northern health

Public Session

AGENDA

December 5, 2022
Prince George BC

AGENDA ITEMS	Responsibility of…	Expected Outcome	Time (Approx.)	Page
1. Call to Order of Open Board Session	Chair Nyce		**9:45am**	
2. Welcome and Indigenous Land Acknowledgement	Chair Nyce			
3. Conflict of Interest Declaration	Chair Nyce	Discussion		
4. Approval of Agenda	Chair Nyce	Motion		
5. Approval of Previous Minutes: 5.1. October 18, 2022	Chair Nyce	Motion		**3**
6. Business Arising from Previous Minutes	Chair Nyce			
7. CEO Report **7.1** Human Resources Report	C Ulrich D Williams	Information Information		**9** **34**
8. Audit & Finance Committee **8.1** Period 7 Financial Statement **8.2** Capital Expenditure Plan Update	 M De Croos M De Croos	 Motion Motion		 **42** **45**
9. Performance, Planning & Priorities Committee **9.1 Strategic Priority: Quality** **9.1.1.**Service Networks: 9.1.1.1. Child & Youth 9.1.1.2. Rehabilitative Services	 K Gunn K Gunn	 Information Information		 **54** **59**
10. Indigenous Health & Cultural Safety Committee **10.1** Update: Cultural Safety Education Plan and Implementation of Cultural Safety Education for Staff and Physicians	N Cross	Information		**62**
11. Governance & Management Relations Committee **11.1** BRD Policy 230 – Executive Limitations **11.2** BRD Policy Manual 400 Series **11.3** Internationally Educated Professionals **11.4** Education Partnership Approach with Colleges and UNBC	 K Thomson K Thomson D Williams F Bell	 Motion Motion Information Information		 **64** **70** **84** **87**
12. Signing Memorandum of Understanding – Northern Health and University of Northern British Columbia **Guests**: • **Dr. Geoff Payne, President, UNBC** • **Alexander Amanda, UNBC Board of Governors**			**11:00am**	
Adjourned			**11:15am**	

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Public Motions

Meeting Date:
December 5, 2022

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?		
4.	Approval of Agenda	The Northern Health Board approves the December 5, 2022 Public Agenda as presented	☐	☐
5.	Approval of Minutes	The Northern Health Board approves the October 18, 2022 Public minutes as presented	☐	☐
8.1	Period 7 Financial Statement	The Northern Health Board receives the 2022-23 Period 7 financial update as presented.	☐	☐
8.2	Capital Expenditure Plan Update	The Northern Health Board receives the Period 7 update on the 2022-23 Capital Expenditure Plan.	☐	☐
11.1	BRD Policy 230	The Northern Health Board of Directors approves the BRD Policy 230.	☐	☐
11.2	BRD Policy 400 Series	The Northern Health Board of Directors approves the BRD 400 Series.	☐	☐

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Board Meeting

Date: October 18, 2022

Location: Prince George, BC

Chair:	Colleen Nyce	**Recorder:** Desa Chipman
Board:	• John Kurjata • Wilfred Adam • Linda Locke	• Shannon Anderson • Shayna Dolan • Russ Beerling • Brian Kennelly
Regrets:	• Frank Everitt • Patricia Sterritt	
Executive:	• Cathy Ulrich • Fraser Bell • Mark De Croos • David Williams • Kelly Gunn • Steve Raper	• 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

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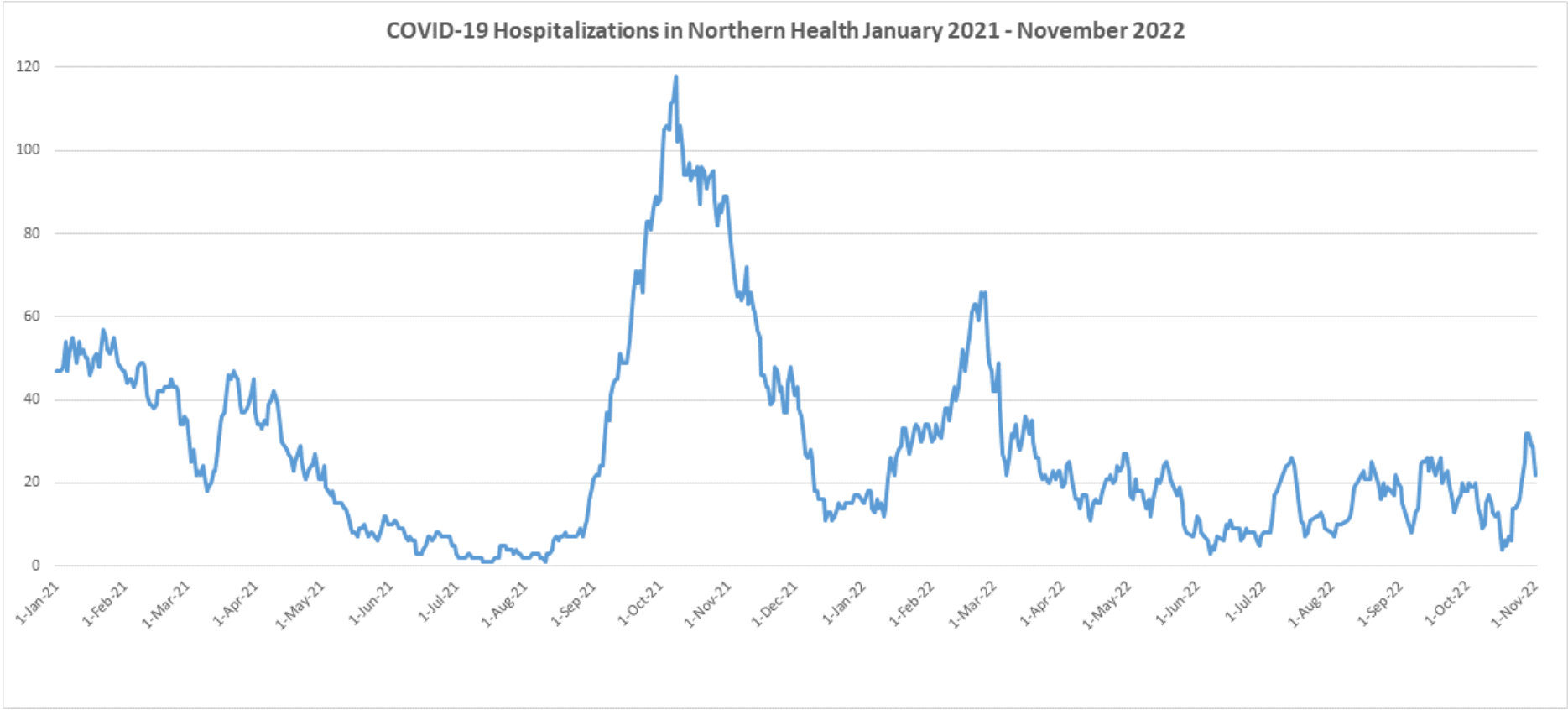
CEO Report – Northern Health Board

December 2022

Respiratory Season Status Update

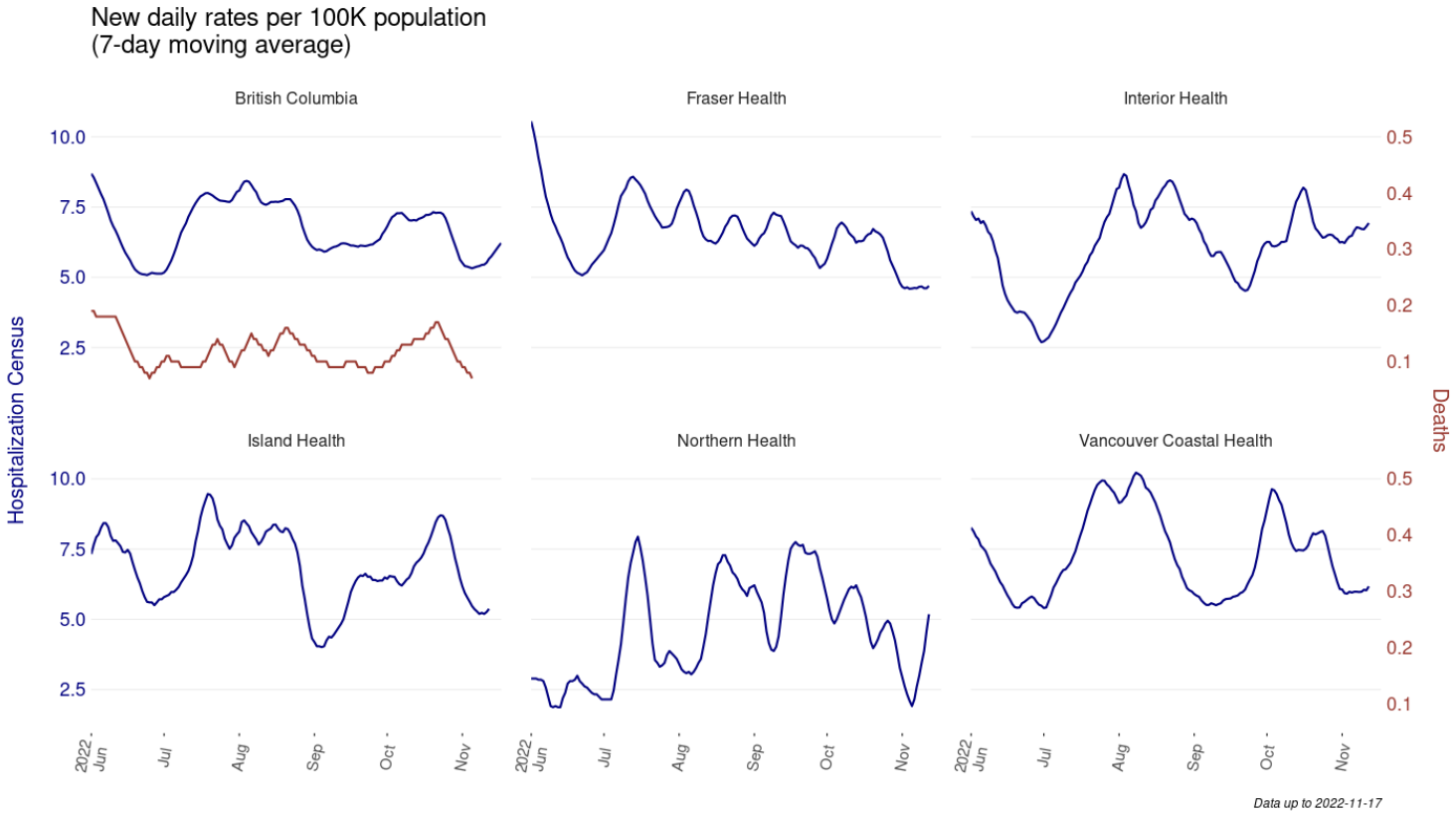
- Overall, there are more people seeking health care with respiratory symptoms in NH and BC
- Influenza is main driver of the current increase in acute respiratory illness; COVID-19, on the other hand, remains relatively stable
- Majority of circulating influenza is type A/H3
- Young children have higher rate of respiratory illness related visits. Test positivity of Influenza A and RSV in high is this group

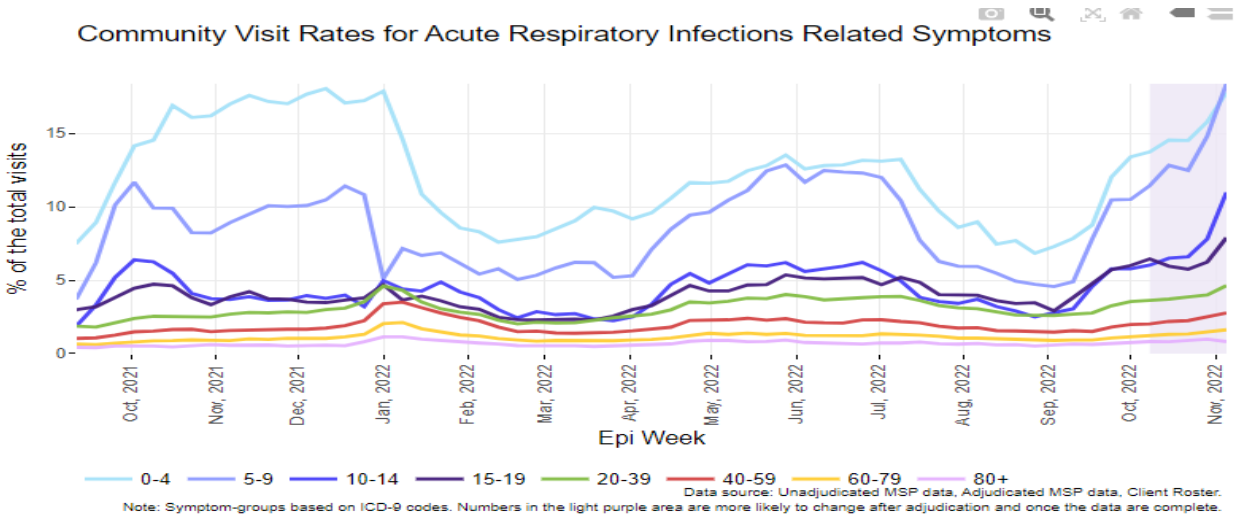
From BCCDC November 17, 2022 - http://www.bccdc.ca/Health-Info-Site/Documents/Respiratory_data/respiratory_surveillance_2022-11-17.pdf

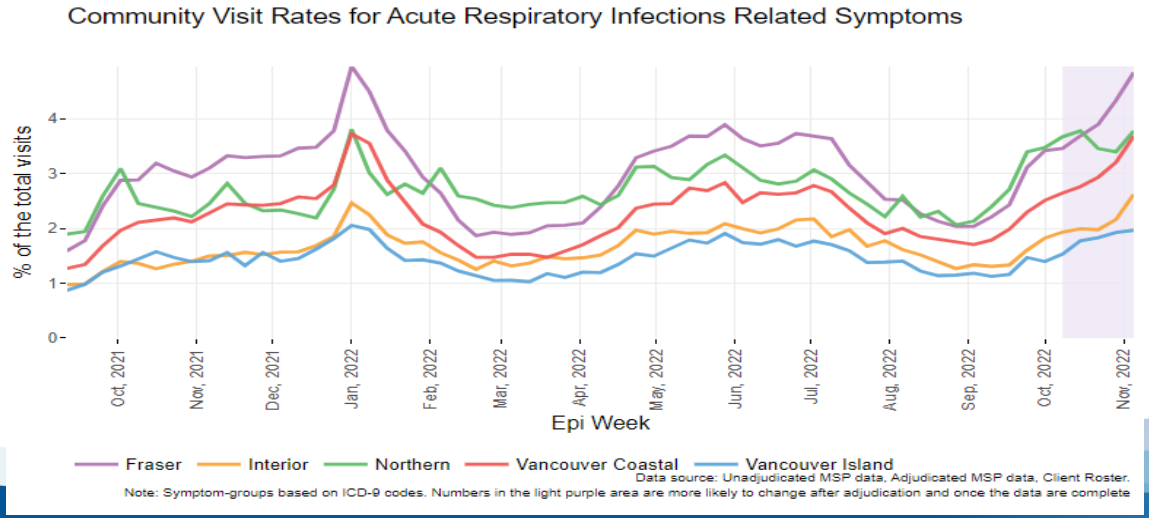


NOTE: These are almost exclusively medical patients. Two (2) or fewer individuals with COVID-19 have been in critical care in Northern Health Hospitals since June 2022

