

THOMPSON REGIONAL HOSPITAL DISTRICT

Regular Meeting Agenda

Thursday, June 25, 2026

Time: 10:00 AM

Place: Twin Rivers Boardroom
TNRD Civic Building
4th Floor, 465 Victoria St
Kamloops, BC
[Zoom Info](#)

Page

1 CALL TO ORDER

2 FIRST NATIONS LAND ACKNOWLEDGEMENT

The TNRD acknowledges that we connect with many First Nation Communities across our vast regional district and today are located on the Tkemlúps te Secwépemc territory, situated within the unceded ancestral lands of the Secwépemc Nation. The TNRD appreciates the partnership that we have with Tkemlúps te Secwépemc, and respect the territory and land on which we gather today.

3 ADDITIONS TO OR DELETIONS FROM THE AGENDA

4 MINUTES

4.1 Thompson Regional District Hospital Meeting Minutes, March 26, 2026. 3 - 9

[March 26, 2026 Minutes - Draft](#)

RECOMMENDATION:

THAT, the minutes of the Thompson Regional Hospital District Board Meeting dated March 26, 2026, be adopted.

5 DELEGATIONS

5.1 Centre for Health Systems Learning & Innovation 10 - 17

Presentation from CEO, Dr. Deanne Taylor, and Innovation Liaison of Government and Community, Betty Brown, on organization projects and plans.

[Supporting Information](#)

6 UNFINISHED BUSINESS

7 REPORTS and/or INQUIRIES

7.1 Interior Health Authority (IHA) and Provincial Health Services Authority (PHSA)

Verbal presentation from IHA Executive Director of Finance, Dan Goughnour, Executive Director of Clinical Operation Royal Inland Hospital, Gerry Desilets, Chief Operating Officer of Clinical Operations Interior Health North, Richard Harding, and PHSA Interim Director of Clinical, Kamloops Cancer Centre and BC Cancer Redevelopment, Kyle Connely.

7.2 2025 Financial Information Act Disclosures

18 - 48

All/Unweighted Corporate

Report from Interim Chief Financial Officer, S. Hildebrand, dated June 25, 2026.

The purpose of this report is to present the Board with the Thompson Regional Hospital District (TRHD) 2025 Statements of Financial Information (SOFI) and report for approval.

[Board Report](#)

RECOMMENDATION:

THAT, the Thompson Regional Hospital District Statement of Financial Information for the year ended December 31, 2025 be approved and made available for public inspection.

8 CORRESPONDENCE

8.1 For Action

8.1.1 Chase and District Health Services Foundation

49 - 50

Letter from Chase & District Health Services Foundation requesting the THRD Board advocate for a Chase Full Care Long Term, Hospice-Palliative Care, Respite Centre/Home. and request Interior Health Authority include in their Capital Budget planning process.

[Correspondence dated May 28, 2026](#)

9 NEW BUSINESS

10 ADJOURNMENT

THOMPSON REGIONAL HOSPITAL DISTRICT

Regular Meeting Minutes

Thursday, March 26, 2026

MINUTES of a Meeting of the Board of Directors of the THOMPSON REGIONAL HOSPITAL DISTRICT held in the Board Room on Thursday, March 26, 2026 commencing at 10:00 AM.

PRESENT: Director M. O'Reilly (Chair) City of Kamloops
Director M. Blackwell (Vice-Chair) District of Clearwater
Director B. Roden Village of Ashcroft
Director R. Smith District of Logan Lake
Director J. Ranta Village of Cache Creek
Director R. Stanke Village of Clinton
Director R. Kerslake District of Barriere
Director D. Lepsoe Village of Chase
Director S. Karpuk City of Kamloops
Director K. Neustaeter City of Kamloops
Director K. Hall City of Kamloops
Director D. Bass City of Kamloops
Director M. Middleton City of Kamloops
Director D. O'Connor Village of Lytton
Director M. Goetz City of Merritt
Director R. O'Toole Sun Peaks Mountain Resort Municipality
Director L. Onslow Electoral Area "B" (Thompson-Headwaters)
Director J. Smith Electoral Area "E" (Bonaparte Plateau)
Director T. Thorpe Electoral Area "I" (Blue Sky Country)
Director M. Grenier Electoral Area "J" (Copper Desert Country)
Director D. Haughton Electoral Area "L" (Grasslands)
Director D. Laird Electoral Area "M" (Beautiful Nicola Valley - North)
Director H.S. Graham Electoral Area "N" (Beautiful Nicola Valley - South)
Director J. Hayward Electoral Area "O" (Lower North Thompson)
Director L. Morris Electoral Area "P" (Rivers and the Peaks)
Director J. Simpson (Virtual) Columbia Shuswap Regional District
Director R. McNary District of Lillooet

ABSENT: Director V. Birch-Jones Squamish-Lillooet Regional District
Director S. DeMare Squamish-Lillooet Regional District
Director B. Sarai City of Kamloops
Director U. Tsao Electoral Area "A" (Wells Gray Country)

STAFF: Mr. S. Hildebrand, Chief Administrative Officer, Acting Chief Financial Officer
Ms. M. Jeremiah, Corporate Officer
Mr. J. Vieira, General Manager of Operations
Ms. A. Bennett Arrieta, General Manager of Corporate Services
Mr. A. Potts, Finance Manager
Ms. J. Felker, Finance Manager
Mr. C. Kelley, External Relations and Advocacy Advisor
Ms. C. Dobell, Recording Secretary

PRESS: 2 media persons

OTHERS: 15 interested persons

1 CALL TO ORDER

Chair O'Reilly called the meeting to order at 10:00 AM and respectfully acknowledged the Tk'emlúps te Secwépemc Territory in which the meeting was held.

2 ADDITIONS TO OR DELETIONS FROM THE AGENDA

None

3 MINUTES

3.1 Thompson Regional District Hospital Meeting Minutes January 22, 2026.

**Moved by Director Blackwell
Seconded by Director O'Toole**

THAT, the minutes of the Thompson Regional Hospital District Board Meeting dated January 22, 2026, be adopted.

CARRIED

4 DELEGATIONS

4.1 Kamloops Cancer Supportive Care Society

The Board received a presentation from Kamloops Cancer Centre Supportive Care Society Vice-President, Ann McCarthy, and Director, Janice MacDonald, on the InspireHealth Cancer Supportive Care Centre and the organizations' goal to connect patients in outlying TNRD areas to the Centre in Kamloops.

The Centre, which is entirely community funded, has been open and active in since January 2026. Director Neustaeter commended the presenters for their work and encouraged fellow Directors to support this community work.

5 UNFINISHED BUSINESS

None

6 REPORTS and/or INQUIRIES

6.1 Interior Health Authority Project Updates

The Board received a presentation from Interior Health Authority (IHA) Corporate Director of Business Operations, Corey Wein, Executive Director of Clinical Operations for Kamloops, Kathy Doull, and Executive Director for Clinical Operations for the Royal Inland Hospital (RIH), Gerry Desilets.

