

Board Meeting*Date: October 18, 2022**Location: Prince George, BC*

Chair:	Colleen Nyce	Recorder:	Desa Chipman
Board:	<ul style="list-style-type: none">• John Kurjata• Wilfred Adam• Linda Locke	<ul style="list-style-type: none">• Shannon Anderson• Shayna Dolan• Russ Beerling• Brian Kennelly	
Regrets:	<ul style="list-style-type: none">• Frank Everitt• Patricia Sterritt		
Executive:	<ul style="list-style-type: none">• Cathy Ulrich• Fraser Bell• Mark De Croos• David Williams• Kelly Gunn• Steve Raper	<ul style="list-style-type: none">• Dr. Ronald Chapman• Dr. Jong Kim• Penny Anguish• Ciro Panessa• Tanis Hampe	

Public Minutes

1. Call to Order Public Session

The Public Board session was called to order at 2:46pm.

2. Opening Remarks

Chair Nyce welcomed everyone to the NH Board public session and acknowledged, with respect and gratitude, the Lheidli T'enneh traditional territory where the meeting was being held.

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 October 18, 2022 Public agenda.

4. Approval of Agenda

Moved by R Beerling seconded by L Locke

The Northern Health Board approves the October 18, 2022 public agenda as presented

5. Approval of Board Minutes

Moved by B Kennelly seconded by J Kurjata

The Northern Health Board approves the June 13, 2022 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 with additional information being provided on the following topics:
 - Daajing Giids Ceremony and Feast – the former Village of Queen Charlotte on Haida Gwaii is now officially recognized as the Village of the Daajing Giids, restoring its ancestral Haida Name.
 - Fort St John Hospital & Peace Villa Facility 10th Anniversary Event – Anniversary event was held on September 8, 2022. The event was well attended, guests were invited to attend a ceremony, a barbeque luncheon and to participate in tours of the facility.
 - Gateway Social Activity – On October 17 the VP Primary Community Care and Clinical Programs brought their 16year old horse to visit the residents and their family members of Gateway. Residents were delighted to spend time feeding Rapunzelle carrots, petting her snout and watching her feast on the lawn and the leaves.
 - Dr. Bonnie Henry Visit – Dr Henry was in Prince George in September and took the time to meet with Public Health, Community Services, Long Term Care, Infection Prevention Control, and Mental Health and Substance Use Leadership to express appreciation for the Pandemic Response.

Population and Public Health Update:

- Opioid and Overdose Update – from January to August 2022 Northern Health has experienced a rate of drug toxicity deaths of 52.4 deaths per 100,000 which is the third highest rate in the province. The NW and NH HSDAs are in the top 5 highest rate of illicit drug toxicity deaths.
 - Work is ongoing to expand access to opioid agonist treatment in Northern Health and strengthening care models and pathways through separating people from the toxic drug supply. Northern Health has formed a Regional Working Group comprised of prescribers, pharmacy, nurses, Addictions Medicine specialists and Medical Health Officers, to develop a framework that will guide the approach to integrate Prescribed Alternatives to the Toxic Supply as an available option supported through the care pathway.
 - Decriminalization in BC – on May 31, 2022, Health Canada approved the Province's request to decriminalize the personal possession of small amounts of illicit substances for personal use in BC. Decriminalization will come into affect on January 31, 2023 for an initial 3-year period.
- Transition from Pandemic Response – Northern Health will shift services, facilities and staff from a pandemic response state to a response focused on a persistent low level of COVID-19 and prepare for an elevated response if required.
- The following principles and assumptions have been established:
 - Staff and physicians will be provided space and opportunity for recovery and acknowledgement of the difficulties and accomplishments through the pandemic
 - Some areas of pandemic response will need to continue through the next year; they are determined by provincial direction and NH analysis and plans.
 - In some areas we will need to be ready to respond to future waves or surges of COVID-19, particularly as we enter the respiratory season in the fall of 2022.
 - Some areas of work will be discontinued.