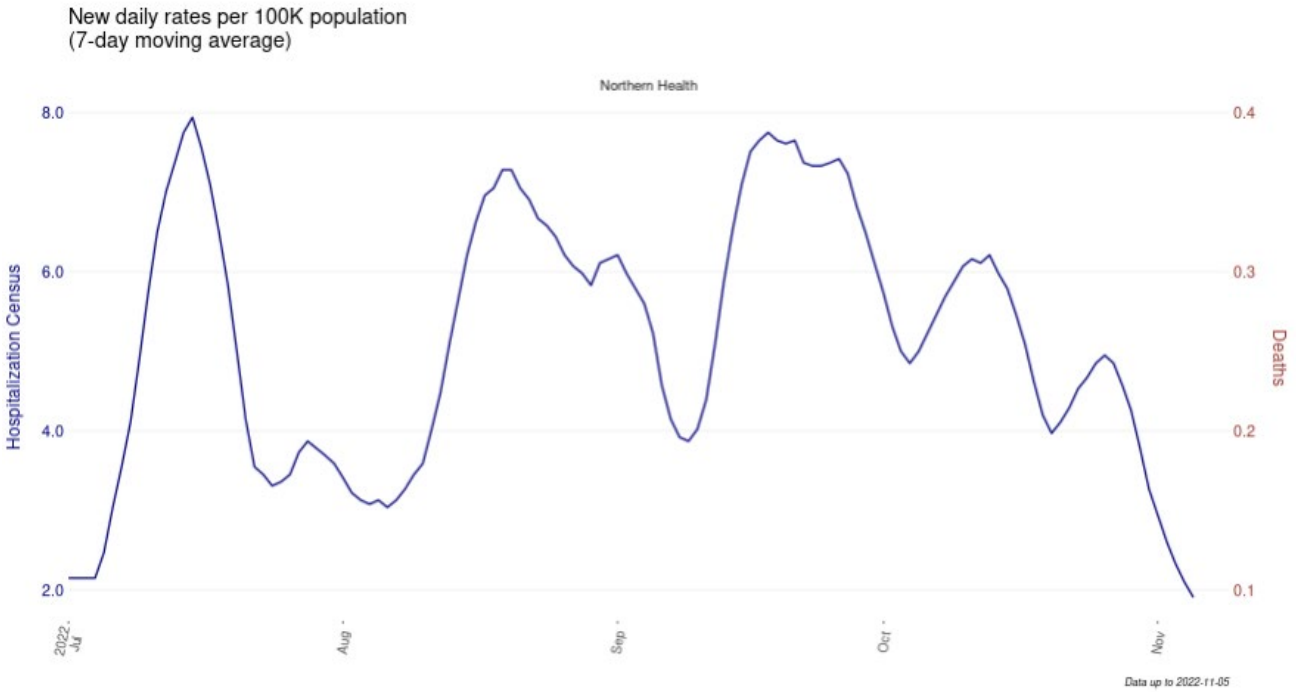
New daily rates per 100K population (7-day moving average)



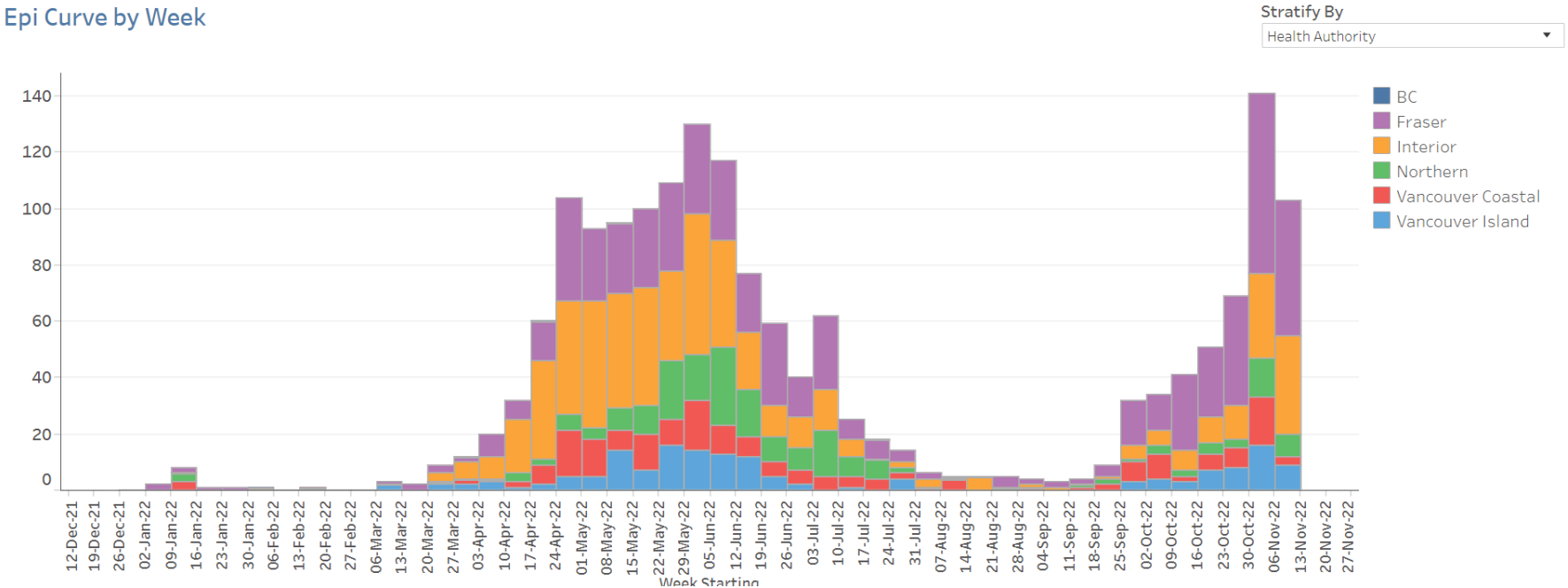

Community Visit Rates for Acute Respiratory Infections Related Symptoms
% of the total visits
15
10
5
0
Oct, 2021
Nov, 2021
Dec, 2021
Jan, 2022
Feb, 2022
Mar, 2022
Apr, 2022
May, 2022
Jun, 2022
Jul, 2022
Aug, 2022
Sep, 2022
Oct, 2022
Nov, 2022
Epi Week
0-4
5-9
10-14
15-19
20-39
40-59
60-79
80+
Data source: Unadjudicated MSP data, Adjudicated MSP data, Client Roster.
Note: Symptom-groups based on ICD-9 codes. Numbers in the light purple area are more likely to change after adjudication and once the data are complete.


Community Visit Rates for Acute Respiratory Infections Related Symptoms
% of the total visits
4
3
2
1
0
Oct, 2021
Nov, 2021
Dec, 2021
Jan, 2022
Feb, 2022
Mar, 2022
Apr, 2022
May, 2022
Jun, 2022
Jul, 2022
Aug, 2022
Sep, 2022
Oct, 2022
Nov, 2022
Epi Week
Fraser
Interior
Northern
Vancouver Coastal
Vancouver Island
Data source: Unadjudicated MSP data, Adjudicated MSP data, Client Roster.
Note: Symptom-groups based on ICD-9 codes. Numbers in the light purple area are more likely to change after adjudication and once the data are complete

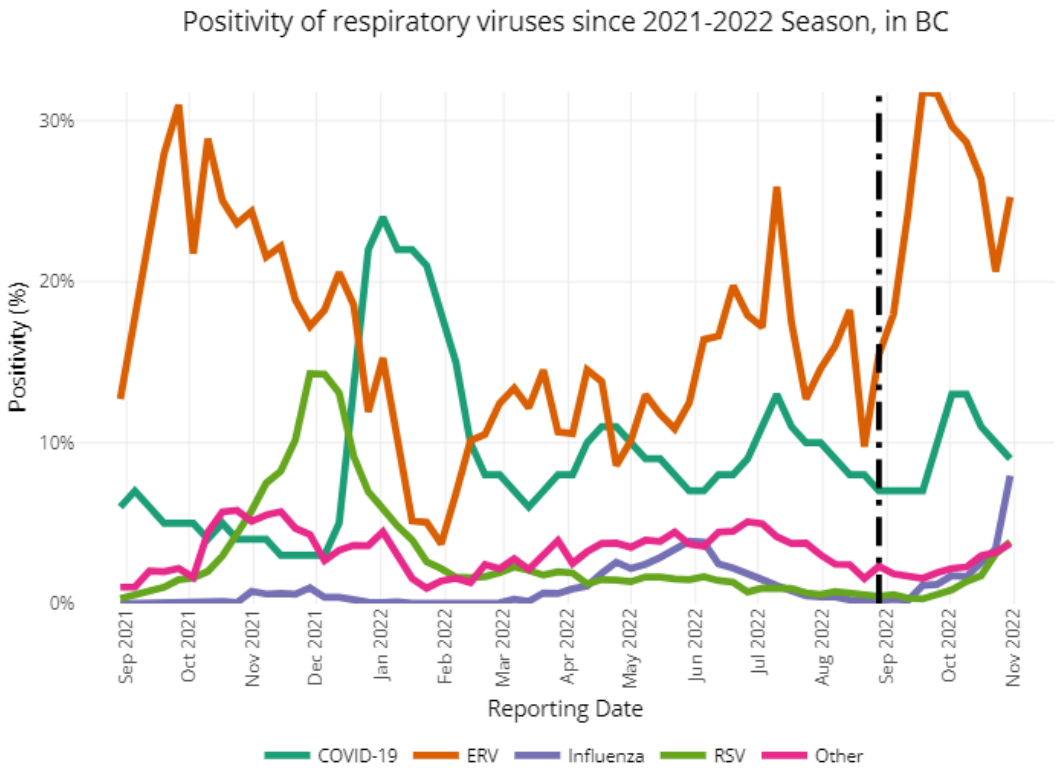
Covid Trend (hospitalization rate)



Influenza Trend (case number)



Other Respiratory Virus Trend (Positivity Rate)



Line represents percent positivity per epi-week
"Other"includes parainfluenza, adenovirus, human metapneumovirus (HMPV), and seasonal coronaviruses
Dashed line indicates the end of 2021-2022 Flu Season
Only a subset of ERV positive samples are subtyped to identify enterovirus D68 (EV-D68)

COVID-19 and Influenza Immunization in BC

- Everyone age 6 months and older is eligible for a COVID-19 vaccine.
- The Fall Booster campaign in BC started in September. Individuals 5 and older are encouraged to get their booster dose 6 months after their last vaccine.
- Influenza vaccine is provided free to everyone over the age of 6 months.
- Influenza and COVID-19 vaccines are available through pharmacies and Northern Health clinics and some primary health care providers.
- Appointments can be booked through the provincial Get Vaccinated system or phoning the provincial call centre at 1-833-838-2323.

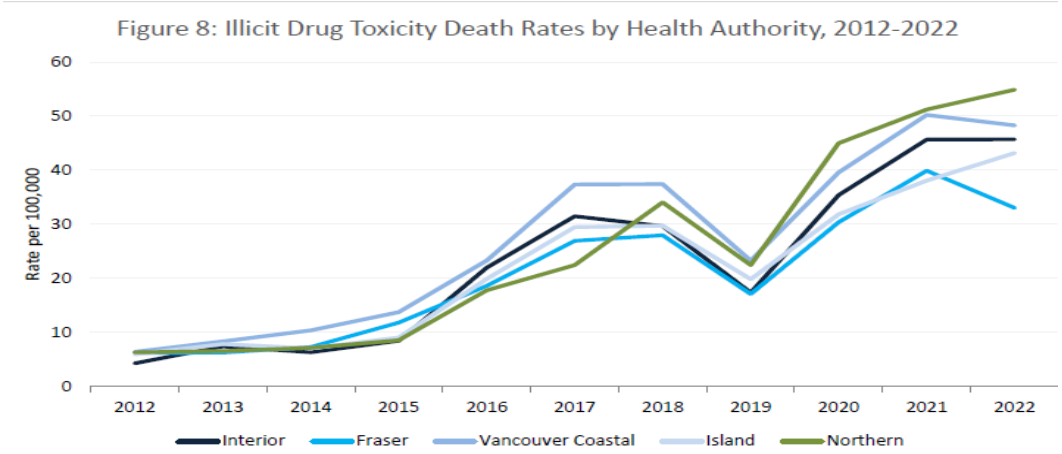
Northern BC Influenza and COVID-19 Immunization Update

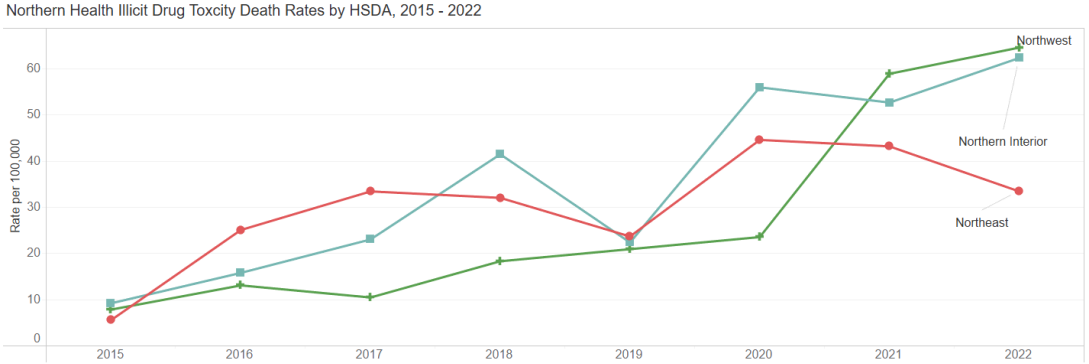
- ~46,500 doses of influenza vaccine have been administered in Northern BC to date
  - The older population is making appointments for their influenza shot (~40% of individuals age 65 and older as of November 20th, compared with 5.5% of those under 18).
- Over 646,000 doses of COVID-19 vaccine have been administered in Northern BC since December 2020.
  - Like influenza, the older population is better protected from COVID-19 through immunization. 80% of individuals age 70 and older have at least one booster dose compared with 13% of those age 5-17.
- Long-term care and Assisted Living facilities have offered COVID-19 booster doses and influenza vaccine to residents this fall.