The presenters gave a snapshot of capital projects at Ashcroft Hospital & Health Centre, Barriere Health Centre, Clearwater's Dr. Helmcken Memorial Hospital & Health Centre, Lillooet Hospital & Health Centre, Merritt's Nicola Valley Hospital & Health Centre, and Kamloops' Royal Inland Hospital, along with a breakdown of equipment funding for the fiscal year.

On question, the presenters:

- Reported there have been 12,729 unique visitors to the Kamloops North Shore Urgent & Primary Care Centre this year, averaging 56 per day.
- Will forward concerns from Director Thorpe regarding the timeline of the Lytton Health Care Centre to Karen Cooper for response.
- Could not speak to minimum timelines in response to concerns about delayed long-term care projects, but assured the Board they are working to fill beds as timely as possible to reduce strain on health care workers, in addition to the incorporation of community health workers who operate within the patient's home.
- Will provide the Board a list of how equipment funds have been allocated, in response to concerns about transparency regarding equipment funding.

**Moved by Director Neustaeter
Seconded by Director Blackwell**

THAT, the Board send a letter of concern to the Ministry of Health regarding the pause on long-term care facility development in Kamloops due to provincial debt and the de-prioritization of care for seniors, and request that the Ministry provide the Board with a timeline for when projects will recommence to meet the growing needs of our aging population.

CARRIED

6.2 2026-2030 Five Year Financial Plan

The Board received a report and presentation from acting Chief Financial Officer, S. Hildebrand, and Finance Manager, Austin Potts, dated March 26, 2026, to seek Board adoption of Minor Capital Equipment Bylaw No. 169, Major Capital Bylaw No. 170, and 2026-2030 Five-Year Financial Plan Bylaw No. 171. The presentation included preparations for future capital projects, stabilization of taxation burden on residents, improved communication with the Interior Health Authority (IHA), and budget changes.

On question, Mr. Potts clarified the 27% increase in total taxation in Lytton reflects new properties entering and growth in the total assessment, which will not affect the amount owing for current residents.

**Moved by Director Neustaeter
Seconded by Director Blackwell**

THAT, Thompson Regional Hospital District Minor Capital Equipment Bylaw No. 169, 2026 be introduced and read a first and second time.

CARRIED

**Moved by Director J. Smith
Seconded by Director Hall**

THAT, Thompson Regional Hospital District Minor Capital Equipment Bylaw No. 169, 2026 be read a third time.

CARRIED

**Moved by Director Middleton
Seconded by Director Bass**

THAT, Thompson Regional Hospital District Minor Capital Equipment Bylaw No. 169, 2026 be adopted.

CARRIED

**Moved by Director Bass
Seconded by Director Neustaeter**

THAT, Thompson Regional Hospital District Major Capital Bylaw No. 170, 2026 be introduced and read a first and second time.

CARRIED

**Moved by Director Blackwell
Seconded by Director Neustaeter**

THAT, Thompson Regional Hospital District Major Capital Bylaw No. 170, 2026 be read a third time.

CARRIED

**Moved by Director Roden
Seconded by Director Ranta**

THAT, Thompson Regional Hospital District Major Capital Bylaw No. 170, 2026 be adopted.

CARRIED

**Moved by Director Bass
Seconded by Director Simpson**

THAT, Thompson Regional Hospital District Five-Year Financial Plan 2026-2030 Bylaw No. 171, 2026 be introduced and read a first and second time.

CARRIED

**Moved by Director Morris
Seconded by Director Haughton**

THAT, Thompson Regional Hospital District Five-Year Financial Plan 2026-2030 Bylaw No. 171, 2026 be read a third time.

CARRIED

**Moved by Director Neustaeter
Seconded by Director Karpuk**

THAT, Thompson Regional Hospital District Five-Year Financial Plan 2026-2030 Bylaw No. 171, 2026 be adopted.

CARRIED

RECESS

The Chair recessed the meeting at 11:05 AM

RECONVENE

The meeting reconvened at 11:15 AM

6.3 2025 Audited TRHD Financial Statements

The Board received a report From Acting Chief Financial Officer, Scott Hildebrand dated March 26, 2026, for the Board to approve the audited financial statements of the TRHD for the year ended December 31, 2025, and subsequently make them available for public inspection. In addition to the report, the Board received a presentation from external Auditor Mario Piroddi from BDO Canada LLP, to provide the Board with the completion of a clean audit for the Hospital District 2025 year end report.

Mr. Piroddi noted the audit area of higher risk focused on management override controls and auditors did not find any wrongdoing. Mr. Piroddi's recommendations moving forward included a slow down on borrowing to ensure stability going forward.

**Moved by Director Goetz
Seconded by Director Ranta**

THAT, the 2025 Audited Financial Statements of the Thompson Regional Hospital District be approved and made available for public inspection.

CARRIED

7 CORRESPONDENCE

None

8 NEW BUSINESS

None

10 CLOSED MEETING

**Moved by Director O'Reilly
Seconded by Director Blackwell**

THAT, the meeting be closed under section 90(2)(b)(i) of the *Community Charter*, consideration of information received and held in confidence relating to negotiations between the regional district and a provincial government or the federal government, or both, or between a provincial government for the federal government, or both, and a third party.

CARRIED

10 ADJOURNMENT

The Chair adjourned the meeting at 11:26 PM

Certified Correct:

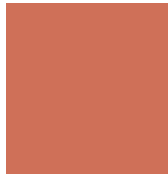
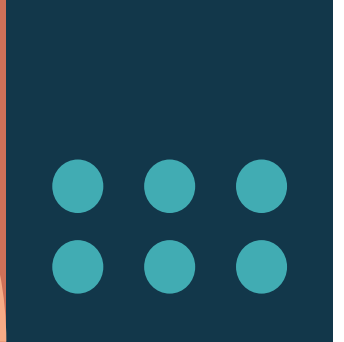
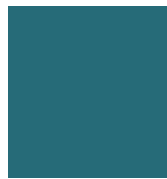
Chair

Corporate Officer



Jim Pattison
Centre for Health Systems
Learning + Innovation

FAQs About our Centre



Background

Q: What is the Jim Pattison Centre for Health Systems Learning + Innovation?

The Jim Pattison Centre for Health Systems Learning + Innovation (JP Centre) is a new, independent learning organization created to accelerate innovation and strengthen health systems across British Columbia (BC).

Co-created by Interior Health (IH) and the Kelowna General Hospital (KGH) Foundation, with input from community, clinical, academic, and Indigenous partners including representatives from the 7 First Nations and Metis communities within the Interior, the JP Centre serves as a hub for collaboration, learning, and practical innovation that improves care for all.

Q: Why was the JP Centre created?

The JP Centre was established to bridge the gap between great ideas and real-world solutions in healthcare. Too often, innovative ideas remain siloed or under-supported. The JP Centre provides a flexible and collaborative environment where promising ideas can be tested, scaled, and sustained to improve health outcomes and system performance.

Q: What is the JP Centre's relationship to Interior Health and the KGH Foundation?

The JP Centre operates as a fully independent social enterprise for-profit organization. IH and the KGH Foundation are founding partners who provide strategic guidance and support; however, the JP Centre's structure allows it to act nimbly and neutrally collaborate broadly and engage diverse partners across BC's health ecosystem.



