



## Regional Hospital District Board Meeting Agenda

May 1, 2025, 10:00 a.m.

1981 Alaska Avenue, Dawson Creek, BC

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## REGIONAL HOSPITAL DISTRICT BOARD MEETING MINUTES

**February 20, 2025, Immediately following the Regional Board Meeting  
1981 Alaska Avenue, Dawson Creek, BC**

Directors Present: Chair Hiebert, Electoral Area D  
Vice-Chair Dober, City of Dawson Creek  
Director Courtoreille, District of Chetwynd  
Director Hansen, City of Fort St. John  
Alternate Director Graham, Electoral Area B  
Alternate Director Dusseault, District of Tumbler Ridge  
Director Quibell, District of Hudson's Hope (via Zoom)  
Alternate Director Houley, Electoral Area E  
Director Zabinsky, City of Fort St. John  
Alternate Director Garrison, Electoral Area C

Directors Absent: Director Veach, Village of Pouce Coupe  
Director Taillefer, District of Taylor

Staff Present: Shawn Dahlen, Chief Administrative Officer  
Roxanne Shepherd, Chief Financial Officer  
Tyra Henderson, Corporate Officer  
Joanne Caldecott, Deputy Corporate Officer  
Kari Bondaroff, General Manager of Environmental Services  
Kevin Clarkson, General Manager of Community Services  
Ashley Murphey, General Manager of Development Services  
Trevor Ouellette, IT Manager  
Annette Andrews, Communication Manager  
Olivia Lundahl, Electoral Area Officer  
Carmen Willms, Legislative Services Clerk/Recorder

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**1. CALL TO ORDER**

The Chair called the meeting to order at 4:24 p.m.

**2. ADOPTION OF AGENDA**

RHD/25/02/01

MOVED

Alternate Director Graham

SECONDED

Director Zabinsky

That the Peace River Regional Hospital District Board adopt the February 20, 2025 meeting agenda:



**2. ADOPTION OF AGENDA (Cont'd)**

**1. CALL TO ORDER**

**2. ADOPTION OF AGENDA**

**3. GALLERY COMMENTS OR QUESTIONS**

**4. ADOPTION OF MINUTES**

4.1 Regional Hospital District Board Draft Meeting Minutes of January 9, 2025

**5. BUSINESS ARISING FROM THE MINUTES**

**6. DELEGATIONS**

**7. CORRESPONDENCE**

**8. REPORTS**

**9. BYLAWS**

9.1 Peace River Regional Hospital District Annual Budget Bylaw No. 215, 2025, FN-RHD-037

**10. NEW BUSINESS**

**11. CONSENT CALENDAR**

11.1 Item Previously Released from Closed Peace River Regional Hospital District Meeting, ADM-RHD-029

11.2 Letter from Regional Hospital Districts within Northern Health to Minister Osborne and Minister Ma  
Re: Meeting Invitation

**12. NOTICE OF MOTION**

**13. MEDIA QUESTIONS**

**14. RECESS TO CLOSED SESSION**

**15. ADJOURNMENT**

**CARRIED**

**3. GALLERY COMMENTS OR QUESTIONS**

**4. ADOPTION OF MINUTES**

**4.1 Regional Hospital District Board Draft Meeting Minutes of January 9, 2025**

RHD/25/02/02

MOVED

Director Hansen

SECONDED

Alternate Director Graham

That the Regional Hospital District Board adopt the Regional Hospital District Board  
meeting minutes of January 9, 2025.

**CARRIED**

**5. BUSINESS ARISING FROM THE MINUTES**

**6. DELEGATIONS**

**7. CORRESPONDENCE**

**8. REPORTS**

**9. BYLAWS**

**9.1 Peace River Regional Hospital District Annual Budget Bylaw No. 215, 2025, FN-RHD-037**

RHD/25/02/03

MOVED

Director Zabinsky

SECONDED

Alternate Director Dusseault

That the Peace River Regional Hospital District Board give Peace River Regional Hospital  
District Annual Budget Bylaw No. 215, 2025 first, second and third reading.

**CARRIED**

**OPPOSED:** Alternate Director Garrison



**9.1 Peace River Regional Hospital District Annual Budget Bylaw No. 215, 2025, FN-RHD-037 (Cont'd)**

RHD/25/02/04

MOVED

Director Zabinsky

SECONDED

Director Courtoreille

That the Peace River Regional Hospital District Board adopt Peace River Regional Hospital District Annual Budget Bylaw No. 215, 2025.

**CARRIED**

**OPPOSED:** Alternate Director Garrison

**10. NEW BUSINESS**

**11. CONSENT CALENDAR**

RHD/25/02/05

MOVED

Director Dober

SECONDED

Director Courtoreille

That the Regional Hospital District Board accept the February 20, 2025 Consent Calendar.

**CARRIED**

**12. NOTICE OF MOTION**

**13. MEDIA QUESTIONS**

**14. RECESS TO CLOSED SESSION**

**15. ADJOURNMENT**

The Chair adjourned the meeting at 4:29 p.m.

CERTIFIED a true and correct copy of the Minutes of the Peace River Regional Hospital District Board meeting held on February 20, 2025 in the Regional District Office Board Room, 1981 Alaska Avenue, Dawson Creek, BC.

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Leonard Hiebert, Chair

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Tyra Henderson, Corporate Officer



# Peace River Regional Hospital District

## **Year-End Audit Findings Report to Board of Directors**

**For the year ending  
December 31, 2024**

**Prepared as of April 15, 2025**

April 15, 2025

Board of Directors  
Peace River Regional Hospital District  
1981 Alaska Avenue  
Dawson Creek, British Columbia  
V1G4H8

Dear Board of Directors:

**Re: Audit Findings**

We prepared the accompanying report to assist you in your review of the financial statements of Peace River Regional Hospital District for the year ending December 31, 2024. The report includes a discussion on the significant accounting and financial reporting matters dealt with during the audit process as well as communications required by Canadian generally accepted auditing standards.

We have substantially completed our audit of the financial statements of Peace River Regional Hospital District (the entity) prepared in accordance with Canadian Public Sector Accounting Standards (PSAS) for the year ended December 31, 2024. We propose to issue our auditor's report on those financial statements, pending resolution of outstanding items outlined on page 1. Our draft auditor's report is included as Appendix A.

We look forward to meeting with you and discussing the matters outlined below.

We would like to express our sincere thanks to the management and staff of the entity who have assisted us in carrying out our work. If you have any questions or concerns, please do not hesitate to contact us.

Yours very truly,

Taylor Turkington CPA  
Partner

c.c: Roxanne Shepherd, Chief Financial Officer

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**Partners**

Allison Beswick CPA, CA  
Norm Hildebrandt CPA, CA  
Robin Lund CPA, CGA

Dane Soares CPA  
Taylor Turkington CPA

Beswick Hildebrandt Lund CPA  
556 North Nechako Road, Suite 10,  
Prince George BC, Canada V2K 1A1  
T: +1 250 564 2515, F: +1 250 562 8722

## **Audit Status**

We have completed the audit of the financial statements, with the exception of the following items:

- Receipt of a signed management representation letter by management;
- Completing our discussions with the Board of Directors;
- Obtaining evidence of the Board's approval of the financial statements;

Once these items have been completed, we will date and sign our auditor's report.

## **Significant Risks**

We identified the following significant risks in our planning letter dated February 12, 2025:

- Revenue recognition
- Management Override of Controls

We executed the proposed audit responses to the significant risks identified above, as noted in our planning letter, and we have no issues to report.

## **Significant Matters Arising**

### ***Changes to Audit Plan***

There were no changes to the audit plan (as previously presented to you).

### ***Other Matters***

We have not identified any other significant matters that we wish to bring to your attention at this time.

## **Significant Difficulties Encountered**

There were no significant difficulties encountered during our audit.

## **Comments on Accounting Practices**

### ***Accounting Policies***

Management is responsible for the appropriate selection and application of accounting policies. Our role is to review the appropriateness and application as part of our audit. The significant accounting policies used by the entity are outlined in Note 2 to the financial statements.

- There were no significant changes in accounting policies.
- We did not identify any alternative accounting policies that would have been more appropriate in the circumstances.
- We did not identify any significant accounting policies in controversial or emerging areas.

### ***Significant Accounting Estimates***

Management is responsible for the accounting estimates included in financial statements. Estimates and the related judgments and assumptions are based on management's knowledge of the business and past experience about current and future events.

Our responsibility as auditors is to obtain sufficient appropriate evidence to provide reasonable assurance that management's accounting estimates are reasonable within the context of the financial statements as a whole. An audit includes performing appropriate procedures to verify the:

- Calculation of accounting estimates;
- Analyzing of key factors such as underlying management assumptions;
- Materiality of estimates individually and in the aggregate in relation to the financial statements as a whole;
- Estimate's sensitivity to variation and deviation from historical patterns;
- Estimate's consistency with the entity's business plans; and
- Other audit evidence.

Based on audit work performed, there were no significant estimates made by management

### ***Significant Financial Statement Disclosures***

We did not identify any financial statement disclosures that are particularly significant, sensitive or require significant judgments, that we believe should be specifically drawn to your attention.

### ***Uncorrected Misstatements***

We did not identify or detect any uncorrected misstatements for the current year during our audit.

### ***Significant Deficiencies in Internal Control***

A deficiency in internal control exists when a control is designed, implemented or operated in such a way that it is unable to prevent, or detect and correct, misstatements in the financial statements on a timely basis, or when a control necessary to prevent, or detect and correct, misstatements in the financial statements on a timely basis is missing.

A significant deficiency in internal control is defined as a deficiency or combination of deficiencies in internal control that, in the auditor's professional judgment, is of sufficient importance to merit the attention of those charged with governance.

To identify and assess the risks of material misstatement in the financial statements, we are required to obtain an understanding of internal control relevant to the audit. This understanding is used for the limited purpose of designing appropriate audit procedures. It is not used for the purpose of

expressing an opinion on the effectiveness of internal control and, as a result, we do not express any such opinion. The limited purpose also means that there can be no assurance that all significant deficiencies in internal control, or any other control deficiencies, will be identified during our audit.

We did not identify any control deficiencies that, in our judgment, would be considered significant deficiencies.

### **Written Representations**

In a separate communication, as attached in Appendix B, we have requested a number of written representations from management in respect to their responsibility for the preparation of the financial statements in accordance with Canadian Public Sector Accounting Standards (PSAS).

### **Disagreements with Management**

We are required to communicate any disagreements with management, whether or not resolved, about matters that are individually or in aggregate significant to the entity's financial statements or auditor's report. Disagreements may arise over:

- Selection or application of accounting principles;
- Assumptions and related judgments for accounting estimates;
- Financial statement disclosures;
- Scope of the audit; or
- Wording of the auditor's report.

We are pleased to inform you that we had no disagreements with management during the course of our audit.

### **Consultation with Other Accountants (Second Opinions)**

Management may consult with other accountants about auditing and accounting matters to obtain a "second opinion". When an entity requests that another accountant provide a written report or oral advice on the application of accounting principles to a specific transaction or the type of opinion that may be rendered on the entity's financial statements, we are required to ensure that the accountant has ensured that the reporting accountant has knowledge of all facts and circumstances and has conducted the engagement in accordance with Canadian generally accepted auditing standards on the Reports on the Application of Accounting Principles.

We are not aware of any consultations that have taken place with other accountants.

### **Independence**

We confirm our independence with respect to the entity as of the date of this report.

### **Other Audit Matters of Governance Interest**

We did not identify any other matters to bring to your attention at this time and would be pleased to discuss with you further any matters mentioned above, at your convenience.

We would like to thank management and staff for the assistance they provided to us during the audit.

We hope the information in this audit findings letter will be useful. Should any member of the Board of Directors wish to discuss or review any matter addressed in this letter or any other matters related to financial reporting, please do not hesitate to contact us at any time. We would be pleased to discuss them with you and respond to any questions you may have.

This letter was prepared for the sole use of those charged with governance of Peace River Regional Hospital District to carry out and discharge their responsibilities and is not intended for any other purpose. The content should not be disclosed to any third party without our prior written consent, and we assume no responsibility to a third party who uses this communication.

Yours very truly,



Beswick Hildebrandt Lund Chartered Professional Accountants

## ***Appendix A: Audit Report***

Please see attached report.

## INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of Peace River Regional Hospital District

### Opinion

We have audited the financial statements of Peace River Regional Hospital District (the Entity), which comprise the statement of financial position as at December 31, 2024, and the statements of operations, remeasurement gains and losses 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 Entity as at December 31, 2024, and the results of its operations and cash flows for the year then ended in accordance with Canadian Public Sector Accounting Standard.

### 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 Entity 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 PSAS, 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 Entity'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 Entity or to cease operations, or has no realistic alternative but to do so.

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

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#### Partners

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Norm Hildebrandt CPA, CA  
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**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 Entity'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 Entity'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 Entity 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.

Chartered Professional Accountants

Prince George, British Columbia

May 1, 2025

DRAFT

## ***Appendix B: Management Representation Letter***

Please see attached letter.



May 1, 2025

Beswick Hildebrandt Lund Chartered Professional Accountants  
556 North Nechako Road, Suite 10  
Prince George, British Columbia,  
V2K 1A1

Dear Sir/Madame:

This representation letter is provided in connection with your audit of the financial statements of Peace River Regional Hospital District for the year ended December 31, 2024, for the purpose of expressing an opinion as to whether the financial statements are presented fairly, in all material respects, in accordance with Canadian Public Sector Accounting Standards (PSAS).

In making the representations outlined below, we took the time necessary to appropriately inform ourselves on the subject matter through inquiries of entity personnel with relevant knowledge and experience, and, where appropriate, by inspecting supporting documentation.

We confirm that (to the best of our knowledge and belief):

**Financial Statements**

We have fulfilled our responsibilities as set out in the terms of the audit engagement letter dated February 12, 2025 for:

- a. Preparing and fairly presenting the financial statements in accordance with PSAS ;
- b. Providing you with:
  - i. Access to all information of which we are aware that is relevant to the preparation of the financial statements, such as:
    - A. Accounting records, supporting data and other relevant documentation,
    - B. Minutes of meetings (such as shareholders, board of directors and audit committees) or summaries of actions taken for which minutes have not yet been prepared, and
    - C. Information on any other matters, of which we are aware, that is relevant to the preparation of the financial statements;
  - ii. Additional information that you have requested from us for the purpose of the audit; and
  - iii. Unrestricted access to persons within the entity from whom you determine it necessary to obtain audit evidence.
- c. Ensuring that all transactions have been recorded in the accounting records and are reflected in the financial statements; and
- d. Designing and implementing such internal control as we determined is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. We have also communicated to you any deficiencies in the design and implementation or the maintenance of internal control over financial reporting of which management is aware.

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PLEASE REPLY TO:

☒ Box 810, 1981 Alaska Ave, Dawson Creek, BC V1G 4H8 Tel: (250) 784-3200 or (800) 670-7773 Fax: (250) 784-3201 Email: prrd.dc@prrd.bc.ca  
☐ 9505 100 St, Fort St. John, BC V1J 4N4 Tel: (250) 785-8084 Fax: (250) 785-1125 Email: prrd.fsj@prrd.bc.ca

## **Preparation of Financial Statements**

The financial statements are fairly presented in accordance with PSAS, and include all disclosures necessary for such fair presentation and disclosures otherwise required to be included therein by the laws and regulations to which Peace River Regional Hospital District is subject. We have prepared the Peace River Regional Hospital District's financial statements on the basis that the Peace River Regional Hospital District is able to continue as a going concern.

We have appropriately reconciled our books and records (e.g. general ledger accounts) underlying the financial statements to their related supporting information (e.g. subledger or third party data). All related reconciling items considered to be material were identified and included on the reconciliations and were appropriately adjusted in the financial statements. There were no material unreconciled differences or material general ledger suspense account items that should have been adjusted or reclassified to another account balance. There were no material general ledger suspense account items written off to a statement of financial position account, which should have been written off to a revenue and expense account and vice versa. All intra entity accounts have been eliminated or appropriately measured and considered for disclosure in the financial statements.

## **Fraud**

We have disclosed to you:

- a. All of our knowledge in relation to actual, alleged or suspected fraud affecting the entity's financial statements involving:
  - i. Management;
  - ii Employees who have significant roles in internal control; or
  - iii. Others where the fraud could have a material effect on the financial statements;
- b. All of our knowledge in relation to allegations of fraud or suspected fraud communicated by employees, former employees, analysts, regulators or others; and
- c. The results of our risk assessments regarding possible fraud or error in the financial statements.

## **Compliance with Laws and Regulations**

We have disclosed all known instances of non-compliance or suspected non-compliance with laws and regulations, including all aspects of contractual agreements that should be considered when preparing the financial statements

There have been no communications from regulatory agencies concerning non-compliance with or deficiencies in financial reporting practices. We are up to date with all corporate filings and annual returns. This includes all Canada Revenue Agency GST returns.

## **Litigation and Claims**

All known actual or possible litigation and claims, which existed as at December 31, 2024 or exist now, have been disclosed to you and accounted for and disclosed in accordance with PSAS, whether or not they have been discussed with legal counsel.

## **Related Parties**

We have disclosed to you the identity of all of the entity's related-party relationships and transactions of which we are aware. This includes sales, purchases, loans, transfers of assets, liabilities and services, leasing agreements, guarantees, non-monetary transactions, and transactions for no consideration for the year ended as well as related balances due to or from such parties at the year end. All related-party relationships and transactions have been appropriately accounted for and disclosed in accordance with the

requirements of CPA Canada Public Sector Accounting Handbook, Section PS 2200 (Related Party Disclosures) and we confirm our belief that any receivable balances are fully collectable. The list of related parties attached to this letter as Appendix A accurately and completely describes the Peace River Regional Hospital District's related parties and the relationships with such parties.

### **Estimates**

We acknowledge our responsibility for determining the accounting estimates required for the preparation of the financial statements in accordance with PSAS. Those estimates reflect our judgment based on our knowledge and experience of past and current events, and on our assumptions about conditions we expect to exist and courses of action we expect to take. In particular, we confirm the following:

- The measurement methods are appropriate and consistently applied;
- The significant assumptions used in determining fair value measurements represent our best estimates, are reasonable, appropriate and have been consistently applied;
- No subsequent event requires adjustment to the accounting estimates and disclosures included in the financial statements; and
- The significant assumptions used in determining fair value measurements are consistent with the Peace River Regional Hospital District's planned courses of action. We have no plans or intentions that have not been disclosed to you, which may materially affect the recorded or disclosed fair values of assets or liabilities.

Significant estimates and measurement uncertainties known to management that are required to be disclosed in accordance with CPA Canada Public Sector Accounting Handbook, Section PS 2130 (Measurement Uncertainty) have been appropriately disclosed, including all estimates where it is reasonably possible that the estimate will change in the near term and the effect of the change could be material to the financial statements.

### **Subsequent Events**

We have identified all events that occurred between December 31, 2024 and the date of this letter that may require adjustment of, or disclosure in, the financial statements, and have effected such adjustment or disclosure as per the requirements of PSAS.

### **Going Concern**

There are no events or conditions that, individually or collectively, may cast significant doubt on the Peace River Regional Hospital District's ability to continue as a going concern.

We have no plans or intentions that may materially alter the carrying value or classification of assets and liabilities reflected in the financial statements (e.g. to dispose of the business or to cease operations).

### **Commitments and Contingencies**

All contractual arrangements entered into by Peace River Regional Hospital District with third parties have been properly reflected in the accounting records or/and, where material (or potentially material) to the financial statements, have been disclosed to you. Peace River Regional Hospital District has complied with all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance. There are no side agreements or other arrangements (either written or oral) undisclosed to you.

There are no commitments, contingent liabilities/assets or guarantees (written or oral) that should be disclosed in the financial statements but have not been disclosed. This includes

liabilities arising from contract terms, illegal acts or possible illegal acts, and environmental matters that would have an impact on the financial statements.

### **Misstatements and Adjustments**

Certain representations in this letter are described as being limited to those matters that are material. Items are also considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would have been changed or influenced by the omission or misstatement.

We confirm that the are free from material misstatements, including omissions.

We confirm there are no uncorrected misstatements in the financial statements.

### **Other Representations**

#### **Accounting Policies**

We confirm that we have reviewed the Peace River Regional Hospital District's accounting policies and, having regard to the possible alternative policies, our selection and application of accounting policies and estimation techniques used for the preparation and presentation of the financial statements is appropriate in the Peace River Regional Hospital District's particular circumstances.

All significant accounting policies are disclosed in the financial statements and are consistent with those used in the previous year (except as disclosed in the financial statements).

#### **Internal Control Over Financial Reporting**

We have disclosed to you all deficiencies in the design or operation of disclosure controls and procedures and internal control over financial reporting that we are aware.

#### **Minutes**

All matters requiring disclosure to or approval of Board of Directors the have been brought before them at appropriate meetings and are reflected in the minutes.

#### **Other Information**

We confirm to you that we are not required by law, regulation or custom and do not intend to issue a document (which would include or accompany the financial statements and our auditor's report thereon) with information on Peace River Regional Hospital District's operations and the Peace River Regional Hospital District's financial results and financial position as set out in the financial statements.

#### **Assets and Liabilities**

We have satisfactory title or control over all assets. We have recorded or disclosed, as appropriate, all liabilities, in accordance with PSAS.

**For the following specific representations, the terms “year end” and “year” are defined as each year end and each year respectively, covered by the audit of the financial statements as stated above.**

#### **Cash and Banks**

The books and records properly reflect and record all transactions affecting cash funds, bank accounts and bank indebtedness of the Peace River Regional Hospital District.

