

AGENDA

February 10, 2020
College of New Caledonia
Room 007/008
545 Hwy 16 West, Burns Lake, BC

AGENDA ITEMS	Responsibility of...	Expected Outcome	Time (Approx.)	Page
1. Call to Order of Open Board Session	Chair Nyce		10:30am	
2. Chairs Opening Remarks	Chair Nyce			-
3. Conflict of Interest Declaration	Chair Nyce	Discussion		-
4. Approval of Agenda	Chair Nyce	Motion		1
5. Approval of Previous Minutes: December 2, 2019	Chair Nyce	Motion		3
6. Business Arising from Previous Minutes	Chair Nyce			-
7. CEO Report	C Ulrich	Information		9
7.1 Human Resources Report	D Williams	Information		13
8. Audit & Finance Committee				
8.1 Period 9 Comments & Financial Statement	M De Croos	Motion		21
8.2 Capital Expenditure Plan Update	M De Croos	Motion		23
9. Performance, Planning & Priorities Committee				
9.1 Strategic Priority: Our People				
9.1.1. Education and Development	F Bell	Information		29
9.2 Rehabilitation Strategy	K Gunn	Information		32
10. Presentation: Home Support Extended Hours	P Anguish	Information		-
Presenter: Lisa Cant, Manager – Community Services, Lakes District				
11. Governance & Management Relations Committee				
11.1 Policy Manual BRD 500 Series	C Ulrich	Motion		34
11.2 Regulatory Framework – Legislative Compliance	C Ulrich	Information		38
11.2.1. Declaration on the Rights of Indigenous Peoples Act – new BC Legislation				
11.3 Relationship with Foundations and Fundraising Societies	S Raper	Information		45
ADOURN			12:00pm	

<h2 style="text-align: center;">Public Motions</h2> <p style="text-align: center;"><i>Meeting Date: February 10, 2020</i></p>				
Agenda Item		Motion	Approved	Not Approved
3.	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?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Approval of Agenda	The Northern Health Board approves the February 10, 2020 public agenda as presented		
6.	Approval of Minutes	The Northern Health Board approves the December 2, 2019 public minutes as presented	<input type="checkbox"/>	<input type="checkbox"/>
8.1	Period 9 Comments & Financial Statement	The Northern Health Board receives the 2019-20 Period 9 financial update as presented.	<input type="checkbox"/>	<input type="checkbox"/>
8.2	Capital Expenditure Plan Update	The Northern Health Board receives the Period 9 update on the 2019-20 Capital Expenditure Plan.	<input type="checkbox"/>	<input type="checkbox"/>
11.1	Policy Manual BRD 500 Series	The Northern Health Board of Directors approves the BRD 500 Series.	<input type="checkbox"/>	<input type="checkbox"/>

Date: December 2, 2019

Board Meeting

Location: Prince George, BC

Chair:	Colleen Nyce	Recorder:	Desa Chipman
Board:	<ul style="list-style-type: none">• Stephanie Killam• Frank Everitt• Wilf Adam	<ul style="list-style-type: none">• Edward Stanford• Rosemary Landry• John Kurjata	
Regrets:	<ul style="list-style-type: none">• Patricia Sterritt		
Executive:	<ul style="list-style-type: none">• Cathy Ulrich• Fraser Bell• Mark De Croos• David Williams• Kelly Gunn	<ul style="list-style-type: none">• Penny Anguish• Dr. Ronald Chapman• Steve Raper• Kirsten Thomson• Danielle Guglielmucci	

Public Minutes

1. Call to Order Public Session

The Open Board session was called to order at 8:46am

2. Opening Remarks

Chair Nyce welcomed everyone to the meeting and acknowledged that the meeting is being held on the traditional territory of the Lheidli T'enneh.

3. 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 December 2, 2019 Public agenda.

4. Approval of Agenda

Moved by R Landry seconded by S Killam

The Northern Health Board approves the December 2, 2019 public agenda as presented

5. Approval of Board Minutes

Moved by F Everitt seconded by J Kurjata

The Northern Health Board approves the October 23, 2019 minutes as presented

6. Business arising from previous Minutes

There was no business arising out of the previous minutes

7. CEO Report

An overview of the CEO Report was provided for information and the following topics were highlighted:

- In November Northern Health Leaders and Staff had the opportunity to attend the following sessions held in Prince George:
 - Aging in Rural & Northern Regional Workshop: The workshop was organized by the Centre for Technology Adoption for Aging in the North in collaboration with Northern Health and UNBC. The workshop goals were to:
 - Prioritize the top 3-5 technologies/types of technology to focus on bringing to the region for immediate impact on health care delivery and/or aging in place in the north
 - Inspire participants about the opportunities with technology
 - Identify challenges and mitigation strategies for introduction, implementation, and sustainability of technology solutions in rural and northern communities.
 - Caring for Older Adults Symposium: The symposium was hosted by the BC Academic Science Network and Canadian Frailty Network.
 - The first day of the symposium was focused on:
 - Improving the quality of life of persons living with dementia and their caregivers with a focus on rural dementia care and Indigenous populations
 - Frailty: Tailoring care to need and vulnerability
 - AVOID – Activity, Vaccination, Optimize meds, Interact, Diet & Nutrition
 - The second day provided the opportunity to participate in workshops focused on healthy aging, AVOID, Risk – Awareness, Acceptance and Amelioration, and a session led by Isobel Mackenzie, Seniors Advocate entitled “Reality and Promise in BC”
- First Nations Health Council: the North Region Caucus hosted their Regional Health Assembly in Prince George on November 12 -14. As part of the Caucus the First Nations Health Authority hosted a celebration and acknowledgement banquet which celebrated and honoured First Nations students from the Northern Region that have participated in FNHA Regional Training over the last two years. Students from each training program shared their learning experiences and the difference this training and education has made in their lives.
- Adult Day Program and Respite Services: Northern Health is expanding adult day program services in a number of communities. New Adult Day program services have been established in Mackenzie and McBride. The program in Mackenzie is well integrated into the Long Term Care service within the hospital and offers extended hours service. In the Robson Valley, an Adult Day Program was started on November 1, 2019. This program has been integrated into the Long Term Care service at the McBride Hospital and is available to families three days a week. The program provides respite for caregivers up to 10 hours a day.
- Downtown Prince George Health Services: work is continue to implement the recommendations outlined in the Downtown Health Service Review. Actions underway were outlined in detail in the presentation.

7.1. Human Resources Report

An overview of the Human Resources report was provided for information and discussion. The following areas were highlighted:

- The Travel Nurse Program is a collaborative effort between Northern Health and the BC Nurses' Union which strives to provide innovative solutions to serve rural and remote communities and provide opportunities to nurses to expand their scope by discovering new experiences in nursing. The Travel Nurse Program has been in place approximately 1.5

- years, fully operational for approximately 1 year and provides travel nursing opportunities in Prince Rupert, Hazelton, McBride, Fort St. John and Dawson Creek.
- Grow Our Own is an expansive program which targets grade 10-12 students within northern BC to increase awareness and engagement in health care career options. This program is in alignment with the recruitment philosophy 'In the north, for the north' and seeks to engage the next potential generation of medical professionals in northern BC.
 - In the 2019-2020 school year, NH is planning to complete six events that support the Grow Our Own Program. These events will be a combination of the following:
 - In-school medical simulations: NH Recruiters in partnership with the UHNBC Clinical Simulation Lab will travel to high schools throughout northern BC to demonstrate medical procedures using medical simulation machines with support from local medical professionals.
 - Student career counselling sessions: NH is conducting focused on one-on-one career counselling sessions with high school students to provide information on careers to support students in clarifying details of any healthcare careers they may wish to pursue.
 - NH participated in the Northern BC Indigenous Youth Science and Health Camp at UNBC. The purpose of the camp was to introduce northern BC Indigenous youth to a post-secondary environment and encourage them to learn more about health and sciences, potentially inspiring them to pursue health and science-related education and careers.
 - NH worked collaboratively with HEABC Recruitment Solutions in the development in the marketing and recruitment campaign known as Choose2Care. This initiative features the Choose2Care website which provides a central repository of information for those considering a career as a Health Care Assistant. Choose2Care.ca is being supported by a provincial advertising campaign, which includes both digital and offline (print, radio, billboards, pamphlets) media. Advertisements are currently running on transit and in community print and digital media across the province. Other digital advertising includes Facebook ads, retargeting display campaigns, and other campaigns running through the Google audience and Google advertising platforms. The campaign also includes targeted social media on the following platforms: Facebook, Twitter, and Instagram.
 - In fiscal year 2019/20 year to date, Northern Health has posted 2364 regular or relief positions; 69% have been filled by internal staff (existing regular and casual staff) and 8.50% have been filled externally (qualified applicants from outside of NH) within 90 days. Some unfilled positions are currently in the competition phase. Positions that remain unfilled for more than 90 days become difficult-to-fill vacancies (DTFV). In addition to the postings that are filled externally, 10.23% of approximately 3200 postings become a DTFV posting.
 - Casual hires are not reflected in this data. On average, NH hires 1,000 casuals per year, many of these staff successfully bid into permanent, ongoing positions through our internal posting process.

8. Audit and Finance Committee

8.1. Period 7 Financial Statements

- Year to date Period 7, Northern Health has a net operating deficit of \$7, 231,000. Revenues are favourable to budget by \$2.8 million or 0.6% and expenses are unfavourable to budget by \$10.1 million or 2.0%.
- The budget overage in Acute Care is primarily due to higher than expected patient volumes at a number of acute care facilities. This year to date average inpatient daily census was 586.4 vs a budget amount of 555.7. Additionally, due to a number of vacancies, primarily specialized nursing positions, actual overtime hours are higher than budget.
- The budget overage in Long Term Care is primarily due to vacancies in a number of care aide positions across the region resulting in vacant shifts filled at overtime rates.

Moved by J Kurjata seconded by S Killam

The Northern Health Board receives the 2019-20 Period 7 financial update as presented.

8.2. Capital Projects Expenditure Plan update

- The Northern Health Board approved the 2019-20 capital expenditure plan in February 2019, and an amendment in June 2019. The update plan approves total expenditures of \$55.6M, with funding support from the Ministry of Health (\$17.7M, 32%), Six Regional Hospital Districts (\$22.9M, 41%), Foundations, Auxiliaries and Other Entities (\$3.4M, 6%), and Northern Health (\$11.6M, 21%).
- Year to date Period 7 (October 17, 2019), \$21.2M has been spent towards the execution of the plan was summarized in the material.
- In addition to the major capital projects, NH receives funding from Ministry of Health, Regional Hospital Districts, and Auxiliaries for minor equipment and projects (less than \$100,000). For 2019-20, it is forecasted that NH will spend \$9.5 on such items.