Northern Health Illicit Drug Toxicity Death Rates

Northern Health has had the highest rate of illicit drug toxicity rates since 2020

- Since 2019, the Northwest rate of illicit drug toxicity deaths has increased ~208%
- The Northeast rate of illicit drug toxicity deaths is still higher than 2016 however, it has shown a slight decline in last two years
- The Northern Interior rate of illicit drug toxicity deaths has continued to increase from 2019

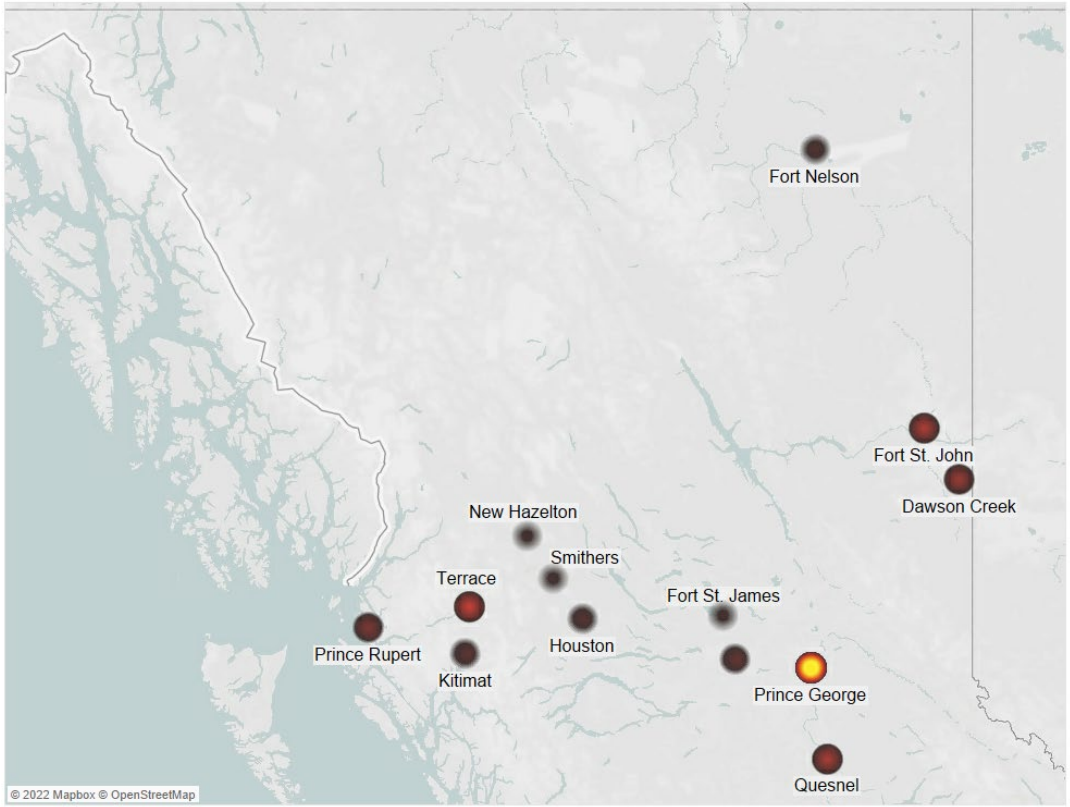




Northern Health
City of Illicit Drug toxicity Deaths, 2020 - 2022

- Prince George has the highest number of illicit drug toxicity deaths in Northern Health
- Fort St. John has the second highest number of deaths in Northern Health
- Since 2020, the number of illicit drug toxicity deaths occurring in Terrace has doubled

City of Illicit Drug Toxcity Deaths, 2020 - 2022



Data Source: BC Corners Line List. Contains City with >=5 Deaths in a community

Place of Injury, Illicit Drug Toxicity Deaths

- The location of illicit drug toxicity deaths has not changed since the declaration of a Public Health Emergency
- The majority of deaths occur within a Private Residence
  - Northern Health shows the same pattern as the Province with over 61% of deaths occurring private residence

Northern Health Illicit Drug Overdose Deaths by Place of Injury by HSDA, 2019-2022

	Northeast	Northern Interior	Northwest
Private Residence	67.0% (65)	59.6% (161)	59.8% (70)
Other Residence	20.6% (20)	20.0% (54)	21.4% (25)
Other Inside	3.1% (3)	2.6% (7)	3.4% (4)
Outside	9.3% (9)	16.7% (45)	15.4% (18)
Unknown		1.1% (3)	

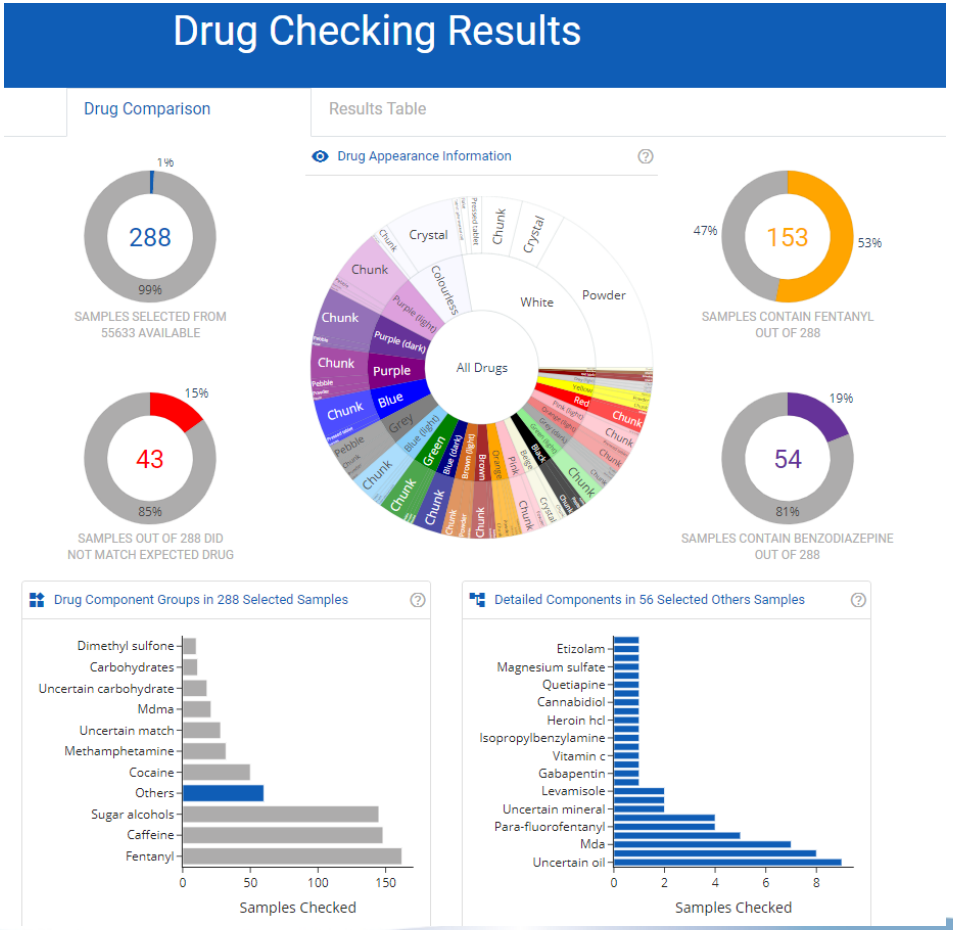
Table 3: Illicit Drug Toxicity Deaths by Place of Injury and Health Authority, BC, 2019-2022[3]

	Interior	Fraser	Vancouver Coastal	Vancouver Island	Northern
Inside:					
Private Residence	667 (61.3%)	1,494 (68.3%)	677 (36.4%)	616 (58.3%)	296 (61.3%)
Other Residence	235 (21.6%)	275 (12.6%)	817 (44.0%)	242 (22.9%)	99 (20.5%)
Other Inside	38 (3.5%)	85 (3.9%)	43 (2.3%)	21 (2.0%)	14 (2.9%)
Outside	132 (12.1%)	317 (14.5%)	284 (15.3%)	167 (15.8%)	71 (14.7%)
Unknown	16 (1.5%)	16 (0.7%)	38 (2.0%)	10 (1.0%)	3 (0.6%)
Total	1,088	2,187	1,859	1,056	483

Private Residence – includes driveways garages, trailer homes and either decedent's own or another's residence.
Other Residence – includes hotels, motels, rooming houses, SRO (single room occupancy, shelters, social/supportive housing etc.)
Medical facility – includes hospitals, community care facilities, etc
Occupational site – includes locations where the decedent was at their place of work.
Public buildings – includes restaurants, community centres, businesses, clinics, etc.
Outside – includes vehicles, streets, sidewalks, parking lots, public parks, wooded areas, and campgrounds

FTIR – Drug Checking in Northern Health, 2022

- We have two FTIR sites in Northern Health, Terrace (50 samples tested) and Prince George (238 samples tested)
- Those two sites only represent 1% of the samples tested in 2022
- 53% of those samples tested contained Fentanyl
- 19% of those samples tested contained Benzodiazepines
- 15% of those samples tested did not match what people expected



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Decriminalization - Role of Health Authorities

Decriminalization comes into effect January 31, 2023

Recruitment underway for two Regional Coordinator, Harm Reduction positions, which will prioritize decriminalization work

- Positions to liaise with local law enforcement and the MMHA for project administration, including implementation planning and progress reports.

Resource cards with information on local supports have been created

- Law enforcement will provide resource cards with information and voluntary referral to health care, harm reduction and treatment supports.

Drug alerts process

Potentially harmful substances are identified by the following criteria:

- Reports of unusual or unexpected symptoms associated with the use of a substance, either by peers or community partners
- A substance has been associated with a cluster of overdoses
- Unknown or novel substance has been detected in a sample that has been tested by Fourier-transform infrared spectroscopy (FTIR)

If the above criteria are met, Regional Nursing Lead – Harm Reduction, in partnership with FNHA, investigates further to determine need for drug alert.

If drug alert is needed and if MHO approves, Regional Nursing Lead – Harm Reduction works with Communications to issue a joint NH and FNHA drug alert.

NH and FNHA issued drug alerts since June 2022

Date alert issued	Details	Region
November 18, 2022	Multiple reports of down causing overdoses	Issued for Prince George
November 8, 2022	Sudden overdoses report from UHNBC staff to MHO	Issued for NI region
October 28, 2022	Three overdoses and one death reported by NH staff to MHO and PPH team	Issued for Fort St. John
October 21, 2022	FTIR technician at POUNDS alerted PPH to a toxic substance tested at their site	Issued for Prince George
October 14, 2022	FTIR technician at POUNDS tested and found toxic substance	Issued for Prince George

NH and FNHA issued drug alerts since June 2022

Date alert issued	Details	Region
August 25, 2022	Reports of several samples causing sudden overdoses/prolonged sedation	Issued for Fort St. John
June 24, 2022	Reports from FTIR technician in Terrace of toxic substances.	Issued for Terrace
June 16, 2022	Reports of toxic substance causing increase in overdoses in community	Issued for Smithers
June 16, 2022	Reports of multiple overdoses in community.	Issued for Prince George
June 14, 2022	Reports of toxic substance causing increase in overdoses.	Issued for Quesnel

First Nation Health Authority
Sub Regional & Regional Caucuses

- Three governance engagement pathways:
  - Gathering Wisdom – provincial forum held every 18 months
  - Northern Regional Health Caucus – 3 day event hosted 2 to 3 times per year which all Northern First Nations communities attend
  - Subregional Caucuses – communities in the North East, North West and North Centre (Interior) subregions meet prior to the regional caucuses
- The Northern Subregional Caucuses held their first in-person meeting since the pandemic began through the months of October and November 2022
  - First day focused on health governance including a provincial 10 year strategy on social determinants
  - Second day focused on operational items including a FNHA northern office update, First Nations Health Benefits update and COVID update.
    - Northern Health's Indigenous Health worked with the respective Chief Operating Officer to provide an update on Indigenous Health strategic work and a Northern Health operational update
  - Third day focus on Mental Health and Wellness

First Nation Health Authority
Sub Regional & Regional Caucuses

- Highlights of the at the subregional Caucus sessions included:
  - Appreciation that Northern Health was present for one or two days of the Caucus sessions
  - Interest expressed in a full day session on Mental Wellness planning, services and partnerships
  - Discussion of the work underway to improve the approach to complaints and experiences of care and services
  - Discussion of Health Human Resource challenges and impact on services
  - Discussion of the partnered Indigenous Health Improvement Committee Structures and future redevelopment
  - Discussion of career support for Indigenous employees
- The Northern Regional Caucus will be held on November 29, 30 and December 1. Northern Health representatives will participate in the Caucus on November 30.

Virtual Care

- Northern Health, was part of a Canadian visit by Professor Tim Shaw - Tim is a Professor of Digital Health and Director of the Research in Implementation Science and e-Health Group in the Faculty of Medicine and Health, at the University of Sidney
- Tim's research brings together academia, industry, government and service providers to transform health care. He has a special research interest in how digital health can support the delivery of new models of care.
- Tim travelled to Prince George to meet with members of Northern Health, the Northern BC Medical Program and northern physicians to learn about our Northern Health Virtual Primary and Community Care Clinic.
- Tim also spent some time in Valemount and then the Rural Coordinating Centre of BC in Vancouver to learn more about the Real Time Virtual Supports offering specialised consultative support to rural and remote communities across the province.
- Northern Health has a follow up meeting with Professor Shaw on December 1st to learn more about Australia's Virtual Rural Generalist Program and to determine opportunities to collaborate on the evaluation of virtual solutions to support health care.

Dr. Paul Winwood and Tim Shaw

Prince George Staff and Physician Co-leadership

- The Prince George Medical Staff Association approached UHNBC leadership in 2021 with interest in a joint staff-physician leadership development program – Northern Health Medical Affairs Quality Improvement staff investigated options
- Interior Health piloted a 2 year leadership program that was felt to be very successful, but it was physician only – the program is being adapted to include staff co-leaders and/or up and coming staff leaders
- Prince George is the first in the province to pilot a co-leadership education plan that includes both physicians and health authority staff
- Participants were nominated by their peers and the final group consists of 15 physicians, 13 staff and are a highly diverse group with roles that include: surgeon, family doctor, emergency physician, intensivist, psychiatry, radiologist, anesthetist, registered nurse, social worker, dietitian, medical imaging, lab, pharmacists and facility maintenance
- The group held their first 2 day session in October and spent time on leadership skills such as communication, understanding their own personability type – from here, they will co-develop the 2 yr leadership curriculum in partnership with an advisory committee and based on a pre-survey on leadership learning interests
- Each session will focus on different topics while providing practical tools to implement between sessions
- Funding support is provided by: Prince George Medical Staff Association, Northern Health, Rural Coordination Centre of BC and Doctors of BC (Specialized Services Committee and General Practices Services Committee)

Forensic Investigation in Child Physical Abuse Cases: Making a Difference Together

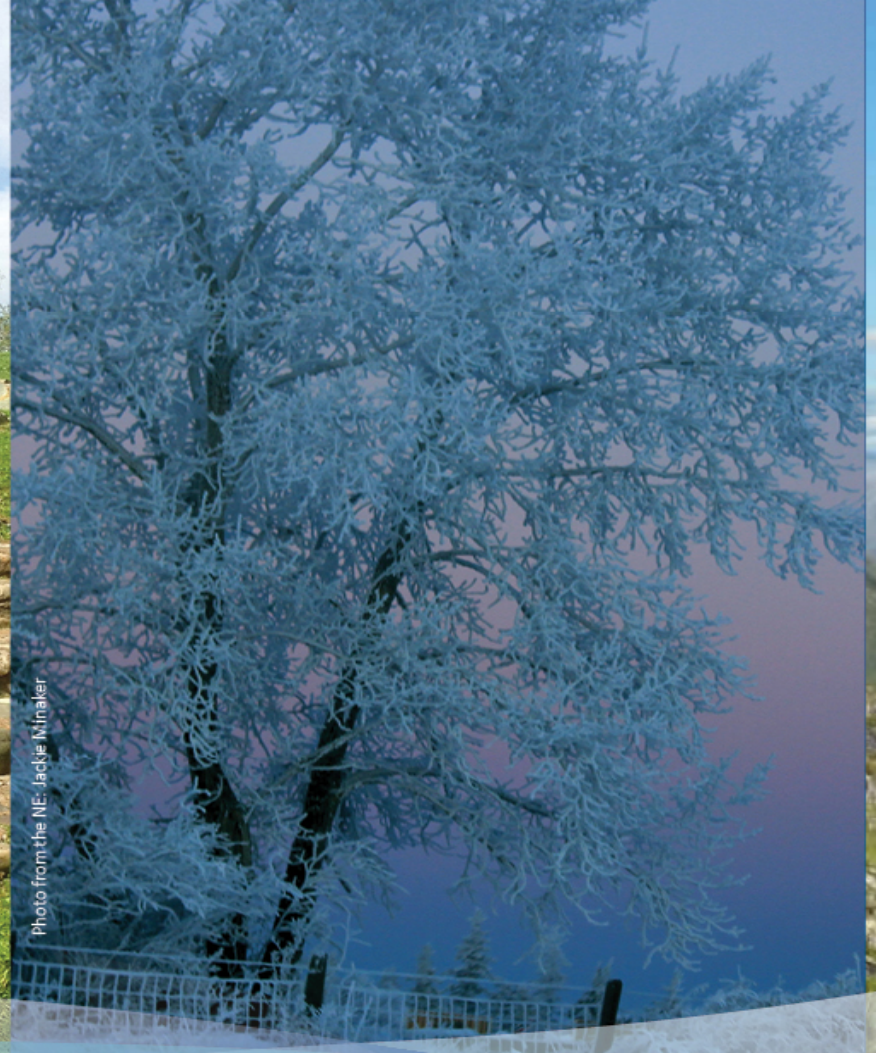
- Northern Health & RCMP partnered to welcome the Shaken Baby Alliance Team to Prince George on October 6 & 7 2022 for a 2-day intensive workshop in support of the importance of collaborative work in child abuse cases across disciplines
- This well established and award-winning investigations program provides up-to-date, best practice training for professionals involved in child physical abuse, neglect, and child death cases
- This training provides investigative and legal professionals with a strong foundational understanding of the medical aspects of child abuse, neglect and forensic investigative techniques and provides the tools necessary to investigate, prosecute, and ultimately protect children
- The workshop was attended by medical specialists, health care staff, RCMP City and Serious Crimes teams, MCFD child protection workers, and Carrier Sekani Family Services staff – 54 participants in total each day
- The key Northern Health organizer, Chantelle Wilson, Manager, Child & Youth Regional & Specialized Services, was presented a Prince George RCMP Challenge Coin – a mark of appreciation to those that have assisted the RCMP in the course of their operations – for initiating and delivering on this collaborative training opportunity

Staff Awards

- Mary Charters, Director, Health Emergency Management BC, Northern Health has been granted the Emergency Management Exemplary Service award for outstanding contributions to Emergency Management from the Federal, Provincial, and Territorial Service Officials Responsible for Emergency Management (SOREM).
  - This national award recognizes exceptional service and excellence in preventing, preparing for, responding to, and recovering from emergencies and disasters.
  - This award specifically acknowledges Mary's work in:
    - leading and supporting Northern Health's response to wildfires, floods, the Pandemic response, Information System Network outages, as well as localized emergency situations.
    - Partnering with the First Nations Health Authority, Northern Health, and the Rural Coordination Centre of BC in the creation and implementation of the Rural, Remote, and First Nations Framework.
    - Leading the provincial development of a Code Silver - Active Attacker response strategy and educational program that has been adopted by all BC Health Authorities.

