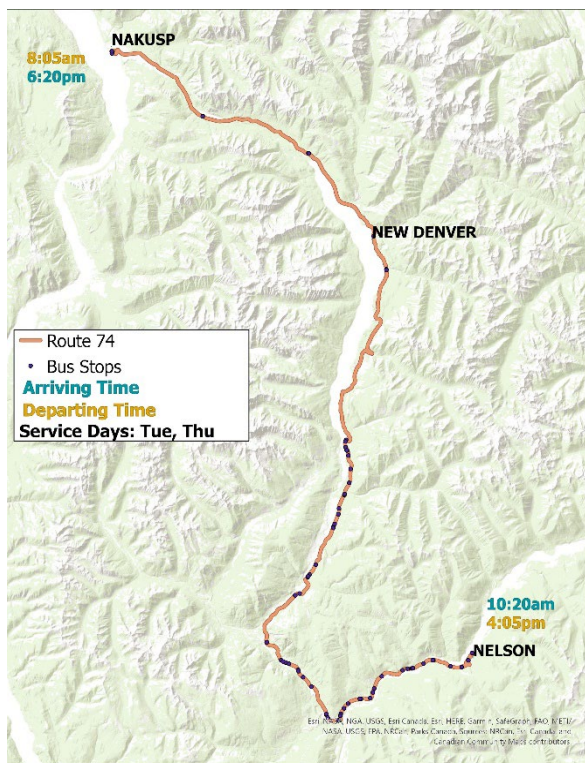


Figure 25: BC Transit route (#74) between Nakusp and Nelson

Route 74: Nakusp-Nelson travels two days per week and provides an appointment window of approximately six hours in Nelson.³² This is a Health Connections route that offers service to/from Kootenay Lake Hospital by request. Alternatively, passengers can make two connections (via Route 2: Fairview to Ward and Baker, followed by Route 1: Uphill Loop to the hospital) and have a window of just under 3.5 hours for health service appointments.

NORTH KOOTENAY LAKE AND EAST SHORE TO NELSON

Figure 27 and Figure 28 show the main routes to access health services between North Kootenay Lake, the East Shore of Kootenay Lake, and Nelson.

BC Transit provides limited service between North Kootenay Lake, Kaslo, and Nelson.

Service is available between North Kootenay Lake communities and Kaslo on Thursdays (via Route 58: Argenta Loop), with a 12-hour window to access health services in Kaslo.³³ Passengers can also access services in Nelson on Thursdays by transferring buses twice (Kaslo to Balfour via Route 76, and Balfour to Nelson via Route 10), but there is no return fare available that day.

Direct service from Kaslo to Kootenay Lake Hospital is available on Tuesday mornings (via Route 76).³⁴ By transferring routes, there are multiple options for passengers to travel between Kaslo and Nelson on Tuesdays and Wednesdays. There is also a Health Connections route between Kaslo and Kootenay Lake Hospital available upon request.³⁵

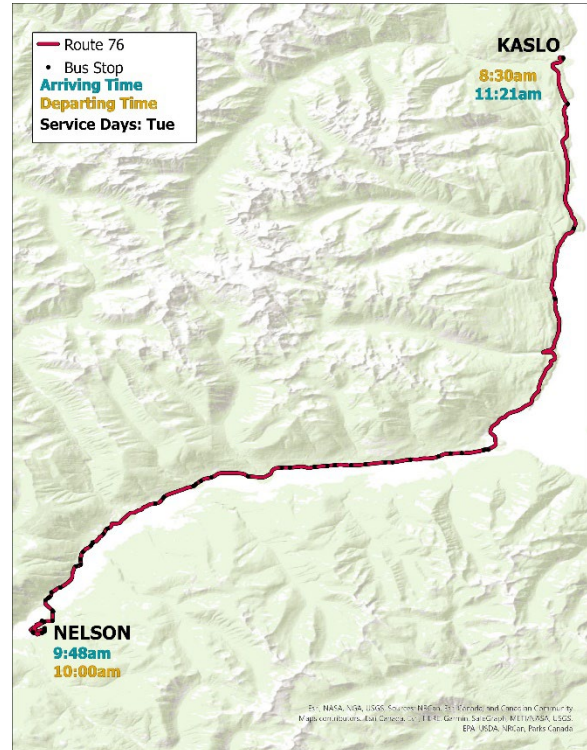


Figure 26: BC Transit route (#76) details for direct route between Kaslo and Nelson