All cash balances are under the control of the Peace River Regional Hospital District, free from assignment or other charges, and unrestricted as to use, except as disclosed to you.

The amount shown for cash on hand or in bank accounts excludes trust or other amounts,

which are not the property of the Peace River Regional Hospital District.

Arrangements with financial institutions involving compensating balances or other arrangements involving restrictions on cash balances, line(s) of credit, or similar arrangements have been properly disclosed.

All cash and bank accounts and all other properties and assets of the Peace River Regional Hospital District are included in the financial statements.

### **Accounts Receivable**

All amounts receivable by the Peace River Regional Hospital District were recorded in the books and records.

Receivables classified as current do not include any material amounts that are collectible after one year.

Receivables recorded in the financial statements, represent bona fide claims against debtors for sales or other charges arising on or before the statement of financial position date[s] and are not subject to discount except for normal cash discounts.

Amounts receivable that are non-interest bearing and are expected to be paid more than a year after initial recognition date have been initially recognized at fair value, using an appropriate discount rate, and subsequently measured at amortized cost.

All receivables were free from hypothecation or assignment as security for advances to Peace River Regional Hospital District, except as hereunder stated.

### **Financial Instruments**

We have properly recorded all financial assets of equity instruments quoted on an active market at fair value.

We have evaluated whether there are indicators of impairment for all financial assets measured at cost or amortized cost, and where there has been a significant adverse change in the expected timing or amount of future cash flows from a financial asset or group of similar financial assets, we have assessed whether a reduction in the carrying value is necessary.

### **Marketable Securities**

All marketable securities owned by us are recorded in the accounts. The marketable securities are measured at fair value.

All income earned for the year ended December 31, 2024 on these securities has been recognized in earnings along with any transaction costs incurred and changes in fair value.

### **Accounts Payable**

Accounts payable that are non-interest bearing and are expected to be paid more than a year after the initial recognition date have been classified as long term in the financial statements, initially recognized at fair value, using an appropriate discount rate, and subsequently measured at amortized cost.

### **Long-term Debt**

All borrowings and financial obligations of the Peace River Regional Hospital District of which we are aware are included in the financial statements as at year end, as appropriate. We have fully disclosed to you all borrowing arrangements of which we are aware.

Peace River Regional Hospital District has not violated any covenants on its debt during the year. We have fully disclosed to you all covenants and information related to how we determined our compliance with the terms of the covenants.

### **Revenue Recognition**



We have recorded all revenue that met the following criteria:

- Persuasive evidence of an arrangement exists;
- Delivery has occurred, or services have been rendered;
- Price is fixed or determinable; and
- Collectability is reasonably assured.

### **Government Transfers**

#### Transferring organization

Transfers have only been recognized as an expense in the year the transfer has been authorized and all eligibility criteria have been met by the recipient.

#### Recipient organization

We have disclosed all significant terms and agreements in respect of transfers received from governments.

Transfers without eligibility criteria or stipulations have been recognized as revenue once the transfer has been authorized.

Transfers with eligibility criteria but without stipulations have been recognized as revenue once the transfer has been authorized and all eligibility criteria have been met.

Transfers with or without eligibility criteria but with stipulations have been recognized as revenue in the year the transfer has been authorized and all eligibility criteria have been met, except when, and to the extent that, the transfer gives rise to an obligation that meets the definition of a liability for the recipient government in accordance with CPA Canada Public Sector Accounting Handbook, Section PS 3200 (Liabilities).

#### Disclosure

The major kinds of transfers recognized have all been disclosed in the financial statements as well as the nature and terms of liabilities arising from government transfers received.

### **Budgetary Data**

We have included budgetary data in our financial statements, which is relevant to the users of financial statements and consistent with that originally planned and approved by Board of Directors on March 21, 2024. Planned results were presented for the same scope of activities and on a basis consistent with that used for actual results.

Yours truly,

---

Roxanne Shepherd, Chief Financial Officer

## ***Appendix A: Related Parties***

See attached proposed related parties summary.

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## **Appendix A: Related parties listing**

### **Board of Directors and their immediate family members:**

- Leonard Hiebert, Chair
- Darcy Dober, Vice Chair
- Reid Graham, Director
- Dan Rose, Director
- Allen Courtoreille, Director
- Brad Sperling, Director
- Lilia Hansen, Director
- Tony Zabinsky, Director
- Travous Quibell, Director
- Danielle Veach, Director
- Brent Taillefer, Director
- Darryl Krakowa, Director

### **Finance Department and their immediate family members:**

- Roxanne Shepherd, Chief Financial Officer

### **Peace River Regional District**

**PEACE RIVER REGIONAL  
HOSPITAL DISTRICT**

**Financial Statements**

**December 31, 2024**

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**PEACE RIVER REGIONAL HOSPITAL DISTRICT**

**FINANCIAL STATEMENTS**

**December 31, 2024**

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## Management's Responsibility for the Financial Statements

The financial statements have been prepared by management in accordance with Canadian public sector accounting standards, and the integrity and objectivity of these statements are management's responsibility. Management is also responsible for all of the notes to the financial statements and schedules, and for ensuring that this information is consistent, where appropriate, with the information contained in the financial statements. A summary of the significant accounting policies are described in Note 2 to the financial statements. The preparation of financial statements necessarily involves the use of estimates based on management's judgment, particularly when transactions affecting the current accounting period cannot be finalized with certainty until future periods

Management is also responsible for implementing and maintaining a system of internal controls to provide reasonable assurance that reliable financial information is produced. The internal controls are designed to provide reasonable assurance that assets are safeguarded, transactions are properly authorized and recorded in compliance with legislative and regulatory requirements, and reliable financial information is available on a timely basis for preparation of the financial statements.

The Board of Directors are responsible for ensuring that management fulfills its responsibilities for financial reporting and internal control, and exercises these responsibilities through the Board. The Board reviews external audited financial statements yearly. The Board also discuss any significant financial reporting or internal control matters prior to their approval of the financial statements.

The external auditors, Beswick Hildebrandt Lund CPA, conduct an independent examination, in accordance with Canadian auditing standards, and express their opinion on the financial statements. The external auditors have full and free access to financial management of Peace River Regional Hospital District and meet when required. The accompanying Auditor's Report outlines their responsibilities, the scope of their examination and their opinion on the financial statements.

On behalf of Peace River Regional Hospital District

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Shawn Dahlen

Chief Administrative Officer

---

Roxanne Shepherd

Chief Financial Officer

diverse. vast. abundant.

## INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of Peace River Regional Hospital District

### Opinion

We have audited the financial statements of Peace River Regional Hospital District (the Entity), which comprise the statement of financial position as at December 31, 2024, and the statements of operations, remeasurement gains and losses 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 Entity as at December 31, 2024, and the results of its operations and cash flows for the year then ended in accordance with Canadian Public Sector Accounting Standard.

### 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 Entity 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 PSAS, 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 Entity'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 Entity or to cease operations, or has no realistic alternative but to do so.

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

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#### Partners

Allison Beswick CPA, CA  
Norm Hildebrandt CPA, CA  
Robin Lund CPA, CGA

Dane Soares CPA  
Taylor Turkington CPA

Beswick Hildebrandt Lund CPA  
556 North Nechako Road, Suite 10,  
Prince George BC, Canada V2K 1A1  
T: +1 250 564 2515, F: +1 250 562 8722

### **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 Entity'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 Entity'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 Entity 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.



Chartered Professional Accountants

Prince George, British Columbia

March 7, 2025

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PEACE RIVER REGIONAL HOSPITAL DISTRICT

STATEMENT OF FINANCIAL POSITION

December 31, 2024

	2024	2023
<b>FINANCIAL ASSETS</b>		
Cash and cash equivalents	\$ 7,185,890	\$ 9,356,648
Investments (Note 3)	154,351,690	126,988,536
Municipal Finance Authority debt reserve (Note 4, Note 7)	1,247,812	1,211,185
Accounts receivable	433	-
	<u>162,785,825</u>	<u>137,556,369</u>
<b>FINANCIAL LIABILITIES</b>		
Accounts payable	643,695	92,150
Accrued interest	254,389	255,989
Municipal Finance Authority debt reserve (Note 4)	1,247,812	1,211,185
Long-term debt (Note 5)	51,175,328	54,266,310
	<u>53,321,224</u>	<u>55,825,634</u>
<b>NET FINANCIAL ASSETS AND ACCUMULATED SURPLUS (Note 6)</b>	<u><u>\$ 109,464,601</u></u>	<u><u>\$ 81,730,735</u></u>
Accumulated surplus is comprised of		
Accumulated operating surplus	109,879,728	82,387,337
Accumulated remeasurement gains (losses)	(415,127)	(656,602)
	<u><u>\$ 109,464,601</u></u>	<u><u>\$ 81,730,735</u></u>
<b>CONTINGENT LIABILITIES (Note 7)</b>		

Approved by:

\_\_\_\_\_  
Chairperson

PEACE RIVER REGIONAL HOSPITAL DISTRICT

STATEMENT OF OPERATIONS

For the year ended December 31, 2024

	2024		2023
	<u>Budget</u> (Note 8)	<u>Actual</u>	<u>Actual</u>
<b>REVENUE</b>			
Tax requisiton	\$ 22,315,743	\$ 22,315,744	\$ 20,722,319
Grants in lieu of taxes	10,000	27,146	27,721
Interest earned	300,000	7,691,698	5,901,513
Unrealized gain	-	217,305	166,753
Municipal Finance Authority	-	7,903	-
Grants	-	-	53,105
Actuarial adjustment on long-term debt	-	1,067,211	962,376
	<u>22,625,743</u>	<u>31,327,007</u>	<u>27,833,787</u>
<b>EXPENSES</b>			
Administrative	30,000	30,000	30,000
Interest expense	1,083,845	1,083,845	1,088,015
Grants to health care facilities	6,245,881	2,479,296	4,949,329
	<u>7,359,726</u>	<u>3,593,141</u>	<u>6,067,344</u>
<b>EXCESS OF REVENUE OVER EXPENSES</b>	15,266,017	27,733,866	21,766,443
<b>ACCUMULATED SURPLUS AT BEGINNING OF THE YEAR</b>	<u>81,730,735</u>	<u>81,730,735</u>	<u>59,964,292</u>
<b>ACCUMULATED SURPLUS AT END OF THE YEAR (Note 6)</b>	<u>\$ 96,996,752</u>	<u>\$ 109,464,601</u>	<u>\$ 81,730,735</u>

**PEACE RIVER REGIONAL HOSPITAL DISTRICT**  
**STATEMENT OF REMEASUREMENT GAINS AND LOSSES**

**December 31, 2024**

	<u>2024</u>	<u>2023</u>
<b>ACCUMULATED REMEASUREMENT GAINS (LOSSES)</b>		
<b>BEGINNING OF THE YEAR</b>	<b>\$ (656,602)</b>	<b>\$ (1,232,695)</b>
Unrealized gains attributable to:		
Portfolio investments	<b>217,305</b>	166,753
Amounts reclassified to the statement of operations		
Portfolio investments	<b>24,170</b>	409,340
Change in remeasurement gains (losses) for the year	<b>241,475</b>	576,093
<b>ACCUMULATED REMEASUREMENT GAINS (LOSSES)</b>		
<b>END OF THE YEAR</b>	<b><u>\$ (415,127)</u></b>	<b><u>\$ (656,602)</u></b>

**PEACE RIVER REGIONAL HOSPITAL DISTRICT**

**STATEMENT OF CASH FLOWS**

**For the year ended December 31, 2024**

	<u>2024</u>	<u>2023</u>
<b>OPERATING</b>		
Annual surplus	\$ 27,733,866	\$ 21,766,443
Items not involving cash:		
Unrealized investment (gains)losses	<u>(217,305)</u>	<u>(166,753)</u>
	<u>27,516,561</u>	<u>21,599,690</u>
Changes in non-cash assets and liabilities:		
(Increase) decrease in accounts receivable	(433)	-
Increase (decrease) in accounts payable	551,545	(1,369,456)
Increase (decrease) in accrued interest	<u>(1,600)</u>	<u>-</u>
Total cash from operating activities	<u>28,066,073</u>	<u>20,230,234</u>
<b>FINANCING</b>		
Long-term debt principal repayments	(2,023,772)	(2,023,772)
Actuarial adjustments on long-term debt	<u>(1,067,211)</u>	<u>(962,376)</u>
	<u>(3,090,983)</u>	<u>(2,986,148)</u>
<b>INVESTING</b>		
Increase in investments	<u>(27,145,848)</u>	<u>(14,534,098)</u>
<b>INCREASE(DECREASE) IN CASH</b>	<b>(2,170,758)</b>	<b>2,709,988</b>
<b>CASH BEGINNING OF YEAR</b>	<u><b>9,356,648</b></u>	<u><b>6,646,660</b></u>
<b>CASH END OF YEAR</b>	<u><u><b>\$ 7,185,890</b></u></u>	<u><u><b>\$ 9,356,648</b></u></u>

## PEACE RIVER REGIONAL HOSPITAL DISTRICT

### NOTES TO THE FINANCIAL STATEMENTS

For the year ended December 31, 2024

The Notes are an integral part of these financial statements. The following explains the significant accounting policies and reporting principles underlying these statements. The Notes also provide relevant supplementary information and explanations.

#### 1. NATURE OF PEACE RIVER REGIONAL HOSPITAL DISTRICT OPERATIONS

The Peace River Regional Hospital District ("PRRHD") is incorporated under the Hospital District Act, a Statute of the Province of British Columbia. The PRRHD Board is comprised of municipal and electoral area directors who are members of the Regional District Board. In the Province of British Columbia, the Regional Hospital Districts (RHDs) exist for the purpose of raising capital funds for the hospital facilities in their areas.

The PRRHD provides the local share (typically 40%) of funding for capital costs associated with the construction, acquisition and maintenance of hospital facilities and other major tangible capital assets such as equipment. The capital costs are shared with the Northern Health Authority; and the ownership and management of all tangible capital assets are solely the responsibility of the Northern Health Authority. Therefore, the PRRHD does not record any tangible capital assets and does not report the Statement of Changes in Net Assets.

The principal activities of the PRRHD are to fund capital equipment purchases and finance capital construction projects for Health Care Facilities within the RHD. The PRRHD does not maintain government administration or operations, because this service is connected to the management of Regional District. The activities of the PRRHD are primarily recovered through property tax requisitions, but the PRRHD also earns interest income and receives grants in lieu.

#### 2. SIGNIFICANT ACCOUNTING POLICIES

The financial statements have been prepared by management in accordance with Canadian public sector accounting standards as developed by the Public Sector Accounting Board of the Chartered Professional Accountants of Canada.

##### Basis of Accounting

The financial statements are prepared using the accrual basis of accounting. The accrual basis of accounting records revenue as it is earned and measurable. Expenses are recognized as they are incurred and measurable based upon receipt of goods and services and/or the creation of a legal obligation to pay.

##### Tax requisitions

Tax requisitions are recognized as revenue in the year that are levied because the tax revenues result from non-exchange transactions that are compulsorily paid to the government in accordance with the laws and regulations established to provide revenue to the PRRHD for the provision of public services. The property tax revenue relies on market assessments of land value that are subject to appeal. Through the British Columbia Assessments appeal process, taxes may be adjusted by way of supplementary roll adjustments. Estimates are made of potential adjustments to taxes. Any additional adjustments required over those estimates are recognized at the time they are awarded, in accordance with the Surveyor of Taxes.

## PEACE RIVER REGIONAL HOSPITAL DISTRICT

### NOTES TO THE FINANCIAL STATEMENTS

For the year ended December 31, 2024

#### 2. SIGNIFICANT ACCOUNTING POLICIES, continued

##### Cash & cash equivalents

Cash and cash equivalents consist of monies held in the general bank, high-interest savings accounts and investments held with a maturity date of three months or less.

##### Investments

The investments are held by a fund manager in guaranteed investment certificates (GIC) or marketable securities with Canaccord and Bank of Montreal and Scotiabank. MFA investments consist of bond and intermediate funds recorded at fair value, which approximates cost. Investment income is reported in the period earned.

##### Deferred revenues

Funds from external parties (Government transfer, contributions and other amounts received from third parties) and earnings thereon restricted by legislation, regulation or agreement that may only be used in the conduct of certain programs or the completion of specific work are accounted for as deferred revenue until used for the purpose specified.

##### Surplus funds in Reserve

Funds raised for future operating and capital purposes, as approved by the Board of Directors and in accordance with Section 20(4) of the Hospital District Act, are set aside in reserves within accumulated surplus.

##### Debt

Debt is recorded net of principal repayments and actuarial adjustments, in accordance with the Municipal Finance Authority of British Columbia ("MFA"). Sinking fund balances, managed by MFA, are used to reduce municipal debt.

##### Actuarial adjustments

The actuarial adjustment is the anticipated earnings on principal payments received. Currently, it is first recognized 1 year after the receipt of the first principal payment on the loans and then recognized annually thereafter until expiry of the loans.

The debt is reduced by principal payments as well as actuarial adjustments which represent earnings on sinking funds. Actuarial adjustments represent interest earned on sinking funds held by the MFA. This interest is used to reduce the principal amount of the outstanding debt. In the year, the debt is reduced by the actuarial recognized by MFA, the PRRHD accounts for this as revenue on the statement of operations as actuarial contribution.

##### Revenue Recognition

Revenue generated by taxes is recognized in the period to which it is requisitioned. Grants in lieu of taxes are recognized in the period they pertain to. Interest revenue is recognized in the period it is earned.

## PEACE RIVER REGIONAL HOSPITAL DISTRICT

### NOTES TO THE FINANCIAL STATEMENTS

For the year ended December 31, 2024

#### 2. SIGNIFICANT ACCOUNTING POLICIES, continued

##### Financial Instruments

The PRRHD's financial instruments consist of cash, accounts receivable, debt charges recoverable, reserve deposits, accounts payable and accrued liabilities, deposit liabilities, and long-term debt. It is management's opinion that the PRRHD is not exposed to significant credit, liquidity, interest, currency, or other price risks arising from these financial instruments. The financial instruments are recorded at book value with the exception of investments with MFA.

Financial assets measured at cost are tested for impairment when there are indicators of impairment. The impairment amount is written down to the net recoverable value and recognized in net income. The previously recognized impairment loss may be reversed to the extent of the impairment, directly or by adjusting the allowance account, provided it is no greater than the amount that would have been reported at the date of the reversal had the impairment not been recognized previously. The amount of the reversal is recognized in net income.

##### Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reported period. Actual results will depend on future economic events and could differ from those estimates.

##### Budget

The budget amounts presented throughout these financial statements represent the 2024 Annual Operating Budget Bylaw No. 210, 2024, approved by the Regional Hospital District Board on March 21, 2024. The budget anticipates the use of capital reserve funds to balance against current year expenditures in excess of current year revenues.

##### Statement of Changes in Net Financial Assets

A statement of changes in net financial assets has not been prepared as the PRRHD does not have any financial assets, therefore, a reconciliation of annual surplus to net financial assets does not provide further meaningful information.

##### Related Party Transactions

The Peace River Regional District ("Regional District") is related to the Regional Hospital District since the same individuals are members of the Board of Directors of both organizations. As legislated by the Hospital District Act, the officers and employees of the Regional Hospital District are corresponding officers and employees of the Regional District. Each of the Regional Hospital District and Regional District are separate legal entities as defined by separate Letters Patent and authorized by separate legislation. During the year, Regional Hospital District purchased, at a cost of \$30,000 (2023 - \$30,000), administrative support services from the Regional District. These transactions are recorded at the exchange amount, which is the amount of consideration established and agreed to by the related parties.