Moved by J Kurjata seconded by W Adam

The Northern Health Board receives the Period 7 update on the 2019-20 Capital Expenditure Plan.

9. Performance Planning and Priorities Committee

9.1. Strategic Priority: Coordinated & Accessible Services

9.1.1. Primary Care & Community Services and Specialized Services

- An update was provided on the Primary Care and Community Services in Northern Health.
- The update included detailed information from three priority areas of focus which are:
 - Primary Care Networks: in various phases of development in the North with Division of Family Practice involvement.
 - Urgent and Primary Care Services: are operating in Quesnel and Prince George. There are early discussions regarding location of Urgent and Primary Care services in the North West.
 - Primary and Community Care Initiative: This initiative will improve the way physicians, nurse practitioners and community health care providers work together to ensure accessible and coordinated services in the community, prevent unnecessary patient presentation to Emergency Departments, avoid preventable admission to hospital, and enable supported discharge to shorten hospital lengths of stay. The four projects are:
 - Improve Team Based Care
 - Redesign Home Support Services
 - Increase Immunization rates for infants and school aged children
 - Complete the implementation of the Community Health Record

9.2. Strategic Priority:

9.2.1. Quality Program

- An update on the key initiatives of the Quality Program was provided for information. Detailed information was provided on the following:
 - Person and family-centred care
 - Quality framework
 - Accreditation
 - Quality improvement training and education

10. Presentation: Prince George Urgent & Primary Care Centre

Julie Dhaliwal, Director Community Services, Northern Health and Dr. Barend Grobbelaar, representing both the Division of Family Practice and the Nechako Medical Clinic, provided a presentation on the Prince George Urgent & Primary Care Centre.

11. Governance and Management Relations Committee

11.1. Policy Manual BRD 400 Series

- The revised policy manual BRD400 Series were presented to the Board for review and approval.

Moved by F Everitt seconded by R Landry

The Northern Health Board of Directors approves the revised BRD 400 series

11.2. Board Development and Education Plan

- The proposed board development and education plan was presented for review and discussion.
- Board members appreciated the information provided and agreed with the proposed plan. It was agreed that the joint session with the First Nations Health Authority Board would be best to be arranged for the April Board meeting which will be held in Prince Rupert.
- Management will reach out to the First Nations Health Authority Board office to coordinate the logistics and confirm their participation for the April 2020 Board meeting.

Moved by F Everitt seconded by R Landry

The Northern Health Board of Directors approves the Board Development & Education Plan.

11.3. Legislative Compliance Review:

11.3.1. Safety Standards Act

- The *Safety Standards Act* regulates safety for workers, products and disciplines related to power engineers, electrical equipment, boilers, pressure vessels, and refrigeration. It applies to asset owners who own or manage facilities that have one or more regulated products such as escalators, boilers and gas appliances under one roof, which includes hospitals.
- The Act is administered by Technical Safety BC, as delegated by Minister of Municipal Affairs and Housing. Asset owners have unique responsibilities under the Act and Regulations throughout the equipment life cycle that are aimed at improving safety and lengthening equipment life. There are four main areas of responsibilities for asset owners including:
 - Design and purchase – newly built equipment or equipment purchased from outside of BC must be approved before installation
 - Installation – permits are required prior to operating newly installed electrical products, boilers, refrigeration systems, pressure vessels, and equipment or appliances operating with natural gas
 - Operation and maintenance – operation of regulated equipment requires an operating permit and maintenance requires the employ of qualified workers with the appropriate certification.
 - Sale and disposal – Technical Safety BC must be notified by the asset owner prior to sale or disposal of regulated equipment.
- Northern Health is generally highly compliant with the obligations of this legislation. In reviewing the obligations with Facilities Management, there are some identified areas of opportunity for improvement. There is not currently a complete NH inventory of all regulated equipment, and recently an unregistered asset was found during a Technical Safety BC inspection of an NH facility. However, Facilities Management is working with Technical Safety BC to develop a comprehensive listing of all assets and permits so that NH will have continued assurance that all aspects of compliance are met.

11.3.2. Food and Drug Act: Amendment – Vanessa's Law

- On 6 November 2014, Bill C-17 received Royal Assent, amending the Food and Drugs Act of Canada to:
 - a) Strengthen safety oversight of therapeutic products throughout their life cycle;
 - b) Improve reporting by certain health care institutions of serious adverse drug reactions and medical device incidents that involve therapeutic products; and
 - c) Promote greater confidence in the oversight of therapeutic products by increasing transparency.
- This is also known as Vanessa's Law – Protecting Canadians from Unsafe Drugs Act
- Much of the amendment focuses on safety in drug and medical device manufacturing facilities; section 21.8 requires mandatory health care institution reporting of adverse drug reactions (ADR) and medical device incidents (MDI) to Health Canada.
- Subsequent to the passing of the Act, the Food and Drug Regulations and the Medical Devices Regulations have been amended to provide detail and process for ADR and MDI reporting. The new regulations comes into force on December 4, 2019.
- This review is presented for information only; no compliance certificates are attached as the mandatory reporting requirement is not yet in effect. A full review to assess compliance will be conducted next year to assess implementation of the new reporting requirements.

Meeting was adjourned at 10:27am
Moved by S Killam seconded by R Landry

Colleen Nyce, Chair

Desa Chipman, Recording Secretary

CEO REPORT

Meeting:	Northern Health Board Meeting	Date:	January 28, 2020
Agenda Item:	CEO Report		
Purpose:	Information		
Prepared by:	Cathy Ulrich		

BC Patient Safety and Quality Council Quality Awards for 2020

Northern teams and individuals have been acknowledged as recipients for a number of BC Patient Safety and Quality Council (BCPSQC) Quality Awards for 2020. There are 8 quality award categories – 4 individual awards and 4 team/project awards - and the North received awards in 3 of the 8 categories.

Northern Health teams/projects received both the winner and runner-up in the Living with Illness award category. Teams and individuals will receive their awards on February 25th during the Quality Forum 2020 Health Talks evening event. We are very proud of these initiatives and the commitment demonstrated by those involved in these initiatives. Our congratulations and thanks go to each award winner from the North.

<i>Award Category</i>	<i>Result</i>	<i>Project/team/individual</i>
Getting Better - Celebrates a project that improved care for acute illness or injury	Winner	Aboriginal/Indigenous Health Improvement Committees
Living with Illness - Celebrates a project that improved care and support for chronic illness and/or injury	Winner	The Impact of Long QT Syndrome on First Nations People of Northern BC
Living with Illness - Celebrates a project that improved care and support for chronic illness and/or injury	Runner-up	Tele-Kidney Care for Patients in Northern BC
Doug Cochrane Leadership in Quality Award - Celebrates someone who made an inspirational, significant and sustained contribution to improving the quality of health care in British Columbia. These contributions may have been made in the fields of health policy, care design, innovation or academia, and brought to patients at the point of care by cultivating skill development, implementing improvement initiatives or providing respectful and compassionate care for those in need.	Winner	Kim Dixon, Regional Manager for FAMILIES Peer Specialist, BC Schizophrenia Society

Northern Interior Health Service Delivery Area

The following are highlights from the Lakes District, Fort St James, And Vanderhoof communities.

Burns Lake

The new dining room at The Pines opened in the summer and residents, family and staff are enjoying this new area. It is very large and bright and allows for the family to join their loved one at meal times without overcrowding. The old dining room is now being utilized as another much needed activity area for both the residents and the Adult Daycare.



Primary and Community Care Services

The Primary and Community Services Interprofessional Team in Burns Lake has implemented an innovative after hours home support service, which allows unscheduled “as needed” assistance. This service has been very well received. The Independent Living Facility has been added to the nightly checks provided by this new service. Further information about this new service will be presented later on the agenda at this Board meeting.

Fort St James

On January 18, 2020, Premier John Horgan announced government approval of the business plan for the new Stuart Lake Hospital. With government approval of the business plan the project will proceed to procurement. Construction is expected to begin in summer 2021. The hospital is targeted to open for patients in 2024. This is exciting news for the community and surrounding area. We are grateful for the partnerships with the Stuart Nechako Regional Hospital District, the Municipality of Fort St James, and the Fort St James Primary Care Society as we have proceeded through the planning process for this new facility.

The new hospital and health centre will include:

- 9 acute care beds including a maternity bed and a palliative care bed
- 18 long term care beds
- An emergency department with two treatment rooms, a trauma bay and ambulance bay.
- A laboratory and diagnostic imaging department
- A primary and community care centre that will include physicians, visiting specialists and the community services interprofessional team.



Vanderhoof

Vanderhoof has undergone changes to their physician complement in 2019. On November 28, the physicians, Northern Health and leaders from the community came together in a community-wide physician recruitment and retention meeting facilitated by Dr. David Snadden. The key actions emerging from this meeting focused on three areas of action, which are:

1. development of a core group to welcome and support new physicians with their families and the appointment of a District of Vanderhoof recruitment and retention coordinator.
2. ensuring that students, residents, and locums have access to short-term rental options
3. increased focus on team-based primary care approaches and exploring physician compensation options.

Pacemaker Program

Beginning January 10, 2020, Northern Health patients have had increased access and reduced wait times for pacemaker procedures at the University Hospital of Northern British Columbia (UHNBC). A new regional referral and central intake process are now part of the pacemaker program. The Northern Health Cardiac Triage Coordinator will facilitate the central intake and pre-procedure planning for pacemaker procedures in consultation with the referring physician, triage/implanter physician(s), and the patients.

Foundation and Auxiliaries

At this Board meeting, we will be reviewing the very important work the northern Foundations and Auxiliaries contribute to improving and enhancing health care across the region. We would like to take this opportunity to publicly thank the leadership of the Foundations and Auxiliaries and the many people and organizations who support the Foundations and Auxiliaries through volunteerism, donations, and other forms of philanthropy.

An example of how the efforts of the Foundations and Auxiliaries make a difference is the recent funding provided through the Spirit of the North Foundation for the purchase of an Airwalk, which has been installed at UHNBC. This equipment has been demonstrated to increase mobility and reduce the length of time people need to spend in rehabilitation.

The equipment will be used to provide support for patients in the following ways:

- o Earlier initiation of gait therapy with the wheelchair access ramp, adjustable handrails and un-weighting for orthopaedics, neurological patients and amputees.
- o Gait training and active gait correction for patients who may be living with neurological conditions such as strokes, Parkinsons, or those who have experienced orthopaedic procedures or an amputation.
- o Motion support and mobilization with combined balance, strength and coordination training.