Staff Awards

- Vanessa Kinch, Regional Manager, Clinical Informatics, Northern Health has received the 2022 women Leaders in Digital Health award granted by Digital Health Canada. This national award recognizes visionary leadership in harnessing the power of Information Technology to transform Canadian health and healthcare.
  - This award specifically acknowledges Vanessa's work in:
    - Leading clinical informatics in rural healthcare with a focus on improving health care across northern British Columbia
    - Demonstrating qualities of enterprise, confidence and credibility, along with effective communication and leadership influence
    - Expert skills in system development, usability, business process management and change management. She has led the creation and implementation of portals for client access to enterprise services and virtual care technologies
  - Vanessa holds a dual Master's degree in Nursing and Informatics. She began her career as a Registered Nurse and moved to Informatics as a University of Victoria co-op student in the Northern Health Information Technology department. After graduation she joined the first Clinical Information Systems team in Northern Health.



NH Board Human Resources Report

David Williams, Vice President Human Resources

December 5, 2022

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BC's HHR Strategy
Four Cornerstones

FOUR CORNERSTONES

RETAIN: Foster healthy, safe and inspired workplaces, supporting workforce health and wellness, embedding reconciliation, diversity, inclusion and cultural safety and better supporting and retaining workers in high-need areas, building clinical leadership capacity and increasing engagement.

REDESIGN: Balance workloads and staffing levels to optimize quality of care by optimizing scope of practice, expanding and enhancing team-based care, redesigning workflows and adopting enabling technologies.

RECRUIT: Attract and onboard workers by reducing barriers for international health-care professionals, supporting comprehensive onboarding and promoting health-care careers to young people.

TRAIN: Strengthening employer supported training models; enhancing earn and learn programs to support staff to advance the skills and qualifications; expanding the use of bursaries, expanding education seats for new and existing employees.

Access the Provincial HHR Strategy Here: https://news.gov.bc.ca/files/BCHealthHumanResourcesStrategy-Sept2022.pdf

Northern Health Initiatives

Include:

- Travel Resource Program
- Housing Prototype Program
- Childcare Prototype Program
- Health Career Access Program
- Health Human Resources Situation Response Team
- Internationally Educated Nurses (IEN)
- First Nations Health Authority (FNHA) Partnership
- NH and Provincial incentives for difficult-to-fill professions
- Collaboration with Northern Post Secondary Institutions
- Community Collaboration and Partnerships

New Graduate Hiring/Mentoring Strategy

Virtual Clinical Support/ Mentorship for rural remote areas

Team Based Care	**HHR Cornerstone of Focus – Redesign** **To expand the application of a Team Based Care approach to all care settings throughout NH. This project will establish a common toolkit to support strong teamwork and scope optimization for all professions, which will positively impact patient and provider satisfaction, recruitment, and retention of talent.**
Early Career Lifecycle Supports	HHR Cornerstone of Focus – Recruitment & Training To develop a systematic approach to engagement and support spanning from first point of contact (Elementary or Secondary School) through to potential post-retirement mentorship roles. This project will be subdivided into two work streams: First contact – 1-year post-hire (WS1), and 1 year post-hire – post-retirement (WS2).
Support in the Right Place Implementation	HHR Cornerstone of Focus – Retention Development, prototype implementation, and plan for scaling of Wrap-Around Support structure including coordination of regional support resources, as recommended in Support in the Right Place project.
Alternative Scheduling Models	HHR Cornerstone of Focus – Retention To develop and prototype an alternative scheduling model that will allow staff to self-select a portion of their rotation, addressing a driver of attrition and reluctance to accept regular positions.

Priority Professions

Current Context

- Northern Health current **vacancy indicators**:
  - 20.31% of our baseline positions are unfilled
  - higher for priority professions in rural and remote – 20%-50%
  - higher for nursing in rural and remote – 20%-60%

Service Demand/Growth

- Since January 2017, demand for Registered Nurses has been more than 3 times the available supply.
- Since 2019, the NH workforce experienced a growth of 12.74% in demand, with a corresponding 2% growth in supply:
  - Nursing had a 11.29% growth in demand, but no increase in supply
  - Health Sciences had a 17.12% growth in demand, but only a 6.29% growth in supply
  - Facilities had a 7.31% increase in demand, but only a 1.81% increase in supply
  - Community has a 17.93% increase in demand, and a 1.32% increase in supply

Health worker shortages are more than twice as high in rural areas than urban areas – WHO (2020)

Workforce Trends

- NH workforce trends, and Exit and Stay interviews, indicate that health service providers are departing the organization at nearly the same rate as they are recruited.
  - Close to 50% of all NH new hires are new graduates, professionals that require enhanced support, orientation, and mentoring – especially in rural remote areas.
  - New-Graduate hires typically do not stay in their first position placement. As they achieve experience, career aspirations lead them to seek career progression through specialty education or other advanced professional opportunities.
- In this post-pandemic period, we anticipate an increase in retirements and/or exits, which will further add to our workforce challenges.
- Recruitment alone will not solve our health care workforce shortage – we need to retain staff, and expand supply as well.

Length of Service

- On average 55% of departures from NH occur within 3 years
- This experience is evident in rural/remote jurisdictions across Canada and Australia.
- Indicators are that is related to staff wanting to develop skills in larger facilities or specialty nursing roles, challenges with living in small communities, and outcome of “incentivizing” recruitment into hard to recruit to communities (often with return of service commitments of 2 years).

Exit Checks

- Interviews are sent to all staff that exit Northern Health – information is collated and shared with leadership and human resources for learning.
- Response rate has increased over past few years to 39%.
- Exploring opportunity to undertake exit interview for internal churn movements.

Stay Interviews

- Leading indicator.
- Critical in evaluating effectiveness of Northern Health's onboarding program and assessing how new hires are settling in, and what else they may require during their first year with a new organization.
- Can be used for all staff in a unit (new and long serving) to support pulse check.

The Face of Northern Health

As at November 17, 2022

Summary of Employees by Status	Headcount	%	FTE
Active: Total	9,095	100%	5,480
Full-time	4,171	46%	
Part-time	1,951	21%	
Casual	2,973	33%	
Non-Active: Total	972	100%	766
Leave	554	57%	398
Long Term Disability (LTD)	418	43%	368

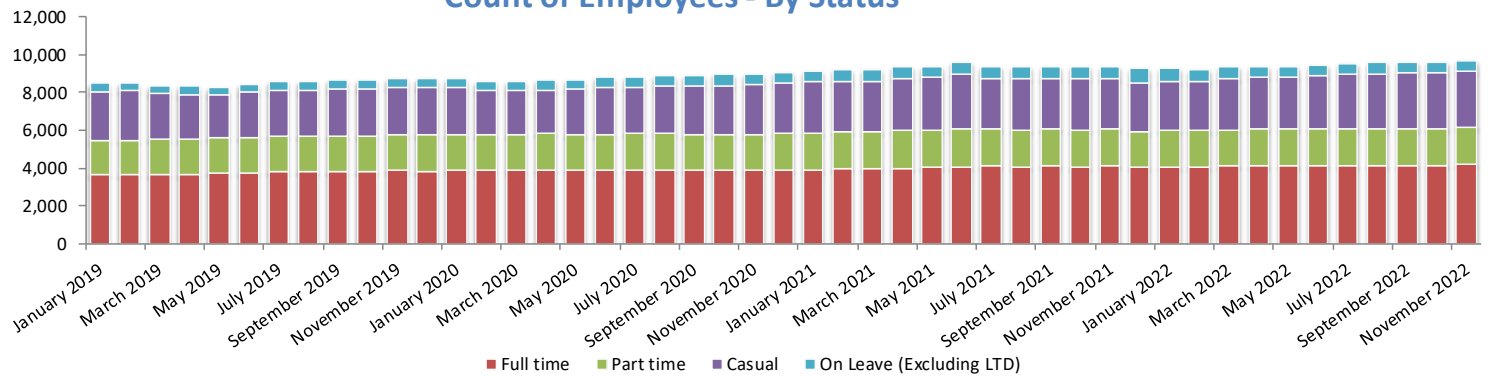
Active Employees by Region	Headcount	%
Active: Total	9,095	100%
North East	1,350	15%
North West	2,028	22%
Northern Interior: Prince George	2,906	32%
Northern Interior: Rural	1,174	13%
Regional	1,637	18%

Active Employees by Collective Agreement	Headcount	%
Active: Total	9,095	100%
Nurses	2,708	30%
Facilities	3,611	40%
Health Sciences	1,133	12%
Community	884	10%
Excluded	759	8%

Active Nursing	Headcount	%
Active: Total	2,707	100%
RN/RPN	2,051	76%
LPN	656	24%

Clinical vs. Support	Facilities	Community
Active: Total	3,612	884
Clinical	1,505	491
Non-Clinical	2,107	393

Count of Employees - By Status



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BOARD BRIEFING NOTE

Date:	November 17, 2022	
Agenda item:	2022-23 Period 7 – Operating Budget Update	
Purpose:	☐ **Information**	☒ **Decision**
Prepared for:	NH Board of Directors	
Prepared by:	Mark De Croos, VP Financial & Corporate Services/CFO	

YTD October 13, 2022 (Period 7)

Year to date Period 7, Northern Health (NH) has a net operating deficit of $3.8 million.

Excluding extra-ordinary items, revenues are unfavourable to budget by $24.4 million or 4.0% and expenses are favourable to budget by $20.6 million or 3.4%.

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, following the matching principle, less revenue is recognized as earned.

The unfavourable in Other revenues is primarily due to 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 $28.0 million in expenditures in the current fiscal year. The Ministry of Health is providing supplemental funding to offset pandemic related expenditures.

Recommendation:

The following motion is recommended:

> The Northern Health Board receives the 2022-23 Period 7 financial update as presented.

NORTHERN HEALTH
Statement of Operations
Year to date ending October 13, 2022
$ thousand

	Annual Budget	YTD August 18, 2022 (Period 5) Budget	Actual	Variance	%
REVENUE					
Ministry of Health Contributions	877,970	462,510	441,200	(21,310)	-4.6%
Other revenues	266,800	142,790	139,652	(3,138)	-2.2%
TOTAL REVENUES	**1,144,770**	**605,300**	**580,852**	**(24,448)**	**-4.0%**
EXPENSES (BY PROGRAM)					
Acute	585,780	309,320	305,974	3,346	1.1%
Community care	208,410	110,580	95,292	15,288	13.8%
Long term care	137,570	72,690	82,737	(10,047)	-13.8%
Mental health and substance use	76,200	41,190	33,464	7,726	18.8%
Population health and wellness	34,760	18,560	17,121	1,439	7.8%
Corporate	102,050	52,960	50,098	2,862	5.4%
TOTAL EXPENSES	**1,144,770**	**605,300**	**584,686**	**20,614**	**3.4%**
Net operating deficit before extraordinary items	**-**	**-**	**(3,834)**		
Extraordinary items					
COVID-19 expenses	-	-	27,961		
Total extraordinary expenses	-	-	27,961		
Supplemental Ministry of Health contributions	-	-	27,961		
Net extraordinary items	-	-	-		
NET OPERATING DEFICIT	**-**	**-**	**(3,834)**		

BOARD BRIEFING NOTE

Date:	November 17, 2022	
Agenda item:	Capital Public Note	
Purpose:	☐ **Discussion**	☒ **Decision**
Prepared for:	NH 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 2022-23 capital expenditure plan in February 2022, with amendments in June and October 2022. The updated plan approves total expenditures of $411.5M, 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 7 (ending October 13, 2022), $169.4M was spent towards the execution of the plan as summarized below:

$ million	**YTD**	**Plan**
Major Capital Projects (Priority Investment)	149.3	315.5
Major Capital Projects (Routine Capital)	4.0	36.7
Major Capital Equipment (> $100,000)	7.1	29.1
Equipment & Projects (< $100,000)	5.0	13.1
Information Technology	3.9	17.1
	169.4	411.5

Significant capital projects currently underway and/or completed in 2022-23 are as follows:

Northern Interior Service Delivery Area (NI-HSDA)

Community	Project	Project $M	Status	Funding partner (note 1)
Burns Lake	BLH FM Hot Water Decoupling	$0.19	In Progress	SNRHD, MOH
Burns Lake	PIN Bus Replacement	$.15	In Progress	NH
Fort St. James	Stuart Lake Hospital Replacement	$158.34	In Progress	SNRHD, MOH
McBride	MCB Nursing Station Renovation	$0.38	In Progress	FFGRHD, NH
Mackenzie	MCK DI General X-Ray Replacement	$.95	In Progress	FFGRHD, MOH, NH
Mackenzie	MCK Nurse Call System Replacement	$.15	In Progress	FFGRHD, MOH
Prince George	GTW RC Vocera	$.50	Closing	MOH, FFGRHD
Prince George	Prince George Long Term Care Business Plan	$1.4	In Progress	FFGRHD
Prince George	Prince George Diabetes and Renal Clinic Space Renovation	$1.24	In Progress	FFGRHD, NH
Prince George	UHNBC 3rd Floor Stores Area Fire Protection Upgrade	$0.72	In Progress	FFGRHD, MOH
Prince George	UHNBC Cardiac Care Unit	$0.99	In Progress	SONHF, FFGRHD, MOH
Prince George	UHNBC Cardiac Services Department Renovation	$12.5	In Progress	FFGRHD, MOH, NH
Prince George	UHNBC DI Interventional Fluoroscopy	$4.25	Closing	FFGRHD, MOH, NH
Prince George	UHNBC DI General Fluoroscopy Replacement	$2.51	In Progress	FFGRHD, MOH, NH
Prince George	UHNBC DI Intravascular Ultrasound System	$0.18	Closing	FFGRHD, MOH
Prince George	UHNBC DI Nuclear Medicine Waiting Area Renovation	$1.20	In Progress	FFGRHD, NH
Prince George	UHNBC DI Ultrasound Replacement	$0.25	Closing	FFGRHD, MOH

