Northern Health Board: Public Agenda Package (June 2024)

The Crest Hotel - British Columbia Room

June 24, 2024 12:40 PM

Agenda Topic			Presenter	Time	Page
Agenda					
	MOTIONS				3
1.	Call to Order, Welcome and Indigenous Land Acknowledgement		Chair Nyce	12:40 PM-12:55 PM	4
	1.1	Conflict of Interest Declaration	Chair Nyce		
	1.2	Approval of Agenda MOTION	Chair Nyce		
	1.3	Approval of Minutes - April 15, 2024 MOTION	Chair Nyce		4
		1.3.1 Business Arising from Previous Minutes	Chair Nyce		
2.	CEO Report		Ciro Panessa	12:55 PM-01:40 PM	10
	2.1	Human Resources Report	David Williams		33
3.	Audit & Finance Committee		Director Kennelly	01:40 PM-01:55 PM	50
	3.1	Year End Financial Statement Information	Mark De Croos		50
	3.2	Capital Expenditure Plan Update MOTION	M De Croos		51
4.	Performance, Planning & Priorities Committee		Director Anderson	01:55 PM-02:40 PM	60
	4.1	Strategic Priority: Healthy People in Healthy Communities			60
		4.1.1 Partnering for Healthy Communities Information	Tanis Hampe / Dr. Jong Kim		60

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Public Meeting Motions

June 24, 2024

Agenda Item		Motion	Approved	Not Approved
2.	Conflict of Interest Declaration	Does any Director present have a conflict of interest they wish to declare regarding any business before the Northern Health Board at this meeting?		
3.	Approval of Agenda	The Northern Health Board approves the June 24, 2024 Public Agenda as presented	☐	☐
4.	Approval of Minutes	The Northern Health Board approves the April 15, 2024 minutes as presented	☐	☐
3.2	Capital Expenditure Plan Update	The Northern Health Board receives the Period 13 update on the 2023-24 Capital Expenditure Plan as presented.	☐	☐
6.1	BRD 200 Policy Series	The Northern Health Board approves the BRD 200 Policy Series as presented.	☐	☐

Board Meeting

Date: April 15, 2024

Location: Dawson Creek, BC

Chair:	Colleen Nyce	**Recorder:** Desa Chipman
Board:	• Wilfred Adam • Shannon Anderson • Russ Beerling • Shayna Dolan	• Frank Everitt • Brian Kennelly • John Kurjata • Patricia Sterritt • *Regrets: Linda Locke*
Executive:	• Ciro Panessa • Fraser Bell • Aaron Bond • Dr. Ronald Chapman • Mark De Croos • Angela De Smit	• Tanis Hampe • Dr. Jong Kim • Steve Raper • Dr. Helene Smith • Kirsten Thomson • David Williams

Public Minutes

1. Call to Order, Welcome and Indigenous Land Acknowledgement

Chair Nyce welcomed members of the public to the Northern Health Board meeting and shared that the NH Directors appreciated the opportunity to do a drive by tour of the construction site of the new Dawson Creek and District Hospital prior to the start of the meeting.

Meeting was called to order at 9:30am.
Moved by J Kurjata

1.1. Conflict of Interest Declaration

Chair Nyce asked if any Director present had a conflict of interest they wish to declare regarding any business before the Northern Health Board at this meeting.

- There were no conflict of interest declarations made related to the April 15, 2024 Public agenda.

1.2. Approval of Agenda

Moved by R Beerling seconded by S Anderson
The Northern Health Board approves the April 15, 2024 public agenda as presented

1.3. Approval of Board Minutes

Moved by S Dolan seconded by F Everitt
The Northern Health Board approves the December 11, 2023 minutes as presented

1.3.1. Business arising from previous Minutes

There was no business arising out of the previous minutes

2. CEO Report

- An overview of the CEO Report was provided with the following topics being highlighted:
    - Overdose Prevention Response – Northern Health continues to have the highest rate of unregulated drug deaths in BC. Details on the ongoing prevention response were included in the report.
    - Measles – since the single case report in Vancouver Coastal Health there has been no further transmission (case or exposure) reported.
    - COVID and Influenza – There is continued collaboration between the Infection Prevention group and the Medical Health Officer group which has strengthened the teams and approach in dealing with potential outbreaks and clusters.
    - Relational Security Program Expansion – the expansion to the Relational Security program aims to significantly enhance security at acute health care sites, which is fostering both physician and psychological safety of the invaluable workers, patients and visitors.
    - Recently Premier David Eby travelled to Terrace to visit the new Mills Memorial Hospital site and Seven Sisters. Northern Health Board Chair Colleen Nyce attended the tours and appreciated the opportunity to discuss the future of healthcare in the Northwest with Premier Eby.
    - Minister Adrian Dix travelled to Prince Rupert to meet with staff and medical staff at the Prince Rupert Regional Hospital to have discussions focused on the recent emergency room closures.
    - Kitimat Dementia Home announcement was made by Minister Dix on March 25, 2024. The innovative state-of-the-art home will provide 10 single occupancy ensuite bedrooms and two respite rooms for individuals who suffer with dementia and who require support and would benefit from 24-hour long-term care services.

2.1. Human Resources Report

An overview of the April Human Resources Report was provided with the following topics being highlighted:

- Workplace Health and Safety Structure
    - Highlights of recent primary deliverables and initiatives of the Workplace Health and Safety portfolio to support operational implementation and management of the following occupational health and safety programs was provided.
        - Health, Safety and Prevention – collaborates with the organization and external agents to build an occupational health and safety management system that controls hazards and prevents workplace incidents and illnesses.

        - Disability Management – helps support and guide injured or ill employees to recover and participate in return-to-work activities as soon as medically possible.
    - Violence Prevention
        - Recently supported sites with their annual Violence Risk Assessment Check and Violence Prevention Program review, with 100% of sites completed. Achieved staff completion targets for the Provincial Violence Prevention Curriculum which includes a day classroom training for high-risk staff.
        - Supported the onboarding of new NH Relational Security Officers and PVPC and trauma-informed practice training.
    - Management shared that work is continuing in the following areas:
        - Partnership with Joint Occupational Health & Safety Committees to complete annual committee evaluations.
        - Update the hazardous drug exposure control policy and program to align with the recently amended OHS regulation.
        - Advance safe patient handling program
        - Continued promotion of communicable disease prevention and baseline immunization monitoring.
        - Implement and maintain compliance with WorkSafeBC Bill 41. Due to Cooperate and Duty to Maintain Employment.

3. Audit and Finance Committee

3.1. Public Comments & Financial Statement

- Year to date Period 12, Northern Health has a net operating surplus (deficit) of $nil.
- Excluding extraordinary items, revenues are unfavourable to budget by $15.2 million or 1.2% and expenses are favourable to budget by $15.2 million or $1.2%.
- The unfavourable variance in Ministry of Health contributions is primarily due to delays in recognition of target funding programs.

Moved by J Kurjata seconded by W Adam
The Northern Health Board receives the 2022-23 Period 12 financial update as presented.

3.2. Capital Expenditure Plan Update

- The Northern Health Board approved the 2023-24 capital expenditure plan in April 2023. The plan approves total expenditures of $456.7<, with funding support from the Ministry of Health ($344M, 75%), Six Regional Hospital Districts ($86M, 19%), Foundations, Auxiliaries and Other Entities ($3.3 M, 1%) and Northern Health ($23.4M, 5%).
- Year to date Period 12 (ending February 29, 2024),

Moved by J Kurjata seconded by B Kennelly
The Northern Health Board receives the Period 12 update on the 2022-23 Capital Expenditure Plan.

4. Performance Planning and Priorities Committee

4.1. Service Plan

4.1.1. Clinical Quality / Service Network Priorities

- Throughout the year, Northern Health's Service Networks provide updates on their highest priority planning, change, and quality improvement work.
- An update was provided to outline the clinical quality priorities for each of the eleven service networks for the 2024/2025 fiscal year.
    - Child and Youth Service Network
    - Chronic Disease Service Network
    - Elder Services Network
    - Emergency, Trauma and Transfer Services
    - Infection Prevention & Control
    - Mental Health and Substance Use Service Network
    - Perinatal Services Program
    - Primary and Community Care Service Network
    - Rehabilitation Service Network
    - Surgical Services Network

4.2. Strategic Priority: Coordinated and Accessible Services

4.2.1. Strategic Initiative: Acute Care Stabilization

- Acute care services continue to be under substantial pressure post pandemic due to significant population health drivers such as an aging population and effects of the opioid crisis. At the same time, the ability to increase capacity and capability is hampered by ongoing workforce instability in the health sector.
- An outline of the top organizational actions and successes over the last two years to support clinical teams and sustain maximum acute care capacity for people despite the significant drivers.
- With acute care occupancy rates continuing to rise, future directions, aligned with the refreshed strategic plan including increasing community based options to avoid hospitalization in the first place, improve hospital based patient access and flow process and practices and increase community based options to support timely discharge.

4.3. Strategic Priority: Quality

4.3.1. Integrated Ethics Framework

- An overview of the Integrated Ethics Framework was provided for information to update Directors on the status of work underway. The NH Ethics Service provides comprehensive ethics support throughout the organization, with focus in the areas of clinical and organizational ethics consultations, ethics policy and promotion, research and education, embedding the NH Ethics Practice Model throughout the organization.
- The C.O.R.E. areas of ethics service supporting the organization include:
    - Clinical Ethics – providing guidance and support to health professionals in identifying, analysing, and resolving ethically challenging clinical situations.
    - Organizational Ethics – supporting the development of ethically rooted policies and guidelines, and ethically sound business decision-making processes.
    - Research – supporting the NH Research Ethics Board and promoting research activities that are consistent with relevant ethical standards and policies.
    - Education – delivering practice-oriented education and resources to enhance ethics-related skills at all levels of the organization.

- In addition to the activities of the NH Ethics Practice Model, the Ethics Service is leading the development and implementation of the Moral Empowerment Program to address moral distress within the healthcare workforce. This program is in the early stages of implementation, with pilot projects in progress in two sites.
- Northern Health Ethics also participates in the Provincial Health Ethics Advisory Team, which considers health ethics issues that affect the province and provides health ethics advice and guidance to provincial bodies including the Ministry of Health, Ministry of Mental Health and Addictions, and the Office of the Provincial Health Officer.

5. Indigenous Health & Cultural Safety Committee

5.1. Indigenous Patient Care Expansion Update

- An update was provided on the work happening with the Indigenous Patient Liaison expansion project. This project is intended to enhance access to culturally safe, high-quality service delivery for Indigenous patients and families in the north. To achieve this, the primary goal of the expansion project is to add Indigenous Patient Liaison type positions in acute care facilities across the north. These positions are hired for their cultural knowledge, skills, and connections within the community.
- To achieve a project of this size, a phased approach is being undertaken, with evaluation measures after each phase.
  - Phase 1: Pilot Sites.
    - Three sites were chosen to pilot the implementation of the enhanced service which are Fort St John, Quesnel and Terrace.
  - Phase 2: Opportunistic Expansion.
    - This phase consisted of the expansion to Northern Health sites that had vacant Indigenous Patient Liaison roles that could transition to the new model. This phase occurred in 2022/23
  - Phase 3: Continued Growth.
    - Planning for this phase has begun and it is expected that hiring will start in the coming months. This phase includes further enhancements to UHNBC and expansion to sites that have historically never had Indigenous Patient Liaisons like services and supports.
- Following phase three there will be a total of 13 Indigenous Care Coordinator/ Indigenous Patient Liaison positions, and 15 Indigenous Health Service Assistant positions across the north.
- Management will continue to update the Northern Health Board on the progress of the Expansion project.

6. Governance and Management Relations Committee

6.1. Policy Manual BRD 100 Series

- The revised policies from BRD Policy Series 100 was presented for review and approval.

Moved by F Everitt seconded by P Sterritt
The revised policy manual BRD 100 Series was presented to the Board for review and approval.

6.2. Code of Conduct Signing: (BRD 210)

- Board policy BRD 210-Code of Conduct and Conflict of Interest Guidelines for Directors stipulates that Directors shall annually sign a declaration that they have read and considered the policy and agree to conduct themselves in accordance with the policy.
- The revised policy was circulated for Directors to review along with the declaration form for completion and signing.

Moved by F Everitt seconded by P Sterritt
The Northern Health Board of Directors agrees that each Director sign the BRD 210-Code of Conduct and Conflict of Interest Guidelines declaration and forward to the Corporate Secretary for filing.

6.3. Overview of Research Partnerships

- The goal of Northern Health Research Department and Evaluation Team, is to support an organizational culture which encourages, expects, and supports the integration of research and evidence in everyday practice. The Research Department actively supports staff, medical staff, patients and academic partners to conduct or engage in research activities that contribute to health services and advance the priorities of NH and its communities.

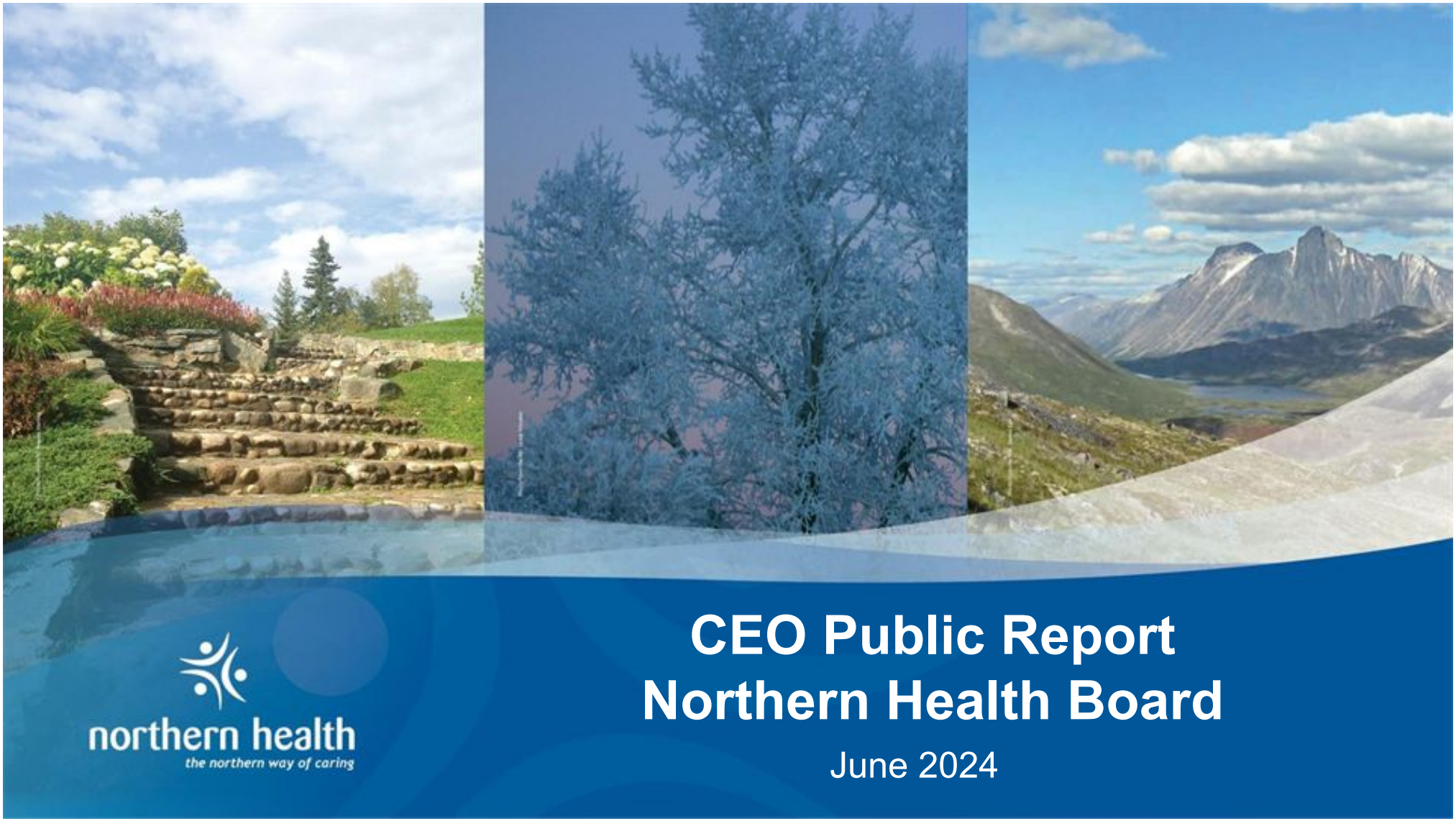
7. Foundations & Auxiliaries Presentation

- Directors received a presentation which showcased the fundraising efforts that occurred over the course of 2023-2024 by the many hospital foundations and auxiliaries.
- Chair Nyce expressed appreciation to all the foundations and auxiliaries for their continued hard work, partnership, collaboration, and impressive fundraising efforts.

Meeting was adjourned at 11:08am
Moved by R Beerling

Colleen Nyce, Chair

Desa Chipman, Recording Secretary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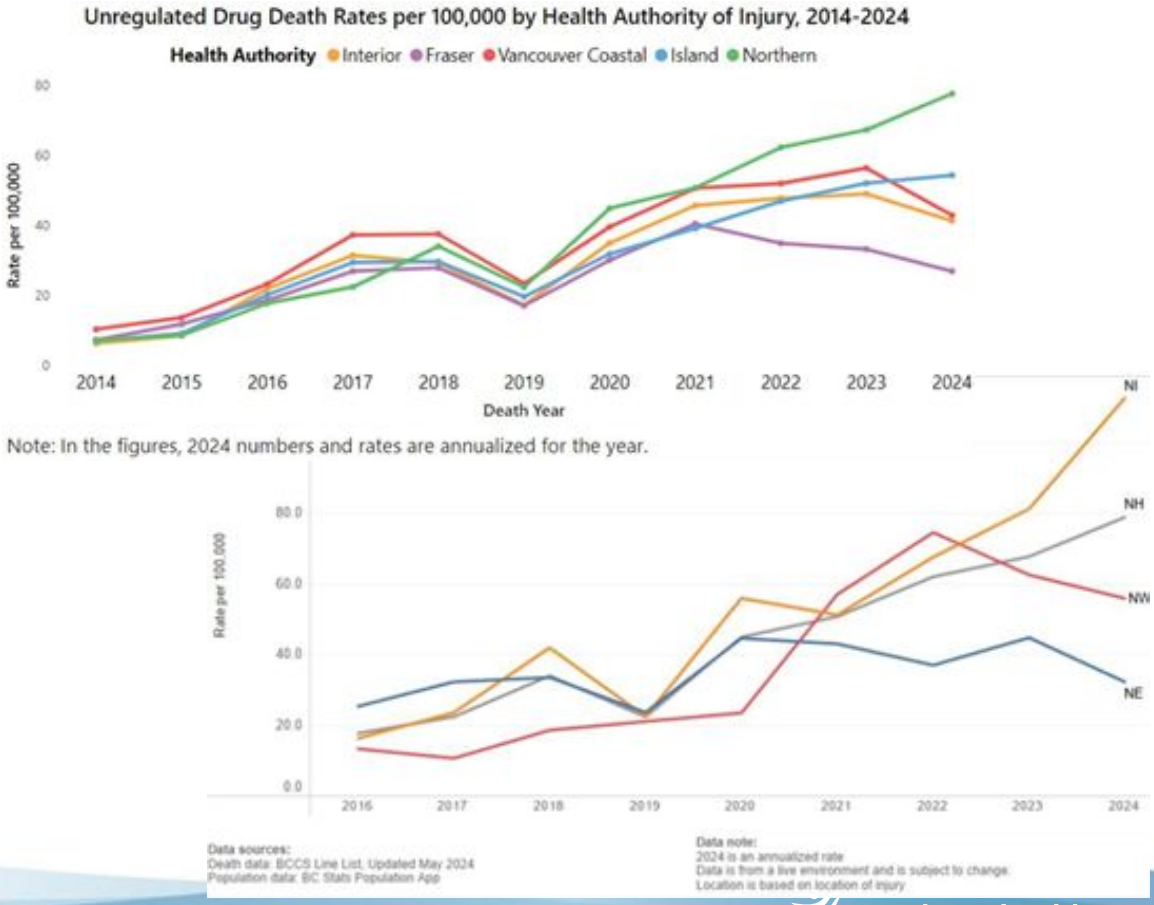
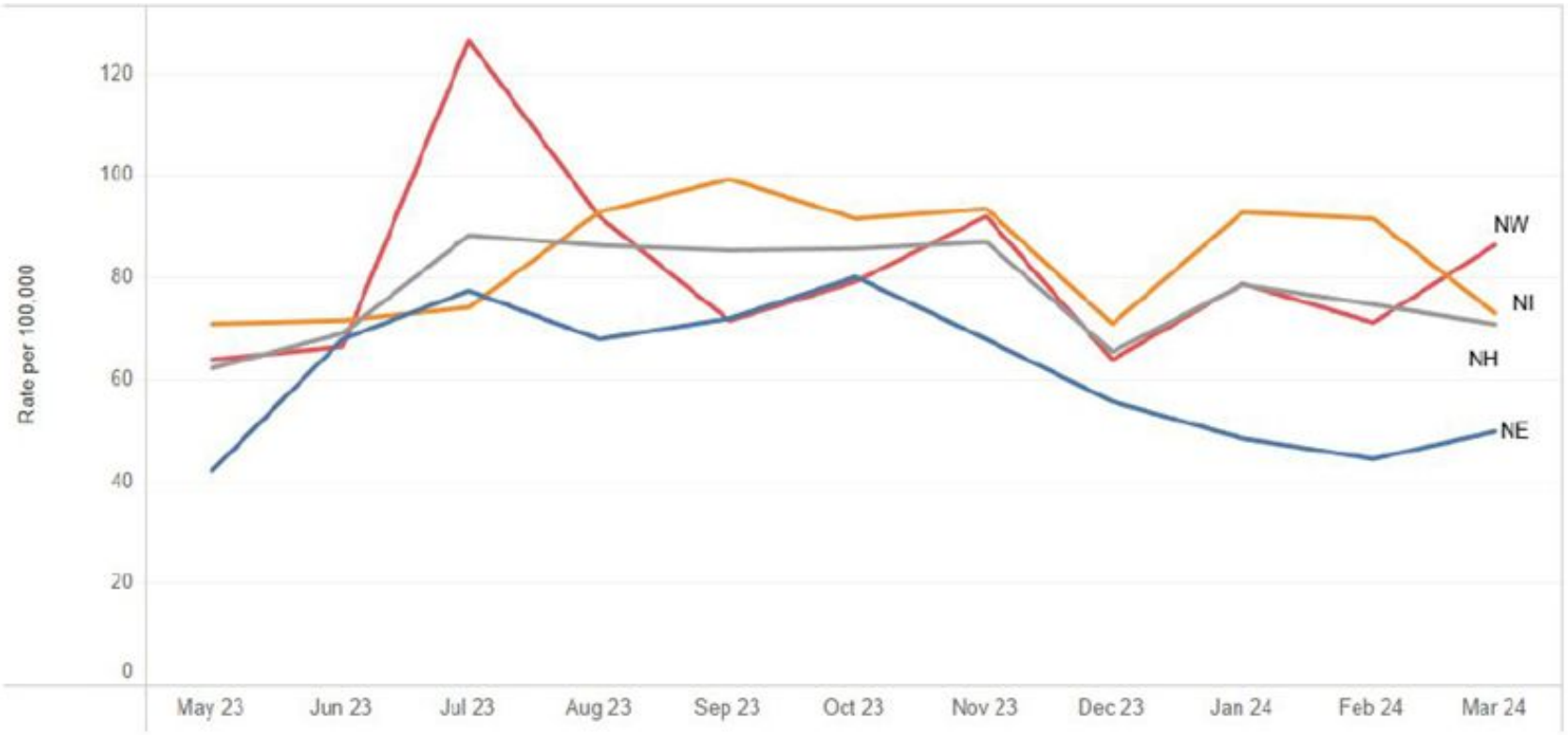
CEO Public Report
Northern Health Board
June 2024

Unregulated Drug Crisis in Northern Health

- Northern Health has the highest rate of unregulated drug deaths in the province
- 2024 seeing the highest rates ever for NH
- The rates continue to increase in the NI
- The rates in the NW and NE are showing signs of decline

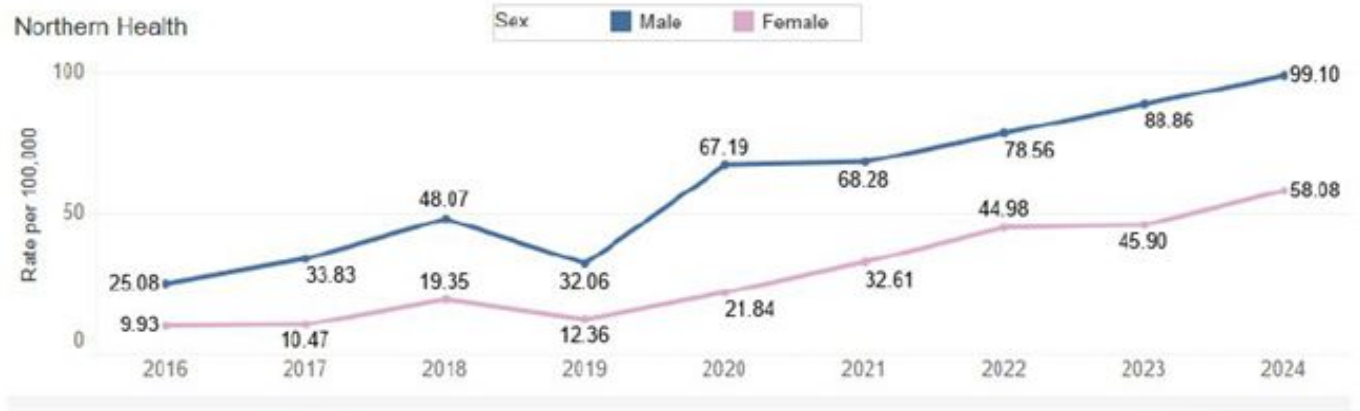


Paramedic Attended Overdose Events (Rate per 100,000 by Month)



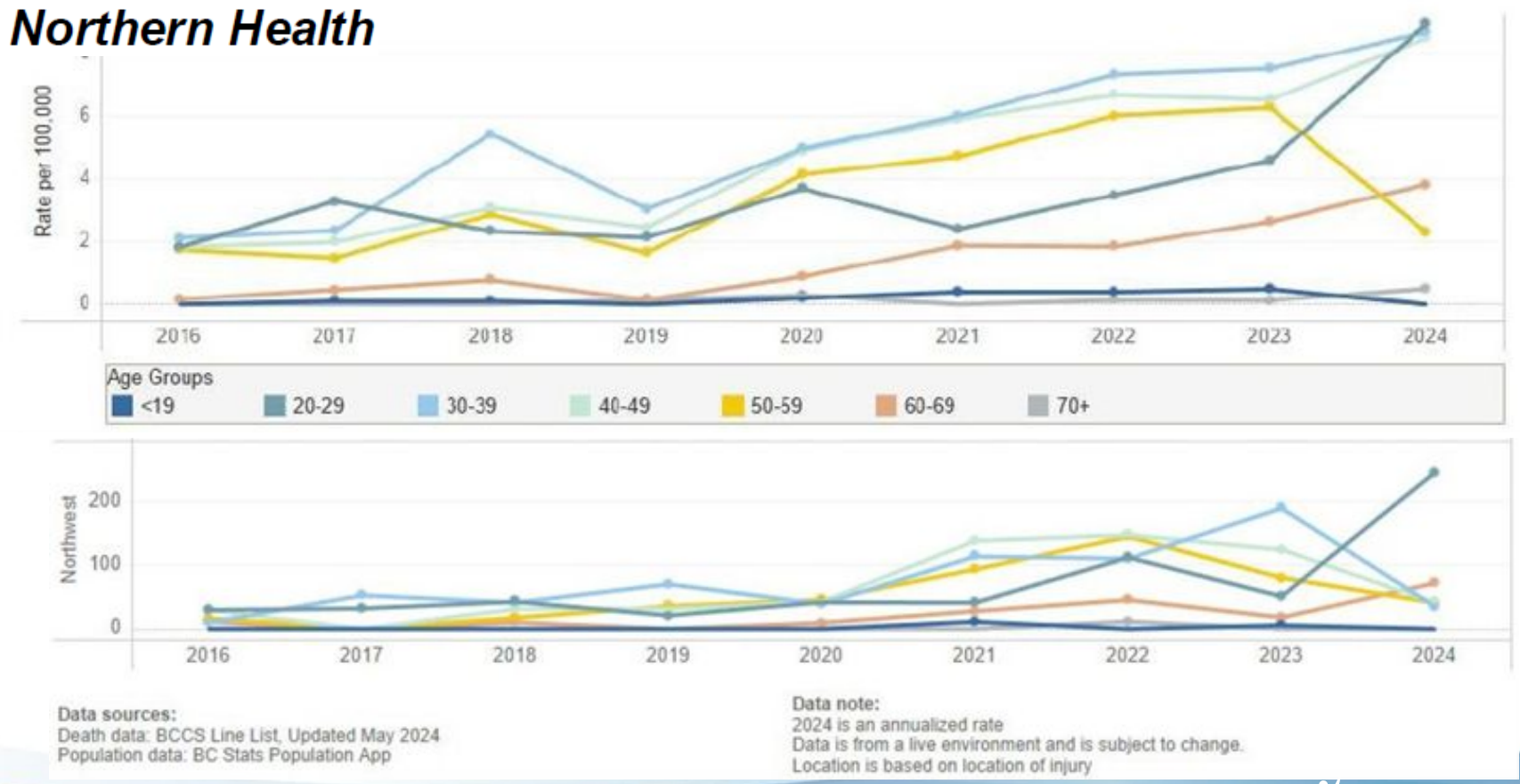
Location of Injury

Unregulated Drug Death by Sex (Rate per 100,000)