Business Model and Services

Q: How does the JP Centre operate financially?

The JP Centre operates under a for-profit business model designed to enable long-term sustainability of health innovations and reinvestment back into the cycle of health innovation discovery and application. Any profits generated through the Centre's activities are reinvested directly into supporting health innovation and health systems learning, supporting new ideas, applied research, and partnerships that align with the Centre's themes and priorities.

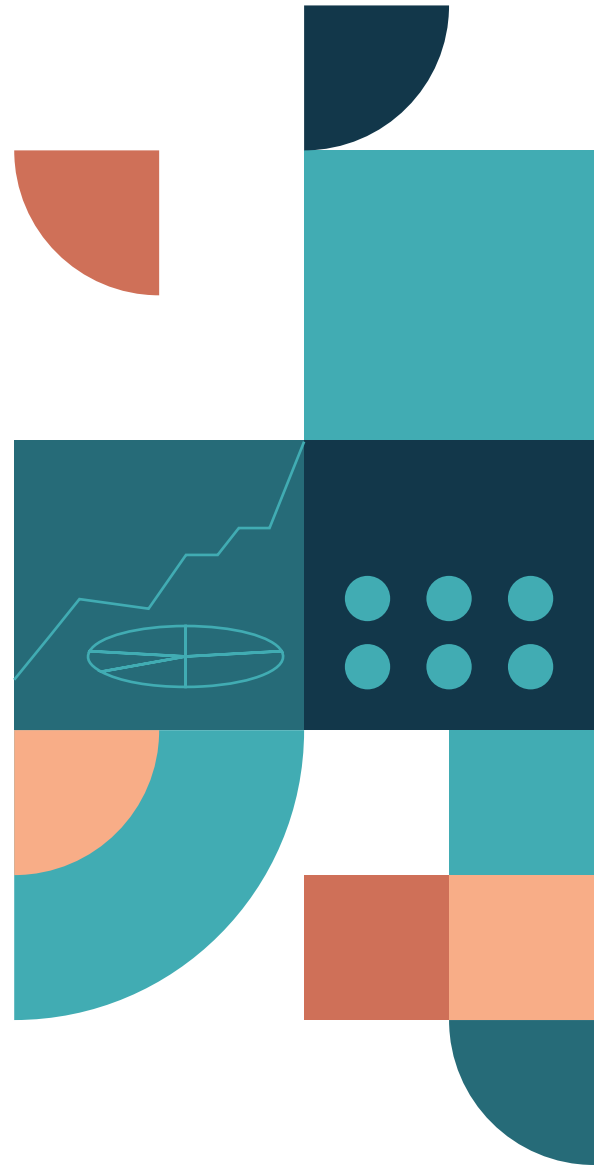
This model allows the Centre to remain financially self-sustaining while continuing to be a catalyst for transformational innovation and learning across BC's health system. It combines the agility of a business approach with a clear commitment to advancing health innovation for social good.

Q: How does the JP Centre make decisions?

The JP Centre uses a consensus distributed decision-making model that brings together a range of content expertise to guide decisions and investments. This includes:

- **Scholarly expertise** – grounding decisions in evidence, research, and best practices.
- **Lived and living experience** – ensuring the perspectives of patients, families, and communities are central to our work.
- **Health system perspectives** – drawing on the insights of clinicians, leaders, and operational experts to align innovations with local and community priorities and needs.
- **Health system data** – seeking, analyzing, and generating new knowledge from practice data and exploring integration into practice to support a learning health system.

This collaborative approach ensures that decisions are well-rounded, equitable, and grounded in the realities of both communities and the health system.



Q: What services does the JP Centre provide?

The JP Centre offers a range of supports designed to move health innovation from idea to impact.

Idea Exploration & Consultation

- Talk through your idea, get quick advice, or identify next steps.
- Perfect if you are still shaping your concept or unsure what kind of support you need.

Connection & Partnership Facilitation

- We help you connect with the right people, programs, or opportunities including collaborators, funders, and organizational partners.

Funding Navigation & Grant Support

- Guidance on identifying funding opportunities and preparing strong applications.
- Can include letters of support or introductions to partners to strengthen your proposal.

Engagement & Facilitation

- Support for engaging communities, health systems, and other partners.
- Includes facilitation for meetings or collaborative planning sessions.

Q: Who does the JP Centre work with and support?

We work with a wide range of partners including health system leaders, clinicians, researchers, innovators, interest groups, community organizations, Indigenous and rural partners, and individuals with lived and living experience. The Centre's focus is on enabling collaboration that leads to meaningful, sustainable change.

Project Development & Implementation

- Help to scope, design, and bring your project to life.
- Includes advice on team building, partnerships, practical implementation steps, and sustainment.

Evaluation & Health Systems Learning

- Support to design evaluation plans, develop metrics, carry out quality improvement, and measure impact.

Knowledge Mobilization & Communication

- Help sharing your results, translating insights into practice, and reaching the right audiences.

Contracting & Legal Guidance

- Assistance developing MOUs, service agreements, or other project-related contracts.



Strategy and Engagement

Q: What is the plan for developing the JP Centre's long-term strategy?

The JP Centre is currently developing a comprehensive three-year strategic plan. This will be co-created through an in-depth engagement process with interest holders and rights holders across the Interior and the Province. The goal is to ensure the strategy reflects shared priorities, community wisdom, and diverse perspectives on what innovation and health systems learning could look like in practice.

Q: How will engagement take place?

The engagement process will include a mix of approaches designed to invite diverse voices and perspectives. These may include:

- One-on-one and small group conversations
Workshops and listening sessions.
- Virtual and in-person forums
- Collaborative sensemaking sessions to synthesize insights into shared directions and priorities.
- Participation in community events and other gatherings when invited, to listen, learn, and strengthen relationships.





