



Shannon Greenlay, left, and Cathy Chlef, are the proud mothers of Fort St. John's newest citizens. Shannon gave birth to daughter Justine at 2:13 a.m. January 2 — the first baby born in 1992 at the Fort St. John General Hospital. Justine weighed 6 lb, 12 ounces. Cathy had the honor of giving birth to the last baby born in 1991 at the hospital. Her son Tom weighed in at



7 lb, 9 ounces. The local Women's Institute awarded her a birth certificate frame, silver spoon, and a \$2,500 gift certificate. The photos of Shannon and Cathy incorrectly identified Shannon, Cathy and their newborns and we wish to apologise for our error. (Photos By Dave Williams)

JANUARY 8, 1992

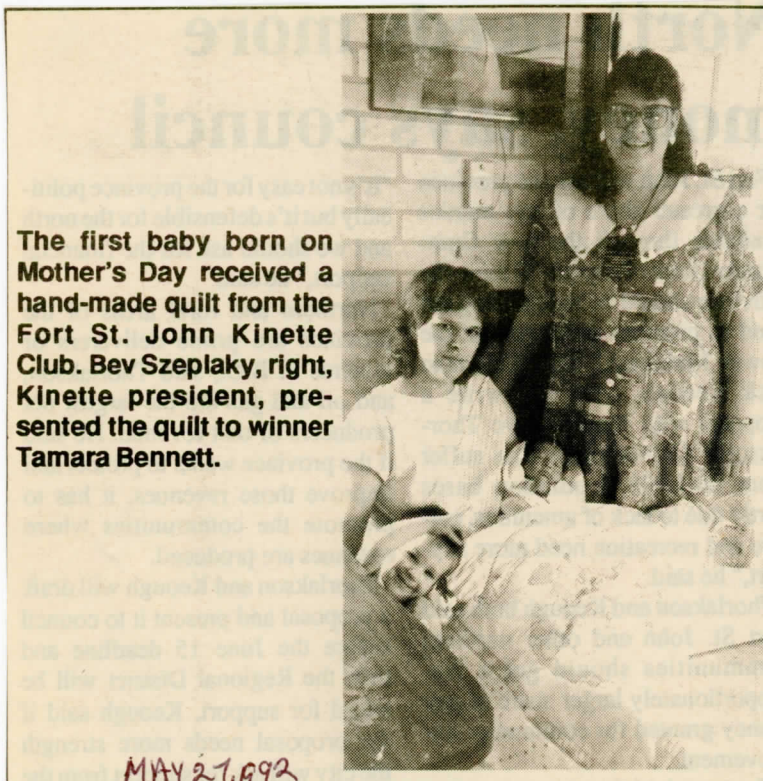
1992
JANUARY
FIRST-BABY



FIRST APRIL BABY

Little Sherri Collington was the first baby born at the Fort St. John General Hospital in April. And to celebrate Dental Health Month, dental assistant Wendy Clayson, right, presented a basket of "goodies" to mom Shirley Collington. An assortment of brushes, toothpaste, and an orthodontic teething ring will assure the best start for a super smile for Sherri. The basket was courtesy of the Peace River Dental Association.

APR 8, 1992



FIRST MOTHER'S DAY
BABY

The first baby born on Mother's Day received a hand-made quilt from the Fort St. John Kinette Club. Bev Szeplaky, right, Kinette president, presented the quilt to winner Tamara Bennett.

MAY 27, 1992

JAN 29, 1992
Now-Smoking Week

Wednesday, January 29, 1992



Lezli Wrixon (left) helped mark National Non-Smoking Week by tucking a bib inscribed "I'm a born non-smoker" under her newborn's chin. Presented to babies born on Weedless Wednesday by the Registered Nurses Association of B.C., the bibs make the point that everyone is born free of the smoking habit. At right is Peggy McKeigue, RN.

Gala night to raise funds for mammography unit

The Fort St. John General Hospital will hold a Gala Fundraiser on Feb. 1 that will include dinner, a live floor show and dance. Fund-raising chairperson Sylvia MacArthur told the Fort St. John and District Chamber of Commerce this is the first time the hospital has ever appealed directly to the public for funding.

The money raised will go to the Ric Wilson Memorial Mammography Unit Fund for a mobile mammography unit, which will be used to service Fort St. John and the surrounding outlying regions. The cost is about \$150,000, and the total raised so far is

more than \$40,000.

The tickets for the gala cost \$70 a person, of which \$50 is tax-deductible, and are available at the hospital, Canadian Tire or from any hospital board member. Music will be by Levis and Lace and the floor show will include the Jo Watt School of Dance, Jellison Studios and the Northern Lights Chancel Choir.

Arrangements have also been made with the banks in Fort St. John to accept donations to the Ric Wilson fund. "This is an investment in the future health of the community," said MacArthur.

Page 18 The Northerner Wednesday, February 12, 1992



AS A REFLECTION of love for their moms, the Third North Peace Beavers, Cubs and Scouts have donated \$200 from their sandbagging funds to the Ric Wilson Memorial Mammography Fund of the Fort St. John General Hospital. As their main fundraiser each year, the troops, with lots of help from volunteers, sell 50-pound bags of sand at various city locations to motorists.

Hospital's Gala Fundraiser

1992



More than 150 people attended the first annual gala fundraiser of the Fort St. John General Hospital on Saturday, Feb. 1. The dinner, floor show and dance affair raised over \$6,000 towards the purchase of a portable mammography unit. Mammography machines are used to detect

breast cancer. Funds for the Ric Wilson Memorial Mammography Fund now tops \$54,000. The floor show included top-notch performances by the Northern Lights Chancel Choir, Jo Watt School of Dance, the Northern Dance Theatre and others.

Issue No. 219, Wednesday, February 12, 1992 — 18 Pages

40¢ + 3¢ G.S.T. PER COPY

Hospital lays off four people as it struggles with \$200,000 deficit

By Dave Williams
Alaska Highway News

The Fort St. John General Hospital laid off four employees over the past week as it struggles with a \$200,000 deficit, Administrator Millie Asling says.

Asling said one employee in each of the laundry, food services, maintenance and administrative departments were laid off. She said no further layoffs are planned at present.

"We're very short of money and we had to get our budget on line," Asling said.

"If we don't do something about it, we're just going to dig a bigger hole. We wanted to try and get it under control at this point and time

because we don't know what next year will bring either."

Asling said the hospital is approaching its financial year end in April with a projected deficit — counting money saved through the layoffs — of \$200,000.

She said the hospital has been reducing staff slowly for some time, but this is the first time this many employees were laid off at once.

Asling said any deficit the hospital has is carried through to the following year.

She added provincial funding has increased, but hasn't kept up with the rising costs of health care.

"Until we know what our fund-

ing for next year is going to be, we felt that we had to take some action."

Asling said the hospital is uncertain what additional costs will arise from contracts with the B.C. Nurses' Union and the Hospital Employees Union which are currently being negotiated.

She said changes in costs due to new union contracts usually result in additional government funding.

"Whether there will be this time around remains to be seen," she said. "All you can really do is try to hold the line."

Asling said the wage aspect of a settlement isn't the only thing that prompts hospital costs to rise.

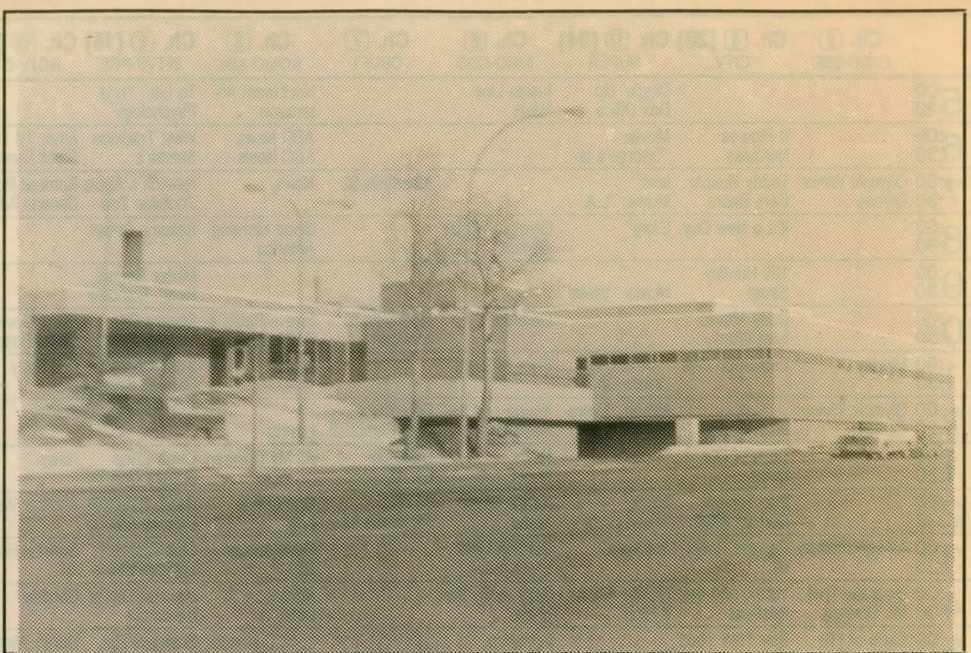
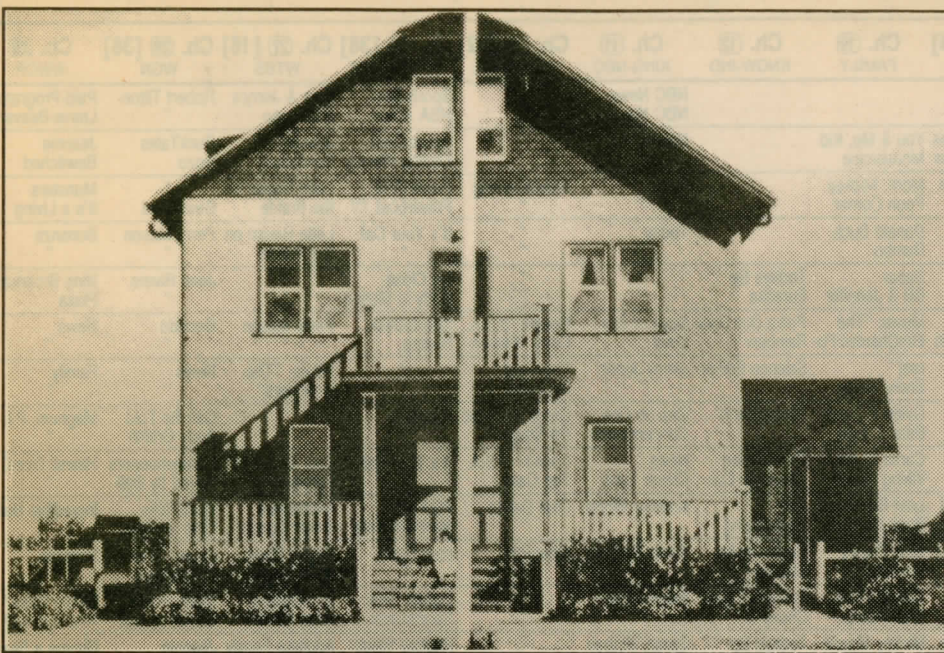
Benefits and hidden costs can cause expenses to increase, she said.