HR REPORT

Human Resources Strategy

A Human Resources (HR) Strategy is an organization's documented strategic approach to aligning the organization's culture, employees, and systems to arrive at the desired business objectives. A HR Strategy must align with the organization's mission, vision, and values.

Northern Health's (NH) HR Strategy is intended to address the challenges facing our workforce in the North, and other key areas of HR that require attention such as workforce planning, recruitment and retention, education and training, and health and safety.

Northern Health's vision for addressing rural health human resources challenges is to develop a sustainable foundation to ensure it has the right supply of qualified and capable health care providers to provide exceptional health services to residents of Northern British Columbia.

Background:

In April 2018, the BC Ministry of Health identified four emerging issues in the health care sector¹:

- Underutilization of the workforce/inefficient staffing models
- High rates of employees on sick and injury leave
- High incidences of workplace violence
- Lack of leadership/change management resources

To address these issues, five provincial strategies were identified:

- Reinforcing education, recruitment and retention to continue to grow the health care workforce
- Building and supporting interdisciplinary team-based care
- Development of effective change management and leadership strategies
- Promoting health and wellness in the workplace
- Increasing training for cultural safety/humility and trauma-informed care

Most recently, the BC Ministry of Health has identified that workforce pressures continue to build in the areas of:

¹ BC Ministry of Health. (2018). *BC Provincial Health Workforce Strategy*.

- Population growth, demographic change, and technology which are driving service need
- Implementation of and additional funding dedicated to Ministry strategic priorities which are putting additional pressure on already high in-demand occupations

NH's HR Strategy is aligned with the above provincial strategy which, collectively, ensures NH has the right supply, mix, and distribution of health care providers to meet patient and population needs. The Strategy is intended to produce an engaged, skilled, well-led, and healthy workforce that can provide the best possible person-centered care for Northern British Columbians. It aligns with NH's 2016-2021 Strategic Plan, supporting NH's enabling priority (our people) by creating a clear vision and targeted actions for sustaining its workforce.

Key Actions, Changes & Progress:

The following are the three most important actions accomplished in this last period:

- 1) Completion of the HR Strategy identifying the five HR Strategic Business Objectives that represent the core business of its HR department:

- Workforce Planning and Sustainability
- Recruitment and Retention
- Education, Training, and Development
- Supportive, Healthy, and Safe Workplaces
- HR Advisory Services



The above five strategic business objectives are discussed in detail within the larger HR Strategy document, including a detailed section on HR's Strategic Initiatives corresponding to each business objective. The HR Strategy also includes a detailed

Appendix highlighting the 7 nursing and allied health provincial priority profession workforce plans (with the addition of pharmacy technicians for NH).

Nursing and Allied Health Priority Professions



2) HR Strategic Initiatives

To support the needs of a vast rural and remote region, NH is seeking robust solutions/initiatives to address current workforce challenges, and proactively plan for the future. It is recognized that solutions to health human resources challenges will not be found in isolation. Innovative strategies, partnerships, and investments are necessary and required.

NH is proposing internal and external strategic initiatives with the goal of achieving a flexible and sustainable health care system for people in northern communities. Impactful outcomes will be achieved through actions focused on supporting the strategic business objectives that make up the core business of NH HR.

Some examples of strategic initiatives underway are:

- The Travel Nurse Pool employing nurses assigned to various under resourced worksites within the Health. The initiative has yet to reach its full potential and if successful has the potential to expand to other health professions.
- The “Grow Our Own” program is an initiative that encourages high school students in Northern B.C. to pursue careers in health care in our northern communities. The program focuses on recruiting “from the North, for the North” and showcases healthcare career pathway opportunities.
- The creation of a new employee onboarding program which focuses on:

recognizing and celebrating important milestones from the date of hire to the employee's first year anniversary; establishment of a buddy system, conducting stay interviews at 6 and 12 months from date of hire.

3) Partnership Model

Foundational to meeting HR's strategic initiatives is the ability for the HR team to partner with its operational partners. HR has taken inventory of the services it provides its operational partners, as well as the current service delivery model. A wraparound service model whereby the operational partner is at the center of the model, liaising with the appropriate HR team member, is critical in ensuring the needs of operations are met.

Summary

A long-range HR strategy is critical for NH to meet the current and emerging patient and population needs of Northern BC. NH's Human Strategy is the strategic pathway that communicates, promotes, and highlights how NH's HR team, together with its operational partners, address the multitude of challenges facing its workforce as well as other emerging HR issues. This pathway contains numerous strategic initiatives that correspond to each of NH HR Strategic Business Objectives.

At its foundation, NH's workforce planning process has been data-driven and collaborative. It continues to bring together the best ideas from the region, the province, and the health care industry in order to understand and respond to current and future workforce challenges so that the organization can deliver on its strategic and operational objectives.

NH's HR Strategy will be refreshed annually, ensuring it is aligned with provincial and local operational objectives.

Northern Health Recruitment Updates/Charts

Post-Secondary New Grad Recruitment: Northern Health continues to incorporate improvements to the existing new graduate application process. This process involves recruiters meeting with northern post-secondary cohorts in the RN and LPN programs. The recruiter then connects with individual students to outline employment opportunities to meet their needs. In 2019-2020 NH has expanded this practice to include Health Care Assistants and Sonographers.

Employee Referral Program: The purpose of the Employee Referral Program is to use the power of NH's (approximately) 8,000 employees to help recruit new employees to the organization. Employees may receive the incentive (which was increased in May 2019) if they refer a successful candidate to a priority position as identified by NH and the Ministry of Health (MoH) as a difficult-to-fill position. As a result of the changes to the program, NH has hired 28 difficult-to-fill positions- 13 in the north east, 3 in the northwest, and 12 in the Northern Interior.

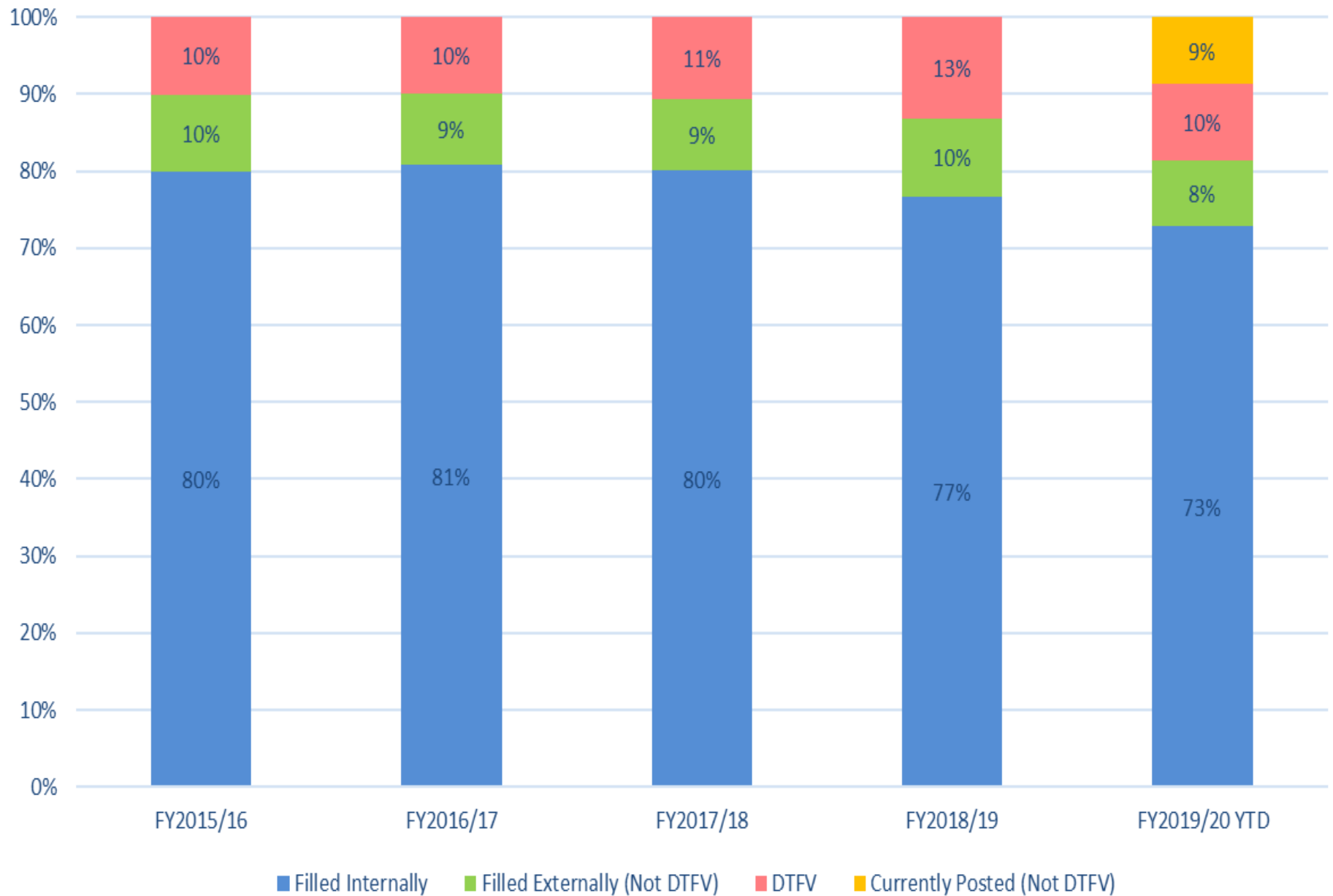
Health Care Assistant Registry: Northern Health has worked collaboratively with HEABC Recruitment Solutions and the Health Care Assistant (HCA) Registry to remove barriers for out of province trained HCA's. In early 2020 several barriers were being removed including the following:

- Requirements for HCA to be living in BC before being able to apply to registry
- A policy was developed to enable easier, faster, more affordable process for qualified Canadian trained HCA's to work in BC
- An Expedited Registration Pathway was developed for qualified Canadian trained HCA's/equivalent workers

Posting Information: In fiscal year 2019/20 year to date, Northern Health has posted 2965 non-casual positions; 73% have been filled by internal staff (existing regular and casual staff) and 8.50% have been filled externally (qualified applicants from outside of NH) within 90 days. Some unfilled positions are currently in the competition phase. Positions that remain unfilled for more than 90 days become difficult-to-fill vacancies (DTFV). In addition to the postings that are filled externally, on average 10% of approximately 3200 postings become a DTFV posting each year.