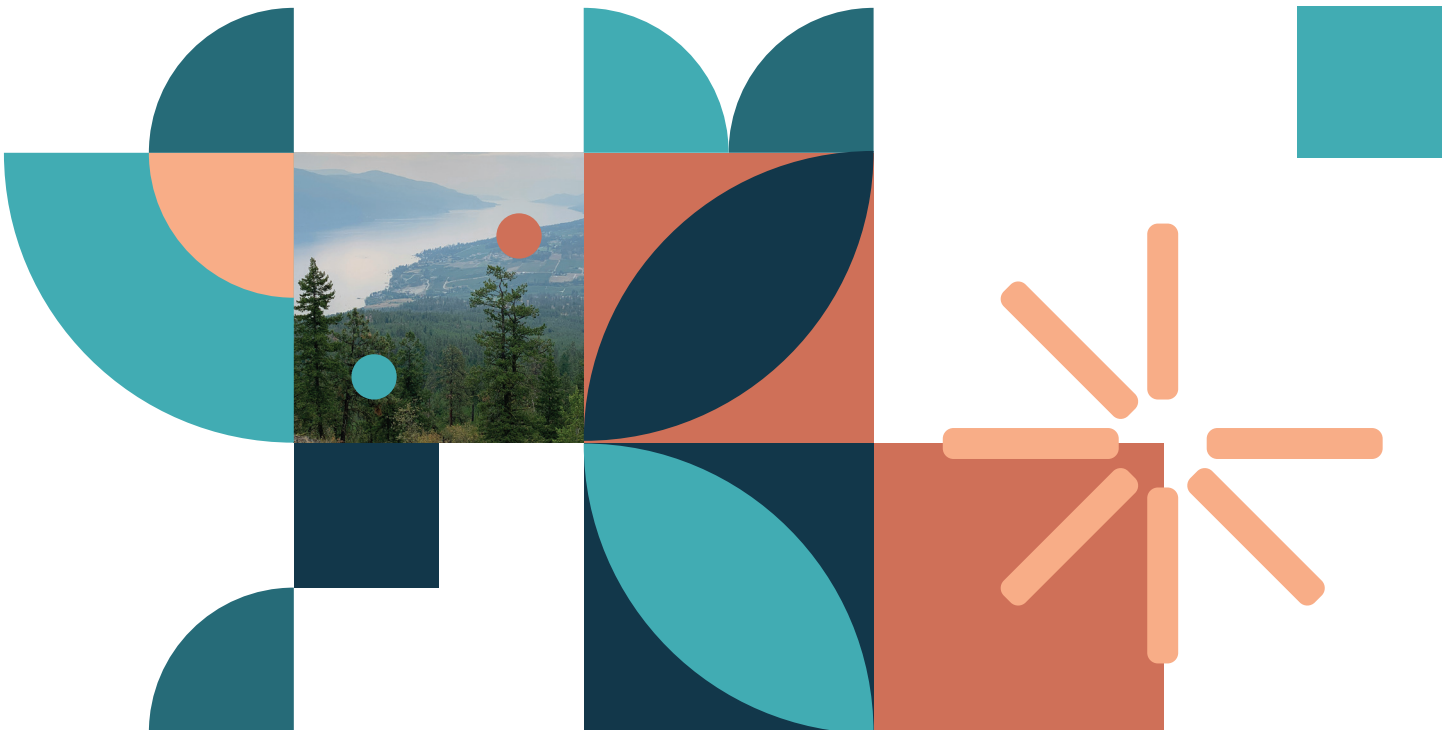
Q: What will the strategy focus on?

While the final strategy will be shaped by engagement input, key focus areas are expected to include:

- Building capacity for innovation across health and community settings.
- Strengthening collaboration across organizations, sectors, and disciplines.
- Accelerating real-world testing and real-time learning.
- Embedding equity, reconciliation, and lived experience at the core of all work.

Q: When will the strategy be complete?

The engagement and strategy development process will unfold over 2025-2026, with the final three-year strategy anticipated for release in Fall 2026.





Jim Pattison
Centre for Health Systems
Learning + Innovation

Contact

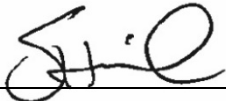
For general inquiries or
partnership opportunities:

info@jpcentre.ca
www.jpcentre.ca

TO: Chair and Board of Directors **DATE:** June 25, 2026
FROM: Chief Financial Officer
SUBJECT: TRHD 2025 Financial Information Act Disclosures

RECOMMENDATION:

THAT, the Thompson Regional Hospital District Statement of Financial Information for the year ended December 31, 2025 be approved and made available for public inspection.



Scott Hildebrand
Interim Chief Financial Officer



Approved for Board Consideration
Corporate Officer

Prepared by: Janene Felker, Manager of Finance

PURPOSE:

To present the Board with the Thompson Regional Hospital District (TRHD) 2025 Statements of Financial Information (SOFI) and report for approval.

SUMMARY:

Pursuant to section 376(1)(b) of the *Local Government Act*, “By June 30 in each year, a regional district must hold a board meeting or other public meeting for the purpose of presenting (a) the audited financial statements of the preceding year, and (b) the report under section 168 [reporting remuneration, expenses and contracts] of the *Community Charter* as it applies under section 377 [application of Community Charter provisions] of this Act”.

Section 2 of the *Financial Information Act* states that “A corporation must prepare statements of financial information in accordance with this section in a form and containing information

prescribed by the Lieutenant Governor in Council” and that “A corporation must (a) keep in its office copies of the financial information statements prepared under this section, and (b) make a copy available at its head office during usual business hours for inspection by any person”.

The audited financial statements were presented to the Board in March 2026. Presentation of the audited statements and the SOFI reports follow legislative requirements and assist the TRHD in continuing its practice of transparency and public accountability. Overall, expenditures are within budget and in alignment with projected spending.

Remuneration of elected officials in 2025 totals \$33,795 and expenses of \$12,568, compared to \$26,088 in remuneration \$6,525 in expenses in 2024.

Upon Board approval, these reports will be filed with the Ministry of Housing and Municipal Affairs and made available for public inspection as required.

One update for the 2025 reporting period is the combining of all the reporting requirements into one document. The Board is being asked to approve the Statement of Financial Information and not also a separate report for Director Remuneration and Expenses. For simplicity, all of this information is now being combined into one report for Board and public consumption.

COMMUNICATIONS OR PUBLIC CONSULTATION:

The 2025 SOFI Report will be posted for public viewing on the Finance page of the TNRD website, tnrd.ca/services/budget-finance/financial-reports.

Attachment

- TRHD Statements of Financial Information 2025, including the 2025 Audited Financial Statements and 2025 Director Remuneration and Expenses

Thompson Regional Hospital District

Statements of Financial Information

Filed in accordance with *Financial Information Act*

Fiscal Year Ended December 31, 2025



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- F. Schedule of Remuneration and Expenses: Elected Officials
December 31, 2025
- G. Statement of Severance Agreements
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- H. Schedule of Payments to Suppliers of Goods and Services
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- I. Reconciliation of Remuneration and Payments to the
December 31, 2025 Financial Statements

SCHEDULE A

Statement of Financial Information Approval

December 31, 2025

The undersigned, as authorized by the Financial Information Regulation, Schedule 1, subsection 9(2), approves all the statements and schedules included in this Statement of Financial Information, produced under the *Financial Information Act*.

Scott Hildebrand
Chief Financial Officer

Michael O'Reilly
Chair, Board of Directors

June 25, 2026

SCHEDULE B

Management Report

The information contained in this Statement of Financial Information under the *Financial Information Act* and Section 376(1)(b) of the *Local Government Act* and Section 168 of the *Community Charter* have been prepared by management in accordance with Canadian public sector account standards or stated accounting principles, and the integrity and objectivity of these statements are management's responsibility. Management is also responsible for all the statements and schedules, and for ensuring that this information is consistent, where appropriate, with the information contained in the financial statements.

Management is also responsible for implementing and maintaining a system of internal controls 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 produced.

The Board of Directors is responsible for ensuring that management fulfills its responsibilities for financial reporting and internal control and exercises responsibility through the Audit Committee of the Board. The Audit Committee meets with management and the external auditors three times a year.