**PEACE RIVER REGIONAL HOSPITAL DISTRICT**

**NOTES TO THE FINANCIAL STATEMENTS**

**For the year ended December 31, 2024**

**3. INVESTMENTS**

Canaccord Investments

<u>Institution</u>	<u>2024</u>	<u>2023</u>	<u>Effective Interest Rate</u>	<u>Maturity Date</u>
Blue Shore Financial	\$ 8,410,678	\$ 7,952,793	5.75%	Jul. 14, 2025
Blue Shore Financial	7,938,857	7,506,668	5.75%	Jul. 17, 2025
Coast Capital Savings	5,329,622	5,027,868	6.00%	May 27, 2025
Connect First Credit Union	-	7,948,156	4.85%	Oct. 11, 2024
Connect First Credit Union	-	9,647,334	5.15%	May 23, 2024
First West Credit Union	4,833,180	4,583,323	5.45%	May 27, 2025
Kindred Credit Union	-	5,508,936	4.85%	Oct. 21, 2024
Prospera Credit Union	5,735,950	5,416,111	5.90%	Sep. 8, 2025
Prospera Credit Union	4,560,640	4,318,618	5.60%	Mar. 27, 2025
Prospera Credit Union	8,670,547	-	4.85%	Aug. 5, 2025
Vancity	10,192,369	-	4.65%	Aug. 5, 2025
	<u>\$ 55,671,843</u>	<u>\$ 57,909,807</u>		

Municipal Finance Authority of BC Investments

	<u>2024</u>	<u>2023</u>
MFABC Short Term Bond	\$ 10,974,960	\$ 10,422,101
MFABC Money Market Fund	7,468	7,125
MFABC Fossil Fuel Free Bond Fund	-	606,912
	<u>\$ 10,982,428</u>	<u>\$ 11,036,138</u>

# PEACE RIVER REGIONAL HOSPITAL DISTRICT

## NOTES TO THE FINANCIAL STATEMENTS

For the year ended December 31, 2024

### 3. INVESTMENTS, continued

#### GIC Investments

<u>Institution</u>	<u>2024</u>	<u>2023</u>	<u>Effective Interest Rate</u>	<u>Maturity Date</u>
CIBC	\$ 7,309,918	\$ -	5.05%	Aug. 18, 2025
BMO	6,374,099	6,373,126	5.60%	Jul. 31, 2025
BMO	5,455,226	-	5.42%	Jul. 10, 2025
BMO	11,091,935	-	5.70%	Aug. 1, 2025
BMO	-	10,491,507	5.75%	Feb. 22, 2024
BMO	-	5,200,219	5.60%	Apr. 15, 2024
BMO	-	5,164,281	5.85%	Jun. 10, 2024
BMO	5,122,288	5,121,514	5.65%	Jul. 28, 2025
Scotiabank	6,707,116	6,365,622	5.35%	Aug. 1, 2025
Scotiabank	5,454,129	5,134,408	6.21%	Jul. 28, 2025
Scotiabank	5,036,986	-	3.75%	Jul. 21, 2025
Scotiabank	5,623,275	-	5.05%	Jul. 23, 2025
Scotiabank	5,170,452	-	5.41%	Aug. 1, 2025
Scotiabank	5,454,129	5,134,408	6.21%	Jul. 28, 2025
Scotiabank	9,600,629	9,057,506	5.98%	Aug. 1, 2025
Scotiabank	9,297,237	-	5.43%	Aug. 1, 2025
	<u>\$ 87,697,419</u>	<u>\$ 58,042,591</u>		

#### Total Investments

	<u>2024</u>	<u>2023</u>
Canaccord	\$ 55,671,843	\$ 57,909,807
Municipal Finance Authority	10,982,428	11,036,138
BMO, CIBC and Scotiabank	87,697,419	58,042,591
	<u>\$ 154,351,690</u>	<u>\$ 126,988,536</u>

### 4. MUNICIPAL FINANCE AUTHORITY DEBT RESERVE

With respect to amounts financed through the Authority, the Regional Hospital District is required to pay into a Debt Reserve Fund administered by the Authority, an amount equal to one-half the average annual installment of principal and interest relative to any borrowing for its own purposes. This amount may be paid either in full or in an amount of cash equal to 1% of the principal amount borrowed together with a non-interest-bearing demand note for the balance. If, at any time, the Regional Hospital District does not have sufficient funds to meet payments or sinking fund contributions due on its obligations, the payments or sinking fund contributions shall be made from the Debt Reserve Fund. The demand notes payable to the Authority are callable only if there are additional requirements to be met to maintain the level of the Debt Reserve Fund.

# PEACE RIVER REGIONAL HOSPITAL DISTRICT

## NOTES TO THE FINANCIAL STATEMENTS

For the year ended December 31, 2024

### 4. MUNICIPAL FINANCE AUTHORITY DEBT RESERVE, continued

This change is supported by the definition of sections PS 3300.03 *Contingent Liability*, which suggests that when the existence of a contingent liability at financial statement date is unlikely to occur, it would be accounted for in accordance with section PS 2120 *Accounting Changes* in the current period and not with a retrospective treatment.

### 5. LONG-TERM DEBT

	Interest Rate	Maturity Date	2024	2023
UGrant (MFA 112) - New FSJ Hospital	1.28%	Oct. 6, 2037	\$ 51,175,328	\$ 54,243,947
UGrant (MFA 81/165) - FSJ Hosp Redevelop	2.85%	Apr. 22, 2024	-	13,320
UGrant (MFA 81/159) -DS+ Food Serv Cons	2.85%	Apr. 22, 2024	-	9,043
			<u>\$ 51,175,328</u>	<u>\$ 54,266,310</u>

Principal payment commitments for the next five years, assuming no change in the terms or interest rates as follows:

2025	\$ 2,014,922
2026	2,014,922
2027	2,014,922
2028	2,014,922
2029	2,014,922
2030 & Thereafter	<u>41,100,718</u>
	<u>\$ 51,175,328</u>

As of December 31, 2024, the accrued interest totaled \$254,389 (2023 - \$255,989).

### 6. ACCUMULATED SURPLUS

	2024	2023
Unrestricted Surplus	\$ 5,652,246	\$ 3,883,120
Capital Reserve Fund (Schedule 1)	153,531,544	130,657,786
Grant Reserve Fund (Schedule 1)	1,456,139	1,456,139
	<u>160,639,929</u>	<u>135,997,045</u>
Temporary borrowing and debenture debt to be recovered from future requisitions (Note 5)	<u>(51,175,328)</u>	<u>(54,266,310)</u>
	<u>\$ 109,464,601</u>	<u>\$ 81,730,735</u>

The unappropriated surplus is the amount of accumulated surplus remaining after deducting the other accumulated surplus components. Where this amount is supported by cash and net short-term receivables, it is available to temporarily finance operations until planned revenues (i.e.

# PEACE RIVER REGIONAL HOSPITAL DISTRICT

## NOTES TO THE FINANCIAL STATEMENTS

For the year ended December 31, 2024

### 6. ACCUMULATED SURPLUS, continued

property taxes, grants, etc.) are received, or for other operating or capital purposes as determined by the Board.

Appropriated surplus is the amount of accumulated surplus, supported by a portion of the PRRHD's cash and receivables, set-aside by decision of the Board for a specified purpose as per section 20(4) of the Hospital District Act. In the normal course of operations, these funds will be used to finance the future services or capital works for which they have been appropriated.

### 7. CONTINGENT LIABILITIES

The District has a contingent liability with respect to the Municipal Finance Authority of BC (MFA) Debt Reserve Fund Demand Note. As a condition of the borrowing undertaken by the Hospital District, the Hospital District was required to contribute to the MFA Debt Reserve through a demand note. The demand note will only be recorded as an asset and liability if a local government defaults on the loan obligation. Upon this action of the default, the MFA may call the outstanding demand notes, at which point the demand notes then become an asset and a liability.

Once the defaulting local government repays in full the defaulted position, the MFA will return all called demand notes. It is generally unlikely that the funds will be demanded by the MFA; therefore, the contingent liability has not been recorded in the financial statements. As of December 31, 2024, the demand notes total \$1,625,355 (2023 - \$1,633,965).

### 8. BUDGET

The PRRHD budget is publicly available at [www.prrd.bc.ca](http://www.prrd.bc.ca). PRRHD prepares its budget with consideration of revenues and expenditures without accrual adjustments. Given the PRRHD does not hold any tangible capital assets there are no other adjustments to the budget for financial statement reporting purposes.

	<u>2024</u>
Budgeted surplus per statement of operations	\$ 15,266,017
Add: Transfer from Future Hospital Reserve	900,000
Transfer from surplus	1,900,000
Transfer from reserve (from NH for "old Hospital Debt")	<u>7,755</u>
	<u>18,073,772</u>
Less: Debenture - principal	(2,023,772)
Transfer to capital reserve	<u>(16,050,000)</u>
	<u>(18,073,772)</u>
	<u>\$ -</u>

**PEACE RIVER REGIONAL HOSPITAL DISTRICT**

**SCHEDULE 1 - SCHEDULE OF RESERVES**

**For the year ended December 31, 2024**

	<u>2024</u>	<u>2023</u>
<b>GRANT RESERVE FUND</b>		
Appr Surp - NH Funds for Future Requests	<u>\$ 1,456,139</u>	<u>\$ 1,456,139</u>
	<u><u>\$ 1,456,139</u></u>	<u><u>\$ 1,456,139</u></u>
<b>CAPITAL RESERVE FUND</b>		
Future Capital Reserve	<u>\$ 150,979,035</u>	<u>\$ 128,224,642</u>
Old FSJ Hospital Debenture Reserve	<u>2,552,509</u>	<u>2,433,144</u>
	<u><u>\$ 153,531,544</u></u>	<u><u>\$ 130,657,786</u></u>

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# REPORT

To: Peace River Regional Hospital District Board

Report Number: FN-RHD-038

From: Financial Administration

Date: May 1, 2025

**Subject: 2024 Peace River Regional District Financial Statements**

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## **RECOMMENDATION #1: [Corporate Unweighted]**

That the Peace River Regional Hospital District Board accept the Draft 2024 Peace River Regional Hospital District Financial Statements effective May 1, 2025.

## **RECOMMENDATION #2: [Corporate Unweighted]**

That the Peace River Regional Hospital District Board approve the Draft 2024 Financial Statements as presented as the final Financial Statements for the year ended December 31, 2024 effective May 1, 2025; further, that the Chair and Chief Financial Officer be authorized to sign the 2024 Peace River Regional Hospital District Financial Statements.

## **BACKGROUND/RATIONALE:**

The Canadian Auditing Standards (CAS) require that financial statements of an organization be approved by the Board of Directors prior to the signing of the Auditor's report. The format and presentation of the Financial Statements is dictated by the Chartered Professional Accountants of Canada. The Chartered Professional Accountants of Canada also require that audit firms communicate their role and responsibility; their method of performing the audit, and their findings to the Board of Directors and Management.

The Peace River Regional Hospital District (PRRHD) 2024 Financial Statements were audited by Beswick Hilderbrandt Lund (BHL) Chartered Professional Accountants. The Auditor has advised that they did not encounter any significant items to bring to management's attention during the 2024 audit.

The Financial Statements for the PRRHD are comprised of the following:

- Statement of Financial Position
- Statement of Operations
- Statement of Remeasurement Gains and Losses
- Statement of Cash Flow
- Schedule of Reserves
- Notes to the Financial Statements

The Financial Statements are prepared using the accounting standards and reporting model prescribed by the Public Sector Accounting Board (PSAB), which requires the elimination of Transfer to/from Reserves. Additionally, the Hospital District only provides for contributions to Health Care Facilities for capital expenditures; it does not participate in the operating or wage costs of Health Care Facilities.

**ALTERNATIVE OPTIONS:**

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

**STRATEGIC PLAN RELEVANCE:**

- ☒ Not Applicable to Strategic Plan

**FINANCIAL CONSIDERATION(S):**

On December 31, the Hospital District had \$150M (2023 - \$128M) in Reserves for funding the new Dawson Creek and District Hospital. The long-term outstanding debt is \$51.18M (2023 - \$54.27M), details of which can be found in Note 5 of the Financial Statements.

With the reduction of outstanding debt and an increase in Capital Reserves, the PRRHD has improved its financial position to a \$109.46M Accumulated Surplus (2023 - \$81.73M).

**COMMUNICATIONS CONSIDERATION(S):**

Once approved, the Audited Financial Statements will be submitted to the Province and published to the PRRD Website.

**OTHER CONSIDERATION(S):**

None at this time.

**Attachments:**

1. 2024 Draft Peace River Regional Hospital District Financial Statements
2. 2024 PRRHD Audit Findings Letter

**PEACE RIVER REGIONAL  
HOSPITAL DISTRICT**

**Financial Statements**

**December 31, 2024**

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**PEACE RIVER REGIONAL HOSPITAL DISTRICT**

**FINANCIAL STATEMENTS**

**December 31, 2024**

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## Management's Responsibility for the Financial Statements

The financial statements have been prepared by management in accordance with Canadian public sector accounting standards, and the integrity and objectivity of these statements are management's responsibility. Management is also responsible for all of the notes to the financial statements and schedules, and for ensuring that this information is consistent, where appropriate, with the information contained in the financial statements. A summary of the significant accounting policies are described in Note 2 to the financial statements. The preparation of financial statements necessarily involves the use of estimates based on management's judgment, particularly when transactions affecting the current accounting period cannot be finalized with certainty until future periods

Management is also responsible for implementing and maintaining a system of internal controls to provide reasonable assurance that reliable financial information is produced. The internal controls are designed to provide reasonable assurance that assets are safeguarded, transactions are properly authorized and recorded in compliance with legislative and regulatory requirements, and reliable financial information is available on a timely basis for preparation of the financial statements.

The Board of Directors are responsible for ensuring that management fulfills its responsibilities for financial reporting and internal control, and exercises these responsibilities through the Board. The Board reviews external audited financial statements yearly. The Board also discuss any significant financial reporting or internal control matters prior to their approval of the financial statements.

The external auditors, Beswick Hildebrandt Lund CPA, conduct an independent examination, in accordance with Canadian auditing standards, and express their opinion on the financial statements. The external auditors have full and free access to financial management of Peace River Regional Hospital District and meet when required. The accompanying Auditor's Report outlines their responsibilities, the scope of their examination and their opinion on the financial statements.

On behalf of Peace River Regional Hospital District

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Shawn Dahlen

Chief Administrative Officer

---

Roxanne Shepherd

Chief Financial Officer

diverse. vast. abundant.

## INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of Peace River Regional Hospital District

### Opinion

We have audited the financial statements of Peace River Regional Hospital District (the Entity), which comprise the statement of financial position as at December 31, 2024, and the statements of operations, remeasurement gains and losses 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 Entity as at December 31, 2024, and the results of its operations and cash flows for the year then ended in accordance with Canadian Public Sector Accounting Standard.

### 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 Entity 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 PSAS, 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 Entity'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 Entity or to cease operations, or has no realistic alternative but to do so.

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

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#### Partners

Allison Beswick CPA, CA  
Norm Hildebrandt CPA, CA  
Robin Lund CPA, CGA

Dane Soares CPA  
Taylor Turkington CPA

Beswick Hildebrandt Lund CPA  
556 North Nechako Road, Suite 10,  
Prince George BC, Canada V2K 1A1  
T: +1 250 564 2515, F: +1 250 562 8722

### **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 Entity'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 Entity'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 Entity 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.

Chartered Professional Accountants

Prince George, British Columbia

March 7, 2025

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PEACE RIVER REGIONAL HOSPITAL DISTRICT

STATEMENT OF FINANCIAL POSITION

December 31, 2024

	2024	2023
<b>FINANCIAL ASSETS</b>		
Cash and cash equivalents	\$ 7,185,890	\$ 9,356,648
Investments (Note 3)	154,351,690	126,988,536
Municipal Finance Authority debt reserve (Note 4, Note 7)	1,247,812	1,211,185
Accounts receivable	433	-
	<u>162,785,825</u>	<u>137,556,369</u>
<b>FINANCIAL LIABILITIES</b>		
Accounts payable	643,695	92,150
Accrued interest	254,389	255,989
Municipal Finance Authority debt reserve (Note 4)	1,247,812	1,211,185
Long-term debt (Note 5)	51,175,328	54,266,310
	<u>53,321,224</u>	<u>55,825,634</u>
<b>NET FINANCIAL ASSETS AND ACCUMULATED SURPLUS (Note 6)</b>	<u><b>\$ 109,464,601</b></u>	<u><b>\$ 81,730,735</b></u>
Accumulated surplus is comprised of		
Accumulated operating surplus	109,879,728	82,387,337
Accumulated remeasurement gains (losses)	(415,127)	(656,602)
	<u><b>\$ 109,464,601</b></u>	<u><b>\$ 81,730,735</b></u>
<b>CONTINGENT LIABILITIES (Note 7)</b>		

Approved by:

\_\_\_\_\_  
Chairperson

PEACE RIVER REGIONAL HOSPITAL DISTRICT

STATEMENT OF OPERATIONS

For the year ended December 31, 2024

	2024		2023
	<u>Budget</u> (Note 8)	<u>Actual</u>	<u>Actual</u>
<b>REVENUE</b>			
Tax requisiton	\$ 22,315,743	\$ 22,315,744	\$ 20,722,319
Grants in lieu of taxes	10,000	27,146	27,721
Interest earned	300,000	7,691,698	5,901,513
Unrealized gain	-	217,305	166,753
Municipal Finance Authority	-	7,903	-
Grants	-	-	53,105
Actuarial adjustment on long-term debt	-	1,067,211	962,376
	<u>22,625,743</u>	<u>31,327,007</u>	<u>27,833,787</u>
<b>EXPENSES</b>			
Administrative	30,000	30,000	30,000
Interest expense	1,083,845	1,083,845	1,088,015
Grants to health care facilities	6,245,881	2,479,296	4,949,329
	<u>7,359,726</u>	<u>3,593,141</u>	<u>6,067,344</u>
<b>EXCESS OF REVENUE OVER EXPENSES</b>	15,266,017	27,733,866	21,766,443
<b>ACCUMULATED SURPLUS AT BEGINNING OF THE YEAR</b>	<u>81,730,735</u>	<u>81,730,735</u>	<u>59,964,292</u>
<b>ACCUMULATED SURPLUS AT END OF THE YEAR (Note 6)</b>	<u>\$ 96,996,752</u>	<u>\$ 109,464,601</u>	<u>\$ 81,730,735</u>

**PEACE RIVER REGIONAL HOSPITAL DISTRICT**  
**STATEMENT OF REMEASUREMENT GAINS AND LOSSES**

**December 31, 2024**

	<u>2024</u>	<u>2023</u>
<b>ACCUMULATED REMEASUREMENT GAINS (LOSSES)</b>		
<b>BEGINNING OF THE YEAR</b>	<b>\$ (656,602)</b>	<b>\$ (1,232,695)</b>
Unrealized gains attributable to:		
Portfolio investments	<b>217,305</b>	166,753
Amounts reclassified to the statement of operations		
Portfolio investments	<b>24,170</b>	409,340
Change in remeasurement gains (losses) for the year	<b>241,475</b>	576,093
<b>ACCUMULATED REMEASUREMENT GAINS (LOSSES)</b>		
<b>END OF THE YEAR</b>	<b><u>\$ (415,127)</u></b>	<b><u>\$ (656,602)</u></b>



**PEACE RIVER REGIONAL HOSPITAL DISTRICT**

**STATEMENT OF CASH FLOWS**

**For the year ended December 31, 2024**

	<u>2024</u>	<u>2023</u>
<b>OPERATING</b>		
Annual surplus	\$ 27,733,866	\$ 21,766,443
Items not involving cash:		
Unrealized investment (gains)losses	<u>(217,305)</u>	<u>(166,753)</u>
	<u>27,516,561</u>	<u>21,599,690</u>
Changes in non-cash assets and liabilities:		
(Increase) decrease in accounts receivable	(433)	-
Increase (decrease) in accounts payable	551,545	(1,369,456)
Increase (decrease) in accrued interest	<u>(1,600)</u>	<u>-</u>
Total cash from operating activities	<u>28,066,073</u>	<u>20,230,234</u>
<b>FINANCING</b>		
Long-term debt principal repayments	(2,023,772)	(2,023,772)
Actuarial adjustments on long-term debt	<u>(1,067,211)</u>	<u>(962,376)</u>
	<u>(3,090,983)</u>	<u>(2,986,148)</u>
<b>INVESTING</b>		
Increase in investments	<u>(27,145,848)</u>	<u>(14,534,098)</u>
<b>INCREASE(DECREASE) IN CASH</b>	<b>(2,170,758)</b>	<b>2,709,988</b>
<b>CASH BEGINNING OF YEAR</b>	<u>9,356,648</u>	<u>6,646,660</u>
<b>CASH END OF YEAR</b>	<u><u>\$ 7,185,890</u></u>	<u><u>\$ 9,356,648</u></u>

## PEACE RIVER REGIONAL HOSPITAL DISTRICT

### NOTES TO THE FINANCIAL STATEMENTS

For the year ended December 31, 2024

The Notes are an integral part of these financial statements. The following explains the significant accounting policies and reporting principles underlying these statements. The Notes also provide relevant supplementary information and explanations.

#### 1. NATURE OF PEACE RIVER REGIONAL HOSPITAL DISTRICT OPERATIONS

The Peace River Regional Hospital District ("PRRHD") is incorporated under the Hospital District Act, a Statute of the Province of British Columbia. The PRRHD Board is comprised of municipal and electoral area directors who are members of the Regional District Board. In the Province of British Columbia, the Regional Hospital Districts (RHDs) exist for the purpose of raising capital funds for the hospital facilities in their areas.

The PRRHD provides the local share (typically 40%) of funding for capital costs associated with the construction, acquisition and maintenance of hospital facilities and other major tangible capital assets such as equipment. The capital costs are shared with the Northern Health Authority; and the ownership and management of all tangible capital assets are solely the responsibility of the Northern Health Authority. Therefore, the PRRHD does not record any tangible capital assets and does not report the Statement of Changes in Net Assets.

The principal activities of the PRRHD are to fund capital equipment purchases and finance capital construction projects for Health Care Facilities within the RHD. The PRRHD does not maintain government administration or operations, because this service is connected to the management of Regional District. The activities of the PRRHD are primarily recovered through property tax requisitions, but the PRRHD also earns interest income and receives grants in lieu.

#### 2. SIGNIFICANT ACCOUNTING POLICIES

The financial statements have been prepared by management in accordance with Canadian public sector accounting standards as developed by the Public Sector Accounting Board of the Chartered Professional Accountants of Canada.

##### Basis of Accounting

The financial statements are prepared using the accrual basis of accounting. The accrual basis of accounting records revenue as it is earned and measurable. Expenses are recognized as they are incurred and measurable based upon receipt of goods and services and/or the creation of a legal obligation to pay.

##### Tax requisitions

Tax requisitions are recognized as revenue in the year that are levied because the tax revenues result from non-exchange transactions that are compulsorily paid to the government in accordance with the laws and regulations established to provide revenue to the PRRHD for the provision of public services. The property tax revenue relies on market assessments of land value that are subject to appeal. Through the British Columbia Assessments appeal process, taxes may be adjusted by way of supplementary roll adjustments. Estimates are made of potential adjustments to taxes. Any additional adjustments required over those estimates are recognized at the time they are awarded, in accordance with the Surveyor of Taxes.