"At this point in time, we're trying to get a handle on this year's budget if we can," she said.

"We're going to end up in a difficult position, I don't think there's any doubt. Unless we do something about it, it's going to get bigger."

Asling said the hospital has been cutting costs, but with 80-per-cent of its budget destined for salaries, other reductions have little impact.

"Because we're so highly specialized, layoffs are the only option. You can do a lot of other little things that help, but they don't have the impacts on our budget situation that layoffs do."



The Way It Was

Health Care in Fort St. John has always been top priority. Before a hospital was built, a Red Cross Outpost was in place. The outpost, while good, was soon too small for the growing community. The old Providence hospital was built in the fall of 1930 on land donated by C.M. Finch by a group of local volunteers.

The hospital which measured 30' x 50' had room for 10 beds on the ground floor and 4 beds on the second floor. The second floor was not needed at that time but these pioneers built for the future.

The Sisters of Charity and Providence arrived from Alberta to help run the new hospital which was heated by wood and had no plumbing. The hospital was officially opened September 1931 by Monsignor J. Guy from Grouard.

As the community grew, so did the hospital and in 1963 a new hospital was built to replace the original. The New Providence Hospital was built jointly by the Sisters of Charity and Providence and the Peace River Liard Regional District.

City hospital staff vote to strike

By Dave Williams
Alaska Highway News

Hospital Employees' Union staff at the Fort St. John General Hospital have voted 72 per cent in favor of strike action.

HEU spokesman Geoff Meggs said the Fort St. John local's support of a strike caps province-wide votes granting the union a mandate to pull its 35,000 B.C. members off the job. HEU members include support staff, licensed practical nurses and lab technicians.

Meggs said little has changed in the union's negotiations with the Health Labor Relations Association representing hospitals and care homes since province-wide strike votes began.

"Time is running out," he said. "We're very close to the end of the process unless we can get some progress next week."

"It's time for some serious bargaining."

HEU members at the Dawson Creek Hospital voted 70-per-cent in favor of strike action earlier this week.

The HEU and the HLRA are slated to return to the bargaining table Feb. 15 for a week-long negotiating session.

Meggs said the B.C. Nurses Union will honor HEU picket lines if union members walk off the job.

But, he added, the unions have agreed that emergency health care would be maintained.

"An all-out strike in health care would be our absolute last resort," Meggs said.

"You would see all of the hospital affected, but all of the essential services maintained regardless of which union was supposed to provide them."

Martin Livingston of the Health Labor Relations Association (HLRA) said HEU member support for strike action isn't as strong as the union has claimed.

"There hasn't really been overwhelming support for a strike vote," he said. "In some of their key areas, they haven't got what I would consider an overwhelming strike mandate."

Livingston said support is strong in small hospitals, but barely above a majority in the large facilities in the lower mainland. He said member turnout at strike votes has been extremely low, particularly in large hospitals.

"Either way you look at it, they're going to have a strike mandate," he added. Despite the HEU strike mandate, Livingston said he's optimistic a settlement can be reached.

"A great deal has changed," he said. "Saying that there's been no progress is not altogether true."

Livingston said the HLRA and the HEU are close to agreement on non-monetary issues.

"We're close to an agreement or are of a like mind on a number of outstanding issues," he said.

Meggs said strike vote support has been solid across the province's 200 health care facilities.

He said time is running out for an agreement to be reached.

"It's very close to the end now," Meggs said. "The employer needs to make some decisions to sort this out. It's clear that the membership is firmly behind us."

The 35,000 strong HEU negotiates province-wide collective agreements and would initiate strike action at all B.C. health care facilities.

Meggs said the issues of workload and pay equity are yet to be agreed upon and will formulate the basis for upcoming negotiations.

"We'll take it one day at a time," he said. "There are seven days of bargaining set down and that should be ample to get a settlement if the will is there."

FSJ Hospital support staff serve strike notice

Alaska Highway News

Strike notice has been issued by the union representing 105 support staff at the Fort St. John General Hospital.

In a news release, the Hospital Employees' Union (HEU) stated it has authorized strike notice be served and final preparations for job action be completed.

HEU secretary-business manager Carmela Allevato said hospital employers are attempting to stall job action by seeking appointment of an Industrial Relations Council negotiator effective Feb. 21.

"We consider it provocative and unacceptable," she said. "We have no confidence that they intend to bargain seriously."

A strike by HEU members would eliminate all but essential services at the Fort St. John and other provincial hospitals.

Allevato said the union will meet with the negotiator, but described the offer as insulting the latest contract offer made by the Health Labor Relations Association (HLRA) representing hospitals.

She said the union cannot legally strike until the mediator has made a report or in 20 days, whichever comes first.

In a news release, HLRA President Gordon Austin said the strike call is unwarranted.

The HLRA has offered \$22 million to implement a pay equity scheme and a \$49 million wage hike.

"HEU has made no attempt to respond to the monetary offer we put to them and we've hit a critical stage in collective bargaining," Austin said.

Austin said the HLRA requested a mediator to keep negotiations going.

LETTERS TO THE EDITOR

Headline, story on hospital sleazy, says reader

Dear Editor:

I want to complain about the front page story in the Feb. 19 paper, about hospital financing. It was alarmist, negative and badly written, and the headline was in poor taste, not to say sleazy. The story by Dave Williams purported to quote a Dr. Singh, who was not positively identified, nor was it clear whether this was an actual interview, or a rehash from a press release. The story was quite unprofessionally handled. Problems in hospital financing are fairly well known, but the story came through as almost a death threat. Also the poor dear lady in the picture was not identified. In fact, the picture was taken at the intensive care home, while the story appeared to be talking about the hospital, which is a kind of misrepresentation.

At the same time, the very positive note in Pastor Olesen's announcement was only given a mention in the final paragraph of another story. It should have been the headline, because the story of the award given to our care home is a real boost for Fort St. John. We read of homes

which are dumping grounds for unwanted old people, and here in this town we have an outstanding care home of which we should be proud. Dave Williams probably does not have the experience to realize what a tremendous place this is in its care for people, so he (or the editor) made the mistake of overwriting on a provincial problem, while suppressing the local good news.

This is a local paper, after all. When you put out an issue which actually has some local news in it, couldn't you accentuate the positive a bit more?

Mary Humphries

EDITOR'S NOTE: Mrs. Humphries, while you are correct that the photo was placed with the wrong story, to question the legitimacy of Dave Williams' sources is uncalled for. The Alaska Highway News does not make up interviews or stories, we do not quote anonymous sources and we don't create the news. We report on what is news in this community. And not all news is good news.

Issue No. 230, Thursday, February 27, 1992

LETTERS TO THE EDITOR

Dear Editor:

We wish to express our concern regarding the article in the February 20, 1992 edition of your newspaper titled "Fort St. John patients to suffer, maybe die because of health cut backs".

Reporter Dave Williams has, in our opinion, reported comments made by Dr. Gur Singh, President of the B.C. Medical Association, totally out of context and created unnecessary anxiety within this community.

There is no question that hospitals in B.C. are feeling the economic crunch and Fort St. John General has had to reduce costs where possible. However, to the best of our knowledge, no one has been refused hospital admission if in the opinion of their doctor, it was warranted, nor do we anticipate such a thing.

This kind of irresponsible reporting is devastating to our staff who are trying very hard to maintain a high quality health service in spite of tough economic times.

The residents of Fort St. John are fortunate to have a wide variety of health care services available within this community and Mr. Williams has reported factual information in a manner bordering on sensationalism, which is not warranted or appreciated.

FORT ST. JOHN GENERAL HOSPITAL

W. Gretzinger
Board Chairman

Tuesday, February 25, 1992

Fort St. John patients to suffer, maybe die because of health cutbacks

By Dave Williams
Alaska Highway News

It's just a matter of time until somebody dies in Fort St. John because of inadequate health care funding, the B.C. Medical Association president warns.

Dr. Gur Singh said current funding levels are far below what's needed to provide a reasonable level of care.

He added anticipated further cutbacks and changes to the health care system would be "devastating" for small hospitals like Fort St. John's.

Singh said the sick in small communities such as Fort St. John have only one hospital to turn to.

"It leads to increased congestion in emergencies," he said. "A lot of times doctors are discharging people when they shouldn't have."

Singh said health care may have to be prioritized in order to make limited funding go further.

"Some procedures are definitely not cost-effective," he said.

Singh said small hospital emergency rooms will become jammed leaving it all up to the doctor to decide who receives hospital care and accept the responsibility if something happens to the patient.

"We got four people in emergency who all should be in the hospital and it's up to the doctor to prioritize them because there're only two beds," he said. "The fourth guy will have to go home and the odd one's going to come back either dead or seriously impaired."

Singh said procedures such as heart bypass surgery for the elderly and hip replacement may have to be limited or eliminated in many cases.

"The economist would look at it and say we're not getting enough return for the money we spent or should we be spending it on somebody who's young and is going to live 50 years?," he said.

"How do you tell somebody's family their mother



or father cannot get the treatment because they're too old or it's not cost-effective."

Singh said such prioritizing of treatment poses extreme ethical dilemmas for doctors who may be forced to decide who gets treatment and who doesn't.