Human Resources Update:

- An overview of the current state of Human Resources within Northern Health was provided which included information on: vacancy indicators, service demand growth, length of service, workforce trends, exit and stay interviews, and the initiatives Northern Health has underway to address recruitment challenges.
- Information was also provided on the four cornerstones of BC's HHR Strategy.

8. Audit and Finance Committee

8.1. Period 5 Comments & Financial Statements

- Year to date Period 5, Northern Health (NH) has a net operating deficit of \$1.8 million. Excluding extraordinary items, revenues are unfavourable to budget by \$16.0 million or 3.8% and expenses are favourable to budget by \$14.2 million or 3.3%.
- The unfavourable variance in Ministry of Health Contributions is primarily due to delays in recognition of targeted funded programs. Targeted funding is only recognized when the related expenditure has been incurred. Unfortunately, hiring lags, in target funded programs, particularly Mental Health and Substance Use has resulted in less expenditure than budgeted. Therefore, less revenue is recognized as earned.
- The unfavourable variance in Other Revenues is primarily due to the delay in recognition of targeted funded programs from other sources. The favourable variance in Community Care, Mental Health and Substance Use, and Population Health and Wellness is primarily due to vacant staff positions and hiring lags on targeted funded programs.
- The budget overage in Long Term Care is primarily due to vacancies in several care aide positions across the region resulting in vacant shifts being filled at overtime rates and with agency staff.
- In response to the global COVID-19 pandemic, NH has incurred \$20.5 million in expenditures in the current fiscal year. The Ministry of Health is providing supplemental funding to offset pandemic related expenditures.

Moved by J Kurjata seconded by R Beerling

The Northern Health Board receives the 2022-23 Period 5 financial update as presented.

8.2. Capital Projects Expenditure Plan update

- The Northern Health Board approved the 2022-23 capital expenditure plan in February 2022, with an amendment in June 2022. The updated plan approves total expenditures of \$411.4M, with funding support from the Ministry of Health (\$266 M, 65%), Six Regional Hospital Districts (\$127M, 30%), Foundations, Auxiliaries and Other Entities (\$2.7M, 1%), and Northern Health (\$15.2M, 4%). Year to date Period 5 (ending August 18, 2022), \$103.3M was spent towards the execution of the plan was summarized in the briefing note.

Moved by J Kurjata seconded by B Kennelly

The Northern Health Board receives the Period 5 update on the 2022-23 Capital Expenditure Plan.

9. Performance Planning and Priorities Committee

9.1. Strategic Priority: Healthy People in Healthy Communities

9.1.1. Climate Change

- Northern Health is currently working with the Ministry of Health's Health Climate Resilience Team and other Health Authorities to develop a Climate Preparedness and Adaptation Strategy for NH.

- In July 2022, NH received targeted funding from the Ministry of Health to support this planning and initial actions. To meet the requirements and deliverables, Population and Public Health, with the NH Climate Change Coordinating Committee, has drafted a workplan for 2022-23 for Board and Executive feedback.
- The final workplan will include the following key areas for action:
 - Organizational Leadership and Capacity
 - Workforce Knowledge and Capacity
 - Governance
 - Reporting and Accountability
 - Vulnerability and Adaptation Assessment
 - Public Health Communications and Awareness
 - Cross-sectoral collaboration and engagement on innovative, evidence-based solutions grounded in cultural safety and health equity

9.2. Strategic Priority: Quality

9.2.1. Elder Services Program Update

- An overview of the priority work underway in the Elder Services Program was provided. Additional information and details were provided on the following key areas of work:
 - Covid-19 Pandemic Response
 - Implementation of Specialized Community Services program for the Medically Complex/Frail (Seniors population).
 - Home Support
 - Alternative Dementia Housing
 - Long-term Care
 - End of Life Palliative Care

9.2.2. Perinatal Service Network Update

- Highlighted priorities are to stabilize rural maternity services and support quality mental health and substance use care for individuals in the perinatal period.
- Additional information was provided in the report on the following key actions:
 - Stabilize Rural Maternity Services (5-Year Perinatal Care Strategy)
 - Perinatal Mental Health and Substance Use
 - Perinatal Quality Improvement