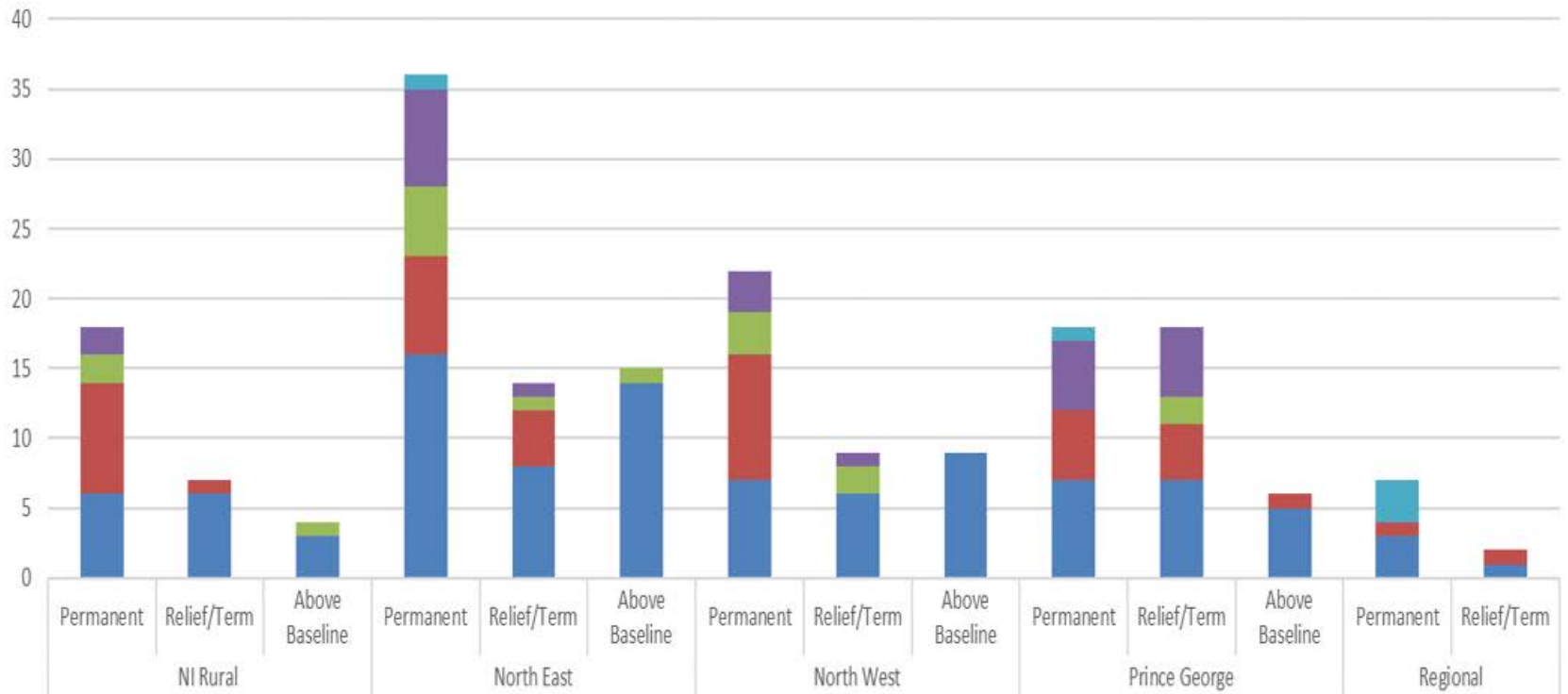
Casual hires are not reflected in this data. On average, NH hires 1,000 casuals per year, many of these staff successfully bid into permanent, ongoing positions through our internal posting process.

Posting Summary (By Posting Open Date)



Current Open Difficult-to-Fill Vacancies (DTFV) by Posting Type

As at Jan 20, 2020



■ EXCLUDED				1						1			3	
■ COMMUNITY SUBSECTOR	2			7	1		3	1		5	5			
■ FACILITIES SUBSECTOR	2		1	5	1	1	3	2			2			
■ HEALTH SCIENCE PROFESSIONALS	8	1		7	4		9			5	4	1	1	1
■ NURSES PROVINCIAL AGREEMENT	6	6	3	16	8	14	7	6	9	7	7	5	3	1

The Face of Northern Health

As at January 20, 2020

Summary of Employees by Status	Headcount	%	FTE
Active: Total	8,141	100%	5,157
Full-time	3,872	48%	
Part-time	1,904	23%	
Casual	2,365	29%	
Non-Active: Total	835	100%	364
Leave	452	54%	316
Long Term Disability (LTD)	383	46%	48

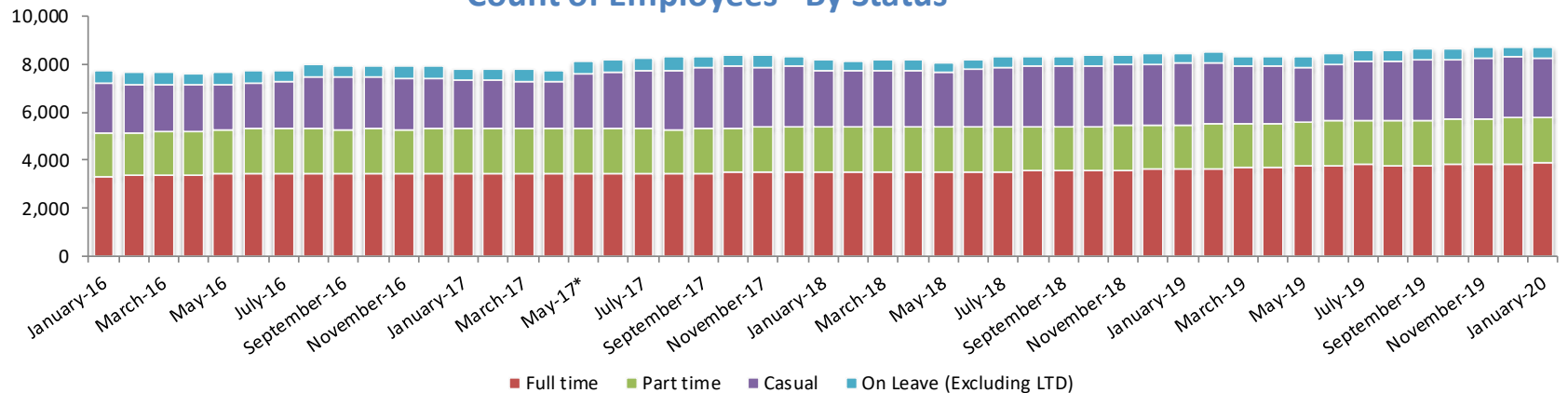
Active Employees by Region	Headcount	%
Active: Total	8,141	100%
North East	1,245	15%
North West	1,923	24%
Northern Interior: Prince George	2,552	31%
Northern Interior: Rural	1,158	14%
Regional	1,263	16%

Active Employees by Collective Agreement	Headcount	%
Active: Total	8,141	100%
Nurses	2,540	31%
Facilities	3,189	39%
Health Sciences	1,056	13%
Community	747	9%
Excluded	609	7%

Active Nursing	Headcount	%
Active: Total	2,540	100%
RN/RPN	1,880	74%
LPN	660	26%

Clinical vs. Support	Facilities	Community
Active: Total	3,189	746
Clinical	1,399	633
Non-Clinical	1,790	113

Count of Employees - By Status



BOARD BRIEFING NOTE

Date:	January 22, 2020	
Agenda item:	2019-20 Period 9 – Operating Budget Update	
Purpose:	<input type="checkbox"/> Discussion	<input checked="" type="checkbox"/> Decision
Prepared for:	Board of Directors	
Prepared by:	Mark De Croos, VP Financial & Corporate Services/CFO	

Year-to-date as at December 12, 2019 (Period 9):

Year to date Period 9, Northern Health (NH) has a net operating deficit of \$9,310,000.

Revenues are favourable to budget by \$4.4 million or 0.7% and expenses are unfavourable to budget by \$13.7 million or 2.1%.

The budget overage in Acute Care is primarily due to higher than expected patient volumes at a number of acute care facilities. The year to date average inpatient daily census was 588.5 vs a budget amount of 555.7. Additionally, due to a number of vacancies primarily in specialized nursing positions, actual overtime hours are higher than budgeted.

The budget overage in Long Term Care is primarily due to vacancies in a number of care aide positions across the region resulting in vacant shifts filled at overtime rates.

It is recommended that this financial update go forward to the Public Board meeting to be received for information. The Audit & Finance Committee is asked to endorse this recommendation.

Recommendation:

The Audit & Finance Committee recommends approval of the following motion at the February Public Board meeting:

The Northern Health Board receives the 2019-20 Period 9 financial update, as presented.

NORTHERN HEALTH
Statement of Operations
Year to date ending December 12, 2019
\$ thousand

	Annual Budget	YTD December 12, 2019 (Period 9)			
		Budget	Actual	Variance	%
REVENUE					
Ministry of Health Contributions	689,338	480,901	481,499	598	0.1%
Other revenues	238,560	165,554	169,334	3,780	2.3%
TOTAL REVENUES	927,898	646,455	650,833	4,378	0.7%
EXPENSES (BY PROGRAM)					
Acute Care	492,376	342,656	355,152	(12,496)	-3.6%
Community Care	235,873	163,659	159,756	3,903	2.4%
Long term care	124,400	87,269	91,961	(4,692)	-5.4%
Corporate	75,249	52,871	53,274	(403)	-0.8%
TOTAL EXPENSES	927,898	646,455	660,143	(13,688)	-2.1%
Net operating deficit	-	-	(9,310)		

BOARD BRIEFING NOTE

Date:	January 22, 2020	
Agenda item:	Public Update – 2019-20 Capital Expenditure Plan (Period 9)	
Purpose:	<input type="checkbox"/> Discussion	<input checked="" type="checkbox"/> Decision
Prepared for:	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 2019-20 capital expenditure plan in February 2019, and an amendment in June 2019. The updated plan approves total expenditures of \$55.6M, with funding support from the Ministry of Health (\$17.7M, 32%), Six Regional Hospital Districts (\$22.9M, 41%), Foundations, Auxiliaries and Other Entities (\$3.4M, 6%), and Northern Health (\$11.6M, 21%).