Unregulated Drug Death by Age (Rate per 100,000) 1/2

Unregulated Drug Death by Age (Rate per 100,000) 2/2



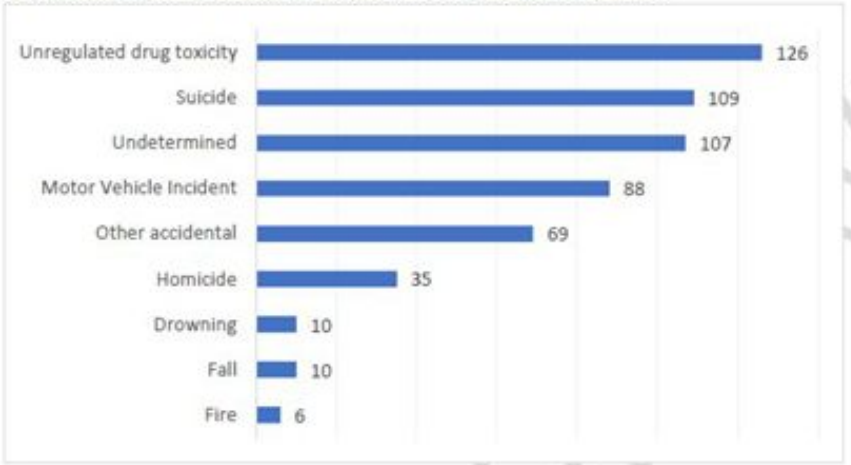
Zoom-in: Youth

- 73% died in private residence
- 83% of these deaths Fentanyl or analogues were detected
- 66% were in receipt of MCFD
- 67% had a mental health diagnosis or evidence of mental health disorder

Table 1: Youth Unregulated Drug Toxicity Deaths by Health Authority of Injury, 2019-2023

Health Authority	2019	2020	2021	2022	2023	Total
Interior	1	3	8	5	7	24
Fraser	7	8	7	10	8	40
Vancouver Coastal	3	2	4	4	5	18
Island	2	4	10	13	6	35
Northern	0	1	2	4	2	9
Total	**13**	**18**	**31**	**36**	**28**	**126**

Figure 3: Unnatural Causes of Death among Youth, 2017-2022



Zoom-in: Northwest (by LHA)

Unregulated Drug Deaths by LHA of Injury, 2016-2023 ***DATA TO APR 2024

LHA Name	2016	2017	2018	2019	2020	2021	2022	2023	2024
Haida Gwaii				2		1	2	0	
Prince Rupert	4	2	0	2	4	3	9	5	0
Upper Skeena									
Smithers	1	2	6	3	1	10	7	6	4
Kitimat	1	0	0	0	1	3	8	9	2
Stikine and Snow Country				0	0	0			
Terrace	4	3	6	7	10	17	27	22	8
Nisga'a									
Telegraph Creek									

Zoom-in: First Nations

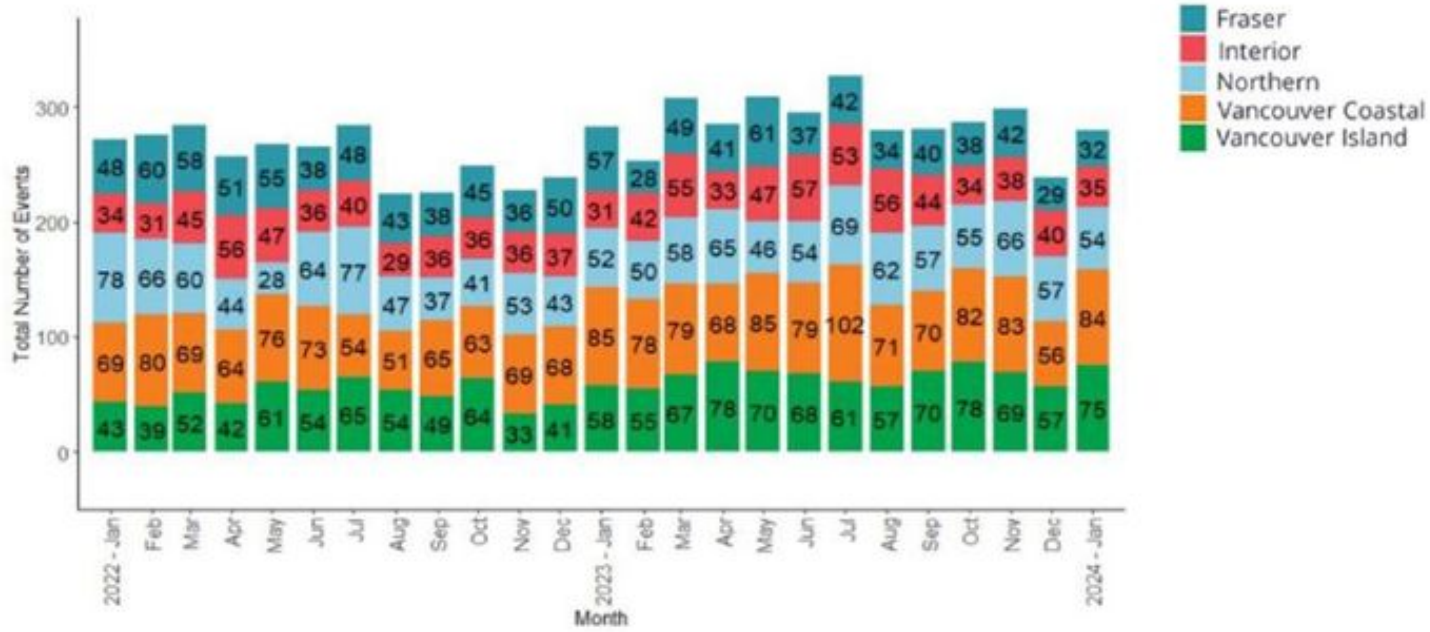
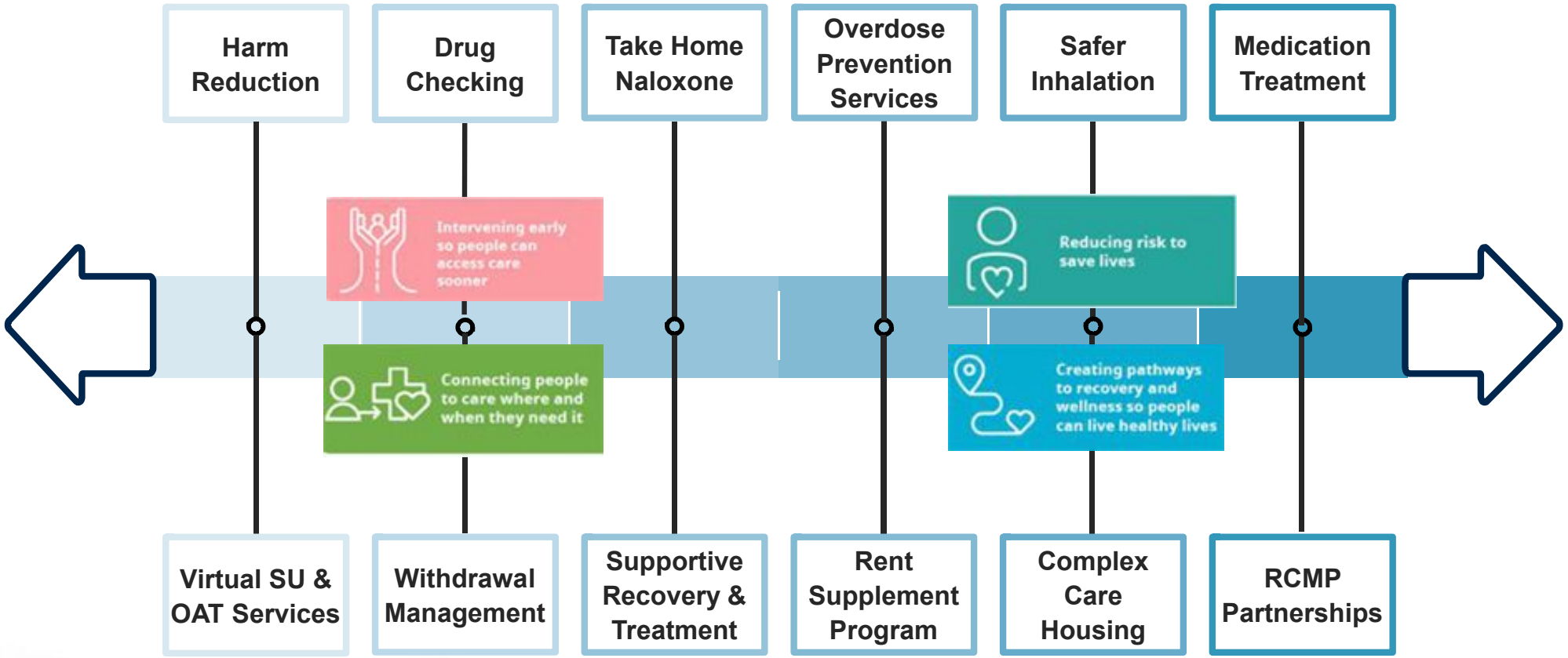


Figure 18. First Nations, Number of Paramedic Attended Overdose Events by Month, by Region, January 2022 – January 2024

Drivers of the Unregulated Drug Crisis

- Upstream
  - Early life experiences
  - Social and structural determinants of health
- Downstream
  - **Toxic illicit drug supply**
  - Stigma
  - Reduced or barriers to accessing services

Unregulated Drug Crisis Response



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Rising Tide – Haida Title Lands Agreement

- The Province of B.C. and the Council of the Haida Nation (CHN) signed the historic Gaayhllxid • Gíhlagalgang "Rising Tide" Haida Title Lands Agreement, a first-of-its-kind negotiated agreement recognizing Haida Aboriginal title in Haida Gwaii.
  - Title recognition shifts the ownership and jurisdiction of land from the Crown to the Haida Nation in Crown law. The agreement provides for a staged implementation of the title, creating stability and certainty for all residents of Haida Gwaii, now and for generations to come.

- The agreement explicitly protects and maintains private property rights and existing government services and infrastructure in Haida Gwaii, including:
  - Private property interests are confirmed and are not affected by this agreement.
  - Local governments, public infrastructure, programs and services will continue under current B.C. laws.
  - Highways, airports, ferry terminals, health care and schools are not affected.
  - Haida Gwaii residents will continue to receive municipal services and pay property taxes in the same way they do today.
  - Provincially issued leases, permits and other approvals to use Crown lands and recreational access remain in effect over a several-year transition period, with future management to be negotiated with input from communities, businesses and residents.

Northeast Wildfire Activity
Northern Health Response

- On May 10, 2024, the Emergency Operations Centre was stood up due to the Parker Lake Wildfire and the subsequent evacuation order for the Northern Rockies Regional Municipality.
  - Overnight, patients and multi-level care residents from Fort Nelson General Hospital were safely relocated to Fort St. John Hospital and to Rotary Manor in Dawson Creek, and staff were also safely evacuated.
- On May 17, 2024, C Panessa traveled to Dawson Creek and Fort St John to check in with leadership, staff and physicians who had been evacuated from Fort Nelson.
- On June 6, 2024, the re-entry back into the Fort Nelson General Hospital was completed with the final patient to be repatriated on June 9, 2024.
- The Fort Nelson and Northeast staff, medical staff and leadership supported by Regional Leadership, did an excellent job responding to the situation and should be commended. The response to the situation and the following evacuation and transport efforts was swift, efficient, and caring.

NCLGA – Meetings with Local Government

- In total 16 meetings were hosted by the NH Board Chair and CEO on May 15th & 16th.
- Meetings were held with the following communities:
  - NW: City of Terrace, Northwest Regional Hospital District, Regional District of Kitimat-Stikine, City of Prince Rupert, Town of Smithers, District of Kitimat
  - NE: District of Tumbler Ridge, Village of Pouce Coupe, District of Hudson's Hope, District of Chetwynd
  - NI: Village of Granisle, Village of Valemount, Village of McBride, District of Vanderhoof, Village of Fraser Lake, District of Fort St James
- Meetings were constructive and overall positive with the following themes;
  - Diversions and Service Interruptions
  - Recruitment and Retention of nurses, physicians, and allied health staff
  - Capital projects
  - Mental Wellness and Substance Use

Northern Health Virtual Clinic
Milestone Event – April 2024

- The Northern Health Virtual Clinic celebrated a milestone in April after moving into a permanent office space. The move comes four years after the COVID-19 Online Clinic was established on a temporary basis to provide COVID-19 related care during the pandemic. The clinic was renamed the Northern Health Virtual Primary and Community Care Clinic and formalized as a permanent service in November 2020, thanks to $6.4 million in annual funding from the BC Ministry of Health.
- In addition to primary care doctors and nurses, the clinic offers substance use and mental health support for Northern Health residents without access to local services. Clinic staff also provide specialized support to staff in Northern Health communities, offering expertise in chronic disease, mental health, perinatal, primary and substance use care.
- Between November 2020 and February 2024, Virtual Clinic staff responded to 171,435 calls from 107 communities across the Northern Health region. Those calls resulted in 57,261 primary care appointments and 84,112 nurse consultations.

Northern Health Virtual Clinic
Milestone Event

- The Virtual Clinic works with each patients' primary care provider and health care team to complement the care they receive in their community. Evaluation of the service found that 71 per cent of Virtual Clinic patients are currently unattached to a primary care provider.
- Other findings of the evaluation included:
  - 45 per cent of patients would have visited an emergency room if the Virtual Clinic had not been available.
  - 85 per cent agreed that the Virtual Clinic made it easier to access a healthcare provider.
  - 80 per cent of patients did not have any technical issues accessing the clinic.
  - 16 per cent of patients identified as Indigenous.

Dr. Charles Jago Awards Ceremony
May 8, 2024

- The Dr. Charles Jago Awards, named after our former Board Chair, acknowledge and celebrate those who reflect our values and have made outstanding organizational contributions.
- Northern Health's values are defined as:
  - **Empathy** – Seeking to understand each individual's experience.
  - **Respect** – Valuing each person's unique perspective and contribution.
  - **Collaboration** – Working together to build partnerships.
  - **Innovation** – Seeking creative and practical solutions.
- Chair Colleen Nyce and CEO Panessa were pleased to attend the awards ceremony to present and celebrate the 2024 Jago Award Recipients which are:
  - **Empathy**: Caroline Dunford – Fort St. John
  - **Respect**: Vanessa Kinch – Prince George
  - **Collaboration**: Ashley Stoppler – Prince George/Rosetta Mitchell – Prince George
  - **Innovation**: Helen Styles – Prince George

Ciro Panessa, Ashley Stoppler, Caroline Dunford, Helen Syles, Vanessa Kinch, Colleen Nyce

Dr. Charles Jago Award Nominees

Empathy:

- Alexandra Elliott - Smithers
- Celia (Cece) Penner – Prince George
- Chantel Saario - Prince George
- Emma Crowley – Prince George

Respect:

- Celia Evanson - Chetwynd
- Erin Branco – Prince George

Innovation:

- Chelsea Bemis - Kitimat
- Christine Brenckmann - Prince George
- Jennifer Miller – Burns Lake
- Nola Currie – Prince George
- Team – CYMHSU – Nechako Centre Team – Lab Outpatient Improvement Project - Regional
- Team - Leanne O'Neill & Community Leadership Team – Quesnel
- Team – NH Virtual Substance Use Clinic Team – Regional Diet Office Dietitians - Regional

Collaboration:

- Chantel Saario - Prince George
- Courtenay Hopson – Prince George
- Helen Craig – Prince George
- Ivan Urcia – Prince Rupert
- Laura Parmar – Prince George
- Naomi Lepan – Prince George
- Shahine Sani – Prince George
- Team – Communicable Disease - Regional
- Team – Dysphagia Community of Practice
  Team – Lab Outpatient Improvement Project - Regional
- Team – PPH Community Granting - Regional
- Team – PPH Communicable Disease and Public Health Practice - Regional

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Emergency Room Stabilization
Task Force Actions

- Rapid engagement with medical staff (physicians and nurse practitioners) and key stakeholder groups including the Doctors of BC, the northern medical advisory committees, and medical staff associations.
- Collaborating with BCEHS to mobilize additional ground ambulances and higher skilled paramedics (Critical Care Paramedics and Advanced Care Paramedics) to support the stabilization and transfer of patients.
- Establishment of “Turn Key” Primary Care Clinics in Dawson Creek and Prince Rupert in partnership with Divisions of Family Practice as part of the Primary Care Network Service Plans

Emergency Room Stabilization
Task Force Actions

- Priority “Northern Only” Access to a number new agencies
  - So far we have been able to arrange for 4 new agencies to provide 464 days of service over June, July, and August to 9 NH communities
- Building over 300 Locum Contacts
  - An additional 32 that the recruiter met at the Rural Health Conference recently held in Whistler, BC.
  - On average, the recruiter receives approximately 7 requests per month from physicians that have seen the advertisements or have heard of the locum list through word of mouth, to be added for locum opportunities.

Emergency Room Stabilization
Task Force Actions

- Expedited implementation of the $30K Rural and Remote Recruitment Incentive for emergency department nurses.
- Pursuing virtual, hybrid emergency department service options with an aim to trial implementation in our region.
- Starting regular CEO touch base with Northern Municipal and First Nations Leaders.


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NH Board Workforce Sustainability Report
David Williams, VP Human Resources
June 2024

The BIG Picture

10M Global Shortfall By 2030

Northern Health Context

22.33%
Baseline positions are unfilled

28.64%
Increase in workforce demand since 2020

13.51%
Increase in workforce supply since 2020

12%
BC Population living in Rural/Remote areas in 2019

Served By

6% BC Nurses
5% BC Physios
3% BC OTs

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Difficult to Fill Vacancies

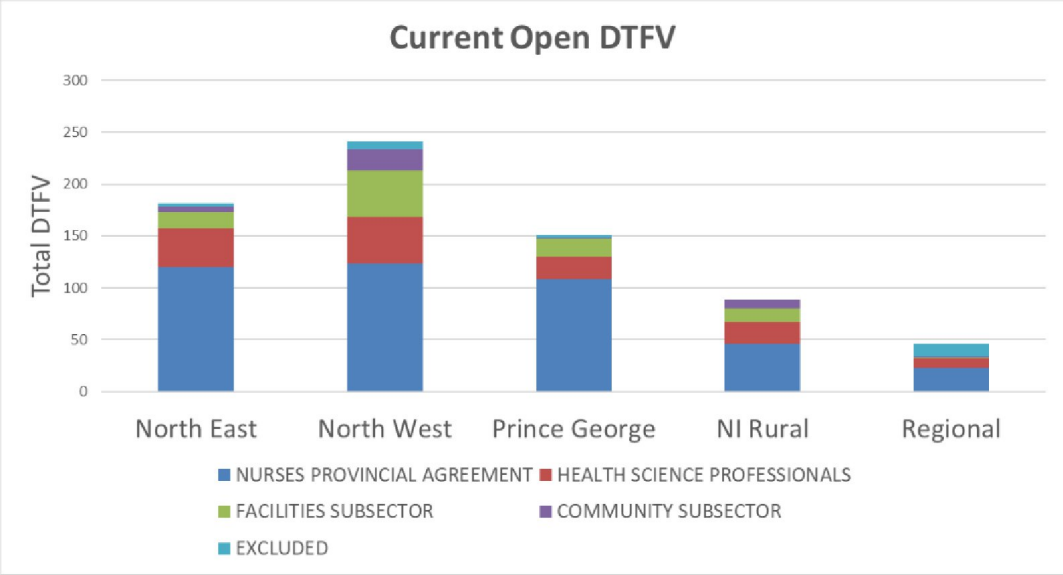
4960
Number of non-casual positions posted in FY 23/24

62%
Filled by internal staff (existing regular and casual)

11%
Filled by external staff (qualified applicants from outside NH within 90 days)

14%
Filled externally or closed after 90 days

13%
Of postings are currently still open



**Difficult to fill vacancy is defined as a non-casual posting that was active for over 90 days from the initial posting date and went external*

Strategic Framework – Health Human Resources Plan

Vision	**BC's Health Human Resource Strategy** envisions a health system that puts people first – fostering workforce satisfaction and innovation to ensure health services are accessible to everybody in BC, now and in the future.				
Priorities	Population and Public Health | Primary Care | Medical Specialist Care **Seniors Health Care** | Mental Health and Substance Use Services Medical Imaging, Laboratory & Pharmaceutical Care Services |Ambulance Services Hospital Services and Surgical Care | Cancer Care				
Principles	**Putting People First**				
	Service Focus	Diversity, Equity, and Inclusion	Sustainability and Innovation	Collaboration	Evidence-Informed Decision Making
	Indigenous Health And Reconciliation				
Cornerstones	**Retain** Foster Healthy, Safe, and Inspired Workplaces	**Redesign** Optimize and Innovate	**Recruit** Attract and Onboard	**Train** Create Accessible Career Pathways	

Following is a highlight of recent primary deliverables and initiatives of the Provincial Health Human Resource Coordination Center and Northern Health Workforce Sustainability to support operational implementation and advancement of the priorities and actions.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Provincial Initiatives

Healthcare Worker Incentives – Northern, Rural, Remote

In May 1, 2024, the government announced new and expanded programs as part of its ongoing commitment to recruit and retain dedicated health professionals across BC.

Currently, these incentives are available from April 1, 2024, to March 31, 2025. Eligibility varies by community and profession.

Highlights -

- **Rural and Remote Recruitment Incentive (RRRI):** This incentive provides up to $30,000 to eligible healthcare workers hired to specific positions in identified rural and remote BC communities.

- **Provincial Rural Retention Incentive (PRRI):** In 2021, a scalable Prototype Rural Retention Incentive was launched in Northern Health to address increasing health sector labour market pressure in several high-needs rural and remote communities in our region. The program is expanded to include 56 new rural and remote communities in addition to those that were already eligible under the previous prototype program. The PRRI provides quarterly payments of $2,000, pro-rated to productive hours, to a maximum of $8,000 annually and is retroactive from April 1, 2024, to eligible staff in identified communities.

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New Grad Licensing Bursary

- **New Grad Licensing Exam Bursary**
  - Funding is being advanced to health authorities to support new graduate allied health professionals, Registered Nurses, Registered Psychiatric Nurses and Licensed Practical Nurses with a $500 bursary to help cover costs associated with exam licensing or certification exams.
  - This funding is ongoing, retroactively applied to January 1, 2023. Nursing eligibility is limited to new graduates who take a guaranteed offer of regular employment (temporary or permanent) for at least six months at a minimum of 0.7 full-time equivalent (FTE).

Financial Supports - Priority Program Bursaries

- Beginning in Sept 2023, the following two bursary incentives became operationalized to attract students to priority education programs, facing low enrollment that feed into high-priority professions, to improve provincial uptake of training opportunities and fill key workforce gaps:
  - $2,000 per year in tuition credits for students enrolled in select undersubscribed programs at a public post-secondary institution. Programs include perfusionist, medical lab technologist, medical radiological technologist, magnetic resonance imaging technologist, nuclear medicine technologist, radiation therapist, respiratory therapist, environmental health officer, advanced care paramedics, primary care paramedics, clinical counsellors, biomedical engineering technologists and rehabilitation assistants.
  - $5,000 per year in tuition credits for Indigenous students enrolled in select programs at a public post-secondary institution. Programs include physiotherap occupational therapist, speech language pathologist and dietitian.

HHR Strategy

International Recruitment

Recruitment Delegation:

In a follow-up to the launch of the BCHealthCareers.ca site and the United Kingdom(UK)/Ireland Marketing Campaign, the Ministry of Health led a delegation (BC Health Careers Team) for sourcing and recruitment in the UK/Ireland in May 2024 with a focus on nursing and allied health professionals.

The delegation consisted of members from the Ministry of Health, Health Authorities, Municipal Affairs (Provincial Nominee Program), BC Cancer, GoHealthBC, Inspire, BC College of Nurses and Midwives and Health Match BC. Events included sourcing seminars and Expo/Pavilion programming, which allowed for increased outreach to candidates (1100 registrants).


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Northern Health Workforce Sustainability

Support in the Right Place – Current Work

Position Management	**Service Management**	**Team Building**	**Strategic Planning**
Schedule Management	**Budget Management**	**Wellness Management**	**Process Redesign**
Auditing	**Performance Management**	**Staff Development**	**Project Implementation**
WH&S Compliance	**Urgent Staffing**	**QI Improvement**	**Culture Change**

Transactional Work

+29
HR Ops Assistants
Site Safety Coordinators
Violence Prevention Leads
Housing Coordinators

Tactical Response Situation Tables
GoHealthBC Housing & Childcare

Enhancing System Access
Vitay
WorkTango
NeXT Project

Strategic Work

QI Facilitator Deployment
HSDA Implementation Team Revamp
Total Rewards & Employee Experience

Continuous Engagement
Supporting Our People
IDEA Supports

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Health Career Access Program (HCAP)

- HCAP is a Provincial sponsored training opportunity that was initially designed to provide paid education and on-the-job training to become a registered Health Care Assistant (HCA).
- From the first cohort graduation in December 2021 to May 23, 2024, NH has:
  - Supported 280 students to graduate and enter into care aide positions regionally into Long Term Care, Community Home Support and Acute Care sectors.
  - There are 186 HCA HCAP students currently in school set to graduate starting June to November 2024.
- We are now recruiting 204 HCAP HCA training positions to begin classes in Fall 2024 and Spring 2025.
- Our 2024 HCA forecasted gap (difference between supply and demand) has reduced from 372 to 142 HCAs, due to influx of steady supply from HCAP.
- Northern Health is working with Provincial Health Human Resources Coordination Centre (PHHRCC) to expand HCAP to other required professions, such as: Medical Lab Assistants and other hard to fill professions.

"Earn and Learn" and Sponsored Programs

1. **Combined Xray and Laboratory Technologists** (CXLT) 7 students taking program at NAIT.
   - Cohort #1: 5 students (2 Smithers, 1 McBride, 1 Dawson Creek, 1 For St John) began school Sept 2023 will graduate July 2025.
   - Cohort #2: 2 students starting September 2024 graduate July 2026 - will take rural remote positions likely in our Northwest Health Services Delivery Area.
2. **Rehabilitation Assistant** – 8 seats allocated for NH employees/students to pursue sponsored education at Capilano College. 6 Students graduated in May 2024 and were all hired into permanent positions:
   - 2 Prince George, 1 Prince Rupert, 1 Quesnel, 1 Terrace, 1 Dawson Creek.
   - Haida Nation (new pending affiliate) in planning for cohort spring of 2025.
3. **Medical Laboratory Assistant-** 7 graduates from Thomson River University between November 2023 and January 2024:
   - 4 Prince George, 1 Ft St John, 1 Vanderhoof, 2 NI Rural.
4. **Community Mental Health Support Workers** (new initiative 2024)
   - 6-month certificate program via University of Vancouver Island or Selkirk College.
   - First cohort of 14 students started classes May 15, 2024 with graduation November 2024.
   - Planning underway for second cohort start of 8 seats (for November 2024).
   - Third cohort planning underway (for May 2025).
5. **Ongoing support for Indigenous HCAP** programs in the North.
   - Nisga'a Valley First Nations Health Authority has seen 11 graduates to date. Next cohort spring 2025.
   - Haisla Nation Kitimat (new affiliate Sept 2023) has 2 students set to graduate end of July 2024.

Housing Initiative

- This prototype program funds procurement of housing units in communities where suitable market housing is a barrier to permanent staffing and short-term deployments.
- Utilized for new hires to area, redeployed staff, agency staff and travel resources.
- **Currently supports housing initiatives in Kitimat, Hazleton, Prince Rupert, Chetwynd, Dawson Creek, Fort St John and Robson Valley. Program expanding to Terrace and Haida Gwaii (other areas under review).**
- **Currently in excess of 425 individual beds across our region supporting the workforce.**
- Prioritization based on baseline and difficult to fill vacancies, lost candidates due to housing availability/suitability and other identified factors.

Future Initiatives

- In select areas, explore full-service providers to operate housing units on NHs behalf to reduce staff time currently used for property management tasks.
- Increase number of Housing Coordinators in select areas, while developing policy & systems that can be used region wide.
- Continue with the refurbishment and renovation of select sites across the region.
- Given the continued and increasing demand for housing for staff, it is expected that the total amount of housing will continue to increase and need to be financially supported accordingly.

Childcare Initiative

This prototype program works to support expanded childcare seats and expanded hours of operation to meet the needs of health care workers. Designed to reduce barrier to health care worker availability and help staff return to work following parental leave.

Priority Spaces now available in:

- Prince Rupert, Prince George, Terrace and Ft. St. John

Program expanding to:

- Chetwynd and Kitimat

Future Spaces (planning):

- Dawson Creek
- Hazelton
- Masset
- Valemount
- Additional spaces in Ft. St. John, Terrace and Prince Rupert

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Strategic Projects in Progress

Moral Empowerment

SitRP

Tactical Response

Associate Physician Program Implementation

IDEA Strategy Development

Indigenous Employment Pathways

System Access Improvements

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The Face of Northern Health

As at June 3, 2024

Summary of Employees by Status	Headcount	%	FTE
Active: Total	9,716	100%	6,380
Full-time	4,870	50%	
Part-time	2,248	23%	
Casual	2,598	27%	
Non-Active: Total	1,028	100%	821
Leave	637	62%	482
Long Term Disability (LTD)	391	38%	339

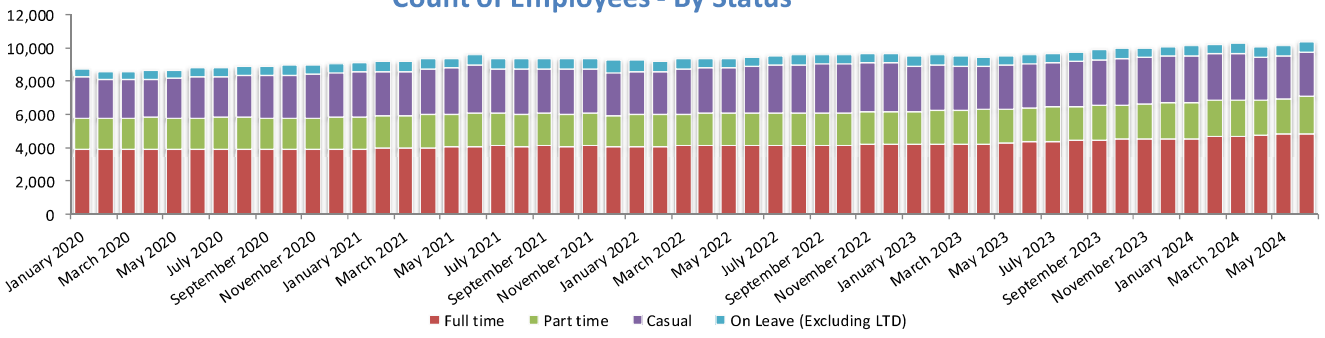
Active Employees by Region	Headcount	%
Active: Total	9,716	100%
North East	1,485	15%
North West	2,114	22%
Northern Interior: Prince George	2,846	29%
Northern Interior: Rural	1,192	12%
Regional	2,079	21%

Active Employees by Collective Agreement	Headcount	%
Active: Total	9,716	100%
Nurses	2,867	30%
Facilities	3,671	38%
Health Sciences	1,189	12%
Community	1,024	11%
Excluded	965	10%

Active Nursing	Headcount	%
Active: Total	2,867	100%
RN/RPN	2,166	76%
LPN	701	24%

Clinical vs. Support	Facilities	Community
Active: Total	3,671	1,013
Clinical	1,473	581
Non-Clinical	2,198	432

Count of Employees - By Status



BOARD BRIEFING NOTE

Date:	May 29, 2024	
Agenda item	2023-24 Financial Statements – Public Disclosure	
Purpose:	☒ **Information**	☐ **Decision**
Prepared for:	Northern Health Board of Directors	
Prepared by:	Mark De Croos – VP, Financial & Corporate Services/CFO	

Purpose:

To provide an update on the status of the audit of Northern Health's 2023-24 financial statements, and government requirements regarding disclosure of the audited financial statements to the public.