But he added, with shrinking health care dollars available, difficult decisions will have to be made in order to keep the whole system from collapsing.

Singh said the only alternatives are to increase taxes aimed directly for health care or bring in private

funding.

"When you start kicking very sick out of the (government) are proposing much worse," he said.

Singh said the provincial changes to the system of patient services and limited

He added the government with changing the system but has no actual plan of it will affect.

"You can't just kick it," he said.

Singh said health care workload increased and

Liberal Health critic based care and treatment low-cost alternative to \$

"We do not need to be most expensive venue, doing that because community-based health

Reid described community "superb" and cost-efficient

Peace River North Muncertain community implemented in Fort St.

"I think we have the said. "I think our provincial expenditures."

Neufeld said health care targets of a deficit-conscious drafting the upcoming plan

"Health care is profoundly affects," he said. "So are

"There's only so much take and then it becomes

B.C. hospitals to table final offer this week

Alaska Highway News

The organization representing B.C. hospitals will table its final offer to the Hospital Employees' Union this week.

The HEU represents 105 employees at the Fort St. John Hospital and is preparing for strike action this month. A strike would limit local hospital services to essential care only.

Negotiations between the union and the Health Labor Relations Association (HLRA) representing hospitals resumes today. The HLRA asked the Industrial Relations Council to appoint a mediator a week ago with one meeting having taken place to date.

Without agreement on wages, a pay equity package and workload, the union has said it's ready to strike within days or weeks.

Wednesday, March 4, 1992

MAR 17, 1992.



MRS. SYLVIA MacGILLIVRAY, Worthy Matron of Alcan Chapter No. 91 Order of the Eastern Star had the honor to present a cheque for **\$5,000.00** to Mr. Fred Vonllberg representative from the Hospital Board. The cheque goes to the Ric Wilson Memorial Fund, Mammography Unit. Thanks to the people from this and outlying area's for their continual support to our quilt raffles and bazaars. Enabling us to give back to the community some needed help once again. And our continuous efforts to fight Cancer.



Fundraising for a new mammography machine at the Fort St. John General Hospital has surpassed **\$40,000**. It went up more than **\$2,000** thanks to donations Tuesday. Bruce Baxter of Norcen Energy (left), Le Vanderlinde of the hospital maintenance department, Laura Prokopow of the IOF and Janice Monforto check out the totals. Norcen donated **\$1,000**, Zeta Kappa Sorority **\$1,000** and the Independent Order of Foresters **\$250** to the Ric Wilson Memorial Mammography Fund. (Photo By Dave Williams)

Hospital strike negotiations stalled

By Dave Williams
Alaska Highway News

Negotiations to avert a strike at the Fort St. John General Hospital have stalled as a week-long bargaining session nears the end.

Despite offers and counteroffers between the Health Labor Relations Association (HLRA) representing hospitals and the Health Employees Union, an agreement has yet to be reached.

The provincial union represents 105 employees at the Fort St. John hospital.

Martin Livingston of the HLRA said the union has yet to formally reject a \$49 million wage offer encompassing a \$22 million package to implement pay equity.

"They've been negotiating in the media," he said.

The HLRA reported its wage offer amounted to \$49 million which would translate into a \$408 increase in yearly pay and \$792 in annual back pay.

Livingston said many issues have been resolved and averting a province-wide strike is possible.

A strike by HEU employees would eliminate all but essential services from the Fort St. John

hospital.

"We're a lot closer today than we were many months ago," Livingston said.

The union has been without a contract for almost a year.

Chris Gainor of the HEU said the HLRA offer on pay equity amounts to half what the former Socred government granted to the B.C. Government Employee's Union starting last year.

"We don't think their pay equity offer is all that generous," he said.

Gainor said the union and the HLRA remain far apart in the amount of money destined for pay equity.

The HEU stated the latest pay equity offer will leave female employees \$1.12 a hour behind the base rate for male employees.

It reported the HLRA offer amounts to a general wage increase of 41 cents an hour across the board for the first year of the agreement and 21 cents an hour in the second year.

The wage increase amounted to 4.5-per-cent over the life of the three-year agreement, the union said.

FEB 21, 1992

Hospital support workers vote on contract

Alaska Highway News

MAR 25, 1992

Voting ends today on the latest contract offer between the Health Employees' Union and the body representing employers.

The HEU represents 105 employees at the Fort St. John General Hospital.

Geoff Meggs of the HEU said the results of member voting on the Health Labor Relations Association's final offer won't be known until Friday.

Union leaders have urged members to reject the proposal.

"We think there's room for them to improve it," he said.

Fort St. John union and provincial members have already voted to strike after a year without a contract. A strike by local union members would limit health care at the hospital to a minimum.

Meggs said if provincial union members reject the HLRA offer, the HEU will give the employers body an opportunity to boost the contract package.

"When we get this vote concluded, we'll report the results to the employer and they'll have an opportunity to improve their offer if that's what they want to do," he said.

Negotiations broke off earlier this month when the HLRA presented its final offer. Mediator Vince Ready was appointed by the Industrial Relations council at the request of the employer. Ready met twice with the union.

A tentative contract has been reached between the B.C. Nurses' Union and the HLRA.

Meggs said the nurses' contract indicates health employers can come up with more money for HEU members if they are willing.

HLRA representatives have said hospitals are in dire financial straits and cannot afford huge wage increases.

Nurses reach tentative agreement

Alaska Highway News

The union representing Fort St. John General Hospital's 57 nurses has reached a tentative agreement with employers.

The B.C. Nurses' Union and the Health Labor Relations Association representing hospitals reached a tentative settlement on issues of wages, a pay equity package and retraining Sunday night.

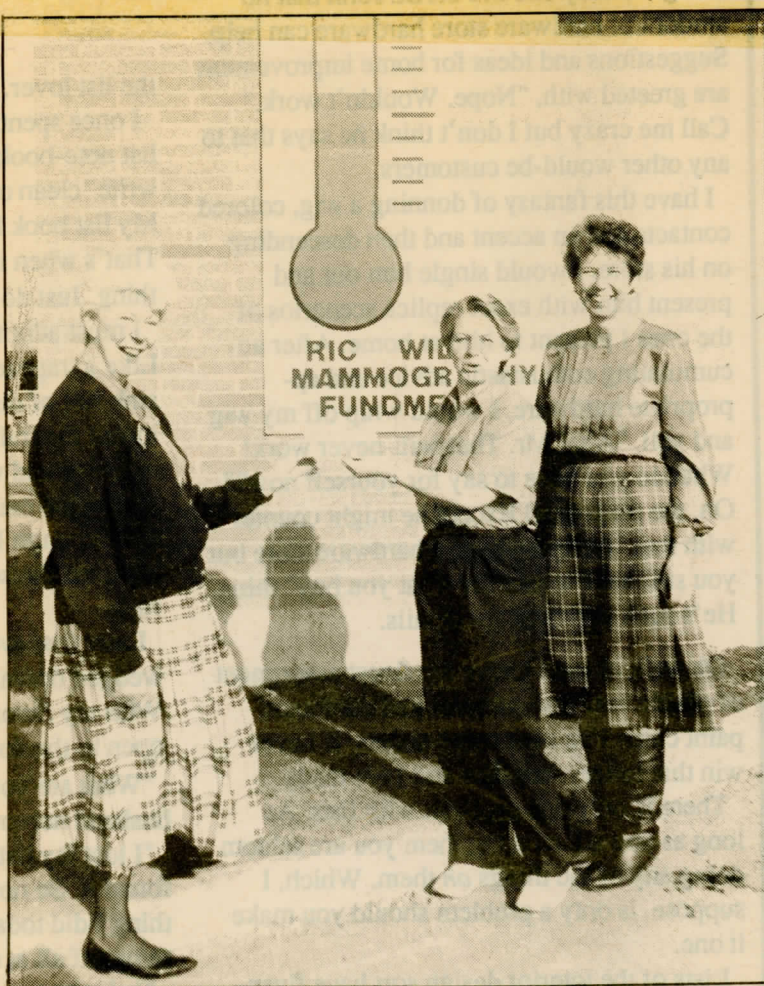
The package provides wage increases of 3.5-per-cent and two-per-cent in the first two years with a cost of living adjustment in the third year.

The deal also provides improved retirement provisions, job security and a commitment to a safer workplace.

It's now up to nurses and HLRA members to accept or reject the agreement.

MAR 24, 1992

MAR 18, 1992.



THE RIC WILSON Memorial Mammography Fund got a \$400 boost from Preceptor Beta Alpha chapter of Beta Sigma Phi. From left, Millie Asling, hospital administrator, Gloria Bartlett, president, and Denise Sattelle, ways and means committee. The Royal Bank also recently donated \$1,000 to the fund.



FORT ST. JOHN GENERAL HOSPITAL

APR 3, 1992

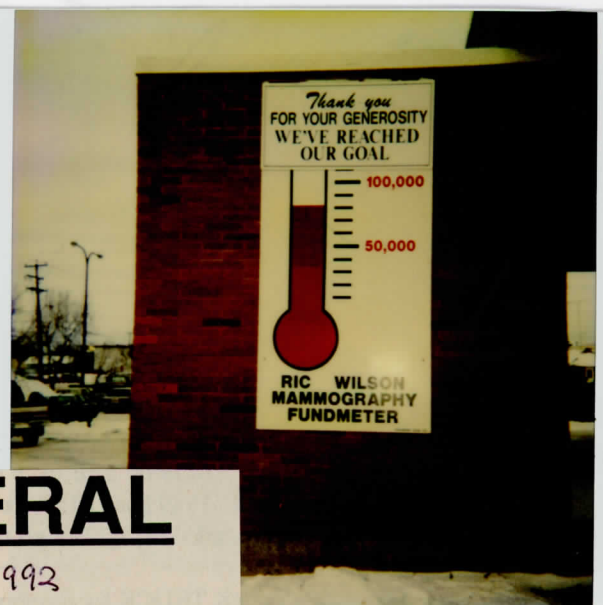
9636-100th AVENUE, FORT ST. JOHN, B.C. V1J 1Y3

The Annual General Meeting of the Fort St. John and District Hospital Society will be held on Monday, June 15, 1992 at 1900 hours in the Hospital Assembly Hall. The bylaws require that a membership fee of \$1.00 be paid at least one full month before the annual meeting if the member is to be entitled to vote at the meeting. To ensure your right to vote, please complete the application below and return it with \$1.00 to the Hospital Reception Desk either in person or by mail not later than May 12, 1992. It is hoped that you will show interest in your hospital by obtaining membership and encouraging others to join the Society.