## PEACE RIVER REGIONAL HOSPITAL DISTRICT

### NOTES TO THE FINANCIAL STATEMENTS

For the year ended December 31, 2024

#### 2. SIGNIFICANT ACCOUNTING POLICIES, continued

##### Cash & cash equivalents

Cash and cash equivalents consist of monies held in the general bank, high-interest savings accounts and investments held with a maturity date of three months or less.

##### Investments

The investments are held by a fund manager in guaranteed investment certificates (GIC) or marketable securities with Canaccord and Bank of Montreal and Scotiabank. MFA investments consist of bond and intermediate funds recorded at fair value, which approximates cost. Investment income is reported in the period earned.

##### Deferred revenues

Funds from external parties (Government transfer, contributions and other amounts received from third parties) and earnings thereon restricted by legislation, regulation or agreement that may only be used in the conduct of certain programs or the completion of specific work are accounted for as deferred revenue until used for the purpose specified.

##### Surplus funds in Reserve

Funds raised for future operating and capital purposes, as approved by the Board of Directors and in accordance with Section 20(4) of the Hospital District Act, are set aside in reserves within accumulated surplus.

##### Debt

Debt is recorded net of principal repayments and actuarial adjustments, in accordance with the Municipal Finance Authority of British Columbia ("MFA"). Sinking fund balances, managed by MFA, are used to reduce municipal debt.

##### Actuarial adjustments

The actuarial adjustment is the anticipated earnings on principal payments received. Currently, it is first recognized 1 year after the receipt of the first principal payment on the loans and then recognized annually thereafter until expiry of the loans.

The debt is reduced by principal payments as well as actuarial adjustments which represent earnings on sinking funds. Actuarial adjustments represent interest earned on sinking funds held by the MFA. This interest is used to reduce the principal amount of the outstanding debt. In the year, the debt is reduced by the actuarial recognized by MFA, the PRRHD accounts for this as revenue on the statement of operations as actuarial contribution.

##### Revenue Recognition

Revenue generated by taxes is recognized in the period to which it is requisitioned. Grants in lieu of taxes are recognized in the period they pertain to. Interest revenue is recognized in the period it is earned.

## PEACE RIVER REGIONAL HOSPITAL DISTRICT

### NOTES TO THE FINANCIAL STATEMENTS

For the year ended December 31, 2024

#### 2. SIGNIFICANT ACCOUNTING POLICIES, continued

##### Financial Instruments

The PRRHD's financial instruments consist of cash, accounts receivable, debt charges recoverable, reserve deposits, accounts payable and accrued liabilities, deposit liabilities, and long-term debt. It is management's opinion that the PRRHD is not exposed to significant credit, liquidity, interest, currency, or other price risks arising from these financial instruments. The financial instruments are recorded at book value with the exception of investments with MFA.

Financial assets measured at cost are tested for impairment when there are indicators of impairment. The impairment amount is written down to the net recoverable value and recognized in net income. The previously recognized impairment loss may be reversed to the extent of the impairment, directly or by adjusting the allowance account, provided it is no greater than the amount that would have been reported at the date of the reversal had the impairment not been recognized previously. The amount of the reversal is recognized in net income.

##### Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reported period. Actual results will depend on future economic events and could differ from those estimates.

##### Budget

The budget amounts presented throughout these financial statements represent the 2024 Annual Operating Budget Bylaw No. 210, 2024, approved by the Regional Hospital District Board on March 21, 2024. The budget anticipates the use of capital reserve funds to balance against current year expenditures in excess of current year revenues.

##### Statement of Changes in Net Financial Assets

A statement of changes in net financial assets has not been prepared as the PRRHD does not have any financial assets, therefore, a reconciliation of annual surplus to net financial assets does not provide further meaningful information.

##### Related Party Transactions

The Peace River Regional District ("Regional District") is related to the Regional Hospital District since the same individuals are members of the Board of Directors of both organizations. As legislated by the Hospital District Act, the officers and employees of the Regional Hospital District are corresponding officers and employees of the Regional District. Each of the Regional Hospital District and Regional District are separate legal entities as defined by separate Letters Patent and authorized by separate legislation. During the year, Regional Hospital District purchased, at a cost of \$30,000 (2023 - \$30,000), administrative support services from the Regional District. These transactions are recorded at the exchange amount, which is the amount of consideration established and agreed to by the related parties.

**PEACE RIVER REGIONAL HOSPITAL DISTRICT**

**NOTES TO THE FINANCIAL STATEMENTS**

**For the year ended December 31, 2024**

**3. INVESTMENTS**

Canaccord Investments

<u>Institution</u>	<u>2024</u>	<u>2023</u>	<u>Effective Interest Rate</u>	<u>Maturity Date</u>
Blue Shore Financial	\$ 8,410,678	\$ 7,952,793	5.75%	Jul. 14, 2025
Blue Shore Financial	7,938,857	7,506,668	5.75%	Jul. 17, 2025
Coast Capital Savings	5,329,622	5,027,868	6.00%	May 27, 2025
Connect First Credit Union	-	7,948,156	4.85%	Oct. 11, 2024
Connect First Credit Union	-	9,647,334	5.15%	May 23, 2024
First West Credit Union	4,833,180	4,583,323	5.45%	May 27, 2025
Kindred Credit Union	-	5,508,936	4.85%	Oct. 21, 2024
Prospera Credit Union	5,735,950	5,416,111	5.90%	Sep. 8, 2025
Prospera Credit Union	4,560,640	4,318,618	5.60%	Mar. 27, 2025
Prospera Credit Union	8,670,547	-	4.85%	Aug. 5, 2025
Vancity	10,192,369	-	4.65%	Aug. 5, 2025
	<u>\$ 55,671,843</u>	<u>\$ 57,909,807</u>		

Municipal Finance Authority of BC Investments

	<u>2024</u>	<u>2023</u>
MFABC Short Term Bond	\$ 10,974,960	\$ 10,422,101
MFABC Money Market Fund	7,468	7,125
MFABC Fossil Fuel Free Bond Fund	-	606,912
	<u>\$ 10,982,428</u>	<u>\$ 11,036,138</u>

# PEACE RIVER REGIONAL HOSPITAL DISTRICT

## NOTES TO THE FINANCIAL STATEMENTS

For the year ended December 31, 2024

### 3. INVESTMENTS, continued

#### GIC Investments

<u>Institution</u>	<u>2024</u>	<u>2023</u>	<u>Effective Interest Rate</u>	<u>Maturity Date</u>
CIBC	\$ 7,309,918	\$ -	5.05%	Aug. 18, 2025
BMO	6,374,099	6,373,126	5.60%	Jul. 31, 2025
BMO	5,455,226	-	5.42%	Jul. 10, 2025
BMO	11,091,935	-	5.70%	Aug. 1, 2025
BMO	-	10,491,507	5.75%	Feb. 22, 2024
BMO	-	5,200,219	5.60%	Apr. 15, 2024
BMO	-	5,164,281	5.85%	Jun. 10, 2024
BMO	5,122,288	5,121,514	5.65%	Jul. 28, 2025
Scotiabank	6,707,116	6,365,622	5.35%	Aug. 1, 2025
Scotiabank	5,454,129	5,134,408	6.21%	Jul. 28, 2025
Scotiabank	5,036,986	-	3.75%	Jul. 21, 2025
Scotiabank	5,623,275	-	5.05%	Jul. 23, 2025
Scotiabank	5,170,452	-	5.41%	Aug. 1, 2025
Scotiabank	5,454,129	5,134,408	6.21%	Jul. 28, 2025
Scotiabank	9,600,629	9,057,506	5.98%	Aug. 1, 2025
Scotiabank	9,297,237	-	5.43%	Aug. 1, 2025
	<u>\$ 87,697,419</u>	<u>\$ 58,042,591</u>		

#### Total Investments

	<u>2024</u>	<u>2023</u>
Canaccord	\$ 55,671,843	\$ 57,909,807
Municipal Finance Authority	10,982,428	11,036,138
BMO, CIBC and Scotiabank	87,697,419	58,042,591
	<u>\$ 154,351,690</u>	<u>\$ 126,988,536</u>

### 4. MUNICIPAL FINANCE AUTHORITY DEBT RESERVE

With respect to amounts financed through the Authority, the Regional Hospital District is required to pay into a Debt Reserve Fund administered by the Authority, an amount equal to one-half the average annual installment of principal and interest relative to any borrowing for its own purposes. This amount may be paid either in full or in an amount of cash equal to 1% of the principal amount borrowed together with a non-interest-bearing demand note for the balance. If, at any time, the Regional Hospital District does not have sufficient funds to meet payments or sinking fund contributions due on its obligations, the payments or sinking fund contributions shall be made from the Debt Reserve Fund. The demand notes payable to the Authority are callable only if there are additional requirements to be met to maintain the level of the Debt Reserve Fund.

# PEACE RIVER REGIONAL HOSPITAL DISTRICT

## NOTES TO THE FINANCIAL STATEMENTS

For the year ended December 31, 2024

### 4. MUNICIPAL FINANCE AUTHORITY DEBT RESERVE, continued

This change is supported by the definition of sections PS 3300.03 *Contingent Liability*, which suggests that when the existence of a contingent liability at financial statement date is unlikely to occur, it would be accounted for in accordance with section PS 2120 *Accounting Changes* in the current period and not with a retrospective treatment.

### 5. LONG-TERM DEBT

	Interest Rate	Maturity Date	2024	2023
UGrant (MFA 112) - New FSJ Hospital	1.28%	Oct. 6, 2037	\$ 51,175,328	\$ 54,243,947
UGrant (MFA 81/165) - FSJ Hosp Redevelop	2.85%	Apr. 22, 2024	-	13,320
UGrant (MFA 81/159) -DS+ Food Serv Cons	2.85%	Apr. 22, 2024	-	9,043
			<u>\$ 51,175,328</u>	<u>\$ 54,266,310</u>

Principal payment commitments for the next five years, assuming no change in the terms or interest rates as follows:

2025	\$ 2,014,922
2026	2,014,922
2027	2,014,922
2028	2,014,922
2029	2,014,922
2030 & Thereafter	<u>41,100,718</u>
	<u>\$ 51,175,328</u>

As of December 31, 2024, the accrued interest totaled \$254,389 (2023 - \$255,989).

### 6. ACCUMULATED SURPLUS

	2024	2023
Unrestricted Surplus	\$ 5,652,246	\$ 3,883,120
Capital Reserve Fund (Schedule 1)	153,531,544	130,657,786
Grant Reserve Fund (Schedule 1)	<u>1,456,139</u>	<u>1,456,139</u>
	<b>160,639,929</b>	135,997,045
Temporary borrowing and debenture debt to be recovered from future requisitions (Note 5)	<u>(51,175,328)</u>	<u>(54,266,310)</u>
	<u><b>\$ 109,464,601</b></u>	<u><b>\$ 81,730,735</b></u>

The unappropriated surplus is the amount of accumulated surplus remaining after deducting the other accumulated surplus components. Where this amount is supported by cash and net short-term receivables, it is available to temporarily finance operations until planned revenues (i.e.

PEACE RIVER REGIONAL HOSPITAL DISTRICT

NOTES TO THE FINANCIAL STATEMENTS

For the year ended December 31, 2024

6. ACCUMULATED SURPLUS, continued

property taxes, grants, etc.) are received, or for other operating or capital purposes as determined by the Board.

Appropriated surplus is the amount of accumulated surplus, supported by a portion of the PRRHD's cash and receivables, set-aside by decision of the Board for a specified purpose as per section 20(4) of the Hospital District Act. In the normal course of operations, these funds will be used to finance the future services or capital works for which they have been appropriated.

7. CONTINGENT LIABILITIES

The District has a contingent liability with respect to the Municipal Finance Authority of BC (MFA) Debt Reserve Fund Demand Note. As a condition of the borrowing undertaken by the Hospital District, the Hospital District was required to contribute to the MFA Debt Reserve through a demand note. The demand note will only be recorded as an asset and liability if a local government defaults on the loan obligation. Upon this action of the default, the MFA may call the outstanding demand notes, at which point the demand notes then become an asset and a liability.

Once the defaulting local government repays in full the defaulted position, the MFA will return all called demand notes. It is generally unlikely that the funds will be demanded by the MFA; therefore, the contingent liability has not been recorded in the financial statements. As of December 31, 2024, the demand notes total \$1,625,355 (2023 - \$1,633,965).

8. BUDGET

The PRRHD budget is publicly available at [www.prrd.bc.ca](http://www.prrd.bc.ca). PRRHD prepares its budget with consideration of revenues and expenditures without accrual adjustments. Given the PRRHD does not hold any tangible capital assets there are no other adjustments to the budget for financial statement reporting purposes.

	2024
Budgeted surplus per statement of operations	\$ 15,266,017
Add: Transfer from Future Hospital Reserve	900,000
Transfer from surplus	1,900,000
Transfer from reserve (from NH for "old Hospital Debt")	7,755
	<u>18,073,772</u>
Less: Debenture - principal	(2,023,772)
Transfer to capital reserve	(16,050,000)
	<u>(18,073,772)</u>
	<u>\$ -</u>



PEACE RIVER REGIONAL HOSPITAL DISTRICT

SCHEDULE 1 - SCHEDULE OF RESERVES

For the year ended December 31, 2024

	<u>2024</u>	<u>2023</u>
<b>GRANT RESERVE FUND</b>		
Appr Surp - NH Funds for Future Requests	<u>\$ 1,456,139</u>	<u>\$ 1,456,139</u>
	<u><u>\$ 1,456,139</u></u>	<u><u>\$ 1,456,139</u></u>
<b>CAPITAL RESERVE FUND</b>		
Future Capital Reserve	<u>\$ 150,979,035</u>	<u>\$ 128,224,642</u>
Old FSJ Hospital Debenture Reserve	<u>2,552,509</u>	<u>2,433,144</u>
	<u><u>\$ 153,531,544</u></u>	<u><u>\$ 130,657,786</u></u>

# Peace River Regional Hospital District

**Year-End Audit Findings Report  
to Board of Directors**

**For the year ending  
December 31, 2024**

**Prepared as of April 15, 2025**

April 15, 2025

Board of Directors  
Peace River Regional Hospital District  
1981 Alaska Avenue  
Dawson Creek, British Columbia  
V1G4H8

Dear Board of Directors:

**Re: Audit Findings**

We prepared the accompanying report to assist you in your review of the financial statements of Peace River Regional Hospital District for the year ending December 31, 2024. The report includes a discussion on the significant accounting and financial reporting matters dealt with during the audit process as well as communications required by Canadian generally accepted auditing standards.

We have substantially completed our audit of the financial statements of Peace River Regional Hospital District (the entity) prepared in accordance with Canadian Public Sector Accounting Standards (PSAS) for the year ended December 31, 2024. We propose to issue our auditor's report on those financial statements, pending resolution of outstanding items outlined on page 1. Our draft auditor's report is included as Appendix A.

We look forward to meeting with you and discussing the matters outlined below.

We would like to express our sincere thanks to the management and staff of the entity who have assisted us in carrying out our work. If you have any questions or concerns, please do not hesitate to contact us.

Yours very truly,

Taylor Turkington CPA  
Partner

c.c: Roxanne Shepherd, Chief Financial Officer

---

**Partners**

Allison Beswick CPA, CA  
Norm Hildebrandt CPA, CA  
Robin Lund CPA, CGA

Dane Soares CPA  
Taylor Turkington CPA

Beswick Hildebrandt Lund CPA  
556 North Nechako Road, Suite 10,  
Prince George BC, Canada V2K 1A1  
T: +1 250 564 2515, F: +1 250 562 8722

## **Audit Status**

We have completed the audit of the financial statements, with the exception of the following items:

- Receipt of a signed management representation letter by management;
- Completing our discussions with the Board of Directors;
- Obtaining evidence of the Board's approval of the financial statements;

Once these items have been completed, we will date and sign our auditor's report.

## **Significant Risks**

We identified the following significant risks in our planning letter dated February 12, 2025:

- Revenue recognition
- Management Override of Controls

We executed the proposed audit responses to the significant risks identified above, as noted in our planning letter, and we have no issues to report.

## **Significant Matters Arising**

### ***Changes to Audit Plan***

There were no changes to the audit plan (as previously presented to you).

### ***Other Matters***

We have not identified any other significant matters that we wish to bring to your attention at this time.

## **Significant Difficulties Encountered**

There were no significant difficulties encountered during our audit.

## **Comments on Accounting Practices**

### ***Accounting Policies***

Management is responsible for the appropriate selection and application of accounting policies. Our role is to review the appropriateness and application as part of our audit. The significant accounting policies used by the entity are outlined in Note 2 to the financial statements.

- There were no significant changes in accounting policies.
- We did not identify any alternative accounting policies that would have been more appropriate in the circumstances.
- We did not identify any significant accounting policies in controversial or emerging areas.

***Significant Accounting Estimates***

Management is responsible for the accounting estimates included in financial statements. Estimates and the related judgments and assumptions are based on management's knowledge of the business and past experience about current and future events.

Our responsibility as auditors is to obtain sufficient appropriate evidence to provide reasonable assurance that management's accounting estimates are reasonable within the context of the financial statements as a whole. An audit includes performing appropriate procedures to verify the:

- Calculation of accounting estimates;
- Analyzing of key factors such as underlying management assumptions;
- Materiality of estimates individually and in the aggregate in relation to the financial statements as a whole;
- Estimate's sensitivity to variation and deviation from historical patterns;
- Estimate's consistency with the entity's business plans; and
- Other audit evidence.

Based on audit work performed, there were no significant estimates made by management

***Significant Financial Statement Disclosures***

We did not identify any financial statement disclosures that are particularly significant, sensitive or require significant judgments, that we believe should be specifically drawn to your attention.

***Uncorrected Misstatements***

We did not identify or detect any uncorrected misstatements for the current year during our audit.

***Significant Deficiencies in Internal Control***

A deficiency in internal control exists when a control is designed, implemented or operated in such a way that it is unable to prevent, or detect and correct, misstatements in the financial statements on a timely basis, or when a control necessary to prevent, or detect and correct, misstatements in the financial statements on a timely basis is missing.

A significant deficiency in internal control is defined as a deficiency or combination of deficiencies in internal control that, in the auditor's professional judgment, is of sufficient importance to merit the attention of those charged with governance.

To identify and assess the risks of material misstatement in the financial statements, we are required to obtain an understanding of internal control relevant to the audit. This understanding is used for the limited purpose of designing appropriate audit procedures. It is not used for the purpose of

expressing an opinion on the effectiveness of internal control and, as a result, we do not express any such opinion. The limited purpose also means that there can be no assurance that all significant deficiencies in internal control, or any other control deficiencies, will be identified during our audit.

We did not identify any control deficiencies that, in our judgment, would be considered significant deficiencies.

### **Written Representations**

In a separate communication, as attached in Appendix B, we have requested a number of written representations from management in respect to their responsibility for the preparation of the financial statements in accordance with Canadian Public Sector Accounting Standards (PSAS).

### **Disagreements with Management**

We are required to communicate any disagreements with management, whether or not resolved, about matters that are individually or in aggregate significant to the entity's financial statements or auditor's report. Disagreements may arise over:

- Selection or application of accounting principles;
- Assumptions and related judgments for accounting estimates;
- Financial statement disclosures;
- Scope of the audit; or
- Wording of the auditor's report.

We are pleased to inform you that we had no disagreements with management during the course of our audit.

### **Consultation with Other Accountants (Second Opinions)**

Management may consult with other accountants about auditing and accounting matters to obtain a "second opinion". When an entity requests that another accountant provide a written report or oral advice on the application of accounting principles to a specific transaction or the type of opinion that may be rendered on the entity's financial statements, we are required to ensure that the accountant has ensured that the reporting accountant has knowledge of all facts and circumstances and has conducted the engagement in accordance with Canadian generally accepted auditing standards on the Reports on the Application of Accounting Principles.

We are not aware of any consultations that have taken place with other accountants.

### **Independence**

We confirm our independence with respect to the entity as of the date of this report.

### **Other Audit Matters of Governance Interest**

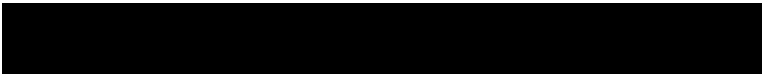
We did not identify any other matters to bring to your attention at this time and would be pleased to discuss with you further any matters mentioned above, at your convenience.

We would like to thank management and staff for the assistance they provided to us during the audit.

We hope the information in this audit findings letter will be useful. Should any member of the Board of Directors wish to discuss or review any matter addressed in this letter or any other matters related to financial reporting, please do not hesitate to contact us at any time. We would be pleased to discuss them with you and respond to any questions you may have.

This letter was prepared for the sole use of those charged with governance of Peace River Regional Hospital District to carry out and discharge their responsibilities and is not intended for any other purpose. The content should not be disclosed to any third party without our prior written consent, and we assume no responsibility to a third party who uses this communication.

Yours very truly,



Beswick Hildebrandt Lund Chartered Professional Accountants

## ***Appendix A: Audit Report***

Please see attached report.



## INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of Peace River Regional Hospital District

### Opinion

We have audited the financial statements of Peace River Regional Hospital District (the Entity), which comprise the statement of financial position as at December 31, 2024, and the statements of operations, remeasurement gains and losses 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 Entity as at December 31, 2024, and the results of its operations and cash flows for the year then ended in accordance with Canadian Public Sector Accounting Standard.