Background:

Northern Health ended fiscal year 2023-24 on March 31, 2024. The annual financial statements are being audited by KPMG.

Upon conclusion of the audit, the financial statements will be presented to Northern Health's Board of Directors for approval. Following Board approval, the audited financial statements will be submitted to the Ministry of Health for its review and approval to release to the public.

Once Ministry approval is received, the audited financial statements will be posted on Northern Health's website.

Recommendation:

For information only.

BOARD BRIEFING NOTE

Date:	May 29, 2024	
Agenda item:	Capital Public Note	
Purpose:	☐ **Discussion**	☒ **Decision**
Prepared for:	Northern Health Board of Directors	
Prepared by:	Deb Taylor, Regional Manager Capital Accounting	
Reviewed by:	Mark De Croos, VP Finance & Chief Financial Officer	

The Northern Health Board approved the 2023-24 capital expenditure plan in April 2023. The plan approves total expenditures of $456.7M, with funding support from the Ministry of Health ($344M, 75%), Six Regional Hospital Districts ($86M, 19%), Foundations, Auxiliaries and Other Entities ($3.3M, 1%), and Northern Health ($23.4M, 5%).

Year to date Period 13 (ending March 31, 2024), $362.3M was spent towards the execution of the plan as summarized below:

$ million	**YTD**	**Plan**
Major Capital Projects (> $5.0M)	307.1	348.4
Major Capital Projects (< $5.0M)	19.0	61.7
Major Capital Equipment (> $100,000)	13.3	21.3
Equipment & Projects (< $100,000)	13.3	11.4
Information Technology	9.6	13.8
	362.3	456.7

Significant capital projects currently underway and/or completed in 2023-24 are as follows:

Northwest Health Service Delivery Area (NW-HSDA)

Community	Project	Budget $M ***(note 1)***	Status	Funding partner ***(note 2)***
Atlin	ATL NUR Exam Room Renovation	N/A	In Planning	NH
Daajing Giids	HGH DI CT Planning	N/A	Planning Only	NH

Daajing Giids	HGH PHA Sterile Compounding Room Upgrade	N/A	In Planning	MOH, NH
Hazelton	Hazelton Long Term Care Business Plan	$0.60	Closing	NWRHD
Hazelton	Wrinch OR Anesthetic Machine	$0.10	Closing	NWRHD, MOH, NH
Houston	Houston D&T DI X-Ray Machine Replacement	$0.51	Complete	NWRHD, MOH
Houston	Houston D&T FM AHU Replacement (CNCP)	$0.87	Closing	NWRHD, MOH
Houston	Houston D&T Primary Care Renovation	N/A	In Planning	MOH
Kitimat	Kitimat Dementia Care Housing	N/A	In Planning	NWRHD, MOH
Kitimat	Kitimat DI Bone Densitometer Replacement	$0.16	Complete	NWRHD, MOH
Kitimat	Kitimat DI CT Planning	N/A	Planning Only	NH
Kitimat	Kitimat FM DDC Control & BOS Replacement	N/A	In Procurement	NWRHD, MOH
Kitimat	Kitimat LND Laundry Equipment Replacement	N/A	In Procurement	NWRHD, MOH, NH
Kitimat	Kitimat OR Anesthetic Machine Replacement	$0.10	Complete	NWRHD, MOH
Terrace	MMH Hospital Replacement	$634.6	In Progress	Dr. REM Lee Foundation, NWRHD, MOH
Terrace	MMH NUR Vocera	$0.47	Closing	6 Sites Funding
Terrace	MMH OR ENT Navigation System	$0.12	Complete	Dr. REM Lee Foundation
Terrace	TEO Terrace NW ICMT Leasehold Improvement	$0.35	Complete	NH
Terrace	TEO Specialist Clinic Leasehold Improvement	N/A	In Procurement	NWRHD, MOH, NH
Terrace	TVL FM Boiler Upgrade and HVAC Recommissioning (CNCP)	$0.55	Closing	NWRHD, MOH
Masset	NHG NUR Vocera	$0.04	Complete	Gwaii Trust
Prince Rupert	PRRH OR Urology Suite	N/A	In Planning	MOH
Prince Rupert	PRRH OR Surgical Tower Replacement	$0.14	Complete	PRPA, MOH
Prince Rupert	PRRH Sterile Compounding Room Renovation	N/A	In Procurement	NWRHD, MOH, NH

Prince Rupert	PRRH FM Condensing Boilers, Controls & Recommissioning (CNCP)	$0.94	In Progress	NWRHD, MOH
Prince Rupert	PRRH FM Domestic Hot Water Upgrade (CNCP)	$1.09	Closing	NWRHD, MOH
Prince Rupert	PRRH FM Source Water Treatment Single Plant and Piping	$2.27	In Progress	NWRHD, MOH
Prince Rupert	PRRH Emergency Department Renovation	$16.5	In Progress	NWRHD, MOH
Smithers	BVDH Phone System	$0.12	Complete	NWRHD, MOH
Smithers	BVDH Sterile Compounding Room Upgrade	N/A	In Planning	NWRHD, MOH
Smithers	BVDH FM Electrical Upgrade	N/A	In Planning	MOH
Smithers	BVH LAB Chemistry Analyzers Replacement	$0.77	In Progress	BVHHF, NWRHD, NH
Smithers	BVH OR ENT Navigation System	$0.13	Closing	BVHHF
Smithers	Smithers Long Term Care Business Plan	$0.90	Closing	NWRHD
Stewart	STE FM Boiler Upgrade (CNCP)	$0.85	In Progress	NWRHD, MOH

Northern Interior Service Delivery Area (NI-HSDA)

Community	Project	Budget $M *(note 1)*	Status	Funding partner *(note 2)*
Burns Lake	BLH FM Hot Water Decoupling	$0.19	Closing	SNRHD, MOH
Burns Lake	PIN Bus Replacement	$0.19	Complete	Burns Lake Auxiliary
Fort St. James	Stuart Lake Hospital Replacement	$158.34	In Progress	SNRHD, MOH
McBride	MCB Nursing Station Renovation	$1.01	Closing	FFGRHD, MOH
Mackenzie	MCK Nurse Call System Replacement	$0.15	Complete	FFGRHD, MOH, NH
Prince George	Gateway Chiller Replacement	$0.75	In Progress	FFGRHD, MOH
Prince George	Legion Wing Repetitive TCMS	$0.19	Complete	SONHF, FFGRHD

Community	Project	Budget $M *(note 1)*	Status	Funding partner *(note 2)*
Prince George	Prince George Long Term Care Business Plan	$1.4	In Progress	FFGRHD
Prince George	Prince George Diabetes and Renal Clinic Space Renovation	N/A	In Planning	FFGRHD, NH
Prince George	UHNBC 3rd Floor Stores Area Fire Protection Upgrade	$0.21	Complete	FFGRHD, MOH
Prince George	UHNBC Cardiac Care Unit	$1.58	Closing	SONHF, FFGRHD, MOH
Prince George	UHNBC Cardiac Services Department Renovation	N/A	Phase 2 In Procurement	FFGRHD, MOH
Prince George	UHNBC DI Nuclear Medicine Waiting Area Renovation	$1.20	Closing	FFGRHD, MOH
Prince George	UHNBC DI X-Ray Room 1 Replacement	$0.50	Complete	FFGRHD, MOH
Prince George	UHNBC FM Fire Alarm System Replacement	N/A	In Procurement	FFGRHD, MOH, NH
Prince George	UHNBC FM DHW Decoupling and Condensing Boilers	$1.46	Closing	FFGRHD, MOH
Prince George	UHNBC FM Energy Efficient Preheat of DHW Storage Upgrade (CNCP)	N/A	In Procurement	FFGRHD, MOH
Prince George	UHNBC FMU Telemetry and Monitoring System Upgrade	$1.23	In Progress	FFGRHD, MOH, NH
Prince George	UHNBC FS Trayline Assembly System Replacement	$2.44	Closing	FFGRHD, MOH, NH
Prince George	UHNBC FS Tray Distribution System	$0.39	Complete	FFGRHD, MOH
Prince George	UHNBC Lab Chemistry Automation	$9.61	In Progress	FFGRHD, MOH

Community	Project	Budget $M *(note 1)*	Status	Funding partner *(note 2)*
Prince George	UHNBC Lab Sysmex Machines Replacement	$0.49	Complete	FFGRHD, MOH
Prince George	UHNBC Maternity and Fetal Monitoring System	$0.32	In Progress	FFGRHD, MOH
Prince George	UHNBC Phone System Replacement Phase 2	$0.90	Complete	FFGRHD, MOH
Prince George	UHNBC New Acute Tower Business Plan	$5.00	Closing	FFGRHD
Prince George	UHNBC New Acute Tower Early Works	$103.22	In Progress	FFGRHD, MOH
Prince George	UHNBC Sterile Compounding Room Upgrade	$5.70	In Progress	FFGRHD, MOH, NH
Prince George	UHNBC Sterilizer Replacement	$0.12	Complete	MOH
Prince George	UHNBC OR Anesthesia Units Replacement	$0.41	Complete	FFGRHD, MOH
Prince George	UHNBC OR Eye Microscope Replacement	$0.33	Complete	FFGRHD, MOH
Prince George	UHNBC OR Surgical Image System Replacement	$0.14	Complete	FFGRHD, MOH
Prince George	UHNBC FM Transformer Replacement	$1.87	Complete	FFGRHD, MOH
Prince George	UHN ITS Server Refresh	N/A	In procurement	MOH, FFGRHD
Prince George	UHNBC Sim Man 3G Plus	$0.10	Complete	SONHF
Quesnel	DPL FM Heating Boilers Replacement (CNCP)	$0.59	Complete	CCRHD, MOH
Quesnel	DPL Bus Replacement	$0.21	Complete	SONHF, MOH
Quesnel	GRB DI Ultrasound Replacement	$0.19	Complete	CCRHD, MOH
Quesnel	GRB ER & ICU Addition	$27.0	Closing	CCRHD, MOH

Community	Project	Budget $M *(note 1)*	Status	Funding partner *(note 2)*
Quesnel	GRB Lab Chemistry Analyzer Replacement	$0.69	Closing	CCRHD, MOH
Quesnel	GRB OR Surgical Tower Replacement	$0.31	In Progress	CCRHD, MOH
Quesnel	GRB Phone System	$0.67	Closing	CCRHD, MOH
Quesnel	Quesnel Long Term Care Business Plan	$0.90	Closing	CCRHD
Quesnel	Quesnel Substance Abuse Club Leasehold Improvement	$1.69	Closing	CCRHD, MOH, NH
Vanderhoof	St. John Hospital DI X-Ray and Portable Replacement	$1.2	Closing	SNRHD, MOH, NH
Vanderhoof	St. John Hospital OR Anesthetic Machine Replacement	$0.10	Complete	SNRHD, NH
Vanderhoof	Stuart Nechako Manor Roof Replacement	$9.0	Closing	SNRHD, MOH, NH
Vanderhoof	Stuart Nechako Manor Bus Replacement	$0.2	Complete	St. John Hospital Auxiliary, NH
Vanderhoof	Vanderhoof Primary Care Clinic	N/A	In Planning	SNRHD, MOH

Northeast Health Service Delivery Area (NE-HSDA)

Community	Project	Budget $M *(note 1)*	Status	Funding partner *(note 2)*
Chetwynd	CGH FM Heating Boilers Replacement (CNCP)	$0.56	Complete	PRRHD, MOH
Chetwynd	CGH FM Nurse Call Replacement	$0.27	In Progress	PRRHD, MOH
Chetwynd	CGH NUR Seclusion Room	$0.02	Cancelled	PRRHD, NH
Dawson Creek	DCDH Hospital Replacement	$589.61	In Progress	PRRHD, MOH
Dawson Creek	DCH Phone System	$0.38	Complete	PRRHD, MOH
Dawson Creek	DCH DI CT Replacement	$1.96	Complete	PRRHD, MOH

Community	Project	Budget $M *(note 1)*	Status	Funding partner *(note 2)*
Dawson Creek	DCH DI X-Ray Replacement	$0.90	In Progress	PRRHD, MOH
Dawson Creek	DCH Lab Chemistry Analyzer Replacement	$0.88	In Progress	PRRHD, MOH, NH
Dawson Creek	DCH Patient Monitoring System Replacement	$0.43	In Progress	PRRHD, MOH
Dawson Creek	DCH Pharmacy Pyxis Replacement	$0.31	Complete	MOH
Fort Nelson	FNH FM Boiler Upgrade and Heat Recovery (CNCP)	$0.78	Complete	PRRHD, MOH
Fort Nelson	FNH DI CT Planning	N/A	Planning Only	NH
Fort St. John	Fort St. John DI Ultrasound Machine	$0.18	Complete	FSJHF
Fort St. John	Fort St. John DI Mobile X-Ray	$0.21	Complete	MOH
Fort St. John	Fort St. John Lab Chemistry Analyzer Replacement	$1.31	Closing	PRRHD, MOH, NH
Fort St. John	Fort St. John Hospital NUR Patient Monitoring System Replacement	$0.54	Complete	FSJHF, PRRHD, MOH
Fort St. John	Fort St. John Hospital Pharmacy Pyxis Replacement	$0.66	Complete	MOH
Fort St. John	FSO OD Prevention Site Leasehold Improvement	N/A	In Procurement	MOH
Fort St. John	Fort St. John Long Term Care Business Plan	$1.2	Closing	PRRHD
Fort St. John	Peace Villa Air Conditioning Upgrade	$1.7	In Progress	PRRHD, MOH
North East Region	NE Laundry Truck Replacement	$0.18	Complete	MOH

Regional Projects

Community	Project	Budget $M *(note 1)*	Status	Funding partner *(note 2)*
All	Clinical Data Repository (CeDaR)	$0.56	Complete	MOH
All	Scheduling System Replacement (NExT)	$10.55	In Progress	MOH

Community	Project	Budget $M *(note 1)*	Status	Funding partner *(note 2)*
All	Computer Assisted Coding Software	$0.15	Complete	NH
All	Core Network Infrastructure	$0.95	Complete	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD, NH
All	EmergCare	$4.35	In Progress	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD, NH
All	FNHA Community Health Record EMR Collaboration	N/A	In Planning	MOH
All	Home & Community Elder Care Clinical Systems Replacement	N/A	In Planning	MOH
All	InCare Phase 2	$9.9	In Progress	MOH, CCRHD, FFGRHD,NRRHD, NWRHD, PRRHD, SNRHD
All	Lab Pathology Service Enhancement	$3.06	In Progress	MOH, NWRHD, PRRHD, NH
All	MOIS/Momentum Interop	$0.21	Complete	MOH, NH
All	Network SDWAN	$0.9	Closing	MOH, CCRHD, FFGRHD,NRRHD, NWRHD, PRRHD, SNRHD, NH
All	Patient Transfer Tool	N/A	Planning	CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD, NH
All	Pharmacy Medication Safety Solution	N/A	Planning	MOH
All	Provincial Lung Screening Program	$0.17	Completed	BC Cancer, NH
All	Sharepoint Upgrade	$0.31	Closing	MOH, NH
All	SurgCare	$0.93	In Progress	MOH
All	Videoconferencing Infrastructure Replacement	$0.55	Closing	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD

Community	Project	Budget $M *(note 1)*	Status	Funding partner *(note 2)*
All	Virtual Primary Care Clinic Leasehold Improvements	$1.28	In Progress	MOH

In addition to the above major capital projects, NH receives funding from the Ministry of Health, Regional Hospital Districts, Foundations, and Auxiliaries for minor equipment and projects (less than $100,000). For 2023-24, NH spent $13.3M on such items.

Note 1: For projects shown as In Procurement, the budget amount will be provided following contract award.

Note 2: Abbreviations used:

MOH	Ministry of Health
FFGRHD	Fraser Fort George Regional Hospital District
SNRHD	Stuart Nechako Regional Hospital District
NWRHD	Northwest Regional Hospital District
CCRHD	Cariboo Chilcotin Regional Hospital District
PRRHD	Peace River Regional Hospital District
NRRHD	Northern Rockies Regional Hospital District
NH	Northern Health
CHF	Chetwynd Hospital Foundation
FSJHF	Fort St. John Hospital Foundation
PRPA	Prince Rupert Port Authority
SONHF	Spirit of the North Healthcare Foundation

Recommendation:

The Northern Health Board receives the Period 13 update on the 2023-24 Capital Expenditure Plan.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Partnering for Healthy Communities
June 2024

Partnering for Healthy Communities

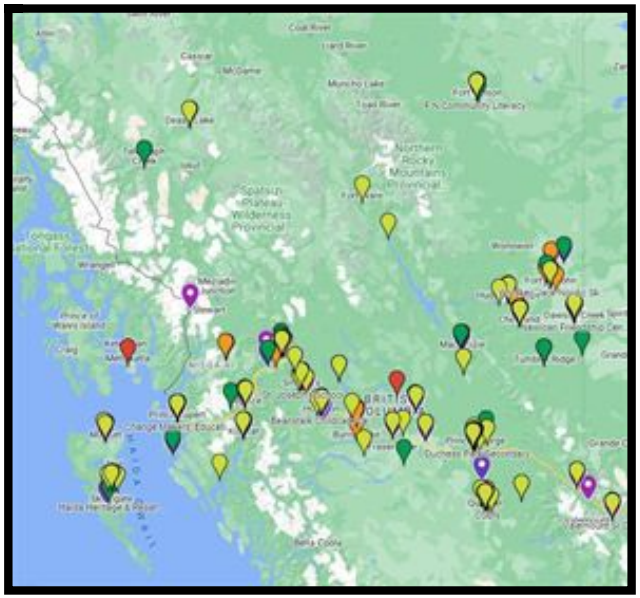
- Indigenous Collaboration Framework
- Community Granting
- Partnering with Local Governments
- Health Human Resources partnerships
- NH Community Partnership & Engagement Framework

NH Indigenous Collaboration Framework

- IH's Monthly Health Director Meeting
- Indigenous Health Action Tables
- Interest-based Engagement
- Health Leadership Exchanges

Community Granting

- **$1,190,400** invested into **80 northern community-led health and wellness initiatives**
  - IMAGINE: $391,000
  - Rural, Remote & Indigenous Food Action: $385,400
  - Vision Zero Road Safety: $140,000
  - Peer Granting: $24,000
  - **NEW!** Active Communities: $250,000
- Accomplishments:
  - Strengthened partnerships
  - Expansion of funded granting streams
  - Development of robust evaluation framework



Map highlighting community granting projects over the years on NH website https://www.northernhealth.ca/services/healthy-living-in-communities/imagine-grants

Partnering with Local Governments: Healthy Settings

- Healthy Settings team prioritizes partnering on community-led initiatives that align with population and public health priorities and best practices
- Emphasis on relationship development with local government elected officials and staff
- The team offers:
  - Tradeshow attendance
  - Webinars for specific audiences (municipal planners) and topics
  - Community visits to build relationship, engagement & capacity
- Communities often request:
  - Support with community engagement related to public health priorities (e.g., seniors falls prevention)
  - Local government policy review (Official Community Plans, bylaws)
  - Health priority planning (climate change, active transportation)

https://www.northernhealth.ca/services/healthy-living-in-communities/healthy-communities

Partnering with Local Governments: Communications

- Health Emergency Management BC has an active interface with communities on emergency planning and the Health Authority role
- NH Connections Community advisory committee
- Communications
  - MLA/MP Constituency offices
  - Mayor requests for information
  - Community Digest
  - Chambers and other community organizations
- Board: Union of BC Municipalities, North Central Local Government Association, Regional Hospital Districts and Community Round Tables
- Other events such as Minerals North, Natural Resource Forum, etc.
- Fundraising across the North

Health Human Resources partnerships

- A growing number of communities are establishing partnership tables with Northern Health to establish local retention and recruitment activities, especially around childcare and housing.
- Examples (in addition to the newly created Prince Rupert Taskforce):
  - Fort St. James: NH and community partners such as the Primary Care Society work in partnership to attract, welcome and retain healthcare workers. They offer community tours, welcome lunches, and gift certificates to local businesses and attractions
  - Northern Rockies: The Recruitment and Retention, Education & Training Incentive provides financial assistance and incentives to attract, retain and train priority health care professionals to work in the area.

NH Community Partnership & Engagement Framework

- Accreditation Canada 2023 survey commended NH on its commitment to foster partnerships to meet the needs of the people we serve and reported that NH is viewed as a good partner. The surveyors recommended that NH formalize an engagement framework to determine when/why, how, and with whom it will partner.
- A draft framework is in development


northern health
the northern way of caring
Integrated Primary & Community Care and Specialized Community Service Programs
June 2024

Agenda

1 Introductions & Purpose

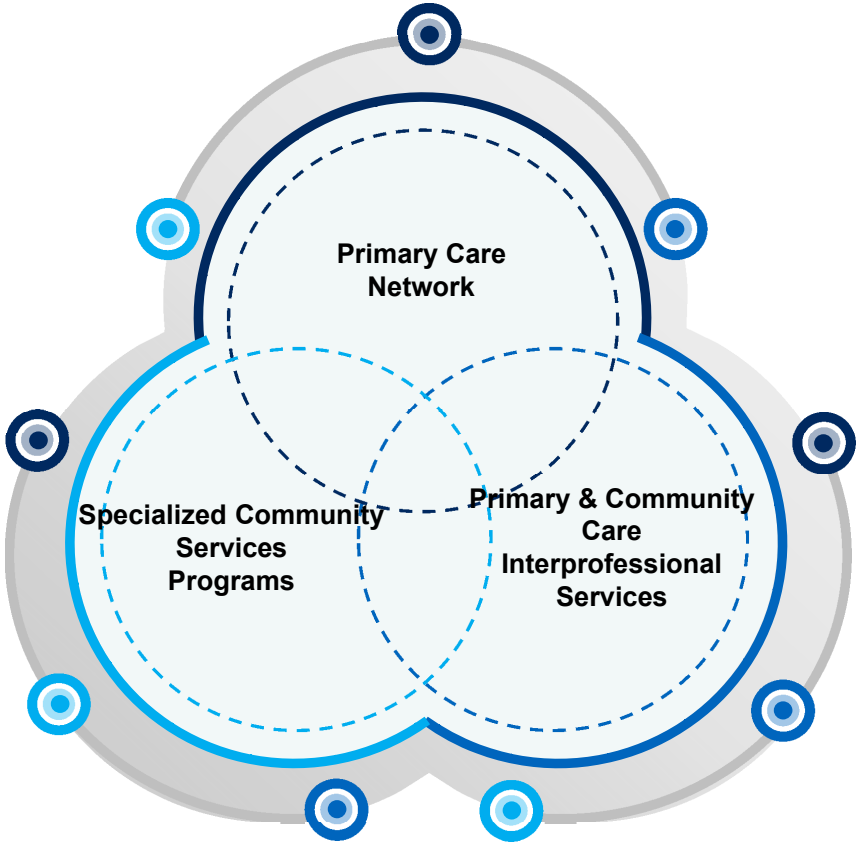
2 Overview: Primary Care & Specialized Service Programs

3 Strategic Priorities, Objectives, & Measures

4 Primary and Community Care Update

5 Specialized Community Services Updates

Northern Health Coordinated System of Primary Care & Specialized Services Programs



Primary Care Network

A network of primary care services within a defined geographical area to address:

- Access to timely primary care services, including urgent and episodic care
- Attachment to a longitudinal primary care provider
- Coordination of care to a broad range of services
- Includes:
  - Family practice & Nurse Practitioner primary care clinics & teams
  - First Nations Led Primary Care Initiatives
  - First Nations primary care clinics
  - Maternity care clinics
  - Urgent primary care services
  - Walk-in clinics

Primary & Community Care Interprofessional Services

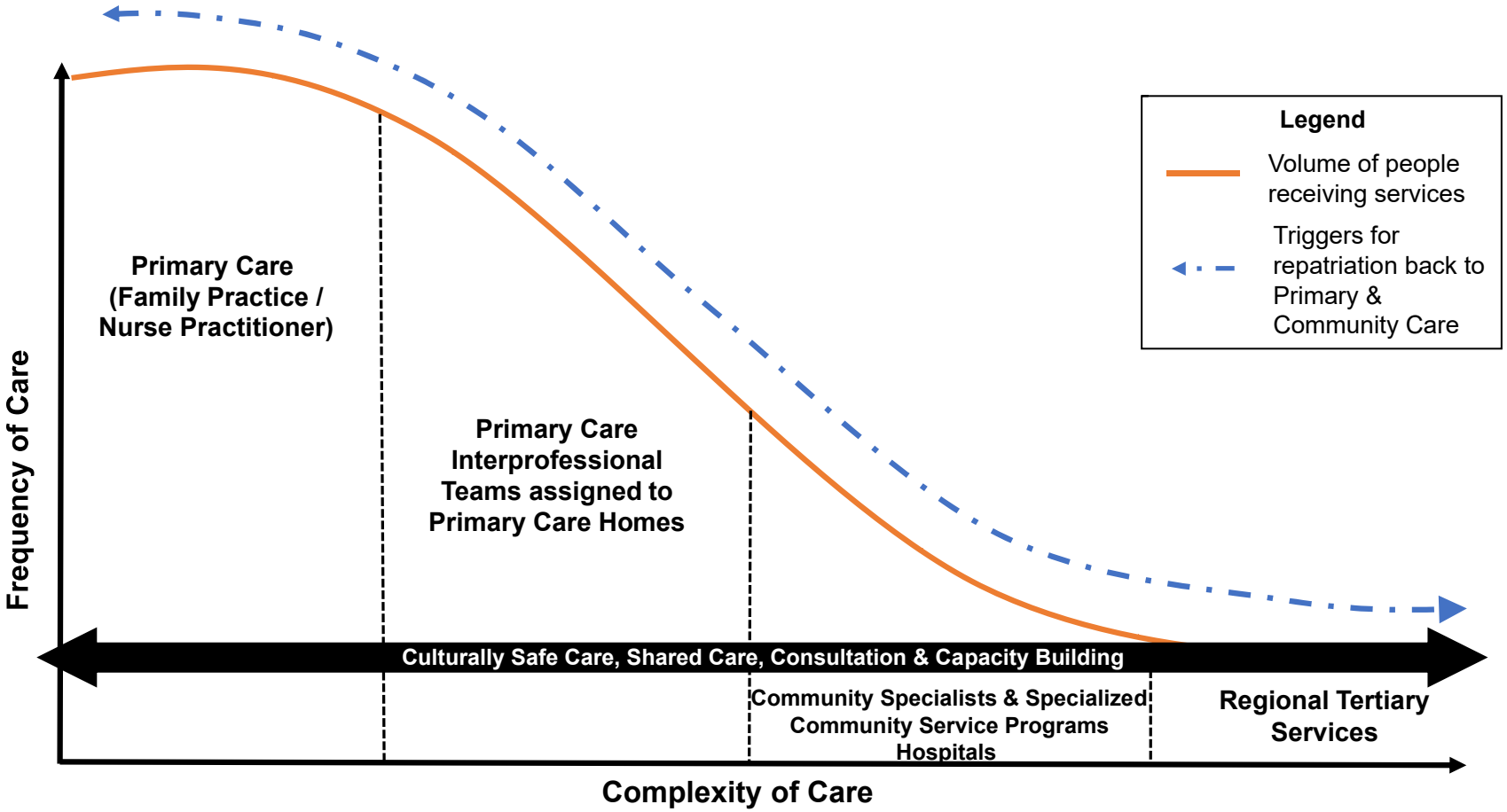
Health authority primary care interprofessional teams including:

- assessment & care coordination for mild to moderate mental health & substance use & complex medically frail
- immunizations
- prenatal & postpartum care
- children & youth

Specialized Community Services Programs (SCSP)

- Moderate to complex services for mental health & substance use, medically complex &/or frail & cancer care, child and youth, & perinatal.
- Distributed specialized services model includes:
  - Primary care interprofessional teams (mild to moderate)
  - Specialized community service teams (moderate to complex)
- Including: provision of direct care, consultation, shared care, & capacity building.