FORT ST. JOHN GENERAL HOSPITAL
9636-100th AVENUE, FORT ST. JOHN, B.C. V1J 1Y3

NAME IN FULL (Please Print): _____
(Circle) Mr. Mrs. Miss. Ms.

MEMBERSHIP FEE ENCLOSED:
PLEASE NOTE: Membership fee is \$1.00 for the year or any portion thereof.





PRESSURE: Members of the Hospital Employees Union stepped up their campaign to secure a contract by a three hour job action at the Fort St. John General Hospital Tuesday. The union members have been in difficult contract negotiations for months now but negotiations are going nowhere. The union has a mandate from its members to strike if necessary. A strike could seriously limit the level of health care available at hospitals throughout the province.

APR 1, 1992

Commissioner named to resolve hospital fight

STEVE WEATHERBE

Sterling News Service Victoria

The New Democratic government has appointed an inquiry commissioner and given him five days to help resolve the hospital dispute and protect the public interest, Labour Minister Moe Sihota announced Thursday.

"We have to put the health care of British Columbians first," said Mr. Sihota.

Getting the government's nod was Stephen Kelleher, who was already mediating between the Hospital Employees Union and the Hospital Labour Relations Board since the union began rotating strikes across B.C. on March 31. But now he will be working for the government, at \$160 per hour.

Mr. Sihota also asked the HEU to

years, and that the HEU is asking for \$232 million over two years.

But HEU secretary Carmela Allevato has insisted the gap is much narrower because union demands total just \$133 million.

On Thursday Mr. Sihota justified the government's intervention on the grounds that after 14 months of "free collective bargaining" the parties "were too far apart." Mr. Sihota said the hospital was offering a five percent raise and the HEU wanted 28 percent.

The HEU's Allevato said the union was returning to the bargaining table under the assumption "the government has issued new instructions" to the hospitals to come up with more money.

The HLRA's President Gordon Austin endorsed Mr. Kelleher's

APR 20, 1992

selection, and said that because of the size of the gap separating union demands and management's offer, "third-party intervention is necessary to end this dispute." The HLRA had already called for binding arbitration.

Mark Thompson, a labour specialist in the University of British Columbia commerce department, said that Bill King, the New Democratic labour minister in Dave Barret's government during the early 1970s, often resorted to industrial inquiry commissions to resolve labour disputes. "It's not a bad technique."

The theory, according to Prof. Thompson, is that the public bring pressure on the two sides to accept the commissioner's recommendations voluntarily. "Usually they did."

1992
APRIL 20
cease the strikes until after Mr. Kelleher had reported, and resume bargaining. The HEU executive, after a meeting Thursday afternoon in Vancouver, complied.

Mr. Kelleher's assignment is to recommend a settlement to the disputants and to the government and the public, which must pay the bills.

While Mr. Kelleher's recommendations won't be binding, Mr. Sihota said that if the union and hospital association did not voluntarily agree to them, the government would still consider them very carefully.

Mr. Sihota said the government could only impose a settlement through legislation. A part of the Industrial Relations Reform Act (Bill 19) which would have allowed the commissioner of the Industrial Relations Council to impose a settlement was never proclaimed by the Social Credit government.

It was within Mr. Kelleher's mandate, said Mr. Sihota, to recommend that the government make more money available to the hospitals. The hospitals have claimed that the government's grant allows them to offer only a raise totalling \$79 million over two

Hospital spat one step closer to arbitration

STEVE WEATHERBE

Sterling News Service Victoria

The Hospital Employees Union pushed the provincial government a step closer to imposing binding arbitration on the union, by moving from rotating job actions to full-scale strikes in acute-care hospitals across the province.

Labour Minister Moe Sihota said "it's inevitable" the government would take action by Friday, after Gordon Austin, president of the Hospital Labour Relations Association said acute care would be in "crisis" by that day.

But Carmela Allevato, head of the HEU, dismissed Mr. Austin's statements, and noted that far fewer beds were shut and surgery cancelled in 1989 during a three-week strike by nurses.

Douglas Annis of the B.C. Health Association said 2,682 acute-care beds had been closed as

of Wednesday afternoon, "a quarter of the beds in the province, and 3,830 surgeries have been cancelled. He said the impact reports from the 1989 strike were far less serious because the association had stayed out of it.

The HLRA handles the hospitals' labour relations, while the BCHA takes care of administration. "This time," said Mr. Annis, "we are gathering and putting out information because we see the strike affecting the health care situation."

Mr. Sihota met with both the HEU and the Hospital Labour Relations Association yesterday, but could not win the union's agreement to either of the key recommendations of Industrial Inquiry Commissioner Stephen Kelleher.

Mr. Kelleher recommended binding arbitration and an end to job action until a settlement was

decided upon. ^{APR 23 1992}

Mr. Sihota said "it would be my preference that if the parties were to get together they have the benefit of a third party." The HLRA's Austin also said a third party was needed.

But the HEU's Allevato said this was "unacceptable." The only acceptable alternative, she said, was free collective bargaining, but this wouldn't work either, unless the government told the HLRA to offer more money.

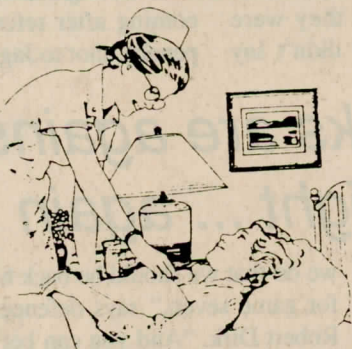
Currently the HLRA has offered \$87 million over two years and claims the HEU wants \$233 million. But the HEU puts its last demand at \$100 million less than that.

Premier Mike Harcourt denied the situation was a crisis, but said "it's getting to a pressure point affecting too many British Columbians."

The Administrators and
Board of Directors of the
**FORT ST. JOHN
GENERAL HOSPITAL**
would like to congratulate
all the **DOCTORS,**
NURSES and **STAFF** on
CANADA HEALTH DAY
May 12, 1992

And would like to
thank them for their
dedicated service to
the community.

MAY 12, 1992



Hospital Board wrestles with deficit to achieve balanced budget

(From Pg. A1)

balanced budget this year," Asling said.

The hospital will not be able to draw on any surplus funds from the previous year and the income the hospital makes from its investments has dropped because of the drop in interest rates, said Fred von Ilberg.

The hospital is already required by the Ministry of Health to submit a balanced budget. They must submit their next budget by May 29.

"Even if we can't meet it every

budget it must make up the shortfall on its own," said hospital administrator Millie Asling.

Despite this many provincial hospitals routinely submit budgets that exceed their funding and run up deficits in the millions of dollars.

Changes to the Fort St. John General Hospital Mission statement will compel the Board of Trustees to strive to submit a balanced budget. The board also changed the description of the objectives of their health care goals to delete the word "excellence".

ges were made last night
pital Board of Trustees
view of the hospital's
itement. The statement is

reviewed and updated every year.

In another change to the mission statement, board trustees decided to drop the word "excellence" from the objectives of the hospital.

"Excellence was dropped in two statements to protect the hospital in the case of a lawsuit, but the changes do not signify a drop in the quality of health care at the hospital said Dr. Wright.

One passage that was changed read: "The Fort St. John General Hospital will strive to be a centre of excellence for the practice of regional diagnostic services and Outreach programs.

In the changed passage, the words "of excellence" are dropped.

"This is only a change on paper, it is not a change in health care, we will still be providing the best health care we possibly can," said Dr. Mike Wright, Hospital chief of staff.

The medical community has used superlative to describe what they do and they could never be applied all the time, said Dr. Wright.

"We are human beings and we are limited by our abilities and by the resources we have at hand. All we can do is try to do the best we can," said Dr. Wright.

The board made the changes because of the ambiguity of the word "excellence" said Gretzinger.

Staff cuts feared at hospital

JOHN GRAY

AHN Staff

Fort St. John

Attempts to balance the hospital budget may result in cuts to staff and programs, the hospital's director of nursing fears.

The board included the objective of a balanced budget in their mission statement at last night's board meeting, but the hospital is already facing a \$100,000 deficit for last year.

Director of nursing, Andrea Houghton fears the inclusion of a balanced budget objective may make trustees more aggressive in the cuts they make to staff and programs.

"I'm worried that some very

serious steps may have to be taken if we were to avoid a deficit and stay within that balanced budget objective," she said.

But any concerns about budget cuts coming from the amendment to the mission statement are premature, said Chief of Staff, Dr. Mike Wright.

"We are only putting in writing something that we already strive to do," he said.

Fort St. John has generally had a history of balanced budgets, but last year they wound up with a deficit of approximately \$100,000.

"Our deficit this year is going to make it very difficult to submit

See Hospital pg. A

MAY 7, 1992

Hospital plans renovations

JOHN GRAY

Fort St. John
AHN Staff
Fort St. John General Hospital has begun the first step of a massive renovation plan.

The hospital board has retained an architectural firm specialising in health care facilities to draw up a "master plan" that will redesign the hospital to better suit the health needs of the community.

A consultant from Lambur, Scott, and Morris will be meeting with hospital staff, management as well as community groups to determine what direction the hospital should be taking and how renovations to the hospital can facilitate that new direction.

Also included in his report are cost estimations of the plan. It is too early to speculate on how much the renovations will run but they are expected to be well in the millions said hospital administrator Millie Asling.

The report will cost \$85,000 and is being jointly funded by the Ministry of Health and the Regional Board of Health. The report is expected to be submitted to the Hospital sometime at the end of November.

"Once the report is done, then we go hat in hand to the government and try to get the funding to make those renovations," said Wayne Gretzinger, hospital board chairman.

The last hospital renovations took place more than 15 years ago and many of the building's mechanical systems such as the boiler and pipes needs to be upgraded or replaced, he said.

The master plan hopes to integrate those upgrades with renovations that will make the hospital better able to cope with the changes in health care.