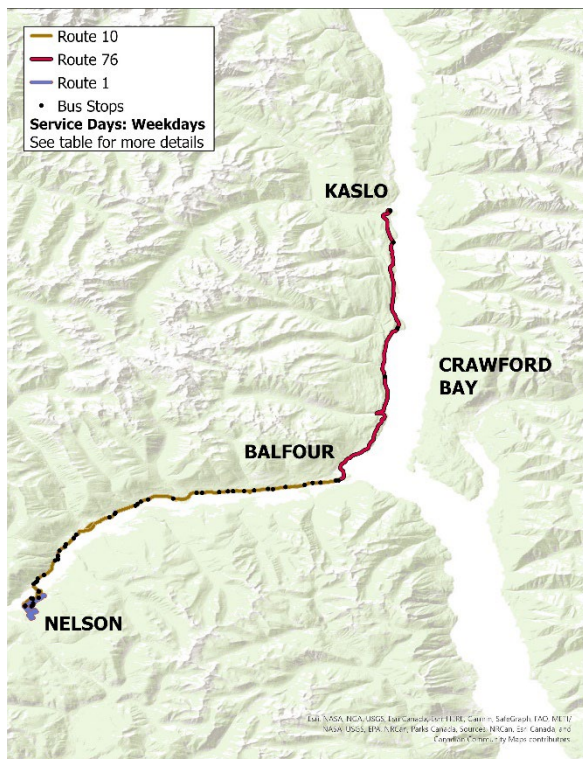


Figure 27: BC Transit route details for route with connections between Kaslo and Nelson

On a daily basis, passengers from the East Shore can ride the free Kootenay Lake ferry,³⁶ followed by taking the BC Transit bus to Nelson (via Route 10 to downtown and transferring to Route 1: Uphill Loop to get direct service to Kootenay Lake Hospital).^{37, 38} This offers a nearly 13-hour window to access health services in Nelson, with the last bus arriving in Balfour at 9:30 p.m., in time for the 9:40 p.m. sailing of the ferry back to Crawford Bay.

The East Shore Transportation Society offers service upon request. Passengers can arrange transportation by emailing estsbus@gmail.com or calling 250-551-8800.³⁹

BC Transit also offers the handyDART transit service for persons with disabilities.⁴⁰ Passengers can register for service in Nelson, available weekdays from 7:30 a.m. to 4:00 p.m.

SALMO TO NELSON

As show in **Figure 28**, BC Transit offers service from Salmo and Ymir to Nelson on Tuesdays, Thursdays, and Fridays.⁴¹ This is a Health Connections route with between three and eight-hours available for health service appointments in Nelson.⁴² Passengers must transfer buses (via Route 1: Uphill Loop) to get to Kootenay Lake Hospital.³⁸

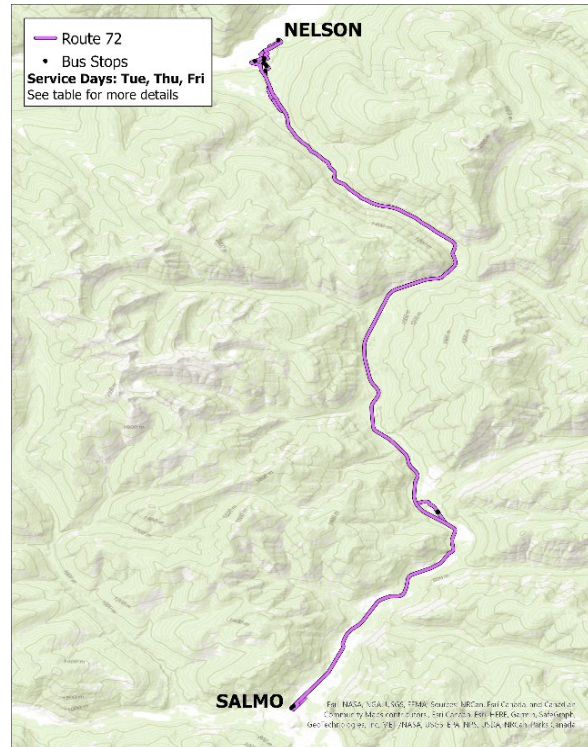


Figure 28: BC Transit route (#72) details for route with connections between Nelson and Salmo