The external auditors, BDO Canada LLP, conduct an independent examination, in accordance with Canadian generally accepted auditing standards, and express their opinion on the annual consolidated financial statements. Their examination does not relate to the other schedules and statements required by the Act. Their examination includes a review and evaluation of the Thompson-Nicola Regional District's system of internal controls and appropriate tests and procedures to provide reasonable assurance that the consolidated financial statements are presented fairly. The external auditors have full and free access to the Board.

Scott Hildebrand
Chief Financial Officer / Chief Administrative Officer

Kamloops, British Columbia, Canada

June 25, 2026

SCHEDULE C
Audited Financial Statements

December 31, 2025

TRHD THOMPSON
REGIONAL
HOSPITAL
DISTRICT

2025 Thompson Regional Hospital District
**FINANCIAL
STATEMENTS**



tnrd.ca

**Thompson Regional Hospital District
Financial Statements
For the year ended December 31, 2025**

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Management's Responsibility for Financial Reporting

The accompanying financial statements of the Thompson Regional Hospital District (the "Hospital District") are the responsibility of management and have been approved by the Board of Directors of the Hospital District.

The financial statements have been prepared by management in accordance with Canadian public sector accounting standards. Financial statements are not precise since they include certain amounts based on estimates and judgments. When alternative accounting methods exist, management has chosen those it deems most appropriate in the circumstances, in order to ensure that the financial statements are presented fairly, in all material respects.

The Thompson Regional Hospital District maintains systems of internal accounting and administrative controls of reasonable quality, consistent with reasonable cost. Such systems are designed to provide reasonable assurance that the financial information is relevant, reliable and accurate and the Hospital District's assets are appropriately accounted for and adequately safeguarded.

The Thompson Regional Hospital District is responsible for ensuring that management fulfills its responsibilities for financial reporting and is ultimately responsible for reviewing and approving the financial statements.

The Board of Directors review the Hospital District's financial statements and recommend their approval. The Board of Directors meet periodically with management, as well as the external auditors, to discuss internal controls over the financial reporting issues, to satisfy themselves that each party is properly discharging their responsibilities, and to review the annual report, the financial statements and the external auditor's report. The Board of Directors take this information into consideration when approving the financial statements for issuance to the taxpayers. The Board of Directors also appoint the engagement of the external auditors.

The financial statements have been audited by BDO Canada LLP in accordance with Canadian generally accepted auditing standards. BDO Canada LLP had full access to the Board and management.



Chief Financial Officer

Independent Auditor's Report

To the Members of the Board of Directors of the Thompson Regional Hospital District

Opinion

We have audited the financial statements of the Thompson Regional Hospital District (the "Hospital District"), which comprise the statement of financial position as at December 31, 2025, and the statement of change in net financial debt, statement of operations, and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Hospital District as at December 31, 2025, and its results of operations, changes in net financial debt, and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

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 Regional District in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

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

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

BDO Canada LLP

Chartered Professional Accountants

**Kamloops, British Columbia
March 26, 2026**

Thompson Regional Hospital District
Statement of Financial Position

As at December 31	2025	2024
Financial assets		
Cash and cash equivalents (Note 2)	\$ 41,540,481	\$ 40,783,778
Accounts receivable	114,919	125,618
Deposit - Municipal Finance Authority	1,548,209	1,503,196
	43,203,609	42,412,592
Liabilities		
Accounts payable and accrued liabilities	1,271,880	3,433,147
Debenture debt MFA (Note 3)	91,751,308	97,522,769
	93,023,188	100,955,916
Net debt	(49,819,579)	(58,543,324)
Accumulated deficit (Note 6)	\$(49,819,579)	\$(58,543,324)



Chief
Financial
Officer



Chair
of the
Board

Thompson Regional Hospital District
Statement of Operations

For the year ended December 31	Financial Plan	2025	2024
	(Note 7)		
Revenue			
Tax requisition	\$ 18,076,880	\$ 18,081,492	\$ 17,216,079
Interest	804,422	1,288,387	1,935,364
Actuarial adjustment to debt	-	978,529	811,017
Grants in lieu of taxes	-	96,685	105,695
	<u>18,881,302</u>	<u>20,445,093</u>	<u>20,068,155</u>
Expenses			
Grants to Interior Health Authority	27,346,525	7,507,422	10,864,611
Interest on debentures	4,121,212	4,121,212	4,124,390
Operating expenses	90,000	92,714	144,988
Interest on short-term debt	100,000	-	-
	<u>31,657,737</u>	<u>11,721,348</u>	<u>15,133,989</u>
Annual surplus (deficit)	(12,776,435)	8,723,745	4,934,166
Accumulated deficit, beginning of year	<u>(58,543,324)</u>	<u>(58,543,324)</u>	<u>(63,477,490)</u>
Accumulated deficit, end of year	<u>\$ (71,319,759)</u>	<u>\$ (49,819,579)</u>	<u>\$ (58,543,324)</u>

The accompanying notes are an integral part of these financial statements.

Thompson Regional Hospital District
Statement of Change in Net Debt

For the year ended December 31	Financial Plan	2025	2024
Annual surplus (deficit)	\$ (12,776,435)	\$ 8,723,745	\$ 4,934,166
Net debt, beginning of year	<u>(58,543,324)</u>	<u>(58,543,324)</u>	<u>(63,477,490)</u>
Net debt, end of year	<u>\$(71,319,759)</u>	<u>\$(49,819,579)</u>	<u>\$ (58,543,324)</u>

The accompanying notes are an integral part of these financial statements.

Thompson Regional Hospital District
Statement of Cash Flows

For the year ended December 31	2025	2024
Operating transactions		
Annual surplus	\$ 8,723,745	\$ 4,934,166
Items not involving cash		
Actuarial adjustment to debt	(978,529)	(811,017)
Changes in non-cash operating balances		
Accounts receivable	10,700	(41,076)
Accounts payable and accrued liabilities	(2,161,267)	1,571,047
Debt reserve funds	(45,014)	(50,584)
	5,549,635	5,602,536
Financing transactions		
Repayment of long-term debt	(4,792,932)	(4,792,932)
Net increase in cash and cash equivalents	756,703	809,604
Cash and cash equivalents, beginning of year	40,783,778	39,974,174
Cash and cash equivalents, end of year (Note 2)	\$ 41,540,481	\$ 40,783,778

The accompanying notes are an integral part of these financial statements.

Thompson Regional Hospital District

Notes to the Financial Statements

December 31, 2025

1. Significant Accounting Policies

Government Reporting Entity

The Thompson Regional Hospital District (the "TRHD") was incorporated January 1, 1996 by Letters Patent and operates under the authority of the Hospital District Act of British Columbia. Its principal activities are to provide funding to the Interior Health Authority (Thompson Cariboo Shuswap service area) for capital construction projects and equipment purchases for health care facilities within the regional district. These activities are funded through current property taxes, property tax revenues set aside as reserves and long-term debt. As a public body performing the function of a government in Canada, the TRHD is exempt from income tax under the Income Tax Act (Canada).

Basis of Presentation

The financial statements of the TRHD are prepared by management in accordance with Canadian Public Sector Accounting Standards ("PSAS").