### 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 Entity 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 PSAS, 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 Entity'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 Entity or to cease operations, or has no realistic alternative but to do so.

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

---

#### Partners

Allison Beswick CPA, CA  
Norm Hildebrandt CPA, CA  
Robin Lund CPA, CGA

Dane Soares CPA  
Taylor Turkington CPA

Beswick Hildebrandt Lund CPA  
556 North Nechako Road, Suite 10,  
Prince George BC, Canada V2K 1A1  
T: +1 250 564 2515, F: +1 250 562 8722

**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 Entity'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 Entity'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 Entity 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.

Chartered Professional Accountants

Prince George, British Columbia

May 1, 2025

DRAFT

## ***Appendix B: Management Representation Letter***

Please see attached letter.



May 1, 2025

Beswick Hildebrandt Lund Chartered Professional Accountants  
556 North Nechako Road, Suite 10  
Prince George, British Columbia,  
V2K 1A1

Dear Sir/Madame:

This representation letter is provided in connection with your audit of the financial statements of Peace River Regional Hospital District for the year ended December 31, 2024, for the purpose of expressing an opinion as to whether the financial statements are presented fairly, in all material respects, in accordance with Canadian Public Sector Accounting Standards (PSAS).

In making the representations outlined below, we took the time necessary to appropriately inform ourselves on the subject matter through inquiries of entity personnel with relevant knowledge and experience, and, where appropriate, by inspecting supporting documentation.

We confirm that (to the best of our knowledge and belief):

#### **Financial Statements**

We have fulfilled our responsibilities as set out in the terms of the audit engagement letter dated February 12, 2025 for:

- a. Preparing and fairly presenting the financial statements in accordance with PSAS ;
- b. Providing you with:
  - i. Access to all information of which we are aware that is relevant to the preparation of the financial statements, such as:
    - A. Accounting records, supporting data and other relevant documentation,
    - B. Minutes of meetings (such as shareholders, board of directors and audit committees) or summaries of actions taken for which minutes have not yet been prepared, and
    - C. Information on any other matters, of which we are aware, that is relevant to the preparation of the financial statements;
  - ii. Additional information that you have requested from us for the purpose of the audit; and
  - iii. Unrestricted access to persons within the entity from whom you determine it necessary to obtain audit evidence.
- c. Ensuring that all transactions have been recorded in the accounting records and are reflected in the financial statements; and
- d. Designing and implementing such internal control as we determined is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. We have also communicated to you any deficiencies in the design and implementation or the maintenance of internal control over financial reporting of which management is aware.

diverse. vast. abundant.

**PLEASE REPLY TO:**

☒ Box 810, 1981 Alaska Ave, Dawson Creek, BC V1G 4H8 Tel: (250) 784-3200 or (800) 670-7773 Fax: (250) 784-3201 Email: prrd.dc@prrd.bc.ca  
☐ 9505 100 St, Fort St. John, BC V1J 4N4 Tel: (250) 785-8084 Fax: (250) 785-1125 Email: prrd.fsj@prrd.bc.ca

## **Preparation of Financial Statements**

The financial statements are fairly presented in accordance with PSAS, and include all disclosures necessary for such fair presentation and disclosures otherwise required to be included therein by the laws and regulations to which Peace River Regional Hospital District is subject. We have prepared the Peace River Regional Hospital District's financial statements on the basis that the Peace River Regional Hospital District is able to continue as a going concern.

We have appropriately reconciled our books and records (e.g. general ledger accounts) underlying the financial statements to their related supporting information (e.g. subledger or third party data). All related reconciling items considered to be material were identified and included on the reconciliations and were appropriately adjusted in the financial statements. There were no material unreconciled differences or material general ledger suspense account items that should have been adjusted or reclassified to another account balance. There were no material general ledger suspense account items written off to a statement of financial position account, which should have been written off to a revenue and expense account and vice versa. All intra entity accounts have been eliminated or appropriately measured and considered for disclosure in the financial statements.

## **Fraud**

We have disclosed to you:

- a. All of our knowledge in relation to actual, alleged or suspected fraud affecting the entity's financial statements involving:
  - i. Management;
  - ii Employees who have significant roles in internal control; or
  - iii. Others where the fraud could have a material effect on the financial statements;
- b. All of our knowledge in relation to allegations of fraud or suspected fraud communicated by employees, former employees, analysts, regulators or others; and
- c. The results of our risk assessments regarding possible fraud or error in the financial statements.

## **Compliance with Laws and Regulations**

We have disclosed all known instances of non-compliance or suspected non-compliance with laws and regulations, including all aspects of contractual agreements that should be considered when preparing the financial statements

There have been no communications from regulatory agencies concerning non-compliance with or deficiencies in financial reporting practices. We are up to date with all corporate filings and annual returns. This includes all Canada Revenue Agency GST returns.

## **Litigation and Claims**

All known actual or possible litigation and claims, which existed as at December 31, 2024 or exist now, have been disclosed to you and accounted for and disclosed in accordance with PSAS, whether or not they have been discussed with legal counsel.

## **Related Parties**

We have disclosed to you the identity of all of the entity's related-party relationships and transactions of which we are aware. This includes sales, purchases, loans, transfers of assets, liabilities and services, leasing agreements, guarantees, non-monetary transactions, and transactions for no consideration for the year ended as well as related balances due to or from such parties at the year end. All related-party relationships and transactions have been appropriately accounted for and disclosed in accordance with the

requirements of CPA Canada Public Sector Accounting Handbook, Section PS 2200 (Related Party Disclosures) and we confirm our belief that any receivable balances are fully collectable. The list of related parties attached to this letter as Appendix A accurately and completely describes the Peace River Regional Hospital District's related parties and the relationships with such parties.

### **Estimates**

We acknowledge our responsibility for determining the accounting estimates required for the preparation of the financial statements in accordance with PSAS. Those estimates reflect our judgment based on our knowledge and experience of past and current events, and on our assumptions about conditions we expect to exist and courses of action we expect to take. In particular, we confirm the following:

- The measurement methods are appropriate and consistently applied;
- The significant assumptions used in determining fair value measurements represent our best estimates, are reasonable, appropriate and have been consistently applied;
- No subsequent event requires adjustment to the accounting estimates and disclosures included in the financial statements; and
- The significant assumptions used in determining fair value measurements are consistent with the Peace River Regional Hospital District's planned courses of action. We have no plans or intentions that have not been disclosed to you, which may materially affect the recorded or disclosed fair values of assets or liabilities.

Significant estimates and measurement uncertainties known to management that are required to be disclosed in accordance with CPA Canada Public Sector Accounting Handbook, Section PS 2130 (Measurement Uncertainty) have been appropriately disclosed, including all estimates where it is reasonably possible that the estimate will change in the near term and the effect of the change could be material to the financial statements.

### **Subsequent Events**

We have identified all events that occurred between December 31, 2024 and the date of this letter that may require adjustment of, or disclosure in, the financial statements, and have effected such adjustment or disclosure as per the requirements of PSAS.

### **Going Concern**

There are no events or conditions that, individually or collectively, may cast significant doubt on the Peace River Regional Hospital District's ability to continue as a going concern.

We have no plans or intentions that may materially alter the carrying value or classification of assets and liabilities reflected in the financial statements (e.g. to dispose of the business or to cease operations).

### **Commitments and Contingencies**

All contractual arrangements entered into by Peace River Regional Hospital District with third parties have been properly reflected in the accounting records or/and, where material (or potentially material) to the financial statements, have been disclosed to you. Peace River Regional Hospital District has complied with all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance. There are no side agreements or other arrangements (either written or oral) undisclosed to you.

There are no commitments, contingent liabilities/assets or guarantees (written or oral) that should be disclosed in the financial statements but have not been disclosed. This includes

liabilities arising from contract terms, illegal acts or possible illegal acts, and environmental matters that would have an impact on the financial statements.

### **Misstatements and Adjustments**

Certain representations in this letter are described as being limited to those matters that are material. Items are also considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would have been changed or influenced by the omission or misstatement.

We confirm that the are free from material misstatements, including omissions.

We confirm there are no uncorrected misstatements in the financial statements.

### **Other Representations**

#### **Accounting Policies**

We confirm that we have reviewed the Peace River Regional Hospital District's accounting policies and, having regard to the possible alternative policies, our selection and application of accounting policies and estimation techniques used for the preparation and presentation of the financial statements is appropriate in the Peace River Regional Hospital District's particular circumstances.

All significant accounting policies are disclosed in the financial statements and are consistent with those used in the previous year (except as disclosed in the financial statements).

#### **Internal Control Over Financial Reporting**

We have disclosed to you all deficiencies in the design or operation of disclosure controls and procedures and internal control over financial reporting that we are aware.

#### **Minutes**

All matters requiring disclosure to or approval of Board of Directors the have been brought before them at appropriate meetings and are reflected in the minutes.

#### **Other Information**

We confirm to you that we are not required by law, regulation or custom and do not intend to issue a document (which would include or accompany the financial statements and our auditor's report thereon) with information on Peace River Regional Hospital District's operations and the Peace River Regional Hospital District's financial results and financial position as set out in the financial statements.

#### **Assets and Liabilities**

We have satisfactory title or control over all assets. We have recorded or disclosed, as appropriate, all liabilities, in accordance with PSAS.

**For the following specific representations, the terms “year end” and “year” are defined as each year end and each year respectively, covered by the audit of the financial statements as stated above.**

#### **Cash and Banks**

The books and records properly reflect and record all transactions affecting cash funds, bank accounts and bank indebtedness of the Peace River Regional Hospital District.

All cash balances are under the control of the Peace River Regional Hospital District, free from assignment or other charges, and unrestricted as to use, except as disclosed to you.

The amount shown for cash on hand or in bank accounts excludes trust or other amounts,



which are not the property of the Peace River Regional Hospital District.

Arrangements with financial institutions involving compensating balances or other arrangements involving restrictions on cash balances, line(s) of credit, or similar arrangements have been properly disclosed.

All cash and bank accounts and all other properties and assets of the Peace River Regional Hospital District are included in the financial statements.

### **Accounts Receivable**

All amounts receivable by the Peace River Regional Hospital District were recorded in the books and records.

Receivables classified as current do not include any material amounts that are collectible after one year.

Receivables recorded in the financial statements, represent bona fide claims against debtors for sales or other charges arising on or before the statement of financial position date[s] and are not subject to discount except for normal cash discounts.

Amounts receivable that are non-interest bearing and are expected to be paid more than a year after initial recognition date have been initially recognized at fair value, using an appropriate discount rate, and subsequently measured at amortized cost.

All receivables were free from hypothecation or assignment as security for advances to Peace River Regional Hospital District, except as hereunder stated.

### **Financial Instruments**

We have properly recorded all financial assets of equity instruments quoted on an active market at fair value.

We have evaluated whether there are indicators of impairment for all financial assets measured at cost or amortized cost, and where there has been a significant adverse change in the expected timing or amount of future cash flows from a financial asset or group of similar financial assets, we have assessed whether a reduction in the carrying value is necessary.

### **Marketable Securities**

All marketable securities owned by us are recorded in the accounts. The marketable securities are measured at fair value.

All income earned for the year ended December 31, 2024 on these securities has been recognized in earnings along with any transaction costs incurred and changes in fair value.

### **Accounts Payable**

Accounts payable that are non-interest bearing and are expected to be paid more than a year after the initial recognition date have been classified as long term in the financial statements, initially recognized at fair value, using an appropriate discount rate, and subsequently measured at amortized cost.

### **Long-term Debt**

All borrowings and financial obligations of the Peace River Regional Hospital District of which we are aware are included in the financial statements as at year end, as appropriate. We have fully disclosed to you all borrowing arrangements of which we are aware.

Peace River Regional Hospital District has not violated any covenants on its debt during the year. We have fully disclosed to you all covenants and information related to how we determined our compliance with the terms of the covenants.

### **Revenue Recognition**

We have recorded all revenue that met the following criteria:

- Persuasive evidence of an arrangement exists;
- Delivery has occurred, or services have been rendered;
- Price is fixed or determinable; and
- Collectability is reasonably assured.

### **Government Transfers**

#### Transferring organization

Transfers have only been recognized as an expense in the year the transfer has been authorized and all eligibility criteria have been met by the recipient.

#### Recipient organization

We have disclosed all significant terms and agreements in respect of transfers received from governments.

Transfers without eligibility criteria or stipulations have been recognized as revenue once the transfer has been authorized.

Transfers with eligibility criteria but without stipulations have been recognized as revenue once the transfer has been authorized and all eligibility criteria have been met.

Transfers with or without eligibility criteria but with stipulations have been recognized as revenue in the year the transfer has been authorized and all eligibility criteria have been met, except when, and to the extent that, the transfer gives rise to an obligation that meets the definition of a liability for the recipient government in accordance with CPA Canada Public Sector Accounting Handbook, Section PS 3200 (Liabilities).

#### Disclosure

The major kinds of transfers recognized have all been disclosed in the financial statements as well as the nature and terms of liabilities arising from government transfers received.

### **Budgetary Data**

We have included budgetary data in our financial statements, which is relevant to the users of financial statements and consistent with that originally planned and approved by Board of Directors on March 21, 2024. Planned results were presented for the same scope of activities and on a basis consistent with that used for actual results.

Yours truly,

---

Roxanne Shepherd, Chief Financial Officer

## ***Appendix A: Related Parties***

See attached proposed related parties summary.

DRAFT

## **Appendix A: Related parties listing**

### **Board of Directors and their immediate family members:**

- Leonard Hiebert, Chair
- Darcy Dober, Vice Chair
- Reid Graham, Director
- Dan Rose, Director
- Allen Courtoreille, Director
- Brad Sperling, Director
- Lilia Hansen, Director
- Tony Zabinsky, Director
- Travous Quibell, Director
- Danielle Veach, Director
- Brent Taillefer, Director
- Darryl Krakowa, Director

### **Finance Department and their immediate family members:**

- Roxanne Shepherd, Chief Financial Officer

### **Peace River Regional District**



# 2024-2025 Capital Plan NH/RHD Joint Fall Meeting April 2, 2025

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# Agenda

## 2024-2025 Capital Projects

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

# Priority Investment

## Ksyen Regional Hospital

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

# Priority Investment

## Ksyen Regional Hospital

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



# Timeline



**We are here!**



**What's next**



## Ksyen Regional Hospital Replacement Project Terrace, BC

*We are building a new, state-of-the-art hospital in Terrace, BC, to address current and future patient care needs.*



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



[letstalk.northernhealth.ca/register](https://letstalk.northernhealth.ca/register)

[letstalkMMH@northernhealth.ca](mailto:letstalkMMH@northernhealth.ca)

Link to Demolition Web Cam

# Ksyen Regional Hospital



# Ksyen Regional Hospital





# Ksyen Regional Hospital



# Ksyen Regional Hospital



# Priority Investment

## Fort St James Hospital Redevelopment

- Government approved the business plan February 2020.
- The new Fort St James Hospital is three times larger in building size than the old building with 27 beds: 18 community care and 9 acute care beds. There is an emergency department with two treatment rooms, a trauma bay and ambulance bay. An expanded laboratory and diagnostic imaging, an in-house Spiritual Space and Gathering Space is part of the new facility. There is also a larger space for Palliative Care.
- The new hospital includes a primary care center to consolidate services offered in Fort St. James to one location. The primary care center opened on January 20, 2025.
- Commencement of construction activities on site started on May 2022 with Substantial Completion occurring on October 8, 2024 .

# Priority Investment

## Fort St James Hospital Redevelopment

- Patient Transfer move and transition occurred on January 14, 2025. The new Hospital is open for patients and fully operational.
- The project will continue with decommissioning and deconstruction of the old hospital which has been handed over to the primary contractor, Graham, on January 23, 2025.
- The overall project is targeted to be complete on or before September 30, 2025. The schedule is on track and meets the terms of the contract.

# Timeline



## Stuart Lake Hospital Replacement Project Fort St. James, BC

*We are building a new, state-of-the-art hospital in Fort St. James, BC, to address current and future patient care needs.*



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



[letstalk.northernhealth.ca/register](https://letstalk.northernhealth.ca/register)

[letstalkSLH@northernhealth.ca](mailto:letstalkSLH@northernhealth.ca)

[Link to Construction Web Cam](#)



# Fort St James Hospital Redevelopment



# Fort St James Hospital Redevelopment



Emergency Room



Lobby



# Fort St James Hospital Redevelopment



Long Term Care



Flex Care Room

# Priority Investment

## Dawson Creek & District Hospital Replacement

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

# Priority Investment

## Dawson Creek & District Hospital Replacement

- The concrete superstructure was completed in late Summer/early Fall 2024.
- All three building permits have been received.
- The 100% design was received and reviewed in Fall 2024.
- Angus Connect was hired to provide operational readiness advisory services through a 3-phased approach in Fall 2024.
- The two tower cranes were removed in late Winter 2024.
- The building is now sealed and enclosed and majority of the roof installation is completed.

# Priority Investment

## Dawson Creek & District Hospital Replacement

- A mock-up (on-site) for the inpatient washrooms and accessories was completed.
- Work is underway on the interior on framing, mechanical and electrical wall rough ins, window installation and drywalling.
- Work on architectural items (paint, millwork, wall protection, flooring, etc.) will commence once the wall rough ins are completed and tested.
- Elevators are being installed and will be operational by April.
- Angus Connect has completed Phase 1 and has launched Phase 2 of their workplan – Phase 3 will start in March with in-person meetings.

# Priority Investment

## Dawson Creek & District Hospital Replacement

- The Steering Committee meets monthly and includes representation from the Peace River RHD.
- The Community and Indigenous Advisory Working Groups continue to meet quarterly to keep them informed and receive input and feedback.
- An Art Committee is being formed to inform the project and DCDH leadership on all matters related to the procurement, placement, and stewardship of artwork in the facility.
- The project is continuing to participate in and host community events such as open houses, site tours with key partners, luncheons, career/education fairs, parades, etc.

# Timeline

## Completed



## We are here!



## What's next



## Dawson Creek & District Hospital Replacement Project

Dawson Creek, BC

*We're building a new state-of-the-art hospital in Dawson Creek, BC to address current and future patient care needs.*

- 📍 [letstalk.northernhealth.ca/register](https://letstalk.northernhealth.ca/register)
- 📍 [letstalk.northernhealth.ca/dcdh-replacement](https://letstalk.northernhealth.ca/dcdh-replacement)
- 📍 [letstalkDCDH@northernhealth.ca](mailto:letstalkDCDH@northernhealth.ca)



Let's Talk Northern Health is where you'll find everything you want and need to know about the new Dawson Creek & District Hospital.



Link to: [Construction Camera](#)



# Dawson Creek & District Hospital





# Dawson Creek & District Hospital



January 9, 2025



# Dawson Creek & District Hospital



January 9, 2025

# UHNBC Acute Care Tower Phase One

## Business Plan Scope:

- Cardiac Care
  - Diagnostics
  - Cardiac Care Beds (6 Critical Care Unit (CCU), 20 “Step Down”)
  - Interventional Cardiac Services
- Mental Health
  - Existing Services, excluding Youth Treatment
  - 83 Beds, 2 Seclusion Transition Beds + 5 Seclusion Rooms
- Surgical Services
  - 12 OR's
  - 102 Inpatient Beds
- Support Services
  - Kitchen
  - Materials Management
  - Parking

# UHNBC Acute Care Tower

- Ministry of Health approved the business plan for Phase One of the redevelopment of the University Hospital of Northern BC.
- Over the long term, the UHNBC site is proposed to undergo three phases of redevelopment:
  - **Phase one is the focus of the project.**
  - Phase two will focus on the rehabilitation unit and services, critical care services, emergency department, medical inpatient unit and services, laboratory services, medical imaging, pharmacy services, and the power plant.
  - Phase three will focus on maternity services, neonatal critical care, pediatrics, and support service areas.

# UHNBC Acute Care Tower

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



# Timeline

## Completed



## We are here!



## What's next?



## UHNBC Acute Care Tower

### Prince George

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



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



[letstalk.northernhealth.ca/uhnbc](https://letstalk.northernhealth.ca/uhnbc)  
[letstalk@northernhealth.ca](mailto:letstalk@northernhealth.ca)

# Early Works

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



# Early Works - Parkade

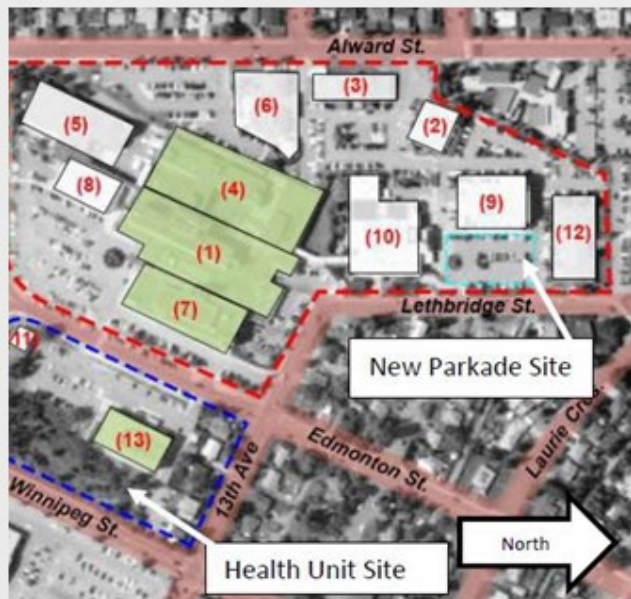
- The Early Works construction includes a parking structure of 471 stalls to increase parking for staff and patients.
- Parking summary of Early Works plus the Acute Care Tower project:
  - Acute Care Tower surface and basement levels adds 206 stalls.
  - Early Works parkade adds 471 stalls.
  - Loss of Parking due to construction of Acute Care Tower – 123 stalls.
  - Net gain in parking – 554 stalls.
- Construction is now underway, and substantial completion is expected to occur in Fall 2025.