Northern Health Specialized Community Services Programs (SCSP) Clinical Pathway

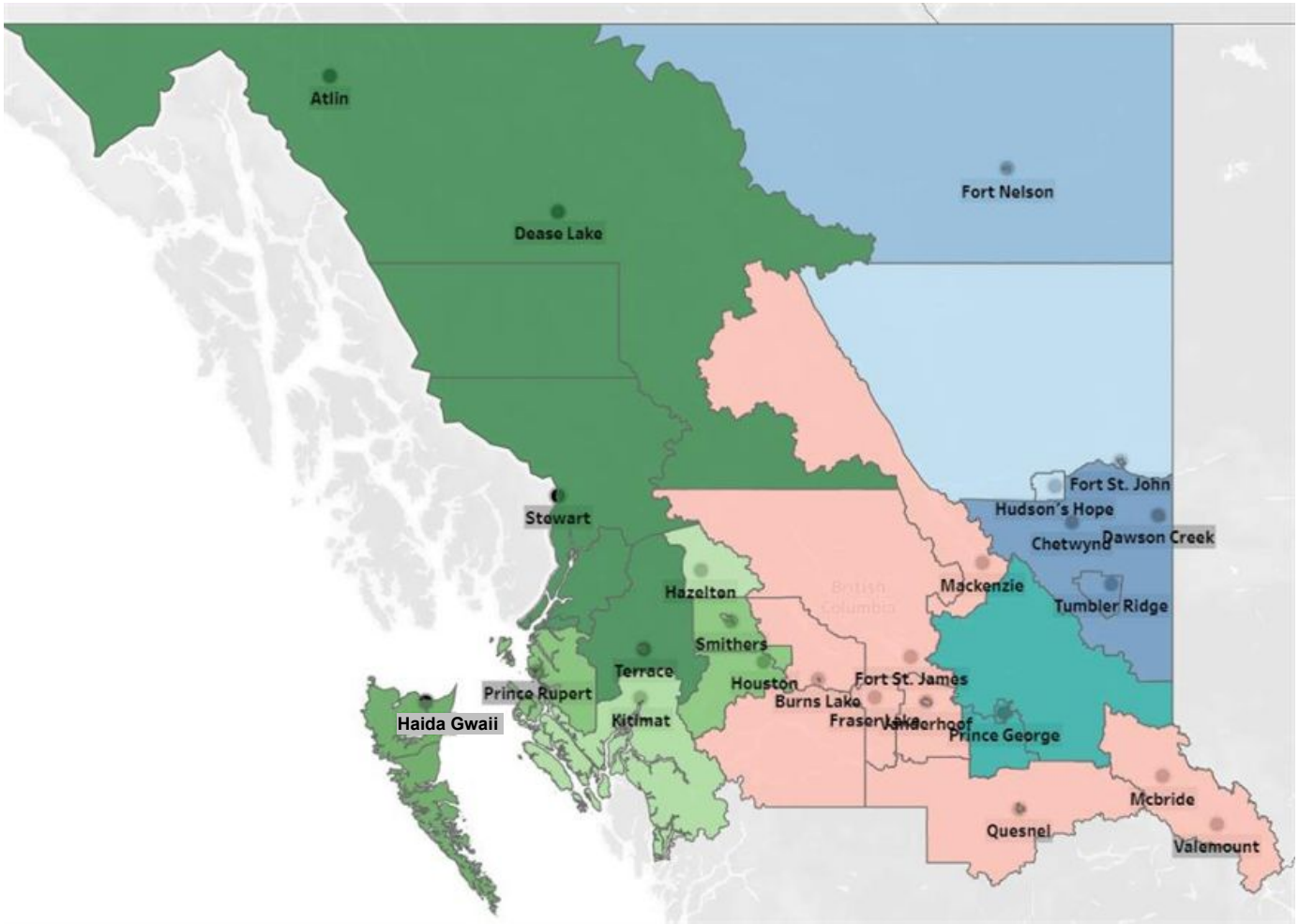


Priorities and Objectives

Strategic Priority	Objectives 2024/25					
Commitment to Truth & Reconciliation	Honour & incorporate Indigenous ways of knowing & being into planning & policy		Improve care for Indigenous Peoples			Increase representation of Indigenous Peoples in NH workforce
Healthy People in Healthy Communities	Prevent & reduce substance related harms		Increase climate resiliency of our health system		Improve immunization & screening rates	Strengthen engagement & partnerships with communities
Coordinated & Accessible Services	Develop & improve access to community specialized services	Improve access & attachment to primary care teams & community services	Achieve benchmark wait times for surgical services	Prevent emergency room closures	Improve options & support for patients who must travel for care	Improve access & flow for acute care services
Quality	Increase consistency & effectiveness of management processes		Improve the patient care experience		Redesign workflows & balance workloads to optimize quality of care	Improve the quality of data for clinical care & decision making
Our People	Enhance recruitment to closer match demand for staff & medical staff		Increase retention rates of staff & medical staff		Expand training opportunities for new & existing employees	Improve workplace physical, psychological & cultural safety
Communications, Technology, & Infrastructure	Increase patient safety through effective electronic medical record implementation & use		Increase capacity & capability for virtual health services		Improve internal communication processes & accountabilities	Maintain project schedule on capital redevelopments

Primary & Community Care Services Update

Primary Care Networks - Communities & Catchments



Northwest CLHA

- Coast Mountain PCN (Atlin/Nisga'a, Dease Lake, Stewart, Terrace IPTs)
- Bulkley Valley Witset PCN (Houston, Smithers IPTs)
- Haida Gwaii PCN (North, South IPTs)
- Hazelton PCN (Hazelton IPT)
- Kitimat PCN (Kitimat IPT)
- Prince Rupert PCN (Prince Rupert IPT)

Northern Interior Rural CLHA

- Northern Interior PCN (Burns Lake, Fort St James, Fraser Lake, Mackenzie, McBride, Quesnel, Valemount, Vanderhoof IPTs)

Northeast CLHA

- Fort Nelson PCN (Fort Nelson IPT)
- North Peace PCN (Fort St. John, Hudson's Hope IPTs)
- South Peace PCN (Chetwynd, Dawson Creek, Tumbler Ridge IPTs)

Prince George CLHA

- Prince George PCN (Prince George IPT)

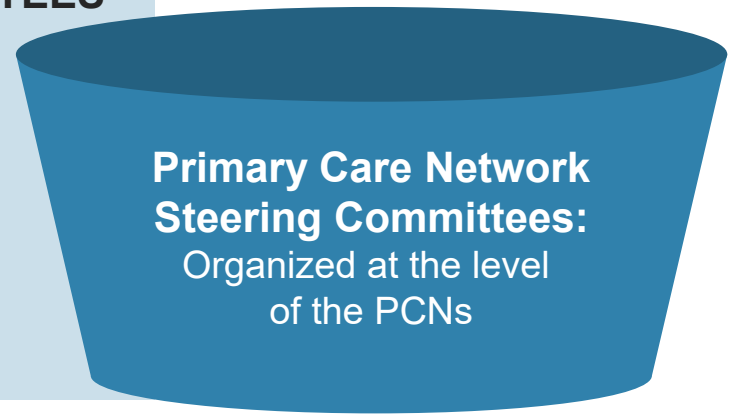
Enabling Governance Structure

PRIMARY CARE NETWORK (PCN) STEERING COMMITTEES

Guide the development & implementation of a local, coordinated, & comprehensive primary care delivery system within defined PCN geographies

Functions include:

- Meeting the needs of patients, the system and the community (i.e., networked services, service planning, implementation and oversight).
- Understanding, refining, and overseeing the implementation of an evolving PCN Service Plan to achieve service milestones and expectations.



COLLABORATIVE STEERING COMMITTEES

Collaborative planning tables where primary care network and Health Authority members, community specialists and community members come together to understand the more specialized community service needs of people experiencing complexity: A focus on coordinating primary care with the more specialized services to support those with mental health and substance use concerns, those with complex and/or medically frail, those in need of cancer care, and families on the perinatal journey.

Primary Care Networks - Service Plan Enhancements

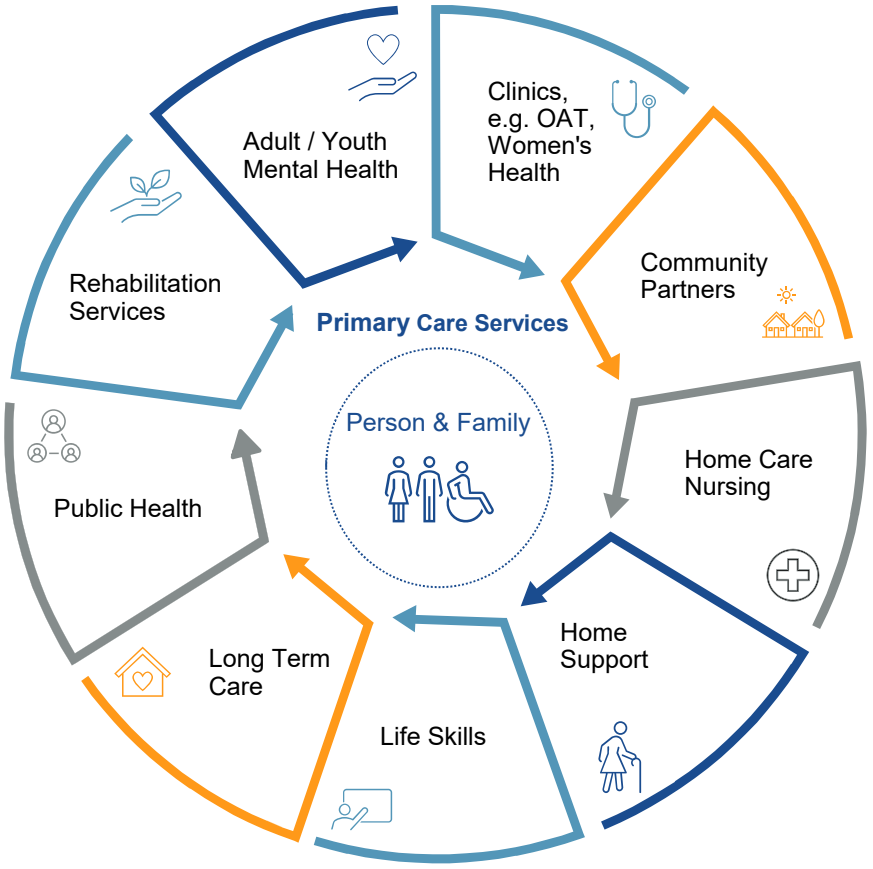
Consolidated Local Health Area	Primary Care Network	Positions	FTE Requested
Northwest	**Coast Mountain** (incl NVHA) *Implementing*	Primary Care Providers	15.0
		Allied Health	13.56
		Indigenous Health	2.2
	Bulkley Valley Witset *Implementing*	Primary Care Providers	5.0
		Allied Health	8.0
		Indigenous Health	0.7
	Haida Gwaii *Approved*	Primary Care Providers	2.0
		Allied Health	4.5
		Indigenous Health	2.0
	Prince Rupert *Approved*	Primary Care Providers	8.0
		Allied Health	13.0
		Indigenous Health	1.0
	Kitimat *Submitted*	Occupational Therapist	1.0
		Social Worker	1.0
		Indigenous Health	1.0
	Hazelton *In Draft* Gitsan & Wit'suwit'en - First Nations-led Primary Care Initiative (FNPCI)	*TBD*	*TBD*
Northern Interior Rural	**Northern Interior** *Implementing* Tl'azt'en, Nak'azdli, Binche First Nations-led Primary Care Initiative (FNPCI)	Primary Care Providers	2.0
		Allied Health	22.0
		Indigenous Health	0.0
Northeast	**North Peace** *Implementing*	Primary Care Providers	0.0
		Allied Health	8.0
		Indigenous Health	0.0
	South Peace *Submitted* Saulteau & West Moberly First Nations-led Primary Care Initiative (FNPCI)	Primary Care Providers	8.6
		Allied Health	8.7
		Indigenous Health	2.0
	Fort Nelson *In Draft*	*TBD*	*TBD*
Prince George	**Prince George** *Implementing*	Primary Care Providers	3.0
		Allied Health	26.0
		Indigenous Health	0.5

**All PCNs have been awarded a Clinical Pharmacist position*

Nurse Practitioner - Current State

Consolidated Local Health Area	Primary Care Network	Community	FTE (# of NPs)
Northwest	**Coast Mountain**	Terrace	1.0 FTE (1)
			2.8 FTE (3)
	Bulkley Valley Witset	Houston	1.52 FTE (2)
		Smithers	2.6 FTE (3)
	Haida Gwaii	North Haida Gwaii	0.68 FTE (1)
	Prince Rupert	Prince Rupert	1.0 FTE (2)
	Hazelton	Hazleton	1.0 FTE (1)
Northern Interior Rural	**Northern Interior**	Burns Lake	1.0 FTE (1)
		Fraser Lake	1.0 FTE (1)
		Fort St James	0.8 FTE (1)
		Vanderhoof	Vacant
		Mackenzie	1 FTE (1)
		Quesnel	2.4 FTE (3)
			1 FTE (1)
		Tsay Key Dene and Kwadacha	1 FTE (1)
Northeast	**North Peace**	Fort St John	2.73 FTE (4)
	South Peace	Dawson Creek	1.4 FTE (2)
Prince George	**Prince George**	University of Northern BC	0.6 FTE (2)
		College of New Caledonia	0.4 FTE (1)
		Blue Pine	1.9 FTE (3)
		Carrier Sekani Family Services	3 FTE (4)
		Central Interior Native Health	1.9 FTE (3)
		Aspen Clinic	1 FTE (1)
		North Clinic	0.4 FTE (1)
		Respirology	0.4 FTE (1)
		Nimbus Clinic	1 FTE (1)
Regional		Virtual Clinic	1 FTE (2)

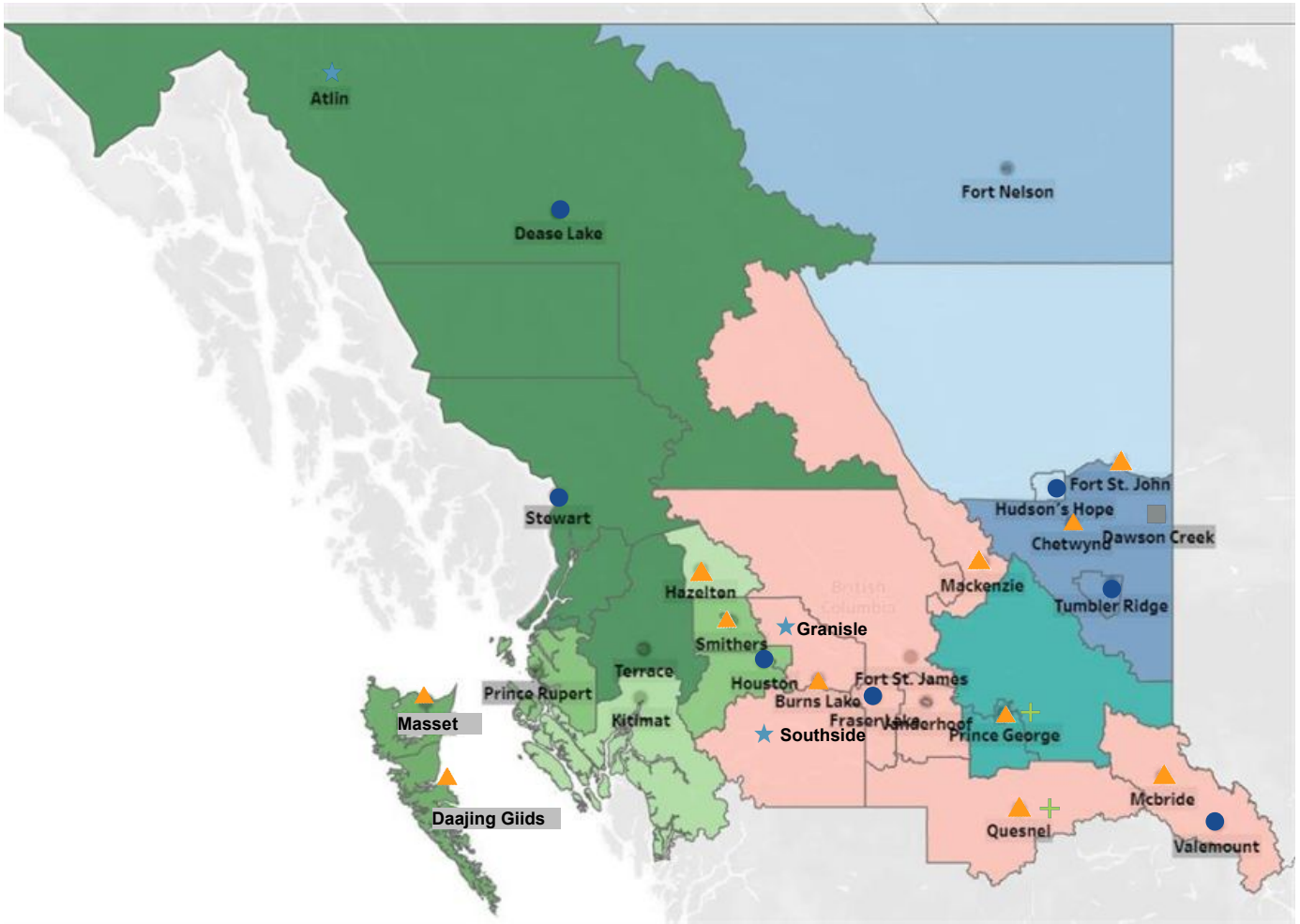
Primary & Community Care Interprofessional Services



- **41 Primary Care Teams** (baseline 579 FTE with overall vacancy rate of 20.9%*) across the region
- Provide continuum of care from **cradle to grave**
- Goal is to **work collaboratively with primary care providers and community partners** to keep people safe and living well in their homes for as long as possible
- Team-based care **reduces transitions of care** through clear pathways for coordinated access; **enhances care planning** to look at the whole person and their family, and maximizes provider scope
- People may move in and out of higher levels of care as needed, but **remain attached to primary care teams and providers**

*As of 15 May 2024

Northern Health Primary Care Clinic Services



- Community Health Centre (Diagnostic & Treatment Centre)
- Nursing Health Centre
- Maternity Clinic
- Primary Care Clinic
- Urgent Primary Care Clinic

Primary Care Provider Volumes* in NH Delivered Locations

April 1, 2023 – March 31, 2024

Consolidated Local Health Area	Primary Care Network	Community/Service	# of Distinct Patients
Northwest	Coast Mountain	Atlin Community Health Centre	11,575
		Stewart Community Health Centre	
		Stikine Community Health Centre	
	Bulkley Valley Witset	Houston Community Health Centre	
		Smithers Primary Care Clinic	
	Haida Gwaii	Masset Primary Care Clinic	
		Daajing Giids Primary Care Clinic	
	Hazelton	Wrinch Memorial Primary Care Clinic	
Northern Interior Rural	Northern Interior	Burns Lake Primary Care Clinic	18,532
		Fort St James Primary Care Clinic**	
		Fraser Lake Community Health Centre	
		Granisle Health Centre	
		Mackenzie Primary Care Clinic	
		McBride Primary Care Clinic	
		Quesnel Primary Care Clinic	
		Southside Health Centre**	
		Valemount Community Health Centre	
Northeast	North Peace	Hudson's Hope Community Health Centre	5,129
	South Peace	Dawson Creek Chickadee Maternity Clinic	
		Tumbler Ridge Community Health Centre	
		Chetwynd Primary Care Clinic	
Prince George	Prince George		874
No specified location			1,112
		Total	**37,222**

*Data Source CeDaR FY2023/24 **Society partnership model

Northern Health Virtual Primary & Community Care Clinic (NHVPCCC)

The **aim** of the NHVPCCC is to improve equity, access, & the care experience of people in rural, remote & First Nations communities & to support the provider's experience of caring for people.

Primary Care

The primary care team (primary care providers, nurses) provides culturally safe care by phone or video, 7 days a week, including after hours.

The clinic works with & complements the care received from the client's health care team & supports those without a provider.

Nurses:
7 days a week
1000 - 2200

Providers:
7 days a week
1000 - 2200

Substance Use

For those who:
1) are not connected to opioid & substance use disorder medication therapy,
2) have experienced a service interruption,
3) or live where services are inaccessible.

Services include harm reduction, local service education, & opioid & substance use disorder medication therapy.

Nurses:
7 days a week
1000 - 2200

Providers:
Monday – Friday
varying hours

Allied Health*

Social Work can assist where local support / capacity is not available in:
- assessments
- counselling
- family preservation
- referral services
- and legislation consultation.

*Expanding to include Mental Health Clinician, Occupational Therapy & Physiotherapy roles.

Social Worker:
Monday – Friday
0800 - 1600

Resource Nurses

Resources nurses can provide peer to peer & coordination support to team members in: capacity building, consultation & direct support to clients.

Resources nurses have expertise in:
- Chronic Disease
- Mental Health
- Perinatal
- Primary & Community Care
- Substance Use

Nurses:
Monday – Friday
0800 - 1600

Telecare Nurses

In addition to supporting the clinics, telecare nurses can support community teams during staffing transitions & can assist in clearing service waitlists.

Some examples are:
- Best Possible Medication Histories
- Contact Resident Assessment Instruments
- MHSU Assessments
- Prenatal & post partum supports

Nurses:
7 days a week
1000 - 2200

Primary Care Services (April 1, 2023 – March 31, 2024)

Virtual Clinic

Service	Total # of Encounters	# of Encounters After Hours*	Attachment Status (self-reported)	Achievements & Opportunities
NH Virtual Primary & Community Care Clinic	20,474	14,304	71% unattached	• Service enhancement and planning for service interruptions, community evacuations, and allied health expansions. • Patient evaluation: 78% reported it was easier to see a provider; 73% reported excellent/very good experience; 91% identified issue was addressed.

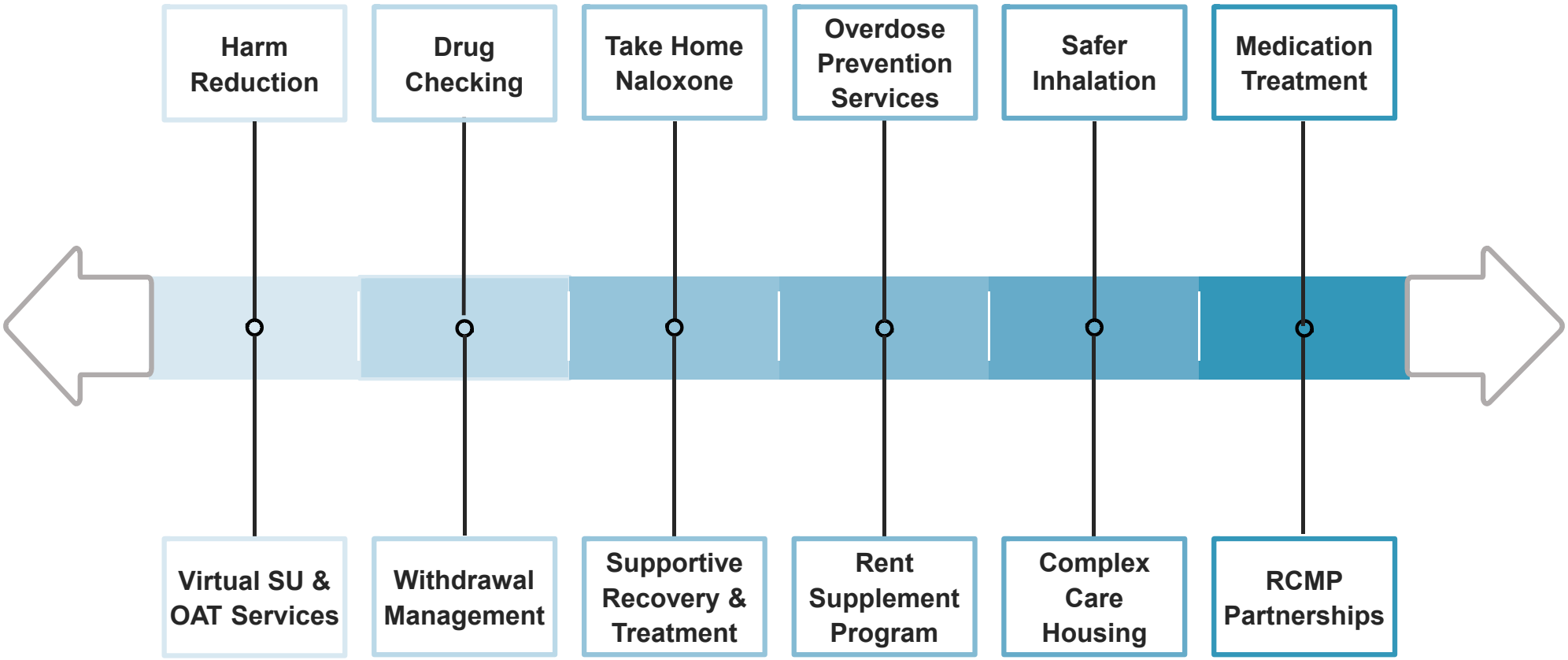
Urgent Primary Care Centre

Service	Total # of Encounters (unique patients)	# of Encounters After Hours*	Attachment Status (self-reported)	Achievements & Opportunities
Prince George Urgent Primary Care Centre	31,193 (26,372)	12,422	99% unattached	• Incorporation of Associate Physician role • Expansion of Daytime Use service for complex unattached patients
Quesnel Urgent Primary Care Centre	6,239 (4,242)	2,773	92% unattached	• Strong partnership with primary care interprofessional team for expanded after-hours access

*Encounters after 5 pm weekdays (UPCC) and after 4 pm (NH Virtual Clinic) & 24 hours on weekends & statutory holidays.

Mental Health & Substance Use
Specialized Community Services Update

Continuum of Supports



Take Home Naloxone & Facility Overdose Response Box Program

Definition

Take Home Naloxone

- Provide Naloxone (a medication that reverses opioid overdose) kits to those at risk of an overdose and those most likely to respond.

Facility Overdose Response Box

- Are for on site overdose response (non-profits, housing and community organizations etc.)

Locations

Take Home Naloxone

- **218** sites across NH

Facility Overdose Response Box

- **55** locations across NH

Services

Take Home Naloxone

Facility Overdose Response Box

Harm Reduction

Definition & Locations

- Seeks to reduce the health& social harms associated with substance use without requiring people to abstain or stop their use.
- Available in every community in NH.
- **73** NH sites order & distribute Harm Reduction supplies directly to communities and to smaller sites.

Services

Harm reduction supplies include:

- Safer injection supplies such as
  - sterile needles
  - syringes and other equipment
- Safe disposal units such as personal sharps containers.
- Safer inhalation supplies such as
- crack stems, meth bowl pipes and foil
- Safer sex supplies such as condoms.

Drug Checking

Definition

Urgent Public Health Needs Sites
Designated through an MHO agreement in alignment with the Ministry of Health's federal exemption which allows for trained staff to collect, store & transport drug checking samples as a distributed model.

Fourier Transform Infrared Spectrometer
A tool for chemical analysis, & allows substances in small amounts to be detected.

Locations

Urgent Public Health Needs Sites

- **19** sites across the region collect, store & transport samples to **Terrace & Prince George** for analysis

Fourier Transform Infrared Spectrometer

- **Terrace** (specialized services)
- **Prince George** (POUNDS)
- Of 882 samples tested with FTIR, 33% contained Benzodiazepines & 58% contained Fentanyl

Overdose Prevention Services (OPS)

Definition

Provides a safe, hygienic environment where people may consume their previously obtained substances, while being monitored by staff.

The primary purpose is to rapidly detect and treat overdose.

Two Doors Down POUNDS

Locations

Northwest

- **Terrace** NH Specialized Services (fixed & mobile)

Northern Interior

- **Quesnel**
  - NH Specialized Services
  - Coalition of Substance Users of the North (episodic peer run)
- **Prince George**
  - Overdose Prevention Site
  - Two Doors Down POUNDS (peer run)

Northeast

- **Fort St John** NH Specialized Services OPS & Warming Shelter
- **Dawson Creek** NH Specialized Services

Services

Sites also provide:

- drug checking (Fourier Transform Infrared Spectrometer & take-home fentanyl test strips)
- harm reduction supplies
- naloxone training & take-home kits
- nursing
- Opioid Agonist Therapy

Safer Inhalation

Definition

A room where individuals can use their substances in a safe environment.

Ventilation prevents the fumes from that substance from impacting other individuals.

Clients are monitored after that consumption to ensure their safety.

Locations

Northern Interior

- **Prince George** (forthcoming) operated by POUNDS

Northeast

- **Fort St John** (temporary)
- **Dawson Creek** (temporary)

Services

NH is focused on expansion of this service due to high rates of overdose due to inhaled toxic substances.

Considerations include:

- northern weather
- community concerns with visible inhalation (as they are largely provided outdoors)

Northwest Road to Recovery

The Ministry of Mental Health and Addictions is supporting continued, facilitated discussions with the Northern First Nations Alliance (NFNA) on the substance use stabilization model for the Northwest.

Northern Health Coordinated Access Central: Available 24/7

Estimate Implementation - Summer 2024

Objective: Connection point to individuals, families & care givers regarding substance use stabilization services. Includes triage & assessment, information and education, referral & connection, & crisis intervention.

Northern Health Northwest Outpatient Withdrawal NOW) Teams

Estimate Implementation - Summer 2024

Objective: In partnership with NFNA, provide Outpatient Withdrawal Management services to outlying Indigenous communities in the NW HSDA (Terrace, Prince Rupert, Smithers & Haida Gwaii). Phased approach pending recruitment.

Northern First Nations Alliance Mobile Outreach Teams

Estimate Implementation – TBD *(MMHA to confirm funding & lead implementation conversation)*

Objective: Mobile Teams in Indigenous communities (10 teams of 3 FTE each) to support education, social withdrawal in partnership with NOW teams, access & referral to treatment, & aftercare & transitional support.

Northwest Road to Recovery: Bed-based Withdrawal Management

Objective: A withdrawal management facility in Terrace.

Milestones:

- A Request for Proposals (RFP) was submitted in December 2023 in Terrace for a permanent location for a community, bed-based service for withdrawal management, which did not identify any suitable locations.
- A second RFP was completed, and potential buildings are currently under assessment by the Ministry of Citizen Services.

Interim Withdrawal Management Solution: Temporarily use space at the newly redeveloped Seven Sisters that is now open as part of the Mills Memorial Hospital Redevelopment to operate three to four community withdrawal management beds.

Next steps:

- Complete Functional Program to inform extent of renovations required and cost (June). Initial meeting has occurred with NH Workplace Health and Safety re: physical space to meet the safety requirements of staff and patients.
- Award procurement and start renovations - June
- Determine base line staffing model for interim plan and physician model to support service (May/June)
- Continue Stakeholder Engagement (meeting occurred April 25 with local Division of Family Practice Physician Lead and Addictions Medicine lead for Terrace and NFNA participated in a walkthrough of the space April 23 and will be forwarding feedback).
- Post positions for proposed staffing model (Summer 2024)
- Admit patients: Summer/Fall 2024

Northeast: North Winds Wellness Centre (NWWC)

- The North Winds Wellness Centre (NWWC), will provide community withdrawal management, residential and outpatient treatment and support services for people using substances both individuals and their families.

- The facility, located in Pouce Coupe, is scheduled to begin construction in June 2024, with service delivery planned to start in fall 2024.

- Northern Health has committed to support the operational costs up to a maximum of $2 million for priority Substance use services as identified by Northern Health in the Northeast Health Service Delivery Area.

- BC Housing have approved pre-development funding and revised design being developed by Kumlin Sullivan for pricing and submission to BC Housing by end April 2024. BC Housing aiming for a provision project approval by end May 2024 and final project approval July 2024 with a start on site in August 2024.