"There is a strong trend toward more community care, and more out-patient care and those are two areas that this hospital just doesn't have adequate space for right now," said Asling.



The Taylor Sparks recently completed a three kilometre walk-a-thon. The six girls had a lot of fun, and worked very hard to raise money for the mammography fund at Fort St. John General Hospital. It was an overwhelming success, with \$849.85 being raised by these five-year-olds.

Participating were: Michelle Desfosses, Dayna Gobin, Megan Hickey, Angela Hill, Jodie Ponto and Lisa Semograd. A big thank-you goes out to everyone that supported the girls. The walk-a-thon took place at Peace Island Park in Taylor, on the Easter weekend.

Some nurses at the Fort St. John hospital had a bit of a thrill this past weekend. A couple of members of the **Nitty Gritty Dirt Band** had to pay a visit to the hospital to deal with a really bad flu bug they had. When it was discovered who the guests were, out came the pens and paper, and it was autograph time.

That was *after* the musicians' health needs had been well looked after, of course.

MAY 27, 1992

MAY 4, 1992

MAY 7, 1992

MONDAY MAY 4, 1992

Regional hospital board to defy government request for \$1-million towards health units

JOHN GRAY

AHN Staff

Fort St John

The Peace River Regional Hospital Board has decided to defy a request by the provincial government to kick in nearly \$1 million to help pay for two new community health units in Fort St. John and Dawson Creek.

In a 13 - 10 vote, the hospital board decided not to borrow the \$999,000 requested by the ministry of health to pay 20 per cent of the construction costs of the two centres.

"We decided we are not willing to pay that much money for a facility that we were not consulted about," said Fort St. John Mayor Steve Thorlakson.

The health units are nearing completion and are set to open by the end of the summer.

They replace the two existing units that have operated in both Dawson Creek and Fort St. John for more than 20 years, said Thorlakson.

The provincial government should take into consideration all the money the hospital board has given to the previous health units before they ask them to pay so much, he said.

Both towns have provided space for the old health units for \$1 a year and paid maintenance costs for the previous units, he said.

The vote is the latest move in what has been a series of misunderstanding and miscommunications between the provincial government and the regional hospital board over the health units.

Members of the hospital board originally found out about the construction of the facilities after reading about it in the newspapers.

At last week's regional hospital board meeting, the members considered a request from the provincial government for them to pay for 20 per cent of the cost of constructing the new units.

This is the first communication the hospital board has had from the ministry about the health

units in more than a year.

Dawson Creek Mayor, Bob Trail, accused the provincial government of making up a cost-sharing policy as they go along.

"If we were to build this as a region, we would have to consult with the people with a referendum," he said. "It's only fair that the provincial government consult with us when they ask us to pay \$1 million."

The hospital board has no complaints about the units themselves, said Trail.

"The whole community needs those units, they do a great job," he said.

The hospital board wants to talk with the ministry before it writes a cheque for \$1 million, said Trail.

The board may end up paying some money towards the health units, if not the full 20 per cent, he said. However, they will not pay anything until they meet with the provincial government.

Registered Nurses meeting held

The regular monthly meeting of the North Peace Chapter of the Registered Nurses Association met at the Peace River Health Unit on May 20, 1992 at 7:30 p.m. Donna Lemieux chaired the meeting.

The Nominating Committee reported on the state of candidates who allowed their names to stand for the following positions:

President, Marie Bailey; Vice-president, Rosemary Landry; Secretary, Val McMillan; Treasurer, Arlene Macdonald; Education Committee, Kim Edmonds, Molly Cole and Donna Lemieux; Social Committee, Claire Musselman, Barbara Godbersson, Michelle Ackerman and Shirley Wortman.

The Chapter's mandate is a) to provide current information at the local level on any issues or changes within our regulatory body, RNABC. b) to provide continuing education in any area of interest to all nurses working in the various health areas. c) to provide a networking system to allow nurses to access colleagues working in other disciplines and broaden their scope of nursing practice. d) to encourage collegiality amongst our peers.

This will be our Third Annual Garage Sale June 13 at Donna Lemieux's home. The funds raised enable the Chapter to provide a bursary to a nursing student from this area.

The wind-up social event is a BBQ at Sophie Bruce's home on June 17. See posters at your work place or call one of the executive. We encourage new members to attend, and meet their colleagues who work in various other areas of health care in this community.

JUNE 4, 1992

FSJ hospital budget avoids bed closures and layoffs

June 4/92

JOHN GRAY

AHN Staff

Fort St John

The Fort St. John hospital board has submitted their budget and managed to avoid the layoffs and bed closures that plague other hospitals in the province.

Fort St. John hospital received a zero per cent funding increase to its \$10.5 million budget this year.

Since they laid off five employees last year, including several nurses and the director of human resources, they could absorb the cap in their funds, said hospital board chairman Wayne Gretzinger.

The board was able to see that they would not be getting any more money from the provincial government and they began cutting last year, he said.

"This year will be the real test to see if we can stay on budget," said Gretzinger.

Other hospitals have not been so lucky.

The Prince George hospital board announced over the weekend they will have to lay off as many as 25 employees and close 25 of their 77 acute care beds.

Fort St. John hospital will not have to close any additional beds but they will have to be very careful about their expenditures this year, said Fred Von Ilberg, head of the board's finance committee.

"Any surprises, like an increase in payments to the Unemployment Insurance or the Canada Pension Plan will sink us," he said.

Wages make-up nearly 80 per cent of the hospital's budget.

Current contract negotiations between the provincial government and the Hospital Employees Union could yield some of those unexpected expenditures, said Gretzinger.

The government has already announced it will give the employees no more than a 5.5 per cent

increase.

The government has promised to compensate the hospitals for that increase, but the hospitals may have to make up any difference if the union manages to win a larger settlement, said Gretzinger.

However, even compensating the hospital wage settlements may leave them short, he said.

"This year the nurses won a three per cent increase, but many of the nurses in Fort St. John have a lot of seniority so it cost us seven per cent," said Gretzinger.

The hospital will lose some income from the loss of a full time internist at the hospital. It costs thousands of dollars for the hospital to replace a doctor because they must pay relocation costs and pay them extra to come to the north, said Von Ilberg.

"In the Lower Mainland specialists are available there, but here in Fort St. John we have to wait and dine the doctors to come up here," he said.

Hospital elects new board of trustees at annual general meeting

JUNE 16, 1992

ALASKA HIGHWAY NEWS

Fort St John

After a marathon voting session, Fort St. John Hospital has elected a new board of trustees.

Most of the board members who ran were re-elected except for the addition of Sheila Garson who beat out school board chairman John Wetzel for a seat on the board.

Garson is a nurse who was on the

hospital board in Chetwynd for four years.

Re-elected were Wayne Gretzinger, Linda Gentiles to three year terms and Fred Von Ilberg and Valerie Powell to two year term.



JUN 24, 1992

The Fort St. John and District Hospital Society held its nineteenth annual general meeting and elected new trustees to the board. A new voting procedure ensures that each trustee elected receives a majority of the votes. From left, Wayne Gretzinger, Noelle Jellison, Fred von Ilberg, Hugh Hodgkinson, Linda Gentles, Sheelagh Garson and Valerie Powell.



Girl Guides of Canada, represented by Sparks, Brownies, Guides and Pathfinders from the Alcan Division, presented a wheel chair to the children's ward at the Fort St. John General Hospital July 6. The Alcan Division also donated about \$900, raised at their strawberry tea and bake sale, to the Ric Wilson Memorial Mammography Fund. The sale, held in the spring at the Elks Hall, included a baking contest, a cake walk, and a white elephant table.

WE WISH TO ACKNOWLEDGE DONATIONS TO THE RIC WILSON
MAMMOGRAPHY FUND MADE BY



\$40,000 raised for mammography machine

Alaska Highway News

Efforts to secure desperately needed mammography equipment for the Fort St. John General Hospital are picking up steam.

Sylvia MacArthur told The Fort St. John and District Chamber of Commerce Monday that a recently initiated fundraising drive has netted \$40,000 to date.

MacArthur said the equipment is needed in the region where an "incredibly low" 22-per-cent of women ever have a mammogram to determine if breast cancer is present.

The cost of the equipment is \$150,000 but MacArthur said if one-half or two-thirds of the money could be raised locally, government contributions would likely make up the remainder.

MacArthur said the mammography equipment would be set up in the mobile van to allow it to be used not only in the city, but also in the surrounding region.

Page 34 The Northerner Wednesday, July 29, 1992

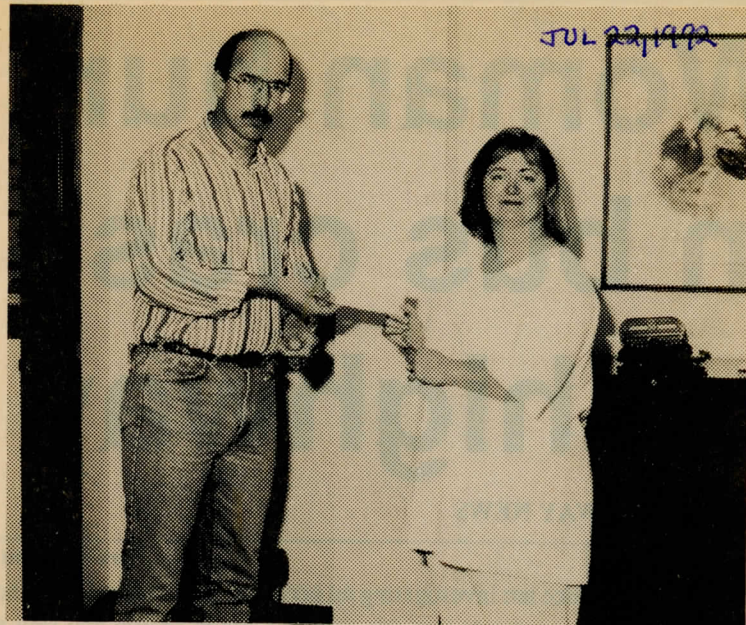
WE WISH TO ACKNOWLEDGE DONATIONS TO THE RIC WILSON

MAMMOGRAPHY FUND MADE BY



The Rotary Club of Fort St. John recently donated \$2,600 to the Ric Wilson Memorial Mammography Fund. Ken Gevatkow, president, presented the funds to hospital board member Noelle Jellison.

