

**To: Honourable Elizabeth Cull
Minister of Health**

Dear Madame Minister:

I write to you to express my deep disappointment on receiving a copy of the attached letter from the Executive Director of the Screening Mammography Program of British Columbia, which was forwarded to me by Fort St. John General Hospital, and I sincerely hope you will be able to spare a few minutes from your busy schedule to hear my concerns.

My late husband, Cedric Wilson, formerly CEO of the Fort St. John General Hospital and an advocate for health in North Eastern British Columbia for almost twenty years, passed away with cancer in January, 1991. In the months prior to his death we spent much time at CCABC and during our visit I took advantage of the Screening mammography program across the street to W. 10th. This prompted my husband to consider how a similar service could so help women in our region, where at that time mammography could only be obtained at Dawson Creek Hospital with a physician's referral, should a problem be suspected.

It was my husband's vision that if a travelling mammography unit could be made available to visit the rural and isolated communities in our region, it would serve both as an educational tool, and by early detection of problems, might ultimately result in preventing others from suffering as he was. In addition, as a hospital administrator he was very cognizant of the potential savings to the Health Care System of early detection, particularly as he was experiencing first hand the costs involved in cancer treatment.

His idea was to locate the mammography unit in the new nuclear medicine truck approved for purchase by the Fort St. John General Hospital, thereby considerably reducing start-up costs, as nuclear medicine was already an approved regional service.

Consequently, when he died he bequeathed the sum of \$10,000 towards this regional mammography unit which would be based in Fort St. John General Hospital and travel throughout the region. Following his death the communities in North Eastern British Columbia took up the challenge of fund-raising and an amount of \$93,863.33 was raised, equating to \$1.66 for every man, woman and child in the Peace River area, a quite phenomenal sum, as I am sure you will agree. During the fund raising process, public awareness of the importance of mammography increased enormously, as Womens' Clubs, Lions Clubs, schools and community groups came together to raise funds for a project which would benefit them or their families personally. Their enthusiasm was very humbling and would have made my husband extremely proud.

The mobile unit was purchased with the donated funds, and Fort St. John Hospital acquired a new nuclear medicine truck large enough to also accommodate the mammography unit. As the fund grew, Fort St. John Hospital began to make contact with the Screening Mammography Program and were under the impression from their discussions that the service would be approved.

However, as the letter from Dr. Warren explains, new SMPBC guidelines were established in February of this year which now seem to prevent this from becoming a reality. Based on these new guidelines the fort St. John Hospital screening proposal has been turned down, and the new mammography unit can be used only for diagnostic purposes, by physician referral, and not for screening as intended. Whilst I appreciate that guidelines must be set, I cannot help but think that the Peace River and Fort Nelson areas will never have sufficient numbers of women to meet the new SMPBC criteria, which may apply in the south, but which seem to discriminate against women in the north, whose access to health care should surely be equal.

It is my understanding that, according to the new guidelines, the screening facility which now operates at Dawson Creek Hospital is not sufficiently utilized to warrant expansion of the service in the Peace River Region. I would suggest that the distances and difficulties involved in travelling to Dawson Creek are the primary reason for this under-utilization, and that a practical solution might be to increase utilization by developing anew regional screening program, with Fort St. John Hospital providing mobile screening and Dawson Creek providing hospital based screening. This would surely work towards the goal of reaching as many females over age 40 as possible, and provide an excellent service for the region.

I have recently returned from an extended visit to England where screening mammography is not just available within the hospital setting, but is also accessible in areas such as shopping precincts and malls with administration of the screening programs carried out by the regional hospitals. I found the public in general acutely aware of the importance of regular screening. The majority of women participate, and the success rate of early detection is high. Whilst I appreciate that in British Columbia we have neither the population nor financial base to warrant such an extensive program, I do believe that here in the north east we have a golden opportunity to take a step forward, which would not only be enthusiastically received by the communities, but which is practical and most importantly, ready to go.

Surely this concept falls totally in line with the new directions your Governments is implementing, those of prevention, "closer to home", and particularly of community awareness and involvement in the process.

It is my sincere hope, Madame Minister, that when you have considered the points raised in my letter you will feel able to intervene on behalf of the communities of North Eastern British Columbia, so that the Screening Mammography guidelines can be made more flexible to reflect the total population of the Province, and thereby enable my husband's vision to become reality.

**Yours sincerely,
Heather M. Wilson**

Mammography decision saddens
reader

Reader frustrated by hospital stay

Dear Editor:

On a recent stay in our hospital, I was in six different rooms, in fact, three rooms in one day. This meant a total of three linen changes plus washing down these beds and the nurses having to move all these beds - what a waste of nursing skills! Besides having surgery, I was trying to get control on my diabetes, so with all the room changes it was hard for staff to keep up with me for blood checks, snacks and meals - I don't know how they did it but they did.

Doctors have to book patients months ahead for surgery, but they were not consulted about the closures of the 16 beds. Pediatrics is no place for a person who has just had major surgery, yet a lot of us were put there and some of us twice. I'm sure if I could have been in the same room and bed for my stay I would have been home a lot sooner. I ask you how much money the hospitals is saving by closing and padlocking these 16 beds. The housekeeping costs maybe?