Carrier Sekani Family Healing Centre

- Carrier Sekani Family Services have submitted a proposal for a healing center located at Tachick Lake, intended to be a Centre of Excellence in withdrawal management services that is integrated within a continuum of health, addictions, and mental wellness services.

- An innovative model to deliver care services to rural and remote First Nations, and the associated costs to implement this model, is contemplated within the business case.

- The model will be designed in such a manner that can be replicated in other First Nations and rural and remote communities within British Columbia.

Next Steps:

- NH, First Nations Health Authority and Ministry of Mental Health and Addictions are working with Carrier Sekani Family Services on initial operations.

Supportive Recovery

Supportive Recovery Contractors	Community	Beds
Northwest		
Gya' Wa' Tlaab Healing Centre	Kitimat	**5** (1 new 2023)
Haida Gwaii Society for Community Peace	Masset	**3**
North Coast Transition Society	Prince Rupert	**5** (1 new 2023)
Trinity Men's Recovery House	Prince Rupert	**3**
Ksan House Society	Terrace	**11** (5 new 2023)
Northern Interior		
Association Advocating for Women & Community	Prince George	**9**
Ketso Yoh	Prince George	**15**
Phoenix Transition Society	Prince George	**14**
St Patrick’s House Society	Prince George	**2**
Quesnel Native Friendship Center - Tillicum Society Native Friendship Centre	Quesnel	**2** (2 new 2023)
Quesnel Shelter and Support Society	Quesnel	**4** (2 new 2023)
Northeast		
Salvation Army	Fort St John	**6** (2 new 2023)
	Total	**79**

Supported Rent Supplement Program (SRSP)

Definition

The Supported Rent Supplement Program **provides a monthly rent supplement (up to $600/month)** with **wrap-around health & social supports**.

Non-profit providers hold the rent supplement funds & provide the social supports, while NH provides the health supports.

The target population is **people with mild to moderate health needs** who **require support to become or remain housed**.

All referrals will flow through the local BC Housing Coordinated Access & Assessment (CAA) Tables.

Locations & Services (starting April 2024)

Northwest: Terrace (30 supplements)
Nonclinical
- Connective Support Society & Ksan Housing Society

Clinical
- Expansion of existing primary care & specialized services with nursing, social work, MH clinicians, peer support, admin, & dietician positions

Northern Interior: Prince George (60 supplements)
Nonclinical
- Phoenix Transition Society & Connective Support Society

Clinical
- Expansion of existing public health & primary care with Home Care Nursing, LPN, Dieticians, & primary care nurses

Northeast: Dawson Creek (15 supplements)
Nonclinical
- South Peace Community Resource Society

Clinical
- Expansion of existing Specialized Services with an LPN & life skill support worker

Complex Care Housing

Definition

Complex care housing serves **people who need a level of support that goes beyond what is currently available in supportive housing.**

Includes **people at risk of eviction because of complex mental health & substance use issues**, acquired brain injury & histories of trauma.

Locations

Phase I

Northwest

- Terrace (13/10 beds filled; scattered site model)

Northern Interior

- Prince George (9/10 beds filled; congregate site model)

Northeast

- Fort St. John (5/10 beds filled; congregate site model)

Phase II

Northern Interior

- Prince George
  - Site A (10 beds in 2025 – site on 1st Avenue)
  - Site B (10 beds in 2025; site TBD)

Services

A teams-based model that may consist of the following roles:

- Elders
- Life Skills Support Workers
- Mental Health Clinicians
- Occupational Therapy
- Peer Support Workers
- Primary Care Assistants
- Psychology
- Registered Nurses
- Registered Psychiatric Nurses
- Rehabilitation Assistants
- Site Manager
- Social Workers
- Vocational Rehabilitation Worker

Northern Health Regional Districts RCMP Partnerships

Service	Locations
Car 60 	**Large Communities** (Prince George, Prince Rupert) Larger Northern communities with high MHSU call volumes. Most appropriately served by **Car 60 models**. Model focuses on partnerships. **Medium Communities** (Fort St. John, Smithers, Terrace) Medium sized Northern communities where there is a smaller population base but still relatively high call volumes & sufficient RCMP capacity. Ride along capacity like a **Car 60 model** with a focus on partnerships.
NH/RCMP Liaison Worker Approach 	**Small Communities** (Burns Lake, Dawson Creek, Houston, Kitimat, Quesnel) Smaller communities with lower call volumes. **Northern Health/RCMP Liaison worker** approach.

Foundry & Integrated Child and Youth Teams

Foundry	Integrated Child & Youth (ICY) Teams
Terrace (Operating) ○ Lead Agency: Terrace & District Community Services Society (TDCSS)	**Terrace** (Operating)
Quesnel (Announced 2024) ○ Lead Agency: YMCA of Northern BC	**Hazelton** (planning)
Burns Lake (In development) ○ Lead Agency: Carrier Sekani Family Services	**Dawson Creek** *new 2024 announcement* April 26, 2024
Prince George (Operating) ○ Lead Agency: YMCA of Northern BC	
Vanderhoof (Announced 2024) ○ Lead Agency: Carrier Sekani Family Services	
Fort St John (In development) ○ Lead Agency: YMCA of Northern BC	

Specialized Community Services for Complex Medical Conditions and/or Frailty

Supporting Different Stages of Aging

Supporting Healthy Aging in Community

Target group

- Physically active/mobile; generally well with no active disease or treated, stable co-morbid disease

Supporting Frail Seniors Living in the Community

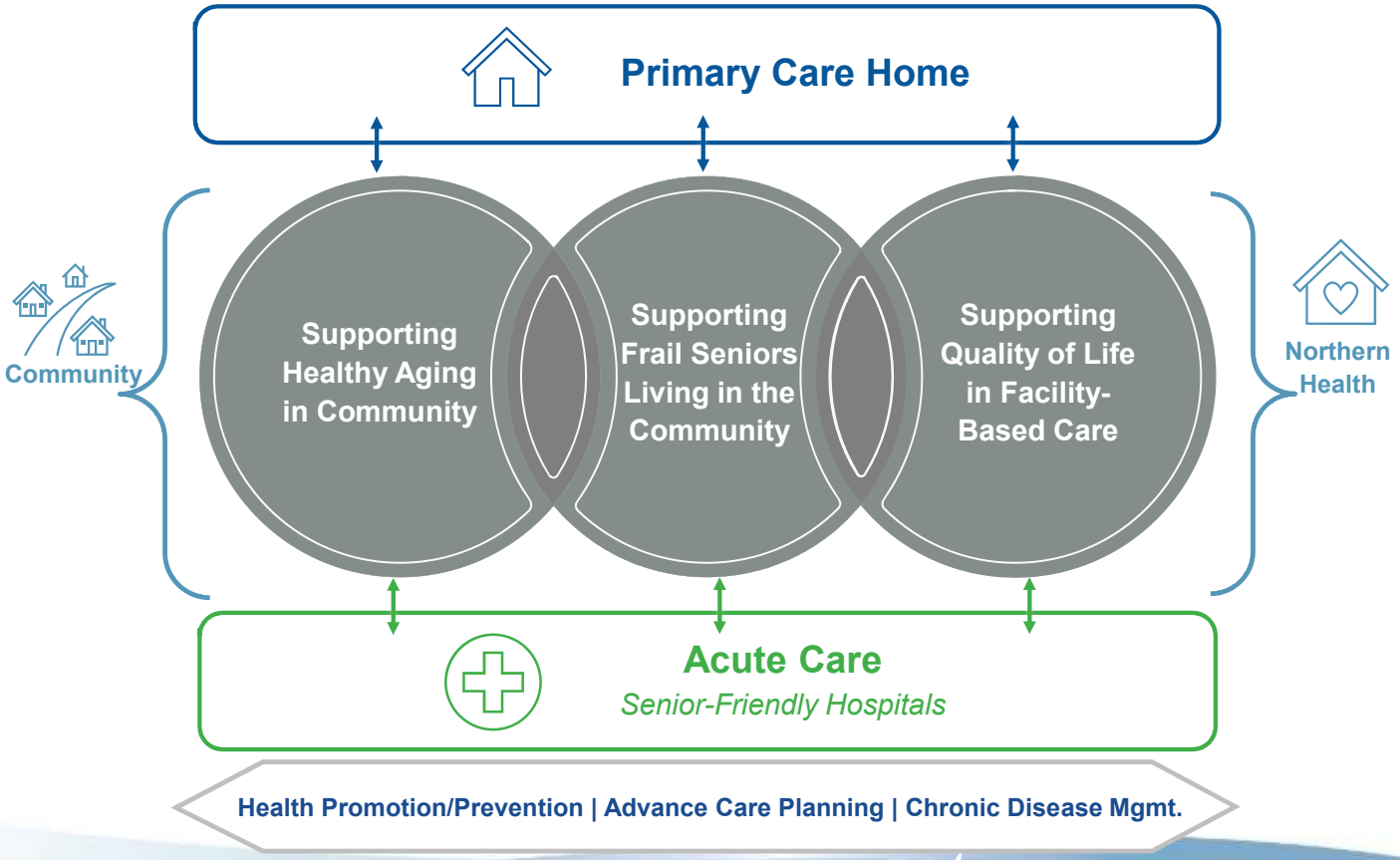
Target group

- Increased burden of symptoms; medically complex, vulnerable to adverse health outcomes; need assistance to remain at home

Supporting Quality of Life in Facility-Based Care

Target groups

- Can no longer stay at home but can maintain relative independence in AL environment
- Can't manage in home even with support; includes those with functional deficits and complex needs requiring 24-hour nursing care, those with extensive physical deficits, and those needing a supervised/ secure living arrangement



northern health
the northern way of caring

Achievements: Complex Medical Frail Specialized Services

Reduce Inappropriate Use of Antipsychotics in Long-term Care (LTC)

As of April 2024,

- Antipsychotic use for clients without a diagnosis of psychosis has decreased from 39.7% (Jan 2021) to 29.9% (April 2024)
- 11 of 24 LTC Homes reported percentages below the 2022/23 B.C. average of 28.9%

Success of the initiative is driven by:

- The LTCH Clinical Pharmacist Team:
  - The team continues to provide education on safe prescribing practices,
  - From Jan 2023 to Jan 2024, the team supported 408 case conferences, 1388 medications reviews and identified 3969 Drug Therapy Problems of which 384 or 10% were related to antipsychotics.
- Physician engagement: Crucial for continued success
- Staff training:
  - Over the past year 231 staff received DementiAbility training and 339 received Gentle Persuasion Approach (GPA) training

Alternative Housing/ Projects for Dementia Care

Aurora House – Vanderhoof

- NH contracts with Connexus for 8 alternative dementia beds. 6 of the 8 beds are currently occupied.

Kitimat Dementia Home

- On August 10, 2023, the MoH granted approval for the development of a 12-bed dementia care housing facility in Kitimat.
- Design in progress and regular steering committee meetings continue.

Achievements: Complex Medical Frail Specialized Services

(cont'd)

Keeping Seniors Healthy at Home

Adult Day Programs (ADP) – As of April 2024

- Number of communities with Adult Day Programs pre-COVID = 18
- Number of communities which have restarted Adult Day Programs = 14
- Spaces available per month pre-COVID (all communities) = 2304
- Spaces currently available per month (all communities) = 1550
- Community Bathing Programs in 7 communities
- Prince George, Fort St. John, and Dawson Creek expanding services

Transitional supports from Acute Care

Prince George

- Short Term Enablement and Planning Suites (STEPS) 4 suites located at Alward Place (Independent Seniors Living Facility)
- To be used to transition from acute care to home
- Patients requiring less than 90 days to transition home after a hospital stay

Northeast:

- STEPS: Two transition beds in Fort St John, 1 in Chetwynd, and looking to establish 1 bed in Dawson Creek.

Northwest: Planning for options in Terrace and Prince Rupert

Complex Medical and/or Frail Adults Community Services

Northern Interior Home Support: Increasing Capacity through Expanding Hours (April 2023 – March 2024)

Northern Interior Community	Expanded Home Support Service Hours		
	Pre-Expanded Service Hours	Expanded Service Hours	Implementation Date
Quesnel	0700 – 2200 (7 days/week)	0700 – 0700 (7 days/week)	May 2023
Vanderhoof	0700 – 2200 (7 days/week)	0700 – 2300 (7 days/week)	March 2024
Fort St. James	0830 – 1630 (Monday - Friday)	0700 – 2300 (7 days/week)	January 2024
Fraser Lake	0730 – 1500 (7 days/week)	0700 – 2000 (7 days/week)	January 2024

- **Home Support monthly service volumes between April 2023 – March 2024:** Northern Interior reported an increase in service hours, total number of visits, and total number of unique clients.
- **CHW Vacancy Rate:** CHW vacancy rates are impacting communities to expand home support service hours. As of the end of April 2024 NI Rural reported a 32.39% CHW vacancy rate and Prince George reported 26.74% CHW vacancy rate.
- **Health Career Access Program (HCAP):** 34 HCAP graduates hired as CHWs in 2023 throughout the Northern Interior

Complex Medical and/or Frail Adults Community Services

Northeast Home Support: Increasing Capacity through Expanding Hours (April 2023 – March 2024)

Northeast Community	Expanded Home Support Service Hours		
	Pre-Expanded Service Hours	Expanded Service Hours	Implementation Date
Tumbler Ridge	1000 – 1400 (Monday – Thursday)	0800 – 2000 (7 days/week)	November 2023
Fort Nelson	0830 – 1630 (Monday – Friday)	0830 – 2015 (7 days/week)	September 2023
Hudson's Hope	Service provided out of Chetwynd	0900 – 1500 (Monday – Friday)	August 2023
Chetwynd	0800 – 2000 (Monday – Friday) 0800 – 1630 (Saturday – Sunday)	0800 – 2000 (7 days/week)	January 2024

- **Home Support monthly service volumes between April 2023 – March 2024:** The Northeast Home Support Service reported an increase service hours, total number of visits and a slight decrease in the total number of unique clients.
- **CHW Vacancy Rate:** CHW vacancy rates are impacting communities to expand home support service hours. At the end of April 2024, the CHW vacancy rate for the Northeast was reported as 21.74%.
- **HCAP:** 10 HCAP graduates hired as CHWs in 2023 throughout the Northeast

Complex Medical and/or Frail Adults Community Services

Northwest Home Support: Increasing Capacity through Expanding Hours (April 2023 – March 2024)

Northwest Community	Expanded Home Support Service Hours		
	Pre-Expanded Service Hours	Expanded Service Hours	Implementation Date
Smithers	0700 – 2230 (7 days/week)	0700 – 2300 (overnight respite available)	June 2022
Houston	0730 – 2130 (7 days/week)	0600 – 2300 (7 days/week)	June 2023
Masset	0830 – 1700 (Monday – Friday)	0800 – 1954 (7 days/week)	June 2022
Hazelton	0730 – 1630 (7 days/week)	0730 – 2130 (7 days/week)	January 2023
Daajing Giids	0715 – 1630 (7 days/week)	Increase capacity within current service hours	August 2022
Terrace	0700 – 2230 (7 days/ week)	Increase capacity within current service hours	Planning on overnight services September 2024
Prince Rupert	0730 – 2100 (7 days/week	0700 -2200 (7 days/week)	September 2023

- **Home Support monthly service volumes between April 2023 – March 2024:** The Northwest reported an increase in service hours, total number of visits, and total number of unique clients.
- **CHW Vacancy Rate:** CHW vacancy rates are impacting communities to expand home support service hours. At the end of April 2024, the Northwest reported a 35.92% CHW vacancy rate.
- **HCAP:** 17 HCAP graduates hired as CHWs in 2023 throughout the Northwest

Chronic Disease Specialized Community Service Programs

- Many Chronic Disease Specialized Community Service Programs are accessed by and provide care to Medically Complex and /or Frail Adults:
  - In-Centre Hemodialysis, Community Dialysis, and Home Hemodialysis Services
  - Chronic Kidney Disease Clinic
  - Home Oxygen
  - UHNBC Diabetes Clinic
  - Community Oncology Network Clinics
  - Radiation Therapy (BC Cancer)
  - Heart Function Clinic
  - UHNBC Pain Clinic
  - Palliative Care Consultative Team
- These services are available at CLHA and regional levels.
- Some services are provided outside Northern Health:
  - Interventional Cardiology Services
  - Endovascular Therapy

Palliative Care

- Promoting a palliative approach to care in Long-term Care

Regional Pain Service

- Establishing a comprehensive model of care at UHNBC Pain Clinic to better support complex care needs

Opportunities and Challenges

Opportunities

1. **Advance a proactive approach to frailty:** Strengthen partnerships with Population and Public Health, community-based non-profits (e.g., United Way), and Primary Care providers to enable early identification and intervention for individuals experiencing frailty.
2. **Home-Based Exercise Program:** Expand the regional implementation of the Strength and Balance for Life (STABL) home exercise program.
3. **Certified Exercise Physiologist (CEP):** Leverage the recently added CEPs to Primary Care Teams in Houston and Terrace.
4. **Workplace Development:** Continue to implement HCAP and similar earn-and-learn programs to attract and train healthcare professionals.
5. **Continue to Enhance Home Support:** Increase the capacity of Home Support services, including overnight care options. Northern Health revised Home Support Guidelines in September 2022 to enable expanded home support services (including overnight service, unscheduled emergent care and enhanced Instrumental Activities of Daily Living.
6. **Sub-acute Options:** Explore additional opportunities transitional care options from acute care to community settings.

Challenges

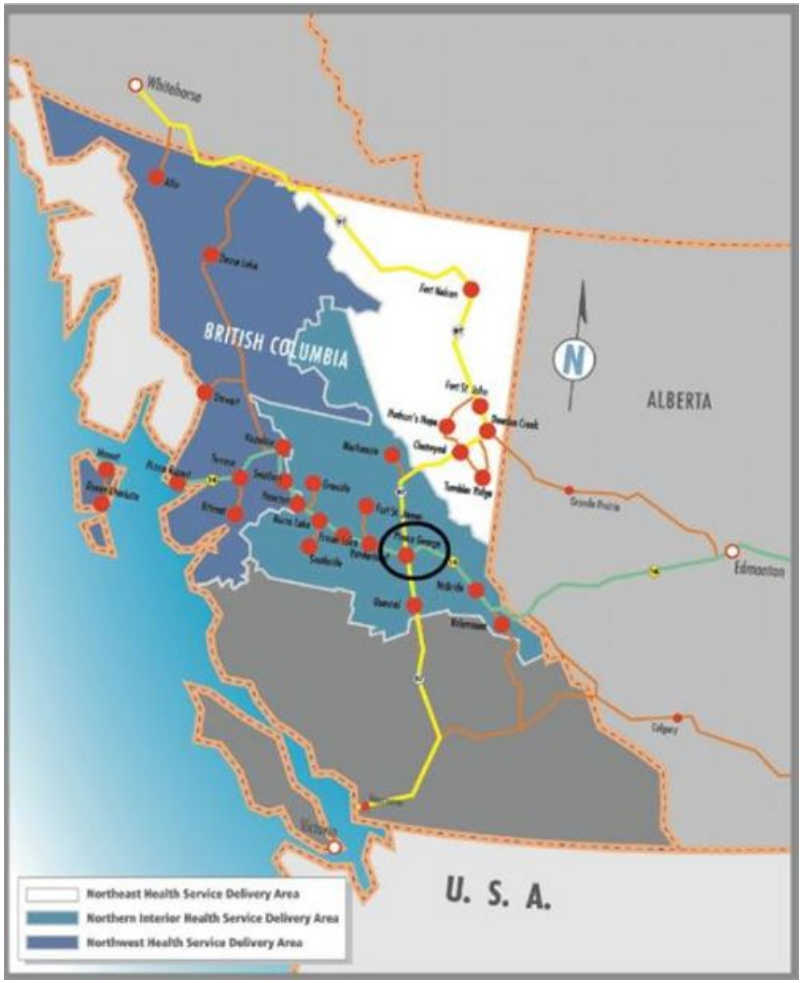
Community Health Worker recruitment challenges in most communities across the North directly impacting the expansion of home support service hours.

Perinatal Specialized Community Services Update

Perinatal Service Distribution

Acute Inpatient	**Level 1 (Community Health Centers)** • No planned birthing service • Support, stabilize & transfer to planned birthing site • Supported by RTVSs for imminent deliveries • Link to MHSU Acute Service Model for perinatal MHSU patients (all service levels) **Level 2 (small hospitals; Daijing Giids)** • No planned birthing service (one exception) • Support, stabilize & transfer to planned birthing site • Supported by RTVSs for imminent deliveries • Midwifery services in Daijing Gids (x3 providers) **Level 3 (Vanderhoof, Smithers, Kitimat, Hazelton)** • Planned birthing service • Consultation with Fort St. John, Dawson Creek, Terrace or UHNBC OB/Gyn service • # of FP-OB providers in each community • C/S service (exception is Hazelton) • Midwifery services in Smithers (x1) & Hazelton (x3 providers) • Exception: Fort Nelson has no birthing service) **Level 4a (Prince Rupert, Dawson Creek, Quesnel)** • Planned birthing service • Consultant solo OB/Gyn service	**Level 4a (continued)** • Consultant solo pediatric service available in Prince Rupert • C/S service • Midwifery services in Dawson Creek **Level 4b (Terrace, Fort St. John)** • Planned birthing service • Consultant OB/Gyn service (solo OB in Fort St. John) • Consultant pediatric service available (solo in Fort St. John) • C/S service • Midwifery services in Terrace • Future PSBC Tier 3 neonatal service; special care nursery with new capital build) **Level 5 (UHNBC/Prince George)** • Planned birthing service (PSBC Tier 4) • Consultant OB/Gyn service • Consultant pediatric service • C/S service • NICU service available (PSBC Tier 4) • Midwifery services in Prince George • Maternity/NICU to provide rooming-in and dyad care, inclusive of care for the newborn exposed to substances during pregnancy

Geography



11 planned birthing sites:

- UHNBC (Tier 4)
- GR Baker/Quesnel (all Tier 2)
- St. John/Vanderhoof
- Fort St. John
- Dawson Creek
- Mills Memorial Hospital/Terrace (future Tier 3)
- Prince Rupert
- Bulkley Valley/Smithers
- Wrinch Memorial/Hazelton
- Kitimat
- Daijing Giids/Haida Gwaii

15 rural communities (no planned birthing)

55 First Nations Communities

11 Metis Chartered Communities

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Perinatal Dashboard

- Northern Health has an overall average vaginal birth rate of 70% (best in British Columbia)
- British Columbia average of 61%
- Northern Health continues to be the leader in the province with consistent vaginal birth rates over the last 3 years.
- North East = 76%
- Northern Interior = 63%
- North West = 73%

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Northern Health Deliveries by HSDA
April 1, 2018 - March 31, 2024

HSDA / Fiscal Year	Vaginal Deliveries	C-Sections	Total Deliveries	% Vaginal	Inductions	% Inductions
Northeast						
FY2018/19	671	222	**893**	75%	231	26%
FY2019/20	632	209	**841**	75%	207	25%
FY2020/21	666	201	**867**	77%	204	24%
FY2021/22	642	200	**842**	76%	276	33%
FY2022/23	622	175	**797**	78%	242	30%
FY2023/24	643	177	**820**	78%	240	29%
Northern Interior						
FY2018/20	863	527	**1,390**	62%	370	27%
FY2019/20	882	514	**1,396**	63%	416	30%
FY2020/21	819	491	**1,310**	63%	420	32%
FY2021/22	806	449	**1,255**	64%	476	38%
FY2022/23	825	451	**1276**	65%	436	34%
FY2023/24	814	462	**1276**	64%	418	33%
Northwest						
FY2018/19	577	197	**774**	75%	176	23%
FY2019/20	564	195	**759**	74%	171	23%
FY2020/21	565	207	**772**	73%	192	25%
FY2021/22	485	196	**681**	71%	197	29%
FY2022/23	498	209	**707**	70%	176	25%
FY2023/24	448	179	**627**	71%	185	30%
Total NH						
FY2018/19	2111	946	**3057**	69%	777	25%
FY2019/20	2078	918	**2996**	69%	794	27%
FY2020/21	2050	899	**2949**	70%	816	28%
FY2021/22	1933	845	**2778**	70%	949	34%
FY2022/23	1945	835	**2780**	70%	854	31%
FY2023/24	1905	818	**2723**	70%	843	31%
Data Source:	Tableau: Perinatal Dashboard_Working Copy					

NH Virtual Substance Use Clinic (NHVSUC) – perinatal service expansion

- Expanding to offer substance use services to care recipients in pregnancy and up to 8 weeks postpartum **starting on May 28, 2024.**
- Augment pre-existing services within Northern Health and/or support care recipients who have experienced an interruption in service. Whenever possible, the NHVSUC will support callers in self-referring to services/programs in their community.
- Clinic utilizes a collaborative approach and will require the support of clinicians within their community to help facilitate appointments and case management services.

Thank-you

BOARD BRIEFING NOTE

Date:	June 24, 2024	
Agenda item	Mental Health & Substance Use Annual Service Network Update	
Purpose:	☒ Discussion	☐ Decision
Prepared for:	Northern Health Board of Directors	
Prepared by:	Michelle Lawrence, Executive Lead, Mental Health & Addictions Dr. Gerrard Prigmore, Medical Lead, Addictions & Harm Reduction Dr. Barbara Kane, Medical Lead, Mental Health	
Reviewed by:	Aaron Bond, A/VP Primary and Community Care Ciro Panessa, President and CEO	

Purpose:
To provide the NH Board of Directors with an annual progress update on the Mental Health and Substance Use (MHSU) Service Network.

Background:
The MHSU Service Network has a critical role to ensure broad, inter-professional collaboration on the prioritization, planning, and advancement of improvements to improve the care journey for people requiring mental health and/or substance use services in Northern BC. The MHSU Service Network Strategy is supporting implementation of a system of services to:

- Meaningfully advance the entire continuum of MHSU services, from upstream wellness, prevention, and early implementation through to high intensity, tertiary level care.
- Ensure the sustainability and responsiveness of foundational MHSU services, even in the face of urgent demands/crisis.
- Provide an evidence-based approach to MHSU service planning and provision, enabling Northern Health (NH) to maximize its impact and optimize health outcomes.
- Demonstrably influence health trajectories towards wellness and/or recovery.

Key Actions, Changes & Progress:
The following highlights progress in the primary workstreams that the MHSU Service Network is stewarding:

Harm Reduction
Harm Reduction is a critical component of the MHSU continuum of supports and the response to the Toxic Drug Crisis. For implementation updates related to harm reduction activities, refer to

agenda item “Implementing the Idealized System of Services: Primary and Community Care and Specialized Community Services Updates.”

Medication Based Treatment
Opioid agonist therapy (OAT) is an effective treatment for addiction to opioid drugs such as heroin, oxycodone, hydromorphone (Dilaudid), and fentanyl. The therapy involves taking the opioid agonists methadone (Methadose) or buprenorphine (Suboxone) to prevent withdrawal and reduce cravings for opioid drugs, reduce drug-related harms and support long term recovery. Currently there are 133 prescribers (physicians and nurse practitioners) in 16 primary care homes who offer OAT and 25 RN/RPN prescribers working in team-based care. There are dedicated OAT clinics in Terrace, Smithers, Prince George, Quesnel, Dawson Creek, and Fort St. John.

Prescribed safer alternatives are pharmaceutical grade alternatives to opioids, stimulants, and benzodiazepines and are prescribed as safer options to the toxic illegal drug supply for people who are at high risk of overdose. They do not necessarily focus on stopping drug use, instead focusing on meeting the existing needs of people who use drugs, reducing the risk of overdose by helping people to be less reliant on the toxic illegal drug supply, and providing connections to health and social services where possible and appropriate. Prescribed safer alternatives are used in the context of a therapeutic relationship and individual care plan. There are 18 providers who prescribe safer alternatives across NH (14 physicians and four nurse practitioners).

MHSU Virtual Services
The NH Virtual Clinic compliments and augments the care received from a clients’ health care team and supports those without a primary care provider. MHSU resource nurses are embedded in this service Monday – Friday, 0800-1600 to provide consultation and capacity building support to primary and community care teams across the region. Additionally, starting June 2024, the Virtual Substance Use Clinic is increasing hours from one half day per week to 5.5 hours per day, Monday to Friday. It is integrated into the established Virtual Primary Community Care Clinic that currently provides nursing support and assessments from 10am to 10pm, seven days a week and compliments the important work of the OAT providers, in many cases enabling more timely access for people who might otherwise not seek services or who may experience barriers to service due to geography. From May 2022 to May 2024, 663 clients accessed this service from 31 Northern communities.

Substance Use Treatment Services
<u>Northern Interior</u>
There are 20 adult withdrawal beds, seven youth treatment beds and one youth acute withdrawal bed available to the NH region located at the Nechako Centre in Prince George.

Carrier Sekani Family Services (CSFS) have submitted a proposal for a healing center located at Tachick Lake, intended to be a Centre of Excellence in withdrawal management services that is integrated within a continuum of health, addictions, and mental wellness services, fully supported by virtual health technology. NH, First Nations Health Authority (FNHA) and Ministry of Mental Health and Addictions (MMHA) are working with CSFS on initial operations.

Northwest Road to Recovery

The MMHA, FNHA, NH and the Northern First Nations Alliance are partnering on improved substance use stabilization in the Northwest.

A Request for Proposals (RFP) was submitted in December 2023 in Terrace for a permanent location for a community, bed-based service for withdrawal management, which did not identify any suitable locations. Subsequently, a second RFP was completed, and potential buildings are currently under assessment by the Ministry of Citizen Services.

Implementation is underway to temporarily use space at the newly redeveloped Seven Sisters that is now open as part of the Mills Memorial Hospital Redevelopment to operate three to four community withdrawal management beds starting in the summer/fall 2024. Recruitment is in progress for the other two major components of the service: that being the Northwest Outpatient Withdrawal (NOW) Teams to provide home based substance use withdrawal-management services and staff for the Central Intake line.

Northeast

The North Winds Wellness Centre (NWWC) Addictions Recovery Community Housing project will provide community-based prevention, early intervention, residential and outpatient treatment and support services for substance using individuals and their families. Ongoing community engagement and the development of an advisory board comprising diverse community agency representatives continues to inform both community needs and best practices for service delivery. Partners include BC Housing, FNHA, MMHA, and NH.

The facility, located in Pouce Coupe, is scheduled to begin construction in May 2024. NH has committed to supporting operational costs up to a maximum of $2 million for withdrawal management services in the center.