The Fort St. John Lifeline Society generously donated a cheque for \$5,734.17 to the Ric Wilson Mammography Fund. Presenting the cheque is Bob Matula of One Hour Photo.



October 4 - 10, National Respiratory Therapy Awareness Week

Information is the most important tool to help fight lung disease says a respiratory technician at the Fort St. John Hospital. Jo-Anne Rondeau said National Respiratory Awareness Week is an opportunity to help raise awareness in the community about heart and lung problems. "Information is the most important thing, acknowledge the risk factors in your life," said Rondeau. Be aware of diet, exercise, not drinking to excess and not smoking, she said, "these are common sense things but if you haven't got the information you can't help yourself." Health and Welfare Canada estimates they spend 100 million dollars a year on chronic emphysema alone, said Rondeau. "It's never too late to quit smoking, whatever works for you. Keeping a pack in the fridge, always having one cigarette handy in case you do want it, whatever works, one less cigarette a day counts." Rondeau said premature babies are the most unexpected part of her routine and the really premature babies usually have to be hooked to a ventilator which breathes for them. The average women who smokes during pregnancy has less than average weight babies, she said, and statistics are beginning to show evidence these babies are also more inclined to have social problems and difficulties in school.

"We know for a fact parents who smoke have children with

higher incidence of asthma, and they make more hospital visits."

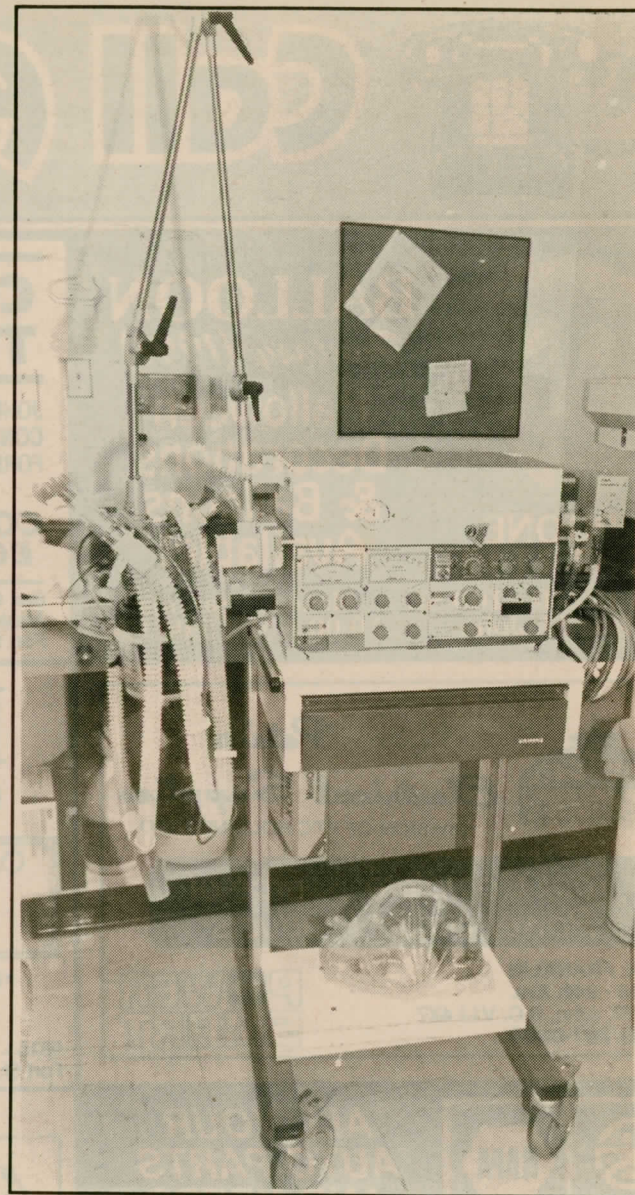
Women who smoke have an increased risk of cervical cancer, reproductive and pregnancy complications, and they are at an increased risk of coronary heart disease if they smoke and use oral contraceptives. "Some doctors won't even prescribe the pill (birth control) if you're over 30 and you smoke," said Rondeau. The health problems women are having now reflect what they've been doing in the past 20 years, said Rondeau, women have caught up to men and have begun to surpass their rates of smoking related illness. Women are also at risk of increased incidence of pancreatic, stomach and liver cancer due to smoking. "The United States Food and Drug Administration (USFDA) won't set a safe level for the amount of smoke you can consume, because they can't," she said. Current information on the effects of sidestream and secondary smoke on women shows they are exposed to some of the most toxic aspects of the cigarette smoke, and nicotine can be found in breast milk, as well as being detected in urine and saliva of non-smokers.

Spouses in general run a 50 per cent increased chance of getting lung cancer. Studies on the dangers of smoking aren't new, said Rondeau, "they've been studying the effects of smoking for 50 years." 5,200

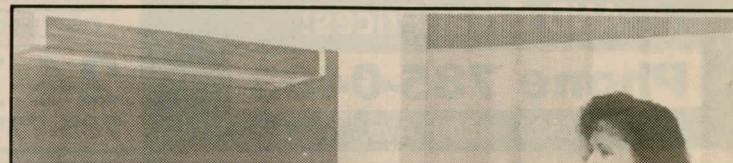
women will die of lung cancer this year. Before World War Two lung cancer was very rare in women. In 1966, 54 per cent of men smoked, in 1988 it was 26 per cent. When men stopped smoking as much Rondeau said tobacco companies started targeting women.

"The per cent of women who smoke is the same as for men but there are 500,000 more women in Canada," said Rondeau which she said is partly why women have an increased rate of lung cancer over men.

"There's nothing good to say about smoking, people say it isn't going to happen to me, this isn't a disease of the elderly anymore," said Rondeau, referring to the effects of smoking on all age groups. Unfortunately people don't realize they have a problem until it's too late. "You shouldn't know you're breathing and that your heart is beating," said Rondeau. "Seeing someone die of lung cancer is a terrible thing, emphysema is a terrible disease. It's awful to watch someone spend their entire day struggling for breath." The answer to caring for your health is awareness, being aware of your family history and knowing that a history of high blood pressure, or heart disease means taking care not to enhance these problems said Rondeau. Hopefully more information will help people to make good choices for the future.



A tangle of pipes and hoses attached to a computer provides life support for accident victims and premature babies. The machine allows the lungs to establish the pressure they can operate at.



PHOTOBER 1992



The Holter Scan is a specific test to measure the heart's activity. After initial tests have been taken to identify a heart problem the Holter Scan provides specific information about the condition of the heart. The patient wears a recording device with electrodes attached to the chest. Over a 24 hour period the tape records every heart beat and then the information is fed into the scan. The technician can then see every heart beat over the past 24 hours displayed on the computer screen.



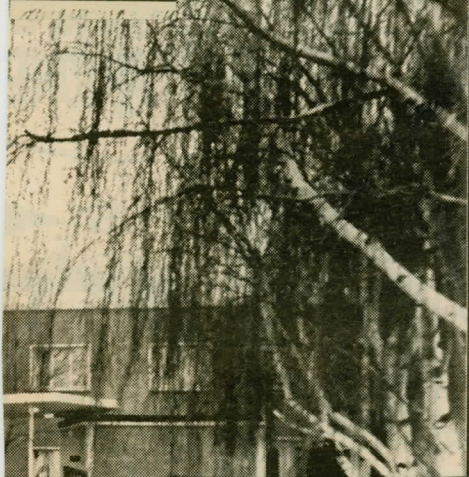
A treadmill gauges the heart and lungs' ability to cope with stress as a means for a doctor to prescribe proper treatment after a heart attack or for patients with heart disease. Doctors can also test a person's fitness level.

60605 1982

St. John Hospital in need of renovations

Fort

ira Haidn



The Fort St. John Hospital has drafted an \$85,000 long range master plan. The plan outlines the spatial changes needed to accommodate necessary renovations, mechanical improvements and technological additions.

"Some of our mechanical systems are starting to break down," said Millie Asling, hospital administrator. Many of the mechanical systems are 30 years old, out of date, not up to standards, and in need of repair.

"Last year we had to put in

a new domestic hot water system and new vacuum pumps. We've had to do a long range plan that incorporated the renovations and mechanical repairs that will be needed in the future," explained Asling.

The long range plan is the end result of extensive meetings which provided for public, staff and engineering input.

A shift in technology and patient care necessitates future structural changes to the hospital. "There has been a switch from inpatient to out patient

care," she said. "Nobody stay in bed for five days after minor surgery any more. A great deal of new technology quickens the recovery time."

In light of technological changes, the hospital will reduce its inpatient facilities and increase its outpatient services.

The 21 bed paediatric wing has been closed completely due to limited demand. The long range plan proposes a total of 67 beds for inpatient care.

TUESDAY, NOVEMBER 24, 1992

Published Monday

House calls to make comeback as hospital meets new challenges

DAVE WILLIAMS

AHN Staff Fort St John

House calls are making a comeback as the Fort St. John General Hospital moves away from an 'ivory tower' concept of medical care, its board chairman says.

Wayne Gretzinger said patients who do not need to be hospitalized — such as seniors — but who still require basic medical aid, could see hospital staff coming to their home.

"I don't know about doctor house call, I guess that will be their decision, but certainly more types of treatment at home that nurses can handle," Gretzinger said.

He said the hospital is planning to eliminate about 21 beds in an unused paediatric care wing and radically rearranging departments about as part of a shift away from the traditional method of health care.

"We're not cutting beds that we need. We're reducing to where we think we will be or would need," Gretzinger said.

"Then we can expand our outpatient services, our physiotherapy, counselling and on and on."

He said extensive renovations — brought on partly due to a

mechanical system that's falling apart — will enable the hospital to more effectively and cheaply meet the modern health care needs of its patients.

Gretzinger said the changes will greatly increase the efficiency and amount of out-patient services, day surgery and other short-term care activities.

"It'll mean a better change. There'll be more day-care surgery and with outpatient services, they can come and get their treatment and go home rather than be captured in a hospital setting," he said.

"It's definitely the trend of modern medicine not to keep people in a bed if they don't have to."