9.2.3. NH/UNBC Innovation & Partnership

- Northern Health works with a variety of partners to advance our organizational research capacity and infrastructure to support Northern Health becoming a learning health community.
- The material provided an update on research activities that are happening across the region with the following key actions highlighted.
 - Revised Memorandum of Understanding between the University of Northern British Columbia and Northern Health.
 - Centre for Clinical Research in the North – a partnership with NH/UNBC/UBC
 - Centre for Technology Adoption for Aging in the North (CTAAN)
 - Northern Biobank Initiative
 - Continued Partnership and Collaboration with UNBC, Michael Smith Health Research BC, RCCbc and other Health Authorities.

9.2.4. Infection Prevention & Control Update

- Highlights of the 2022/2023 Infection Prevention priorities was provided for information and discussion.
- The Infection Prevention and Control (IPC) team provide on-site and virtual guidance, training, auditing and surveillance to reduce the potential for nosocomial (within our facilities) infection of patients, family, and staff. The IPC team works with Public Health to prevent and manage outbreaks. The team also manages Medical Device Reprocessing (the department that sterilizes equipment for re-use (e.g., surgical equipment sterilization)).
- The key priorities for the Infection Prevention and Control team for 2022/23 are as follows:
 - Medical Device Reprocessing Department quality work
 - Initiate Infection Prevention facility assessments in locations where Infection Prevention is located with the goal of shifting to ongoing quality improvement actions
- Northern Health can celebrate 10 years of improvement on Hand Hygiene leading to a 92% compliance rate this past year. In 10 years, Northern Health hand hygiene compliance has increased from 61% to 92%.

10. Governance and Management Relations Committee

10.1. Policy Manual BRD 300 Series

- The revised policy manual BRD 300 Series was presented to the Board for review and approval.

Moved by S Anderson seconded by L Locke

The Northern Health Board of Directors approves the revised BRD 300 series

10.2. Annual Review of Enduring Board Motions

- Enduring motions are motions that remain in force until the Board passes a new motion to rescind or change the old motion. Enduring motions are different from transactional motions such as the approval of minutes, a report, or even more substantive issues such as approval of the annual budget. Transactional motions are intended to conclude a matter with no expectation that the motion will have to be revisited.
- The problem with enduring motions is that the Board can forget that it has passed these motions as years go by and as Directors and staff support change. In January 2013, the Board added to its work plan, through GMR, the task of conducting an annual review to determine if all enduring motions passed by the Board are still current or if they require action.
- All Enduring Motions still in force at September 15, 2022 have been reviewed with the respective Executive Leads. A summary was provided with an outline of the Enduring Motions.

10.3. Internationally Educated Nurses (IENs)

- An update was provided on the provincial and local supportive action for Internationally Educated Health Care Professions as follows:
 - Nurses are in short supply and in high demand, across all BC health system service delivery areas. There are significant regulatory barriers for internationally educated nurses due to exam and registration assessments. There are financial barriers for Internationally Educated Nurses to move through the regulatory and licensing process. These complicated, costly, and lengthy processes are also

barriers to other Internationally Educated Health Care professions such as Pharmacists, Medical Lab Technicians, and Physiotherapist etc.

- In April 2022, the BC Provincial Government announced the Province was making it easier for Internationally Educated Nurses to practice in BC through a number of process changes. In July 2022, the BC Provincial Government announced several key initiatives to assist health authorities in recruiting Internationally Educated Health Care Professionals.
- With the provincial work underway Northern Health has an opportunity to work with communities to identify internationally educated health care professionals to either support the nurses through the provincial programs or identify supports for those that are not nurses.
- Northern Health has onboarded a Coordinator, Internationally Educated Healthcare Professionals temporary project position, to streamline both internal processes and to support provincial transition.

Meeting was adjourned at 4:10pm

Moved by J Kurjata



Colleen Nyce, Chair



Desa Chipman, Recording Secretary