I guess the plus was I did have 14 room mates and some of these no doubt will be friends forever!

Yours truly

**Mrs. E. S. Hards
Fort St. John, B.C.**

Hospital news update

DECEMBER 1/ 93

Rumors with regards to the closure or downsizing of the F.S.J. General Hospital are indeed just that. Rumors!

We have never been more optimistic about the future and are actively working with the Ministry of Health as they prepare to implement the New Directions for Health Care in B.C.

The hospital has just completed minor renovations on the pediatric wing which has seen the completion of a playroom and a treatment room.

There are also plans underway to re-roof the residence area and we hope to have that project completed before winter sets in. Work has also begun on an outdoor protected smoking area and in January of 1994 the hospital will be smoke-free.

We would like to extend a

thank you to Dr. Dixon whose willingness to provide obstetrics and gynecology services for the month of October was much appreciated.

There are efforts being made to actively recruit an Obs/Gyn specialist and we also have applications on file for the general surgeon's position in preparation of Dr. Bruce's retirement. A warm welcome is extended to our medical internist, Dr. F. Perera.

The Canadian Council in Health Facilities Accreditation has chosen F.S.J. General Hospital as one of only twelve health care facilities in Canada that will participate in a pilot study with the C.C.H.F.A. to begin in the spring of '94. The accreditation process acts as a yardstick by which health care

organizations can measure their won performance against national standards.

We are continuing with our efforts to complete the eye lane project and are only ten thousand dollars short of our goal. We continue to actively lobby for funding to provide a regional mammography screening program. There is now diagnostic mammography service available at F.S. J. General Hospital which requires an order from your doctor.

The F.S. J. General Hospital will continue to provide the best possible health care, services and facilities to our community. We would welcome input from the public regarding these matters.

by Twila Soule, Hospital Board Director

Hospital faces budget squeeze in

Dave Williams

Staff Writer

Fort St. John

This year's financial woes for the Fort St. John General Hospital are only expected to worsen in 1994, administrator Millie Asling says.

She said the hospital has been financially able to just keep its head above water this year, but is anticipating a lean 1994.

"It's a never-ending battle. We're trying to pick up additional costs with less money or the same money. It just gets tighter and tighter and tighter," Asling said.

She said rising wage and benefit costs, in addition to a projected \$35,000 increase in its natural gas bill proposed by Centra Gas, will have to be absorbed by what is

expected to be stand-pat provincial funding for next year.

"So far we've survived, but we can't begin to absorb those kinds of costs in another year because we're certainly not expecting a budget increase at all," Asling said. "I sure don't think next year is going to be any better."

She said the hospital's ongoing financial problems are set amidst a flurry of changes underway in the provincial health care system.

Although designed to improve local health care while reducing costs, Asling said the full impact of the province's new directions initiative remains uncertain.

She said the intention of the initiative is to take some services out of the hospital setting and place them in the community.

So far, Asling said, that hasn't happened.

"The services just aren't in the community as of yet," she said.

"At this point in time, the community relies very heavily on the hospital, but that probably should change in the next little while."

Asling said the provincial government is currently drafting a list of core services considered necessary in each community.

She said what services may be added or deemed unnecessary is currently unknown.

Asling added the government will be determining what are essential services provided to a community and what can be provided on a regional basis.

"Then you get into definitions of what's accessible — is it 10 miles or 50 miles away, is it air accessible or ground

accessible?" she said.

"Those are particularly relevant to this part of the world because of the winter conditions. What might be accessible in the summer, may not necessarily be accessible in the wintertime. There's a lot of defining that will need to be done around core services."

Asling said there will inevitably be some measure of conflict between Peace region communities as the government looks at what health care services should be provided in each area.

"I'm sure there will be lots of controversies about it. I'm certain that the community of Fort St. John and the area around it needs the hospital," she said.

Asling said a number of people in Fort St. John have expressed concern the local

1994

hospital may be sacrificed under the new directions program.

She said there has been no indication the government is considering such a move and instead has stated that local health care services will be enhanced, though not necessarily through the hospital.

Asling said the Fort St. John and Dawson Creek hospitals have historically divided up certain health care services among them in order that they may be provided in the area.

She cited as example Fort St. John's role as the region's nuclear medicine centre and laboratory while Dawson Creek is the base for psychiatric services.

"We've always had a co-operative effort simply because the population of the whole region doesn't demand more than one service of that kind," Asling said.