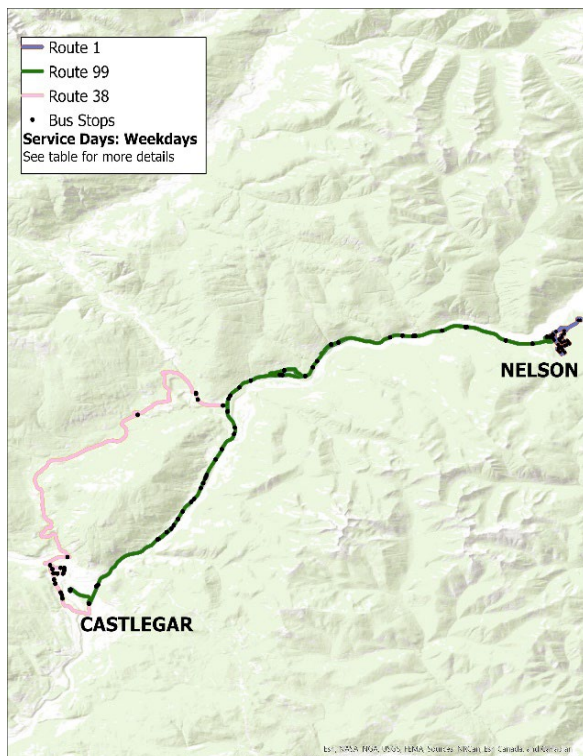


Figure 29: BC Transit route (#99) details between Castlegar and Nelson

CASTLEGAR TO NELSON

Figure 29 shows the transit route between Castlegar and Nelson.⁴³ This route, the Kootenay Connector, is available Monday to Saturday, and departs from the Selkirk College campus. There is a transit exchange at the Castlegar and District Community Complex, which connects several routes from Castlegar and surrounding area (e.g., Robson, Ootischenia) to the stop at Selkirk College. Passengers from Pass Creek and Crescent Valley can also connect at the Playmor Junction Park and Ride.⁴⁴ Connecting to Route 1: Uphill is needed to get to Kootenay Lake Hospital.³⁸ On the last return ride of the day, there is a one-hour delay at the Ward and Baker stop before the bus leaves Nelson for Castlegar.

Excluding this delay, there is a window of eight-hours to access health service appointments between the first arrival in Nelson and the last departure for Castlegar.

MULTIPLE COMMUNITIES TO TRAIL

Figure 30 shows the main routes to access health services in Trail from Castlegar, Rossland, and Fruitvale.

Buses travel between Castlegar and Trail on weekdays (via Route 98: Columbia Connector).⁴⁵ Passengers can use the transit exchange at Cedar Street and Spokane Street to connect to Route 44: Sunningdale/Hospital Loop, which stops at the Kootenay Boundary Regional Hospital.⁴⁶ This option offers a window of just under eight-hours to access health services at the regional hospital. There is also one Columbia Connector bus that departs from the hospital at 3:20 p.m. and travels directly to Castlegar. BC Transit also offers the handyDART transit service for persons with disabilities.⁴⁰ Passengers can register for service in the Columbia Zone (Castlegar and Trail), available weekdays from 8:00 a.m. to 4:00 p.m.

Transit is available between Rossland and Trail (via Route 46: Rossland) on weekdays.⁴⁷ There is a 1.5 hour wait at the Cedar and Spokane transit exchange before passengers can transfer to the Sunningdale/Hospital Loop.⁴⁶ Even taking that delay into account, this option offers a window of over eight-hours to access health services at the regional hospital.

There is weekday transit service available between Fruitvale, Montrose, and Trail.⁴⁸ Passengers travelling to Trail (via Route 43: Glenmerry/Fruitvale) can use the transit exchange at Cedar and Spokane to connect to the Sunningdale/Hospital Loop, which stops at the regional hospital.⁴⁶ This option provides a window of over 12-hours to access health services at the hospital.