Year to date Period 9 (December 12, 2019), \$27.2M has been spent towards the execution of the plan as summarized below:

<i>\$ million</i>	<u>YTD</u>	<u>Plan</u>
Major Capital Projects (> \$5.0M)	4.5	6.7
Major Capital Projects (< \$5.0M)	6.1	18.7
Major Capital Equipment (> \$100,000)	4.9	9.2
Equipment & Projects (< \$100,000)	5.1	9.2
Information Technology	6.5	11.9
	<u>27.2</u>	<u>55.6</u>

Significant capital projects currently underway and/or completed in 2019-20 are as follows:

Northern Interior Service Delivery Area (NI-HSDA)

Community	Project	Project \$M	Status	Funding partner (note 1)
Burns Lake	The Pines Cafeteria Expansion	\$3.75	Complete and in operation	SNRHD, NH, MOH
Fraser Lake	FLC X-Ray	\$0.39	Complete and in operation	SNRHD, NH, MOH
Fort St. James	Primary Care Leasehold Improvement	\$3.40	Construction in Progress	SNRHD, NH
Fort St. James	Stuart Lake Hospital Replacement Planning	\$3.00	Complete	SNRHD
Vanderhoof	SJH Boiler Replacement	\$0.84	Construction in Progress	SNRHD, NH
Vanderhoof	SJH C-Arm	\$0.10	Complete and in Operation	SNRHD, MOH
Vanderhoof	SJH Sterile Compounding Room Upgrade	\$0.67	Planning	NH
Prince George	Parkwood Reverse Osmosis	\$0.56	Complete and in Operation	MOH
Prince George	Phoenix Outpatient Lab Renovation	\$0.48	Construction In Progress	FFGRHD, MOH
Prince George	UHNBC C-Arm	\$0.25	Complete	FFGRHD, MOH
Prince George	UHNBC Microbiology Vitek 2XL	\$0.16	Complete	FFGRHD, MOH
Prince George	UHNBC Tomosynthesis	\$0.19	Received	Spirit of the North Healthcare Foundation
Prince George	UHNBC OR Video Towers General Surgery	\$0.36	Complete	Spirit of the North Healthcare Foundation

Prince George	UHNBC Pharmacy Fastpak Verifier	\$0.17	Planning	FFGRHD, MOH
Prince George	Urgent Primary Care Centre	\$2.43	Complete and in operation	MOH, NH
Prince George	UHNBC Inpatient Bed Capacity Project	\$8.00	Complete and in operation	MOH, FFGRHD, NH
Prince George	UHNBC Maternal OR	\$0.83	Complete and in operation	Spirit of the North, FFGRHD, NH
Prince George	UHNBC Phone System Replacement Phase 1	\$0.38	In Progress	FFGRHD, MOH
Prince George	UHNBC SpyGlass	\$0.15	Ordered	Spirit of the North
Quesnel	GR Baker X-Ray Replacement	\$0.90	In Procurement	CCRHD, MOH, NH
Quesnel	GR Baker ER/ICU Addition	\$27.0	Early works in progress	CCRHD, MOH
Quesnel	GR Baker Sterile Compounding Room Upgrade	\$0.11	Planning	NH
McBride	Ventilation System	\$1.43	Complete and in operation	FFGRHD, NH

Northwest Health Service Delivery Area (NW-HSDA)

Community	Project	Project \$M	Status	Funding partner (note 1)
Terrace	MMH CT Suite	\$2.04	In Progress	NWRHD, MOH, NH
Terrace	MMH Chiller Replacement	\$0.95	Construction in Progress	NWRHD, MOH
Terrace	MMH Hospital Replacement Planning	\$3.50	Complete	NWRHD
Terrace	MMH Hospital Replacement	\$447.50	Planning	NWRHD, MOH
Terrace	McConnell Estates Roof Repair	\$0.11	Complete	BC Housing
Terrace	Terraceview Lodge Roof Repair	\$0.30	Planning	BC Housing

Terrace	McConnell Estates Courtyard Upgrade	\$0.12	Construction in Progress	Rotary Club of Terrace
Hazelton	Wrinch X-Ray	\$0.91	In Procurement	NWRHD, MOH
Atlin	Clinic Replacement	\$2.23	Construction in Progress	NH
Smithers	BVDH CT Suite	\$2.90	Complete and in operation	Bulkley Valley Healthcare and Hospital Foundation, NWRHD
Kitimat	KGH General Radiographic Room	\$0.87	Complete and in operation	NWRHD, MOH
Northern Haida Gwaii	NHG Observation Room	\$0.99	Planning	NWRHD, NH
Prince Rupert	PRRH Phone System Replacement	\$0.33	In Progress	NWRHD, NH

Northeast Health Service Delivery Area (NE-HSDA)

Community	Project	Project \$M	Status	Funding partner (note 1)
Chetwynd	CHT X-Ray Replacement	\$0.89	In Procurement	PRRHD, MOH
Dawson Creek	Ultrasound Replacement #1	\$0.25	Complete	DCDH Hospital Foundation, PRRHD, MOH
Dawson Creek	Ultrasound Replacement #2	\$0.25	Complete	PRRHD, MOH
Dawson Creek	Medical Device Reprocessing Renovation	\$2.08	Construction in Progress	PRRHD, NH, MOH
Dawson Creek	DCDH Hospital Redevelopment Planning	\$5.00	Complete	PRRHD
Dawson Creek	OR Chiller Replacement	\$0.58	Construction in Progress	PRRHD, MOH
Fort Nelson	Automated Medication Dispensing Cabinet	\$0.15	Complete and in operation	NRRHD, NH
Fort Nelson	Roof Repair	\$0.37	Construction in Progress	MOH
Fort St. John	Ultrasound #1	\$0.25	Complete	Fort St. John Hospital Foundation, PRRHD, MOH

Fort St. John	Ultrasound #2	\$0.25	Ordered	PRRHD, MOH
Fort St. John	Spect CT	\$1.76	Planning	PRRHD, NH, MOH
Fort St. John	Sterile Compounding Room Upgrade	\$0.46	Planning	NH
Fort St. John	Medical Clinic – 3 rd Pod Renovation	\$2.05	Construction in Progress	PRRHD, NH

Regional Projects

Community	Project	Project \$M	Status	Funding partner (note 1)
All	Health Link North: Cerner Upgrade	\$4.5	Work In Progress	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD
All	Community Health Record (Phase 3)	\$4.90	Work In Progress	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD
All	Clinical Interoperability	\$1.0	Work In Progress	NH
All	EmergCare	\$4.35	Work In Progress	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD
All	Endoscopy System Replacement Phase 1	\$0.79	Work In Progress	MOH, PRRHD, FFGRHD, CCRHD
All	PACS and Cardiology Information System	\$3.48	Work In Progress	CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD, NH
All	MySchedule – Smart Leave, Annual Vacation	\$0.36	Work In Progress	NH

Community	Project	Project \$M	Status	Funding partner (note 1)
All	eScheduling/Physician On Call Scheduling	\$0.49	Work In Progress	NH, MOH
All	Northern Lights – Personal Health Record and Portal	\$1.20	Work In Progress	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD
All	Secure Texting	\$0.79	Work In Progress	NH
All	Clinical Data Repository (CeDaR)	\$1.53	Work in Progress	NH
All	HCC Home Care Redesign (Procura Upgrade)	\$1.29	Planning	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 2019-20, it is forecasted that NH will spend \$9M on such items.

It is recommended that this update go forward to the Public Board meeting to be received for information. The Audit & Finance Committee is asked to endorse this recommendation.

Note 1: 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

Recommendation:

The Audit & Finance Committee recommends approval of the following motion at the February Public Board meeting:

The Northern Health Board receives the Period 9 update on the 2019-20 Capital Expenditure Plan, as presented.

BOARD BRIEFING NOTE

Date:	February 10, 2020	
Agenda item	Education and Development	
Purpose:	<input checked="" type="checkbox"/> Discussion	<input type="checkbox"/> Decision
Prepared for:	Northern Health Board of Directors	
Prepared by:	Andrea Starck Regional Director Education and Training Tanis Hampe, Regional Director Quality and Innovation Lynn MacDonald, Manager HR Strategic Initiatives and Psychological Health and Safety	
Reviewed by:	Fraser Bell VP Planning, Quality and Information Management	

Issue & Purpose

This briefing note is to inform the Northern Health Board of Directors of significant improvements/changes in the development, monitoring and evaluation of the employee education framework and plan in Northern Health.

Background:

Northern Health values and supports education and training as key drivers for excellence in health service delivery in the North. Northern Health Education & Development contributes to the health of our diverse northern population by providing high quality, innovative, accessible and evidence-based education services for students, staff, and physicians to enable them to flourish in their work and collaboratively transform NH into a learning organization.

Key Actions, Changes & Progress:

NH Critical Initiative work on Workforce Sustainability has necessitated a strong strategic focus on Education and Development with three key priorities:

1. Standardized clinical orientation
2. Specialty education
3. Leadership development.

Priority 1: Standardized Clinical Orientation

The aim of the new Standardized Clinical Orientation is to provide a platform for all clinical staff, whether new to the organization or moving into a new role within the organization, to receive appropriate and standardized orientation specific to their role. A three-phase orientation process has been initiated for Nursing and for members of Primary & Community Care Interprofessional Teams. The first phase was completed in October 2019 and the next two phases are to be implemented by March 31, 2020.

In addition, significant eLearning resources are currently invested in supporting, developing, and uploading IPT curriculum to meet the milestones for the Team Based Care Critical Priority. The Learning Hub continues to grow as a source for standardized, high-quality learning which is accessible from any NH or home computer.

Priority 2: Specialty Education

In an effort to meet the ongoing need for specialty trained nurses across our region, Northern Health (NH) funds specialty education for new and existing staff. This program has yielded positive results for NH within the past few years. The retention of nurses within their specialty area of training has increased from 51% in 2017 to 73% in 2018. Further work is occurring around enabling access to online training programs for rural sites within the region; however, most programs also require face to face education and skill acquisition which affects the degree to which such training programs can be abbreviated.

Priority 3: Leadership Development

Leadership development is recognized as a NH strategic priority, aimed at cultivating and supporting the enhancement of characteristics and qualities toward transformational leadership, qualities that NH leaders emulate and promote within their respective teams and throughout the organization.

Through cooperation and collaboration with Human Resources and Organizational Development, Education and Development is currently focused on:

- Mapping core competencies, training, development, and assessments onto a robust, standardized Leadership Pathway for managers/supervisors;
- Building facilitator capacity to deliver and support core leadership training and development in each HSDA
- Development of a PCC Team Lead Orientation;
- Designing assessment tools to gather data and measure success of facilitation, programming, and leadership competency training and development.

In 2019, 115 NH staff received leadership training and 144 NH staff were certified in Coaching Out of the Box.

Risks:

One primary risk can be identified within Education and Development Services for which Northern Health has significant management plans but for which some residual risk remains:

- **Organizational Capacity:** Education and Development Services in Northern Health are being restructured to a more regionalized model that will improve strategic alignment, efficiency and effectiveness. While this restructuring is critical to effective staff support, it is taking place at the same time as the organization is undertaking service transformation in Primary and Community Care and seeking to address Workforce Sustainability challenges. To address this risk, the leadership team is working closely with project management to clarify and address the highest priority expectations while developing a longer term plan and business case for the restructured Education and Development service.