Community	Project	Project $M	Status	Funding partner (note 1)
Prince George	UHNBC DI Ultrasound #2 Replacement	$0.23	In Progress	FFGRHD, NH
Prince George	UHNBC DI X-Ray Room 1 Replacement	$0.57	Planning	FFGRHD, NH
Prince George	UHNBC FM Fire Alarm System Replacement	$2.32	In Progress	FFGRHD, NH
Prince George	UHNBC FM DHW Decoupling and Condensing Boilers	$0.91	In Progress	FFGRHD, MOH
Prince George	UHNBC FMU Telemetry and Monitoring System Upgrade	$0.81	In Progress	FFGRHD, MOH
Prince George	UHNBC FS Trayline Assembly System Replacement	$2.44	In Progress	FFGRHD, MOH, NH
Prince George	UHNBC Integrated Fault Detection & Diagnostics	$0.25	In Progress	FFGRHD, MOH
Prince George	UHNBC Lab Chemistry Automation	$9.61	In Progress	FFGRHD, MOH, NH
Prince George	UHNBC Lab Sysmex Machines Replacement	$1.26	In Progress	FFGRHD, MOH
Prince George	UHNBC Lab Tissue Processor Replacement	$0.42	Closing	FFGRHD, MOH
Prince George	UHNBC Maternity and Fetal Monitoring System	$0.23	In Progress	FFGRHD, MOH
Prince George	UHNBC Phone System Replacement Phase 2	$0.91	In Progress	FFGRHD, MOH
Prince George	UHNBC New Acute Tower Business Plan	$5.00	In Progress	FFGRHD
Prince George	UHNBC Sterile Compounding Room Upgrade	$1.90	Planning	FFGRHD, NH
Prince George	UHNBC OR Dual Focus Lithotripter Replacement	$1.82	Closing	FFGRHD, MOH, NH
Prince George	UHNBC OR Anesthesia Units Replacement	$.36	In Progress	NH
Prince George	UHNBC OR Eye Microscope Replacement	$.39	In Progress	NH
Prince George	UHNBC OR Surgical Image System Replacement	$.23	In Progress	NH
Prince George	UHNBC ED Negative Pressure Upgrade	$.36	Closing	MOH

Community	Project	Project $M	Status	Funding partner (note 1)
Prince George	UHNBC FM Transformer Replacement	$2.13	In Progress	FFGRHD, MOH
Quesnel	DPL FM Heating Boilers Replacement (CNCP)	$.63	Closing	CCRHD, MOH
Quesnel	DPL Bus Replacement	$.15	In progress	NH
Quesnel	GRB CT Scanner Replacement	$1.92	Closing	CCRHD, MOH, NH
Quesnel	GRB DI General X-Ray	$1.0	Closing	CCRHD, MOH
Quesnel	GRB DI Ultrasound Replacement	$0.25	Closing	CCRHD, MOH
Quesnel	GRB DI Ultrasound 2 Replacement	$0.28	In Progress	CCRHD, MOH
Quesnel	GRB ER & ICU Addition	$27.0	In Progress	CCRHD, MOH
Quesnel	GRB Lab Chemistry Analyzer Replacement	$1.19	In Progress	CCRHD, MOH
Quesnel	Quesnel Long Term Care Business Plan	$.90	Closing	CCRHD
Quesnel	Quesnel Substance Abuse Club Leasehold Improvement	$1.7	In Progress	CCRHD, NH
Vanderhoof	St. John Hospital Sterile Compounding Room Upgrade	$1.97	Closing	SNRHD, MOH, NH
Vanderhoof	St. John Hospital OR Anesthetic Machine Replacement	$.12	In Progress	NH
Vanderhoof	Stuart Nechako Manor Roof Replacement	$5.0	Planning	SNRHD, MOH
Vanderhoof	Stuart Nechako Manor Bus Replacement	$.15	In Progress	NH

Northwest Health Service Delivery Area (NW-HSDA)

Community	Project	Project $M	Status	Funding partner (note 1)
Hazelton	Hazelton Long Term Care Business Plan	$.60	Closing	NWRHD
Houston	HDT DI X-Ray Machine Replacement	$.78	In Progress	NWRHD, MOH

Community	Project	Project $M	Status	Funding partner (note 1)
Houston	HDT FM AHU Replacement (CNCP)	$.87	Closing	NWRHD, MOH
Kitimat	Kitimat DI Bone Densitometer Replacement	$0.23	In Progress	NWRHD, NH
Kitimat	Kitimat LND Laundry Equipment Replacement	$1.45	In Progress	NWRHD, MOH, NH
Terrace	MMH Hospital Replacement	$632.6	In Progress	NWRHD, MOH
Terrace	MMH OR Automated Medication Dispensing Cabinet	$0.18	Closing	MOH
Terrace	TEO Specialist Clinic Leasehold Improvement	$1.75	In Progress	NWRHD, MOH
Terrace	TEO Specialist Clinic Expansion Leasehold Improvement	$1.6	Planning	NH
Terrace	TVL FM Boiler Upgrade and HVAC Recommissioning (CNCP)	$0.55	In Progress	NWRHD, MOH
Masset	NHG DI Ultrasound Replacement	$.27	Closing	NWRHD, MOH
Masset	NHG NUR Vocera	$.19	In Progress	Gwaii Trust, MOH
Prince Rupert	PRRH Chemistry Analyzers Replacement	$0.59	Closing	NWRHD, NH
Prince Rupert	PRRH DI Ultrasound Machine 2 Replacement	$.23	In Progress	NWRHD, MOH
Prince Rupert	PRRH Medical Device Reprocessing Department Equipment Replacement and Centralization	$0.91	Closing	MOH
Prince Rupert	PRRH OR Dual Focus Lithotripter	$1.8	Planning	MOH
Prince Rupert	PRRH Sterile Compounding Room Upgrade	$1.54	In Progress	NWRHD, MOH
Prince Rupert	PRRH FM Domestic Hot Water Upgrade (CNCP)	$.97	In Progress	NWRHD, MOH
Prince Rupert	PRRH FM Source Water Treatment Single Plant and Piping	$1.45	In Progress	NWRHD, MOH, NH
Prince Rupert	PRRH Emergency Department Renovation	$11.0	Planning	NWRHD, MOH, NH

Community	Project	Project $M	Status	Funding partner (note 1)
Smithers	BVDH Phone System	$.21	Planning	NWRHD, MOH
Smithers	BVDH Sterile Compounding Room Upgrade	$2.51	On Hold	NWRHD, NH
Smithers	BVDH FM Electrical Upgrade	$2.9	In Progress	MOH
Smithers	BVDH OR Anesthetic Machine Replacement	$.14	In Progress	MOH, NH
Smithers	Bulkley Lodge Domestic Hot Water Heaters and Tank and Repiping	$.55	In Progress	NWRHD, MOH
Smithers	Smithers Long Term Care Business Plan	$.90	Closing	NWRHD
Smithers	Bulkley Lodge FM Nurse Call System	$.43	Complete	NWRHD, MOH
Stewart	STE FM Boiler Upgrade (CNCP)	$.85	In Progress	NWRHD, MOH

Northeast Health Service Delivery Area (NE-HSDA)

Community	Project	Project $M	Status	Funding partner (note 1)
Chetwynd	CGH Chemistry Analyzer Replacement	$.22	Closing	CHF, PRRHD, NH
Chetwynd	CGH FM Heating Boilers Replacement (CNCP)	$.57	In Progress	PRRHD, MOH
Chetwynd	CGH FM Nurse Call Replacement	$.27	In Progress	PRRHD, MOH
Chetwynd	CGH NUR Seclusion Room	$.28	In Progress	PRRHD, NH
Dawson Creek	DCDH Automated Medication Dispensing Cabinet	$.11	Closing	MOH
Dawson Creek	DCDH Hospital Replacement	$377.86	In Progress	PRRHD, MOH
Dawson Creek	DCH Phone System	$.45	In Progress	PRRHD, NH
Dawson Creek	DCH DI CT Replacement	$2.55	In Progress	PRRHD, MOH
Dawson Creek	DCH DI Mobile C-Arm Replacement	$.27	In Progress	PRRHD, MOH

Community	Project	Project $M	Status	Funding partner (note 1)
Fort Nelson	FNH FM Boiler Upgrade and Heat Recovery (CNCP)	$.74	In Progress	PRRHD, MOH
Fort St. John	FSH Reverse Osmosis Replacement	$.49	Closing	MOH, NH
Fort St. John	Fort St. John Hospital Sterile Compounding Room Upgrade	$1.0	Closing	PRRHD, MOH, NH
Fort St. John	Fort St. John Lab Compliance Renovation	$1.22	Closing	PRRHD, MOH, NH
Fort St. John	Fort St. John Lab Chemistry Analyzer Replacement	$1.31	In Progress	PRRHD, MOH, NH
Fort St. John	Fort St. John Hospital NUR Patient Monitoring System Replacement	$.66	In Progress	FSJHF, PRRHD, MOH
Fort St. John	Fort St. John Hospital OR C-Arm Replacement	$.29	In Progress	MOH
Fort St. John	Fort St. John Hospital OR Orthopedic Fracture Table	$.20	In Progress	MOH
Fort St. John	FSO OD Prevention Site Leasehold Improvement	$2.83	In Progress	MOH, NH
Fort St. John	Fort St. John Long Term Care Business Plan	$1.2	Closing	PRRHD
North East Region	NE Laundry Truck Replacement	$.19	In Progress	MOH, NH
Tumbler Ridge	Tumbler Ridge Health Centre Cooling System Replacement	$.60	Closing	PRRHD, MOH

Regional Projects

Community	Project	Project $M	Status	Funding partner (note 1)
All	Business ERP Systems Replacement	$22.7	Planning	MOH
All	Clinical Data Repository (CeDaR)	$1.53	In Progress	NH
All	Computer Assisted Coding Software	$.23	In Progress	NH
All	Core Network Infrastructure	$.95	In Progress	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD
All	EmergCare	$4.35	In Progress	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD
All	FNHA Community Health Record EMR Collaboration	$1.34	In Progress	MOH
All	Physician eScheduling and OnCall	$0.49	Closing	MOH, NH
All	Home Care Redesign	$1.29	On Hold	MOH
All	InCare Phase 1	$4.91	Complete	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD, NH
All	InCare Phase 2	$9.9	In Progress	MOH, CCRHD, FFGRHD,NRRHD, NWRHD, PRRHD, SNRHD,NH
All	Lab Telepathology Planning	$.21	Planning	NH
All	MOIS/Momentum Interop	$0.21	In Progress	MOH, NH
All	Patient Transfer Tool	$.47	In Progress	CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD, NH
All	Pharmacy Camera Verification Workflow Solution	$1.16	Planning	MOH, NH
All	Provincial Lung Screening Program	$.27	In Progress	BC Cancer, NH

Community	Project	Project $M	Status	Funding partner (note 1)
All	RC Momentum – LTC Waitlist	$.27	Planning	NH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD
All	Regional Wireless Replacement	$.2	Planning	NH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD
All	Sharepoint Upgrade	$0.31	In Progress	MOH, NH
All	SurgCare	$.93	In Progress	MOH
All	Videoconferencing Infrastructure Replacement	$.55	In Progress	MOH, CCRHD, FFGRHD, NRRHD, NWRHD, PRRHD, SNRHD
All	Virtual Clinic	$1.48	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 2022-23, it is forecasted that NH will spend $14.8M on such items.

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
CHF	Chetwynd Hospital Foundation
SONHF	Spirit of the North Healthcare Foundation
FSJHF	Fort St. John Hospital Foundation

Recommendation:

The Audit & Finance Committee recommend the following motion to the Board:

> The Northern Health Board receives the Period 7 update on the 2022-23 Capital Expenditure Plan.

BOARD BRIEFING NOTE

Date:	November 15, 2022	
Agenda item	Update on Child and Youth Service Network	
Purpose:	☒ Discussion	☐ Decision
Prepared for:	NH Board of Directors	
Prepared by:	Jennifer Begg, Executive Lead Child and Youth Health Dr. Matthew Burkey, Medical Lead Child and Youth Mental Health Dr. Kirsten Miller, Medical Lead Child and Youth Health	
Reviewed by:	Kelly Gunn, Vice President Primary & Community Care and Chief Nursing Executive	

Issue & Purpose:
To provide the NH Board of Directors with an overview of the priority work of the Child and Youth Service Network.

Background:
The Child and Youth Service Network supports efforts to keep children healthy and well and improve health care services for children, youth, and their families. The Service Network works closely with the Ministry of Children and Family Development, First Nations Health Authority, Child Health BC, BC Children's Hospital, and community partners to achieve these aims.

Throughout the last year, the Child and Youth Service Network has been largely focused on responding to the mental health and substance use challenges that young people are experiencing. Much of this work is guided by the initiatives specific to children and youth identified in *A Pathway to Hope: A roadmap for making mental health and addictions care better for people in British Columbia*.

There are also ongoing efforts to support and sustain pediatric clinical care across the region. This includes the development and dissemination of clinical guidance for pediatric patients in emergency departments, acute inpatient units, and primary and community care settings.

Key Actions, Changes & Progress:

Child and Youth Mental Health and Substance Use

1) Child and Youth Mental Health and Substance Use Service Model Development
We continue to see an increase in children and youth presenting to the emergency department for mental health and substance use concerns. This indicates a need to clarify and strengthen care pathways for children and youth in community, to prevent unnecessary presentations to the emergency department. In the instances where children and youth do present to the emergency department, it is important that emergency department protocols are followed to inform care decisions.

A Child and Youth Mental Health and Substance Use Service Model will help:

- Build a common understanding of clinical pathways for children and youth requiring early intervention, crisis stabilization, timely assessment, and supportive services.
- Assist care teams to effectively use evidence-based tools and resources to care for children and youth in the most appropriate care setting.

2) Child and Youth Mental Health and Substance Use Virtual Supports
2.1 Regional Child and Youth Mental Health and Substance Use Virtual Support team
The Service Network has led the development of a virtually enabled Regional Child and Youth Mental Health and Substance Use Support team to assist sites with:

- Discharge and transition planning
- Screening, assessment and referral to community, regional and provincial services
- Transfer to a higher level of care when required
- Access to BCCH Compass Direct Assessments/ psychiatry consultation.

2.2 Compass Direct Assessment Program
Northern Health established a partnership with the Compass program at BC Children's Hospital to provide timely psychiatric assessment for youth in emergency departments and/or admitted to inpatient units. This is a pilot program that began in June 2021. Based on positive evaluation findings, this program is transitioning to from a pilot program to regular operations. This service includes:

- Psychiatric assessment, including consideration for admission and/or transfer
- Guidance for safe discharge planning to community services and primary care
- Support for rapid identification and access to the next available and appropriate service and/or bed

This has resulted in:

- Better care for children and youth
- A 20% decrease in length of stay
- Decreased transfers to a higher level of care
- Improved provider satisfaction

2.3 POPPiE, Psychiatry on Demand for Pediatric Patients in the Emergency Department

Northern Health, the Northern Interior Rural Division of Family Practice, the Rural Coordination Centre of BC, BC Children's Hospital and Child Health BC, have developed a model for a Provincial Virtual Child Psychiatry After-Hours Consult Service. This service will:

- Virtually support emergency department staff with real time provider-to-provider consults with a child and adolescent psychiatrist in the emergency department.
- Provide the local team with treatment recommendations and assistance with system navigation to meet the urgent psychiatric and psychosocial needs of the child/youth and their family.
- Support the provision of high-quality emergency care to children and youth with mental health and/or substance use issues and their families.
- Be available after hours, seven days a week from 16:00 – 23:00 to complement existing provider supports.