Substance Use and Addiction Management in Hospitals

The Ministry recently released a new Substance Use and Addictions Management in Hospitals Policy, which outlines specific expectations for health authorities to ensure a consistent approach in all B.C. hospitals that prohibits self-managed substance use by patients, outside of a designated overdose prevention service site. A coordinating committee has been launched that is leading implementation for NH.

There are ten designated withdrawal management beds located in acute care sites across the region (Fort Nelson, Kitimat, Smithers, Masset, Hazelton, Prince Rupert, Terrace, and Daajing Giids). Clinical practice guidelines are being updated to support clinical teams in acute care settings to effectively respond and manage the care for people experiencing active withdrawal symptoms.

Complex Care Housing

Complex care housing serves people who need a level of support that goes beyond what is currently available in supportive housing and includes people at risk of eviction because of complex MHSU issues, acquired brain injury and histories of trauma. Healthcare and social support teams work with individuals to develop personalized care plans aimed at maintaining their housing and improving their quality of life. In NH, the first phase of this program (Fort St.

John, Prince George, and Terrace) came to completion March 2023 with ten spaces available in each community. A project team is in place to support phase two, which will see an additional 20 beds implemented in Prince George in 2025. The first ten beds will be at a new BC Housing site on First Avenue. BC Housing has met with the municipality and confirmed the approved zonings for the second ten beds, with site selection expected this summer.

***Issues and Risks**:*

- Health human resources remain a concern as new roles are required to strengthen clinical service provision. We continue to work with the Ministry of Health on implementing retention, recruitment, training and redesign actions as part of the Provincial Health and Human Resource Strategy to stabilize the workforce, and the MMHA to consider integrated service models for our rural and remote context.
- The province declared the opioid overdose epidemic a public health emergency in 2016. Drug-related overdoses and deaths remain a serious concern across the country, including NH. We will continue to build a robust system to care for those with substance use disorders, and to address the needs of those living with emotional and physical pain and the intergenerational trauma of colonialism.

Recommendations:

The MHSU Service Network submits this report for information and discussion.

BOARD BRIEFING NOTE

Date:	June 24, 2024	
Topic:	Infection Prevention Update	
Purpose:	☒ Discussion	☐ Decision
Prepared for:	Northern Health Board of Directors	
Prepared by:	Deanna Hembroff, Regional Manager Infection Prevention	
Reviewed by:	Tanis Hampe VP Population and Public Health Ciro Panessa, President and CEO	

Background

The Infection Prevention and Control (IPC) team provides on-site and virtual guidance, training, auditing/assessments, and surveillance to reduce the potential for healthcare acquired infections (within our facilities) for patients, family, and staff. The IPC team works with Public Health to prevent and manage communicable disease and clusters/outbreaks. The team also provides on-site, virtual guidance, education, and assessments for Medical Device Reprocessing (MDR) (the department that sterilizes equipment for re-use).

IPC Team Quality Improvement Priorities 2024/2025

1. Medical Device Reprocessing Department (MDRD):
   - Education: five-minute memos sent weekly for morning huddles, the existing education competency checklist to be adapted to be part of the Learning Hub series for MDR, endoscopy, Medical Imaging
   - Implementation of an internal MDRD dashboard. This will provide data on the MDR departments outlining compliance with standards, equipment acquisition, updates on regional surgical procedures equipment needs and information regarding cleaning disinfecting sterilizing.
   - Inventory list: MDRD specific inventory list with description, picture, order, reference number and manufacturer's instructions for use

2. Infection Prevention:
   - Standardization of monthly education resources for front line staff. These resources will facilitate enhanced elbow to elbow education on communicable diseases.
   - Urinary tract infection education and surveillance for long-term care (LTC)

Accomplishments in 2023/2024

1. MDRD quality improvement work:
   - Product standardization. Reduction of unnecessary variation in equipment, instrumentation, and packs to improve patient and user safety.
   - Implementation of online training for all MDRD staff. Ensure staff in areas without access to on-site training can access MDRD online training.

2. Infection Prevention facility assessments. Quality dimensions that were assessed included hand hygiene, physical environment, storage and organization, reducing shared personal supplies and products, staff training and education, and dirty-to-clean workflow. Dirty-to-clean workflow is a clear one-way workflow for the reprocessing (cleaning) of medical supplies and equipment that ensures that dirty supplies and equipment do not come into contact with clean reusable equipment (e.g., bedpans).
   - Assessments occurred for eight acute care facilities and 15 LTC facilities. Improvements included: increased alcohol based hand rub at point of care, increased monitoring of hand hygiene, replacement of non-cleanable furniture and décor, reduction of stockpiling of supplies, decluttering of patient/resident rooms, and separation of clean and dirty storage areas.

Future assessments will be implemented to coincide with the relevant Accreditation Canada survey process. For instance, next assessments will occur the year before the accreditation survey occurs in acute care and LTC.

Recommendation(s)

This update is provided to the NH Board of Directors for information.

BOARD BRIEFING NOTE

Date:	June 24, 2024	
Topic	**Indigenous Health Services and Investments**	
Purpose:	☒ **Discussion**	☐ **Decision**
Prepared for:	Northern Health Board of Directors	
Prepared by:	Taylor Turgeon, Lead Indigenous Health	
Reviewed by:	Nicole Cross, Vice President, Indigenous Health Ciro Panessa, President & CEO	

Topic: Indigenous Health Services and Investments

Background:

Over the last year, Indigenous Health (IH), Northern Health (NH) has focused on strengthening relationships with our partners and evaluating current investments to better align with operations and existing programs. Through connection with partners, we identified areas of improvement and are working towards enhancing programs and services and investing in Indigenous people and communities.

A major area of focus through these connections has been to highlight the successes of partners and the great work being done in community. By way of regular check ins, we have supported our partners, enhanced reporting and created processes to streamline the delivery of awards and grants, as well as identified areas of success. In the upcoming year, IH will showcase the great work that is being done in community by sharing stories and looking to host opportunities for connection.

IH has invested in a variety of awards, grants and programs looking at learning from communities, supporting our youth, and recruitment and retention of Indigenous staff. Below is a summary of current investments that flow through seven streams:

1. First Nations Community Education Program: Cultural Learnings from Northern First Nations Communities
   This program is a collaboration between IH, First Nations Health Authority (FNHA), and the Health Arts Research Centre at the Northern Medical Program at the University of Northern British Columbia (UNBC), that offers Medical Doctor undergraduate students an

opportunity to be immersed in a Northern BC First Nations community and thus provide future physicians an opportunity to reflect on their own understandings about health, wellness, resiliency, capacity, and culture in northern First Nations. The goals of this program are to enhance cultural competency and empathetic understanding of health and wellness in First Nations communities, to improve First Nations' accessibility to high quality primary care services, and to provide genuine cultural exchange for students. The current agreement for this program extends until 2025, and applications are accepted at various times throughout the year on a first-come, first-serve basis.

2. Northern BC Indigenous Youth Summer Science Camp
   Organized by the Health Arts Research Centre with help from several sponsors such as NH and FNHA, this camp was the first of its kind in Northern BC. Hosted at the UNBC, on Lheidli T'enneh traditional and unceded territories, this weeklong summer science camp focuses on encouraging Indigenous youth to envision themselves in health care careers; and to develop local capacity for Indigenous communities to host their own science camps.

3. The Northern First Nations Health Partnership Committee (NFNHPC) Student Award
   This award is offered to self – identified Indigenous students in Northern BC who are studying in health-related fields. The committee is composed of Northern First Nations leadership, NH, and the FNHA. The award is intended to support students studying in health-related fields and potentially work towards recruitment and retention for Northern BC and supporting the health of Indigenous Peoples. Each year, IH and FNHA partner to provide student awards to the following post-secondary institutions: UNBC, College of New Caledonia, Coast Mountain College and the Northern Lights Community College.

4. Indigenous Community Wellness Awards
   The Wellness Awards project is a partnership between NH and FNHA, supporting Indigenous communities or Indigenous organizations address health. Funded projects included community-based initiatives with a focus on holistic health and wellness in one or more of the priority areas: cultural safety, primary care, mental health and substance misuse and population and public health. In 2023/2024, 17 awards were distributed. See Appendix A for current Indigenous Community Wellness award recipients.

5. Metis Community Wellness Awards
   It was identified through the Indigenous Community Wellness Awards that there was a gap for Metis communities. In 2023, the Metis Community Wellness Awards were initiated by IH focusing on harm reduction and education, population and public health and traditional and cultural wellness. In 2023/2024, 11 awards were distributed. See Appendix B for current Metis Community Wellness award recipients.

6. Aboriginal Health Improvement Grants
   The Aboriginal Health Improvement Grants are given out to communities and Indigenous Health organizations in support of multi-year programs delivering essential services to Northern BC Indigenous peoples. Current grant holders for the 2022-2025 cycle are Fort Nelson Aboriginal Friendship Centre, Positive Living North: No Keyon t'sih'en t'sehena society, Prince George Native Friendship Centre, Saik'uz First Nation, Wet'suwet'en First Nation, Dze L K'ant Friendship Centre Society and the Friendship House Association of

Prince Rupert. These grants undergo a review and renewal process every three years. See Appendix C for current AHIP Grant holders.

7. Indigenous Patient Liaison (IPL) Program Funding:
   Since 2022, IH has led the implementation of the IPL program expansion project. The annual IPL program budget has been adjusted to include start-up costs for newly established roles, professional development, and programming needs.

Next Steps:

In the upcoming year, relationships will continue to be strengthened and exploration of new areas for investments to align with operational and existing programs will occur. Evaluation and adjustments to the AHIP grants will open up new opportunities. Ongoing focus of student awards to target Indigenous youth through a growing your own program focusing on classroom presentations to Indigenous learners' grades K-12, and a youth champions program focusing on empowering youth and allowing them to give back to their communities.

Recommendation(s):

That the Northern Health Board of Directors receive this update for information.

Appendix A: Indigenous Community Wellness Award Recipients

Indigenous Community Wellness Awards 2023/2024:

Project Name and Description	***Community/Organization***
Halfway River First Nation Wellness and Healing Sound Healing, Massage and Yoga	Halfway River First Nation
Elevating our Community Gathering to be held around family day in February 2024 with Winter carnival activities and time to connect together	Saulteau First Nation
West Moberly Youth Health Winter Wellness for years to come - purchase of ski helmets and equipment for youth camps	West Moberly First Nation
Traditional Medicine Program Provisions for our traditional medicine healers for providing traditional medicines to those who are battling illnesses such as cancer	Carrier Sekani Family Services
Community Cultural Feast Catered community feast where we show case our traditional foods and encourage healthy relationships with our members and build collaboration with our cultural and hunting programs, our health program and our community.	Cheslatta First Nation
Wellness Through Traditional Gathering Gauging Elders and Family members mental health and wellness through a Christmas themed get together and a spring themed get together - working on mental health	Echen Healing Society
Christmas and Easter Community Celebrations A Christmas Family gathering/feast and an Easter family gathering/feast at the hall that includes interactive educational cultural activities for all Skin Tyee families	Skin Tyee First Nation
Holistic Health and Wellness through Connection, Culture, Service and Fitness Multiple initiatives combine to make up this project to support and nurture the holistic health and wellness of Saik'uz children, youth and community members. Fitness for youth, cultural practices for children with community mentorship, Healing Fires for community,	Stoney Creek Elders Society

encouragement of service, and addressing food security.	
Winter Solstice Gathering A community gathering to celebrate the winter season - eat a healthy meal, and events including community games, door prizes and family photo stations	Tsil Kaz Koh First Nation
Jean Marie Joseph School Meal Program Provide 2 meals and 2 snacks each day at school for Jean Marie Joseph School - 14 students	Yekooche First Nation
Youth Wellness and Empowerment Day Youth Wellness and Empowerment Day offers a unique blend of mental, physical, and cultural enrichment, featuring workshops, mentorship opportunities, and traditional activities aimed at fostering resilience, pride and community connection.	Daylu Dena Council
Embrace Traditional Wellness Program Vest, cape, cedar hats, rose, headbands, all clan feasts, monthly harvest, preparing cultural foods and family outings.	Gitanyow Human Services
Gitsegukla Learning Feast Knowledge Keepers, elders, Chiefs & Wing Chiefs teaching youth how host a Gitksan Feast.	Gitsegukla First Nation
How to Heal Trauma with Compassion and Curiosity – with Dr. Gabor Mate Session with Dr. Gabor mate focusing on healing trauma	Haisla First Nation
Heaps of Healing Sik-E-Dakh Health will host four dinners with unique themes amongst four targeted groups who will come together in the kitchen to prepare a hot meal, learn and share cooking skills and deliberate healthy strategies for parenting, grandparenting, uncling and auntying.	Sik E Dakh Health Society
Visiting Cultural Supports Laura Cook and Tom Smith will travel to community and see clients one on one for 4 days focusing on the intergenerational impact of residential schools and ongoing colonization requires continual healing and each victim of these crimes will have different healing modalities and providers that work for them.	XaaydaGa Dlaang Society

Tahltan Community Wellness Initiative Educational workshops and talking circles including topics such as Sex Ed for youth, Elder's safety, Diabetes, Intermittent fasting, Healthy eating, Physical activity, Mental and emotional health, Stress management, Spiritual health, Substance abuse, and Personal health and wellness, and will be facilitated by a First Nations registered nurse with a background in public health.	Tahltan Band Council

Appendix B: Metis Community Wellness Award Recipients

Metis Community Wellness Awards 2023/2024:

Project Name and Description	***Community***
Creating Traditional and Cultural Wellness Bringing people back to the traditional ways of smudging, participating in cultural events such as spoon playing classes, dancing, singing, and getting together for gatherings. By going back to our traditional ways we will be able to not only build cultural awareness but build mental, traditional, and cultural wellness	Dawson Creek
Cultivating and Creating a Safe Space by Catherine Ruddell This training will provide individuals and work teams with the tools and understandings they need in order to support meaningful relationships with organizations, communities, and families	Fort St. John
Community Wellness Food Hampers Provide healthy and wholesome food baskets for the holidays to the members of the community who are in need	Hudson Hope
Family Christmas Gathering Focusing on bringing together the community for social and cultural connection over the holiday season	Prince George
Metis Community Gathering Catered meal for families, Santa with gifts for children, family games, youth supporting and connecting with Elders with meal deliveries	Prince Rupert

Metis Cultural Miyooayaan Program There will be no cost for the participants of the workshops. This will be an opportunity for many Metis to experience Metis traditions that they may not have had the opportunity to try before. The activities can be taken individually or with a family.	Quesnel
Musical Meals TRMA would like to facilitate Metis music and food from regional talent for a community gathering where we will collaborate on elder supports	Tri Rivers
Community Wellness Program Providing health and cultural wellness in communities	Kelly Lake
Community Wellness Program Providing health and cultural wellness in communities	Moccasin Flats
Community Wellness Program Providing health and cultural wellness in communities	New Caledonia
Community Wellness Program Providing health and cultural wellness in communities	North West Metis Association

Appendix C: Current AHIP Grant Holders

Organization	***Program Name***	***Cycle Started***
Fort Nelson Aboriginal Friendship Centre	HIV/AIDS Awareness Program	2014-2016
Positive Living North: No kheyoh t'sih'en t'sehena Society	The Fire Pit: Culture and Healing for Holistic Health	2019-2022
Prince George Native Friendship Centre (PGNFC)	Holistic Counselling, Bi Cultural Healing Services, Prevention Workshops & Activities	2014-2016
Saik'uz First Nation	Traditional Health & Wellness Work 2019 - changed to Elder Connection	2014-2016

Wet'suwet'en First Nation	Youth Wellness Program	2014-2016
Dze L K'ant Friendship Centre Society	HIV Awareness Program	2014-2016
Dze L K'ant Friendship Centre Society	Mental Health Outreach Worker Program	2014-2016
Dze L K'ant Friendship Centre Society	Aboriginal/Métis Family Gathering	2019-2022
Friendship House Association of Prince Rupert	Mental Health Outreach	2014-2016
Friendship House Association of Prince Rupert	Aama Goot	2014-2016

BOARD ROLE AND GOVERNANCE OVERVIEW BRD 200

Introduction

The Board of Directors of Northern Health (the "Board") is responsible for the strategic direction of the organization and, through the President and Chief Executive Officer (the "CEO"), ensures that appropriate management processes are established to realize the strategic direction.

Principal Stakeholders

The Board is appointed by, and is responsible to, the Government of British Columbia through the Ministry of Health, pursuant to the BC *Health Authorities Act*, recognizing and considering the interests of all stakeholders, including:

- patients/residents/clients & family members
- employees
- medical staff
- public

Board Size

Keeping in mind governance effectiveness, considerations of diversity of background and expertise, along with open and effective dialogue, the Government has established that the Board will generally be composed of ten Directors[1].

Best Interest of Northern Health

Directors are expected to utilize their individual expertise and points of view to contribute to decision making that is in the best interest of Northern Health.

Director's Terms

1. Directors are appointed by the Minister of Health through an Order in Council for one-, two- or three-year terms[2].
2. The Chair of the Board is appointed by the Minister of Health through an Order in Council
3. Directors will normally be appointed for a maximum of six years. In order to achieve staggering of appointments, to avoid too many Directors leaving at the same time, terms may be for other lengths, and in extraordinary circumstances a request may be made to the Minister of Health through the Crown Agencies and Board Resourcing Office (CABRO) for an extension beyond the normal 6-year limit.
4. Director appointments may be rescinded by the Minister of Health, or on the recommendation of the Board Chair.

[1] This is the normal complement and can be more or fewer as circumstances warrant
[2] A Director's first term is usually a 1-year appointment. The final decision rests with the Minister of Health.

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Terms of Reference

1. Terms of reference for the Board Chair (Policy BRD120), the CEO (Policy BRD130), Directors (Policy BRD140), the Deputy Chair (Policy BRD150), the Corporate Secretary (BRD160) provide guidance on the role of Directors and the Board.
2. The Governance and Management Relations Committee (GMR) reviews the above noted terms of reference annually and proposes changes to the Board for approval as required.

Key Board Responsibilities

1. The Board, in conjunction with the Deputy Minister of Health, is responsible to hire the CEO to whom the management of the organization is delegated. (Policy BRD130)
2. The Board, through the GMR Committee, is responsible to ensure that both an annual performance evaluation is conducted for the CEO and that a CEO succession plan is in place in the event of an unexpected incapacity or unavailability of the CEO. (Policy BRD 400 & 435)
3. The Board is responsible to ensure that strategic planning processes are established and maintained, with particular attention to quality and budget management. The strategic plan will generally have a five-year horizon and is to be reviewed and/or updated annually. The Board participates in the review/update process, approves the strategic plan, and monitors progress. (Policy BRD420)
4. The Board maintains a continuing understanding of the material risks associated with the organization's objectives. The CEO and the management team are responsible to ensure that the Board and its committees are kept current on material risks.
5. The Board commits to maintaining open and clear communications with the medical staff in the interest of optimal patient care and service (Policy BRD170).The medical staff bylaws describe the accountability relationship of the medical staff to Northern Health and the advisory role of the NH Medical Advisory Committee to the Board and the CEO.
6. The Board is responsible to ensure a communications plan is established that provides pertinent and relevant information to the Government and other stakeholders. See Policy BRD220, which outlines process and spokespeople for Northern Health.

Board Committees

Board committees permit deeper examination of major areas for which the Board has governance responsibilities. The role of committees is to support the Board in handling its responsibilities. Board committees are not established to assume functions or responsibilities that properly rest with management or with the Board as a whole. Refer to Policy BRD300, which provides guidelines for Board committees.

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Task Forces

Task Forces are Board committees established for a defined period of time to undertake a specific task and are then disbanded. Refer to Policy BRD340, which provides guidelines for task forces.

Board Meetings and Agenda

1. The Board meets at least six times within the calendar year.
2. The Board may also meet at the call of the Board Chair or in his/her absence, the Deputy Chair or as provided for in the Bylaws. (Policy BRD600)
3. The GMR Committee develops the agenda for each Board meeting in consultation with the CEO and the Corporate Secretary.
4. Under normal circumstances, the agenda and meeting material will be distributed to Directors ten days[3] before the meeting.
5. It is normal Board practice for all agenda items to be considered at the appropriate committee meetings prior to being placed on the Board agenda. A Director or the CEO may, however, suggest urgent additions to the agenda through the Board Chair prior to adoption of the Board agenda. (Policy BRD530)
6. A consent agenda package will be provided with materials for the interest of the Board members for information only. This information will not be discussed during the Board meeting; however, there will be opportunity at the beginning of each Board meeting to review the consent agenda material and move items to the regular agenda for discussion.
7. Article 6.9 of the Board by-laws indicates that meetings will be conducted in accordance with Robert's Rules of Order. The Board will, however, normally conduct its business based on consensus unless Robert's Rules of Order become necessary.

Public Board Meetings

1. At the discretion of the Board, all or part of the Board meeting may be open to the public.
2. The Board may exclude the public from a meeting, or a portion of a meeting, in order to protect the interest of a person or the public interest, or if withholding information outweighs the desirability of public disclosure. (Policy BRD 220 & 600)

Board Meetings without Management

1. Practices that provide opportunity to build relationships, confidence and cohesion among Directors are essential to allow the Board to develop an understanding of its role. One such practice is a regular meeting of Directors without management present, usually at a predetermined time scheduled during the regular Board meeting time period.
2. Such meetings can be used to provide feedback about Board processes, including the adequacy and timeliness of information being provided to the Board. At times,

[3] Usually two weekends and the intervening work week prior to the Board meeting

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such meetings might also focus on substantive issues that may be more difficult for some Board members to discuss with management present. They can also provide opportunities for the Board Chair to discuss areas where the performance of the Directors could be strengthened.

3. It is important that these opportunities occur regularly, even if the meetings are short, so that they become a recognized and accepted governance practice. Any issues arising in these sessions that bear on the relationship between the Board and management should be communicated quickly and directly to the CEO by the Board Chair.

Non-Directors at Board Meetings

The Board appreciates the value of having management team members and other advisors or visitors present who can provide information and opinions to assist the Directors in their deliberations at Board meetings. The Ministry of Health may request/require the attendance of a Government representative at Board meetings. The Government representative is normally recommended by the Ministry of Health and/or the CEO and approved by the Board[4].

Board/Management Relations

1. Directors may direct general questions or concerns to the CEO, Board Chair, or to the Chair of the GMR Committee.
2. Directors must respect the organization's management structure. A Director has no authority to direct any staff member.

New Director Orientation and Continuing Director Development

1. The GMR Committee and the CEO share the responsibility to ensure that there is an orientation process for new Directors and that all Directors receive continuing education/development as required.
2. New Directors will be provided with an orientation and education program, which will include written information about the duties and obligations of Directors and the business and operations of the organization, documents from recent Board meetings and opportunities for meetings and discussion with the senior management of Northern Health.
3. The orientation program for each new Director will be tailored according to that Director's needs and areas of interest and depending on the Director's committee assignment and the HSDA in which they reside.
4. A continuing Director education plan is to be developed and approved by the Governance Management Committee and should be focused on relevant changes in the operating environment and critical and emerging issues impacting the health care system.

[4] This practice is inconsistent and varies over time.

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Assessing Board Performance

The GMR Committee is responsible for ensuring that there is a process for annually assessing the performance of the Board, its committees or individual Directors, and ensuring that the process includes an opportunity to identify how the performance of the Board or of Directors could be improved. (Policy BRD410)

Outside Advisors for Committees and Directors

Occasionally, a committee or a Director may need the services of a consultant or an advisor to assist with matters involving their responsibilities. A committee or Director wishing to engage an outside advisor at the expense of Northern Health must first obtain the authorization of the Board Chair or the Chair of the Committee, normally in consultation with the CEO.

Transparency

The Board will publish, on the Northern Health website, the following:

a. The name, appointment term, and a comprehensive biography for each Director

b. In compliance with Treasury Board Directive 2/240, section 4.6.2, the compensation paid to each director for the preceding year

c. The records of activities and decisions of the Board, including agendas, minutes and board policies

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COMMUNICATION POLICIES **BRD 220**

This document includes all Board policies that relate to communication:

1. Board Internal Communications
2. Media Relations Protocol
3. Board Meetings

1. BOARD INTERNAL COMMUNICATIONS POLICY

This policy provides a procedure for the Board of Directors of Northern Health (the "Board") to follow regarding communication of information to its members.

Communication to the Board will occur according to the following process:

Critical or Politically Sensitive Information

Information of this type is outside the bounds of normal Northern Health operations. Some of these items will be 'crisis-oriented' while others will generally be non-recurring in nature. This information will be communicated to Directors on an urgent basis:

a. Matters relating to the President & Chief Executive Officer (the "CEO") position that affect the entire region's operations (e.g. appointment, resignation)
b. Major service delivery crisis (e.g. service disruption, adverse event)
c. Matters relating to Directors (appointment, resignation)
d. Other issues deemed extraordinary by the Board Chair

On-going Major Regional Operations Issues Information

Information that updates Directors on Northern Health's major operational issues will be communicated, on an on-going basis, according to a structure and time frame of reporting agreed to by the Board in consultation with the staff.

Duties and Responsibilities

Other than information relating to the CEO position, which will be communicated by the Board Chair or designate if the Chair is absent, it is the CEO's responsibility to ensure that information is communicated to Directors in a timely manner.

Directors are requested and encouraged to bring to the attention of the Chair, CEO, and ~~Director of Communications~~Vice President Communications and Public Affairs issues of concern in a community about which they may have information.

Monitoring

The Governance and Management Relations Committee ("GMR" or "the Committee") will monitor the implementation and effectiveness of this policy~~,~~ and make recommendations to the Board for amendment as deemed necessary.

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2. MEDIA RELATIONS PROTOCOL

The media relations protocol governs how Board decisions are communicated to the public, comprising two sections:

a. Communication Roles and Responsibilities – Board Chair, Directors, CEO, Communications ~~Staff~~
b. Social Media

Communications Roles and Responsibilities

Board Chair:

The Board Chair is the primary spokesperson for the Board (BRD 120). It is appropriate for the Board Chair to speak on matters such as: governance issues (Board decisions, appointments/departures of Directors); CEO issues (recruitment); and political issues (reactions to government decisions, budgets, elections, appointments of Health Ministers). The Board Chair may also speak on behalf of the CEO if the CEO is unavailable. If the Board Chair is unavailable, the CEO may speak on the Chair's behalf; the Deputy-Chair or an alternate Board member can also be designated (BRD 130 & 150).

Directors:

While the Board Chair is the primary spokesperson for the Board, individual members of the Board may be called upon to speak on behalf of the Board in instances where the Board Chair is not available (e.g. at Northern Health events that feature the opening of a new facility) – BRD 140. On such occasions, it is appropriate for the Director present to speak on behalf of the Board according to the following general guidelines:

a. Always keep comments at a strategic level and where possible, use the opportunity to demonstrate alignment with Northern Health's mission, vision, values, and priorities
b. Abide by the guiding principles as stated above
c. Defer operational questions to the CEO or designate

When the need for a Director to speak is anticipated, Communications staff will provide support as required

CEO:

The CEO is the primary spokesperson for operational matters of Northern Health. This covers areas such as facility or service changes, staffing issues, crisis communication, labour action, Northern Health financial and management issues. The CEO may appoint a designate from the executive or senior management to speak on specific facility or program issues (BRD 130).

Communications ~~Staff~~:

The Communications Department is the main contact point for media~~,~~ and has primary authority to issue press releases on behalf of Northern Health. All media calls ~~should~~

will be directed to the Communications Department to help ensure a timely, accurate and coordinated response. Using this protocol as a guide, it is the responsibility of the Communications Department to direct the call to the appropriate spokesperson. Working in cooperation with the Communications Department, Northern Health staff shall endeavour to respond to media inquiries promptly.

If required, the Communications Department can also prepare support material such as key messages to be used by spokespeople in responding to specific issues.

Social Media

Directors' use of social media is appropriate; however Directors must be aware of the actual or potential effect of their comments or statements when they are recognised as Directors, regardless of whether the statements are made while acting personally or on behalf of Northern Health. Members of the public may be unable to distinguish the personal and fiduciary roles a Director holds, which can lead to an actual or apparent conflict of interest.

1. If participating in social media on behalf of Northern Health, prior approval and coordination must be arranged through the Northern Health Communications Department.
2. If participating in social media personally, Directors should:
    a. If identifying as a Northern Health Director, or discussing Northern Health interests, include a non-affiliation statement such as "The views expressed here are my own and do not necessarily reflect the views of Northern Health"
    b. Ensure confidentiality is not breached, by refraining from discussing patient personal information or other Northern Health confidential information.
    c. Avoid any activity that could bring Northern Health into disrepute, including defamation, discrimination, or harassment.
    d. Be respectful of copyright law
3. Directors are encouraged to participate in official Northern Health social media channels by commenting and sharing posts for the purpose of celebrating and sharing positive stories about Northern Health.

3. BOARD MEETINGS POLICY

The purpose at all Board meetings, whether public or in-camera, is to conduct the business of the Board. See BRD 600.

The Board is scheduled to meet six times a year. The frequency of meetings may be changed at any time at the discretion of the Board.

The schedule of Board Meetings will be available on the Northern Health website.

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Every scheduled meeting of the Board will, unless the Board otherwise determines, be a combination of an "open" session and an "in camera" session. Meetings will include consideration for Regional Hospital District engagement as well as community round-table sessions.

Where the Board has determined that all agenda items for a particular meeting are to be addressed in camera there will be no open session of the Board meeting.

Business conducted within Committees of the Board will be in camera, and not be open to the public (BRD 300).

Board and Committee meetings will begin with a land acknowledgement by the respective Chair, aligned with the distinctions-based approach of the Government of British Columbia, and supported by the Northern Health Land Acknowledgement Frequently Asked Questions document.

When a decision of the Board is required outside of the planned meeting schedule, the Executive Assistant to the CEO and Board of Directors will support arranging a task-specific meeting, in person or virtually, to enable discussion and decision-making. To facilitate open dialogue and transparency, the Board does not support a process for voting outside of a meeting.

Board Meeting Locations

The Board will endeavour to meet face-to-face whenever possible; however, meetings may occur virtually when required, as contemplated in the Organization and Procedure Bylaws (BRD 600).

When meeting face-to-face, the Board will normally schedule three meetings outside of Prince George in each calendar year - one meeting within each of the three Health Service Delivery Areas.