BOARD BRIEFING NOTE

Date:	February 10, 2020	
Agenda item	Northern Health Regional Rehabilitation Services Strategy	
Purpose:	<input checked="" type="checkbox"/> Discussion	<input type="checkbox"/> Decision
Prepared for:	Northern Health Board of Directors	
Prepared by:	Kelly Gunn, VP Primary and Community Care and Chief Nursing Executive	
Reviewed by:	Cathy Ulrich, CEO	

Issue:

This briefing note provides the Northern Health Board of Directors with an overview of Northern Health's completed Regional Rehabilitation Services Strategy. The strategy was endorsed by the Executive Team in June, 2019 and is ready for Committee and Board review.

Background:

Building upon earlier rehabilitation service reviews, in October 2018 Northern Health undertook a process to develop a Rehabilitation Servicesⁱ Strategy to improve the quality, coordination and integration of rehabilitation services across the region.

Progress:

The strategy sets out 11 quality improvement recommendations that fall under 4 strategic pillars. The recommendations are summarized on page 1 of the strategy document appended in the Reference Package. The four strategic pillars are:

1. Strengthen clinical leadership and governance to set out and enable the achievement of quality standards and provide clinical oversight and professional development support for rehabilitation professionals.
2. Implement a service model that ensures culturally safe, comprehensive and integrated rehabilitation services for all ages and in all care settings with an emphasis on community based care, including our First Nations communities.
3. Ensure a sufficient supply and the appropriate distribution of professional rehabilitation staff including physiotherapists, occupational and speech therapists as well as paraprofessional staff such as rehabilitation assistants.
4. Sustain and/or develop rehabilitation initiatives that align with the strategy including facilitating academic, teaching and student placement opportunities for rehabilitative health professionals, supporting community based cardiac rehabilitation programs such as

supervised walking programs and expanding surgical hip and knee pre and post-surgical therapy programs to prevent unnecessary joint surgeries or support recovery from surgery.

Next Steps:

The strategy will guide the development and delivery of regional rehabilitation services over the next 5 years. The first steps to implementing the strategy will include:

1. Hiring an Executive Lead, Rehabilitation Services. Interviews will be held during the second week of January, 2020 followed by a search for a Medical Lead in keeping with Northern Health's co-leadership model.
2. Developing an implementation plan to action the 11 recommendations in the short, medium and long term. An early focus will be to ensure appropriate clinical placement opportunities for the 20 Master in Physical Therapy- Northⁱⁱ students beginning their studies at UNBC in the fall of 2020 followed by the 16 occupational health students beginning their studies at UNBC in the fall of 2022.
3. Pursuing the early implementation ideas described on page 22 of the strategy report.

Recommendation(s):

The Northern Health Rehabilitation Services Strategy is provided to the Northern Health Board of Directors for information and discussion.

ⁱ The World Health Organization defines rehabilitation as a process that helps people with disabilities resulting from injury or illness to reach and maintain an optimal level of mental, physical and/or social function. Rehabilitation services may include rehabilitative medical care; physical, psychological, speech and occupational therapies.

ⁱⁱ The UBC Master of Physical Therapy Program- North (MPT-N) is delivered in partnership with University of Northern British Columbia (UNBC) and is the only fully distributed, entry to practice physical therapy program in British Columbia. Of the 100 MPT students accepted annually, 20 will be admitted to the MPT-N cohort at UNBC in Prince George.

DIRECTOR EXPOSURE AND LIABILITY V.1**BRD 510**

Members of the Board of Directors of Northern Health (the “Board”) act both as agents of Northern Health and as directors of Northern Health’s assets. Directors¹ are responsible to act only within the authority given to them by governing legislation, regulations and policy, and Northern Health’s by-laws. Directors are expected to exercise the care, diligence and honesty expected of a reasonable person, in similar circumstances.

If a director *knowingly* acts outside this authority, those actions may be invalid (doctrine of *ultra vires*²) and in some instances a Director may be held personally liable for the adverse consequences resulting to Northern Health.

Liability Coverage

Individually and as a group, Directors are exposed to actions under common law, civil law and, in some cases, criminal law. To reduce the risk of litigation for Directors, protection is provided by legislation, the *Health Authorities Act* and the Health Care Protection Plan’s (HCPP) Directors’ and Officers’ Liability and Corporate Reimbursement Agreement.

The *Health Authorities Act* provides protection under Section 14 as follows:

Liability of members

- 14** (1) No action for damages lies or may be brought against a member, officer or employee of a board because of anything done or omitted in good faith
- (a) in the performance or intended performance of any duty under this Act, or
 - (b) in the exercise or intended exercise of any power under this Act.

The Directors’ and Officers’ Liability and Corporate Reimbursement Agreement is provided by the Health Care Protection Program (HCPP) through the Risk Management Branch, Ministry of Finance. Covered parties include Directors of Northern Health.

Coverage is provided for a Director for all loss resulting from a claim for a wrongful act arising solely out of their duties. Examples of exclusions to this coverage include: any act, error or omission resulting from a Director failing to act honestly and in good faith in the best interest of Northern Health; any act, error or admission outside the course of the

¹ A Director is defined as: any person, who was, now is or shall become a duly elected or appointed Director of Northern Health, while acting within the scope of his/her duties as a Director of Northern Health.

² Ultra vires is a Latin phrase meaning literally “beyond the powers”. If an act requires legal authority and it is done with such authority, it is characterised in law as intra vires (literally “within the powers”). If it is done without such authority, it is ultra vires. Acts that are intra vires may equivalently be termed “valid” and those that are ultra vires “invalid”.

Author(s): Governance & Management Relations Committee
 Issuing Authority: Northern Health Board
 Date Issued (I), REVISED (R), reviewed (r): June 10, 2019 (R)

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Director's duties with Northern Health; or any loss arising out of a dishonest, fraudulent, criminal or illegal act or omission of a Director. However, for the purposes of this exclusion, knowledge possessed by any one Director shall not be imputed to any other.

Accident Coverage

Directors are covered for injury sustained during the course of business, including travel to and from Board meetings, Board Committee meetings, Meetings with the Ministry of Health and any other public meetings at which they represent Northern Health. This coverage is procured annually by Northern Health Risk Management through the BC Health Services Group Travel Accident Insurance program.

Author(s): Governance & Management Relations Committee

Issuing Authority: Northern Health Board

Date Issued (I), REVISED (R), reviewed (r): June 10, 2019 (R)

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PROCESS FOR DIRECTORS TO RAISE PUBLIC CONCERNS V.1
530**BRD****Introduction**

The purpose of this policy is to ensure that a clear process exists by which Directors of the Board of Northern Health (the “Board”) may direct concerns or complaints received by them from members of the public, or concerns of their own, to the office of the President and Chief Executive Officer (the “CEO”) for investigation, and to be assured of a timely and appropriate response. There is a distinction between administrative complaints and complaints involving clinical or patient care issues.

Process**A. Administrative Concerns & Complaints****a) From the Public**

The Director shall forward concerns or complaints of an administrative policy or process nature requiring investigation to the Executive Assistant to the Chief Executive Officer & Board of Directors with a copy of the correspondence, or by providing a brief description of the complaint if received verbally. The Director shall ensure that contact information for the complainant is provided in order to ensure a prompt response.

Where it is unlikely that the concern/complaint can be resolved within one week, the CEO or designate will forward a written acknowledgment to the individual making the complaint, indicating that the concern/complaint is under review and will be responded to as soon as possible. A copy of this acknowledgment will also be provided to the Board Chair and to the entire Board at the next Board meeting.

b) From Directors

A Director may have occasion to raise concerns, whether in their role as a member of the Board or as a member of the public.

If the Director has concerns about a fellow Director or the CEO he/she shall first have a discussion with the Board Chair. If the concern is about the Board Chair the Director shall first have a discussion with the Board Vice-Chair and the CEO.

If the concern is about a Northern Health staff member or service, a physician, or any other matter dealing with the operation or management of Northern Health, the Director shall first raise their concern directly with the CEO either verbally or

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): February 15, 2019 (r)

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in writing. The same timely process for response as delineated under 'From the Public' shall be followed.

Directors should not raise issues of this nature at Committee or Board meetings until there has been appropriate opportunity for proper advance investigation or preparation by the CEO and management that could lead to timely resolution.

B. Clinical or Patient Care/Safety Concerns & Complaints

Some complaints or incidents may involve legal risks related to standards of care or injury/harm resulting from the activities of Northern Health. Communications on these issues will be managed by the CEO through staff responsible for risk management to ensure compliance with the adverse event reporting procedures and to meet the reporting requirements of the Health Care Protection Program (HCPP), Northern Health's insurer.¹

Complaints from patients are governed by the *Patient Care Quality Review Board Act* (PCQRB Act) and follow provincial processes for response outlined in Ministerial Directives. These complaints are handled through the Northern Health Patient Care Quality Office (PCQO).

Directors receiving complaints from patients or patient representatives shall forward such complaints to the Executive Assistant to the CEO/Board with a copy of the correspondence, or by providing a brief description of the complaint if received verbally. The Director shall ensure that contact information for the complainant is provided in order to ensure a prompt response.

Communications on these issues will be managed by the CEO through staff responsible for the PCQO to ensure compliance with legislation and provincial process and to liaise with risk management if needed.

Reporting to the Board will depend on the nature of the complaint. Reports may be made through the CEO Report, as a separate Board or Board Committee agenda item, as a Section 51 follow-up through the 3P Committee, or as determined by the CEO.

¹ Policy [4-2-1-030-P Health Care Protection Program \(HCPP\): Reportable Incidents](#)

BOARD BRIEFING NOTE

Date:	24 January 2020	
Agenda item	Legislative Compliance Review: <ul style="list-style-type: none"> • <i>Declaration on the Rights of Indigenous Peoples Act</i> 	
Purpose:	<input checked="" type="checkbox"/> Discussion	<input type="checkbox"/> Decision
Prepared for:	GMR Committee & Northern Health Board of Directors	
Prepared by:	K. Thomson, Regional Director, Risk & Compliance	
Reviewed by:	C. Ulrich, CEO	

Issue & Purpose

To provide an update on the legislative compliance review process.

Background:

On 28 November 2019, Bill 41 – the *Declaration on the Rights of Indigenous Peoples Act* – received Royal Assent. This Act requires the BC government to take all measures necessary to ensure the laws of British Columbia are consistent with the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP).

The Act poses no direct obligation on the health authority, but is instead a directive to government to develop an action plan to achieve the objectives of the UNDRIP, which must include consultation and cooperation with Indigenous peoples and annual reporting on the implementation progress.