In a recent announcement, Nelson CARES has launched a medical services bus service between Nelson and Trail. This service is built around the Kootenay Boundary Regional Hospital's dialysis schedule. It leaves Nelson at 6:30 a.m., with the return trip leaving Trail at 1:00 p.m. The route takes place on Tuesday, Thursday, and Saturdays for a fee of \$35. The bus picks up passengers at their home and be arranged by calling 778-426-5247.⁴⁹

Multiple transit connections are needed to get to the Kootenay Boundary Regional Hospital from afar. For example, passengers from Kaslo can access health services in Trail on Tuesdays, if they depart from Kaslo at 8:30 a.m. and catch four connections to get to the hospital for 11:30 a.m. There is a window of just over 2.5 hours to access health services, before the bus departs from the hospital at 2:24 p.m. After catching another five connections, arrival in Kaslo occurs at 6:35 p.m.

Conversely, transit riders from Nakusp would be unable to access services at the regional hospital in Trail. In total, there are 11 connections required to get to the hospital and even the earliest arrival at the hospital (2:12 p.m.) would prevent passengers from catching the necessary return fare.

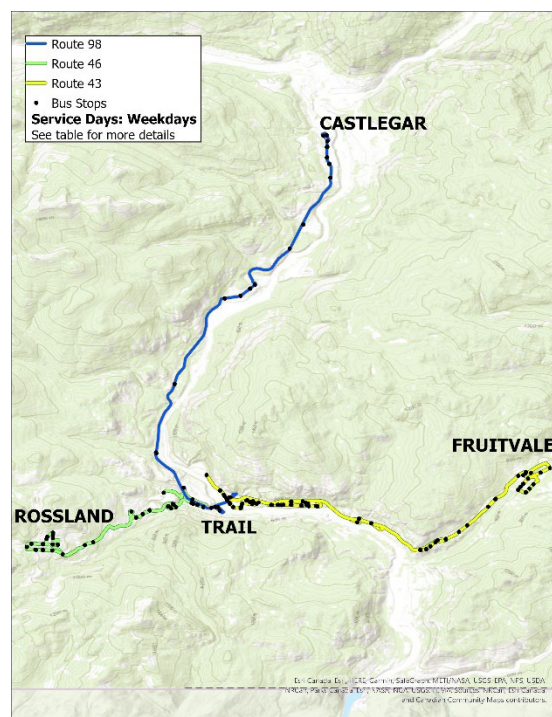


Figure 30: BC Transit route details between Castlegar, Fruitvale, and Rossland to Trail

Conclusion

According to the 2021 Census the population of the WKBRHD is getting older. When examined by five-year age cohorts, the largest percentage of the total population is aged 60- to 64-years (9.1%) and 65- to 69-years (9.0%). Over the five-year period between the 2016 and 2021 Census years, the largest population increases were seen in the 70- to 74-years age cohort (+34.1%) and the 75- to 79-years age cohort (+22.2%). Overall, persons aged 65-years old and older account for 26.7% of the total population of the WKBRHD in 2021. This is a 17.4% increase between 2016 and 2021.

In 2015, the population aged 65-years old and older comprised 18% of the total population. This is projected to increase to 28% of the total population by 2025 and 30% by 2030, before leveling off for the ensuing decade. This trend is predicted to be similar at the LHA level. In 2040, the cohort aged 65-years old and older is projected to account for 54% of the total population of the Kettle Valley LHA and 51% of the total population of the Kootenay Lake LHA.

These demographic changes may result in differing health service needs across the WKBRHD. Currently, some diagnostic services and specialized treatments are only available in select communities. The Kootenay Boundary Regional Hospital in Trail is the only facility in the region offering nuclear medicine diagnostic services and MRI. CT scans can only be completed at Kootenay Lake Hospital in Nelson and in Trail. Dialysis is only available in Creston, Grand Forks, and Trail. As the population of the region changes, so too will the service needs.

The availability of hospital and long-term care beds varies across the region. As of 2021, there are 1.4 hospital beds per 1000 people (excluding long-term care beds) in the WKBRHD, but that number decreases when examined by hospital. The Boundary Hospital has the lowest number of hospital beds per 1000 people (excluding long-term care beds), at 0.9 beds. Between 2015 and 2021, the total number of long-term care beds in the WKBRHD increased by 51 beds (+7.5%). The 75 new long-term care beds in Nelson will be a welcome addition for long-term care in the WKBRHD.

There are some limitations to using transit for transportation to health services in the WKBRHD. The region's primary public transit provider is BC Transit's West Kootenay Transit System, but there are no connections to the Boundary Transit System (i.e., Grand Forks) or the Creston Valley Transit System (i.e., Creston). While most of the communities served by the West Kootenay Transit System have transit options to access health services, some areas have limited service (e.g., Arrow Lakes, Slovan Valley, North Shore of Kootenay Lake). There are handyDART services available for persons with disabilities, and three Health Connections routes across the region. In one unique example, communities on the East Shore of Kootenay Lake can utilize transportation services provided by the East Shore Transportation Society.