# Early Works – Northern Interior Health Unit

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



Figure 1: UHNBC Campus



1. UHNBC [1958]
2. Family Practice [1976]
3. Power Plant [1978]
4. UHNBC [1978]
5. Jubilee Lodge [1979]
6. Nechako [2000]
7. UHNBC [2003]
8. Learning & Development Centre [2015]
9. Parkade [2010]
10. BC Cancer Centre [2012]
11. BC Ambulance Services
12. Iris House [2002]
13. Public Health & Community Care Services

# Vanderhoof Primary Care and Community Services

- Government approved the business plan on May 3, 2023.
- Development of an integrated Primary Care Clinic and Community Health Service facility which will be adjacent to the St. John Hospital.
- Minister of Health, Adrian Dix announced the project in Vanderhoof on November 13, 2023.
- The demolition of the old St John Hospital on the proposed site of the new facility is completed.
- Design is at 60%. Class A cost estimate is expected May 2025. Construction start expected in fall 2025.
- Regular Steering committee meetings continue and includes representation from the Stuart Nechako RHD.

# Kitimat Dementia Care House

- On August 10, 2023, the Ministry of Health granted approval for the development of a 12-bed dementia care housing facility in Kitimat.
- Government announcement occurred on March 25, 2024.
- Re-design work being completed by Boni Maddison.
- Design is 90% complete. Once the land transfer is complete, tender will proceed. Expected construction to start in summer or early fall 2025.
- Regular Steering committee meetings continue and includes representation from the North West RHD.

# Long Term Care Facilities Providing “Care in the Right Place”

- Long Term Care (LTC) wait times resulted in a review of current long term care beds/their use and other community services with demographic modeling to 2040.
- Development of Universal Bed Model Housing to support within one campus:
  - Long Term Care
  - Dementia Care
  - Assisted Living
  - Adult Day Program

# Long Term Care Facilities Providing “Care in the Right Place”

- The main features of the new care homes are expected to include:
  - Single-bed rooms with private washrooms.
  - Units designed in a resident household concept consisting of groupings of 12 rooms with social and recreational spaces found in a typical home, such as shared living and dining rooms.
  - Indoor and outdoor spaces for social and leisure activities for residents and family, as well as quiet rooms and private spaces.
  - Amenities for cooking meals on site.
  - Non-denominational space for worship, reflection and spiritual practice, including Indigenous ceremonial practices; and
  - A staffing model that supports person-centered care and values seniors in care.



# Long Term Care Facilities

## Fort St. John

- The Business Plan is complete and submitted to Government in February 2022.
- Peace Villa currently provides 124 Long-Term Care beds.
- 84 new beds in 7 -12 bed households, for Long-Term Care, Assisted Living, Dementia Alternative Housing, and Short Stay (rehabilitation and respite) services, all facilitated by the Universal Bed Model.
- Resubmitted to Ministry with updated costing in February 2024. Reviewed by Northern Health to reduce program. Resubmitted on April 17, 2024.
- The Ministry of Health provisionally approved the Business Plan on July 19, 2024 pending further discussions with the Peace River Regional Hospital District.

# Long Term Care Facilities

## Quesnel

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

# Long Term Care Facilities Smithers

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

# Long Term Care Facilities Prince George

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

# Priority Investment

## ***Potential Project Risks:***

- Certain retained risks materializing as construction commences/in progress (e.g., environmental, Archeological).
- Cost escalation on components due to global supply chain challenges.
- Availability of experienced contractors to bid on projects.
- Availability of materials, supplies and equipment.
- Ongoing impacts associated with respiratory viruses including Covid-19, influenza A&B and others.

# Major Projects

RHD	Community	Project	Budget	RHD Funding
NWRHD	Smithers	BVH Pharmacy Sterile Compounding Room	TDB	TDB
PRRHD	Chetwynd	CGH Nurse Call System Replacement	\$0.19m	\$0.07m
NRHD	Fort Nelson	FNH FM Elevator Upgrade	\$0.32m	\$0.13m
NWRHD	Houston	HDT FM Roof Drain System	\$0.27m	\$0.11m
NWRHD	Haida Gwaii	HGH Pharmacy Sterile Compounding Room	TDB	TDB
NWRHD	Kitimat	KIT DDC Controls & Building Operating System	\$0.65m	\$0.26m
FFGRHD	Mackenzie	MCK Medical Clinic Renovation	\$1.79m	\$0.72m
PRRHD	Fort St. John	PEV FM Air Conditioning Upgrade	\$1.67m	\$0.67m
FFGRHD	Prince George	PGO Diabetes and Renal Clinic	TBD	TBD
NWRHD	Prince Rupert	PRR FM Source Water Treatment Plant	\$2.27m	\$0.91m
NWRHD	Prince Rupert	PRR Emergency Department Renovation	\$16.5m	\$6.6m
NWRHD	Prince Rupert	PRR Pharmacy Sterile Compounding Room	\$8.1m	\$3.24m
NWRHD	Prince Rupert	PRR OR Urology Suite	TBD	TBD

# Major Projects

RHD	Community	Project	Budget	RHD Funding
NWRHD	Terrace	Specialist Clinic Leasehold Improvement	\$6.03m	\$0.7m
FFGRHD	Prince George	UHN Cardiac Services Department Renovation	\$12.5m	\$5.0m
FFGRHD	Prince George	UHN Fire Alarm System Replacement	\$6.4m	\$2.56m
FFGRHD	Prince George	UHN Pharmacy Sterile Compounding Room Upgrade	\$5.7m	\$2.28m
FFGRHD	Prince George	UHN Cardiac Care Unit	\$1.58m	\$0.27m
FFGRHD	Prince George	UHN LAB Hematology Renovation (Phase 2A)	TBD	TBD

# Major Projects

## Bulkley Valley Hospital Pharmacy Sterile Compounding Room

- Project Value: TBD
- North West RHD Funding: TBD
- Project Description: Renovate the existing space next to the Pharmacy to add a hazardous compounding and ante room, Hazardous drug storage, and preparation space to meet NAPRA (National Association of Pharmacy Regulatory Authorities) Standards.
- Project Status: 100% design, Class A cost estimate is complete. Ready to go to Tender. Awaiting additional funding approval.



# Major Projects

## Chetwynd Nurse Call System Replacement

- Project Value: \$0.19m
- Peace River RHD Funding: \$0.07m
- Project Description: Complete replacement of existing Nurse Call system at Chetwynd General Hospital.
- Project Status: Installed and operational. Complete.

# Major Projects

## Fort Nelson Hospital FM Elevator Upgrade

- Project Value: \$0.32m
- Peace River RHD Funding: \$0.13m
- Project Description: The original equipment was installed around 1964. It is now obsolete, and no drawings or parts are available. While currently reliable, given its age, it's just a matter of time as to when, and not if, the elevator will fail. FNH has only a single elevator so there is no redundancy.
- Project Status: Construction is scheduled in May-June 2025.

# Major Projects

## Houston FM Roof Drain System

- Project Value: \$0.27m
- North West RHD Funding: \$0.11m
- Project Description: The north side of Houston Health Centre has several roof drains which terminate into rock pits of unknown age. These rock pits have failed and as a result cause backing up of water in the roof drains, in several instances of heavy rainfall the Health Centre has flooded. This project decommissions the old rock pits and introduces a series of new rock pits with drywells and proper cleanouts. The existing roof drains will be rerouted into the new drainage system.
- Project Status: Complete.

# Major Projects

## Haida Gwaii Pharmacy Sterile Compounding Room

- Project Value: TBD
- North West RHD Funding: TBD
- Project Description: Renovate the Pharmacy to add a hazardous compounding and ante room, Hazardous drug storage, and preparation space to meet NAPRA (National Association of Pharmacy Regulatory Authorities) Standards.
- Project Status: Design and Class A cost estimate is complete and within budget. Project is in tender.

# Major Projects

## Kitimat DDC Controls and Building Operating System Replacement

- Project Value: \$0.65m
- North West RHD Funding: \$0.26m
- Project Description: The Building Operating System and control modules are at end of life. Must be replaced as they're obsolete and not functioning properly.
- Project Status: Tender specifications are complete with tender being issued upon approval.

# Major Projects

## Mackenzie Medical Clinic Renovation

- Project Value: \$1.79m
- Fraser Fort George RHD Funding: \$0.72m
- Project Description: Mackenzie and District Hospital is in need to expand the space in the medical clinic, increasing the exam rooms by four with the addition of four new workstations. The rooms that are adjacent to the area would be the space that could be expanded into.
- Project Status: Expected substantial completion in March 2025. Occupancy in early April 2025.

# Major Projects

## Peace Villa FM Air Conditioning Upgrade

- Project Value: \$1.67m
- Peace River RHD Funding: \$0.67m
- Project Description: Air conditioning upgrade to address high heat issues in the facility, to provide for tempered cooled air in Peace Villa.
- Project Status: Complete.

# Major Projects

## Prince George Community Clinic (Diabetes and Renal) Space

- Project Value: TBD
- Fraser Fort George RHD Funding: TBD
- Project Description: Move some programs out of UHNBC into Lease environment. It will house multi teams including Diabetes, Renal and Maternity.
- Project Status: Construction tender to close March 14, 2025.



# Major Projects

## Prince Rupert FM Source Water Treatment Single Plant and Piping

- Project Value: \$2.27m
- North West RHD Funding: \$0.91m
- Project Description: Design and installation of a source water treatment plant to serve Prince Rupert Hospital and Summit/Acropolis Manor.
- Project Status: Source Water Treatment is complete. Not operational, facility it working to get a licensed operator.

# Major Projects

## Prince Rupert Emergency Department Renovation

- Project Value: \$16.5m
- North West RHD Funding: \$6.6m
- Project Description: Emergency Department Renovation to improve patient flows and capacity issues.
- Project Status: Construction started March 1, 2024. To be completed in May 2025.

# Major Projects

## Prince Rupert Hospital Pharmacy Sterile Compounding Room

- Project Value: \$8.1m
- North West RHD Funding: \$3.24m
- Project Description: Renovate the existing Pharmacy sterile prep space and ante room, hazardous compounding and ante room, Hazardous drug storage, and non-sterile preparation space to meet NAPRA Standards.
- Project Status: Construction in progress.

# Major Projects

## Prince Rupert Hospital OR Urology Suite

- Project Value: TBD
- North West RHD Funding: TBD
- Project Description: Prince Rupert is expanding to include Urology service. Renovating operating room 1 and purchase new pieces of equipment to meet the standards and support required for Urology services.
- Project Status: Planning completed and awaiting resource capacity on site.

# Major Projects

## Terrace Specialist Clinic Leasehold Improvement

- Project Value: \$6.03m
- North West RHD Funding: \$0.7m
- Project Description: Relocation of the Pediatric specialist clinic in Terrace. The Mills Memorial Hospital replacement project will see this clinic space removed from the site during the early construction period.
- Project Status:
  - Phase one (Women's Wellness and OBYG) construction is complete, moving in week of March 10<sup>th</sup>.
  - Phase two construction complete March 14<sup>th</sup>, move in week of March 20<sup>th</sup>.

# Major Projects

## UHNBC Cardiac Services (Diagnostics and Clinics) Department Renovations

- Project Value: \$12.5m
- Fraser Fort George RHD Funding: \$5.0m
- The project is being completed in three phases to accommodate the renovations and moves required to ensure no loss of service for each department.
  - Phase 1 (3<sup>rd</sup> floor renovation): Relocate BioMed department and conference room.
  - Phase 2 (1<sup>st</sup> Floor BioMed Renovation): Renovate the existing BioMed Space to relocate Burn, Pain and Ostomy departments.

# Major Projects

## UHNBC Cardiac Services (Diagnostics and Clinics) Department Renovations

- Phase 3 (1<sup>st</sup> Floor Cardiac Diagnostics): Renovate the existing Burn, Wound and Ostomy space for the interim Cardiac Diagnostic Services.

### Project Status:

- Phase 1 (3<sup>rd</sup> floor renovation) – Complete.
- Phase 2 (1<sup>st</sup> Floor BioMed Renovation) – Expected construction completion in April 2025.
- Phase 3 (1<sup>st</sup> Floor Cardiac Diagnostics) – Expected construction award in April 2025.

# Major Projects

## UHNBC Fire Alarm System Replacement

- Project Value: \$6.4m
- Fraser Fort George RHD Funding: \$2.56m
- Project Description: Replace the existing Fire Alarm Simplex System due to its age and failing components. The existing system spare parts are obsolete.
- Project Status: In construction - one third construction now completed.



# Major Projects

## UHNBC Pharmacy Sterile Compounding Room Upgrade

- Project Value: \$5.7m
- Fraser Fort George RHD Funding: \$2.28m
- Project Description: Design and planning for renovating the existing Pharmacy sterile prep space and ante room, hazardous compounding and ante room, Hazardous drug storage, and non-sterile preparation space to meet NAPRA Standards.
- Project Status: Construction in progress. Expected completion in May 2025.

# Major Projects

## UHNBC Cardiac Care Unit

- Project Value: \$1.58m
- Fraser Fort George RHD Funding: \$0.27m
- Project Description: The Cardiac Care Unit Project will see the current IMU C Pod renovated to meet the Phase 1 cohort requirements for cardiac acute care patients. Once the Unit has been established Phase 2 & 3 involving recruitment and training of staff can begin.
- Project Status: Project completed in December 2024.





















# Major Projects

## UHNBC Lab Hematology Renovation

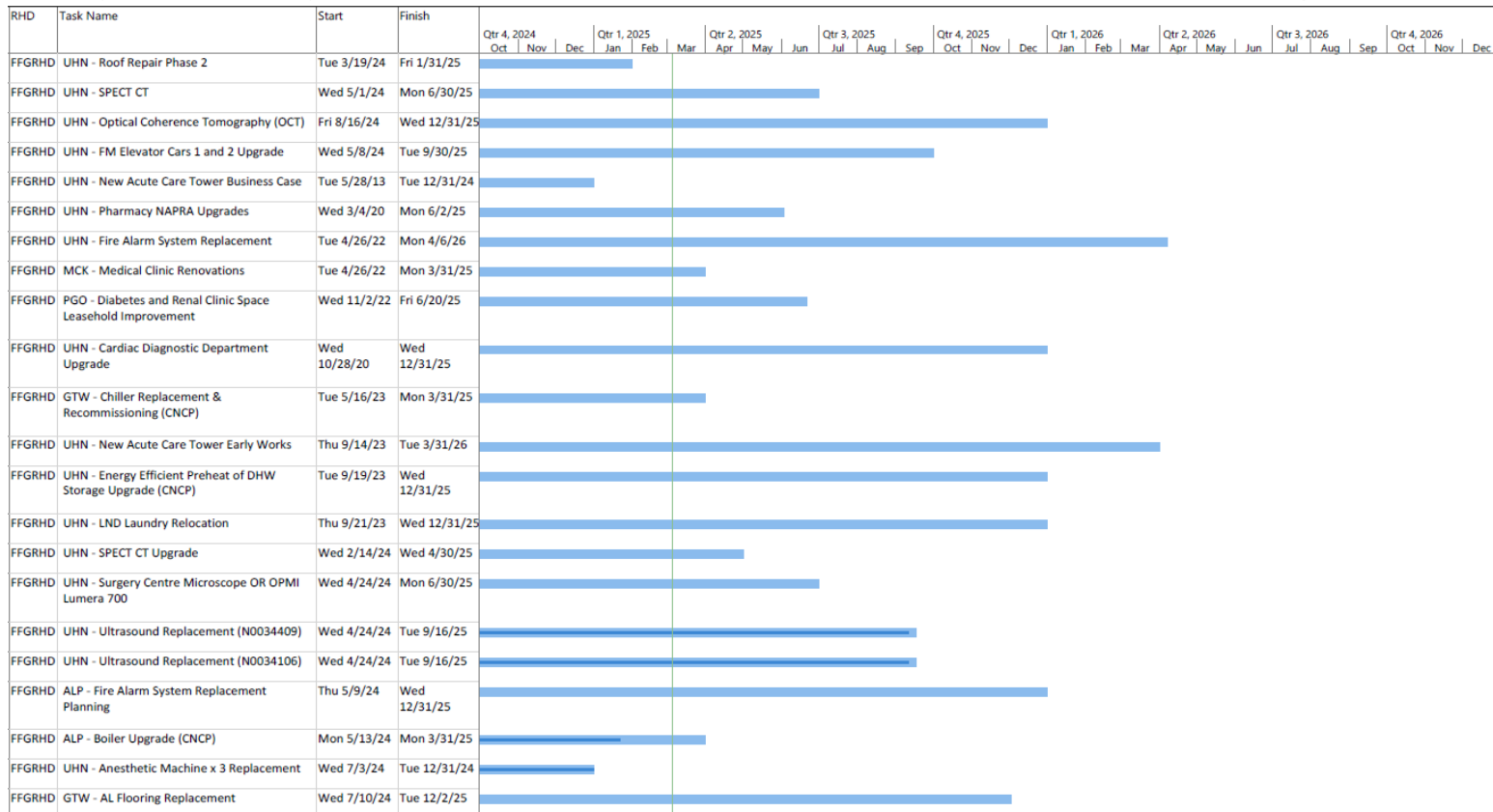
- Project Value: TBD
- Fraser Fort George RHD Funding: TBD
- Project Description: The main Lab at UHN is undergoing workflow improvements with a major renovation and shift in department locations. For phase 2 of the redevelopment, Hematology is relocated to their new space. Once validation is completed of the new Chemistry analyzers, the old machines may be removed, and construction can begin for this phase.
- Project Status: Construction to be awarded March 2025.

# Major Projects Timeline: Cariboo Chilcotin RHD

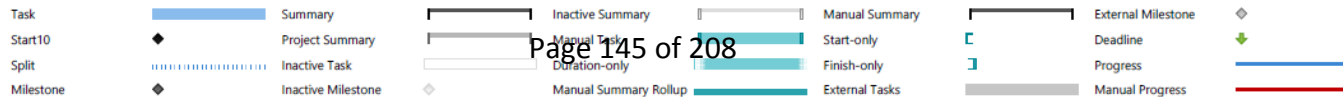
RHD	Task Name	Start	Finish	Qtr 4, 2024			Qtr 1, 2025			Qtr 2, 2025			Qtr 3, 2025			Qtr 4, 2025			Qtr 1, 2026			Qtr 2, 2026			Qtr 3, 2026			Qtr 4, 2026		
				Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Cariboo	GRB - DI EPIQ Elite Ultrasound	Fri 8/16/24	Tue 12/31/24																											
Cariboo	GRB - OR Surgical Tower Replacement	Tue 12/19/23	Tue 4/30/24																											

Project: Project Timeline and St Date: Wed 3/5/25	Task		Summary		Inactive Summary		Manual Summary		External Milestone	
	Start10		Project Summary		Manual Task		Start-only		Deadline	
	Split		Inactive Task		Duration-only		Finish-only		Progress	
	Milestone		Inactive Milestone		Manual Summary Rollup		External Tasks		Manual Progress	