While the Act poses no direct obligation to the health authority, there are provisions in the UNDRIP that, when fully implemented by the BC government, may result in legislative changes that affect health authority operations. Specifically, there are a number of Articles within the UNDRIP that relate to health including access to care services, developing health programmes, monitoring, restoring and improving health. It is anticipated that there will be impact on how health authorities work with the First Nations Health Authority and First Nations communities in providing health services to indigenous peoples, but those impacts cannot yet be determined.

The compliance review highlights the provisions of the UNDRIP that are most likely to affect health authority services at some point in the future, without comment on compliance as both the implementing Act and the UNDRIP have no direct effect on the health authority.

Recommendation(s):

That the Board receives this briefing note for information.

**BOARD AND ADMINISTRATION SERVICES
LEGISLATIVE COMPLIANCE RECORD**

DECLARATION ON THE RIGHTS OF INDIGENOUS PEOPLES ACT

Bill 41 - 2019

Date	Action
23 Dec 2019	Document Created
24 Jan 2019	GMR Review
9 Feb 2020	Board Review
Jan 2024	Next full review

Summary

On 28 November 2019, Bill 41 – the *Declaration on the Rights of Indigenous Peoples Act* – received Royal Assent. This Act requires the BC government to take all measures necessary to ensure the laws of British Columbia are consistent with the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP).

The Act poses no direct obligation on the health authority, but is instead a directive to government to develop an action plan to achieve the objectives of the UNDRIP, which must include consultation and cooperation with Indigenous peoples and annual reporting.

While the Act poses no direct obligation to the health authority, there are provisions in the UNDRIP that, when fully implemented by the BC government, may result in legislative changes that affect health authority operations. This review contemplates those changes, without comment on the organization's compliance.

A. Review

Section	Description	Comments
Article 7 (2)	Indigenous peoples have the collective right to live in freedom, peace and security as distinct peoples and shall not be subjected to any act of genocide or any other act of violence, including forcibly removing children of the group to another group.	Potential to affect child protection services, though not a function of the Ministry of Health
Article 12(1)	Indigenous peoples have the right to manifest, practice, develop and teach their spiritual and religious traditions, customs, and ceremonies; the right to maintain, protect, and have access in privacy to their religious and cultural sites; the right to the use and control of their ceremonial objects; and the right to the repatriation of their human remains.	Potential to require review and updating of processes related to release of human remains from hospital morgues
Article 16 (1)	Indigenous peoples have the right to establish their own media in their own languages and to have access to all forms of non-indigenous media without discrimination.	Potential for health authorities to develop media in indigenous languages
Article 19	States shall consult and cooperate in good faith with the indigenous peoples concerned through their own representative institutions in order to obtain their free, prior and informed consent before adopting and implementing legislative or administrative measures that may affect them.	May require intentional and standard processes within NH to ensure indigenous peoples are both involved in consultation processes and policy development and review There is uncertainty about the implications of the requirement for 'free, prior and informed consent'.
Article 21(1)	Indigenous peoples have the right, without discrimination, to the improvement of their economic and social conditions, including, inter alia, in the areas of education, employment, vocational training and retraining, housing, sanitation, health and social security.	

Section	Description	Comments
Article 23	Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions	Potential impact on patient and community partners for strategic and policy consultation processes.
Article 24(1)	Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals, and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.	Potential need to consider the impact on health authority medication policies with respect to medication orders, administration, and processes for non-formulary medications. Consideration and policy development will be needed for how to address medicines that may not have Health Canada approval and the impact of that on staff who administer medications, from a regulatory perspective.
Article 24(2)	Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.	
Article 29(3)	States shall also take effective measures to ensure, as needed, that programmes for monitoring, maintaining and restoring the health of indigenous peoples, as developed and implemented by the peoples affected by such materials, are duly implemented.	This provision relates specifically to the storage or disposal of hazardous materials and the need to ensure that the health status of indigenous peoples is not affected by such storage or disposal. There is potential for health authorities to play a role in monitoring, maintaining and restoring the health of those affected by storage or disposal of such materials.

BOARD and ADMINISTRATION SERVICES
LEGISLATIVE COMPLIANCE RECORD



Bill 41 – 2019_
Declaration on the F



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Northern Health Foundations & Auxiliaries

The Difference that makes a difference!

Last year!

In 2018/19, the foundations and auxiliaries committed **\$3.165 million** to Northern Health (this is not what they raised, but what they invested).

The total invested in Northern Health from previous years is:

- 2017/18: \$2.184 million
- 2016/17: \$2.716 million
- 2015/16: \$2.660 million
- 2014/15: \$3.462 million
- 2013/14: \$3.254 million
- 2012/13: \$3.186 million

Strong Community Support!

Funder	Sum of Amount
Bulkley Valley District Hospital Auxiliary	217,184.73
Bulkley Valley Health Care & Hospital Foundation	528,597.81
Chetwynd Hospital Foundation	10,634.29
Dawson Creek Auxiliary	5,807.40
Dawson Creek Hospital Foundation	118,587.72
Dr REM Lee Foundation	300.00
Dr. REM Lee Foundation	292,441.62
Fort Nelson Hospital Foundation	10,096.83
Fort St John Hospital Auxiliary	27,776.11
Fort St. John Hospital Foundation	345,552.02
Fraser Lake Health Auxiliary	5,942.54
GR Baker Hospital Auxiliary	23,516.95
Kitimat General Hospital Auxiliary	17,336.89
Kitimat General Hospital Auxiliary	3,795.00
Kitimat Hospital Foundation	77,546.83
Mills Memorial Hospital Auxiliary	17,043.93
Prince Rupert Regional Hospital Auxiliary	3,774.75
QCI Hospital Days Foundation	9,282.92
Spirit of the North Healthcare Foundation	1,364,519.97
St John Hospital Auxiliary	39,291.04
St. John Hospital Auxiliary	5,903.93
Stuart Lake Hospital Auxiliary	1,287.08
UHNBC Auxiliary	4,433.94
Wrinch Hospital Foundation	5,445.00
Wrinch Memorial Hospital Auxiliary	29,185.00
Grand Total	3,165,284.30

Highlights from around the region!

Every year we ask our foundations & auxiliaries to provide us with their highlights for the past year.

The following slides showcase some of those highlights, in no set order.

Kitimat Hospital Foundation

- **Completed Projects**

- BIPAP / Oxygen Equipment - \$20,000
- Pediatric Crash Cart - \$2,600
- Ophthalmic Surgical Microscope - \$15,000
- Gastroscope & Colonoscope - \$73,000
- Fetal Doppler - \$800
- Examination Table for Ultrasound Room - \$10,000

- **MAIN FUNDRAISER FOR 2019**

- Kitimat Pilot Dementia Care Home \$58,645
- *Collaboration:* This pilot project is a partnership between Kitimat Valley Housing Society and Northern Health.

Kitimat Hospital Foundation



REM Lee Hospital Foundation – Terrace

- Successful fundraising events like *the Annual Kitsumkalum Walk for Health*, and local business community giving events such as *McDonalds McHappy Days*, and *Tim Hortons Smile Cookie Campaign*, raise sufficient funds to complete the purchase of a **\$150,000** Ophthalmic Surgical Microscope.
- First-ever Christmas fundraising initiative, The First-Annual Festival of Mini-Trees, contributed a new community kick-off to the Christmas season. Canadian Tire donated 20 potted, 4' Fibre-Optic lit, artificial Pine trees, and the REM Lee Foundation invited the departments of Mills Memorial Hospital and Terraceview Lodge, to take a tree, decorate then return it, to be raffled off at the 2-day event. 20 winners packed out trees loaded with decorations, and items such as gift certificates and Central Mountain Air and West jet flights! Including musicians, Santa's, Hot cider, raffle ticket and fresh wreath sellers, we had our largest ever participation of volunteers in our Foundation History.
- \$6,000 raised went towards the final 2019 projects, a \$63,300 Infant Ventilator and \$52,680 Colposcopy (a Cervical Cancer early detection Microscope Unit.)
- 2020 will have us busy with another new event, a Golf Scramble on the beautiful greens of the Skeena Valley Golf & Country Club.

REM Lee Hospital Foundation – Terrace



Bulkley Valley Hospital Foundation

- In 2019 the BV Health Foundation made short work of a campaign to raise \$140,000 for our Surgical Specialty Enhancement Campaign (article for more info attached). We raised a further \$75,000 to add a new ENT Microscope to the OR. Grants were approved for an ER stretcher (\$35,575.29) and the completion of the Bulkley Lodge Dining Room Project. Installation of the CT Scanner completed and more patients than anticipated are being seen. A lovely grand opening ceremony was well attended.
- We were successful with our annual raffle, generating the projected \$20,000 and the 8th Annual Fundraising Gala which net more than \$85,000. Our community truly understands our mission and partners with us to make things happen!
- Towards the end of the year, the Foundation decided to take on the second ultrasound project as their active campaign and have already had some large donations towards this.
- Both the effort of the Foundation staff and Board of Directors, as well as the flow from community donations have been very steady this year.

Fort Nelson Hospital Foundation

- Yard sale proceeds of \$4,800 covered the expenses of maintaining the house— notary fees, utilities, insurance, roof shoveling, driveway ploughing, and thoroughly cleaning the home prior to putting it on the market— until it was sold
 - We were very fortunate to receive \$59,454.14.
- Successful in applying outside for grants to allow us to continue to purchase equipment to a total in 2019 of almost \$25,000.
- We have received:
 - \$13,396 explicitly for an electric imaging stretcher (\$9,332.26) to allow patients to be x-rayed without being moved multiple times, as well as an Isoflex inflatable palliative mattress (\$4,152.23) which provide a cushion to prevent bed sores.
 - Enbridge- \$3, 237.00
 - Nexen- \$2,500
 - North River Midstream- \$2,500
 - Fort Nelson Sikh Community- \$1,000
- We have purchased two Broda chairs for multi-level care (\$7,734.22) and an Invacare Community Palliative Care bed (\$3,262.90). This bed will be a joint Foundation/Hospice purchase with half of the cost paid for by these donations and the other half coming from the Hospice Society and lent out to community members whose family wish to palliate at home. Photos of all of the equipment purchases attached.

Fort Nelson Hospital Foundation



Check out the beautiful art in the hallway of the Hospital!

"Northern Lights" was commissioned by the Foundation and painted by Dawn Gullackson!