This report provided an overview of population demographics and health services in the WKBRHD. This information can be used to support evidence-based decision-making when evaluating the infrastructure in place to accommodate the region's changing population demographics.

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Financial Statements

West Kootenay-Boundary Regional Hospital
District

December 31, 2021

Draft for discussion purposes

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Draft for discussion purposes

Independent Auditor's Report

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To the Shareholder of
West Kootenay-Boundary Regional Hospital District

Opinion

We have audited the financial statements of West Kootenay-Boundary Regional Hospital District, which comprise the statement of financial position as at December 31, 2021, and the statements of operations and accumulated surplus and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Hospital District as at December 31, 2021, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for private enterprises.

Basis for opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the Hospital District in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of management and those charged with governance for the financial statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for private enterprises, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Hospital District's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Hospital District or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Hospital District's financial reporting process.

Independent Auditor's Report (continued)

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital District's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Hospital District's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Hospital District to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Nelson, Canada
September 28, 2022

Chartered Professional Accountants

WEST KOOTENAY-BOUNDARY REGIONAL HOSPITAL DISTRICT
STATEMENT OF FINANCIAL POSITION
As at December 31, 2021

	2021	2020
ASSETS		
FINANCIAL ASSETS		
Cash	\$ 1,953,758	\$ 4,680,913
Short term investments (Note 3)	9,763,250	9,731,676
Accounts receivable	<u>14,094</u>	<u>17,934</u>
	<u>11,731,102</u>	<u>14,430,523</u>
LIABILITIES		
Accounts payable and accrued liabilities	<u>86,525</u>	<u>8,799</u>
ACCUMULATED SURPLUS (Note 4)	<u>\$ 11,644,577</u>	<u>\$ 14,421,724</u>

COMMITMENTS (Note 7)

_____ Treasurer

WEST KOOTENAY-BOUNDARY REGIONAL HOSPITAL DISTRICT
STATEMENT OF OPERATIONS
For the Year Ended December 31, 2021

	Budget 2021 (Note 5)	Actual 2021	Actual 2020
REVENUE			
Tax levy	\$ 4,827,029	\$ 4,826,383	\$ 5,109,657
Grants - in lieu of taxes	8,500	11,201	12,868
Interest earnings	35,000	44,098	158,374
Refund of surplus - MFA debt retirement	-	-	42,190
Actuarial increase to sinking fund	-	-	88,319
	<u>4,870,529</u>	<u>4,881,682</u>	<u>5,411,408</u>
EXPENDITURES			
Debt charges			
Sinking fund debentures interest	-	-	69,487
Other expenditures			
Administration fees	100,902	100,902	98,923
Audit and legal	7,000	7,000	7,000
Computer software	3,000	5,778	2,938
Capital grants	22,823,593	7,531,342	7,218,592
Director remuneration	15,000	12,905	12,736
Director expenses	4,000	276	2,176
Office expenses	975	427	907
Meeting expenses	500	199	368
	<u>22,954,970</u>	<u>7,658,829</u>	<u>7,343,640</u>
	<u>22,954,970</u>	<u>7,658,829</u>	<u>7,413,127</u>
ANNUAL SURPLUS	(18,084,441)	(2,777,147)	(2,001,719)
ACCUMULATED SURPLUS, BEGINNING OF YEAR	14,421,724	14,421,724	16,423,443
ACCUMULATED SURPLUS (DEFICIT), END OF YEAR	\$ (3,662,717)	\$ 11,644,577	\$ 14,421,724

WEST KOOTENAY-BOUNDARY REGIONAL HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS
For the Year Ended December 31, 2021

	2021	2020
OPERATING ACTIVITIES		
Annual surplus	\$ (2,777,147)	\$ (2,001,719)
Items not affecting cash flows		
Actuarial increase to sinking fund	-	(88,319)
	<u>(2,777,147)</u>	<u>(2,090,038)</u>
Changes in non-cash financial assets	(27,734)	2,073,013
Changes in non-cash current liabilities	<u>77,726</u>	<u>(21,361)</u>
Cash Provided By Operating Activities	<u>(2,727,155)</u>	<u>(38,386)</u>
FINANCING ACTIVITIES		
Debenture debt retirement payments	-	(368,040)
DECREASE IN CASH AND CASH EQUIVALENTS	(2,727,155)	(406,426)
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	<u>4,680,913</u>	<u>5,087,339</u>
CASH AND CASH EQUIVALENTS, END OF YEAR	<u>\$ 1,953,758</u>	<u>\$ 4,680,913</u>

