

**Board Meeting***Date: February 10, 2020**Location: Burns Lake, BC*

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

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**Public Minutes**

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**1. Call to Order Public Session**

The Open Board session was called to order at 10:30am

**2. Opening Remarks**

Chair Nyce welcomed the members of the public to the meeting and invited Director Adam to provide a traditional welcome to directors, executive members and guests.

Chair Nyce expressed appreciation to Director Rosemary Landry and Director Edward Stanford who will be completing their term on the Northern Health Board on March 31, 2020.

**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 February 10, 2020 Public agenda.

**4. Approval of Agenda**

Moved by W Adam seconded by R Landry

The Northern Health Board approves the February 10, 2020 public agenda as presented

**5. Approval of Board Minutes**

Moved by J Kurjata seconded by S Killam

The Northern Health Board approves the December 2, 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 discussion with the following topics being highlighted;

- **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.
- **The Pines Renovations:** The new dining room at The Pines opened in the summer and residents, family and staff are enjoying this new area. The space is large, bright and allows family to join their loved ones 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.
- **Fort St James Announcement:** 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. Key actions emerging from the meeting are:
  - 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.

- Ensure that students, residents, and locums have access to short-term rental options
- 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.
- Appreciation was expressed to Rosemary Landry and Edward Stanford for their commitment and dedication while serving on the Northern Health Board.

### 7.1. Human Resources Report

An overview of the Human Resource Report, which focuses on a Human Resources Strategy, was provided for information and discussion as follows:

- 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.
- Northern Health's HR Strategy is aligned with the 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.
- The following are the three most important actions accomplished in the last period:
  1. Completion of the HR Strategy identifying the five HR Strategic Business Objectives that represent the core business of its HR department.
  2. HR Strategic Initiatives - 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.
  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.

- A long-range HR strategy is critical for Northern Health to meet the current and emerging patient and population needs of Northern BC. Northern Health's HR Strategy is the strategic pathway that communicates, promotes, and highlights how Northern Health's HR team, together with its operational partners, address the multitude of challenges facing its workforce as well as other emerging HR issues.
- The HR Strategy for Northern Health will be refreshed annually, ensuring it is aligned with provincial and local operational objectives.
- An update on the Northern Health Recruitment was included in the report.

## **8. Audit and Finance Committee**

### **8.1. Period 9 Comments & Financial Statements**

- 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.

Moved by J Kurjata seconded by S Killam

The Northern Health Board receives the 2019-20 Period 9 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 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 was summarized in the briefing note.

Moved by J Kurjata seconded by R Landry

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

## **9. Performance Planning and Priorities Committee**

### **9.1. Strategic Priority: Our People**

#### **9.1.1. Education and Development**

- The Northern Health Board of Directors was provided an overview of the significant improvements/changes in the development, monitoring and evaluation of the employee education framework and plan in Northern Health.

- 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: 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.
  2. Specialty education: in an effort to meet the ongoing need for specialty trained nurses across our region, Northern Health funds specialty education for new and existing staff.
  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.

## 9.2. Rehabilitation Strategy

- An overview of Northern Health's completed Regional Rehabilitation Services Strategy was provided. The strategy was endorsed by the Executive team in June 2019.
- The strategy sets out 11 quality improvement recommendations that fall under 4 strategic pillars which 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 and pre and post-surgical therapy programs to prevent unnecessary joint surgeries or support recovery from surgery.
- The strategy will guide the development and delivery of regional rehabilitation services over the next 5 years. An overview of the first steps to implementing the strategy was outlined in detail in the briefing note.

## 10. Presentation: Home Support Extended Hours

- 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. The goal is to assist seniors in the community to stay in their own homes, living as independently as possible for longer by receiving the supportive care they need at home.

- The presentation highlighted the Program objectives, background, solutions, steps to implementation, current state and results to date. The next steps have been identified as follows:
  - Implementing fixed hour rotating schedules for all Community Health Workers
  - Assessing the ability to expand the geographical parameters
  - Maximizing the efficiency of the on-call service by utilizing the Community Health Worker during down time
  - Sharing the successes with other communities to enhance patient outcomes
- The Board members commended the team on the work implemented to date and appreciated the information shared.

## 11. Governance and Management Relations Committee

### 11.1. Policy Manual BRD 500 Series

- The revised policy manual BRD 500 Series was 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 500 series

### 11.2. Regulatory Framework – Legislative Compliance

#### 11.2.1. Declaration on the Rights of Indigenous Peoples Act – new BC Legislation

- 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.

### 11.3. Relationship with Foundations and Fundraising Societies

- In 2018/19, the foundations and auxiliaries committed investments of \$3.165 million to Northern Health. The presentation included details, photos and highlights of the funding accomplishments and commitments from the foundations and auxiliaries across the region.
- The Board expressed appreciation to the volunteers, the donors, the foundations, the auxiliaries and the supporters for all the hard work and generosity that continues to better the health outcomes in northern communities.

Meeting was adjourned at 12:06pm

Moved by S Killam

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Colleen Nyce, Chair

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Desa Chipman, Recording  
Secretary

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