# Major Projects Timeline: Fraser-Fort George RHD



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

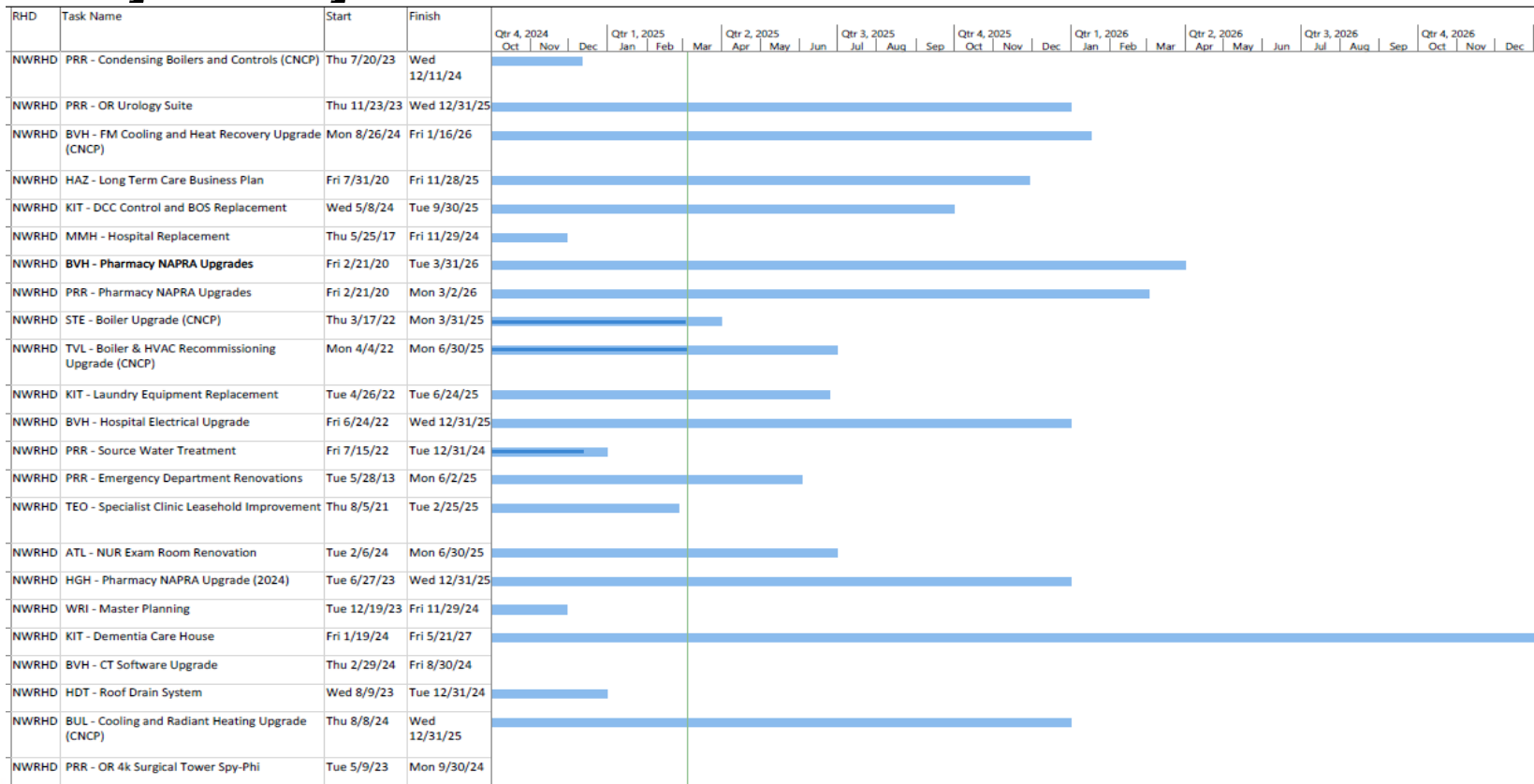


## Major Projects Timeline: Northern Rockies RHD

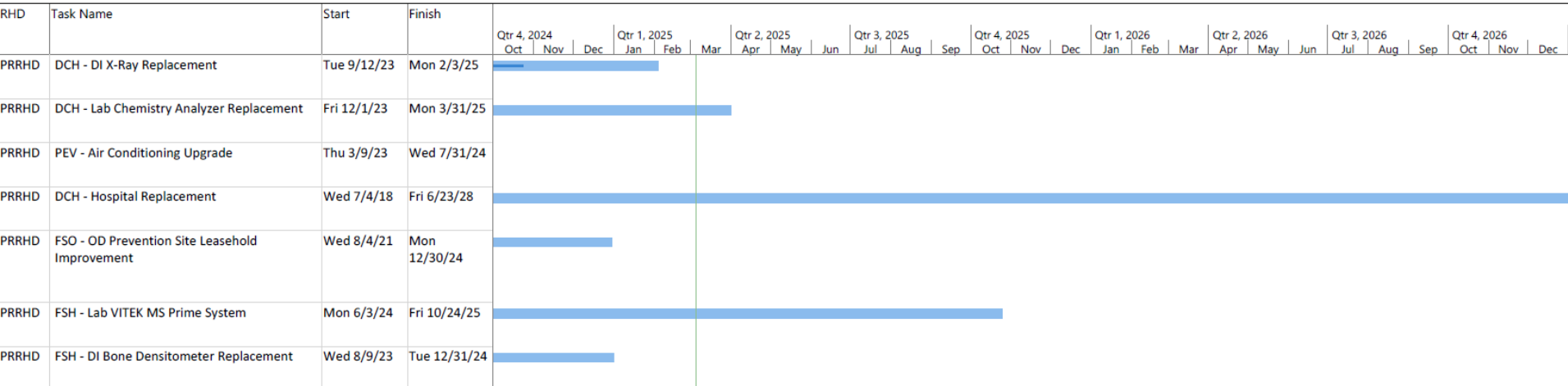
RHD	Task Name	Start	Finish	Qtr 4, 2024			Qtr 1, 2025			Qtr 2, 2025			Qtr 3, 2025			Qtr 4, 2025			Qtr 1, 2026			Qtr 2, 2026			Qtr 3, 2026			Qtr 4, 2026		
				Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
North R	FNH - Elevator Upgrade	Wed 4/24/24	Tue 9/30/25																											

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

# Major Projects Timeline: North West RHD



# Major Projects Timeline: Peace River RHD























Project: Project Timeline and St Date: Wed 3/5/25	Task		Summary		Inactive Summary		Manual Summary		External Milestone	
	Start10		Project Summary		Manual Task		Start-only		Deadline	
	Split		Inactive Task		Duration-only		Finish-only		Progress	
	Milestone		Inactive Milestone		Manual Summary Rollup		External Tasks		Manual Progress	



## Major Projects Timeline: Stuart Nechako RHD

RHD	Task Name	Start	Finish	Qtr 4, 2024			Qtr 1, 2025			Qtr 2, 2025			Qtr 3, 2025			Qtr 4, 2025			Qtr 1, 2026			Qtr 2, 2026			Qtr 3, 2026			Qtr 4, 2026		
				Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
SNRHD	STH - Hospital Replacement	Wed 7/4/18	Fri 2/28/25																											
SNRHD	BLH - Nurses Residence DHW Decoupling & Heating Controls (CNCP)	Wed 4/13/22	Mon 6/30/25																											
SNRHD	SHW - Southside Roof Repairs	Thu 5/18/23	Fri 5/31/24																											
SNRHD	VHO - Primary Care Clinic & Community Health Services Facility	Thu 11/23/23	Mon 11/30/26																											
SNRHD	SJH - Domestic Hot Water Upgrade (CNCP)	Tue 11/7/23	Mon 3/31/25																											
SNRHD	PIN - Cooling and DHW Upgrade (CNCP)	Thu 8/8/24	Wed 12/31/25																											
SNRHD	SJH - Fire Alarm System Replacement Planning	Thu 5/9/24	Wed 12/31/25																											

Project: Project Timeline and St Date: Wed 3/5/25	Task		Summary		Inactive Summary		Manual Summary		External Milestone	
	Start10		Project Summary		Manual Task		Start-only		Deadline	
	Split		Inactive Task		Duration-only		Finish-only		Progress	
	Milestone		Inactive Milestone		Manual Summary Rollup		External Tasks		Manual Progress	

# 2024/25 Capital Plan

## Major Carbon Neutral Capital Projects

RHD	Community	Project	Budget	RHD Funding
FFGRHD	Prince George	ALP Boiler Upgrade	\$0.33m	\$0
SNRHD	Burns Lake	PIN FM Cooling and Domestic Hot Water Upgrade	\$0.48m	\$0.19m
SNRHD	Vanderhoof	SJH FM Domestic Hot Water Upgrade	\$0.53m	\$0.19m
NWRHD	Smithers	BVH FM Heat Recovery and Cooling	\$0.79m	\$0.32m
NWRHD	Smithers	BUL FM Cooling and Radiant Heating Upgrade	\$0.75m	\$0.3m

# CNCP Projects

## Alward Place (Prince George) Boiler Upgrade

- Project Value: \$0.33M
- Fraser Fort George RHD Funding: \$0.00
- Project Description: Upgrade end of life standard efficiency boilers to high efficiency condensing boilers.
- Project Status: 100% complete including Commissioning and O&M manual.

# CNCP Projects

## The Pines (Burns Lake) Cooling and Domestic Hot Water Upgrade

- Project Value: \$0.48M
- Stuart Nechako RHD Funding: \$0.19M
- Project Description: Upgrade failed cooling unit with a heat pump and upgrade failed standard efficiency Domestic Hot Water (DHW) boiler with high efficiency condensing boiler.
- Project Status: DHW upgrade complete. Outdoor Condensing unit ordered. Shop drawings for DX coil on schedule.

# CNCP Projects

## St John Hospital (Vanderhoof) Domestic Hot Water Upgrade

- Project Value: \$0.53M
- Stuart Nechako RHD Funding: \$0.19M
- Project Description: Upgrade end of life standard efficiency Domestic Hot Water (DHW) boilers to high efficiency condensing boilers and re-pipe to make storage of low and high temperature DHW more efficient.
- Project Status: 99% complete. Executing some small change orders for piping hard pvc covering.

# CNCP Projects

## Bulkley Valley & District Hospital Heat Recovery and Cooling

- Project Value: \$0.79m
- North West RHD Funding: \$0.32m
- Project Description: Add cooling to kitchen and laundry with heat pumps and recover heat from general exhaust to preheat outdoor air through main air handler.
- Project Status: Design and planning still in progress for ventilation and condensing units.

# CNCP Projects

## Bulkley Lodge FM Cooling and Radiant Heating Upgrade

- Project Value: \$0.75m
- North West RHD Funding: \$0.3m
- Project Description: Address inadequate cooling capacity and inoperable heat recovery and cooling by upgrading cooling in affected areas with heat pumps. Upgrade oversized, standard efficiency, radiant slab boiler with right sized, high efficiency, condensing boiler.
- Project Status: Condensing Boiler installed. Heat pump and condensing unit installation on schedule. HRV with Air Source Heat Pump tendered.

# 2024/25 Capital Plan

## IMIT Projects

RHD	Community	Project	Budget	RHD Funding
FFGRHD	Prince George	UHN Server Refresh	\$0.69m	\$0.28m
Regional	Regional	Data Storage Device Replacement	\$0.77m	\$0.2m
PRRHD	Fort St. John	FSH Network Replacement	\$1.46m	\$0.58m
PRRHD	Fort St. John	FSH Phone System Replacement	\$0.51m	\$0.2m
CCRHD	Quesnel	GRB Network Replacement	\$0.65m	\$0.26m



# IMIT Projects

## UHN Server Refresh

- Project Value: \$0.69m
- Fraser Fort George RHD Funding: \$0.28m
- Project Description: The replacement of services at UHNBC for lifecycle management and alignment to standards. Current servers are end of life.
- Project Status: Complete.

# IMIT Projects

## Data Storage Device Replacement

- Project Value: \$0.77m
- Regional RHD Funding: \$0.2m
- Project Description: The replacement of data storage devices for lifecycle management and alignment to standards. Includes the purchase, installation and setup, migration of existing data and decommissioning of old equipment.
- Project Status: Not started pending resource assignment. Investigating scope change due to the Azure migration.

# IMIT Projects

## Fort St John Network Replacement

- Project Value: \$1.46m
- Peace River RHD Funding: \$0.58m
- Project Description: To replace all wired and wireless infrastructure with Juniper equipment to match our new standard. The IT network and wireless infrastructure in the Fort St John Hospital was installed in 2012 and is beyond end of life. Network and wireless infrastructure typically have an 8-year lifecycle. The replacement must be completed as the equipment no longer has support, including security patches, and is at increasing risk of failure due to age.
- Project Status: Project definition & Statement of Work documents are complete and signed. Request has been submitted for the equipment. When the equipment is received, the team will begin configuring the equipment and set up process and conduct initial testing.

# IMIT Projects

## Fort St John Phone System Replacement

- Project Value: \$0.51m
- Peace River RHD Funding: \$0.2m
- Project Description: This project looks to replace the legacy phone system in Fort St. John which provides voice and telecom services to users within the hospital and to all other NH facilities within the community. The new system will also enhance or enable increased integration for video conference or telehealth users. The recommended solution is a Cisco Unified Communications Manager (CUCM), which provides highly available call control, voice mail and voice gateway services, allowing NH staff to communicate using IP telephony, high-definition video, and unified messaging.
- Project Status: Complete.

# IMIT Projects

## GR Baker (Quesnel) Network Replacement

- Project Value: \$0.65m
- Cariboo Chilcotin RHD Funding: \$0.26m
- Project Description: The IT network and wireless infrastructure in the GR Baker Hospital will be replaced to move to a new network design standard. Much of the current infrastructure is end of life, without hardware or software support. Replace all wired and wireless infrastructure with Juniper equipment to match our new standard.
- Project Status: Project definition & Statement of Work documents are complete and signed. Request has been submitted for the equipment. When the equipment is received, the team will begin configuring the equipment and set up process and conduct initial testing.

# 2024/25 Capital Plan

## Major Equipment (>\$100,000)

RHD	Community	Project	Budget	RHD Funding	Status
SNRHD	Burns Lake	BLH DI Ultrasound Replacement	\$0.22m	\$0	Closing
NWRHD	Smithers	BVH DI CT True Fidelity Software Upgrade	\$0.18m	\$0	Complete
PRRHD	Fort St. John	FSH DI Bone Densitometer Replacement	\$0.13m	\$0	Complete
PRRHD	Fort St. John	FSH DI CT Transfer and Upgrade	TBD	TBD	Planning
PRRHD	Fort St. John	FSH LAB Vitek MS Prime System	\$0.3m	\$0	In Procurement
CCRHD	Quesnel	GRB DI EPIQ Elite Ultrasound	\$0.21m	\$0	Complete
NWRHD	Houston	HOO Wheelchair Accessible Van	\$0.13m	\$0	Complete
NWRHD	Prince Rupert	PRR OR Surgical Tower	\$0.31m	\$0	Complete
SNRHD	Vanderhoof	SJH Chemistry Analyzer Replacement	TBD	TBD	In Procurement
NWRHD	Smithers	SMO Wheelchair Accessible Van	\$0.1m	\$0	Complete
FFGRHD	Prince George	UHN DI D670 SPECT Upgrade	\$0.31m	\$0.12m	In Progress
FFGRHD	Prince George	UHN DI Hawkeye Replacement	\$2.76m	\$1.1m	In Progress
FFGRHD	Prince George	UHN DI Ultrasound Interventional Radiography	\$0.17	\$0	Complete
FFGRHD	Prince George	UHN DI Ultrasound x2 Replacement	\$0.28m	\$0.11m	Complete
FFGRHD	Prince George	UHN OR Anesthesia Units x3	\$0.48m	\$0	Closing
FFGRHD	Prince George	UHN OR Microscope Surgery Centre	\$0.56m	\$0.17m	Ordered

# Minor Equipment Allocations

RHD	Total Allocation	RHD Portion
FFGRHD	\$2,749,000	\$1,100,000
SNRHD	\$442,000	\$177,000
CCRHD	\$500,000	\$200,000
PRRHD	\$1,500,000	\$600,000
NRRHD	\$175,000	\$70,000
NWRHD	\$2,514,000	\$1,005,600

# Building Integrity Allocations

RHD	Total Allocation	RHD Portion
FFGRHD	\$250,000	\$100,000
SNRHD	\$75,000	\$30,000
CCRHD	\$100,000	\$40,000
PRRHD	\$116,000	\$46,000
NRRHD	\$41,000	\$16,000
NWRHD	\$250,000	\$100,000



# Questions?





# Agenda

## 2025-2026 Capital Plan

- Master Planning Updates
- Major Projects
- Carbon Neutral Capital Projects
- IMIT Major Projects
- Major Equipment
- Minor Equipment
- Building Integrity

# Master Planning Updates

- Bulkley Valley District Hospital (Smithers): Master planning completed July 2020. Submitted to Government with a request to move to Concept Plan. Ministry has not provided any timelines for approval.

# 10 Year Master Plan

- The selection and prioritization of future sites for Master Planning was based on the sites Facility Condition Index (FCI) rating, and existing and anticipated challenges delivering health services to current and future populations.
- Master Planning will explore further the condition of the building and validate assumptions regarding service challenges.
- Annually, NH will select a site to complete the Master Plan. NH will review the 10-year master plan annually and adjust as new information is received.
- For level 2 hospitals and level 1 health centers, it is proposed to execute the master programming as a group as they share many service characteristics. However, as each of the current facilities have varying configurations, each would need to be assessed individually to determine its ability to enable the needed health service delivery.
- Master Planning for Wrinch Memorial Hospital has commenced. Discussions with local First Nations in progress. Steering Committee is now set up.
- Master Planning for Fort Nelson has commenced, the steering committee is now set up.

# 10 Year Master Plan

- Facility master plans help assess and prepare the facility for current and future service delivery, extending the useful life of the facility, minimizing service disruption from unplanned events due to factors such climate change.
- The outcome of the master plan may lead to a recommendation to replace, in whole or in part, the facility, in which case Government approval will be sought to move forward to Concept Planning for facility redevelopment.
- The master plan may also recommend minor upgrades to the facility; these recommendations would be considered when developing NH's annual Capital Expenditure Plan.
- Development of master plans require an investment of time and funding:
  - Master Planning requires the efforts of NH Capital Planning and consultants with specialized knowledge.
  - Master Planning requires the efforts and time commitment of local physicians, leadership and staff.

# 10 Year Master Plan

Site	Level of Care	Facility Condition Index	Proposed Fiscal Year of Master Plan
Wrinch Memorial Hospital	3	0.89	2024-2025
Fort Nelson Hospital	3	0.74	2025-2027
St John Hospital	3	0.71	2027-2028
Prince Rupert Regional Hospital	4	0.77	2029-2031
Chetwynd Hospital	2	0.78	2031-2033
McBride & District Hospital	2	0.77	2031-2035
Mackenzie & District Hospital	2	0.67	2031-2035
Stewart Health Centre	1	0.75	2035-2038
Tumbler Ridge Health Centre	1	0.72	2035-2038
Hudson's Hope Health Centre	1	0.68	2035-2038
Houston Health Centre	1	0.68	2035-2038
Fraser Lake Health Centre	1	0.67	2035-2038

# 10 Year Master Plan

Site	Level of Care	Facility Condition Index	Proposed Fiscal Year of Master Plan
GR Baker Hospital	4	0.83	TBD
Stikine Health Center (Dease Lake)	1	0.72	TBD
Eileen Ramsay Memorial Clinic (Quesnel)	1	0.59	TBD
Fort St John Medical Clinic	1	0.30	TBD
Nechako Center (Prince George)	1	0.45	TBD
Valemount D&T Center	1	0.29	TBD



# Construction Inflation

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

*During the height of the pandemic:*

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

*Vaccine success and opening of the economy:*

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

# Construction Inflation

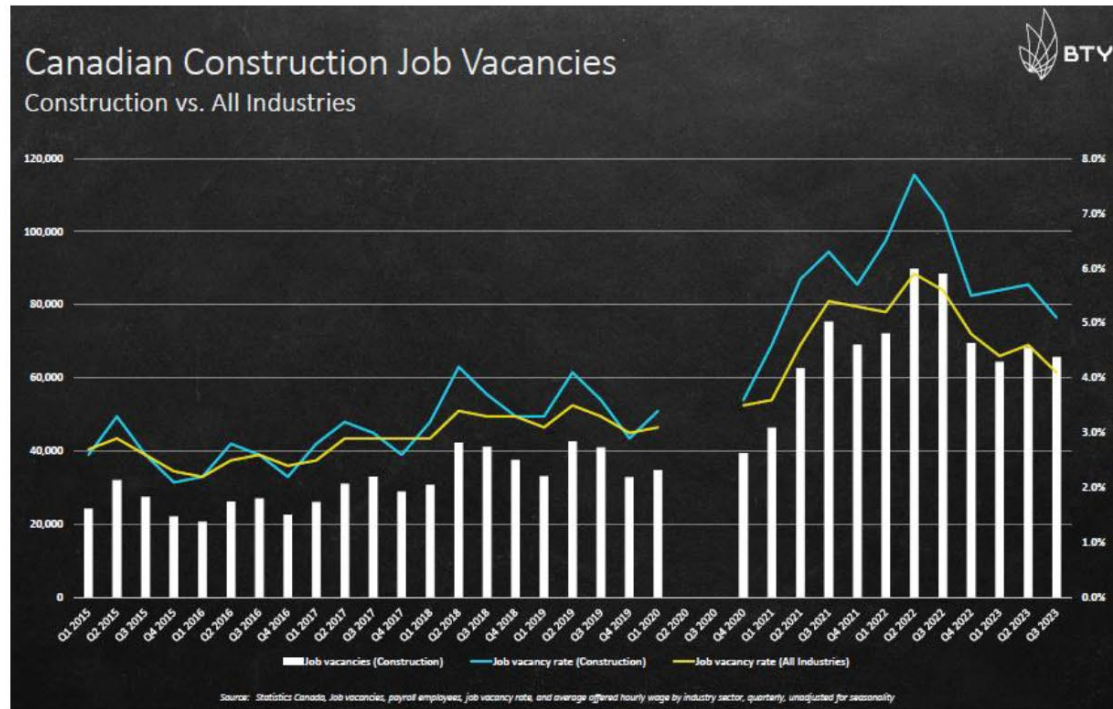
Construction inflation is driven by several factors including, but not limited to:

## *Tariffs:*

- Cost of goods
- Cost of delivery to construction sites

## *Counter Tariffs:*

- Uncertainty on how this will apply for the projects.