Gretzinger said the board's plans follow in line with a royal commission report on health that emphasized home-based care and shorter hospital stays.

"It's much more patient convenient and significantly cheaper," he said.

Gretzinger said advances in medical care have eliminated the need for the long hospital stays of the past.

He said a considerable amount of health care can be provided at

people's homes or during relatively short stay at the hospital in which the patient spends most of the recovery time at home.

Gretzinger said the hospital hasn't been renovated in 15 years and has started to experience major mechanical problems.

"We realized that a significant part of our business is outpatient services and we weren't really geared that way because the last time we did it 15 years ago, it wasn't orientated that way," he said.

"The fact is, you don't have to be lying in a hospital bed. You can be resting at home and probably recovering quicker."

Gretzinger said he's optimistic the government will come through with funding to enable the hospital to become more "efficient" despite the province's financial woes.

The cost of renovations is not presently known.

Gretzinger said the changes will not affect staffing or save money on the hospital's operating costs, but will allow it to offer expanded services.

"We're not looking for a new castle," he added.

Nov 24, 1992

MAMMOGRAPHY



Horizontal: (left to right) Lexie Gordon, Director of Information Services, Noelle Jellison, board trustee, Darlene Giesbrecht, Director of Radiology, and Dr. Michael Wright, Chief of Staff, with the new mammography unit.

Fort St. John now has mammography unit

SHANNON LLOYD

AHN Staff

Fort St John

Fifteen months of intensive fund raising has finally given the Fort St. John General Hospital their own mammography unit, said Noelle Jellison, board trustee and chairperson of public relations.

"Sufficient donations were received to purchase the mobile mammography unit at a cost of \$92,500.00"

Donations totalling \$87,000.00 were added to a bequest of \$10,000.00, from Ric Wilson, former administrator of the hospital, said Jellison.

Approvals from the B.C. Breast Screening Program and the Diagnostic Accreditation Program are necessary before the service can be put into use, and

these are currently being sought and are expected early in 1993, she added.

The mammography unit will be mobile, as well as in house, and the schedule is still to be worked out, said Jellison.

Prior to the purchase of the Fort St. John mammography unit, women of this community had to travel to Dawson Creek for examinations, she said.

"This unit will provide a more accessible service to the women of the North Peace."

Donations came from individuals, community organizations and businesses, and the hospital Board of Trustees would like to thank all those who donated, said Jellison.

Donations made the mammography machine possible

Tuesday, December 22, 1992

The new mobile mammography machine at the Fort St. John Hospital was made possible by the donations of many people in the community. More than \$92,000 was raised to make a dream a reality. Congratulations Fort St. John, and thank-you for caring. The following is a list of all the individuals, organizations and businesses that contributed.

INDIVIDUAL DONATIONS

Dr. C. Aneke
Ella Ballantyne
Robert & Ruth Bruce
Brenda & Ron Caine
Audrey Findlay
Dave & Sheelagh Garson
Verne & Karen Goodings
Jim & Lexie Gordon
Claire Harwood
Ken & Alice Hergott
Russ & Eleanor Hofferd
Andrea Houghton
Stan Kary
David & Margaret Kylo
Lois LeClerc
Marlene Lessing
Howard Malm
Jesse & Meribel Miller
Margaret Poole
Wilf & Sis Rector
Bill & Madonna Robertson
Pauline Shields
John & Audrey Skoreyko
Walter & Dorothy Trask
Joan Wensley
Rosemary Wheeler
Donna Williams
Ray & Mona Willis
Edna Smith
Claire Rhymer
Dorene Claypool

Dr. Becky Temple
Dr. M. Wright
John L. Ardill
Roland Maniquet
Steve Thorlakson
Zylpha P. Alexander
L. G. Musson
Dr. Susan Purkiss
Earl M. Alexander
Ernst & Margaretha Leuenberger
Dennis & Sandra Trout
Sylvia Morrow
Anne Siluch
Ron & Millie Asling
Jody Bell
Dr. Art Cain
Georgia Asling
William & Diane Davidson
Jean Gammage
Richard & Helen Gilbert
Bob & Darlene Gordon
Edna Grundy
Lenore Harwood
Paul & Verna Hill
Jean & Mike Holunga
Barb Jackman
Eric & Margaret Kimpton
Stephanie Lahoski
Paula Lemieux
Valerie MacMillan
S. McGillivray
Ron & Christine Phelps
Flora Quibuyen
Ken & Colleen Rimbey
Ruth Shuster
Lois Taylor
Fred von Ilberg
John Wetzel
Ida & George Wilcox
R & M Williams
Doris Ruttan
Karen Huxley
Clifford Cannuel
Eileen Kube
Bryan L. Rogers
Bert & Barbara Tootell
Gunhild Lundquist
Hugh & Bettie Ann Hodgkinson
Dr. Hamed Umedaly
Jack & Alma Cheesman
Leo G. Budnick

Northern Lights Restaurant
Peace Optical
O.K. Trucking
Webb Trucking
Norcen Energy Resources
Central Q-Mart
North Peace Veterinary Clinic Ltd.

Victor E. Brandl
Evelyn Schrock
Marilyn Cockwill
Linda Garland
J. Grant Timmins
Richard Robinson

COMMUNITY ORGANIZATION DONATIONS

Beta Sigma Phi (Chetwynd)
Senior Citizens Association
Branch #59
Chetwynd General Hospital
Peace River Women's Institute
North Pine Women's Institute
Hudson's Hope Gething
Diagnostic and Treatment Centre
Sunrise Two Rivers Institute
North Peace Alcohol & Drug Services
Zeta Iota Chapter Beta Sigma
FSJ Womens Resource Society
Auxiliary to the Fort St. John General Hospital
Ladies Auxiliary Royal Canadian Legion #102
3rd North Peace Scout Group
North Peace Home Support Services
Alcan Chapter #91 O.E.S.
Order of the Royal Purple
Telephone Employees
Community Fund (TECF)
Taylor Pack: Sparks
Tumbler Ridge Health Centre Foundation
XI Alpha Delta (Fort St. John)
Peace River Women's Institute
Women's Institute
FSJ Lions & Lioness
XI Alpha Delta
Peace River Haven
Chetwynd Lions Club
St. Martin's A.C.W.
Zeta Kappa
Lions Club of Hudson's Hope
Independent Order of Foresters
Preceptor Beta Alpha
Elks Royal Purple

Paragon Refrigeration
Probe Corrosion Services
Al-Way Refrigeration
Surerus Construction
Myhre Muffler
Northern Metallic
The Hair Bin

Fort St. John, Charlie Lake and Taylor Fire Department
Girl Guides of Canada
Fort St. John Lifeline Society

CORPORATE/BUSINESS DONATIONS

Alaska Highway News
Embleton Construction Ltd.
High 'n Dry Eavestrouthing
Minit-Tune (Fort St. John) Ltd.
Crazy for Food
R. Ian MacArthur Marketing Inc.
K.A. Longstaff & Associates
Ivor Miller Realty (1989) Ltd.
Independent Plumbing & Heat Supplies
Northern Bearing & Drive Service
Derrick Plumbing & Heating
Scurry-Rainbow Oil Limited
FSJ Optometric Centre
Hi-Performance Motor Sports
B.C. Hydro Hydrecs Fund
Northland Agency
Trio Travel
All Star Cresting & Embroider
Peace Country Rentals
Montgomery Elevator
Quasar Communications
Independent Industrial Supply
Best Western Oil Tools Ltd.
Marlin Travel
Ranchhouse Hotel
North Peace Savings & Credit Union
Dinosaur Enterprises
Northern Spring Brake & Steering
Jim Pattison Foundation
Petro-Canada Inc.
Suncor Inc.
Dr. Bruce Inc.
Royal Bank of Canada
Walsh, Cleaveley & Fus
Cameron Travel Ltd.
Light Enterprises
G.L.A.D.D. Ind. Ltd.
D&G Oil Services Ltd.
Jade's Garden

Overwaitea Food Group
Fibreco Pulp Inc.
B.C. Hydro Community Service Fund
P & J Water Services (1987) Ltd.

Klassen Electric
Caravan Motel
The Roost Motel
Pioneer Inn
Esso Resources (1989) Ltd.
Callison & Company
Good Samaritan Centre
Welcome Wagon

FSJ Hospital news

By Twila Soule,
Fort St. John Hospital Board

Each year the hospital recognizes those employees who have achieved a five year or subsequent five year anniversary. At the 1993 staff Christmas dinner and dance, a total of 37 service awards were presented.

Of special note this year was the first 30 year service award presented to Mike Matic of the Plant and Property Department.

Twenty five year recipients were Claire Musselman, Head Nurse of Emergency; Ros Collett, Licensed Practical Nurse on Medical/Surgical and Henry Richter, Laundry Department.

As well, two 20 year, six 15 year, four 10 year and 21 five year awards were presented. Our sincere thanks and congratulations to all of these very deserving employees.

The following are the statistics for the month of November:

Admissions 264

Births 29

Visits to doctors in emergency 1939

Surgical Procedures 146

We would like to remind those using the hospital facility to please bring their Care Card.

We would like to extend heartfelt thanks to those individuals and businesses whose time and financial considerations enable us to continue to provide viable health care in our community.

Thursday, December 24, 1992



HELPING PUT the Rick Wilson Memorial Mammography Fund over the top was this donation of \$2,000 from the Senior Citizens of Fort St. John. Byron Baxter, president, presents the cheque which was made possible by the weekly bingos held by the Seniors to Noelle Jellison, board member of the hospital, at a Seniors Club social function last week.