This consultative service is complementary to the Compass service and will be supported by the Regional Support Team to ensure that children and youth presenting for care after hours are prioritized along with other youth awaiting assessment in the region. We are pursuing funding for this service and in the interim continue to communicate the available after-hours supports.

3) Pathway to Hope Initiatives

3.1 Integrated Child and Youth Teams

These are community-based interprofessional teams made up of Ministry of Children and Family Development (MCFD) child and youth mental health service providers and health authority youth substance use service providers. Team members also include education staff, peer support workers, Indigenous support workers and other service providers depending on the strengths, needs and preferences of each child, youth, and family. The Coast Mountain School District 82 which encompasses Terrace, Kitimat, Stewart, and Hazelton will establish the first two teams in the north, one in Terrace and one in Hazelton. We are actively recruiting to the Team Lead positions as part of the implementation plan.

3.2 Foundry Centers

Foundry Centers offer integrated primary care, mental health and substance use services, peer support and other social services for young people ages 12-24 years. There are Foundry Centers in Prince George and Terrace. Foundry Burns Lake is currently in development and in June 2022, the Ministry of Mental Health and Addictions announced Fort St. John as the next Foundry site in the north.

3.3 Youth Substance Use Beds

There is a provincial initiative to expand youth and young adult substance use beds across BC to increase access to bed- based services. The intent of this initiative is to provide structured, live-in environments with daily programming to address the underlying causes of youth substance use. We are supporting the

Fort St. John Association of Community Living to open 10 treatment beds and 2 withdrawal management beds. In Prince George, we are working toward adding up to 8 more treatment beds in the Nechako Youth Treatment Centre and we are also in discussions with the Lheidli T'enneh, Takla and Wet'suwet'en First Nations to explore in- community opportunities.

4) PreVenture

PreVenture is an evidence-based prevention program that uses brief, personality targeted interventions delivered in schools to promote mental health and prevent or delay substance use among teens**.** PreVenture aims to identify personality-related risk factors associated with mental health and substance use concerns and to deliver brief coping skills workshops to young people presenting with these risk factors.

The program has undergone eight randomized controlled trials in the United Kingdom, Australia, and Canada. These studies have shown that targeting this group can delay the onset of substance use in teens, reduce substance related harms by 50%, and reduce the likelihood of transitioning to further mental health problems by 25%.[1] These beneficial effects of this program are still evident two years after delivery.

The closing of schools at the start of the COVID-19 pandemic and increased social isolation further highlighted the need for resiliency-building prevention programs such as PreVenture. To address this Northern Health began partnering with School District 57 to implement PreVenture first in Prince George, then in the Robson Valley and Mackenzie.

The Service Network is currently in discussion with School Districts 59 (Peace River South), 60 (Peace River North), and 28 (Quesnel) to explore options for supporting implementation in the 2022-23 school year. We are continuing to explore opportunities to partner with all School Districts in the North who have interest and capacity to move forward with this programming.

Pediatrics

1.) Identification, development and implementation of clinical practice guidelines, tools, resources, and education, supporting the care of children and youth.

The Service Network continues to develop evidence-based clinical practice standards and order sets to ensure quality care for pediatric patients. This includes adapting and implementing pre-printed order sets, screening and documentation tools, care algorithms and clinical practice standards for the pediatric management of:

- Sepsis
- Asthma
- Status Epilepticus
- Bronchiolitis

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1 Edalati & Conrod (2019). A Review of Personality-Targeted Interventions for Prevention of Substance Misuse and Related Harm in Community Samples of Adolescents. *Front.* Psychiatry 9:770.

- Least Restraints
- Inpatient admissions for mental health and substance use
- Substance use intoxication and withdrawal

2.) Ongoing Support for Pediatric Recruitment and Retention

The Service Network is collaborating with medical leadership across the region to support rural pediatric services by:

1. Establishing pediatric outreach services and pediatric locum support for several NH communities.
    - NH has established rotating pediatric coverage from BC Children's Hospital for Terrace, Smithers, Hazelton, and Dawson Creek.
    - UHNBC pediatricians are supporting Valemount, Quesnel, Mackenzie, and Haida Gwaii. Fort Nelson will begin to receive service in October.
2. Connecting pediatricians, including new recruits and learners, to a clinical care support network called SPRUCe (Sustaining Pediatrics in Rural and Underserved Communities). Leadership for this clinical network is provided by Dr. Kirsten Miller, Medical Lead for the Child and Youth Service Network. SPRUCe:
    - Connects community pediatric providers with interest in supporting and sustaining excellence in pediatric care in rural and remote communities across BC.
    - Provides opportunities for education, training, mentorship, quality improvement and research.

Recommendation(s):

This Program update is provided to the NH Board of Directors for information and discussion purposes.

BOARD BRIEFING NOTE

Date:	November 15, 2022	
Agenda item	NH Rehabilitation Services Network Update	
Purpose:	☒ Discussion	☐ Decision
Prepared for:	NH Board of Directors	
Prepared by:	Tysen LeBlond Executive Lead, Rehabilitation Services Dr. Garry Palak Medical Lead, Rehabilitation Services	
Reviewed by:	Kelly Gunn Vice President, Primary and Community Care	

Issue & Purpose

To provide the NH Board of Directors with an annual update on the quality improvement priority initiatives underway in the Rehabilitative Services Network.

Background:

The Rehabilitation Service Network was established in 2020 to steward the actions arising from the 2019 Northern Health Rehabilitation Strategy. The progress section below provides an overview of areas of focus.

Key Actions, Changes & Progress:

Regional Clinical Practice Leads

One of the Northern Health Rehabilitation Strategy recommendations called for the established of clinical support roles for Physiotherapy and Occupational Therapists. Two new Regional Clinical Practice Lead roles were hired in January 2020. These roles provide direct clinical support for the therapists many of whom are new graduates and assist managers to understand and maximize the care contribution of these health professionals to the interprofessional teams. The Practice Leads are focusing on strengthening and standardizing clinical practice across the region, in part by developing clinical guidance tools and fostering a collaborative environment amongst clinicians.

A formalized evaluation is occurring to confirm the value of these roles and to make improvements where required.

Service Delivery Model Development and Mapping

In 2021, the Service Network conducted a review of the current rehabilitation services available in our 26 communities. The summary findings will be mapped against the Rehabilitations Services Model to understand where we have service gaps. This information will inform service planning and harmonize regional clinical practice.

Virtually Enabled Rehabilitation Services

The Rehabilitation Service Network works collaboratively with the Northern Health Virtual Clinic to standardize virtually enabled clinical pathways and practice standards to ensure consistent, efficient and high quality virtually enabled care. Using virtual technology to augment in person rehabilitation services is an effective approach to improve access to certain types of services that have traditionally been challenging to offer in our smaller, rural communities. For example, Hazelton has had a long-standing vacancy for a Physical Therapist. The community recently hired a virtual Physical Therapist to bridge this gap. The Physical Therapist works collaboratively with the local interprofessional team and directly with patients and their families. Examples of supports include functional and mobility assessments, exercise and movement prescriptions and the provision of clinical guidance for physicians and the care teams.

Rehabilitation Assistant Sponsorship

The recruitment of qualified Rehabilitation Assistants can be challenging to access for Northern residents, with the closest Rehabilitation Assistant program being in Kelowna. Northern Health is partnering with Capilano University to sponsor eight Northern Health staff members to virtually attend Capilano's Rehabilitation Assistant diploma program. The first course offering is January 2023. This is the first time the 14-month program will be offered virtually, allowing northern students to study from their home communities, while working part-time. The eight staff members chosen for the program come from across the region: the Northeast (Fort St. John and Dawson Creek), Northwest (Terrace and Prince Rupert), and the Northern Interior (Quesnel and Prince George). Upon completion of their program, the students will be hired as fully qualified Rehabilitation Assistants making a significant positive difference to our Northern Health rehabilitation services workforce in both acute and long-term care.

UBC Northern Cohorts

The University of British Columbia Northern Physical Therapy Cohort started their studies in the Fall of 2020 with 40 Physical Therapy students (20 first year students and 20 second year students) completing the entirety of their graduate studies in the north at the University of Northern British Columbia campus. September 2022 marked the first graduating class for this northern cohort, with two graduates hired provisionally into

interprofessional team roles in their home communities of Chetwynd and Burns Lake. We continue our efforts to recruit the balance of this graduating class by offering all new graduates support to practice with provisional licensure (not yet fully licensed for practice) and to help them secure full licensure by providing discipline specific clinical support (Regional Clinical Practice Leads) and offering enhanced training opportunities (New Grad Funding).

Northern Health is also increasing the volume and diversity of student placement options in the region for those students who are still in school. Increased variety in student placements improves the chances of matching a student with a preferred clinical practice setting and community upon graduation. These placements include opportunities in primary and community care, as well as specialty clinic placements such as the neurology clinic and cardiopulmonary rehabilitation program. The chart below highlights the increase in student placements and placement hours completed at Northern Health sites over the past three years.

PT Student Placements	**19/20**	**20/21***	**21/22***
Total Placements	53	49	133
Total Placement Hours	9,118	9,769	21,807

The University of British Columbia Northern Occupational Therapy Cohort also started their studies this September. 32 Occupational Therapy students-16 first year students and 16 second year students, are now completing their fulltime studies at the University of Northern British Columbia campus, with second year students having started their studies in Vancouver in 2021. Like our work with Physical Therapy students, Northern Health is focusing on profiling the diverse practice opportunities to expose Occupational Therapy students to diverse and rewarding clinical placement opportunities. Historically, occupational therapy placements have been lower in number and hours than physical therapy (fewer students); however, we are preparing for an increase in placement demand now that students are learning full time in the north. The chart below shows occupational therapy student placement statistics when the program was exclusively located in Vancouver. As mentioned, we expect to increase these placements in 2022/23 now that the students are studying exclusively in the north.

OT Student Placements	**19/20**	**20/21**	**21/22**
Total Placements	18	32	29
Total Placement Hours	4,064	6,364	6,470

Recommendation(s)

This progress report is submitted to the NH Board of Directors for discussion purposes.

BOARD BRIEFING NOTE

Date:	November 7, 2022	
Agenda item	Indigenous Health Team-Cultural Safety Education for NH staff and physicians Update	
Purpose:	☒ *Discussion*	☐ *Decision*
Prepared for:	NH Board of Directors	
Prepared by:	Donna Porter Lead Cultural Safety and Anti-Indigenous Racism Education	
Reviewed by:	Nicole Cross VP-Indigenous Health Norther Health Cathy Ulrich, CEO	

Issue & Purpose

To provide the NH Board of Directors with an update on the Education work within the Indigenous Health portfolio.

Background:

Northern Health (NH) Indigenous Health (IH) developed a 5 pillar Cultural Safety and Anti-Indigenous Racism Education Strategy to support building an education plan that meets and addresses recommendation #20 of the In Plain Sight report.

The Five pillars include.

1. Orientation of new and existing staff and physicians.
2. Cultural safety curriculum *Respectful Relationships.*
3. On the land learning-building an engagement learning opportunity with Indigenous communities.
4. Tailored Cultural Safety workshops.
5. Ongoing professional development opportunities for Staff and Physicians in NH.

Current State:

Orientation

Working in collaboration with the NH education team IH is supporting cultural safety training through different opportunities within the organization. We have recently updated the Cultural safety slides viewed in onboarding orientation that will discuss Cultural safety as an expectation and standard of care delivered in NH. Along with Indigenous Health's 3 Interactive video's

https://youtu.be/MkxcuhdgIwY
https://youtu.be/2TdcPvNFv9A
https://youtu.be/-jZMRE_dKgU

There will also be a slide of information on the Indigenous Health Community of Practice so that new Indigenous employees know where their supports are in the organization.
There will be review and revision of the Indigenous Cultural Safety assessment tool to support this work.

Cultural safety curriculum
Currently there is registration of 604 staff as of Oct.31 with the curriculum release occurring Sept. 16, 2022. There are 36 logged completions. Ten interactive *Respectful Relationships* curriculum workshops are in their final stages of review and once they are ready a schedule will be offered to all staff and Physicians who have completed the curriculum to attend. The CME accreditation is also in close to completion process. The concept behind the workshops is to move knowledge into practice by including a summary of curriculum learning as well as videos and discussions questions.

On the land Learning- Building an engagement learning opportunity with Indigenous Communities
The IH education Team has reported to the NHFNPC and subregional committees a request and desire to work with indigenous communities, FNHA, and MNBC in supporting this community led learning. This work is meant to hold up indigenous communities in knowledge sharing and support the communities and partners in this work. It would require that staff taking this future learning would be required to complete the Respectful Relationships full curriculum requirements before eligibility.

Tailored Cultural safety workshops:
The basis of this pillar allows for a wide range of opportunity for teams in the organization. The IH team has already offered a range of such presentation including interactive education presentation recently to Population & Public Health around supporting teams to build Cultural Safety work plans.

Ongoing Professional Practice:
The IH education team is looking into other professional development opportunities other than interactive workshops through platforms such as

- Simulation
- Micro learning
- Virtual reality care learning

Next steps:
The IH education team is currently continuing to build out the NH Cultural safety and Anti-Indigenous Racism education framework based on the 5-pillar strategy. This plan continues to support changes in health service delivery through available education. Currently the Education Implementation CORE team is working on the Communication, Risk Management and Evaluation plans.

Recommendation
Receive update for information.

EXECUTIVE LIMITATIONS BRD 230

Purpose and Scope

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

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

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

Policy Statements and Principles

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

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

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 15, 2021 (r)

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

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

Designations

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

[2] http://www.fin.gov.bc.ca/ocg/fmb/manuals/CPM/10_Travel.htm
[3] DST 4-4-2-030
Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
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APPENDIX 1

Restrictions of Authority

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

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

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

3. Capital Assets
   3.1. Capital assets identified in the Board approved Capital Plan may be purchased

   3.2. Where urgent, to maintain operational services, the CEO may authorize additional capital asset purchases up to a unit cost of $2,0500,000.

      3.2.1. The CEO may consult with the Board Chair and if not available the Board Deputy Chair or Chair of the Audit and Finance Committee before proceeding with approval

      3.2.2. The CEO will report all such purchases, identify the source of funds, and provide the rationale for the purchases to the Audit & Finance Committee or the full Board at its next meeting, whichever comes first

   ~~3.3. Where urgent, to maintain operational services, the Board Chair and Chair of the Audit and Finance Committee may authorize the CEO to approve additional capital asset purchases with a unit cost of $500,000 to $2 million. The CEO will report all such purchases to the full Board at its next meeting.~~

   ~~3.4.~~3.3. Subject to approval by the Minister of Health, capital leases for equipment used directly in the provision of health services (e.g. CT scanner) will be authorized by the Board. Capital Leases for non-patient care (e.g. photocopiers) do not require Minister of Health approval, but must be included in the Board approved Capital Plan for purchase to occur.