In the photo are the artist Dawn, Hospital Administrator Annette Weger, and Foundation Executive Director Sandy McLean



Updated Donor Board



Prime X Electric Imaging



Invacare Etude Homecare Bed
\$3,265.00



Isoflex Mattress
\$4,153.00



Broda Elite Tilt Chairs
X2=\$7,740.00

Fort St John Hospital Foundation

- New staff
 - Kelly Amboe as Gift Processing and Office Administrator and Ascuncion Sta Maria started January 6th 2020 as Resource Development & Event Coordinator.
- 2019 we celebrated our 25th anniversary with the FSJ Hospital Foundation being founded in 1994.
 - Archie Ferguson who started with the first donation of \$150,000.
 - Since then community, donations have contributed to over \$15 million in medical equipment.
- Bluey Day saw 48 participants who raised \$79,248.21 for the Cancer Treatment & Diagnostic Fund.
- Be an Angel campaign was a great success raising over \$250,000 which was composed of several signature events such as the Annual Gala where over \$130,000 was raised and the mail-out raised \$ Woodward Foundation approved a grant of \$100,000 towards the purchase of an Ultrasound Machine for the imaging department and the FSJ Hospital Foundation is contributing \$25,000. This will be announced in February.

Fort St John Hospital Foundation

Colonscopoedual Focus Scopeguide (B)	\$ 42,805.67
Endo Eye 5mm	\$ 22,996.86
Dental Drill Sets	\$ 5,321.44
Gastroscope	\$ 34,156.37
Histo Tissue Processor	\$ 90,384.46
Paraffin Dispenser	\$ 18,267.52
Cystopin / Stainer	\$ 24,395.62
Fixed Tub Weigh Scale	\$ 2,169.47
Holter Records 3	\$ 3,600.00
Cry-AC	\$ 1,033.71
TOTAL	\$ 240,497.41

Dawson Creek & District Hospital Foundation

- A new "Friend of the Foundation", Peace Country Toyota who has pledged \$100,000 over 3 years and provide much more to us than just dollars and cents.
- The Foundation was the Legacy Partner in the WHL Exhibition Series that Tourism Dawson Creek hosted in our community which helped us raise over \$30,000.
- The 2019 Tim Hortons Smile Cookie week raising over \$13,000 (surpassing our goal of \$10k).
- Revamped website

Chetwynd & District Hospital Foundation

- The Chetwynd & District Hospital Foundation is starting an exciting new time with an exciting new board who are all incredibly enthusiastic and ready to get things done.
- We have purchased three smaller pieces of equipment for our hospital this year - Laerdal Portable Suction Unit, a Vitals Cart and a Transfer Bed.
- These items were the last on the 2018 wish list and have been purchased thanks to a \$10,000 donation from Enbridge.
- Launched our Facebook page.
- Coming up for 2020 is our very first fundraiser taking place in April..

Spirit of the North

SOTN has \$1.3 Million committed in projects and is funding close to \$400k in the fall 2018 granting cycle. Just over \$200k of it is included in the cardiac campaign piece.

Fall 2018 Granting Cycle –Payable to Northern Health

23-Feb-18	Portable ECHO Ultrasound and probe	Auxiliary	\$91,567.19
27-Mar-18	Monitor - ECG x3	2017 Wine Lovers	\$25,650.86
27-Mar-18	Incubator – Transport (Vanderhoof)	2017 Costco Campaign for Kids	\$30,867.61
27-Mar-18	Wound Management Shower Room Renos	Burn Fund	\$5,217.94
11-May-18	Family Care Funding	Variety	\$1585.00
17-May-18	Hovermat – Nuclear Medicine	Auxiliary	\$4,777.18
31-May-18	Exercise Bike @ Gateway	Staff Lottery	\$8,119.44
17-Aug-18	Ultrasound, Cardiac	PA Woodward Grant	\$107,310.75
23-Aug-18	Cart - Crash	Harley	\$29,690.74
23-Aug-18	Warmer - Fluid (Rapid Transit Transfuser)	Auxiliary	\$21,559.22
23-Aug-18	Ultrasound Table	Auxiliary	\$15,692.18
23-Aug-18	Manoscan Gastric Motilities System	Auxiliary	\$46,375.50
23-Aug-18	Analyzer - Erythrocyte Sedimentation Rate	Gaming General	\$6,410.60
31-Aug-18	Burn Wound Management - Multiple	Burn Fund	\$958.73
			\$395,782.94

Funding Accomplishments and Commitments

Dease Lake/ Stikine

- Airvo Kit with Stand
 - Vital Signs Monitor
- \$6,972

UHNBC:

- Ortho/ Surgical O.R. Towers
 - Clinical Simulation Equip.
 - Cardiac Ultrasound
 - Ventilator and Respiratory Equipment (CPAP/ APAP)
 - Videolaryngoscope
 - SpyGlass DS System
 - Dedicated Maternal O.R.
- \$1,215,036



Dawson Creek:

- Fetal Heart Monitors
- \$32,069

MacKenzie:

- Transport Ventilator
- \$34,512

G.R. Baker (Quesnel):

- Bus Shelter
 - OBGYN Equipment
 - Expanded Shoulder Surgical Equipment and New Ortho Video O.R. Tower
- \$244,055

We could not do this without the generosity of those who continue to donate so support better health outcomes in the Region.

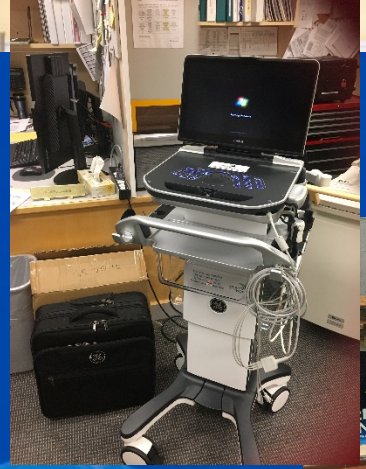
We are grateful



← NICU
Neonatal Intensive Care Unit

SPIRIT OF THE NORTH

"We are thankful to our generous donors. With their contributions we are able to provide medical equipment and enhancements to healthcare services in the North!"



Several new initiatives that have great appeal to support better health outcomes in the region are the following:

Northern Clinical Simulation: Administered through the Learning Centre, the Northern Clinical Simulation began in 2012 as a collaboration between Northern Health, UNBC School of Nursing and the UNBC Northern Medical Program. The Clinical Simulation Program brings leading edge technology to northern BC to enrich the education and skills for clinical study physicians, and medical students in various disciplines as well as community emergency response. It combines state of the art robotic patient simulators with operating and debriefing technologies to enable a safe environment for learning and skills development. Much of the equipment is in need of upgrading or replacement over the next few years. Additional equipment to enhance the service is always being sourced as well.

Specialized Maternal Operating Room: Currently UNBC has 8 fully functioning operating rooms. Two have had to be decommissioned to hold peripheral equipment that is usually available when needed. Over 1150 live births occur at UNBC annually, up to 20% are considered high risk meaning that they are emergency C-sections or twin births. This means that when an emergency delivery is required an existing operating room needs to be prepared in a matter of minutes. Often the result is a scheduled elective surgery is interrupted, delayed or even cancelled. Northern Health is in the process of reconfiguring one of the operating rooms for service as a dedicated maternal O.R. Equipment to the value of \$122,000 is required that will be designed to this room to aid in the safe delivery of our newest little ones. This also means that you loved ones have, knee, catwalk or a variety of other elective surgeries are not bumped or cancelled.

Jubilee Lodge Buy a Bed program: Some of our dearest patients and those who have provided a lifetime of meaningful assistance in the region end up spending their final years in facilities such as Jubilee Lodge. While landing in palliative and ICU seems to be plentiful, unfortunately the same just always has for those in their later years. When patients reach this stage of life, there is little that can be done for them except to provide comfort. Beds in Jubilee Lodge are all aging and are not up to the same standard that would be available to today's standard. A request by Northern Health for 64 beds at a total value of \$185,000 along with two Aigo (diagnosed) beds \$48,000 is requested as a start to ensure comfort where it is needed.



Auxiliaries

- Stuart Lake Hospital

- Successful junior volunteer program
- Weekly goodie cart and visits, and the garden committee is supporting residents planter boxes
- Turkey dart shoot fundraiser was successful
- \$6700 spent on Hospital Purchases

- UHNBC Hospital

- Northern Health recognized the auxiliary for 100 years of service in 2019 with a permanent plaque
- Hosted 200 delegates from auxiliaries across the province
- Awarding a 100 year anniversary \$10000 bursary
- Pledged \$100,000 in a three way partnership towards renovations at Jubilee Lodge

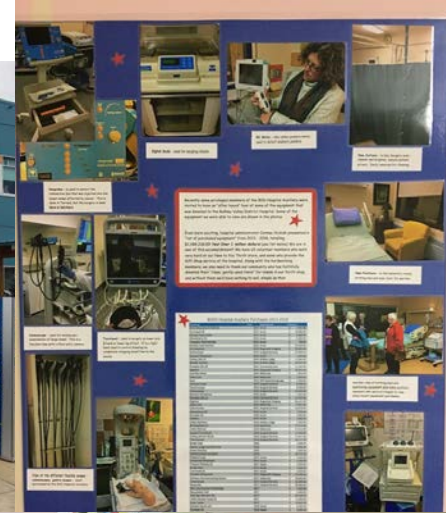
Auxiliaries

- Mills Memorial Hospital Auxiliary
 - Approx. 50 members who contribute to the never ending need for equipment and patient comfort items.
 - Last year purchased \$117,697.58 worth of equipment and patient comfort items for MMH.
 - Examples are Bladder Scanner, Pediatric Transport Car Infant Panda Warming Unit, 3 Flexible Cystoscopes and 2 CADD Pumps
 - Our biggest fund raiser is always the November Craft and Bake Sale where we raised over \$3700.00 this year.

Northwest Area Director - Auxiliaries

- There are three auxiliaries in the Northwest.
 - All own thrift stores,
 - All have buildings paid off,
 - All make most of revenue at the thrift store,
 - All have night meetings,
 - All have some type of gift shop in the hospital.
- **Burns Lake** hosted the area conference in September. One of their speakers was a retired doctor who came to Burns Lake fresh out of medical school. He had planned to stay a couple of years and it turned into 40some years. Since their hospital has everything new in it, their auxiliary decided to pay off their store's new addition.
- **Bulkley Valley** District Hospital Auxiliary membership is growing each year. With the new addition to their New To You Store more manpower is required. The Smithers community is very supportive of donating and then also buying.
- **Mills Memorial Auxiliary in Terrace** has met with the planning committee for their new hospital. They have a wonderful Gift Shop already and they want to make sure in their new hospital that their new one will be just a bit nicer.

Northwest Area Auxiliary Photos



Thank You

A Special thanks to the volunteers from our Foundations & Auxiliaries, their donors, and their supporters!