

Alan Harrison

From: Scott McKee [REDACTED]
Sent: September 27, 2023 2:26 PM
To: Tim Lavery; Alan Harrison; Kevin Flynn
Cc: Sellars, Dr. Andrew; Widmer, Dr. Nadia
Subject: [External] Shuswap Lake Hospital update

Dear Tim and colleagues,

I wanted to take this opportunity to bring you up to date on the negotiations between the hospital medical staff, local hospital administration, and Interior Health regarding the issues we have faced around the planning and funding of services at Shuswap Hospital. The medical staff greatly appreciates the support that has been expressed by our representatives within the city and regional district levels. We appreciate that preservation of local health care is not just in the interest of doctors and staff, but is a vital asset to our community as a whole.

I attended a meeting at Shuswap Hospital on September 21 to review the final stage of the **Future Site Plan** (FSP) for Shuswap General Hospital. The presentation was made by Stantec Architecture, the firm contracted by IHA for the design options. In attendance were most of the Medical Staff Department heads, as well as 2 representatives from Interior Health responsible for project management and priorities. The environment was collegial and consensus-focused.

Key Points:

- 1) Interior Health thankfully has responded to our internal communications, as well as civic discourse and media pressure in terms of initiating this FSP process back in July. There has been steady progress.
- 2) The modernization proposal includes only a series of renovations to the existing hospital, there has been no plan to consider a new build.
- 3) The FSP is divided into 7 priorities; it is understood these may be subject to change with time and financial limitations.
 1. Operating room expansion and HAU expansion/modernization.
 2. Inpatient unit expansion that would involve new tower construction connected to the West end of the hospital.
 - 3 & 4. Oncology and Ambulatory Care expansion
 5. Obstetrics expansion in modernization
 6. Emergency department expansion
 7. Radiology expansion.
- 4) Medical staff members of the Working Group voted to concur with the above priorities. The next stage is the development of a business plan for presentation to the Ministry of Health. That process is expected to take 12-18 months.
- 5) Even with approvals in a timely fashion, and allowing for the vagaries of project management expenses, the FSP as described could mean 12-20 years of continuous construction at the existing hospital site.

While this FSP is moving forward, the hospital critical care service is essentially stalled by resignations of experienced RNs and overall absence of staffing. The erosion of RN staff and inability to replace or rehire has been the case since around 2021 at the height of the pandemic. There is a strong feeling amongst the RNs that an upgraded HAU/ICU, with 4 beds and 2 staff (currently 3 beds and one nurse) would significantly improve the attractiveness of Salmon Arm as a work environment. This issue (staffing) is obviously separate from the building upgrades, but emphasizes the importance of a modern space to recruit and retain both nurses and physicians. The IHA Critical Care Network, a physician group that provides direction in terms of critical care resources in IHA, has consistently supported the restoration of this service in Salmon Arm, and recognizes the importance of a functional working unit.

Since my last meeting with the CSRD Board I have conferred continuously with many colleagues and the members of the FSP working group. I should emphasize I cannot formally speak for the medical staff as a whole, although I can speak for the HAU/ICU component, which is our Internal medicine group's responsibility. In this context, my suggestions/requests to you all as our civic representatives for the near future:

- Insist on rapid completion of the FSP business plan.
- Once the cost and timelines are known, insist on understanding the wisdom of a 12-20 year series of renovations (and all the attendant uncertainties) vs a shorter (1-2 yr) new build with more fixed costs. This will be an especially important issue as the CSRD debates its ability to provide up to 40% share of the expense(s). Ask about the fiscal and structural lessons learned from the recent upgrades in Williams Lake and Penticton.
- Ask about how the HAU staffing issue is being addressed, both for the HAU and the hospital as a whole. Insist on seeing some evidence of a commitment in this regard.
- Ask about the risk to the IHA if physicians are no longer willing/able to provide advanced cardiac or critical care locally. Does IHA have a plan for how Salmon Arm patients would be transferred and/or repatriated?

Hopefully this is enough for you all to continue the conversation. [REDACTED]

[REDACTED] I will have very limited access to emails and the internet. Once I return, it may be worthwhile to reassess the FSP process, and perhaps review the details of the FSP with the regional hospital district and other interested parties. For further questions Please feel free to reach out to other involved members of the medical staff such as Dr. Andrew Sellars, or Dr. Nadia Widmer, copied on this email.

Best regards,

Scott McKee MD