[4] The terms of the *Health Authority Act* and the Health Authority Financial Management Policy Guidelines are considered part of this policy
Author(s): Governance & Management Relations Committee
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Date Issued (I), REVISED (R), reviewed (r): June 15, 2021 (r)

4. Operating Expenditures

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

4.2. The CEO is authorized to sign financial transactions subject to:

4.2.1. The financial transaction not exceeding $2~~1~~0 million
4.2.2. The financial transaction is within Board approved operating budget; and
4.2.3. Compliance with any other applicable policies, procedures or instructions issued by the Board

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

4.4 In exceptional circumstances, financial transactions ~~between $1 million and $10 million~~ that are not within the Board approved operating budget but require urgent approval must be:

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

4.5 Operating leases in excess of $~~250~~1,000,000 annually must be ~~authorized~~ approved by the Board

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

5 Compensation and Benefit Programs

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

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5.2 The CEO:

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

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

5.2.3 Shall not promise or imply lifelong employment to anyone

5.2.4 Shall not change his/her own compensation or benefits

6 Collective Agreements

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

7 Banking

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

8 External Auditor

8.1 The Board will appoint the external auditor

9 Non-Audit Services

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

10 Shared Services

10.1 The Board will authorize all shared services agreements

10.2 Agreements for shared services shall:

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

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

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

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

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

Author(s): Governance & Management Relations Committee
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10.3.1 The appropriate Memoranda of Understanding, Service Level Agreements and/or other documentation are in place that provide clarity regarding how business will be conducted between the shared services providers and NH

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

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

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

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

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): June 15, 2021 (r)

PERFORMANCE EVALUATION PROCESS FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER BRD 400

Introduction

The evaluation of the President & Chief Executive Officer (the "CEO") is one of the most important responsibilities of the Board of Directors of Northern Health (the "Board"). The evaluation process provides a formal opportunity for the Board and CEO to have a constructive discussion regarding the performance of Northern Health and the CEO's leadership of the organization.

Although the Board is involved in approving CEO objectives and reviewing the final evaluation, the Board works through the Governance and Management Relations Committee (the "Committee") in implementing the evaluation process.

Key Result Areas

The following constitute the key result areas against which the review takes place:

1. A written statement of the CEO's personal goals for the year under review. These goals have been agreed to by the CEO and the Board at the beginning of the year under review.
2. Northern Health's performance against the strategic, operating and capital plans.
3. Board approved terms of reference for the CEO (BRD130).

The Process

1. The GMR Committee is charged with leading and implementing the CEO evaluation in accordance with the timeline set forth below.
2. At the beginning of the review period the GMR Committee reviews, and the Board approves, the CEO's objectives.
3. At the end of the review period the GMR Committee evaluates the CEO's performance against the agreed upon objectives of the previous year and the strategic, operating and capital plans, and the Terms of Reference for the CEO (BRD130).
4. The evaluation process, at the discretion of the Board, may include any or all of the following sections:
   a. Board Assessment

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): December 6, 2021 (r)

b. Senior Management Staff Assessment
c. Key External Stakeholder Assessment
d. CEO Self-Assessment
e. A full 360° assessment

5. The results are collated and are viewed in a Board-only session without the CEO in a discussion led by the Chair of the GMR Committee and the Board Chair. Agreement is sought on the feedback to be provided to the CEO.
6. The Board Chair and GMR Committee Chair meet with the CEO to provide the CEO with the feedback from the evaluation process.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): December 6, 2021 (r)

Timing and Responsibilities

Activity	*Who*	*When*
a) The evaluation process and timeline for the current year is established by the Governance and Management Relations (GMR) Committee	- CEO - GMR Committee - Board	January GMR meeting and February Board meeting
b) CEO self-assessment	- CEO - GMR Committee - Board	March GMR meeting and April Board meeting
c) Board Chair and Chair GMR reviews results of self-assessment and 360 (if done) with CEO	- Board Chair - Chair GMR	Within 2 weeks after the April Board meeting
d) CEO goals and objectives	- CEO - GMR Committee - Board	May GMR meeting and June Board meeting

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): December 6, 2021 (r)

BOARD, COMMITTEE AND CHAIR EVALUATION PROCESS V2 BRD 410

POLICY

The Board of Directors of Northern Health (the "Board") annually assesses its own performance and the performance of:

a) Individual Directors against the Terms of Reference for a Director (BRD140)

b) Each of its committees against their respective terms of reference (BRD310, 320,330, and 350)

c) The Board Chair against the Terms of Reference for the Board Chair (BRD120)

GENERAL GUIDELINES

1. Northern Health will establish processes and procedures to conduct an assessment of the Board, individual Directors, Board committees and the Board Chair that are consistent with the *Public Service Organization Board Good Governance Checklist*[i]
2. The Governance and Management Relations Committee (the "GMR Committee") is responsible for recommending to the Board the specific tools for, and approach to, the components of this assessment process
3. The Board review process, the committee review process, the individual Director review process and the Board Chair review process will normally be conducted in the spring of each year with the results completed and reported prior to, or in conjunction with, the annual strategic planning process usually held in the fall
4. The Board Review process shall generally follow a ~~4~~3-year cycle:
   a. Evaluation of the Board as a whole and the Board committee structures and processes. This evaluation would usually be conducted by an external party or consultant using methods such as interviews and surveys. This evaluation would generally include the perspectives of Board members and Executive Team members. ~~a survey instrument~~

   ~~b. Peer-to-peer evaluation of individual Board member performance~~

   ~~c.~~b. Use of Accreditation Canada governance evaluation tools (in the year of an accreditation)

   ~~d.~~c. Board Chair interviews with each Director and summary report to the full Board

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
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5. Consolidation of evaluations and assessments, and relevant report preparation is the responsibility of the Chair of the GMR Committee with support from the Corporate Secretary
6. The results of the Board assessment will be reviewed with the Board Chair and reported to the Board at a Board-only session
7. The results of the individual Director assessment will be provided to the Board Chair who will discuss the results with each Director individually
8. The results of the Board Chair assessment[1] will be discussed with the Chair of the GMR Committee and the Board Chair, and will be shared with the Board at a Board-only session
9. The results of the committee assessments[2] will be discussed with the Board Chair and the Chair of the each Board Committee, and will be shared with the committee members
10. Should an opportunity to modify performance arise, the issues will be identified, agreed on and committed to in writing, and shall comprise a component of the relevant final assessment report

[i] See https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/services-policies-for-government/public-sector-management/cabro/pso-good-governance-checklist.pdf

[1] The Board Chair is evaluated as a component of the Board evaluation and the Accreditation Governance Functioning Tool
[2] Committees are evaluated as a component of the Board evaluation and the Accreditation Governance Functioning Tool

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): December 6, 2021 (R)

STRATEGIC PLANNING PROCESS BRD 420

POLICY

The Board of Directors of Northern Health (the "Board") will provide strategic direction to the organization for the annual business planning cycle through a collaborative process with senior management

PROCEDURE

1. The annual strategic planning session is a dedicated 1 to 2 day session normally scheduled in October or November. Participation will include Directors of the Board of Northern Health, the President and Chief Executive Officer (the "CEO") and other members of senior management as determined by the CEO with the Board Chair's agreement. In addition, special guests, either internal or external to Northern Health, may be invited to a portion of the meeting to contribute to discussions for specific subject matter input.

   A facilitator may lead the discussion to allow Board members and management to participate fully in the deliberations.

2. Management will prepare background material for the planning process which may include but is not limited to:
   - an environmental scan that outlines the Ministry of Health's priorities for the BC health system, and the economic, political, social, labour and other relevant issues that could impact the delivery of quality health care to the region
   - a summary of outcomes and issues from community consultations
   - other government directives
   - mid-year progress against current Strategic Plan in terms of financial results and progress against agreed objectives
   - other relevant material that reflects the assumptions, risks, opportunities and strategic options for consideration.
3. The Board may align the strategic planning session with the fall meeting of the northern Regional Hospital Districts (RHDs), when feasible, to enable the Board to meet with key municipal and RHD leaders, and receive their input.
4. The primary outcomes from the annual strategic planning process will be to:
   a. endorse or revise the Strategic Plan
   b. review the governance structure in relation to the Strategic Plan
   c. review the results of the annual Board evaluation[1]

[1] See BRD410: General Guidelines #3

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d. set the annual direction for Northern Health
e. ensure that Northern Health's Strategic Plan and organizational priorities are derived from the priorities of Government and the Ministry of Health's priorities for the BC health system
f. provide the basis for the development of the annual capital and operating plans.

5. Following the annual strategic planning session, management will prepare the capital and operating plans, including budgets, for the next fiscal year.
6. The CEO and Board Chair will liaise during the development of the capital and operating plans to ensure alignment between the Board and management and to facilitate timely communication with the Ministry of Health and other government officials.
7. The capital and operating plans for the next fiscal year will normally be presented for approval at the April meeting of the Board.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
Date Issued (I), REVISED (R), reviewed (r): December 6, 2021 (R)

BOARD SUCCESSION PLANNING AND RENEWAL PROCESS BRD 430

INTRODUCTION

The Board of Directors of Northern Health (the "Board") is responsible for ensuring the effective delivery of health care across northern British Columbia. The value of the Board, in meeting its mandate, comes from the knowledge of the Directors, their cohesion as a group, their relationship with the President and Chief Executive Officer (the "CEO"), and their commitment to improving health outcomes for the people of northern British Columbia.

Directors contribute their professional knowledge and governance experience to policy formation, decision-making and oversight of Northern Health. To ensure continuity and to provide for long-term renewal, the Board requires Directors who have the ability and willingness to govern, and are prepared to:

1. Contribute their judgment
2. Invest the level of time and effort required
3. Personally commit to Northern Health's Mission, Vision and Values.

While the authority of appointment rests with the Minister of Health, the Governance and Management Relations Committee (the "GMR Committee") will work closely with the Government of British Columbia's Crown Agencies and Board Resourcing Office (CABRO) to identify qualified candidates for recommendation to the Minister.

OBJECTIVE OF BOARD SUCCESSION AND RENEWAL PLAN

The objective of the Board Succession and Renewal Plan is to ensure that, collectively, the Directors have the knowledge and skills necessary to enhance the long-term performance of the organization.

The suitability of candidates for the Board is considered by examining a combination of many factors, including:

1. Personal attributes and traits
2. Community standing
3. Qualifications and expertise
4. Diversity of viewpoints

The process of recruiting Directors will be guided by a Board Selection Criteria Profile which sets out the general qualifications to be used in the identification of individual candidates as well as the key qualifications and core competencies required for the Board as a whole.

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BOARD SELECTION CRITERIA PROFILE

General Profile for Potential Directors

In the identification and evaluation of individual candidates, the following general profile will apply:

1. Personal Attributes
   a. high ethical standards and integrity in professional and personal dealings
   b. appreciation of responsibilities to the public
   c. flexibility, responsiveness and willingness to consider change
   d. ability and willingness to listen to others
   e. capability for a wide perspective on issues
   f. ability to work and contribute as a team member
   g. willingness to act on and remain accountable for boardroom decisions
   h. respectful of others
2. Informed Judgment and Independence
   a. ability to provide wise, thoughtful counsel on a broad range of issues
   b. ability and willingness to raise potentially controversial issues in a manner that encourages dialogue
   c. constructive in expressing ideas and opinions
   d. analytical problem-solving and decision-making skills
3. High Performance Standards
   a. personal history of achievements that reflect high standards for themselves and others
4. Education and Experience
   a. advanced formal education desirable but not mandatory
   b. successful record of achievement in his or her chosen field of endeavour

Key Qualifications and Core Competencies

To fulfill the Board's complex roles, the Board is strongest and most effective when key qualifications and core competencies are represented on the Board as a whole. In addition to the general profile requirements, each Director should contribute knowledge, experience and skills in at least one or two areas of expertise/critical competencies[1]:

1. Accounting/finance qualifications
2. Legal qualifications

[1] Refer to the Competencies Matrix for a Governing Board maintained by the Corporate Secretary

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3. Governance expertise **[2]
4. Understanding of government structures and processes **
5. Business management acumen
6. Knowledge of current and emerging health issues
7. Public sector knowledge
8. Labour relations and human resources
9. Financial literacy **
10. Communications or public relations
11. Technology
12. Environmental and social governance (e.g. diversity, equity and inclusion; climate change)
13. Cultural safety and anti-indigenous racism

Commitment and Capacity to Contribute

In addition to possessing personal attributes and key qualifications required of a Board member, a Director is expected to:

1. Declare any conflict of interest **
2. Commit the time that is required to fulfil his or her responsibilities
3. Attend all scheduled Board and committee meetings, attend occasional special meetings, and be adequately prepared for all meetings
4. Travel, as required, to participate in Board and committee meetings and to occasionally represent the Board at special events, particularly in the geographic area the Board member lives in (BRD610)
5. Act in compliance with ~~the Taxpayer Accountability Principles~~provincial government policy and direction, Northern Health's Standards of Conduct Guidelines, and Board policy BRD210 - Code of Conduct and Conflict of Interest Guidelines for Directors
6. Bring the perspective of northern residents to the affairs of Northern Health
7. Perform duties consistent with the overall mandate and policies of Northern Health and the Ministry of Health
8. Sign, for public posting, the Ministry of Health mandate letter each year in order to demonstrate support of the mandate

Identifying Vacancies and Sourcing Qualified Candidates

[2] Items marked with a double asterisk ** are considered critical

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1. The GMR Committee will identify the need for future appointments at least six months prior to the expiry of current Directors' terms of appointment. The Corporate Secretary will notify the CABRO of the anticipated requirements.
2. A Director will be asked to continue to serve if, in the opinion of the Board Chair and in consultation with the Chair of the committee the Director serves on, the Director has performed satisfactorily
3. Relevant factors in the consideration of satisfactory performance will be :
   a. The appointee's contribution to the strategic goals and objectives of Northern Health
   b. Participation in Board, committee work and other activities in support of the organization
4. If the person is prepared to continue as a Director the Corporate Secretary will notify the CABRO of the person's willingness to serve and the recommended duration of the re-appointment
5. When positions become vacant, the GMR Committee will develop a skills profile for the position consistent with the Board Selection Criteria Profile and the Competencies Matrix. In identifying the requirements, consideration will be given to the present membership of the Board and to the key qualifications which should be added or strengthened over time to maintain a Board which will meet the evolving needs of Northern Health. This objective will most likely be achieved by a body of Directors with an appreciation of the diverse needs and interests of the people of northern British Columbia and an understanding of the challenges of effective health care delivery in a vast and remote geographic area.
6. The GMR Committee will work with the CABRO to identify and review qualified candidates. Current Board members will be encouraged to identify potential candidates known to them through personal or community contacts. Candidates determined to have the required qualifications will be interviewed by the Board Chair and discussed with the GMR Committee. During the course of the interviews, the Board Chair will ensure that candidates have a clear understanding of the requirements of a Director and are prepared to make the necessary commitments of time, energy and expertise if appointed.
7. The GMR Committee will make its recommendations to the Board. Once the Board has approved the candidates to be nominated, the Corporate Secretary will forward its recommendations to the CABRO for consideration by the Minister of Health.
8. All recommendations to the Minister will be based on an objective assessment of the fit between the skills and qualifications of the prospective candidate or candidates and the needs of the organization. While care will be taken in identifying candidates who can effectively represent the regional,

ethnic, age and gender diversity of northern British Columbia, the overriding principle is selection based on merit.

9. To achieve a good balance between continuity of experience and injection of fresh perspectives to the Board, appointments to the Board should be staggered. Generally, appointments are not renewed beyond a maximum of six years.
10. Individuals who have been employed in the provincial health system during the past two years or individuals who are currently serving in an elected public office are not eligible as candidates for Board appointment, unless otherwise directed by the CABRO.

