

Spotlight

February 2016

In our piggybank

The WKBRHD is deliberating whether or not to raise the \$10 million cap on its capital reserve fund. The fund currently contains \$9.3 million. What is this money used for? The Board uses this “rainy day” reserve to fund projects with a value greater than \$2 million. For example, capital reserve funds were used on the Kootenay Lake emergency department project. The Board will make its decision at the March 23rd meeting.



2016 BOARD MEETING SCHEDULE

March 23	Castlegar Community Complex	6 p.m.
June 22	Castlegar Community Complex	6 p.m.
Oct. 26	Castlegar Community Complex	6 p.m.
Nov. 23	Castlegar Community Complex	6 p.m.

Copies of agendas and refreshments are available at the meetings.



‘Til Debt do us Part

Since the year 2000, the WKBRHD has borrowed funds to finance three major capital projects at the Boundary, Kootenay Boundary and Kootenay Lake hospitals.

One of the loans was paid off in 2015; one will be paid off in 2017 and the last will fall off the books in 2020.

What is this costing us? Since 2013, the WKBRHD has paid approximately \$1.47 million in debt servicing costs annually.

So how should we pay for major projects? Should the Board borrow funds or build its reserve?

This is what the Board is tasked with deciding.

Check out the comparison table below and see what you think:

Option	Pros	Cons
Use the reserve fund to continue to build for future projects.	<p>Avoids the costs of interest.</p> <p>Potential that those taxpayers paying into the fund now will benefit later through use of facilities.</p>	<p>Long term capital plan not available – do not know when reserve will be used or how much will be needed.</p> <p>Potential that those taxpayers paying into the reserve now will not benefit from future use.</p>
Keep the reserve fund to complement the option of borrowing in the future.	<p>Balance between “cash on hand” and future borrowing.</p> <p>Although the interest costs are high the scenario of \$16 million has servicing costs below \$2 million/year, which is what the WKBRHD Board had been contributing to reserve in 2013 and 2014.</p>	<p>Could incur significant interest costs.</p> <p>Long term capital plan not available – do not know how much of a reserve might be beneficial or how much borrowing might be required.</p>



From Tax Bill to Health Facility

In the last issue of *Spotlight*, it was reported that Interior Health requested the WKBRHD Board to jointly fund a number of capital and equipment projects for the 2016/2017 fiscal year. Some of the projects are: seclusion and isolation rooms, chillers, fuel tank and sanitary pipe replacements, new windows, telephone systems, wireless infrastructure, a sterilizer, patient ID systems, a radiographic system, and Medstations. Also included was a \$100,000 contribution to the planning process for acute and emergency department redevelopment at Arrow Lakes Hospital in Nakusp.

At its February 24th meeting, the Board approved those expenditures by adopting 25 bylaws which total \$2,330,200.00



Planning for our Future

The WKBRHD Board is requesting to meet with staff from the Interior Health Authority to discuss the estimated costs projected for major capital projects and equipment over the next five years to assist the Board to plan for these upcoming expenditures.



What's the Budget?

Staff presented the Board with five budget scenarios at the March 24th meeting, ranging from a \$0 contribution to the capital reserve to a \$2,000,000 contribution. The scenarios also include the total of the capital funding requests from Interior Health, as well as any commitments from previous years. The Board will deliberate on and adopt its budget at the March 23rd meeting.

We encourage you to attend!



Want Your Say?

If a community group or delegation would like to present to the Board at any of the meetings, contact Anitra Winje at awinje@rdck.bc.ca or 250.352.8166.

The Future of Health Care

The Ministry of Health has set goals for our provincial health system for 2016—2018. They are:

- Primary & Community Care**
Services will be repositioned away from acute care toward proactive, integrated primary and community care services, including the concept of a “primary care home” that better support independent living at home or in the community.
- Seniors' Care**
For frail seniors with moderate to complex care needs, reposition services away from acute care towards proactive, integrated primary and community care services that are better able to support independent living at home or in the community.
- Mental Health & Substance Abuse**
Reposition services away from acute care, including substance use beds, for patients and their families with moderate to severe mental health and substance use issues to provide integrated and specialized care planning and services close in community.
- Surgical Services**
Improve timely and appropriate elective surgical access to better coordinate, deliver and improve the quality of surgical services.
- Rural/Remote Networks of Care**
Develop a consistent and sustainable model of health care that will improve access and quality of health services for rural/remote, including Aboriginal people and better support independent living at home or in the rural/remote community.



Karen Bloemink, Executive Director, Hospitals & Community Integrated Services for Interior Health East, presents to the WKBRHD Board on changes to Interior Health's organizational structure and health plan goals.