These standards require that expenses be presented in the Statement of Operations according to functional area, with the object or type of expense disclosed in the notes to the financial statements. Given that the TRHD has only a single functional area, the Statement of Operations has instead presented the expenses by object and no disclosure of operating segment information has been made.

Basis of Accounting

The TRHD follows the accrual method of accounting for revenues and expenses. Revenues are recognized in the period when they are earned, can be measured and there is reasonable assurance that they will be collected. Grants in lieu of taxes are recognized when they are received.

Expenses are recognized as they are incurred and become measurable as a result of receipt of goods or services and/or the creation of a legal obligation to pay.

Investments

Investments are recorded at cost unless there has been a decline in the market value which is other than temporary in nature in which case the investments are written down to market value.

Cash Equivalents

Cash equivalents include short-term, highly liquid investments with a term to maturity of 90 days or less at acquisition.

Tax Requisitions

Each municipality and electoral area within the TRHD is requisitioned for their portion of the TRHD service. These funds are then levied by the municipalities and the Province (for electoral areas) to individual taxpayers and turned over to the TRHD by August 1 of each year. Tax requisition revenues are recognized in the year in which they are levied.

Thompson Regional Hospital District

Notes to the Financial Statements

December 31, 2025

1. Significant Accounting Policies (continued)

Long-term debt Long-term debt is recorded net of accumulated principal repayments and actuarial adjustments to debt. Debt interest charges are recognized as an expense in the fiscal year in which they are accrued.

Capital Project Expenses The TRHD has no claim on the assets purchased as part of capital project expenses and, as such, has adopted the policy of expensing these amounts. The debenture debt interest expense associated with these capital projects is considered to be a normal operating cost.

Municipal Finance Authority The Municipal Finance Authority ("MFA") requires a cash contribution of 1% of the face value of debt when issued as security against loan default, which is held in a debt reserve fund. These deposits will be returned, with interest, to the TRHD upon retirement of the associated debt. The TRHD has adopted the policy of recording these cash deposits as an asset valued at the lower of the amount contributed and the amount expected to be recovered.

Reserve Surplus Funds 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 of accumulated surplus.

Use of Estimates The preparation of financial statements in accordance with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenditures during the reporting period. Actual results could differ from management's best estimates as additional information becomes available in the future.

Thompson Regional Hospital District

Notes to the Financial Statements

December 31, 2025

1. Significant Accounting Policies (continued)

Financial Instruments Cash and equity instruments quoted in an active market are measured at fair value. Accounts receivable, accounts payable, and long-term debt are measured at cost or amortized cost. The carrying amount of each of these financial instruments is presented on the statement of financial position.

Unrealized gains and losses from changes in the fair value of financial instruments are recognized in the statement of remeasurement gains and losses. Upon settlement, the cumulative gain or loss is reclassified from the statement of remeasurement gains and losses and recognized in the statement of operations. Interest and dividends attributable to financial instruments are reported in the statement of operations.

When investment income and realized and unrealized gains and losses from changes in the fair value of financial instruments are externally restricted, the investment income and fair value changes are recognized as revenue in the period in which the resources are used for the purpose specified.

For financial instruments measured using amortized cost, the effective interest rate method is used to determine interest revenue or expense.

All financial assets are tested annually for impairment. When financial assets are impaired, impairment losses are recorded in the statement of operations.

Transaction costs are added to the carrying value for financial instruments measured using cost or amortized cost. Transaction costs are expensed for financial instruments measured at fair value.

Thompson Regional Hospital District
Notes to the Financial Statements

December 31, 2025

2. Cash and temporary Investments

	2025	2024
Cash	\$ 19,952,397	\$ 19,798,850
Short-term investments	21,588,084	20,984,928
	\$ 41,540,481	\$ 40,783,778

Cash and short-term investments reported on the statement of financial position have a cost that approximates market value. Short-term investments are held in MFA pooled money market funds.

3. Long-term debt

Debenture debt is borrowed through the MFA to finance capital grants to the Interior Health Authority. Under the terms of the debt, the TRHD is required to make principal payments once annually while interest is calculated semi-annually and is based on the original debt principal borrowed. Associated with these principal payments, the MFA provides an actuarial adjustment, which is a non-cash reduction in the loan balance representing the investment earnings the MFA expects to realize on the sinking fund investments associated with the debenture.

MFA Issue no.	Bylaw no.	Term in Years	Maturity date	Interest rate	Balance as at Dec 31, 2024	Principal repayment	Actuarial adjustment	Balance as at Dec 31, 2025
146	132	20	2038	3.20%	97,522,769	4,792,932	978,529	1,751,308

The weighted average interest rate for 2025 was 3.20% (2024 - 3.20%). Interest expensed during for 2025 was \$4,121,212 (2024 - \$4,124,390).

Total principal payments required of the TRHD for the next five years and thereafter are as follows:

2026	\$ 4,792,932
2027	4,792,932
2028	4,792,932
2029	4,792,932
2030	4,792,932
Thereafter and actuarial earnings	67,786,648
	\$ 91,751,308

Thompson Regional Hospital District
Notes to the Financial Statements

December 31, 2025

4. Commitments and contingencies

a) Debt reserve funds:

The TRHD issues debt instruments through the MFA. Under borrowing arrangements with the MFA, the TRHD is required to lodge security by means of demand notes and interest-bearing cash deposits based on the amount of the borrowing. As the debt principal is retired, demand notes are released and the cash deposits are refunded and recorded as operating income in the period received. As a condition of these borrowings, a portion of the proceeds is withheld by the MFA as a debt reserve fund. These demand notes are contingent in nature and are not recorded in the financial statements. Details of the cash deposits and contingent demand notes at December 31, 2025 are as follows:

		2025		2024
Cash deposits	\$	1,548,209	\$	1,503,196
Contingent demand notes		3,169,193		3,169,193
Debt reserve fund	\$	4,717,402	\$	4,672,389

b) Interior Health Authority ("IHA"):

In 2025 the TRHD has an outstanding commitment of \$59,970,181 to IHA (2024 - \$16,514,498), this represents the difference between approved bylaws for various projects and the amounts paid out based on invoices submitted by IHA to date.

In 2016 the Board committed to a future contribution of up to \$172 million (approximately 40 percent of the approximate cost of \$417 million) for the planned Patient Care Tower of the Royal Inland Hospital. Long-term debt borrowed in 2018 is to finance a portion of this commitment.

In 2024 the Board committed to a future contribution of \$55 million (approximately 35 percent of the approximate cost of \$385 million) for the planned Cancer Care Clinic at the Royal Inland Hospital.

Thompson Regional Hospital District
Notes to the Financial Statements

December 31, 2025

5. Related party transactions:

The TRHD is related to the Thompson-Nicola Regional District ("TNRD") as the members of the Board of Directors of the TNRD form the majority of the members of the Board of Directors of the TRHD. As legislated by the Hospital District Act, the officers and employees of the TNRD are the corresponding officers and employees of the TRHD. Each of the TNRD and the TRHD are separate legal entities as defined by separate Letters Patent and authorized by separate legislation. During the year the TRHD received accounting and management services from the TNRD totaling \$11,000 (2024 - \$11,010). These transactions are in the normal course of operations and are measured at the exchange amount, which is the amount of consideration established and agreed to by the related parties.