See also:

BRD140 – Terms of Reference - Director
BRD200 - Board Role and Governance Overview
BRD210 - Code of Conduct and Conflict of Interest Guidelines for Directors

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
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PRESIDENT & CHIEF EXECUTIVE OFFICER SUCCESSION PLANNING PROCESS V2 BRD 435

INTRODUCTION

The Board of Directors of Northern Health (the "Board") has laid out a process for President and Chief Executive Officer (the "CEO") succession planning, which assigns responsibility to the CEO for preparation of a succession plan. This plan is provided to the Governance & Management Relations Committee (the "GMR Committee") for review; the responsibility for approval of the plan rests with the Board.

PROCESS

There are three components to CEO succession and coverage planning:

1. **Vacation and other short term coverage.**

   It is expected that there will be times when the CEO will be unavailable for short periods due to vacation or participation in events or conferences. During these occasions the CEO will ensure that appropriate executive level coverage is in place and communicated.

2. **Immediate coverage should the CEO become unavailable indefinitely or for an uncertain period.**

   Should the CEO not be available, Northern Health will require interim leadership until a replacement can be found, or until the incumbent is able to return. During this time, the organization's primary need is for stability of direction, stability of financial management, and effective communication between the Board, executive team, key external bodies, and the provincial government.

   Upon notification that the CEO has become unavailable, the following actions occur:

   a. The Board Chair (the "Chair") will convene a meeting to advise the Board of the situation and seek a decision by the Board that the succession plan should be implemented
   b. The Chair will consult with the Minister of Health and/or Deputy Minister regarding a proposed candidate for interim CEO
   c. The Chair will communicate to the interim CEO the need to assume acting duties for an interim period, and develop with the interim CEO an immediate communication to all staff and medical staff, Board members, and key external audiences identifying the appointment of an interim CEO

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The Board will normally designate an interim CEO from the Executive due to their familiarity and knowledge of Northern Health and of Board and Ministry of Health processes. The Chair, in consultation with the Board, will assess the needs and issues facing the organization and recommend an interim CEO to the Board who is best positioned to address these needs. The Board may choose to select an interim CEO external to the organization if circumstances are such that an external appointment will best serve the needs of Northern Health. At this meeting consideration should be given to the likely duration of the acting assignment for the interim CEO and the approach to compensation that is warranted

If the interim CEO is designated from the Executive, the Chair should provide the interim CEO with an opportunity to develop a plan to reassign their existing duties to ensure that the CEO duties will be assumed on a full time basis. Upon assignment of these duties, the Chair will confirm the appointment of the interim CEO. The interim CEO will exercise all authority resting in the CEO position subject only to such reporting and monitoring requirements as the Board may wish to adjust for the duration of the interim appointment.

3. Executive Search for a Permanent CEO

When the Chair determines a permanent replacement for the CEO is required, the Chair will convene a meeting of the Board to establish a ~~search committee~~task force to direct the recruitment process and will normally assign to the Vice President - Human Resources the task of preparing recommendations for the search process for consideration by the Board, including the potential use of an executive search firm. ~~At this meeting consideration should be given to the likely duration of the acting assignment for the interim CEO and the approach to compensation that is warranted.~~

There is considerable depth of knowledge and skill on the executive team of Northern Health. A number of executive team members would potentially be capable of assuming the CEO position in Northern Health or elsewhere. The development of these senior leaders is a critical component of effective long term CEO succession planning.

Therefore, the CEO will identify those executive team members with the leadership attributes and competencies necessary to perform CEO level work. The CEO will work with these leaders to ensure that ongoing developmental and learning opportunities are made available. Annually, and in accordance with the GMR Committee work plan, the CEO will prepare a succession plan. The CEO will provide the Board, in a Board-only session, with a summary report outlining those executive team members who are demonstrating CEO level competencies and leadership attributes.

Author(s): Governance & Management Relations Committee
Issuing Authority: Northern Health Board
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BOARD BRIEFING NOTE

Date:	November 10, 2022	
Agenda item	Internationally Educated Health Professionals (IEHPs)	
Purpose:	☒ ***Discussion***	☐ ***Decision***
Prepared for:	Government & Management Relations Committee & Northern Health Board of Directors	
Prepared by:	Joanne Cozac, IEHP Coordinator	
Reviewed by:	David Williams, VP Human Resources Cathy Ulrich, CEO	

Issue & Purpose:

To provide an update on Provincial and Local supportive actions for Internationally Educated Health Professionals (IEHPSs).

Background:

While Northern Health (NH) is experiencing staff shortages throughout the region, there are IEHPs in northern communities who want to practice their profession but in order to work in their profession they need to be registered in BC. The registration process can be challenging, costly and confusing. NH is doing everything it can to support them to move through the registration and regulation process with the goal of having them enter the NH workforce quickly.

Statistics:

- Number of IEHPs who have reached out for support: 229
- Number of IEHPs in northern communities: 143 (62%)
- Number of Internationally Educated Nurses (IENs) in northern communities: 83 (36%)
- Number of IEHPS currently NH employees: 51 (22%)
- Number of IENs who have signed the NH Funding Agreement: 16 of the 83 (19%)

Federal Action:

October 7, 2022: the Government of Canada announced the temporary lifting of the 20-hour-per-week cap on the number of hours eligible post-secondary students are allowed to work off-campus while class is in session. From November 15, 2022 to December 31, 2023 international students who are in Canada and who have off-campus work authorization on their study permit will not be restricted by the 20-hour-per-week rule.

Provincial Action:

- October 25, 2022: IEN Bursary Program launched by Health Match BC (HMBC) sending out IEN bursary applications to IENs registered with HMBC with these eligibility criteria:
    - Costs on or after May 1, 2021
    - Completed BC College of Nurses and Midwifes (BCCNM) registration process on or after May 1, 2022
    - Return of Service Agreement with the Ministry of Health for one year of full time work or two years if work half time in a publically funded health care sector
    - Valid Social Insurance Number
    - Not currently holding or have held Nurse registration in another province or territory in Canada
- On July 19, 2022 the BC Provincial Government announced the following key initiatives:
    - Medical Lab Technologist (MLT) seat expansion at BCIT and CNC with the introduction of simulation learning which involves program review, curriculum development, approval process, implementation and evaluation expecting to start the simulation lab for the 2026 practicum year. It is uncertain how the introduction of simulation learning will impact requests for clinical placements.
    - $4.5 million in bursaries for internationally educated high-priority allied health professionals that will be administered by HMBC:
        - Internationally educated Physiotherapists will be the first to receive bursary funding followed by internationally educated Occupational Therapist and then the internationally educated MLTs will receive bursary funding
        - Ministry of Health team in conversation with HMBC, Health Authorities, the Canadian Society for Medical Lab Techs (CSMLS) and Post Secondary Institutions regarding data, information and immigration support
- IEN Pilot Project discussions:
    - It is understood that confidential discussions are underway with the National Community Assessment Service (NCAS) leading a project whereby IENs will not be required to do the National Nursing Assessment Service (NNAS) credential assessment in order to move forward with the NCAS competency assessment. An alternate credential assessment will be accepted by the BCCNM. The pilot project is expected to be announced sometime in November 2022.

Post-Secondary Institutions Action:

- Northern Lights College (NLC) in Dawson Creek is starting a new program called “Access to Practical Nursing for Health Care Assistants” (HCA) which is offered on a full time basis and runs for 16-months. Theory classes videoconference between Dawson Creek and Fort St John with the Labs being held in Dawson Creek. The program starts February 15, 2023. Eligible HCAs will receive $10,000 to cover tuition and fees based on a 12-month Return of Service Agreement. This information was shared with the eight IENs working as NH Care Aides who expressed interest in becoming LPNs.
- The NLC Associate Dean says while there is agreement that the NLC Post-Degree Diploma in Business Management with Specialization in Administration needs to better prepare IEHPs for the Health Care Workforce, conversations are internal and it will take considerable process and time before potential changes can be discussed publically.

Community Action:
The Fort St John Literacy Society received funding from Immigration, Refugees and Citizenship Canada to do a feasibility study on a Local Immigration Partnership that would identify assets and gaps in the provision of services that support settlement and integration of newcomers. A Steering Group has been established with Urban Systems as the Project Manager. Urban Systems is a Fort St John consultation firm make up of an interdisciplinary community consulting team with a goal to help build thriving communities.

Northern Health Actions:

- Maintaining contact with the IEHPs to nurture relationships and provide support
- Ensuring federal and provincial IEHP related announcements are shared with the IEHPs
- Participation at November 4, 2022 meeting with Ex Dawson Creek Mayor Bumstead, NH Board Member John Kurjata, NLC President, NLC Associate Dean and 20 IENs to provide updates
- Exploring feasibility of NH providing funding for translation services given some IENs took their nursing program in a language other than English meaning all of their documents will need to be translated into English
- Continue to talk with IENs about the NH funding opportunity whereby NH will fund on behalf of the IEN the NNAS BC application fee based on a Funding Agreement. To date 16 IENs have signed the Funding Agreement and of those who have not accepted the NH offer:
    - 16 have already completed the NHNAS component of the RN registration process
    - 3 completed NNAS for Ontario and do not know if it needs to be repeated
    - One will defer to July 2023 because she is taking the Health Care Access Program and wants this reflected on her credential evaluation
    - 2 are too busy with their course studies to focus on NNAS
    - 1 who graduated with the Post-Degree Diploma in Business Management with Specialization in Administration hopes to begin a career in business – will consider moving through the registration process to become an RN in future.
    - 2 moved out of province
    - 1 is pregnant and NNAS is not a priority

Other NH Actions Being Considered:
About 80% of IEMLTs will be required to complete remediation courses as part of the registration process which are not offered in BC and as a result the following initiatives are underway:

- NH is exploring an opportunity for IEMLTs to participate in the Medical Laboratory Science Bridging Program offered through the Michener Institute in Toronto which offers a hybrid program of online courses with the lab simulation occurring locally.
- NH is exploring an opportunity to introduce a "Workplace Integrated Learning Pilot" based on the CSMLS pilot conducted last year that was funded by the Government of Canada's Foreign Credential Recognition Program. The project aims to create an opportunity for Internationally Educated Medical Laboratory Technologists (IEMLTs) to access clinical placement exposing them to the Canadian clinical environment as a strategy to increase the likelihood of success with the written and clinical exams. The pilot will include collaboration between NH and the certification body to develop a model for integrating IEMLTs into the workforce.

Recommendation: Receive for information

BOARD BRIEFING NOTE

Date:	November 4, 2022	
Agenda item	Education Partnership Approach with Colleges and UNBC	
Purpose:	☒ Discussion	☐ Decision
Prepared for:	Government & Management Relations Committee & Northern Health Board of Directors	
Prepared by:	Ibolya Agoston, NH Regional Director Education and Training	
Reviewed by:	Fraser Bell, VP Planning, Quality and Information Management	

The following Briefing Note provides an overview of current education partnerships between Northern Health and northern education institutions: Northern Lights (NLC) in the NE, Coast Mountain (CMTN) in the NW, College of New Caledonia (CNC) in the NI and with University of Northern British Columbia (UNBC).

Issue & Purpose

Northern Health values partnerships in education and training as key drivers for excellence in health service delivery in the North. To enable an environment that fosters development and professional growth, Northern Health actively develops and maintains partnerships with key education institutions in the northern region.

Background:

Northern Health has engaged in formal and informal partnerships with northern education partners, and partners who offer education for northerners.

Northern Health/University of Northern British Columbia MOU

In 2010, Northern Health and UNBC signed a Memorandum of Understanding (MOU) to formally recognize the long-standing historic and unique partnership between the two organizations. NH committed $2.5M of in-kind funds to UNBC to support this commitment, with the MOU being reviewed and renewed annually. In 2021, the commitment was reinforced through a new NH-UNBC MOU. Part of our 3-year work plan includes partnering together, and with other post-secondary institutions (PSIs), to

address the critical health human resources needs of the North. Following are the partnered activities toward education and workforce sustainability arising through the MOU:

- In 2011, Northern Health and UNBC entered into an agreement to support high-fidelity simulation centers, collectively known as Northern Clinical Simulation Centers (NCSC). These centers are in Prince George at University Hospital of Northern BC, Terrace (Mills Memorial Hospital), Quesnel (G.R. Baker Hospital and Fort St John (Fort St John Hospital). The commitment is renewed annually and in November 2022 we are celebrating 11 years of successful partnerships. From April 2022 to September 2022 NCSC supported 3,041 hours of simulation for medical, nursing and allied health partners.
- In partnership, and under the sponsorship of the NH-UNBC MOU, the UNBC Chair of the School of Nursing and the NH RD Education and Training, co-chair the Northern Education Planning Collaborative. The Collaborative consists of representatives from northern education programs (nursing, allied health, OT/PT) and FNHA partners. Through this work we have identified synergies in health human resource planning, developed strategies to support student success, enabled a platform for communicating health care education needs, and built collaboration between post-secondary institutions (PSIs)
- Northern Health is partnered with UNBC toward a pilot program where undergraduate nursing students can participate in specialty education pathways that support earlier entry to practice in emergency, critical care, perioperative and rural nursing areas.
- We held key informant interviews, focus groups and face to face meetings with Deans, Program Chairs and Executive and Senior NH leadership, from UNBC and northern colleges (NLC, CMTN, CNC) to explore Strategic Enrollment Management opportunities with a focus on addressing nurse vacancies in the North. We share a commitment to increase access to health education for applicants living in the north and those interested to work in the North. This focused activity led to the following:
    a. There seems to be a commitment between partners to pursue a streamlined process from application/admission to healthcare programs to clinical placement/ student employment opportunities to clinical learning pathways, to hiring, to career development with NH and UNBC.
    b. NH committed to provide modelling data to our PSI partners on professions of interest and priority professions for our current and future workforce needs.
    c. NH provided letters of support for PSI partners for new programs such as Access to Practical Nursing Program starting February 15, 2023 at NLC and the pharmacy technician program at CNC starting 2023.
    d. NH continues to promote a vision for supported admission processes and supportive learning programs for Indigenous students.
    e. NH committed to offer jobs to all new nursing graduates. NH will ensure that PSIs are aware of specifics regarding job opportunities (full time, part time, casual).

f. NH and PSI partners committed to 3 months check in timelines on deliverables.

Other Education Partnerships

In addition to the unique relationship with UNBC, Northern Health partners with other PSIs and organizations toward enhanced education and development for students and staff:

- To support workforce needs, we continue to identify strategies for joint academic and clinical practice appointments. To date we partnered with CMTN and provided clinical instruction through the clinical nurse educators for Terrace, Smithers, Kitimat and Prince Rupert Health Career Access (HCAP) programs.
- Recognizing that positive student practice experiences are vital to recruitment and retention of our future workforce NH prioritizes Affiliation Agreements with northern PSIs and provides priority access to northern PSIs for clinical placements. Jointly, we have supported thousands of student placements across all health disciplines, and we are partnering to find innovative solutions to facilitate new models for clinical placements.
- Since 2021, Northern Health has engaged with NLC, CMTN and CNC in delivering work-integrated ("Earn and Learn") programs through the Health Career Access Program (HCAP). The program is dually sponsored through a partnership between the Ministry of Advanced Education, Skills and Training and Ministry of Health and it supports NH employees to train as healthcare assistants. Through this partnership we had 121 healthcare assistants graduate, and we anticipate 93 more graduates in December 2022.
- NH supported the Nisga'a Valley Health Authority with the first HCAP program delivered in a First Nation Community in the province. The first 5 students are due to graduate early 2023.

Risks:

The partnerships must continue to focus on mutually agreeable goals such as: finding innovative approaches to student admissions that prioritize the retention of northern graduates, strengthening student placement capacity, graduating maximum number of HCAP students, and creating job opportunities for northern graduates. Without strong commitment and joint dedication to our mutual goals we are at risk of not sustaining our workforce needs.

Recommendations:

This briefing note is for information and discussion.