F SJ 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; Rose 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 stats for the month of November:

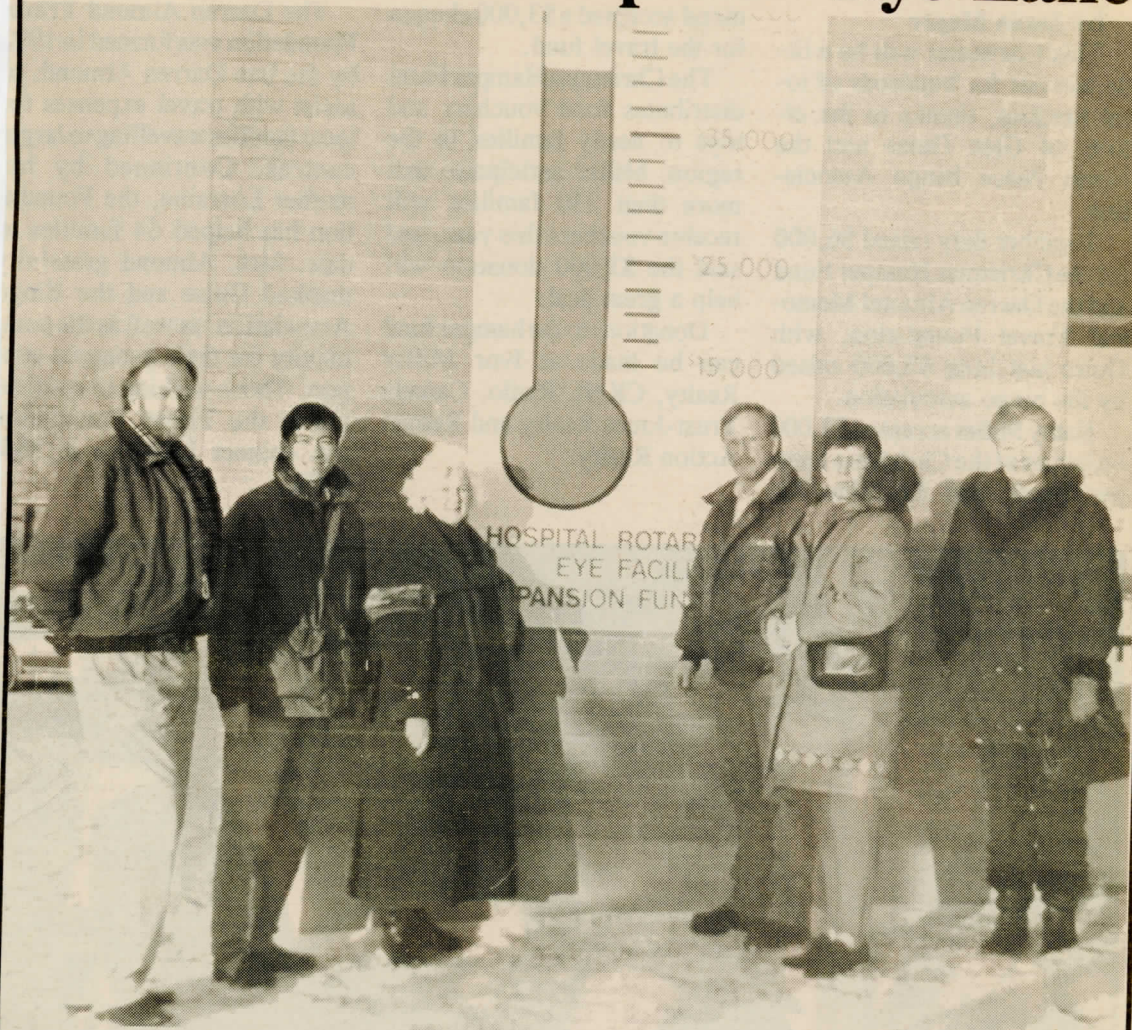
Admissions 264
Births 29
Visits to doctors in emergency 1939

Surgical Procedures 146
We would like to remind those using the hospital facility to please bring their Care Card.

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

DEC 15, 1993

Fort St. John Hospital - Eye Lane



Three representatives from the Telephone Employees Communication Fund (TECF) presented the donated \$2,000 for the Eye Lane at the Fort St. John Hospital December 10. From Left: Dr. David Rollins - Clinical Associate Professor University of British Columbia Department of Ophthalmology, Dr. Steven Ma - Resident in Ophthalmology UBC, Valerie Powell -, Chairman Public Relations Committee Board of Trustees. T.E.C.F representatives Eldon Langerud, Marg Evans, Pollyann Richards.

(photo by Ann Mast)

CKNL

AND THE
**KEN GARRETT MEMORIAL
 CHILDREN'S FUND**
 presents
**"THE PULSE OXIMETER
 CHALLENGE"**

Starting Monday, November 15th CKNL will be "Challenging" our Listeners and the Businesses of Fort St. John in raising \$2000.00 towards the purchase of needed Pediatric Department Equipment. The Ken Garrett Memorial Childrens' Fund will match Dollar for Dollar all donations up to the \$2000.00 needed. The money will go towards the purchase of a Pulse Oximeter, a set of Pediatric Assessment Training Tapes, and a Resusci-Baby. This non-profit community venture is another CKNL "Spirit of the North" presentation on behalf of the Ken Garrett Memorial Childrens' Fund.

NOV 16, 1993

1993
LAST BABY



Clint and Tracey Wilson are the parents of the last baby born in 1993. Hailey Anne appeared at 11:46 December 31 and weighed 6 pounds four and half ounces.