6. Accumulated Deficit:

Accumulated surplus consists of individual fund surpluses and reserves as follows:

	2024	Contributions	Transfer to	2025
Surplus:				
Unappropriated surplus	\$ (78,180,897)	\$ 5,794,920	\$ 1,407,000	\$ (70,978,977)
Reserve funds				
Section 20(4) reserve	1,048,860	-	-	1,048,860
Reserve for future capital	18,588,713	2,928,825	(1,407,000)	20,110,538
Total accumulated surplus (deficit)	\$ (58,543,324)	\$ 8,723,745	\$ -	\$ (49,819,579)

The unappropriated surplus is the amount of accumulated surpluses remaining after deducting the other appropriated surplus balances. It is available to temporarily finance operations until planned revenues (i.e. property taxes, grants, etc.) are received, or for other operating or capital purposes as determined by the Board of Directors.

Reserve funds are the amount of accumulated surplus that have been set aside in accordance with legislative requirements or by decision of the Board of Directors for a specified purpose. The Section 20(4) reserve is set aside in accordance with Section 20 of the Hospital District Act of B.C. and is intended to cover emergency funding requirements that may occur in future years and will be capped at approximately one million dollars. Other reserves represent savings for planned future capital expenditures.

Thompson Regional Hospital District Notes to the Financial Statements

December 31, 2025

7. Financial Plan

The budget data presented in these financial statements is based upon the 2025 Financial Plan approved by the Board of Directors on February 20, 2025. The legislative requirements for the Financial Plan are that the cash inflows for the period must equal cash outflows.

Cash inflows and outflows may include such items as debt proceeds or debt principal repayment, asset sale proceeds and transfers to and from reserves and surplus. These items are not recognized as revenues and expenses in the Statement of Operations as they do not meet the public sector accounting standards definition. PSAB requires that budget figures be presented on the same basis of accounting as actual figures.

The legislation does not require the Financial Plan to include non-cash items such as the actuarial adjustments on debt or funding liability accruals to provide for future cash requirements. However, these items are recognized as revenues or expenses in the Statement of Operations under public sector accounting standards.

The chart below demonstrates how the legislative requirement for a balanced Financial Plan has been met.

	Budget Amount
Deficit - Statement of Operations	\$ (12,776,435)
Adjust for budgeted cash items, not included in Statement of operations:	
Transfers from reserves	507,000
Principal payments on borrowing	(4,792,932)
Transfers from operating surpluses	21,398,192
Transfers to capital reserve	<u>(4,335,825)</u>
Total adjustments	12,776,435
Financial Plan Balance	\$ -

Thompson Regional Hospital District Notes to the Financial Statements

December 31, 2025

8. Financial Instruments

The Hospital District is potentially exposed to credit risk, market and interest rate risk, and liquidity risk from the Hospital District's financial instruments. Qualitative and quantitative analysis of the significant risks from the Hospital District's financial instruments is provided below by type of risk.

Credit risk

Credit risk primarily arises from the Hospital District's cash and cash equivalents and accounts receivable. The risk exposure is limited to their carrying amounts at the date of the statement of financial position.

Accounts receivable primarily consist of amounts receivable from government organizations. To reduce the risk, the Hospital District regularly reviews the collectability of its accounts receivable and if needed, will establish an allowance based on its best estimate of potentially uncollectable amounts.

There has been no change to the credit risk exposure from 2024.

Market and interest rate risk

Market risk is the risk that changes in market prices and inputs, such as interest rates, will affect the Hospital District's income. The objective of market risk management is to control market risk exposures within acceptable parameters while optimising the return on risk.

The Hospital District manages market risk by holding cash balances with a top-rated Canadian Schedule I financial institution and the Municipal Finance Authority (MFA). To mitigate interest rate risk and market risk on its portfolio investments, the Hospital District monitors the cash and investment balances regularly and compares interest and investment income earned against market performance.

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in the market interest rates. The Hospital District is exposed to interest rate risk through its long-term debt and the value of portfolio investments. It is management's opinion that the Hospital District is not exposed to significant interest rate risk as it manages interest rate risk on its long-term debt by holding all debt through MFA at a fixed rate, with refinancing typically being completed at the ten- or fifteen-year mark. Therefore, fluctuations in market interest rates would not impact future cash flows and operations relating to long-term debt. See Note 3 for interest rates and maturity dates for long term debt.

Investments that are subject to interest rate risk are MFA pooled investment funds (see Note 2). The risk is caused by changes in interest rates. As interest rates rise, the fair value of the MFA pooled investment funds notes decrease and, as interest rates fall, the fair value of these investments increase.

As a result of diversification by security type, only a portion of the overall investment portfolio is exposed to interest rate risk. As at December 31, 2025 the amount of the investment portfolio exposed was \$21,588,084 (2024 - \$20,984,928) per Note 2.

There has been no change to the interest rate risk exposure from 2024.

Thompson Regional Hospital District
Notes to the Financial Statements

December 31, 2025

8. Financial Instruments - continued

Liquidity risk

Liquidity risk is the risk that the Hospital District will not be able to meet its financial obligations as they become due. The Hospital District manages this risk by continually monitoring actual and forecasted cash flows from operations, anticipated investing, and financial activities to ensure that its financial obligations are met.

There has been no change to the liquidity risk exposure from 2024.

SCHEDULE D

Schedule of Debts

For the Fiscal Year Ended December 31, 2025

Lender	Issue Number	Amount Outstanding	Interest Rate	Maturity Date	Sinking Fund
MFABC	146	\$ 91,751,308	3.20%	2038	Yes

Note 1: The Municipal Finance Authority of BC (MFABC) maintains a sinking fund for all debenture debt. However, monies within the sinking fund have not been allocated to specific issues.

SCHEDULE E

Schedule of Guarantee and Indemnity Agreements

For the Fiscal Year Ended December 31, 2025

The Thompson Regional Hospital District has no financial guarantees or indemnities under the Guarantees and Indemnities Regulation.