Due to the logistical issues of travel, accommodations, and appropriate meeting space, the Board will not normally hold its regular meetings in communities with a population under 4,000. Communities where the Board could hold its meetings include:

- Fort St. John
- Dawson Creek
- Fort Nelson
- Prince George
- Quesnel
- Vanderhoof
- Smithers
- Terrace
- Prince Rupert
- Kitimat

For exceptional issues, the Board may consider meeting in an individual community other than those listed above.

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Each Board meeting held outside of Prince George will be planned with emphasis on the opportunity for Board networking with community leaders. This will include extending an invitation to community leaders in the surrounding communities.

In-Camera Board Meeting

In order to protect the personal privacy of individuals, the business interests of individuals and companies, or the public interest, some items of business will not be addressed during the open Board session and will be addressed in an in-camera session of the Board. The Board will determine the items of business that will be conducted in-camera. The Board, in exercising its discretion to address certain items of business in camera, will use the *Freedom of Information and Protection of Privacy Act* (FIPPA) and the *Evidence Act* as guides. Similarly, communication of decisions taken by the Board in in-camera meetings will follow these statutes, but may be expanded to include explanatory or background material related to the decisions. (Policy BRD 600)

In preparing the agenda, the GMR Committee will recommend the items of business that should be addressed in camera. The recommendations of the GMR Committee will be circulated to the Directors approximately one week prior to the scheduled meeting. Any Directors who do not endorse the GMR Committee's recommendations will notify the Executive Assistant to the CEO & Board of Directors within three days of receipt of the proposed agenda for the consideration of the Board Chair in finalizing the Board meeting agenda.

At the beginning of the meeting the Board will, in-camera, pass a motion approving the in-camera agenda.

Open Board Meetings

Open Board sessions are meetings of the Board conducted in public at which the public may attend and observe the meeting. In addition to attendance in person at meetings, members of the public may also attend Board meetings at a distance according to the provisions outlined in Schedule A.

Any person wishing to attend open meetings of the Board is entitled to do so and is welcomed by the Board. Because of space limitations seating is available at the meeting on a first come first served basis, and to comply with fire and other regulations attendance may be restricted to a maximum number.

The agenda for the open session of the Board meeting will be available to the public on the Northern Health website seven (7) days in advance of the meeting. The full open session meeting package is posted on the Northern Health website the day of the meeting.

Open Board Meeting Procedures

The meeting will be held in accordance with the by-laws of Northern Health (BRD 600) and Roberts Rules of Order (BRD 200).

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Participation in the discussion of the Board, except as noted above, is limited to Directors, the CEO, and other management personnel or third parties who may be present at the invitation of the Board.

The Board vests in its Chair or presiding officer the authority to adjourn the meeting prior to the conclusion of Board business if, in the opinion of the Chair, reasonable decorum is not being observed.

The Board vests in its Chair or presiding officer authority to end discussion during the public meeting on any public meeting agenda item and refer the matter to the Board's in-camera meeting if in the opinion of the Chair the discussion is likely to breach the personal privacy of individuals, the business interests of individuals or companies, or the public interest as reflected in previous Board decisions for public or in-camera discussion (BRD 200).

Public Presentations

The Board wishes to consult with the public on the provision of health services. To do this, provision will be made for structured consultations within Health Service Delivery Areas, meetings with Regional Hospital Districts and representatives of municipal government, and through the provision of information on the delivery of health services. In addition to these means, the Board will provide time for public presentations within the agenda of its open meetings. While the Board seeks public consultation on health issues for communities, individuals with very specific concerns may be encouraged to contact Northern Health managers directly in the interest of a timely response.

The Board will schedule opportunities for the public to make presentations to the Board at each meeting. Time for these presentations will be scheduled at the will of the Board before, after or during the Board's regular meeting.

Requests to Address the Board

Persons or groups wishing to make presentations to the Board must submit their request in writing to the Executive Assistant to the CEO & Board of Directors via a "Request to Address the Board" form indicating the name of the presenter, the group/delegation they represent, the topic, and a brief summary of the presentation.

Instructions shall be posted on the Northern Health website.

The request and all supporting material must be received at least ten (10) business days in advance of the date of the meeting.

Given the limited number of presentations that the Board is able to hear, individuals or groups who have made presentations to the Board on a similar or related subject within the past year will be given lower priority than individuals or groups who have not yet had the opportunity to present to the Board.

The Chair may decline to hear any presentation, but will report the request for the presentation to the Board at its next meeting.

The Chair may permit an individual or delegation to make a presentation where the individual or delegation has not complied with the requirements of this policy.

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Public Presentation Procedures

The time allotted for each presentation is ten (10) minutes. The Chair may extend this time limit if the Board decides that an extension of time is necessary in order to permit the delegation to give a complete outline of its position.

The total time for all public presentations at a particular meeting will be limited to 45 minutes, including time for questions by the Board.

Presenters must be recognized by the Chair and must preface their presentation by an announcement of their name, address and group affiliation.

The Executive Assistant to the CEO & Board of Directors will advise all parties indicating an interest in making a presentation to the Board that presentations are heard in public meetings and that media, including TV cameras may be present.

The Chair will advise presenters that the Board is there to listen rather than to debate issues.

Questioning will be limited to Directors initially and should be restricted to obtaining clarification of the presentation. After Directors' questions have been dealt with, members of the Northern Health Executive are welcome to ask further clarification questions.

In those instances where errors of fact are presented it may be appropriate for these to be courteously corrected by the Board for the benefit of everyone in attendance.

When presenters voice severe personal problems, it is appropriate for the Chair and CEO to be empathetic. Although presenters may describe important deficiencies in the services provided by Northern Health or the conduct of its affairs, Directors will not respond beyond acknowledging the issue until they have had an opportunity to review background information from staff or review the results of any investigation of the concern raised.

The following considerations will guide the decision to grant a request to make a public presentation to the Northern Health Board:

1. The Board is the most appropriate audience for the topic and the presenter's intention is to address the Board rather than attempting to reach a broader audience with their issues through the Board public meeting.
2. Northern Health employees generally do not make presentations to the Board during the public presentations portion of the meeting unless requested to do so.
3. Physicians who wish to make a presentation to the Board will be asked to discuss their presentation topic with Medical Administration prior to requesting an opportunity to address the Board. If a discussion with Medical Administration has not occurred, the physician's presentation will not likely be approved to come forward as a public presentation to the Board. If a discussion has occurred, Medical Administration's

advice will be sought regarding whether the presentation is appropriate for a public forum or if a different arrangement needs to be made.

The Board Chair has the authority to terminate the presentation of an individual or group that does not adhere to the rules established.

The Board recognizes the great interest and commitment of many citizens to health and health services and recognizes that many different perspectives exist.

The Board Chair has the authority to maintain reasonable decorum at all meetings to enable differing views to be expressed and has the authority to request any individual who chooses not to observe reasonable decorum to leave the meeting.

As follow up to any presentations made to the Board:

1. The Board will review the presentations received, and will identify the key issues requiring further follow up by staff.
2. Staff will review the issues identified and provide the Board with the necessary background information.
3. If and when the Board deems it necessary, a full written response will be provided after the Board has obtained further information from staff.
4. Where a proper review of a situation by Staff will take more than two (2) weeks, a letter will be sent thanking the presenter and advising that further information is being sought before responding.
5. A copy of the responses sent to the presenters will be included in the subsequent Board meeting information package.

Regional Hospital District Engagement

The Board will provide an opportunity to meet separately with each Regional Hospital District Board on an annual basis. This meeting will normally be arranged when a Board meeting is held within or near the geographic jurisdiction of that Regional Hospital District.

The purpose of this meeting is to offer Regional Hospital Districts an opportunity to directly discuss health issues with the Board.

Meetings with a Regional Hospital District Board will normally be one hour in length. Format and duration may be changed at the discretion of the Chair.

Northern Health will ask an invited Regional Hospital District to provide topics of discussion in advance of a meeting. This will provide the Board and staff an opportunity to prepare background material to inform discussions.

The Board's meeting with Regional Hospital Districts will be closed to media and the public.

Community Round Table Session

The Board may invite community representatives to a round-table session, particularly when Board meetings are conducted outside of Prince George.

This meeting may:

1. Offer community partners an update on Northern Health services and initiatives in a given community and Health Service Delivery Area; and
2. Provide an opportunity for partners to ask questions with reference to local health issues.

Community partners may include Members of the Legislative Assembly of British Columbia, local government and Regional Hospital District representatives, local First Nations representatives, local health advocates, Chambers of Commerce, and other representatives as the Board deems appropriate.

Round table sessions will generally consist of a presentation by Northern Health followed by group table discussions focusing on topics relevant to the Health Service Delivery Area where the Board meeting is taking place. The table discussions may be facilitated by a senior executive member and may include at least one Board member at each table. This discussion will provide participants an opportunity to provide input and feedback to Northern Health.

The community round table session will be approximately 90 minutes in length and light refreshments will be provided to attendees. Format and duration may be changed at the discretion of the Chair.

The Board's community round table will be an invitation-only session. It will be closed to media. It is expected that participants will attend the session in the capacity in which they were invited rather than in other roles they may hold within the community.

Media Availability

As a significant employer and service provider in northern British Columbia, Northern Health's Board meetings are of particular interest to media outlets.

The Board Chair and CEO will provide reporters attending Board meetings with media availability ~~through a press conference at a scheduled time during the day of~~at the open Board meeting. This media availability will usually occur after the public presentations portion of the meeting and will provide reporters with an opportunity to receive updates from the Board and ask relevant questions. ~~If facilities permit, the press conference will also include teleconferencing availability for out of town media.~~

The Communications Department ~~will~~ may develop a news release following regular Board meetings with the approval of the Board Chair. As per the direction of the Board Chair, the Communications Department will also assist in arranging contact with regional media unable to attend a regular Board meeting following the meeting.

SCHEDULE A: Distance Access to Northern Health Board Meetings

Author(s): Governance & Management Relations Committee
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Northern Health is committed to providing region-wide public access to the Open and Public Presentation sessions of Board meetings.

The provision of distance access to Board meetings will be subject to limitations based on budget and technology infrastructure available in the Northern Health region.

Northern Health and the citizens of the Northern Health region will share in the responsibility of setting up this access efficiently and effectively. Access will be set up on an as-requested basis only.

Telecommunications Access to Northern Health Board Meetings

Using telecommunications technology, Northern Health will provide region-wide public access to the Open Board and Public Presentation sessions of Northern Health Board meetings if and as able depending on availability of the required technology.

a. This access will be provided in response to requests from the public for access.
b. The maximum number of sites that will be connected at any one Board meeting will be a total of three, by video-conference, telephone conference, or a combination of both. This number may be modified at the discretion of the Chair of the Board.
c. Northern Health will inform key stakeholders region-wide of the opportunity to attend the Open and Public Presentation sessions.
d. Northern Health will consider use of third-party video-conferencing capabilities if required but will not be responsible for addressing any compatibility issues impeding the use of third party equipment.

The Board Chair or designate will have the discretion to decide on the applicability of telecommunications access requests.

All by-laws, regulations, and standards of decorum for the Northern Health Board meetings will apply to remote locations linked by telecommunications equipment.

Procedure for Telecommunications Connection

Members of the public who are unable to attend a Northern Health Open Board and/or Public Presentation Session but would like to participate via telecommunications technology may request a link that is most appropriate to their location. Requests for telecommunication links must be forwarded to the Executive Assistant to the CEO & Board of Directors not less than fourteen (14) days prior to the meeting date.

a. Placing a request for a presentation via telecommunications link does not guarantee placement on the Public Presentation Session agenda.
b. Presenters will be informed of their position on the agenda as well as the logistics of their telecommunications link no later than five (5) days in advance of the Board meeting.

In the event of technical issues disrupting a telecommunications link, Northern Health will attempt to correct the problem immediately. If a solution cannot be identified, and the telecommunications glitch interrupts the delivery of a presentation, Northern Health will offer a suitable time for the presentation to be delivered at a future Board meeting.

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EXECUTIVE LIMITATIONS BRD 230

Purpose and Scope

1. This policy enables the Board of Directors of Northern Health (the "Board") to:
   a. Delegate signing authority to the President and Chief Executive Officer (the "CEO") for the approval of financial transactions within Board approved criteria
   b. Require internal controls to provide assurance that financial transactions are in compliance with Board approved policies and procedures

2. This policy applies to the financial signing authority of the Board and CEO of Northern Health ("NH")

3. This Policy should be read in conjunction with the Terms of Reference for the President and Chief Executive Officer (BRD 130)

Policy Statements and Principles

1. The Board has the general and overriding power to enter into all financial transactions that are binding for NH
2. The CEO shall not knowingly cause or allow any organizational practice to occur, which violates legislation, commonly accepted business standards, or professional ethics, and shall only consider formal business relationships[1] that are in the best interest of NH as an independent organization
3. The Board has access to the Northern Health business account with the Canada Revenue Agency. This access is limited to the Board Chair and the Deputy Chair, in alignment with their role authority assigned in the Northern Health banking policy.
4. The restrictions to spending authority for the CEO and other personnel who have been delegated authority and responsibility are outlined in Appendix 1
5. The Board may authorize the CEO to approve financial commitments or obligations that are not normally within the authority of the CEO
6. The intentional unbundling of items to reduce the spending threshold is not permitted
7. Financial transactions spread over more than one year shall be valued based on the total contractual commitment for the duration of the contract or commitment
8. Prior to approval, the CEO shall bring to the attention of the Board any financial transactions within the CEO's authority, regardless of value, that have a high risk factor,

[1] Such as a Service Level Agreement or Memorandum of Understanding or any other formal agreement that may indicate an expression of willingness and intent to cooperate for mutually beneficial purposes.

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involve any controversial matter, or that may bring the activities of NH under public scrutiny

9. The Board authorizes the CEO to set travel expense reimbursement rates for excluded employee expenses, including but not limited to travel costs, per diem meal claims and mileage. Limitations should be set in consideration of Ministry of Finance Policy 10.0 Travel[2]. The Audit and Finance Committee is to be provided, as information, the NH Travel Expense Reimbursement policy at minimum annually or when a revision has been made.
10. The CEO is not authorized to approve financial transactions where the CEO has a conflict of interest or where there are reasonable grounds to believe that there may be or may be seen to be a potential conflict of interest. The CEO must not approve a transaction that might confer a personal benefit. This includes expenditures such as all expense reimbursement claims, conference fees, educational expenses, travel expenses, advances, membership fees, items that could be used personally, and items that are intended to be located within an individual's home.
11. The Chief Financial Officer (the "CFO"), or the CFO's delegate, is authorized to approve financial transactions related to regulatory payments, utilities and payroll deductions without limit
12. The CFO will maintain a listing of all financial transactions greater than $1 million and will report annually to the Audit and Finance Committee of the Board

Designations

The CEO may designate limits of spending authority to the CFO, ~~Chief~~ Senior Operating Officers, Vice Presidents, and other senior management staff with specific areas of responsibility. A Signing Authority Policy[3] outlining any such designated spending authorities will be maintained.

[2] http://www.fin.gov.bc.ca/ocg/fmb/manuals/CPM/10_Travel.htm
[3] DST 4-4-2-030
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APPENDIX 1

Restrictions of Authority

The CEO and any other personnel to whom authority and responsibility has been delegated, are restricted as to signing authority for the following[4]:

1. Borrowing
   1.1. Subject to approval by the Minister of Health, the Board must authorize any borrowing of funds on behalf of NH

2. Real Property
   2.1. Subject to approval by the Ministry of Health, the Board must authorize any purchase of real property and/or the mortgage, sale, transfer or change to the use of real property owned or administered by NH

3. Capital Assets
   3.1. Capital assets identified in the Board approved Capital Plan may be purchased
   3.2. Where urgent, to maintain operational services, the CEO may authorize additional capital asset purchases up to a unit cost of $2,000,000.
      3.2.1. The CEO may consult with the Board Chair and if not available the Board Deputy Chair or Chair of the Audit and Finance Committee before proceeding with approval
      3.2.2. The CEO will report all such purchases, identify the source of funds, and provide the rationale for the purchases to the Audit & Finance Committee or the full Board at its next meeting, whichever comes first
   3.3. Subject to approval by the Minister of Health, capital leases for equipment used directly in the provision of health services (e.g. CT scanner) will be authorized by the Board. Capital Leases for non-patient care (e.g. photocopiers) do not require Minister of Health approval, but must be included in the Board approved Capital Plan for purchase to occur.

4. Operating Expenditures
   4.1. Routine operating expenditures within the Board approved Operating Budget may be authorized by the CEO or as designated in the Signing Authority Policy (DST 4-4-2-030)

[4] The terms of the *Health Authority Act* and the Health Authority Financial Management Policy Guidelines are considered part of this policy
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4.2. The CEO is authorized to sign financial transactions subject to:

4.2.1. The financial transaction not exceeding $20 million
4.2.2. The financial transaction is within Board approved operating budget; and
4.2.3. Compliance with any other applicable policies, procedures or instructions issued by the Board

4.3 Financial transactions in excess of $1 million that are not within the Board approved operating budget must be approved by the Board

4.4 In exceptional circumstances, financial transactions that are not within the Board approved operating budget but require urgent approval must be:

4.4.1 Reviewed, prior to approval, by the CFO;
4.4.2 Approved by the CEO.
a) The CEO must consult with the Board Chair and if not available the Deputy Chair or Chair of the Audit and Finance Committee before proceeding with approval; or
b) In the absence of the CEO, approved jointly by the Acting CEO and the CFO. The Acting CEO and CFO must consult with the Board Chair and if not available the Board Deputy Chair or Chair of the Audit and Finance Committee before proceeding with approval.
4.4.3 And in both instances reported to the Audit & Finance Committee or the full Board at its next scheduled meeting, whichever comes first

4.5 Operating leases in excess of $1,000,000 annually must be approved by the Board

4.6 Encumbrances on an individual Northern Health real property cumulatively in excess of $250,000 must be authorized by the Board

5 Compensation and Benefit Programs

5.1 The Board reserves the authority to approve:
5.1.1 The CEO's compensation
5.1.2 The annual compensation plan for non-contract staff and new benefits programs or material changes to existing programs for non-contract staff

5.2 The CEO:
5.2.1 Shall provide to the Board for approval an annual compensation plan that ensures that compensation and benefits for non-contract staff are consistent with the Health Employees Association of BC ("HEABC") compensation plans

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5.2.2 Shall provide to the Board an annual review to ensure compensation and benefits for non-contract staff are consistent with HEABC compensation plans for the skills employed

5.2.3 Shall not promise or imply lifelong employment to anyone

5.2.4 Shall not change his/her own compensation or benefits

6 Collective Agreements

6.1 Only the Board has the authority to ratify collective agreements.

7 Banking

7.1 The Board approves the appointment of the banking institution/s and the appointment of the signing officers for banking purposes[5]

8 External Auditor

8.1 The Board will appoint the external auditor

9 Non-Audit Services

9.1 The Board reserves the authority to approve all non-audit services to be undertaken by the external auditor (BRD 315)

10 Shared Services

10.1 The Board will authorize Northern Health to enter into shared services agreements

10.2 Agreements for shared services shall:

10.2.1 Work to balance the interests of NH with the interests of the overall health care system in British Columbia

10.2.2 Provide mutually beneficial opportunities to accomplish the goals set forth by each organization

10.2.3 Remain in effect until terminated in accordance with the terms of the agreement

10.3 The CEO shall put processes in place to ensure that:

10.3.1 The appropriate Memoranda of Understanding, Service Level Agreements and/or other documentation are in place that provide clarity regarding how business will be conducted between the shared services providers and NH

10.3.2 The agreements established with the shared services providers are in alignment with NH's mission, vision and values and Strategic Plan

10.3.3 The agreements established with the shared services providers are in compliance with NH's administrative and financial policies

[5] See Banking Policy 4-4-6-040

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10.3.4 The shared services providers understand how they will relate to NH's governance and management structure

10.3.5 Harmonious working relationships are maintained with shared services providers and effective problem solving and conflict resolution processes are in place to ensure continuity of operations

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FACILITY AND FUND NAMING POLICY **BRD 240**

POLICY

~~Northern Health may recognize outstanding and significant contributions to Northern Health, or Foundations and Auxiliaries affiliated with Northern Health, by naming or attaching the name of a person, company, society or other organization to a particular asset.~~

This policy establishes criteria for naming assets, an approval process, and the general terms and conditions surrounding naming opportunities. This policy must be used in accordance with the Government of British Columbia's Naming Privileges Policy (Appendix 2).

The naming of physical assets in recognition of financial or in-kind contributions must be submitted to the Intellectual Property Program by way of a Naming Opportunity Request Form (Appendix 3), regardless of the size of the asset.

Northern Health honours the commitment to truth and reconciliation, and recognizes the distinctions based approach required when engaging with a ~~and respects~~ local First Nations on whose traditional territories a physical asset is located. As part of broader consultation with a community and local governments, n~~N~~aming opportunities will consider use of local First Nations language and territorial acknowledgement. Facility replacement projects will engage in a new naming opportunity, in consultation with the First Nations who hold the traditional territory where the facility is situated as well as the relevant municipal government, regional district and regional hospital district.~~.~~

Northern Health may recognize outstanding and significant contributions to Northern Health, or Foundations and Auxiliaries affiliated with Northern Health, by naming or attaching the name of a person, company, society or other organization to a particular asset.

DEFINITIONS

First Nations: as territorial title and rights-holders, and the pre-existing sovereign societies that used and occupied lands and resources in British Columbia prior to contact, have their own laws, legal systems, and systems of governance that apply to those lands, resources, and territories.

Approving Agent: person(s) within Northern Health with the delegated level of authority to approve a naming request recommendation (see the Approval by Asset section)

Significant Contribution: may include a gift from a donor (financial or in-kind), sponsorship, or a distinctive achievement in furthering the mission and goals of Northern Health.

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PROCEDURE

1. **Initial Request**
   a) The Asset Naming Nomination Form (Appendix 1) is completed, and submitted to the appropriate ~~Health Service Delivery Area (HSDA) Chief~~Senior Operating Officer (S~~C~~OO).
   b) The ~~COO~~ SOO reviews with the VP Clinical Operations and forwards the request to the Chief Financial Officer (CFO), who is the Office of Record, as soon as possible.
   When the naming request is for a new or replacement facility, the Asset Naming Nomination Form is to be completed following consultation with the local ~~Indigenous~~First Nations community and relevant municipal government, regional district and regional hospital district.~~-~~
2. **Response to Request**
   a) The CFO consults with the President and Chief Executive Officer (CEO) to consider the appropriateness of the nomination.
      i. If not appropriate, the CFO, in consultation with the ~~COO~~SOO, and VP Clinical Operations if required, will notify the applicant.
      ii. If appropriate, the CFO and CEO will designate a Naming Committee Chair and convene a Naming Committee.
3. **Naming Committee**
   a) The formation, membership, and duties of the Naming Committee will vary depending on the class of the asset in question. Refer to the Naming Committee Decision Matrix for direction.
   b) The Naming Committee will abide by the Terms of Reference and evaluation criteria set out in this policy.
   c) The Naming Committee forwards their recommendation to the appropriate Approving Agent, as defined in the Naming Committee Decision Matrix.

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i. Depending on the class of asset, additional approvals may be required. Refer to the Naming Committee Decision Matrix for direction.

4. **Communication**

a) Publicity surrounding the naming of an asset, or the change or revocation of the naming of an asset will be handled by Northern Health's Communications Department in conjunction with provincial government, as necessary.

NAMING COMMITTEE – TERMS OF REFERENCE

1. **Standing members of the Naming Committee are:**
   - Vice President, Financial & Corporate Services/CFO
   - Vice President, Indigenous Health, Chief Planning and Quality Officer
   - ~~COO~~ SOO of applicable HSDA in which asset resides and/or VP Clinical Operations
   - ~~Regional~~ Executivel Director, Capital Planning, Facilities Operations & Logistics ~~and Support Services~~
   - ~~Regional Director, Business Development~~
   - Vice President, Communications and Public Affairs
   - Ad hoc members will be appointed to the Naming Committee as set out under the Approval by Asset Section of this policy.
   - Naming Committee Chair: Selected by committee members or appointed by CEO
   -

2. **Duties and Obligations:**
   - Assess naming opportunities submitted to the Naming Committee abiding by the established evaluation criteria;
   - Make recommendations with respect to pricing, term and any other material conditions that should be tied to the naming right, using the guidelines set out in this policy.
     - For proposals with no financial or in-kind consideration attached, the Naming Committee will determine whether the applicable asset has a high potential for donation and if the naming right to the asset should therefore be reserved for financial or in-kind donor recognition.
     - In this situation, the Naming Committee will recommend to the CEO that the proposal be declined and the CEO will respond accordingly.
     -
   - Ensure consultation takes place with the First Nations with traditional territory rights, the broader ~~the~~ community and within the organisation that is commensurate to the physical asset being considered. ~~individuals~~
   - ~~(e.g. First Nations with traditional territory rights, NH staff/physicians) most closely associated with the applicable asset.~~ The Naming Committee may wish to include the site manager and/or medical leader (or most senior level manager/medical leader responsible for the applicable asset/program) in the evaluation/approval process.

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- Notify the approving agent (as identified in the Approval by Asset Section) of any reason for deviating from the guidelines set out in this policy respecting pricing and/or term.
- Endeavour, to the extent reasonably practicable, to balance its responsibility to maintain transparent processes and provide full disclosure to the public, with its responsibility to maintain confidentiality regarding third party interests.
- Reach agreement, and recommend approval or denial of a naming right to the appropriate approving agent.

3. Evaluation Criteria (Applicable to all Naming Requests):

1. The naming of any asset must be compatible with NH's goals, mission, vision and values and commitments to Truth and Reconciliation as articulated in NH's Strategic Plan ~~and Truth and Reconciliation: Calls to Action~~.
2. No naming opportunity should be approved if it:
   a. May be inconsistent with Northern Health's legal obligations
   b. Is likely to result in an employee of a public sector body or an elected official receiving any benefit or personal gain
   c. Is likely to have a negative impact on the image or reputation of or damage public respect for NH or any of its affiliated Foundations and Auxiliaries.
   d. Conveys a message that might be deemed to be prejudicial to race, religion, gender, or sexual orientation, or cause offence to a community group.
   e. Is likely to be associated with an unhealthy lifestyle (e.g. alcohol or tobacco usage, obesity etc.)
   f. Implies endorsement of a partisan political, ideological or religious position. This includes use of the name of an elected official currently in office but does not preclude use of the name of an individual who has previously held public office.
   g. Implies endorsement of a specific commercial product. This does not preclude using the name of an individual or company that manufactures or distributes commercial products.
3. Naming associated with a particular facility or endowment will not preclude further naming within the facility, program or clinical area.
4. Naming opportunities supported by financial or in-kind gifts may be named after the donor or a third party at the request of the donor.
5. Except where the naming opportunity pertains to the recognition of distinguished service, donations must represent a significant portion of the cost of the facility or activity to be named and/or be critical for the completion of such facility or activity.
6. Where a naming request proposes to honour distinguished service of Board members, staff or physicians, it is recommended that at least three years has passed after the nominee has ended their service with Northern Health or an affiliated Foundation or Auxiliary.
7. Any revenue generated from a naming opportunity that is obtained through a capital campaign organized by a Foundation or Auxiliary affiliated with Northern Health or

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submitted to the Naming Committee by a Foundation or Auxiliary affiliated with Northern Health will be retained by such Foundation or Auxiliary and used in accordance with the donor's wishes. Final determination of any naming, however, remains with Northern Health. In all other cases, the Naming Committee will make a recommendation as to how revenue should be distributed (including, in the case of Northern Health, which department will receive all or any portion of the proceeds) provided that the donor's wishes will be honoured to the greatest extent possible.

8. When naming recognition has been extended for a gift received, it will be honoured in accordance with the agreement that is made with the donor. In the event of a change in circumstances that would preclude honouring of the donor's wishes, NH reserves the right to determine the form of name recognition in consultation with the donor, or donor's agent, when possible.
9. Where a naming request proposes to honour an individual, it is recommended that the Naming Committee obtain some form of documentation verifying that the person being honoured is in agreement with the proposal, or by a legal representative should the individual be deceased.
10. ~~10.~~ When the proposed naming of an entire facility would recognize an individual, the complete name of the individual will be used. The surname of the individual so honoured may be used in referring informally to the facility and may be used on a name plaque affixed to the facility.
10.
11. ~~11.~~ For Class I naming requests, community consultation should be considered, including but not limited to: First Nations with traditional territory rights, the relevant municipal government, regional district and regional hospital, ~~First Nations communities, local government and~~ provincial political leaders, local support societies and advocacy groups.
11.

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4. Additional Criteria for Distinguished Service Nominations (Without Financial Consideration)

In addition to consideration of criteria set out in the Evaluation Criteria section, the Naming Committee shall use the following criteria to evaluate proposals in recognition of distinguished service:

1. A distinguished service nominee shall have made an extraordinary contribution in terms of a professional or public service nature over a considerable length of time. The contribution must be well documented and broadly acknowledged within the community in which the applicable asset resides. Specifically, the nominee will have achieved distinction in one or more of the following:
   a. While serving the organization in a professional capacity, the individual has demonstrated high professional distinction and/or has earned national or international recognition;

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b. While serving the organization in an important administrative capacity, the individual has rendered distinguished service which warrants recognition of the individual's exceptional contributions to the welfare of the organization; or
c. The individual has contributed in truly exceptional ways to the welfare of the organization or community in which the applicable asset resides, or has achieved such distinction as to warrant recognition.

2. How the nominee's contribution relates to Northern Health's mission, vision, values and strategic plan.
3. How naming the asset in honour of the nominee will reflect the history, purpose and diversity of the organization.
4. Whether the contribution of the nominee is likely to be recognized two or three decades into the future.
5. The relationship of the applicable asset to the nominee.

5. Internal Naming Requests

1. Northern Health may wish to name its own assets, by way of an executive choice, or a request from a staff member or physician.
2. All applicable evaluation criteria in sections 3 and 4 should be considered in the naming process.
3. Where the naming request is a tribute to a geographical feature of the region (e.g. a river or lake), the Office of Record will be consulted and will maintain a listing of named assets to minimize duplication in naming across multiple facilities.

6. Process to Revoke or Change a Naming Right

A naming right may be revoked or changed at any time by the applicable approving agent upon recommendation of the Naming Committee. Any recommendation put forward by the Naming Committee must provide the applicable approving agent with the following information:

a. Description of the naming right involved, including the value of the naming right and the name of the donor.
b. Reasons for recommending the revocation of the naming right.
c. Names of those members of the Naming Committee who do not support revocation of the naming right and reasons for dissent.
d. Financial impact, if any.