WEST KOOTENAY-BOUNDARY REGIONAL HOSPITAL DISTRICT

NOTES TO FINANCIAL STATEMENTS

As at December 31, 2021

1. PURPOSE OF THE ORGANIZATION

West Kootenay-Boundary Regional Hospital District (the "Hospital District") was incorporated effective January 1, 1996 under Letters Patent issued December 14, 1995 by the Lieutenant Governor in Council for the Province of British Columbia. Its principal business activity is to provide the West Kootenay-Boundary Region's acute and extended health care facilities with funding for capital project construction and the purchase of equipment. The Hospital District is governed by those directors of Regional District of Kootenay Boundary and Regional District of Central Kootenay whose areas fall within the Hospital District's geographic boundaries.

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

It is the Hospital District's policy to follow accounting principles generally accepted for local governments in British Columbia. These financial statements have been prepared in accordance with the Canadian public sector accounting standards.

Short Term Investments

Short term investments are recorded at cost.

Revenue Recognition

Tax levies and grants in lieu of taxes are recognized as revenue in the year in which they are levied. Interest earnings are reported as revenue when earned.

Use of Estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

3 SHORT TERM INVESTMENTS

	2021	2020
Municipal Finance Authority of BC Pooled Investment Funds	\$ 3,086,073	\$ 3,081,363
Canadian Imperial Bank of Commerce Guaranteed Investment Certificates	<u>6,677,177</u>	<u>6,650,313</u>
	<u>\$ 9,763,250</u>	<u>\$ 9,731,676</u>

4 ACCUMULATED SURPLUS

	2021	2020
Unrestricted	\$ 4,969,828	\$ 7,128,616
Reserve for future capital expenditures (Note 6)	<u>6,674,749</u>	<u>7,293,108</u>
	<u>\$ 11,644,577</u>	<u>\$ 14,421,724</u>

WEST KOOTENAY-BOUNDARY REGIONAL HOSPITAL DISTRICT NOTES TO FINANCIAL STATEMENTS

As at December 31, 2021

5 BUDGET RECONCILIATION

The budgeted figures are based on the adopted budget for the year 2021 approved under bylaw 371 on March 24, 2021.

Annual surplus per Statement of Operations	\$ (18,084,441)
Add amounts included in budget not on Statement of Operations	
Contributions to Capital Reserves	(282,628)
Transfer from Capital Reserves	1,158,770
Previous year surplus	17,208,299
Budgeted surplus	<u>\$ -</u>

6 RESERVE FOR FUTURE CAPITAL EXPENDITURES

A Reserve for Future Capital Expenditures was established by the Board of Directors in 2007. The Reserve is invested in Pooled Investment Funds with the Municipal Finance Authority of British Columbia and Guaranteed Investment Certificates with the Canadian Imperial Bank of Commerce included in Short Term Investments.

	2021	2020
Pooled Investment Funds	\$ 3,086,073	\$ 3,081,363
Guaranteed Investment Certificates	3,588,676	4,211,745
	<u>\$ 6,674,749</u>	<u>\$ 7,293,108</u>
	2021	2020
Balance, beginning of year	\$ 7,293,108	\$ 9,427,909
Contributions to Capital Reserves	282,628	36,788
Transfer from Capital Reserves	(922,543)	(2,299,428)
Interest Earnings	21,556	127,839
Balance, end of year	<u>\$ 6,674,749</u>	<u>\$ 7,293,108</u>

7 COMMITMENTS

The Hospital District approves bylaws for capital grants payable to Interior Health Authority for major equipment and various projects each year. As at December 31, 2021, the balance of capital grants for which Interior Health Authority has not yet requested payment is \$14,299,932 of which \$2,521,214 relates to bylaws approved in the current year and \$11,778,718 relates to bylaws approved in prior years.

8 COMPARATIVE FIGURES

Comparative figures have been adjusted to conform to changes in the current year presentation.