SCHEDULE F

Schedule of Remuneration and Expenses

For the Fiscal Year Ended December 31, 2025

Elected Official	Position	Remuneration	Expenses	Elected Official	Position	Remuneration	Expenses
Bass, Marsha	Board of Directors	\$ 1,020	-	McNary, Randy	Board of Directors	\$ 1,500	\$ 1,037
Birch-Jones, Vivian	Board of Directors	950	232	Morris, Lee	Board of Directors	1,020	53
Blackwell, Merlin	Board of Directors	880	756	Neustaeter, Keturah	Board of Directors	510	-
Demare, Salvatore	Board of Directors	850	-	O'Connor, Denise	Board of Directors	850	428
Frizzle, S.L.	Alternate Board Director	170	-	Onslow, Laura Lee	Board of Directors	1,020	879
Goetz, Michael	Board of Directors	1,020	274	O'Reilly, Michael	Board of Directors	5,645	3,497
Graham, Herb	Board of Directors	1,020	231	O'Toole, Robert	Board of Directors	510	38
Grenier, Michael	Board of Directors	1,020	95	Ranta, John	Board of Directors	1,020	323
Hall, Kelton	Board of Directors	680	-	Roden, Barbara	Board of Directors	1,020	359
Haughton, Doug	Board of Directors	850	30	Sarai, Bill	Board of Directors	510	-
Hayward, Jill	Board of Directors	1,020	285	Simpson, Jay	Board of Directors	680	-
Hrycan, Lenard	Alternate Board Director	340	119	Smith, Robin	Board of Directors	1,020	317
Karpuk, Stephen	Board of Directors	680	-	Smith, Jim	Board of Directors	1,020	746
Kerslake, Robert	Board of Directors	850	265	Stanke, Roland	Board of Directors	1,020	635
Kershaw, Scott	Alternate Board Director	170	-	Thorpe, Patricia	Board of Directors	1,020	779
Laird, David	Board of Directors	1,020	372	Tsao, Usoff	Board of Directors	850	547
Lepsoe, David	Board of Directors	1,020	135	Waithe (Middleton),	Board of Directors	850	-
McCann Wiona	Alternate Board Director	170	137	Consolidated Total, Elected Officials		\$ 33,795	\$ 12,568

There were no contracts awarded to Directors of the Thompson Regional Hospital District.

SCHEDULE G

Statement of Severance Agreements

For the Fiscal Year Ended December 31, 2025

There were no severance agreements made between the Thompson Regional Hospital District and its non-unionized employees during fiscal year 2025.

SCHEDULE H

Schedule of Payment to Suppliers of Goods and Services

December 31, 2025

Supplier Name	Amount Paid
Interior Health	\$ 8,671,662
Total expenditures of accounts over \$25,000	8,671,662
Total expenditures of accounts \$25,000 or less	47,921
Total expenditures for provision of goods and services	<u>\$ 8,719,583</u>

SCHEDULE I

Reconciliation to the Financial Statements

For the Fiscal Year Ended December 31, 2025

The Thompson Regional Hospital District prepares its Financial Statements on an accrual basis while the amounts reported in the Financial Information Act Report are based on cash payments during the year. This will result in timing differences between amounts recorded as expenses in the Financial Statements and amounts paid during the year.

Board Members:		
	Board remuneration	33,795
	Board expense	12,568
Suppliers:		
	Payment to suppliers for the provision of goods and services	47,921
	Consolidated total of grants equal to or greater than \$25,000	8,671,662
Reconciling items:		
	MFABC interest	4,121,212
	Timing differences between cash basis and accrual accounting	(1,165,810)
Total operating expenses per 2025 Audited Financial Statements		\$ 11,721,348



**Chase and District Health
Services Foundation**

*Improving Health
Care for You*

Chase and District Health Services Foundation
P.O. Box 1099, Chase, B.C., V0E 1M0

May 28, 2026

To The Thompson Nicola Regional Hospital Board,

Hello Chair, Mike O'Reilly, and Regional Hospital Board Members.

We, the Chase & District Health Services Foundation, would like to introduce ourselves and to share a 10-year (and more) HealthCare dream with you. Since 1988, Long Term Full Care HealthCare Services have been discussed in Chase, B.C., and are still needed.

The village of Chase has dedicated and zoned some land for institutional/future medical uses near the existing Chase Health Centre. The Interior Health Authority Executive Directors agree that if these services were available, it would be better for everyone if Chase area residents who need long-term full care, hospice, palliative care, and respite healthcare services remain in Chase.

The financial economies will support the benefits to the I.H.A., with a local full care centre/home near the existing local healthcare services centre in Chase, with the Doctors, Nurses, Chase ER, Ambulance Service, all close and part of the Chase Health & Wellness Hub, providing these local HealthCare Services to area community residents. Also, more local jobs and opportunities will be provided to help citizens continue living locally. Having these services locally will benefit families, friends, the Ambulance Service, Fire Department First Responders, and the RCMP by helping ease the financial costs of having BC Ambulance, BCEHS, or Medical Transfer Services when they have to relocate local citizens who need long-term full care. Partnerships can make this a reality, as has been communicated to multiple I.H.A. CEO's.

We are a small community, not necessarily a rich community. The Chase area is blessed with our Chase Health Centre, 4 doctors, a nurse practitioner, nurses, technicians, a small home care contingent, the BC Ambulance Service, (BCEHS) and the Chase Fire Department with First Responder Service. We are the area Health Centre/Emergency Centre for the 3 area First Nations populations, the Neskonlith People, the Adams Lake People, the Little Shuswap Lake First Nations, the Pritchard community, and the Scotch Creek area population.

Chase still has these resources and healthcare services because our community fought to retain the Health Centre and related services about 14 years ago.

It is common knowledge that BC and especially smaller rural areas are lacking these Long Term Full Care Hospice/Palliative Care, Respite Services. Many of the regionally licensed Full Care Long Term Care Facilities are understaffed and limited by resources. But partnerships can and do make the difference. Chase & District Health Services Foundation has continually asked the past 4 Interior Health CAO's to please help our community by meeting and discussing local needs and potential partners. We need to begin a planning process with a focus on Chase and the district area community healthcare needs. The Chase & District Health Services Foundation volunteers have over 30 years of commitment, support, and partnership with the Chase Health Centre and the Interior Health Authority. Over the years, we have partnered with IHA on local health transit issues and have been able to resolve their problems. We participate in the recruitment and retention of doctors, nurses, and nurse practitioners. We fundraise annually for medical equipment, participate in immunization clinics, Health Fairs, support firefighters and first responders' training costs, CPR-AED Defibrillator training clinics, provide bursaries, and more.

We are very committed to the health and wellness of our Chase area residents (all ages) and believe that we can, with your help, achieve a Long Term Full Care/Hospice, Palliative Care, Respite Centre here in Chase. I am including a C&DHSF Brochure that will help give you a quick overview of our non-profit society and registered charity.

In closing, we ask the Thompson Nichola Regional Hospital Board to advocate for us in getting this topic as an agenda item for discussion and ultimately be included in the Interior Health Authority Capital Budget planning process to start a Chase Full Care Long Term, Hospice-Palliative Care, Respite Centre/Home.

There is a working partnership group diligently committed to achieving this healthcare service locally.

Thank you for your attention,

Sincerely yours in Health & Wellness

Dave Smith, Chair.

Chase & District Health Services Foundation Board of Directors: Len McLean, Sue Murray, Diane Tarry, Brenda Murray, Ellen Bovair-Jasman, Rollie Mockford, Chris Welch, Louise Whitney, Courtney Merrell, Dave Smith, Liaisons: Colin Connett, Jane Herman, Kelsey Everett/Dr. Anita Redel, Andrea Windsor, Thompson Region Division of Family Practice.

We gratefully acknowledge that we live, work, and recreate on the Traditional Homelands of the Secwepemc Peoples. Thank you to the Neskonlith, Adams Lake, and Little Shuswap First Nations.