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NAMING COMMITTEE DECISION MATRIX						
Asset	**Class I**	**Class II**	**Class III**	**Class IV**	**Class V**	**Class VI**
Classification	External Facility (e.g. building, road, park)	Internal Facility (e.g. floor, wing, laboratory)	Program (e.g. clinical unit, health/wellness program, room, lounge)	Equipment	Research/ Academic Position	Tribute Marker (e.g. plaque, medallion, other marker usually associated with feature such as tree, bench or small monument)
Ad Hoc Members **(additional to standing members)**	• ~~Health Services Administrator (HSA)~~ and Medical Leader for the community where the applicable external facility resides • • Representative from the local First Nations on whose traditional territory the new facility is situated • Senior representatives from municipal governments, regional districts and regional hospital districts representing the community where the applicable external facility resides • Senior representative from the Foundation representing the community where the applicable external facility resides		• If applicable, the manager responsible for the program itself or for the clinical area managing the program • If the program is site-specific, the HSA for the site and a senior representative of the Foundation connected to the site	• HSA for the site where the equipment will be used • If applicable, the manager responsible for the clinical area utilizing the equipment, and • A senior representative of the Foundation for the site where the equipment will be used	N/A	N/A

Pricing	The Naming Committee will assess the value of a naming right in accordance with current capital and operating costs of the applicable asset, and/or other factors pertinent to the asset.					
Financial or in-kind Contribution	Prior to submitting recommendation for GMR and Board approval: For naming opportunities for all classes of asset that are accompanied by a financial or in-kind contribution, complete the "Naming Request Form" appended to the Government of British Columbia Naming Privileges Policy (Appendix 3) and submit to the applicable government Ministry.					
Term	A defined period of time (normally not to exceed 35 years) or the life of the structure, whichever occurs first	A defined period of time (normally not to exceed 20 years) or the earlier of the life of the internal facility or the life of the building housing the internal facility, whichever occurs first	A defined period of time (normally not to exceed 10 years) or commensurate with funding support for the room, lounge or the length of the program, whichever occurs first	The length of the equipment's useful life	A period of time commensurate with funding support	Negotiable

Approving Agent	Northern Health Board, upon recommendation of the CEO and GMR Committee The CEO will consult with, and receive the recommendation of, the Naming Committee prior to submitting a final recommendation to the GMR Committee and the Board. Before submitting a name for approval to the Board, preliminary discussions should be held with the provincial government to ensure there will be no government barrier to approval.	CEO or ~~CEO~~VP Clinical Operations, upon recommendation of the Naming Committee	S~~C~~OO responsible for the site(s) or clinical area(s) where the equipment will be used, upon recommendation of the Naming Committee	The Naming Committee will delegate the naming of a tribute marker to the appropriate ~~Chief Operating Officer~~SOO

Additional Provincial Government Approval	Where the proposed naming of an entire facility, or significant portion thereof, is to receive Board approval, additional consultation with the provincial government is required to ensure compliance with government policy. Refer to "Government of British Columbia Naming Privileges Policy" (Appendix 2.) In some cases, further approval from Cabinet may be required. ~~Prior to submitting recommendation for GMR and Board approval: For naming opportunities for all classes of asset that are accompanied by a financial or in-kind contribution, complete the "Naming Request Form" appended to the Government of British Columbia Naming Privileges Policy and submit to the applicable government Ministry.~~ ~~2.~~ An additional step is required for Class I (entire facility) assets. Upon confirmation that the responsible government Ministry requires no further approval, further application must be made as follows: Hospital: This type of facility is designated under the *Hospital Act* by way of a Ministerial Order. Any change to an existing facility name requires the Ministry of Health to rescind the original designation and re-designate the facility with the new name.				

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	Residential Care Facility: This type of facility falls under the *Community Care & Assisted Living Act*. The facility is licensed by the Health Authority (therefore a Ministerial Order is not issued by government); the name of the facility is designated by way of the Health Authority's licensing process. As a courtesy, the Ministry of Health should be consulted during the naming process, prior to the facility being licensed. Upon consultation with the appropriate provincial government bodies, proceed with GMR recommendation/Board approval process.				

APPENDIX 1

ASSET NAMING NOMINATION FORM

**Format: Electronic fillable form linked above & Regular form attached next page*

APPENDIX 2

Government of British Columbia "Naming Privileges Policy"

APPENDIX 3

Government of British Columbia "Naming Request Form"

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Asset Naming Nomination Form

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Name of donor or sponsoring entity	**Contact information**	
Proposed asset to be named	**Proposed name**	**Proposed term of naming right**

For proposed name honouring an individual (if applicable)

Full name	Date of birth	Date of death (if applicable)	Occupation (or former occupation)	Length of service to Northern Health

Consideration for naming opportunity (if applicable)

☐ Financial ☐ In-kind (describe) ☐ Distinguished service (no financial or in-kind gift) ☐ Other (describe)

For nomination honouring distinguished service:
Have at least 3 years elapsed since the individual last worked with Northern Health? ☐ Yes ☐ No

Association of proposed name to the asset being named

Association with and main contribution(s) to Northern Health and/or local community

Background and/or biographical information demonstrating significance of proposed name to the community

Optional: **Other reason(s) for proposed name** (to reasonably assist the committee's deliberations)

Source(s) of above information

Completed nomination form is to be submitted to Northern Health's COO responsible for community in which the application asset resides.

10-300-7052 (LC - Appr. - 06/16)

Issuing Authority: Northern Health Board

Date Issued (I), REVISED (R), reviewed (r): June 11, 2023 (r)

CORPORATE CONDUCT BRD 260

Introduction

The Board of Directors of Northern Health (the "Board") is committed to exemplary standards of corporate conduct, which will inform and guide organizational behaviour and standards of practice. It holds that only by a consistent focus on this goal, and through consistent modelling of expected behaviour by the Board and management, can the organization earn and maintain the trust of those whom it serves.

The Board is obliged to ensure that Northern Health establishes and maintains standards of conduct that all personnel are expected to follow, approved by the Public Sector Employers' Council.

To this end the Board must establish clear policy objectives for its own conduct (BRD 210), and must also ensure that management, through the President and Chief Executive Officer (the "CEO"), develops, implements and enforces practical, well defined policy for the organization as a whole so that individuals may have clear direction in the discharge of their individual roles and understand their own personal obligation to report known or suspected violations.

Policy Scope

Management shall ensure policies are developed for standards of conduct and other corporate issues[1] as deemed prudent and reasonable:

- Ethical behaviour
- Confidentiality
- Conflict of interest
- Respect in the workplace
- Theft, fraud, corruption, and non-compliance
- Whistleblower or safe reporting

Compliance

The Board expects that management will:

1. Ensure that specific standards are established and clearly communicated to all staff members, and that any updates are communicated to those affected on a timely basis.

[1] Not an exhaustive list but representative of the areas for which policy shall be created and promulgated.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 11, 2023 (R)

2. Inform all staff members as to where they can obtain information needed to interpret these standards in relation to their individual circumstances.

3. Make it clear that compliance with the approved standards is considered to be a condition of continued association with Northern Health.

4. Maintain established internal and management controls designed to prevent or detect failures to apply corporate standards.

5. Ensure that reports of non-compliance are regarded, except as otherwise dictated by legislation, as confidential and that no penalties are imposed on those reporting alleged violations in good faith.

6. Lead by example and consistently exhibit high standards of personal conduct in dealing with staff and others with whom they may be in contact in the discharge of their duties.

7. Deal with known and proven breaches in an appropriate manner including discipline up to and including discharge where justified.

8. Provide regular reporting regarding the application of this policy to the Governance and Management Relations Committee in accordance with the Committee's work plan.

These guidelines are not intended to abridge statutory rights, rights conferred by a collective agreement, or the obligations arising from a professional designation. The purpose is solely to promote an enterprise-wide commitment to standards of personal conduct that earns Northern Health a reputation for integrity.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 11, 2023 (R)

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BOARD BRIEFING NOTE

Date:	May 30, 2024	
Topic	Energy and Environmental Sustainability (E&ES) Portfolio	
Purpose:	☒ **Discussion**	☐ **Decision**
Prepared for:	Northern Health Board of Directors	
Prepared by:	Rose St Pierre, Manager, Energy & Environmental Sustainability	
Reviewed by:	Dean Gagnon, Director, Facilities Maintenance, Energy & Environmental Sustainability Michael Hoefer, Executive Director, Capital Planning, Facilities Operations & Logistics Ciro Panessa, President & CEO	

Issue

Annually, the Northern Health Board receives Northern Health's (NH) Energy and Environmental Sustainability (E&ES) Portfolio Briefing Note for information.

Background

NH's energy initiatives, described more fully in the Strategic Energy Management Plan (SEMP), encompass a series of actions designed to produce long term, sustainable reductions in our overall energy consumption. These efforts are led by the E&ES team with the support of Facilities Maintenance, Capital Planning & Support Services.

NH's work towards E&ES align with the *Climate Change Accountability Act* which includes legislated targets for reducing greenhouse gases, a climate change accountability framework, and requirements for the provincial public sector.

The following provides highlights of the 2023/24 fiscal year (F2024) and plans for the 2024/25 fiscal year (F2025).

Market Considerations

In F2024, NH experienced the following influences on gas and electricity costs:

Natural Gas Price Increases: Volatility in natural gas prices eased over F2024, however transport and delivery costs continue to escalate year over year at around 2 – 5%. Carbon tax increased 23% on April 1, 2024 to $3.9859/GJ.

Mild winter in F2024: The average heating degree days across our region were the lowest we've experienced in 36 years, resulting in lower heating demand costs.

Inflation Pressures: Overall cost of living in BC and Canada continued to rise in 2023. Increased costs of executing many of in-progress and planned energy projects had cascading impacts on overall project scopes and schedules – less scope, longer scheduling.

Supply Chain: Lasting supply chain issues stemming from the pandemic bled into 2022. Lead times for capital equipment was often much longer than in years prior. Executing capital projects was often driven by types of equipment available and timeline for delivery.

Energy Efficiency, Energy Reduction, and the Effect on Carbon Costs

Carbon Offsets Reporting: NH continues to be carbon neutral through the purchase of carbon offsets as per provincial legislation. The price is $25/tonne of CO_2 equivalents (tCO_2e), which for natural gas works out to $1.25/GJ. All government entities are required to self-certify the data submitted through a declaration by a Designated Representative.

For the 2023 calendar year, NH will purchase 22,435 tonnes of carbon offsets at a cost of $560,875 (plus GST) – a 2.4% increase from 2021. Contributions to this increase include weather and new construction, though increases are mitigated by increased capital investment in carbon reduction projects, and changes to BC's utility emission factors.

Carbon Tax: BC's F2025 carbon tax rate is $80/$tCO_2e$, which for natural gas works out to $3.9859/GJ. The carbon tax is collected by the utilities on behalf of the Province on each invoice. The F2025 combined cost of carbon (tax plus offsets) on natural gas is $5.24/ GJ, or $105/$tCO_2e$.

Climate Change Accountability Report (CCAR): As in previous years, NH will submit a report to the Climate Action Secretariat on our actions toward reducing our carbon footprint. This report highlights work identified in this Briefing Note. The report is signed by NH CEO and is posted on the BC Government website along with reports from other PSOs.

Carbon Neutral Capital Program (CNCP): The CNCP program provides capital funds to help implement projects to reduce our carbon footprint. NH's F2024 CNCP allocation was $1.96 million. The F2024 projects were complimented with a 40% funding contribution from the Regional Hospital Districts. Below is a summary of the F2024 and F2025 CNCP projects.

Table 1. F2024 CNCP Projects

Site	Project	Budget	Carbon Savings (tCO_2e/yr)	% Site Carbon Reduction
UHNBC	Energy efficient preheat of domestic hot water	$682,700	Deferred to next phase	
Gateway Lodge	Chiller upgrade and recommissioning	$748,400	248	52%
Prince Rupert Regional Hospital	Boiler and controls upgrades	$935,900	112	13%
	F2024 Total	**3,587,509**	**360**	**1.6%***

*Compared to 2022 reported portfolio emissions

Table 2. F2025 CNCP Projects

Site	Project	Budget	Carbon Savings (tCO_2e/yr)	% Site Carbon Reduction
Alward Place	Boiler upgrade	$325,300	10	3%
Bulkley Lodge	Cooling and radiant boiler upgrade	$748,400	165	48%
The Pines	Cooling and domestic hot water upgrade	$484,000	42	29%
St John Hospital	Domestic hot water upgrade	$471,200	49	7%
Bulkley Valley District Hospital	Heat recovery and cooling	$700,000 (est)	133	22%
Rotary Manor	Boiler upgrade	TBD	TBD	TBD
	F2025 Total	**Max $3.3M**	**399 +TBD**	**2%***

*Compared to average of 2023 reported emissions

NH Energy Management: Currently the E&ES portfolio is managed under the Director of Facilities Maintenance, Energy & Environmental Sustainability. BC Hydro partially funds the Energy Manager and FortisBC partially funds the Energy Specialist under this portfolio.

Existing Building Recommissioning & Optimization: The E&ES team has had great success with recommissioning our existing buildings through support of BC Hydro and FortisBC programs. A few highlights are summarized here:

Site	Year completed	Investment	Energy Savings	Payback
CGH	F2023	$23,350	11%	4 years
DPL	F2023	$23,400	8%	< 2 years
GTW	F2025	$60,700	36%	< 1 year

CleanBC Projects: NH is currently completing phase 2 of 3 of the Prince Rupert Regional CleanBC project (with a $200,000 CleanBC incentive) at Prince Rupert Regional Hospital. This project consists of optimizing the domestic hot water system (P1), low temperature condensing boilers (P2), and a heat pump (P3). The project is estimated to reduce carbon emissions at PRRH 46% and save the site $140,000/year in energy costs.

All new construction projects are participating in CleanBC new construction offers.

Utility Incentives: With the sustained increase in CNCP funding, NH continues to implement a number of energy projects that attract incentives from BC Hydro, FortisBC, and Pacific Northern Gas. Approximately $370,000 in incentives were earned in F2024 with another $740,000 expected for F2025.

Provincial Environmental Technical Team (PETT): NH participates on a provincial health authority environmental committee reporting to the BC Health Authorities Service Delivery Steering Committee. Among the guiding principles going forward are climate change mitigation, adaptation, resiliency, and LEED Gold Buildings. This committee has standing representation from Provincial Health Services Authority Supply Chain, Ministry of Health, Climate Action Secretariat, BC Hydro, and FortisBC.

Environmental Sustainability

Provincial PPE Recycling Program: A provincially funded PPE Recycling Program was rolled out late F2024. Currently NH only has one site enrolled in this program (GR Baker) due to limited E&ES capacity.

Sustainable Procurement: Northern Health E&ES is working with PHSA Supply Chain/Procurement on strategies to better embed planetary health, sustainability and climate resilience in procurement and operations.

Employee Engagement: Northern Health continues to be involved in the BC Hydro and FortisBC Energy Wise Network (EWN). The EWN supports employee engagement campaigns that reduce energy consumption. The E&ES team also lead a Facilities Engagement with UHNBC physicians with the focus of planetary health initiatives.

Climate Adaptation and Preparedness: The E&ES team has been working with the Climate and Health portfolio under Population & Public Health on advancing work under the provincial Climate Preparedness and Adaptation Strategy (CPAS). Currently this work is at the strategic direction and stakeholder engagement phase. A few streams of work under the CPAS include the Climate Change and Vulnerability Adaptation Assessment and a 5-year Climate Change and Sustainability Roadmap.

Recommendation(s):

For information only.

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BOARD BRIEFING NOTE

Date:	May 31, 2024	
Topic	Climate Change Accountability Report – Executive Summary	
Purpose:	☒ **Discussion**	☐ **Decision**
Prepared for:	Northern Health Board of Directors	
Prepared by:	Rose St Pierre, Manager, Energy & Environmental Sustainability	
Reviewed by:	Dean Gagnon, Director, Facilities Maintenance, Energy & Environmental Sustainability Michael Hoefer, Executive Director, Capital Planning, Facilities Operations & Logistics Ciro Panessa, President & CEO	

Issue:

Annually, the Northern Health Board of Directors receives Northern Health's (NH) Climate Change Accountability Report (CCAR) executive summary for information.

Background

The Carbon Neutral Government program[1] requires public sector organizations (PSOs) to submit a CCAR, legislated under the *Climate Change Accountability Act*. The purpose of the CCAR is to provide an annual update on PSO progress towards carbon neutrality. The CCAR is due May 31, 2024. Due the GMR occurring after the deadline this year, review of the CCAR prior to submission has been limited to those included on the review of this briefing note.

2023 CCAR Overview

In 2023, NH emitted 20,985 tonnes of carbon dioxide equivalents (tCO_2e). To meet carbon neutrality obligations, $525,175 in carbon offsets were purchased. New work to support carbon emission reductions within NH includes optimizing and recommissioning existing buildings, upgrading older and inefficient heating and hot water equipment, and continuing to design new

[1] **Under B.C.'s Carbon Neutral Government (CNG) program all provincial public sector organizations (PSOs) must be carbon neutral. PSOs follow a five-step process to achieve carbon neutrality that include measurement, reduction, offsetting, reporting, and verification.**

construction projects to LEED Gold certification. In 2023, NH pursued three capital carbon reduction projects along with many more facility energy efficiency projects. Construction progressed to redevelop Mills Memorial Hospital in Terrace and Stuart Lake Hospital in Fort St. James. Both new hospitals will have lower emissions than the hospitals they are replacing and will achieve LEED Gold.

In addition to the above facilities improvements, the report highlights other work underway to help mitigate, and adapt to, the effects of climate change. Some examples include removing anesthetic gases from NH formularies that have significant greenhouse gas impacts and maximizing the use of the organisations electric fleet vehicle. Further sections in the report overview other important actions and progress such as maturing climate leadership and focused staff within the organization, gaining information from, informing, and sharing information relevant to climate and health in Northern BC, and the development of a “Northern Health organizational Climate Change and Sustainability Roadmap” that will provide a cohesive, long-term plan to guide NH in a cross-portfolio approach to climate change adaptation, mitigation, and sustainability efforts.

Recommendation(s):

For information only.

HEMBC/Northern Health Emergency Management 2023 in review

Date:	June 10, 2024	
Topic	HEMBC, North 2023 In Review	
Purpose:	☒ **Discussion**	☐ **Decision**
Prepared for:	Northern Health Board Governance and Management Relations Committee	
Prepared by:	Mary Charters – Director, HEMBC, North	
Reviewed by:	Steve Raper, VP Communications and Public Affairs Ciro Panessa, President & Chief Executive Officer	

Topic:

This report will summarize Health Emergency Management BC, North's (HEMBC) activities in emergency preparedness and response for Northern Health (NH) during 2023 within the context of NH staff education and training, seasonal preparedness, disaster response, and emergencies that impacted NH operations and healthcare services.

Background:

Presently, the HEMBC, North team is at full strength and is comprised of a director and 5 HEM Specialists (formerly known as 'Coordinators' prior to 2023 reclassification), each with individually assigned portfolios. The portfolios held by the Specialists include the Indigenous Liaison, Projects & Initiatives Specialist and 3 Health Authority Specialists dedicated to each of the Health Service Delivery Areas in NH.

HEMBC fundamentally holds the responsibility of supporting NH in all aspects of emergency preparedness and management in preparation for emergencies of any type and magnitude that may impact service delivery.

Services range from “information only” to a full-extended response. The HEMBC team supports NH’s leadership by offering response support and acts as a liaison for a multitude of external partners. Through a 24/7 on-call service, HEMBC is the initial contact for external partners and emergent event notification for all 3 HSDAs and regional programs in NH. HEMBC assists external partners to navigate the complex healthcare system to support interoperability and collaboration at all levels of emergency management.

HEMBC provides these supports and services through several mechanisms and strategies that include (see Addendum for full descriptions of each strategy):

- Risk Assessment and Mitigation
- Engagement and Leadership
- Planning
- Education and Training
- Exercises
- Response

HEMBC’s Service Activity Review*:*

- 2023 brought the successful reclassification of range 7 Coordinators to range 8 Specialists, supporting staff retention and recruitment of candidates with extensive experience in emergency management with higher levels of education and advanced skillsets.

- This year NH was the first BC health authority assessed by Accreditation Canada on the new standalone *Emergency and Disaster Preparedness* (EDP) standard. With direct support with evidence and process development by HEMBC, NH received a 100% score. As a continued result, the northern HEMBC team has been sought to counsel and help prepare other BC health authorities for their assessment on the EDP standard.

- HEMBC, North continues to provide a leadership role on the provincial *Code Silver – Active Attacker* guidelines and trainings, with over half of NH staff trained since its launch in October 2022. The Code Silver work in NH and HEMBC continues to highlight the north as a key leader on the topic with the HEMBC Director designated as the provincial lead. In November 2023, in-person trainings were delivered across the Interior Health Authority region by HEMBC, North to support the complexities the health authority was facing with the subject.

- HEMBC, in collaboration with Population and Public Health, have formalized the standing interdisciplinary “NH Seasonal Preparedness Task Group” with key deliverables including seasonal toolkits in relation to a primary hazard – heat, extreme cold, wildfire, and smoke – which are released prior to the corresponding season for an internal NH audience and external audiences.

- HEMBC and the NH Health and Resource Department continue to work together towards enhanced engagement and relationships with major Industry partners. Milestones of this work include the participation in 5 tabletop and functional exercises as a health representative.

- The new HEMBC Projects & Initiatives Specialist position has proven to be effective applying a project management approach that allows for enhanced coordination and metrics to meet the unique needs of NH.

- The NH Code Accountability Working Group reactivated to develop detailed frameworks to identify designations and shared responsibilities in relation to Hospital Emergency Code development, training implementation, and evaluation with adherence to Accreditation Canada Standards and internal NH driven standards.

- Successful implementation of “Emergency Management Committees” in each HSDA chaired by HEMBC and corresponding Senior Operations Officer to coordinate and monitor all emergency preparedness and management activities for all sites and programs under the HSDA portfolio.

2023 Northern Wildfire Response Summary:

The emergency management industry faced an unprecedented and protracted wildfire response season with an intensity that hasn’t been experienced in previous years. The provincial wildfire season began early May 2023 with the Teare Creek Wildfire in McBride, Tumbler Ridge (West Kiskatinaw River) wildfire resulting in a community-wide evacuation order and the closure of the Tumbler Ridge Diagnostic & Treatment Center, and interface wildfires in the northeast on the BC/AB border. Subsequent area Emergency Operation Centers (EOC) for Northern Health and several external partners were activated to coordinate response activities, with HEMBC providing situational awareness in a multitude of these EOC settings and providing advice and guidance for NH operations on the Incident Command System (ICS).

Due to reduced HEMBC North team capacity at the beginning of the wildfire response season, 2 consecutive deployments from the Lower Mainland were provided to support the “PREOC Liaison” role of HEMBC in the Provincial Regional Emergency Operations Center on behalf of health. This is a newly established role as a result of relationship-building between HEMBC, North and Emergency Management and Climate Readiness (EMCR) based on previous years’ experience with volatile and dynamic wildfire responses and immediate need for information impacting health sites and services. This position also provided liaison support for the First Nations Health Authority to free up their resources in order to provide in-field support to their communities.

Wildfire Response Successes:

- May 16, 2023, HEMBC, North team collaborated with NH Facilities Maintenance, HEMBC Provincial Coordination, and NH NE EOC on the deployment of non-electric

hospital beds to be staged in Prince George and Dawson Creek to receive potential evacuated long-term care and assisted living residents from northeast wildfires.

- August 19 – September 5, 2023, the HEMBC, North team provided deployments to support the Interior HEMBC team. HEMBC, North Director provided leadership and guidance as acting Director coverage for the Interior HEMBC team and representation in the IHA Executive EOC, 3 HEMBC, North Specialists were deployed to Central PREOC in Kamloops consecutively as PREOC Liaisons for Interior Health.

- While supporting the Interior in their wildfire response, the HEMBC, North team continued to simultaneously respond to emergencies and disasters in Northern Health and maintain situational awareness and monitoring of local events – including the high-profile gas explosion in Prince George in September 2023.

- The HEMBC, North HEM Indigenous Liaison provided psychosocial supports for the Interior Health HEMBC team during peak wildfire response in August. This was outside of the job description for this or any HEMBC position and was a result of the individuals' background in clinical counseling.

Overall Response Summary:

#	Type of Response	Description of Response
25	Situation Awareness	Situational alerts & information sharing
36	Situation Awareness & Monitoring	Situational alerts/monitoring and updates provided during an emergent event
9	Response Support & Monitoring	Support provided on the structure of NH's Emergency Operation Centre (EOC) and ongoing situational awareness for the duration of the event
3	Full Response Support	Support & participation in the design, modification and ongoing response functionality, liaison with internal/external partners and ongoing situational awareness
1	Extended Full Response Support	Support & participation in the design, modification and ongoing response functionality, liaison with internal/external partners and ongoing situational awareness

Processes:

- Inter/Intra Health Authority Relocation (IIHAR) processes and templates for long-term care and assisted living to support coordinated site evacuations, patient tracking and equipment continuity within Northern Health and to other BC health authorities.

HEMBC's Training Summary:

Type of Training/Exercise	# of Sessions	# of Staff
Site Emergency Code Completions/revisions (acute, LTC/AL, health unit, non-clinical)	23	121
Facility Exercises (tabletop, functional, etc)	49	406
After Action Reviews	2	
Code Silver online training (Oct 3, 2022 – April 26, 2023)		>4000
ICS/EOC Training – redeveloped for 2023	24	325
Code Silver Provincial Online Training Numbers (Oct 3, 2022 – April 26, 2023)		75,871
Other (Industry, IIHAR, external partners)	20	472

Provincial Collaborative Efforts:

- HEMBC, North remains as the designated lead of the provincial "Code Silver Operations Working Group" maintaining the development and socialization of the new *Code Silver – Active Attacker* in BC health authorities.

- A HEMBC, North representative holds a seat in the "Mass Casualty Incident (MCI) Working Group*"* - tasked with increasing the acute care health system's preparedness for MCIs by providing tools, resources, and recommendations to support best practice planning and response.

- Inter/Intra Health Authority Evacuation Working Group – representatives from each health authority to collectively review healthcare wildfire evacuations to develop standardized evacuation resources and guidelines.

- "Provincial Mortuary Working Group" – HEMBC maintains membership in weekly monitoring and reporting of mortuary capacity to identify needs and solutions.

- HEM Governance Review Working Group – HEMBC, North Director representing northern BC and HEMBC in a provincial review of health emergency management structures and organizations for a collaborative ideal future state.

HEMBC's Service Delivery - Operational Strategies for 2024:

- HEMBC, North continues to regularly liaise and collaborate with the Ministry of Health and the Emergency Management Unit on seasonal readiness actions at the provincial level to implement within the context of the northern region in relation to extreme heat, weather notifications and alert processes and readily available messaging and resources for healthcare staff and northern communities.

- Development and implementation of the *Northern Health Enterprise Emergency Response System* (project name pending final executive approval) – this project was proposed to NH executive leadership early 2024 with a central objective to minimize negative outcomes related to emergency management and disaster response by enhancing organizational capacity with enhanced Incident Command System/Emergency Operations Centre training for identified individuals within NH.

This is to contribute to a roster of staff who can provide relief support for those who regularly hold a function within an EOC for short term and protracted events who face risk of burnout.

- *Canadian Code Silver Network* – HEMBC, North is currently building a roster of provincial and territorial representatives who steward Code Silver in their regions to develop a network of subject matter experts to regularly meet and reflect on local incidents of this nature, share after actions and lessons-learned, and take away innovations in the field and best-practices to support their portfolios.

- Socialization and utilization of a designated *Psychosocial Safety Officer* position in the Incident Command System during emergency responses.

- As part of the PHSA *Business Operations Program Action Plan to Eliminate Indigenous-specific Racism,* HEMBC, North is leading the research and development of a HEMBC Indigenous Internship program to connect Indigenous adults with an interest in emergency management, with HEMBC for in-house training and experience with a mutualistic relationship that supports two-way teachings and knowledge sharing.

- HEMBC has an outstanding resource submission to the Ministry of Health for funding approval for an additional FTE Specialist with a designated Long-Term Care portfolio – inclusive of Assisted Living, Home Support, and privately contracted facilities – to support all emergency management activities inclusive of education, training, exercises, and ongoing direct support and engagement.

Recommendation

For Information.

Addendum

Health Authority Service Delivery Mechanisms and Strategies Summary:

- **Risk Assessment and Mitigation** - Hazard, Risk, and Vulnerability Assessments (HRVAs) and Business Impact Assessments (BIAs) gather information that supports decisions about mitigation and prevention activities and the development of emergency management and business continuity plans.

- **Engagement and Leadership** – engagement with NH at all service levels including Acute Care, Health Centers and Community Programs, Corporate programs, Clinical / Non-Clinical Support Services in order to provide planning support and consultation, delivering training, and exercises, and supporting response.

- **Planning** - Includes all aspects of emergency planning, including general / all hazards emergency plans, as well as code procedures, business continuity plans, response structures (e.g. Emergency Operations Centers (EOCs), Incident Command Posts (ICPs), etc.), and hazard specific plans.

- **Education and Training** - providing general staff education on emergency management basics and personal preparedness, as well as training on a variety of topics, including colour codes response procedures, the Incident Command System, and response structures (e.g. Emergency Operations Centers (EOCs), Incident Command Posts (ICPs), etc.).

- **Exercises** - This includes all ways that HEMBC validates/tests HEM plans and procedures. HEMBC will have tools and training available to support facilities and programs running their own exercises. HEMBC will provide expertise, consulting, and planning support as per a HA, facility, or program's HEM workplan. HEMBC will establish processes for recording the outcomes from exercises and ensuring lessons learned get factored into plans, training, and future exercises.

- **Response** - Response describes the way that HEMBC supports the response to emergency incidents. In general terms, the impacted facility or service/program must be prepared to respond to an incident. HEMBC will provide response management advice and support to the impacted facilities or programs, which may take a variety of forms. In some situations, HEMBC staff may directly support the response and attend an EOC in person or by phone (depending on what has been activated), and may also support the liaison function to external agencies (e.g. local governments, Emergency Management British Columbia), and support the flow of information to the Ministry of Health.