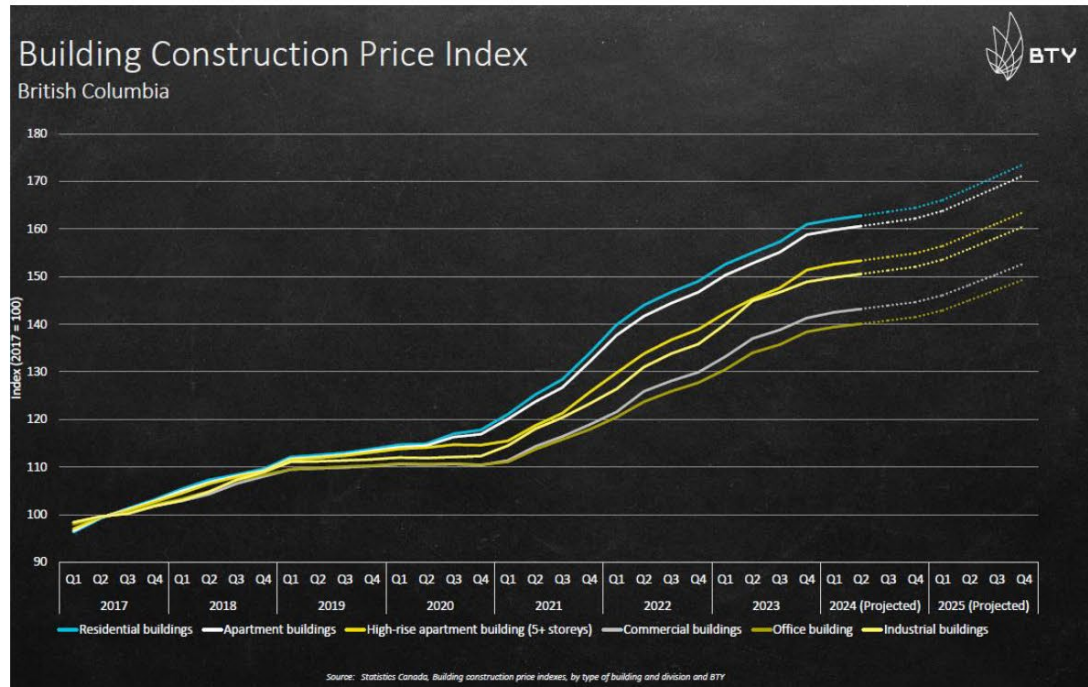


## Construction Job Vacancies

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

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

# Construction Escalation



## Construction Escalation in BC

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

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

# Construction Inflation

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

# Managing Construction Inflation

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

# 2025/26 Capital Plan

The 2025/26 Capital Plan has been reviewed by Audit and Finance and the NH Board and is approved effective February 2025.



# Ministry of Health Capital Funding

<i>\$thousand</i>	2024/25 Actual	2025/26 Notional	2026/27 Notional	2027/28 Notional
General RCI Allocation (Facilities)	14,909	14,001	13,827	14,845
General RCI Allocation (Equipment/IMIT)	7,905	7,905	7,905	7,905
<b>Total Routine Capital Investment (RCI)</b>	<b>22,814</b>	<b>21,906</b>	<b>21,732</b>	<b>22,750</b>
Carbon Neutral Capital Program (CNCP)	1,977	1,977	1,977	1,977
Non-Restricted Capital Grant (Non-RCG)	3,307	4,172	4,293	4,293
<b>Total MOH Capital Funding</b>	<b>28,098</b>	<b>28,055</b>	<b>28,002</b>	<b>29,020</b>

*(excludes funding for Priority Investment Projects)*



# 2025/26 Capital Plan

## Major Carbon Neutral Capital Projects

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

# 2025/26 Capital Plan

## Major Capital Projects

RHD	Community	Project	Budget
NWRHD	Prince Rupert	ACM Vocera Nurse Call Interface	TBD
FFGRHD	Prince George	ALP FM Fire Alarm System Replacement	TBD
CCRHD	Quesnel	DPL FM Nurse Call Replacement	TBD
CCRHD	Quesnel	GRB FM Breaker Upgrade	TBD
CCRHD	Quesnel	GRB FM Nurse Call Replacement	TBD
NWRHD	Kitimat	KIT FM Vocera and Nurse Call Integration	TBD
NWRHD	Prince Rupert	PRO Health Unit Expansion Planning	TBD
PRRHD	Fort St John	PRR NUR Seclusion Rooms Renovation	TBD
PRRHD	Fort St John	PRR Nurse Call Upgrade and Vocera	TBD
SNRHD	Vanderhoof	SJH FM Fire Panel Replacement	TBD
NWRHD	Stikine (Dease Lake)	STC FM Nurse Call Replacement	TBD

# 2025/26 Capital Plan

## Major Capital Projects

RHD	Community	Project	Budget
NWRHD	Terrace	TVL Kitchen Renovation	TBD
FFGRHD	Prince George	UHN FM Electrical Room 1 and 6 Upgrade	TBD
FFGRHD	Prince George	UHN FM Elevator 3 Upgrade	TBD
FFGRHD	Prince George	UHN FM Nurse Call Head End Equipment Replacement	TBD
FFGRHD	Prince George	UHN FM Roof Phase 3 Replacement.xlsx	TBD
FFGRHD	Prince George	UHN LAB Histology Ventilation Upgrade	TBD
FFGRHD	Prince George	UHN LAB Morgue Racking System Replacement	TBD
FFGRHD	Prince George	UHN PSY Nurse Call System Replacement	TBD

# 2025/26 Capital Plan IMIT Projects

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

# 2025/26 Capital Plan

## Major Equipment (>\$100,000)

RHD	Community	Project	Budget
SNRHD	Burns Lake	BLH LAB Chemistry Analyzer Replacement	TBD
NRRHD	Fort Nelson	FNH DI X-Ray Machine and Portable Replacement	TBD
NRRHD	Fort Nelson	FNH LAB Chemistry Analyzer Replacement	TBD
PRRHD	Fort St John	FSH DI X-Ray Room 2 Replacement	TBD
PRRHD	Fort St John	FSH LND Large Piece Folder Replacement	TBD
CCRHD	Quesnel	GRB DI Ultrasound Replacement	TBD
FFGRHD	Mackenzie	MCK LAB Chemistry Analyzer Replacement	TBD
NWRHD	Prince Rupert	PRR DI CT Scanner Replacement	TBD
NWRHD	Prince Rupert	PRR OR Trauma Orthopedic Table Replacement	TBD

# 2025/26 Capital Plan

## Major Equipment (>\$100,000)

RHD	Community	Project	Budget
PRRHD	Tumbler Ridge	THC Automated Medication Dispensing Cabinet	TBD
FFGRHD	Prince George	UHN DI CT 64 Replacement	TBD
FFGRHD	Prince George	UHN DI Ultrasound Replacement	TBD
FFGRHD	Prince George	UHN DI X-Ray N0001340 Replacement	TBD
FFGRHD	Prince George	UHN LAB Electrophoresis System Replacement	TBD
FFGRHD	Prince George	UHN LAB Urinalysis Replacement	TBD
FFGRHD	Prince George	UHN OR Anesthesia Units x3 Replacement	TBD
FFGRHD	Prince George	UHN OR General Surgical Towers x4 Replacement	TBD
FFGRHD	Prince George	UHN OR Urology Laser Replacement	TBD

# Minor Equipment Allocations

RHD	Total Allocation	RHD Portion
FFGRHD	\$2,800,400	\$1,120,400
SNRHD	\$451,800	\$180,800
CCRHD	\$511,800	\$204,800
PRRHD	\$1,518,800	\$606,800
NRRHD	\$178,200	\$71,200
NWRHD	\$2,561,800	\$1,024,800

# Building Integrity Allocations

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



# Thank You and Questions



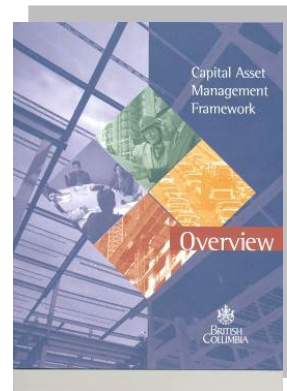


# Facilities Condition Index NH/RHD Spring Meeting

# Facility Condition Assessments (FCA)

## Provincial Capital Asset Management Framework (CAMF):

- all ministries to establish and maintain an inventory of their facilities and their physical condition



## In 2003:

- Ministry of Health contracted VFA Inc. to complete a province-wide inventory and assessment of 500 health care facilities

## Assessments were completed in 2006

- Contract did not address need for re-assessments to ensure facility condition data reflects ongoing capital investments

# New FCA Agreement

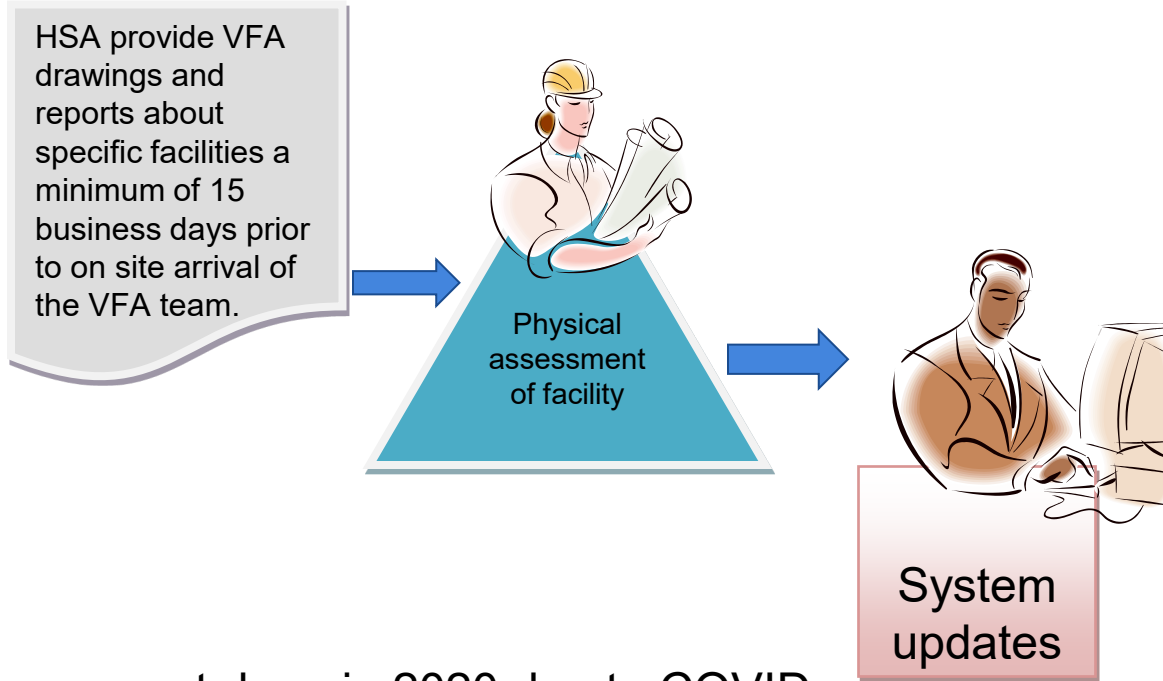
- 2012 – Ministry of Health selected VFA Canada Corporation (VFA) as the successful RFP proponent for facility assessment service
- The Agreement:
  - was signed in July 2012 for a term of 5 years;
  - includes two 5-year options for renewal, at the sole discretion of the Ministry;
  - requires VFA to assess approx. 20% (based on m<sup>2</sup>) of health care facilities per year;
  - requires VFA to assess all identified BC health care over the 5-year term.

# New FCA Agreement (cont'd)

- Physical assessments of approx. 500 health facilities (3 million m<sup>2</sup>) to:
  - identify deficiencies;
  - estimate work required to update the infrastructure.
- Assessments are performed by VFA teams of professionals:
  - architects
  - professional engineers
  - quantity surveyors
- Hosting and maintaining a secure database system to provide the Ministry and Health Authorities with data for:
  - tracking and reporting facility physical condition
  - identifying future capital projects



# The Assessment Process



Assessments were not done in 2020 due to COVID



# Facility Condition Index (FCI)

The FCI is:

- the numeric outcome of a facility assessment
- **an industry-standard indicator** that measures the relative physical condition of a facility and its systems (mechanical, electrical, plumbing, etc.) at a specific point in time

FCI ratio:

Total cost of facility systems repairs/renewals (\$)

---

Facility replacement value (\$)



# FCI Example

The diagram illustrates the calculation of Fixed Capital Intensity (FCI) using two boxes on the left and two boxes on the right, connected by arrows and a horizontal line.

Top row: A red-bordered box labeled "Value of outstanding renewal needs" has a blue arrow pointing to a grey box containing "\$90,000".

Bottom row: A red-bordered box labeled "Current value of building replacement<sup>1</sup>" has a blue arrow pointing to a grey box containing "\$1,000,000".

A horizontal blue line separates the two rows. To the right of the line, the text "= 0.09 FCI" is displayed.

$$\frac{\$90,000}{\$1,000,000} = 0.09 \text{ FCI}$$

<sup>1</sup> Current Replacement Value is the total amount required to replace a facility to its optimal condition.



# What does FCI mean?

The lower the FCI value,

- the better condition that a facility is in, and
- the lesser the need for renovations or renewal funding relative to the facility's value.

For health facilities, the target FCI of 0.10 (10%) was recommended by VFA<sup>2</sup>.



# FCI does not capture all costs

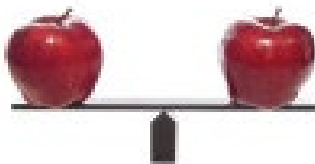
FCI calculations do not include:

- taxes
- LEED improvements
- financing costs
- architectural fees
- Inspection of systems
- commissioning of systems
- consulting fees
- asbestos removal
- site work
- equipment or furniture

# How to Use FCI Values

FCI allows the Ministry and Health Authorities to:

- compare the condition of facilities against industry-wide standards;
- compare similar facilities by their physical condition;
- identify areas of facilities in the greatest need for updating, repair or replacement.



# How to Use FCI Values (cont'd)

- FCI is only **one** component (related to facilities physical infrastructure) used in the process of making informed capital planning decision.
- In capital planning, other conditions and criteria other than the FCI value must be taken into consideration, such as:
  - Is the facility providing the right services?
  - Is the facility over or under capacity?
  - Is the facility adaptable to current standards?

*A well maintained 1960 era hospital with a low FCI value is still designed to deliver care as if it's 1960*

# FCI - Next Steps

- Once facilities have been assessed, Health Authorities use the FCI data, together with other relevant criteria, to plan and prioritize future capital investments.
- FCI data must be considered together with other strategic criteria such as: facility functionality, market trends (e.g. available funding), demographic needs.

# Cariboo RHD

As of March 5, 2025

Building	City	FCI	Year Constructed	Date of Most Recent Assessment	Replacement Value (\$ Millions)	Facility Repairs/ Renewals (\$ Millions)
Dunrovin Park Lodge	Quesnel	0.59	1974	6/24/2024	37.36	21.89
Dunrovin Park Lodge Addition	Quesnel	0.34	2007	6/24/2024	32.04	10.86
Eileen Ramsay Memorial Clinic	Quesnel	0.59	1954	6/24/2024	1.96	1.16
G R Baker Memorial Hospital	Quesnel	0.83	1954	6/26/2023	109.25	91.17

# Fraser Fort George RHD

As of March 5, 2025

Building	City	FCI	Year Constructed	Date of Most Recent Assessment	Replacement Value (\$ Millions)	Facility Repairs/ Renewals (\$ Millions)
Mackenzie Hospital	Mackenzie	0.67	1988	2/2/2024	23.02	15.37
Storage	Mackenzie	0.45	1995	2/2/2024	0.71	0.32
McBride and District Hospital	McBride	0.77	1963	6/26/2023	15.01	11.61
Alward Place	Prince George	0.47	1986	10/18/2021	48.90	23.05
Aspen 1 Independent Living	Prince George	0.67	1965	6/24/2024	5.48	3.66
Aspen 2 Independent Living	Prince George	0.72	1964	6/24/2024	5.14	3.69
Duplex Cottage Independent Living	Prince George	0.56	1959	6/24/2024	0.92	0.52
Fourplex Cottage Independent Living	Prince George	0.69	1959	6/24/2024	1.59	1.10
Gateway Lodge Assisted Living	Prince George	0.18	2009	10/1/2020	39.84	7.12
Gateway Lodge Complex Care	Prince George	0.22	2009	6/24/2024	68.82	15.19
Iris House	Prince George	0.26	2002	6/24/2024	7.77	1.98
JG Mackenzie Family Practice Centre	Prince George	0.58	1996	6/26/2023	4.89	2.85
Laurier Manor	Prince George	0.22	2001	10/18/2021	15.08	3.27
Learning & Development Centre	Prince George	0.14	2015	6/26/2023	5.59	0.76
Nechako Centre	Prince George	0.45	2001	2/2/2024	7.82	3.54
Parkside Intermediate Care Home	Prince George	0.58	1983	6/24/2024	18.39	10.71
Rainbow Intermediate Care Home	Prince George	0.62	1972	6/26/2023	11.47	7.11
Spruceland	Prince George	0.77	1955	2/2/2024	12.96	10.00
University Hospital of Northern British Columbia	Prince George	0.63	1958	6/26/2023	402.97	252.53
Valemount D and T Centre	Valemount	0.29	1978	10/18/2021	4.78	1.37

# Stuart Nechako RHD

As of March 5, 2025

Building	City	FCI	Year Constructed	Date of Most Recent Assessment	Replacement Value (\$ Millions)	Facility Repairs/ Renewals (\$ Millions)
Burns Lake - The Pines	Burns Lake	0.54	1992	5/20/2024	16.19	8.72
Lakes District Hospital and Health Centre	Burns Lake	0.16	2015	10/18/2021	49.43	7.85
Southside Health and Wellness Centre	Burns Lake	0.28	2003	10/18/2021	1.91	0.53
Stuart Lake Hospital	Fort St. James	0.60	1972	11/24/2017	13.40	8.00
Fraser Lake Community Health Centre	Fraser Lake	0.67	1979	5/20/2024	8.00	5.36
Nurses Residence	Vanderhoof	0.67	1935	2/2/2024	3.86	2.59
St John Hospital	Vanderhoof	0.71	1971	6/26/2023	35.23	25.01
Stuart Nechako Manor	Vanderhoof	0.26	2004	2/2/2024	25.75	6.64



# Peace River RHD

As of March 5, 2025

Building	City	FCI	Year Constructed	Date of Most Recent Assessment	Replacement Value (\$ Millions)	Facility Repairs/ Renewals (\$ Millions)
Chetwynd General Hospital	Chetwynd	0.78	1971	2/2/2024	24.23	18.97
Dawson Creek and District Hospital	Dawson Creek	0.83	1960	2/2/2024	110.37	91.91
Dawson Creek and District Hospital Service Building	Dawson Creek	1.07	1996	2/2/2024	12.88	13.81
Rotary Manor	Dawson Creek	0.33	2002	2/14/2022	25.00	8.14
Rotary Manor Addition	Dawson Creek	0.25	2008	2/14/2022	22.15	5.61
Fort St John Hospital	Fort St John	0.19	2012	5/20/2024	229.20	43.36
Fort St John Medical Clinic	Fort St John	0.30	1963	2/2/2024	8.28	2.52
Peace Villa Residential Care	Fort St John	0.16	2012	5/20/2024	53.44	8.78
Hudson's Hope Health Centre	Hudson's Hope	0.68	1997	5/20/2024	9.01	6.09
Tumbler Ridge D and T Centre	Tumbler Ridge	0.72	1983	2/2/2024	10.87	7.83

# Northern Rockies RHD

As of March 5, 2025

Building	City	FCI	Year Constructed	Date of Most Recent Assessment	Replacement Value (\$ Millions)	Facility Repairs/ Renewals(\$ Millions)
Fort Nelson General Hospital	Fort Nelson	0.74	1963	6/26/2023	35.29	25.98

# Northwest RHD

As of March 5, 2025

Building	City	FCI	Year Constructed	Date of Most Recent Assessment	Replacement Value (\$ Millions)	Facility Repairs/ Renewals (\$ Millions)
Atlin Health Center	Atlin	New Build – To be assessed				
22 Tatcho Street	Dease Lake	0.68	1979	11/6/2014	0.48	0.33
23 Tatcho Street	Dease Lake	0.55	1979	11/6/2014	0.43	0.24
3rd Avenue	Dease Lake	0.67	1982	11/6/2014	0.47	0.31
Stikine Health Centre	Dease Lake	0.72	1994	9/2/2019	11.61	8.40
Hazelton Duplex	Hazelton	0.62	1998	5/8/2023	1.08	0.67
Wrinch Memorial Hospital	Hazelton	0.89	1977	5/8/2023	31.41	28.11
Houston D and T Centre	Houston	0.68	1982	5/20/2024	9.32	6.31
Kitimat General Hospital	Kitimat	0.40	2002	5/20/2024	94.20	37.34
Kitimat Mixed Elder Care	Kitimat	0.38	2002	5/20/2024	22.42	8.45
Masset Assisted Living	Masset	0.25	2008	2/14/2022	1.63	0.41
Northern Haida Gwaii Hospital and Health Centre	Masset	0.17	2008	2/14/2022	13.38	2.26
Duplex at 2208 and 2210 Dogwood	Masset	0.67	1970	2/14/2022	0.67	0.45
Acropolis Manor	Prince Rupert	0.15	2011	2/14/2022	28.01	4.23
Prince Rupert Regional Hospital	Prince Rupert	0.77	1971	5/8/2023	69.44	53.80
Haida Gwaii Hospital	Haida Gwaii	0.07	2017	2/14/2022	27.22	1.99
Bulkley Lodge	Smithers	0.48	1978	5/8/2023	22.76	11.04
Bulkley Valley District Hospital	Smithers	0.84	1954	5/8/2023	37.62	31.46
Stewart Health Centre	Stewart	0.75	1993	5/20/2024	15.79	11.84
Birchwood Place	Terrace	0.33	1994	5/20/2024	2.60	0.85
McConnell Estates	Terrace	0.18	2002	5/20/2024	10.77	1.96
Mills Memorial Hospital	Terrace	0.82	1959	11/24/2017	72.48	59.08
Seven Sisters	Terrace	New Build – To be assessed				
Terraceview Lodge	Terrace	0.56	1984	2/2/2024	25.58	14.39
Terraceview Lodge New Addition	Terrace	0.26	2009	2/2/2024	19.51	5.03

# Questions?