Donations made the new mammography machine possible

DONATIONS MADE IN MEMORY OF MERLE SYKES

Rick Westmoreland
Ronald & Sandra Anderson
Eugene & Vicki Barton
George & Trudy Cowger
Bruce Dupuis
Fort Nelson Liard Regional
District
James & Christine Hernstedt
Ella Karstein
Chris Lok
Mike Lyndon
Pipeliners Social Fund
Robert Russell
Lorne & Karen Smithson
Cliff Taylor
Town of Fort Nelson Public

Works
Peter & Bonnie Wilson
Lorna Banack
Leonard & Jean Cornet
Kathy Craig
Ronald & Norma Harrison
Patricia Green
Pat & Lawrence Hernstedt
Gordon Keith
Pamela Lundstrom
Dave Peltier
Mylo Ross
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Eileen Storozinski
Westcoast Energy
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DONATIONS MADE IN MEMORY OF MICKEY RUSSELL

Ella Ballantyne
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DONATIONS MADE IN MEMORY OF ELAINE COPELAND

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Nostrand
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Marlene Lessing
Norm & Judy Laythorpe
Hans & Heidi Filter
Clair Harwood
Social Club - Fort St. John
Hospital

Colleen & Ken Rimbey
Barbara Smith
Health Care Systems (Richmond)
Millie Asling
Sandra Curry
Terry Williams
Margaret Dyke
David & Rosemary Landry
Jim & Lexie Gordon
Maureen & Ron Cook
Laboratory Staff - FSJ General
Hospital

Rita Bergman
Jessie Ruth
David Peeke-Vout
Heather Wilson
Bill & Sherry McDonald
Shirley Green
Andrea Houghton

1992
DECEMBER

NOVEMBER

Fort St. John hospital seeks blood donors

The Fort St. John General Hospital Laboratory Emergency Blood Donors are special people that are willing to donate blood at a moments notice. A that is required to be a donor is that you come into the Laboratory twice a year for 15 to 20 minutes so that we can screen your blood to ensure it is safe to give to a critically ill patient.

If any of you are interested in joining this program, phone the Laboratory at 785-6611 Ex. 247 to arrange an appointment. We are planning to screen donors November 9 and 10, between 8:00 a.m. and 4:00 p.m. If you know your blood type already, we are particularly interested in those people who are group O.

You can be a donor if you are 17 to 55 years old, weigh 100 lb. (45.5 kg) or more, are not anaemic, if female are not pregnant, live a reasonable distance from the hospital (15 to 20 minutes) and have a phone. We cannot take blood from people with some medical conditions. These include hepatitis, heart problems, high blood pressure, kidney disease, diabetes on medication, epilepsy and cancer. Also you must sign a consent form.

This program is critical to the safety and well being of Fort St. John residents and we appreciate your interest in this important endeavour.

Thank you:

D. Bruce

Asst. Director of Laboratory
Fort St. John General Hospital

Nov 9, 1992

Hospital boards could be a thing of the past

DAVE WILLIAMS

AHN Staff Fort St John

The traditional hospital board is on its way to becoming a thing of the past, trustee Sheelagh Garson says.

Garson said some big changes are on the horizon in the delivery and organization of health care in Fort St. John and across the province.

She said the provincial government is considering putting in place regional boards.

Garson added who controls the boards, how they would be set up and where the money would come from is still up in the air.

"Very likely, hospital boards will at some stage, be eliminated. There will be more of a community board established that will involve many groups in the communities," she said.

"Groups that have been working under various societies that are related to health care will be combined very likely."

Garson said local health care representatives are extremely concerned their views be considered in any new plan.

She said a radically new approach implemented in New Brunswick has been floated as a possible model for the revised system.

Garson said the New Brunswick model saw all 51 health boards legislated out of existence and replaced with eight regional councils responsible to the provincial capital.

"It'll either be as we see it being done or it could very well be done similar to New Brunswick where the government says 'This is the way you'll do it and you'll manage,'" she said.

"Absolutely, there will be some changes on how the money comes to us, how decisions are made and board structures."

Garson said the most likely scenario is replacing the traditional hospital board with a body that

includes representatives from a variety of health related organizations.

She added questions about how such a body is established — including how many representatives and votes each health care sector receives — can dramatically influence its effectiveness.

"Our emphasis is to see that we have a chance to say what we think is important," she said.

Garson added the current variety of Peace River regional health care boards could also be combined under one flag.

The local hospital board has already drafted plans to shift its focus away from institutionalized care towards a more community based approach.

"Health care providers in the Peace River Region do not wish to see a legislated structure implemented in British Columbia that does not represent our local input."

Hospital changes visiting hours

ALASKA HIGHWAY NEWS

DEC 25, 1992

Fort St John

There are new visiting hours at the Fort St. John General Hospital, announced the Board of Trustees.

Patients in pediatrics are able to visit between 8:00 am and 8:00 pm, while medical/ surgical patients can receive visitors from 2:00 to 8:00 pm.

Patients on the Maternity ward can see their spouse from 8:00 am to 9:00 pm, grandparents can visit between 3:00 and 4:00 pm, while children, accompanied by a father or grandparents, can visit daily.

Newborns can be viewed between 7:00 and 8:00 pm.

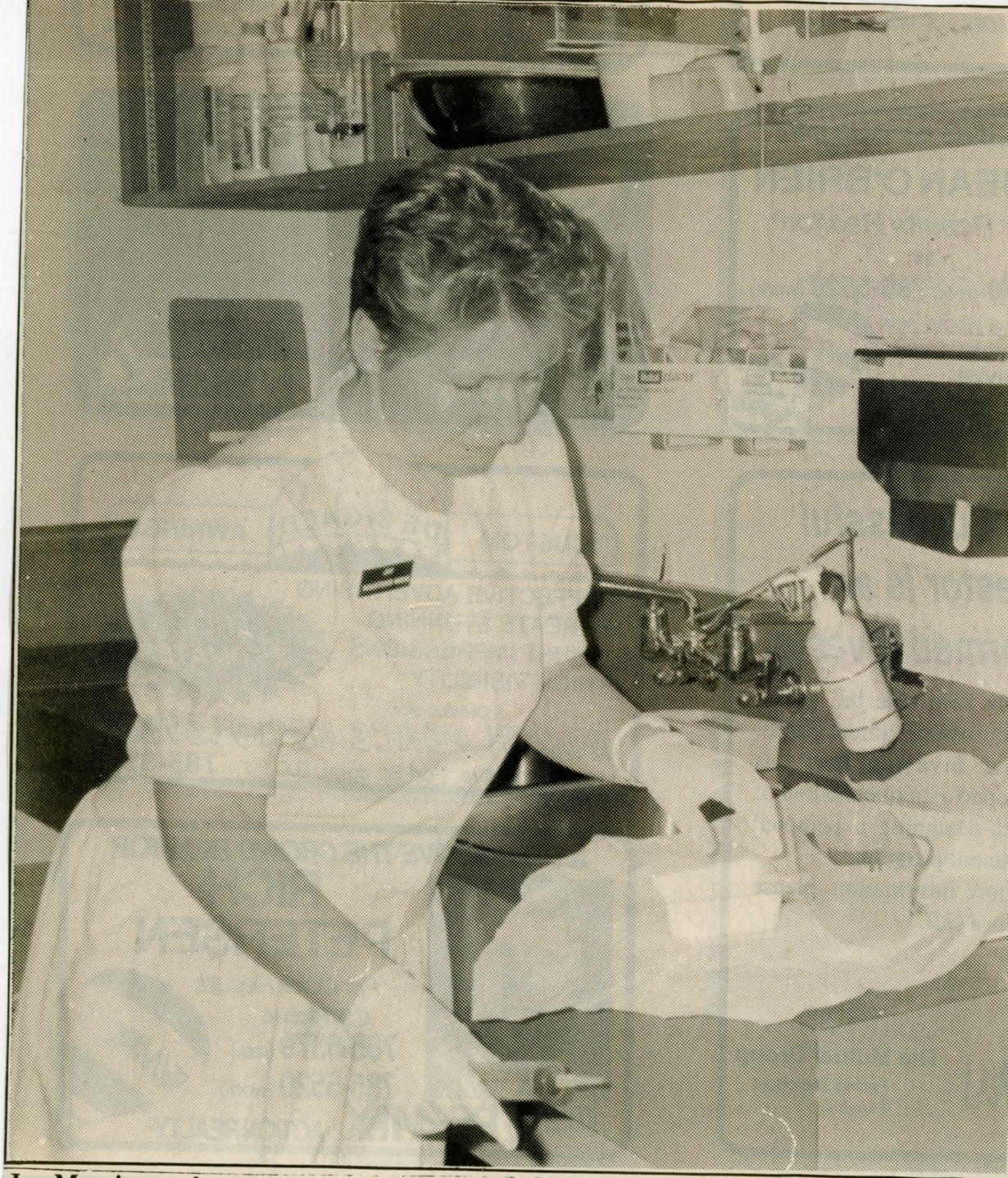
Intensive Care patients are allowed only two visitors at a time, and visitors can stay only 20 minutes, twice a day.

Children may visit, in special circumstances, with the permission of the physician.

Exceptions to Intensive Care visiting regulations require the permission of the head nurse.

These regulations have come into effect in order to create a family centred environment, without placing undue stress on the patient, while still enabling family and friends to visit, and to maintain a safe and effective environment where quality care can be provided, said the Directors of the Medical and Nursing Staff.

1992
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Joy Morrison volunteered to work Christmas day at the hospital. DEC 29, 1992

St. John hospital said that she volunteered to work this Christmas shift.

"If you work one year, you usually don't have to work the next year, or not work both Christmas and Boxing Day."

The nurses take turns because somebody has to be working, and Morrison had last year off, she said.

"I'm not working the whole day; the nurses share the day, I'll be here from 4:00 pm to 8:00 pm."

Morrison said that while working Christmas day is a little hard on her family, they have to come to terms that the patients don't choose to be in the hospital that day, either, but some one has to be there to look after them.

"We're planning our Christmas dinner for Christmas Eve."

Christmas day is usually quite busy at the hospital, especially in the evening, said Morrison.

Bruce Chalifoux is spending his first Christmas in Fort St. John working.

He drives a taxi for Town Taxi, and will be working from 7:00 am to 7:00 pm, he said.

"It shouldn't be too bad Christmas day."

Working December 25 isn't his choice, but it's just the way the shifts work out, he added.

"My brother's coming in on Christmas Eve, and I won't be able to spend too much time with him."

Fortunately, though, he doesn't have to wait in the office for calls all day, but can leave a number where he can be reached and go and spend some time with his brother, so he'll be working on an on-call basis, said Chalifoux.

1992
DECEMBER

NEW MEDICAL CENTRE OPEN

1992.
DECEMBER



Renate Von Ilberg is decorating and unpacking boxes in Dr. Bruce's office at the new medical centre, which opened just before Christmas. DEC 31, 1992